

By: Graham Gibbens, Cabinet Member, Adult Social Services
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To: Adult Social Services Policy Overview and Scrutiny Committee –
16 November 2010

Subject: **SAFEGUARDING VULNERABLE ADULTS**

Classification: Unrestricted

Summary: This report will provide information about safeguarding adults in Kent in 2009/2010 and national policy developments.

Introduction

1. (1) This report will summarise the safeguarding activity carried out between April 2009 and March 2010. It is a single agency report but includes the support provided to KASS by our multi-agency partners including, Medway Council, NHS Trusts and the Police.

The Kent and Medway Safeguarding Adults Structure and Governance

2. (1) Since the last annual report there has been a full review of the multi-agency safeguarding structure and governance following the appointment of a Safeguarding Adults Board Manager in September 2009. The outcome of the review was confirmation that safeguarding adults arrangements in Kent and Medway are managed through the Kent and Medway Safeguarding Adults Board, chaired by the Managing Director of Kent Adult Social Services or Medway's Assistant Director of Social Care. The Board and a newly formed Executive Team led by the Board Manager involve representatives from the commissioning agencies, which are social services, health and the police.

(2) Plans to maintain the involvement and engagement of other agencies and providers of services will be through two network meetings held each year. Carers and users of services will be involved in safeguarding through the work of the KASS Public Involvement Team and LINKs. The aim will be to use our Safeguarding Adults Coordinators and where appropriate, safeguarding leads from partner agencies, to meet with and raise awareness and understanding of safeguarding issues directly to existing groups of users, carers and the public throughout the county.

(3) The full engagement of commissioning and provider partners within operational practice will be led through two AMT safeguarding board sub-groups in Kent and a Medway sub-group, ensuring that locality issues will be addressed effectively.

(4) Other sub-groups of the board are: Training, Policy, Protocol and Guidance and Serious Case Review.

(5) The Board's budget finances the posts of the Board Manager, a Board Administrator, two Multi-Agency Adult Protection Training Consultants and a Training Administrator. In addition, the budget funds the printing of leaflets and booklets to promote safeguarding awareness for the public, service users and service providers.

(6) The governance of safeguarding will primarily be through the Kent and Medway Safeguarding Vulnerable Adults Executive Board, with the Executive Team members taking a lead within their agencies to ensure that decisions taken by the Board are implemented. However, each agency and service will also be responsible, through their own governance structures, to report on their safeguarding arrangements, focussing on the prevention of abuse and their compliance with the multi-agency policy, protocols and guidance.

(7) Given these far reaching changes to the Board and to the major challenges which currently face member agencies at this time, the Board felt it prudent to delay the Multi-Agency Annual Report until the summer of 2011. This report will be a report covering the period of 2009 – 2011. In the meantime it was important that the Directorate kept Members updated on Safeguarding matters.

(8) We continue to have strong links with the Kent Children's Safeguarding Board, of which Kent Adult Social Services are a member. A key priority will be to ensure that this relationship is strengthened over the next year.

The National Context

3. (1) A number of national developments which influenced and impacted upon safeguarding adults work in Kent and Medway include:

- **The Review of No Secrets** started with a consultation document published by the DH in October 2008. Kent and Medway led responses to the consultation which closed at the end of January 2009. The outcome of the consultation was published in July 2009 and amongst the issues identified were the need for: legislation, statutory safeguarding adults boards, building on empowerment of users, supporting choice and control by providing information, quality of services and prevention to have a higher profile. The system must be appropriate to adults and not adapted from safeguarding children. Vulnerable adults are to be fully involved in the process. In January 2010, Care Minister Phil Hope announced that he expected key components to strengthen safeguarding procedures, these were:

- an interdepartmental ministerial group to coordinate the response across government
- legislation to put safeguarding boards on a statutory footing.

The election has led to the delay in publication of the government response which is now expected towards the end of 2010.

- **Law Commission Consultation Paper 192**, published on 24 February 2010, sets out proposals to review adult social care legislation. Responses were required by July 2010. Section 12 considered safeguarding adults and included the proposal to use the term, 'Adult at Risk' in place of, 'Vulnerable Adult'. Responses to the consultation from a safeguarding perspective were made by local authority safeguarding leads in focus groups across the country and formally through the ADASS.

- **Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLs)** came into force on 1 April 2009, providing a legal framework to prevent the unlawful deprivation of liberty occurring. They protect people in care homes and hospitals by providing statutory assessments and authorisation for those who lack capacity to consent to arrangements made for their care and/ or treatment to be deprived of their liberty.

Where deprivation occurs and is not authorised, steps are taken to provide care/ treatment in a way that does not break the law.

- **The Mental Capacity Act 2005** introduced two new criminal offences, which are: a) the ill treatment or b) the wilful neglect of a person who lacks capacity. Convictions for offences are beginning to be successful across the country. However, there is evidence that the CPS will use offences such as common assault or fraud to gain conviction without having to prove lack of capacity. This then relies on the court to reflect the seriousness of the offence against a vulnerable adult in the sentence handed down. In addition, it obscures the number of crimes committed against adults who lack capacity.

- **The Safeguarding Vulnerable Groups Act 2006** led to the introduction of the Independent Safeguarding Authority (ISA). From October 2009 the Vetting and Barring Scheme administered by the ISA became responsible for making decisions about people who should be barred from working or volunteering with children and/ or vulnerable adults. The legislation places a Duty on Local Authorities to report to the ISA any worker or volunteer they believe to have harmed, or placed at risk of harm, a child or vulnerable adult, where the authority considers that the ISA may bar the person. This new duty has led to KASS staff making referrals to the ISA even if the employer has failed in their duty to make the referral. Any failures by the employer to report workers or volunteers to the ISA will be reported to the Care Quality Commission.

- **Care Quality Commission (CQC).** In April 2009, the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Commission merged to form the Care Quality Commission. This has had an impact, with all providers of services including, local authorities and NHS Trusts, having to register with CQC under the new regulations. Some registrations, particularly in the NHS, have been agreed with conditions related to safeguarding adults. This has focussed the attention of all NHS Trusts on their responsibilities in safeguarding adults. In addition, the Department of Health has produced documents for the NHS entitled, '*Clinical Governance and Adult Safeguarding*', along with additional guidance and '*Safeguarding Adults: A guide for NHS commissioners and provider boards*'. These documents and specific performance indicators aim to ensure that the abuse of vulnerable adults occurring in NHS services is recognised as such and is addressed in an integrated manner through the multi-agency safeguarding arrangements, where appropriate.

- **On 24 March 2009 a report by the Health Service Ombudsman, Ann Abraham,** was published following the MENCAP 2007 report entitled, '*Death by Indifference*'. This was a study that identified the neglect and failures of health and social care which were implicated in the deaths of six people with learning disabilities. The Ombudsman's report highlighted:

- significant and distressing failures in service across health and social care
- one person died as a consequence of public service failure. It is likely the death of another individual could have been avoided, had the care and treatment provided not fallen so far below the relevant standards
- people with learning disabilities experienced prolonged suffering and poor care and some of these failures were for disability related reasons
- some public bodies failed to live up to human rights principles, especially those of dignity and equality

- many organisations responded inadequately to the complaints made against them, which left family members feeling drained and demoralised.

The main recommendation was that NHS bodies and councils urgently confront whether they have the correct systems and culture in place to protect individuals with learning disabilities from discrimination, in line with existing laws and guidance.

- **Health Action Planning and Health Facilitation for people with learning disabilities:** good practice guidance was published in March 2008 and is cross referenced to, '*Valuing People Now*'. It references a succession of reports, including that of Sir Jonathan Michael's independent inquiry, which have highlighted some basic shortcomings in the way that services are provided for people with a learning disability, contributing to poorer health outcomes, avoidable suffering and at worst, avoidable deaths. It maintains that all NHS organisations, whether as providers or commissioners, have a basic duty to promote equality for disabled people and make reasonable adjustments to the way in which services are delivered to meet their individual needs. This should apply as much to promoting health as it does to treating illness. The integration of learning disability health and social care within locality care management teams is a major factor in supporting people with a learning disability to access the health care they need.

Local Context

4. (1) **Personalisation.** Throughout this period, KASS has undertaken a major restructuring of the Directorate, in order to ensure that personalisation is delivered through Self Directed Support (SDS). This involved many staff and managers moving to different roles in new locations. The direct outcome for safeguarding was an increase in the number of Safeguarding Adults' Coordinators, from seven to eleven. This included two additional coordinators for West Kent and two specialist coordinators for learning disability based in each area. The specialist coordinators for learning disabilities main focus is on the care and support provided to people moving from NHS campus care into community settings.

(2) Some managers and practitioners who previously had a support role in addressing adult abuse concerns moved to positions where they are responsible for the effective management of all safeguarding activity including managing safeguarding coordinators. Additional single agency training was set up for these managers and practitioners. This included the role of the practitioner in addressing allegations of abuse, decision making and accountability.

(3) The Positive Risk Management Policy also supports safeguarding principles within the context of personalisation and choice. This policy was presented to members in early 2009 and sets out guidance and support to the management of risk with the context of personalisation

5. (1) **The CSCI / CQC Inspection.** In March 2009, the Commission for Social Care Inspection (CSCI), now the Care Quality Commission (CQC), carried out an Independence, Wellbeing and Choice Inspection of KASS in relation to Safeguarding Adults and Delivering Preventative Services. The outcome of the safeguarding aspect of the report was good and four recommendations relating to safeguarding were made, which have been the focus of activity by KASS with support from our multi-agency partners. A summary of the progress towards the recommendations relating to safeguarding is included in this report at Appendix 2.

(2) Preparation for the Inspection, as well as the Inspection itself, helped to raise the general awareness and understanding of the impact of the abuse of vulnerable adults within KCC and our partner agencies and services.

