

# Kent and Medway Safeguarding Adults Board

**Annual Report  
April 2015 – March 2016**



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## Foreword from Deborah Stuart-Angus, Independent Chair, Kent and Medway Safeguarding Adults Board



Thank you for your interest in safeguarding adults at risk in Kent and Medway. As Independent Chair of the Kent and Medway Safeguarding Adults Board, it gives me great pleasure to introduce our 2015-16 Annual Report. This not only gives our partnership the opportunity to share their achievements with our communities, but also addresses the huge range of activity and continued endeavor, clearly demonstrated in combined efforts to keep residents of Kent and Medway safe.

In December 2015, I was honoured to take over this exacting role from the former Chair: Andrew Ireland, KCC Corporate Director for Social Care, Health and Wellbeing, and would like to take this opportunity to thank him for his hard work and continued contribution, in strengthening the Board, despite the significant challenges posed in 2014-15.

My intention has been, and will continue to be, to work closely and collaboratively, with our partnership, moving us forward to its next natural stage of development. A partnership consultation, held in Spring 2016, will lead to a more robust approach to Board decision making, governance and structure, and partnership agreement will lead to a new and strong Board Constitution. A robust approach to risk management has been adopted and a Safeguarding Adult Review Panel has been established - well lead and managed by our multi-agency partners. A Risk Register is in the making, setting priorities for mitigation and outlining our focus areas. A revised Multi Agency Training Plan has commenced, this will prioritise and target learning opportunities for the partnership, which the Board is managing to deliver despite financial constraints. Plans for the year ahead will be led by the review of 2014-15 Safeguarding Adult Strategy and I will look forward to reporting back on the outcomes that this achieves in 2016-17. A key focus of this revision will be to engage service users and carers in the work of the Board, so that a more defined approach to Making Safeguarding Personal can be molded and grown. The development of their input will keep us realistically focused on what makes a difference to people's health, safety and wellbeing.

My tenure is for three years and so far I have been more than impressed by the sheer dedication and commitment of Board Members; Board Sub Groups and their Chairs; the Safeguarding Adult Review Group and our Board Management Team. They have all faced significant challenges and austerity, yet have continued to deliver on a tremendous amount of work, which has been timely; been of high quality and been very well received. My personal thanks go to these people.

All statutory partners have made significant financial contributions to the Kent and Medway Safeguarding Adults Board budget and the difficulties of doing this in the current financial environment cannot be underestimated. My aim will be to deliver on measurable quality and value for this money.

Both Kent (19%) and Medway (nearly 10%) have seen increases in the numbers of Safeguarding Enquiries. This is believed to reflect greater awareness and more robust reporting following the implementation of the requirements of the Care Act 2014. Physical abuse remains the most prevalent, but percentages are slightly down from last year with a small increase in Enquiries for neglect.

We will be working with all agencies to minimise this. Figures show a continued four year decline in financial and material abuse, a testament to many combined prevention efforts across Kent and Medway.

I would particularly like to thank the Councillors in Kent and Medway, for their continued interest and encouragement and last but not least, thanks go out to the residents of Kent and Medway, and staff across organisations, for their vigilance and efforts in reporting abuse and trying to prevent it from being repeated



Deborah Stuart-Angus  
*Independent Chair of the Kent and Medway Safeguarding Adults Board*

## Section 1. Introduction

### What is safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.” Care Act (2014).

The Care Act states that safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect

Abuse or neglect can take many forms. The Care Act lists the following types of abuse and neglect:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

For a full definition of each category of abuse and neglect please see [Appendix 2](#).

These are embodied in the [Multi-Agency Safeguarding Adults Policies, Protocols and Guidance for Kent and Medway](#).

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 an adult at risk 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. 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. Adults at risk may be abused by a range of people including relatives, neighbours, other service users, professional workers, friends and strangers.

The Care Act 2014 consolidates provisions from over a dozen different Acts into a single, framework for care and support. It is a fundamental reform of the way the law works. It places the wellbeing, needs and goals of people at the centre of the legislation, to create care and support which fits around the individual and works for them.