(3) An important aspect of the inspection preparation was the auditing of adult protection case papers. This has now become a formal part of the adult protection process, ensuring that each case is audited by another senior practitioner prior to closure. The audit tool system does not pose risks to any individual. All paperwork is completed, post abuse care plans are in place and all agencies are aware of the post abuse care plan. The client and their family are kept informed of the process and that the case has been concluded.

6. (1) **Response to CQC in Regard to Safeguarding.** Following on from the Inspection we continue to have an ongoing dialogue with CQC in respect to safeguarding and the way in which we audit cases. Recent discussions have focused on the table below. This shows that 42% of cases are not closed on SWIFT within the standard time of 6 months. The issues behind these figures have been outlined to CQC and are as follows:

- These cases are waiting to be audited or for the case to be signed off by the Head of Service before being input onto SWIFT and the case work has been completed.
- The audit tool delays cases being signed off by Heads of Service and closed on the system, but the cases are closed.
- Closure of cases on SWIFT is an audit and administrative function of the business only and has no impact on the individual.

(2) A recent data quality audit undertaken by KCC internal audit reported a minimal risk within our safeguarding process. This was because, despite the delay in getting cases signed off and closed on SWIFT, the quality of record keeping on all files of the individuals concerned were all up to date.

(3) It is also important to note that the number of multi-agency cases and the number of institutional cases have increased. These add to the complexities of investigations and inevitably take longer.

(4) An action plan is in place to address the backlog of cases waiting to be closed on SWIFT. This will be regularly reviewed by the Strategic Management Team.

30 days or fewer	10.9%
30 - 90 days	22.5%
3 – 6 months	24.2%
Between 6 months and 1 year	24.8%
Over 1 year	17.6%

Closed Cases in April 2009 – March 2010 by length of time between alert and signoff

(5) In order to raise safeguarding awareness for the public, we planned the first Kent and Medway Safeguarding Awareness Week. This took place in June 2010 and the planning and activities during the week involved a wide range of partner agencies and services. As the focus of the activities was to raise awareness amongst members of the public, the events were held in public places, such as shopping centres. 30 events took place and 10,000 pens and leaflets were distributed. Several people raised safeguarding issues which were followed up. Safeguarding Awareness Week coincided with Carers Week. This will be an annual event in the future.

7. (1) **Safeguarding Adults Quality in Care.** There are two main aims of safeguarding adults work. The first is preventative work, which has focussed primarily on adult protection training, awareness raising and contracting with services that meet our quality standards. The second is protective work, which involves KASS staff coordinating responses to allegations of abuse. The need for this reactive response to what has often been devastating event(s) for victims and their families is also resource intensive for KASS and for our multi-agency partners. Initially, the engagement of multi-agency partners, including the regulatory authority in sharing information, could only be carried out under the auspices of the multi-agency adult protection arrangements. However, with the greater understanding of the impact of adult abuse and the development of a wider remit of safeguarding adults, it has been possible to take a more proactive approach to concerns about poor quality and practice with providers of services.

(2) In both East and West Kent, Quality in Care (QiC) pilot projects have been running, to work proactively with providers where concerns have been raised about their delivery of care which, if not addressed, is likely to lead to the abuse of service users. These projects have been successful in engaging a virtual team of people from different agencies to support the provider to meet their improvement action plan. It has been agreed that the QiC project will be developed into a multi-agency safeguarding adults QiC framework and this will develop into a separate Kent and Medway multi-agency safeguarding protocol.

8. (1) **Competency Framework.** Training is considered to be a very significant aspect of practitioner development. It is, however, essential to ensure that the integration of safeguarding training and practice experiences post training are used to confirm that a practitioner is assessed as competent to carry out aspects of the adult protection process. These include investigation, assessment of the impact of abuse, decision making and accountability and effective post abuse planning. KASS staff have been involved in the development of a multi-agency safeguarding competency framework. An assessment tool will enable all staff to record training and other developmental experiences and for managers and specialist staff to confirm a practitioner or manager is competent to carry out aspects of safeguarding work.

9. (1) **Policy Protocols and Guidance.** The Multi-Agency Adult Protection Policy Protocols and Guidance continue to be reviewed and updated on a six monthly basis by the review group, which includes representatives of the lead agencies, private and voluntary sector service users and carers. The revised document is published on the KCC adult protection website on 31 January and 31 July of each year and can be found at: www.kent.gov.uk/adultprotection

10. (1) **Training.** KASS staff access a range of adult protection training. *Level 1: Awareness* training is delivered in house. Staff normally access Levels 2 – 6 through the multi-agency training system. As a result of the KASS restructuring, some practitioners and managers who previously had limited involvement with adult protection required more advanced adult protection training to enable them to carry out their new roles. KASS funded additional KASS single agency courses for *Level 2: The Practitioner Role* and *Level 5: Decision Making and Accountability*. As there is very high demand for the Level 2 courses by KASS and all other agencies, KASS plan to fund at least three additional single agency courses for 2010/ 2011. KASS practitioners also accessed the two pilot Multi-Agency Refresher Training courses for Levels 2 – 6, which aim to keep them up to date with changes related to policy, practice, case law and legislative and guidance changes.

(2) Adult protection training for staff and managers in the private and voluntary sectors has always been a high priority for KASS and the multi-agency training strategy. The *Training the Trainer in Adult Protection* model has been very successful in enabling services to have members of their staff trained to deliver awareness training to all their staff in line with the KASS contracts and the regulations monitored by the Care Quality Commission. Level 2 training for the private and voluntary sectors has been recognised as a priority to ensure that services have an understanding of adult protection processes beyond making a referral; six Level 2 courses for the private and voluntary sectors have been planned for 2010/ 2011.

(3) Following the Pilkington Case, it was recognised that the Community Housing Teams do not currently access multi-agency training, as they do not contribute to the funding pool. To address this potential gap in awareness and to minimise the risks of a similar case in Kent and Medway, safeguarding awareness training was developed and offered to Housing management staff. The training took place over three half days sessions on 20 and 21 May 2010. Several contacts have been made following the events for additional and more advanced training.

(4) Issues of Mental Capacity are often central to adult protection cases and all levels of training include aspects of the Mental Capacity Act 2005 which are relevant to the course concerned. In addition, the Deprivation of Liberty Safeguards implemented in April 2009 considers possible abuse if a person is unlawfully deprived of their liberty.

(5) The interactive e-learning adult protection awareness training package has been commissioned through the multi-agency training arrangements. This package is available to staff and volunteers in all agencies and services in Kent and Medway. It is usually accessed to provide initial or refresher information for those who have booked other training courses.

(6) Adult Protection training is valued by practitioners and managers from all agencies and feedback from courses continues to show a very high level of satisfaction with the trainers, the training content and the course material, which helps practitioners to carry out their responsibilities within the wider safeguarding areas of both prevention and protection.

(7) A summary of courses delivered and attendance over the past two years are shown in Appendix 3.

(8) Work is underway to develop an online application form for safeguarding training provided at a multi-agency level (Levels 2 – 6 and Training the Trainer in Adult Protection). Completed application forms will populate a spreadsheet, enabling data to be analysed to report information requested by CQC. A pilot form will run from 1 November 2010 and it is proposed to have the new system in place on 1 January 2011. This is part of a fundamental review of safeguarding training, given the number of agencies and providers involved.

(9) An online review mechanism is also being introduced for all courses to capture feedback from delegates in terms of how they have used the training in their roles. The information collated will be used to evidence outcomes of training.

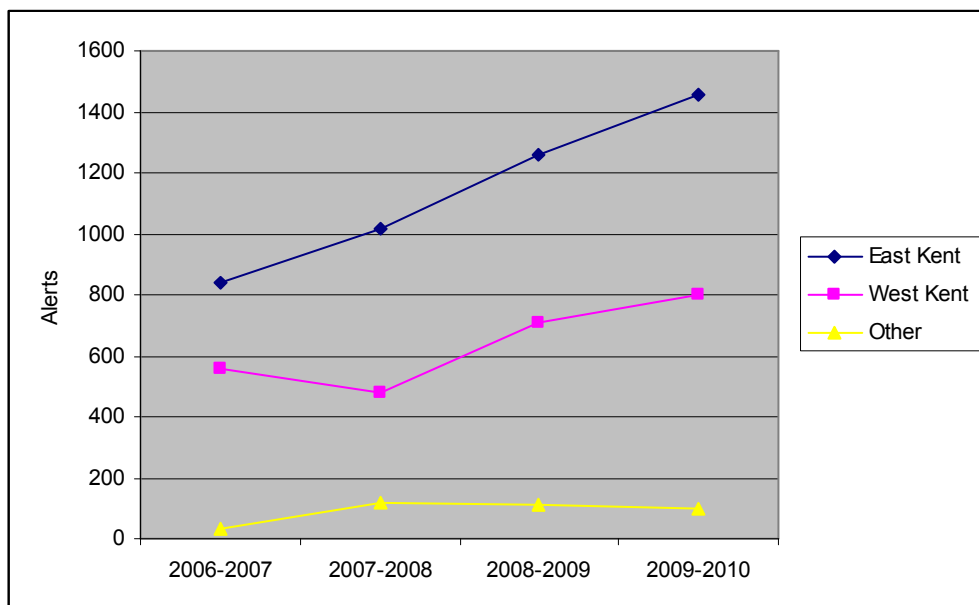
Safeguarding Activity

11. (1) A summary report of adult protection data of cases alerted during 2009/2010 is shown in Appendix 1. The data indicates an increase in the rate of referrals since 2007/2008 (table 1, Appendix 1), which reflects the impact of awareness raising, greater understanding and increased training. It is to be noted that this is set against a backdrop of increasing demographics. Over the last 10 years Kent's older population has increased by 13.3%. In the next 10 years Kent's older population is forecast to increase by 16% and within the next 20 years it is forecast to increase by 30.7%. The older population is forecast to grow at a faster rate than the whole population of Kent. By 2011 the older population in Kent is estimated to be 537,800. There is also an imbalance in the 50+ population between males and females. For every 100 males there are 117 females. (The Older People of Kent, 2008, KCC)

(2) The table and graph below show changes in rates of referrals between 2006/2010. It is predicted that the Quality in Care work described in section 3 will lead to a reduction in Adult Protection Alerts, as concerns about quality and poor practice will be addressed by more proactive work with care providers.