The Act also provides a framework for adult safeguarding. It sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities’ responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect and to establish Safeguarding Adults Boards in their area.

## How do I report abuse or neglect?

If you think you or another person is at risk of harm, neglect or abuse, please contact:

If you live in Medway:

01634 334466

(Next Generation Text Service - 18001 01634 334466)

Or if you live in any other part of Kent:

03000 41 61 61

(Next Generation Text Service - 18001 03000 416161)

**If you think someone is in immediate risk or danger, the best thing to do is call 999 for the emergency service**

For further information go to:

[www.medway.gov.uk/abuse](http://www.medway.gov.uk/abuse)

[www.kent.gov.uk/adultprotection](http://www.kent.gov.uk/adultprotection)

## What is the role of the Kent and Medway Safeguarding Adults Board?

The Kent and Medway Safeguarding Adults Board (KMSAB) has a statutory function as set out within the Care Act 2014. In relation to deploying its lawful safeguarding duty, the KMSAB has three main functions:

1. Assurance
2. Accountability
3. Prevention

In order for these functions to work well, the KMSAB ensures that all member agencies work together to help keep Kent and Medway's adults safe from harm, to protect their right to live free from harm, abuse and neglect. From December 2015, KMSAB has been chaired by an Independent Chair (Deborah Stuart-Angus) and meets four times a year. Our vision is:

**'to ensure that Kent and Medway is an increasingly safer place for adults at risk of abuse and neglect'**

To achieve its vision, the KMSAB works with partners and local communities to:

- Prevent abuse and neglect from happening
- Identify and report abuse and neglect
- Respond to any abuse and neglect that is occurring
- Support people who have suffered abuse or neglect to recover and to regain trust, where possible, in those around them
- Raise awareness of safeguarding adults and the role everyone can play in responding to, and preventing, abuse and neglect

The KMSAB supports adults at risk to have choice and control over their lives by following and endorsing the six safeguarding principles outlined in the Care and Support Guidance:

- Empowerment - individuals will be asked what they want the outcomes from the safeguarding process to be and these outcomes will directly inform what happens wherever possible

- Prevention - individuals will get help and support to report abuse and neglect and get help to take part in the safeguarding process
- Proportionality - individuals will be confident that professionals will work for their best interests and that professionals will only get involved as much as needed
- Protection - individuals will receive clear information about what abuse and neglect is, how to recognise the signs and what they can do to seek help and support
- Partnership - individuals will be confident that professionals will work together to get the best outcomes for them. They will also be confident that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary
- Accountability - individuals will receive timely help they need from the person or agency best placed to provide it

The KMSAB used these principles to inform the [Strategic Plan](#).

Key responsibilities of the KMSAB include:

- Providing strategic direction for the adults at risk agenda
- Developing and reviewing multi-agency policy, procedures and guidance for safeguarding adults at risk
- Monitoring and reviewing the implementation and impact of policy
- Promoting and deploying multi-agency training
- Undertaking Safeguarding Adult Reviews (replacing Serious Case Reviews)
- Holding partners to account and gaining assurance of the effectiveness of safeguarding arrangements

## Section 2. National Context

Key documents which have influenced the safeguarding agenda include:

### The Care Act 2014

The Care Act 2014 came into force on 1 April 2015, replacing and consolidating a number of previous laws and statutory guidance, to create a single, consistent approach to establishing entitlement to adult social care in England. It sets out new duties for local authorities and partner agencies and introduces the right to an assessment for anyone, including carers, in need of support. The Act promotes a preventative approach and aims to put individuals in control of their care and support.