	2006-2007	2007-2008	2008-2009	2009-2010
East Kent	841	1019	1261	1456
West Kent	557	480	705	803
Other	33	119	111	98

Adult Protection alerts recorded in Kent, 2006/2010



Adult Protection alerts recorded in Kent, 2006/2010

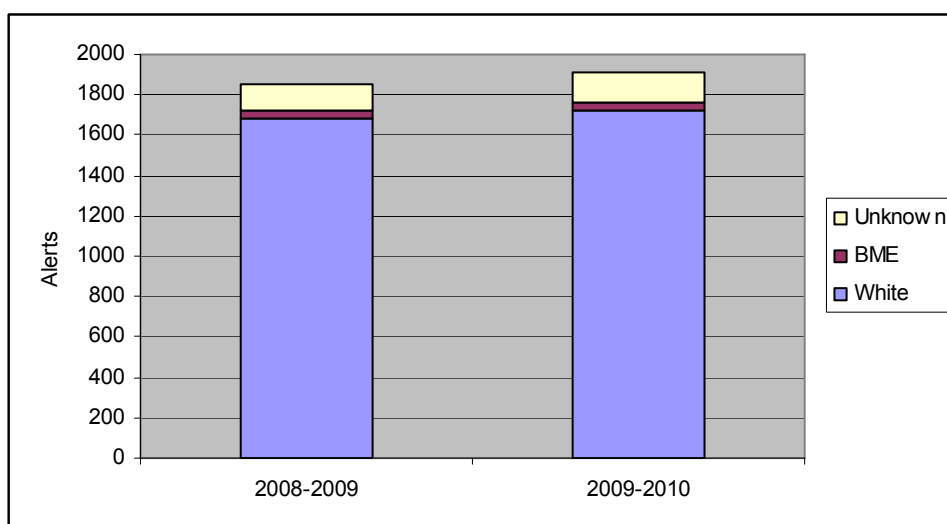
(3) Data shows that there is an increased likelihood of being a victim of abuse for older people, with 66% of alleged victims over the age of 65 (1.2, Appendix 1). Victims of abuse are also more likely to be female than male (62% female, compared to 38% male), with current figures reported in 1.3, Appendix 1, remaining consistent with those reported last year.

(4) There has been a focus on raising awareness amongst BME communities but despite this activity, there has been little impact on the figures reported, as highlighted

in the table and graph below. Work continues with BME communities to explore this issue.

	2008-2009	2009-2010
White	1684	1718
BME	39	41
Unknown	132	150
Total	1855	1909

Adult Protection alerts recorded in Kent 2008/2010, by ethnicity



Adult Protection alerts recorded in Kent 2008/2010, by ethnicity

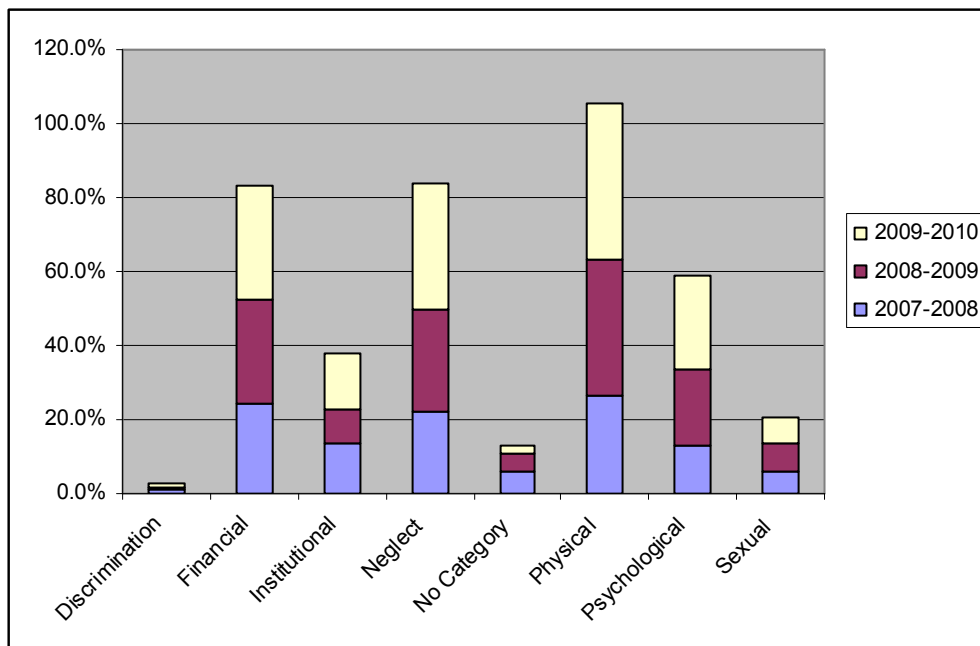
(5) During 2009/2010, the largest source of alerts was Social Care staff, accounting for 38.2% of all alerts (1.6, Appendix 1). Data shows that 37.2% of alleged incidents occurred in individuals own homes and 31% took place in care homes during 2009/2010 (2.1, Appendix 1).

(6) In terms of categories of abuse, the graph below shows that levels of physical abuse continues to be high. Financial abuse is increasing, with the Fraud Act assisting in addressing this type of abuse. In addition, the last year has also seen an increase in levels of institutional, neglect, physical and psychological abuse.

	2007-2008	2008-2009	2009-2010
Discrimination	0.9%	0.6%	1.3%
Financial	24.1%	28.1%	31.3%
Institutional	13.4%	9.2%	15.4%
Neglect	22.1%	27.6%	34.0%
No Category	5.9%	4.9%	2.2%
Physical	26.7%	36.7%	42.0%
Psychological	12.8%	20.7%	25.5%
Sexual	6.1%	7.5%	7.1%

Percentage types of abuse, 2007/2010*

*Figures do not sum as some victims are the subject of multiple abuse.



Percentage types of abuse, 2007/2010

Recommendations

- Members are asked to NOTE the contents of this report.

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Background documents:

Adult protection report to Members, January 2000
 Adult protection report to Members, July 2000
 Adult protection report to Members, September 2001
 Adult protection briefing seminar for Members, September 2002
 Adult protection SCHPOC Report July 2004
 Adult protection SCHPOC Report July 2005
 Adult protection ASPOC Report November 2006
 Adult protection ASPOC Report November 2007
 Multi agency safeguarding adults Report 2007/ 08
 Multi agency safeguarding adults Report 2008/09

Adult Protection Annual Performance Report

Background to data

The data for this report was extracted from Swift for the period 1 April 2009 to 31 March 2010.

1. Adult Protection Alerts

1.1 Rates of referrals – changes between 2008/ 2009 and 2009/ 2010

During the year 2008/ 2009, 2,077 Alerts (1,855 clients) were recorded and 2,357 (1,909 clients) for the year 2009/ 2010. The table* below shows there is a general increase of 13% in the referral rate over the two periods.

	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010	% change between periods
Ashford and Shepway	37	162	
Canterbury and Swale	38	265	
Thanet and Dover	16	255	
East Kent LD	122	126	
Ashford Adult District	119	64	
Canterbury Adult District	109	47	
Dover Adult District	212	170	
Shepway Adult District	183	91	
Swale Adult District	139	98	
Thanet Adult District	269	173	
East Kent Other	17	5	
East Kent Total	1261	1456	15%
Dartford, Gravesham and Swanley	22	100	
Maidstone and Malling	58	158	
South West Kent	11	114	
West Kent LD	148	146	
Dartford Adult District	36	32	
Gravesham Adult District	66	29	
Maidstone Adult District	156	67	
Sevenoaks Adult District	64	50	
Tonbridge and Malling Adult District	72	44	
Tunbridge Wells Adult District	57	48	
West Kent Other	15	15	
West Kent Total	705	803	14%
Headquarters	4	5	25%
Mental Health	76	51	-33%
Not Recorded	31	42	35%
County Total	2,077	2,357	13%

Table 1: Adult protection alerts recorded in Kent between April 2008 and March 2010

*Alerts were previously recorded in Districts before Localities, therefore, the above table shows both Districts and Localities in order to include all alerts.

Analysis of the table above shows that Canterbury and Swale have the highest number of alerts across the localities. Although the alerts are still increasing, with a 13% increase between 2008/ 2009 to 2009/ 2010, this increase is smaller than that reported in the previous report, 19.1% between 2007/ 2008 to 2008/ 2009.

East Kent has a significantly higher number of Adult Protection alerts than West Kent.

The table below shows the number of alerts recorded for each area over the two years covered by this report, by month to illustrate the fluctuations.