### Care Act 2014 Safeguarding Provisions

Clauses 42-48 of the Care Act provide the statutory framework for protecting adults from abuse and neglect. The safeguarding provisions include:

- New duty for local authorities to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect
- Local Safeguarding Adults Boards to carry out Safeguarding Adult Reviews into cases where someone, who experienced abuse or neglect, died, or was seriously harmed, and there are concerns about how authorities acted, to ensure lessons are learned
- New ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews or other functions
- Abolition of the existing power (under section 47 of the National Assistance Act 1948) for local authorities to remove people from their homes
- Requirement for all areas to establish a Safeguarding Adults Board to bring together the local authority, NHS and Police to co-ordinate activity to protect adults from abuse and neglect
- Introduction of new categories of abuse, including: Self-Neglect and Modern Slavery

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

### Care Act Statutory Guidance 2014

The Care Act 2014 statutory guidance was published on 24 October 2014. In addition to providing a fundamental reform of the adult social care and support system, the Care Act also creates a legal framework for key organisations and individuals, with responsibility for adult safeguarding, to agree how they must work together and what roles they must play to keep adults at risk safe. Chapter 14 specifically relates to safeguarding (page 229).

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf)

### Adult Safeguarding Improvement Tool – March 2015

The Improvement Tool, based on the Adult Safeguarding Standards, was refreshed in March 2015. Developed by the Local Government Association, the document sets out key areas of focus, which have been used in numerous peer reviews and challenges and as a means of self-assessment. The characteristics of a well-performing and ambitious partnership are described, particularly in relation to the three key partners in safeguarding adults; the council, NHS and Police. The Kent and Medway Safeguarding Adults Board used this tool when revising its self-assessment document.

<http://www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa>

## Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) came into force in England and Wales in April 2009, under an amendment to the Mental Capacity Act 2005. These safeguards are intended to protect individuals, who lack the capacity to consent to care or treatment, from being deprived of their liberty unless there is no other, less restrictive alternative, and a deprivation of liberty is assessed to be in their best interests to protect them from harm, or to provide treatment.

The definition of what constitutes a deprivation of liberty was amended following a Supreme Court Judgement in 2014, P v Cheshire West and Chester Council (2014), which created an 'acid test' for what constitutes a deprivation of liberty. The 'acid test' is fulfilled, and an individual is considered to be deprived of their liberty, if they:

- lack the capacity to consent to their care/treatment arrangements **and**
- are under continuous supervision and control **and**
- are not free to leave

The following are not relevant to the application of the test:

- the person's compliance or lack of objection
- the relative normality of the placement and the reason
- the purpose for the placement having been made

Statistics published by the Health and Social Care Information Centre (HSCIC) illustrate a significant increase in DoLS applications following the Supreme Court Judgement on 19 March 2014. "There were 137,540 DoLS applications received by councils between 1 April 2014 and 31 March 2015, the most since the safeguards were introduced in 2009. This is a tenfold increase from 2013-14 (13,700)."<sup>1</sup> It is expected that figures for 2015-16 will be published in October 2016.

Further details available at:

<http://www.hscic.gov.uk/catalogue/PUB18577/dols-eng-1415-rep.pdf>

The Department of Health has funded the Law Commission to review the DoLS legislation. An interim statement is available at:

[www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/](http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/)

This interim statement is not a consultation document and should not be taken as necessarily representing the final position. The final report and draft legislation is due to be published before the end of 2016. The Government will determine how the recommendations will be taken forward.

## Modern Slavery Act 2015

Trafficked adults are at increased risk of significant harm because they are largely invisible to the professionals and volunteers who would be in a position to assist them. The adults who traffic them take trouble to ensure that the adults do not come to the attention of the authorities, and either have no contact or disappear from contact with statutory services soon after arrival in the United Kingdom (UK), or in a new area within the UK.