	East Kent	West Kent	Mental Health	Learning Disability	Head Quarters	Not Recorded
Apr 08	104	40	6	23	0	3
May 08	76	39	11	18	1	0
Jun 08	76	39	8	22	0	2
Jul 08	105	89	7	29	1	1
Aug 08	93	34	6	29	0	1
Sep 08	110	37	4	24	0	4
Oct 08	135	38	13	28	0	3
Nov 08	102	48	6	31	0	4
Dec 08	77	42	3	16	0	4
Jan 09	82	40	5	16	0	2
Feb 09	87	47	4	20	0	4
Mar 09	92	64	3	14	2	3
Apr 09	113	48	7	35	0	3
May 09	145	45	7	22	0	5
Jun 09	88	51	4	25	0	4
Jul 09	146	41	3	27	0	3
Aug 09	103	59	2	22	2	4
Sep 09	109	58	5	16	0	5
Oct 09	86	65	2	15	0	2
Nov 09	164	70	4	23	1	4
Dec 09	60	48	6	20	2	3
Jan 10	95	32	3	20	0	3
Feb 10	104	73	5	18	0	1
Mar 10	117	67	3	29	0	5
Total	2469	1214	127	542	9	73

Table 2: Breakdown of alerts by month April 2008 to March 2010

Table 3* below shows the percentage of Alerts that related to vulnerable adults who had been subject to a previous Alert in the last 12 months.

East Kent shows a decrease of 1% over the 2 years, West Kent has not changed. Repeat victimisation is always an issue of concern for all agencies, however, adults who have capacity may choose to stay or return to risky situations. Post abuse care plans provide strategies to reduce risk but clients' choice has to be respected as long as they have mental capacity to make decisions.

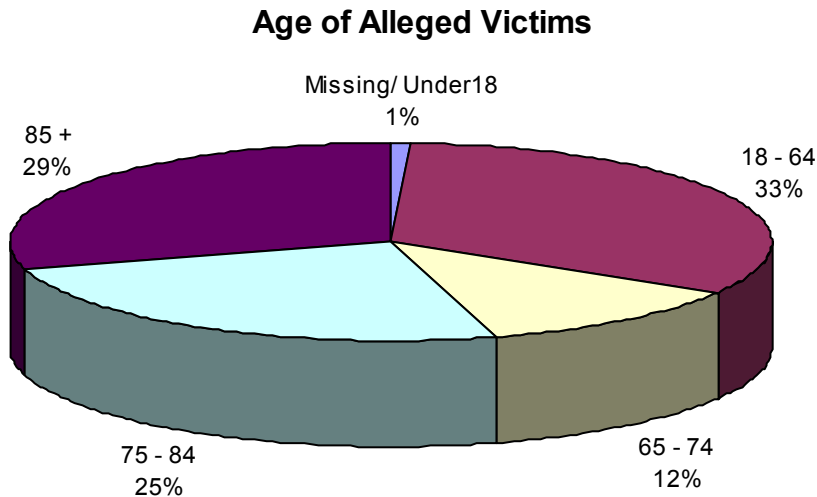
	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010	% change between 1st and last periods
Ashford & Shepway	19%	14%	
Canterbury & Swale	5%	9%	
Thanet & Dover	6%	16%	
East Kent LD	13%	21%	
Ashford Adult District	21%	19%	
Canterbury Adult District	8%	9%	
Dover Adult District	19%	15%	
Shepway Adult District	30%	18%	
Swale Adult District	13%	15%	
Thanet Adult District	10%	20%	
East Kent Other	6%	0%	
East Kent Total	16%	15%	-1%
Dartford, Gravesham & Swanley	18%	11%	
Maidstone & Malling	31%	12%	
South West Kent	9%	11%	
West Kent LD	16%	20%	
Dartford Adult District	8%	6%	
Gravesham Adult District	11%	10%	
Maidstone Adult District	12%	12%	
Sevenoaks Adult District	11%	14%	
Tonbridge & Malling Adult District	7%	20%	
Tunbridge Wells Adult District	5%	13%	
West Kent Other	7%	7%	
West Kent Total	13%	13%	0%
Headquarters	0%	20%	
Mental Health	9%	8%	
Not Recorded	10%	17%	
County Total	14%	15%	0%

Table 3: Adult protection alerts recorded in Kent between April 2008 and March 2010 – where the alleged victim had a previous alert

* Alerts were previously recorded in Districts before Localities, therefore, the above table shows both Districts and Localities in order to include all alerts.

1.2 Age of Alleged Victims

As previously outlined in the main body of the report, these figures are set against a backdrop of an increasingly ageing population, thereby resulting in a higher percentage of alleged victims and the changing age profiles. Of the 1,909 alleged victims during the period April 2009 to March 2010, there has been no significant variation in the percentages in each age band to the last report (33% are aged 18 to 64, 12% aged 65-74, 25% aged 75-84 and 29% are aged 85 and over). The small variations from the figures last reported are in the 18-64 age group, which has decreased 6%, 75-84, which has increased by 3% and 85+, which has increased by 2%.



The differences between the areas are shown in the graph below.

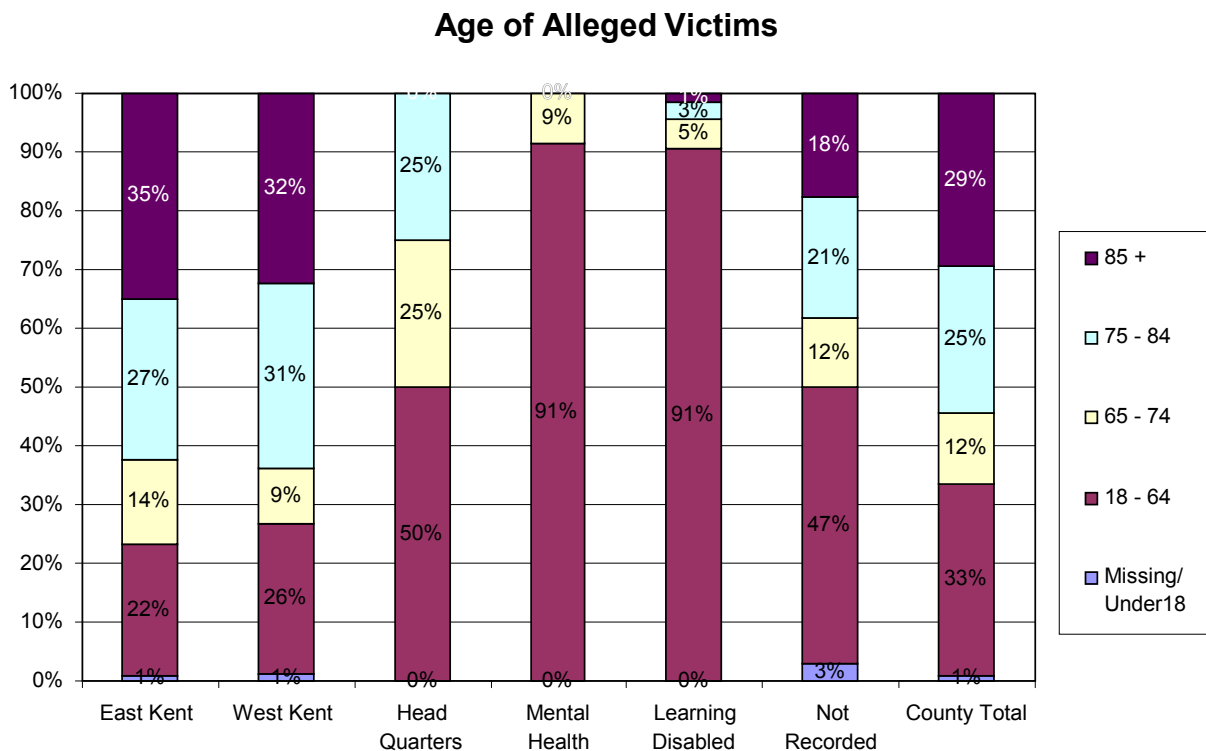


Figure 1: Adult protection alerts recorded in Kent between April 2009 and March 2010 – by age

1.3 Gender of Alleged Victims

As previously noted in the main body of the report, this is set against the backdrop of an increasingly ageing population, where women live longer than men, thereby resulting in a higher percentage of alleged women victims. Of the 1,909 clients that had an alert recorded during the period April 2009 to March 2010, 1180 (62%) of the alleged victims were Female and 727 (38%) Male and 2 Not Recorded, which is statistically too small at 0.1% to record. There was no significant variation in the proportions in this report compared to previous reports. These figures are presented in the form of a pie chart in Figure 2 below.

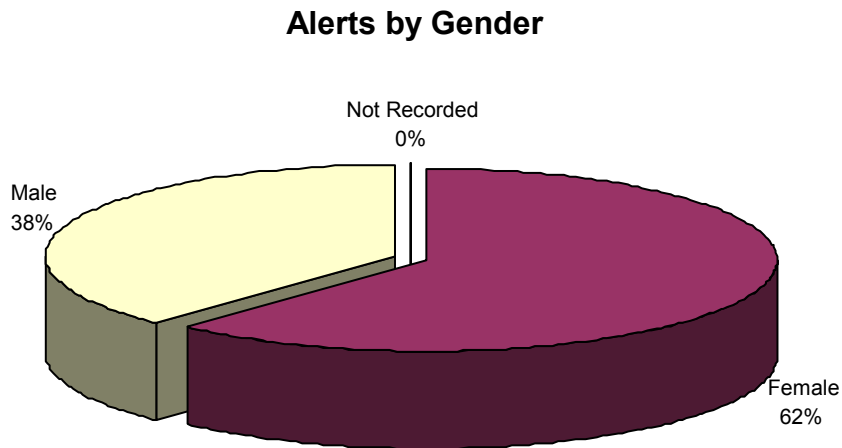


Figure 2: Adult protection alerts recorded in Kent between April 2009 and March 2010 – by Gender

Gender in the 18-64 age group in Kent is split more evenly, with 317 males and 307 females, as shown in Figure 3 below.