The [Modern Slavery Act 2015](#) consolidates slavery and trafficking offences and includes provisions to:

- consolidate and simplify existing offences into a single act
- ensure that perpetrators can receive suitably severe punishments for these appalling crimes – including life sentences

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<sup>1</sup> Health and Social Care Information Centre (2015) Mental Capacity Act (2005) Deprivation of Liberty Safeguards (England) Annual Report, 2014-15, Published 29 September

- introduce new orders to enhance the Court's ability to place restrictions on individuals where this is necessary to protect people from the harm caused by modern slavery offences
- create an independent Anti-Slavery Commissioner to improve and better coordinate the response to modern slavery
- introduce a defence for victims of slavery and trafficking
- place a duty on the Secretary of State to produce statutory guidance on victim identification and victim services
- enable the Secretary of State to make regulations relating to the identification of, and support for, victims
- make provision for Independent Child Trafficking Advocates
- introduce a new reparation order to encourage the Courts to compensate victims where assets are confiscated from perpetrators
- close gaps in the law to enable law enforcement to stop boats where slaves are suspected of being held or trafficked
- require businesses over a certain size threshold to disclose each year what action they have taken to ensure there is no modern slavery in their business or supply chains<sup>2</sup>

The Modern Slavery Act 2015 Section 52 places a duty on a range of public authorities to notify the Home Office about suspected victims of slavery or human trafficking

## **The Counter Terrorism and Security Act**

[The Counter Terrorism and Security Act 2015](#) aims to disrupt the ability to travel abroad to engage in terrorist activity and then return to the UK. It also places a duty on a range of organisations to prevent people from being drawn into terrorism. It places Channel, the Government's programme for people vulnerable to being drawn into terrorism, on a statutory footing.

## **Female Genital Mutilation (FGM) Act 2003 as amended by the Serious Crime Act 2015**

[The Female Genital Mutilation Act](#) (2003) was amended by section 73 of the [Serious Crime Act 2015](#) to include FGM Protection Orders. A FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment. (NSPCC).

## **Controlling or Coercive Behaviour in an Intimate or Family Relationship**

This [legislation](#) allows the Crown Prosecution Service to prosecute specific offences of Domestic Abuse if there is evidence of repeated, or continuous, controlling or coercive behaviour. This type of abuse in an intimate or family relationship can include a pattern of threats, humiliation and intimidation, or behaviour such as stopping a partner socialising, controlling their social media accounts, surveillance through apps and dictating what they wear. The legislation states that to be defined as controlling or coercive, the behaviour must have had a 'serious effect' on the victim, meaning that it has caused the victim to fear violence will be used against them on 'at least two occasions', or it has had a 'substantial adverse effect on the victims' day to day activities.

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<sup>2</sup> Home Office Modern Slavery Act Update <https://www.gov.uk/government/collections/modern-slavery-bill>

## Section 3. Local Context

### Governance and Membership Review

Kent and Medway Safeguarding Adults Board reviewed its governance and membership arrangements in 2015, in response to the Care Act statutory guidance which states: the SAB 'should assure themselves that the Board has the involvement of all partners necessary to effectively carry out its duties'. The Guidance suggests reviewing the links to other partnerships to maximise impact and minimise duplication, which would reflect the reality and interconnectivities of local partnerships. (Paragraph 14.118 and 14.119)

Following the review, membership to the Board was broadened. Membership includes representatives from: KCC, Medway Council, Kent Police, Acute Trusts, Clinical Commissioning Groups, Community Health Trusts, Kent and Medway NHS and Social Care Partnership Trust, NHS England, Care Quality Commission, Kent Probation, Kent Fire & Rescue Service, Prison Service, both Kent and Medway Community Safety Partnerships, Healthwatch, District Councils, Advocacy, housing providers, Elected Members from both KCC and Medway Council and representatives from independent provider organisations.

As part of the governance and membership review the Board agreed to appoint an Independent Chair. Deborah Stuart-Angus was appointed in November 2015, following a rigorous recruitment campaign. She took up post in December 2015.

### Safeguarding Adult Reviews (SARs)

Kent and Medway Safeguarding Adult Board has a duty to carry out a Safeguarding Adult Review (SAR) when an adult at risk in Kent or Medway dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. KMSAB can also arrange for a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

In September 2014, the Board commissioned a Safeguarding Adult Review (SAR) in respect of Mary Smith,<sup>3</sup> chaired by Paul Pearce. The overview report and recommendations were presented to the Board in June 2015. Agencies developed action plans to address the recommendations. These plans were reviewed after six months and a progress report was presented to the Board in March 2016 to assure the Board of progress. Paul Pearce also hosted multi-agency workshops to present his findings and disseminate the lessons learned.