Gender of 18 - 64 Alleged Victims

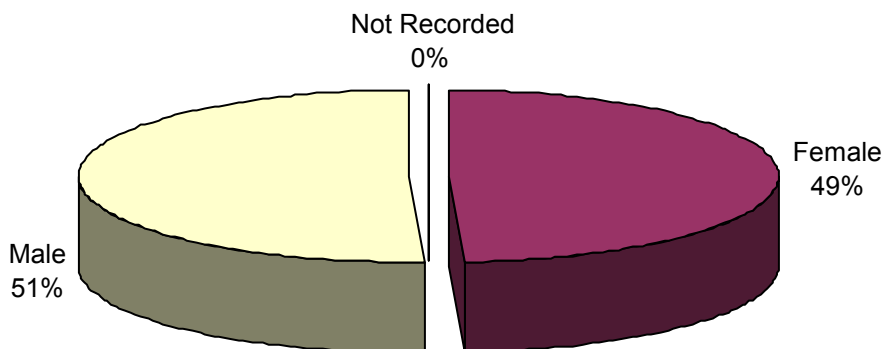


Figure 3: Adult protection alerts recorded for the 18-64 age group in Kent between April 2009 and March 2010 – by Gender

However, differences in the numbers of clients for the 65+ age group are more significant, there are 863 females and 404 males, as shown in Figure 4.

Gender of 65+ Alleged Victims

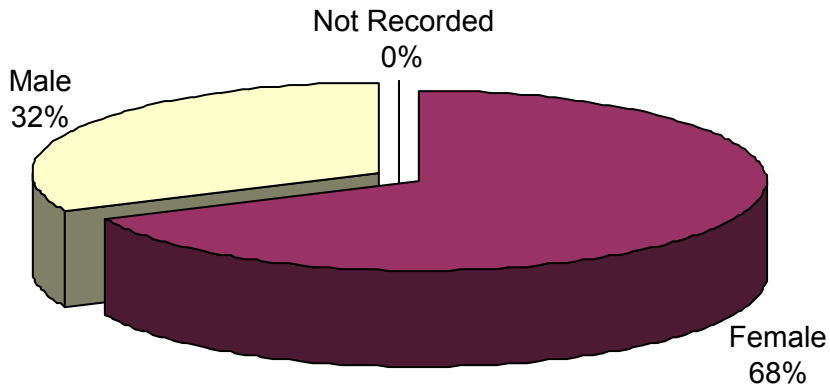


Figure 4: Adult protection alerts recorded for the 65+ age group in Kent between April 2009 and March 2010 – by Gender

1.4 Ethnicity of Alleged Victims

The ethnicity of the 3,764 alleged victims in Kent is broken down into three categories, White, BME and Unknown, which includes Unknown and Not Recorded. There is almost no variation in the proportions between the two periods. These figures are displayed in Table 4 below.

	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010	Total	Proportion
White	1,684	1,718	3,402	90.4%
BME	39	41	80	2.1%
Unknown	132	150	282	7.5%
Total	1,855	1,909	3,764	

Table 4: Adult protection alerts recorded in Kent April 2008 and March 2010 – by ethnicity

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 7.5%, and the number of clients from BME backgrounds is 2.1% compared with a BME population for Kent of 6%. These proportions vary very little. Despite extensive engagement we continue to have a low level of safeguarding concerns reported from BME communities. *Work continues with BME communities to explore this issue, including looking to the work of other Local Authorities in this area.*

AP Alerts by Ethnicity 2009/ 2010

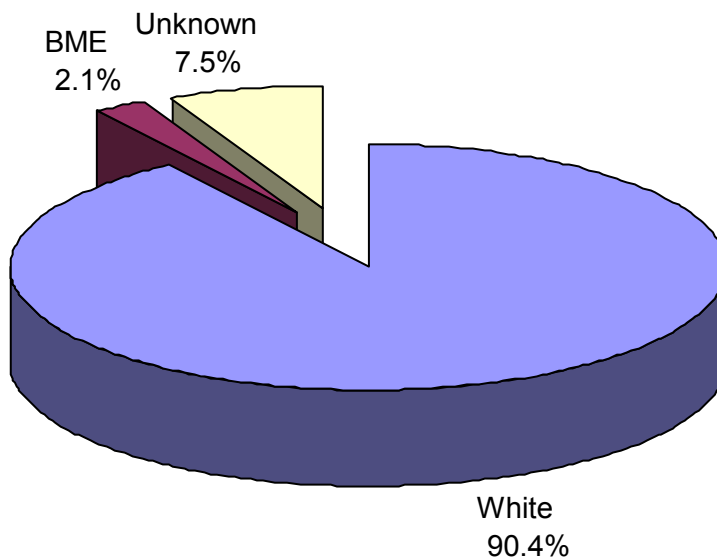


Figure 5: Adult protection alerts recorded in Kent between April 2009 and March 2010 – by Ethnicity

1.5 Client Category of Alleged Victims

The client categories of the alleged victims of abuse in the period April 2008 to March 2010 are presented in Table 5.

	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010	Total	Total Proportion	Proportion 2008/09	Proportion 2009/10	Percentage change between 2008/09 - 2009/10
Older	1,164	1,287	2,451	65.1%	62.7%	67.4%	10.6%
Learning Disability	282	284	566	15.0%	15.2%	14.9%	0.7%
Mental Health	83	54	137	3.6%	4.5%	2.8%	-34.9%
Physical Disability	125	153	278	7.4%	6.7%	8.0%	22.4%
Substance Misuse	0	2	2	0.1%	0.0%	0.1%	
Other	122	81	203	5.4%	6.6%	4.2%	-33.6%
Not Recorded	79	48	127	3.4%	4.3%	2.5%	-39.2%
Total	1,855	1,909	3,764				13.5%

Table 5: Adult protection alerts recorded in Kent April 2008 and March 2010 – by client category

Over half, 65.1%, of the 3,764 alleged victims are in the Older Person category. The next highest category is Learning Disability, at 15%. The Not Recorded category is relatively low at 3%.

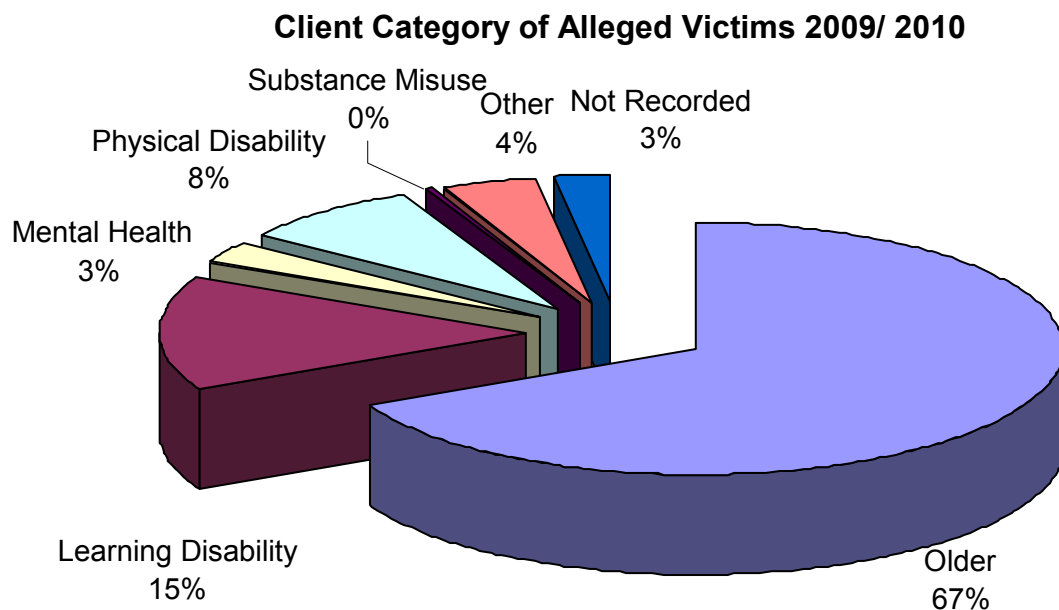


Figure 6: Adult protection alerts recorded in Kent between April 2009 and March 2010 – by client category

1.6 Source of AP Alerts

The sources of the AP alerts are shown in Table 6 for April 2008 to March 2010. There are also figures for the percentage change of source between the two periods and the proportion of total alerts in 2009/ 2010 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 6 shows that the largest source of alerts is Social Care staff, accounting for 38.2% of total alerts in 2009/ 2010. Police and Family Member decreased in numbers.

Source of Referral	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010	Percentage Change between 2008/09 - 2009/10
Social Care Staff (CASSR & Independent) - Total	827	901	8.9%
Health Staff - Total	393	441	12.2%
Self Referral	67	85	26.9%
Family member	181	163	-9.9%
Friend/neighbour	42	75	78.6%
Other service user	0	3	
Care Quality Commission	41	57	39.0%
Housing	34	54	58.8%
Education/Training/Workplace Establishment	10	13	30.0%
Police	141	128	-9.2%
Other	183	347	89.6%
Not Known	158	90	-43.0%
Overall Total	2,077	2,357	

Table 6: Adult protection alerts recorded in Kent April 2008 and March 2010 by the source

2. Incidents of Abuse

2.1 Location of Alleged Abuse

During the period April 2008 to March 2010 there were 3,977 Adult Protection (AP) incidents recorded in Kent. The reduction in alleged abuse in Acute Hospitals reflects improvements that have been made in this area. Residential settings and a victim's own home continue to increase as locations of alleged abuse.

	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010
Acute Hospital	55	30
Alleged Perpetrators Home	8	18
Care Home	606	637
Care Home with Nursing	239	272
Community Hospital	14	18
Day Centre	30	19
Education/Training Workplace Establishment	3	0
Not Known	46	35
Other	62	80
Other Health Setting	25	22
Own Home	728	758
Public Place	52	38
Respite/Short Term Break Home	23	20
Supported Accommodation	48	91
Total	1,939	2,038

Table 7: Location of alleged abuse 2008/ 2010

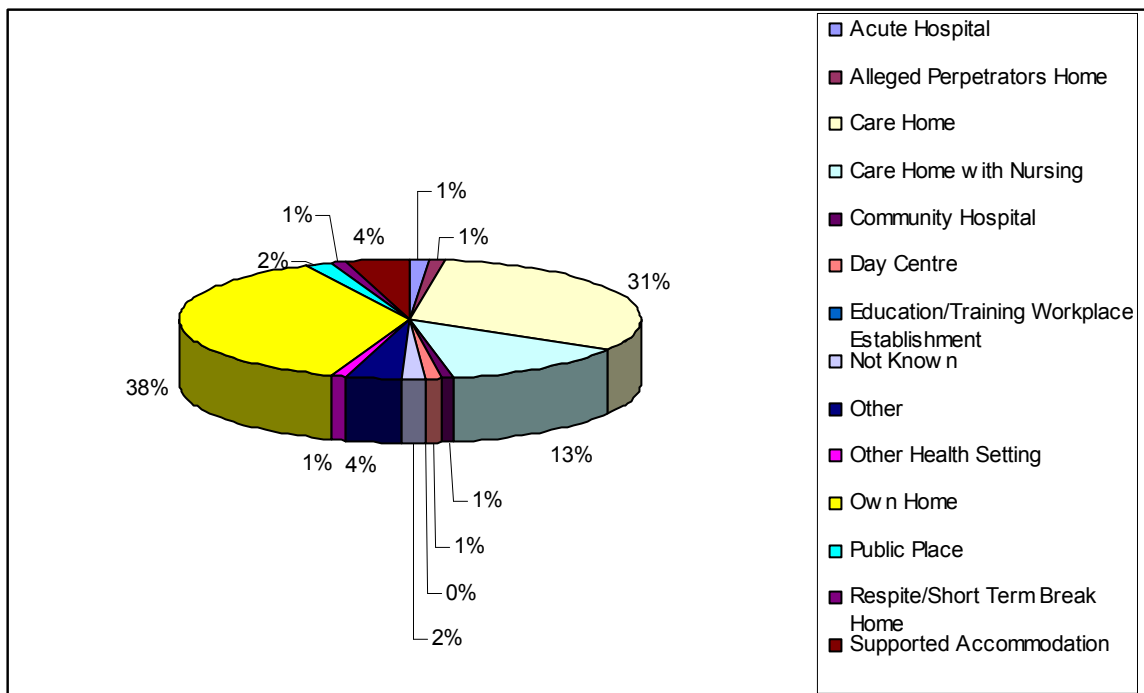


Figure 7: Location of alleged abuse 2009/2010

2.2 Location – Alleged Care Home Incidents by District

The table below shows the number of incidents recorded by District and focuses on the location 'Care Homes'.

	Alleged incident location - Care Home 2009/10	Total Number of Incidents 2009/10	Proportion
East Kent Total	561	1219	46.02%
West Kent Total	328	741	44.26%
Headquarters	2	5	40.00%
Mental Health	3	47	6.38%
Not Recorded	15	26	57.69%
County Total	909	2038	44.60%

Table 8: Alleged care home incidents by district 2009/ 2010

The table below shows the types of abuse that occurred in care homes. Neglect and physical are the dominant categories. There may be more than one type of abuse per incident.

	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010	Proportion 2007/08	Proportion 2008/09
Discriminatory	4	7	0.6%	0.8%
Financial	111	80	15.8%	9.6%
Institutional	149	221	21.3%	26.5%
Neglect	285	392	40.7%	47.1%
No Category	45	14	6.4%	1.7%

Physical	274	338	39.1%	40.6%
Psychological	84	96	12.0%	11.5%
Sexual	34	42	4.9%	5.0%

Table 9: Alleged types of abuse occurring in care homes 2008/ 2010*

*Figures do not sum as some victims are the subject of multiple abuse.

2.3 Categories of Abuse

The table below shows the categories of abuse as a percentage for the period April 2008 to March 2010. The dominant category is Physical Abuse in both periods. Institutional, Neglect and Psychological have all increased by 6.2%, 6.3% and 4.8% respectively across the two periods.

Type of Abuse	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010
Discrimination	0.6%	1.3%
Financial	28.1%	31.3%
Institutional	9.2%	15.4%
Neglect	27.6%	34.0%
No Category	4.9%	2.2%
Physical	36.7%	42.0%
Psychological	20.7%	25.5%
Sexual	7.5%	7.1%

Table 10: Percentage types of abuse by period*

*Figures do not sum as some victims are the subject of multiple types of abuse.

The graph below shows the distribution of categories of abuse in the two periods.

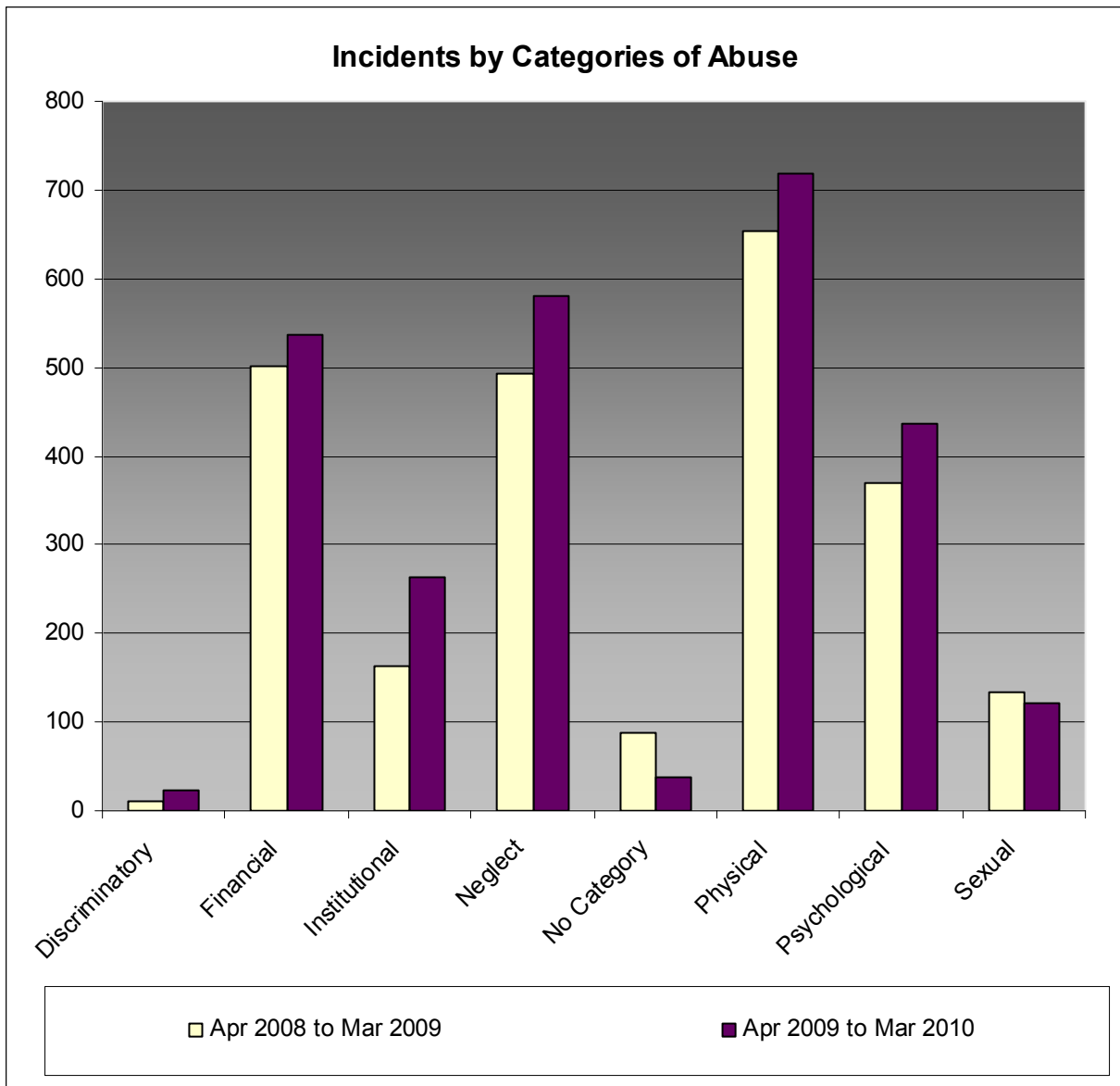


Figure 8: Incidents of abuse categories by period 2008/ 2010

This shows that Physical, Financial and Neglect are still the dominant categories, although the numbers for psychological abuse are increasing and it is becoming a more dominant category.