Three further SAR applications were received between April 2015 and March 2016. Two of these have progressed to a Safeguarding Adult Review and are expected to conclude in 2016. The third case did not meet the criteria, but agencies involved are working together to review the case; addressing the lessons to be learned and developing practice improvements.

### Deprivation of Liberty Safeguards

The national context is reflected in both Kent and Medway. Given the high number of referrals, both local authorities have robust triage processes in place, as recommended by ADASS, to prioritise applications. The current DoLS process puts significant pressure on the health and social care system. Since the Supreme Court Judgement in 2014, there has been a 17 fold increase in the number of applications locally.

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<sup>3</sup> To protect the identity of the individual this is a fictitious name

## Medway Safeguarding Adults Executive Group

Medway Safeguarding Adults Executive Group (MSAEG) has been established to bring together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway. The MSAEG will work collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening delivery, oversight and governance.

## Prevent and Channel

In September 2015, a Multi-Agency Prevent Duty Delivery Board was established to oversee the delivery of the Prevent Duty across Kent and Medway. The Board receives feedback from Channel, shares information regarding Prevent awareness raising and training activity within individual agencies and has agreed to the development of a Kent-wide action plan.

Channel is a voluntary early intervention mechanism used before a person engages or becomes involved in criminal terrorist activity. All agencies and members of the community can refer individuals to Channel by emailing the Kent Police Channel inbox ([Channel@kent.pnn.police.uk](mailto:Channel@kent.pnn.police.uk)). In September 2015 the 12 existing Channel Panels in Kent were replaced by one Channel Panel. This panel meets monthly to consider the cases of those who have been identified at risk of being drawn into terrorism and plans tailored support for them.

Medway has a Channel Panel separate to Kent's. This Panel meets every month and referrals are made using the Kent-wide referral form. Medway Council also has its own internal Prevent Board as well as a multi-agency Prevent Board to meet the guidance laid down in the Counter Terrorism and Security Act 2015.

## Sub-group Activity

### The Practice, Policy and Procedures Working Group (PPPWG)

#### Key achievements in 2015-2016:

- **Review of the KMSAB Multi-agency Safeguarding Adults Policy, Protocols and Guidance Document**

The PPP Working Group reviewed and updated the Kent and Medway multi-agency adult safeguarding policy, protocols and guidance document, in light of the Care Act 2014 and other relevant local and national developments. The updated document can be found at:

[http://www.kent.gov.uk/\\_data/assets/pdf\\_file/0018/11574/multi-agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf](http://www.kent.gov.uk/_data/assets/pdf_file/0018/11574/multi-agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf)

- **Protocols for Kent and Medway to Safeguard Adults who are at Risk of Sexual Exploitation, Modern Slavery and Human Trafficking**

The PPP Working Group developed a [Protocol](#) as a means of supporting professionals and communities in Kent and Medway to identify and respond appropriately to safeguard adults who are at risk of: being trafficked, sexually exploited or modern slavery. The Protocol contains hyperlinks to the relevant sections in the main Policies, Protocols and Guidance document to support good safeguarding adults practice.

- **Self-Neglect Policy and Procedure Workshops**

Four multi-agency training workshops were hosted across the County to launch the revised Kent and Medway multi-agency [Policy and Procedures to Support People who Self-Neglect](#). Over 360 members of staff from partner organisations attended the training. The workshops were well received and there was huge demand; feedback was that more such events would be beneficial as not all staff who wished to attend were able to secure a place.

- **Development of Easy Read Safeguarding Meeting Documentation**

In response to feedback from Safeguarding Co-ordinators that adults at risk often feel safeguarding meetings are daunting, the PPP Working Group developed 'Easy Read' safeguarding meeting documentation. This included easy read templates for the invite letter, agenda and minutes. The use of these documents supports the 'Making Safeguarding Personal' commitment "you will be given information in a way we hope you can understand".

## **The Quality Assurance Working Group (QAWG)**

### **Key achievements in 2015-2016:**

- **Performance Dashboard**

The QAWG developed a performance dashboard to provide KMSAB with a high level overview of key performance indicators. The dashboard is updated quarterly and considered at each Board meeting, to monitor progress against key performance indicators. The dashboard includes monitoring of DoLS performance and compliance with Prevent training.

- **Revised Self Assessment Framework**

The QAWG revised and updated the Self Assessment Framework to ensure that it was fit for purpose in light of the Care Act 2014 and to align it to the themes identified in the Local Government Association's 'Adult Safeguarding Improvement Tool'. KMSAB requires agencies to complete the self assessment framework to measure their progress against key standards. These are then peer reviewed by another agency and findings are presented to the Board. Any actions rated red or amber require regular update reports to the QAWG and Board to ensure the required standards are achieved.

- **Annual Plan 2016-17**

The QAWG developed, and will monitor, the Board's annual plan for 2016-17. The plan details how the Board will deliver the priorities set out in the Strategic plan.

- **Safeguarding Adult Reviews**

The QAWG monitors progress against Safeguarding Adult Reviews, ensuring that recommendations are actioned and presenting updates to the Board.

- **Development of Strategic Plan**

The QAWG leads on the strategic plan, which will be reviewed and revised in September 2016.

## **The Learning and Development Working Group (LDWG)**

### **Key achievements in 2015-2016:**

- **Review of Course Content**

A review of the course content for multi-agency training at Levels 3 (The Guide to Undertaking Safeguarding Enquiries) and 5 (Decision Making and Accountability in Safeguarding) was undertaken to ensure that the content was fit for purpose and reflective of current legislation and policy developments. The course content was also cross referenced against key competencies recommended by Research in Practice for Adults (RiPFA) and developed by the working group, and updated to address any gaps identified.

- **Delivery of Multi-agency Training Programme**

The Learning and Development Working Group maintains oversight of the delivery of multi-agency safeguarding training, monitoring demand and uptake of training. More details are provided in the next section of the plan.

- **Independent Management Report (IMR) Writing Training**

In response to feedback from agencies, a series of IMR training workshops were delivered in October 2015, to help prepare staff that may be required to complete an IMR on behalf of their agency, as part of a Safeguarding Adult Review. These were facilitated by Paul Pearce, an experienced Review Writer/Independent Chair of Review Panels. Training focused on the process and purpose of the SAR, and gave an overview of the forms/templates that need to be completed, as well as discussing the research required in order to write an IMR.

In addition, feedback workshops for multi-agency staff were held in November to disseminate the lessons learnt from a recent SAR.

- **Making Safeguarding Personal / Care Act Highlights / KASAF Workshops**

Multi-agency workshops for managers and senior safeguarding leads were delivered between June and September 2015. The workshops focused on key messages from the Care Act 2014, the implementation of Making Safeguarding Personal and use of the revised Kent Adult Safeguarding Alert Form (KASAF).

The Association of Directors of Adult Social Services has undertaken a 'stocktake' which included Making Safeguarding Personal. It is expected the report will be published in September 2016.

## Section 4. Kent and Medway Multi-Agency Training

During 2015-2016 the multi-agency training programme has been supported by the Kent and Medway Safeguarding Adults Board.

The Kent and Medway multi-agency training structure comprises of six levels:

- Level 1 and Level 2 – Adult Safeguarding Awareness and Application of Law and Policy
- Level 3 – Guide to Undertaking Safeguarding Enquiries
- Level 4 – Public Protection Core Learning and Adults at Risk
- Level 5 – Decision Making and Accountability in Safeguarding
- Level 6 – Post Abuse Responsibilities

The training structure continues to be based on common tasks reflected in the Multi-agency Policy, Protocols and Guidance for Kent and Medway. It aims to ensure that 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. Details of the current course aims and objectives are available on the website:

<http://www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development>

All agencies take responsibility for the delivery of Level 1 and Level 2 training to their staff. A training standards tool was introduced in August 2015, for partner agencies to record the quality of the content and delivery methods of Safeguarding Adults Level 1 and 2 training. The tool supports an evaluation of the training in line with the agreed KMSAB Competence Framework. Levels 1 and 2 training for staff in the private, voluntary and independent sectors has continued to be available through KCC's Learning and Development Team.