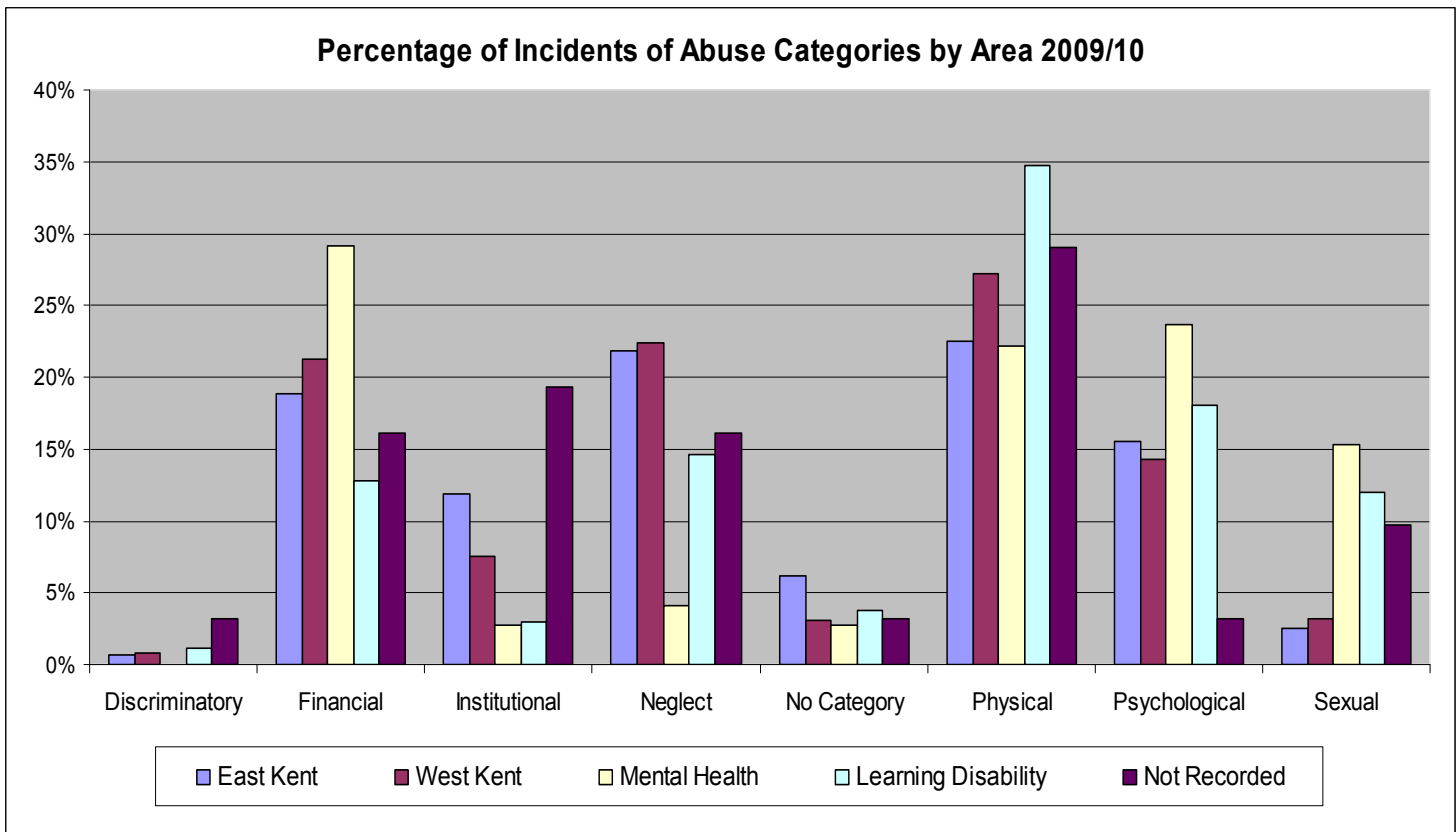


Figure 9: Percentage of incidents of abuse categories by area 2009/10

This graph shows the percentages of Alerts by category of Abuse and Area (team) for April 2009 to September 2010. Mental Health has a significantly higher percentage of psychological, financial and sexual abuse than the other areas. East Kent has a higher percentage of Institutional 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.

3. Closed Alerts

3.1 Breakdown of Decisions

Of the cases that closed during the period of April 2008 and March 2010, the decisions are shown in the table below. There are differences in what was previously reported as we have altered the reports to look at the incident status; this will be more accurate as the incident status is updated as part of the closure procedure and will be updated once there is a CM32 date.

There are significant differences between the percentages substantiated from East Kent 22.5% (highest district being Swale 36.2%) and West Kent 31.4% (highest district being Maidstone 51.8%). The percentages for Not Determined/ Inconclusive are East Kent 9.2% and West Kent 15.1%.

The category 'Other' includes 'Being Evaluated/ Assessed'.

The actual figures are shown in the table below.

	Confirmed	Partly Confirmed	Discounted	Not Determined/ Inconclusive	Other	Not Recorded	Total
Ashford and Shepway	33	16	51	14	7	0	121
Canterbury and Swale	42	8	51	8	20	1	130
Thanet and Dover	9	4	8	3	41	0	65
East Kent L D	64	5	73	31	42	1	216
Ashford Adult District	64	6	107	20	12	2	211
Canterbury Adult District	44	12	56	21	24	3	160
Dover Adult District	17	1	12	5	351	1	387
Shepway Adult District	33	10	99	16	62	0	220
Swale Adult District	46	8	45	20	8	0	127
Thanet Adult District	89	7	107	41	65	4	313
East Kent Other	3	0	4	3	14	0	24
East Kent Total	444	77	613	182	646	12	1,974
Dartford, Gravesham and Swanley	5	11	16	8	19	0	59
Maidstone and Malling	37	1	9	21	16	0	84
South West Kent	6	1	11	0	15	0	33
West Kent L D	78	19	84	34	34	0	249
Dartford Adult District	12	2	22	10	3	0	49
Gravesham Adult District	16	5	42	11	5	0	79
Maidstone Adult District	99	1	39	36	14	2	191
Sevenoaks Adult District	21	0	58	10	6	1	96

Tonbridge and Malling Adult District	9	1	14	0	1	1	26
Tunbridge Wells Adult District	17	5	41	8	7	0	78
West Kent Other	3	0	7	8	2	0	20
West Kent Total	303	46	343	146	122	4	964
Mental Health	23	9	36	26	13	0	107
HQ Other	2	0	1	2	2	0	7
Not Recorded	9	1	12	2	5	0	29
Total	781	133	1,005	358	788	16	3,081

Table 11: Decision of investigation recorded between April 2008 and March 2010

The pie charts below show the percentage decision outcomes for closed alerts for 2008/2010. The two largest proportions are Discounted (32%) and Other (26%), although Confirmed is only 1% smaller.

Decisions of Adult Protection Alerts

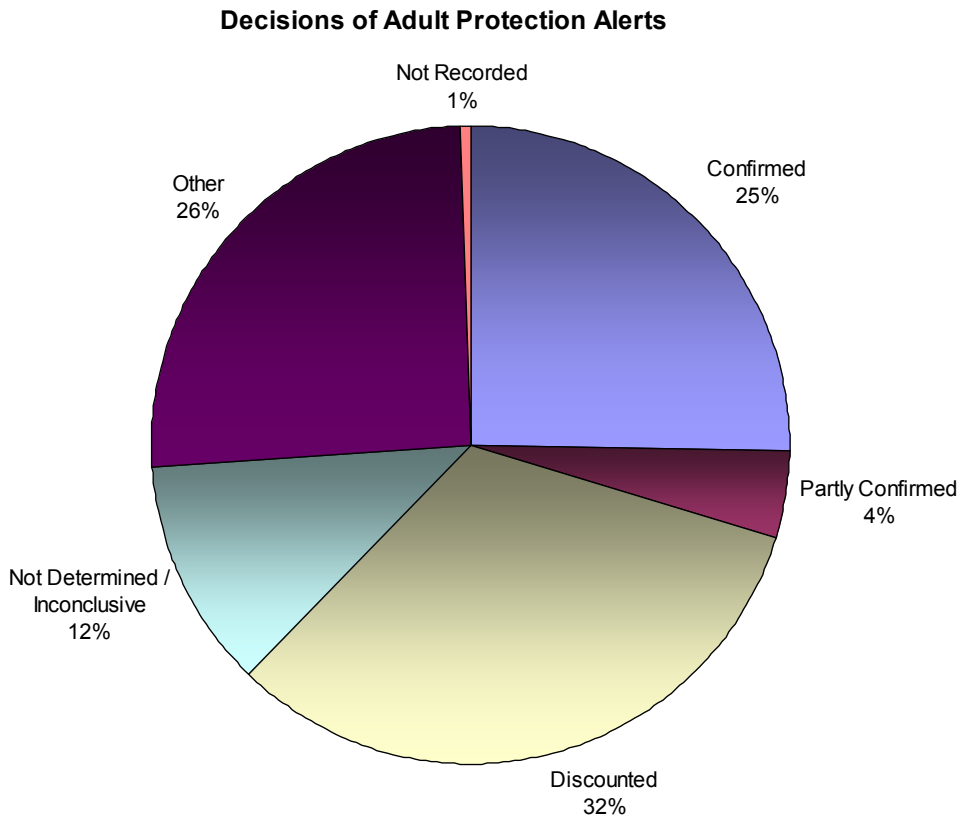


Figure 10: Decisions of investigations recorded between April 2008 and March 2010

The table below shows that of the 1,005 discounted alerts recorded in 2009/2010, 188 (18.7%) are evaluated as not adult abuse. These concerns will have been addressed in an alternative way, which may have included a case management assessment, referral to another agency or through the Quality in Care Framework. (See section 3)

	Evaluated - Not Adult Abuse
East Kent Total	115
West Kent Total	67
Total	188

3.2 Investigation/ Assessment Involvements

The table below shows the investigation/ assessment involvements, SSD has the highest total proportion. Figures for 2007/ 2008 were obtained from previous reports. Some alerts do not end in full Adult Protection referral/ investigation as they are dealt with in other ways. Further analysis will be undertaken.

	Apr 2008 to Mar 2009	Apr 2009 to Mar 2010	Proportion 2008/09*	Proportion 2009/10*
SSD	824	694	94.1%	94.8%
Regulatory Body	184	105	21.0%	14.3%
Housing	16	12	1.8%	1.6%
Health	623	542	71.1%	74.0%
Police	712	601	81.3%	82.1%
Service Provider	131	139	15.0%	19.0%
Voluntary Organisation	16	6	1.8%	0.8%
Other	36	18	4.1%	2.5%

Table 12: Involvement of agencies in investigations of abuse in Kent 2008/10

*Proportions will not add to 100% as there can be more than one investigation/involvement for each alert. It is the percentage of the number of closed cases with an investigation in that year that is shown here. See Table 3.1.