Levels 3, 5 and 6 of the multi-agency training programme are provided by external training consultants, funded by the KMSAB. In 2015-16 the KMSAB also funded twenty places for multi-agency partners to attend Level 4 training, which was provided in collaboration with specialist trainers within a partner agency.

A review of the course content for multi-agency training at Levels 3, 5 and 6 has been undertaken to ensure that the course content is fit for purpose and reflective of current legislation and policy developments. The course materials were updated in readiness for the new multi-agency training offer from April 2016.

The Board will be commissioning new training courses to be delivered from April 2017. It is anticipated that this will comprise a blended-learning approach, to include e-learning packages, as well as face to face workshops.

The table below outlines the level of multi-agency course provision and attendance during April 2015-March 2016. Please note figures only reflect places funded by the Board.

| Course                          | Total No of Persons Attending | Attendance by |     |                |      |                |                |
|---------------------------------|-------------------------------|---------------|-----|----------------|------|----------------|----------------|
|                                 |                               | Police        | KCC | Medway Council | KMPT | Health - other | Other Agencies |
| <b>Level 3<br/>(16 courses)</b> | 258                           | 2             | 106 | 19             | 106  | 24             | 1              |
| <b>Level 4<br/>(2 courses)</b>  | 19                            | 0             | 12  | 4              | 2    | 1              | 0              |
| <b>Level 5<br/>(7 courses)</b>  | 91                            | 0             | 60  | 9              | 20   | 2              | 0              |
| <b>Level 6<br/>(2 courses)</b>  | 37                            | 0             | 20  | 9              | 2    | 6              | 0              |

## Section 5. Funding Arrangements

The Kent and Medway Safeguarding Adults Board is funded by five partner agencies including Kent County Council, Medway Council, Kent Police, Kent Fire & Rescue Service, Clinical Commissioning Groups and commissioned Health provider organisations. Each of these agencies made the following percentage contributions in 2015-16:

- KCC, Social Care Health and Wellbeing – 40.4%
- Medway Council – 8.2%
- Kent Police – 14%
- NHS Kent and Medway – 35.8%
- Kent Fire & Rescue Service – 1.7%

The multi-agency budget covers the salaries for the Independent Chair, Safeguarding Adults Board Co-ordinator and Administration Officer posts. It also covers the administration costs for the various multi-agency group meetings, Safeguarding Adult Reviews and the provision of multi-agency training.

The table below sets out the budget contributions for the past three years

|  | <b>2013-2014<br/>Actual contribution<br/>(£000's)</b> | <b>2014-2015<br/>Actual contribution<br/>(£000's)</b> | <b>2015-2016<br/>Actual contribution<br/>(£000's)</b> |
|--|---|---|---|
| <b>KCC</b>   | <b>50.5</b>   | <b>61</b>   | <b>72.8</b>   |
| <b>Medway Council</b>                                  | <b>12.6</b>   | <b>12.6</b>   | <b>14.8</b>   |
| <b>Local Health Commissioners and Providers</b>        | <b>54.8</b>   | <b>54.8</b>   | <b>64.5</b>   |
| <b>The Office of the Police and Crime Commissioner</b> | <b>21.9</b>   | <b>21.9</b>   | <b>25.3</b>   |
| <b>Kent Fire &amp; Rescue Service</b>                  | <b>2.6</b>  | <b>2.6</b>  | <b>3</b>  |
|  |   |   |   |
| <b>Shortfall</b>                                       | <b>9.8</b>  | <b>15.2</b>   | <b>1.9</b>  |
|  |   |   |   |
| <b>Total</b>   | <b>152.2</b>  | <b>168.1</b>  | <b>182.3</b>  |

A decision was made by the Board to use reserves in order to reduce the contributions of partners, given the savings agencies needed to make in the financial year.