The table above shows the high levels of excellent support that we continue to receive from Health and Police colleagues in addressing safeguarding issues.

This is a summary of all the actions completed and those planned as at August 2010

CQC Inspection Action Plan: Recommendation 1

The council and its partners should develop a communications and engagement strategy that ensures people who use services, carers and members of the public know how to report abuse and know how to keep themselves safe.

Activity to Date

- **Strategic Overview.** This summary focuses on the KASS activity. However, it is to be noted that much of this activity was co-ordinated with other partners on the Safeguards Board. This was overseen by a group set up by the Board to monitor progress on the implementation of the Inspection Action Plan
- Within KASS, the Steering Group originally set up to prepare for the Inspection has continued to meet and monitor the implementation of the action plan. SMT and AMTs were updated regularly on progress and both Areas had groups in place to ensure the recommendations were being implemented locally. Progress on the Action Plan has been reported to Members through our internal core monitoring processes which are reported regularly to Cabinet and to the Overview and Scrutiny Committee
- The Public Involvement Strategy has been developed with a wide range of groups (people who use services, carers, members of the public, disadvantaged groups). In excess of 30 community groups have also contributed. A draft Communication Strategy was reported to SMT in August 2010
- How people access information about safeguarding, our services and how to be involved with KASS is a key factor in the delivery of this recommendation – this is covered in more detail in the update on Recommendation 6

Other Activities Undertaken This Year:

- A Safeguarding Awareness Week – June 2010. During the recent Safeguarding Awareness Week, a wide range of partners came together to promote safeguarding awareness across the County. The focus of the events was to raise awareness amongst members of the public and events were held in public places, such as shopping centres. 30 events took place, including, a joint KASS and EKC PCT event to promote stronger partnership working and awareness of roles. 10,000 pens and leaflets were distributed. Several people raised safeguarding issues which are now being followed up. Safeguarding Awareness Week coincided with Carers Week
- Review plan for the Public Involvement Strategy with the public
- SCRG – monies from this grant used to stimulate community engagement with a focus on BME and hard to reach communities
- Total Place

Further work planned

- Conclusion of Public Involvement Strategy
- Completion of Recommendation 6
- Culturally Competent Care is being reviewed in light of SDS and safeguarding
- Roles and Relationships events with service users and carers in July 2010

CQC Inspection Action Plan: Recommendation 2

The council and its partners should develop an adult safeguarding workforce development strategy that includes a competency-based framework.

Activity to Date

- Adult Safeguarding Workforce Development Strategy in place
- Competency-based framework drafted – partner agencies involved in its development and committed to making it a part of their workforce strategy
- Safeguarding is an important feature in the KASS Workforce Development Strategy

Outcomes

- Each agency has its own workforce development strategy which has a safeguarding section, which is competency-based
- Draft competency-based framework has been developed with partners
- BME issues are embedded in safeguarding training
- Safeguarding issues are embedded into Self Directed Support training

Further work planned

- Comments from partners regarding the competency-based framework will be incorporated into the final document
- Competency-based framework will be finalised and published
- Safeguarding Board will put together an overarching multi-agency workforce development strategy
- Safeguarding Board will ensure that the overarching strategy has robust links to safeguarding
- Kent Integrated Local Area Workforce Strategy (InLAWS) – an overarching workforce strategy has been agreed which consists of five priority areas aimed at assuring public safety and raising standards of care across the social care workforce in Kent

It is to be noted that the actions within KASS have been completed. Those outstanding relate to the Safeguards Board.

CQC Inspection Action Plan: Recommendation 3

The council and its partners should analyse the high number of inconclusive outcomes of safeguarding alerts in order to inform future practice.

Activity to Date

- Audit 28th September 2009 analysed cases on spreadsheet presented to CSCI/ CQC for inspection which identified inconclusive outcomes
- Report compiled regarding the outcome of the audit and recommendations made regarding the terminology used when recording outcomes of cases
- Findings discussed by the Area Management Teams and a multi-agency group. Agreed measures to inform future practice are in place
- Data Quality reports being used in supervisions to review outcomes and the level of data quality
- Personnel and Development Review Board – discussed the process for updating the overarching KASS supervision policy as well as the need to review underlying policies. A timetable will be established for this piece of work
- Outcomes of the work have been shared with the Safeguarding Board to embed learning points from this exercise

Outcomes

- Following the audit, a report was compiled which made recommendations that the terminology used to record outcomes be changed. These changes can be easily converted back to DH terminology
- Better understanding of the reasons for the number of inconclusive cases
- Follow up investigations have been carried out on individual cases
- Partners are better informed as a result of the lessons learnt
- Safeguarding training information has been and will continue to reinforce the message as a result of the analysis
- Management oversight and practice monitoring systems are in place including supervision, peer reviews and Good Practice Groups
- The overarching KASS supervision policy is being updated and will include Self Directed Support and safeguarding

Further work planned

- A programme of audits will take place to ensure consistency of recording outcomes
- Data Quality indicator will continue to be developed
- KASS supervision policy will be updated and will include safeguarding and Self Directed Support
- Multi-agency policies will continue to be reviewed

CQC Inspection Action Plan: Recommendation 4

The council should review both the need for and the capacity of advocacy organisations to support and empower people through safeguarding processes, especially during the investigative process or where support needs are long term.

Activity to Date

- Advocacy captured within SDS Project Plan as a workstream
- Mapped advocacy services in the County. This will be followed up with a plan for ensuring that services to support those engaged in safeguarding are available, accessible and of good quality
- Pilot project in East Kent with a focus on safeguarding in Ashford in partnership with an advocacy service
- East Kent have developed a series of recommendations, including identifying longer term support for individuals following completion of safeguarding concerns and to gain feedback from clients expressing their views on the need for advocacy in safeguarding
- Undertaken a mapping exercise linked to the renewal of voluntary organisation agreements. Proposals will be brought to the Commissioning Board
- Work is ongoing with Age Concern to focus on a more structured and professional information, advice and guidance service
- KASS have grant funded the extension of the Safeguarding the Older Person (StOP) project until December 2010 – a referral pathway will be developed to ensure advocacy is offered as an option for people involved in the safeguarding process
- Co-ordinated Advocacy Services for people with learning disabilities in place Kent wide, contract cover support in and around safeguarding. Commissioned by LDDF
- Mental Health have undertaken a mapping exercise – there is sufficient capacity in the advocacy services to meet demand – KMPT have included this in their AP training and are strengthening advocacy in KMPT AP policy
- Built-in support through the Independent Mental Capacity Advocate (IMCA) provision for certain people in some safeguarding cases

Outcomes

- Mapping exercises have been undertaken across Kent – which are being used to evaluate the level of advocacy in Kent
- Voluntary organisation agreements have been revised following mapping exercises
- LDDF has commissioned co-ordinated advocacy services for people with learning disabilities across Kent. People with learning disabilities have undertaken training and now actively quality assure the advocacy service
- Vulnerable adults going through the safeguarding process can have an independent advocate to represent them
- Contract has been let for a one year project to provide an Independent Advocacy Service for people with Dementia – the need, outcome and impact of the service will be monitored over the course of the year

Further work planned

- Outcomes of mapping exercises will inform future commissioning across Kent
- Money has been allocated within SCRG to increase capacity for advocacy with a focus on safeguarding during 2010/ 2011
- As part of the allocation of SCRG monies, advocacy services for people with dementia will be commissioned
- Work will continue to raise the profile of advocacy services for people with mental health problems, particularly to support service users through safeguarding processes

Appendix 3

Courses	Courses Delivered 2009 – 2010	Number of staff trained	Courses Planned 2010 – 2011
KASS Adult Protection Level 1: Awareness (in house delivery)	45	599	15 plus locally delivered courses
Multi Agency Adult Protection Level 2: The Practitioners Role	25	444	25
KASS only Adult Protection Level 2: The Practitioners Role	1	15	3
Multi Agency Adult Protection Level 3: The Investigators Guide	5	72	9
Multi Agency Adult Protection Level 4: Joint Working in Criminal Investigation	2	24	2
Multi Agency Adult Protection Level 5: Decision Making and Accountability	3	68	6
KASS Only Adult Protection Level 5: Decision Making and Accountability	3	19	0
Multi Agency Adult Protection Level 6: Post Abuse	2	26	6
Private and Voluntary Sector Level 2	0	0	6
Training the Trainer in Adult Protection	4	74	5
KASS Only Adult Protection Minute Takers	3	27	3
Multi Agency Levels 1 – 3 Fast Track	1	10	0
Multi Agency Refresher Levels 2 – 6	2	21	0

Training Courses Delivered 2009 – 2010

Kent and Medway Safeguarding Vulnerable Adult – Multi-Agency Training Provision by Agency 2009 – 2010

Agency	Adult Protection Level 2	Adult Protection Level 3	Adult Protection Level 4	Adult Protection Level 5	Adult Protection Level 6	Training the Trainer in Adult Protection	Level 1 - 3 fast track	Refresher Level 2 - 6	Total
SSD Kent	163	32	6	38	10	19	6	7	281
SSD Medway	37	6	2	5	4	1	1	7	63
Police	0	2	8	8	0	3	3	5	29
Private and Voluntary	0	0	0	0	0	30	0	0	30
Health	173	24	8	7	11	13	3	2	241
Not Stated	71	8	0	10	1	8	0	0	98
Total	444	72	24	68	26	74	13	21	