## Section 6. Partner Highlights

### Kent County Council, Social Care, Health and Wellbeing

#### Overview of 2015– 2016

Adult Safeguarding is managed in the Divisions of Older People and Physical Disability (OPPD), and Disabled Children, Adults Learning Disability and Mental Health (DCLDMH), including the Kent and Medway NHS and Social Care Partnership Trust. These Divisions are supported by Adult Safeguarding Co-ordinators. The strategic role of the Adult Safeguarding Unit is fully embedded with a focus on quality assurance and policy development. The Deprivation of Liberty Safeguards (DoLS) function sits within this Unit.

#### Key Achievements

The Safeguarding Adults documentation suite was reviewed and the Kent Adult Safeguarding Alert Form (KASAF) was implemented in October 2015. Feedback from staff across all client categories was that the KASAF was well received. The new safeguarding process was reviewed in February 2016 to look at changes requested, including Prevent issues being identified and the self-neglect referral process. A mandatory Prevent e-learning module was introduced for all KCC staff.

The new KCC Mental Health Adult Safeguarding Team commenced, managing safeguarding concerns from late February 2016 in two phases. The Team is managed centrally and staffed by eight Mental Health Safeguarding Co-ordinators working across Primary and Secondary Care Mental Health. This new Mental Health Model achieves S42 compliance.

A new Safeguarding Adults Capability Framework Portfolio has been developed for all KCC staff who work, or have contact, with adults, to help increase knowledge, skills and understanding of their roles and responsibilities within Adult Safeguarding, Mental Capacity Act and the Deprivation of Liberty Safeguards. Initial staff feedback is positive.

The quarterly Learning Disability County Good Practice, Quality and Safeguarding Group is now fully embedded with senior representatives and Safeguarding Co-ordinators attending from each locality team. Lessons learned from complaints/Ombudsman findings and Safeguarding Adult Reviews are particularly welcomed by the group for discussion and sharing of good practice/lessons learned to the teams.

A Protocol for Kent and Medway to Safeguard Adults who are at Risk of Sexual Exploitation, Modern Slavery and Human Trafficking has been developed. The Protocol is a means of supporting professionals and communities to identify and respond appropriately to safeguard adults who are at risk of being trafficked, sexually exploited or modern slaves. The Protocol is electronically linked to the relevant sections in the main Policy, Protocols and Guidance document to support good safeguarding adults practice.

#### Key Challenges

- Obtaining Making Safeguarding Personal feedback from people who have been the subject of a Safeguarding Enquiry
- DoLS applications continue to rise significantly
- Safeguarding referrals are increasing, due to increased awareness of the service

#### Future Plans 2016-2017

- Continue to focus on the quality of safeguarding work across KCC, including ongoing programme of independent audits of practice, ensuring lessons learnt are embedded.
- Continue to support the Kent and Medway Safeguarding Adults Board in future developments
- Review the existing feedback mechanism for Making Safeguarding Personal

## Medway Council

### Overview of 2015– 2016

The number of Safeguarding Adult concerns received by Medway Council increased by 53% from 2014-15 to 2015-16. The Adult Social Care teams, namely the Over 25 Disability Team, the Mental Health Team, the 0-25 Disability Team, the Older People East Team and the Older People West Team, retain responsibility for screening and progressing Safeguarding Adult concerns received by Medway Council. A dedicated Deprivation of Liberty Safeguards Team manages and progresses all Deprivation of Liberty Safeguards (DoLS) activity.

Medway Council continues to strengthen collaborative working to prevent and raise awareness of abuse, ensuring a robust, timely and proportionate multi-agency response when abuse occurs.

### Key Achievements

Local policies and procedures are Care Act 2014 compliant and have been revised in accordance with the six key principles of Safeguarding Adults.

Making Safeguarding Personal - a "Safeguarding and You" booklet, practitioner guidance and an end of Safeguarding questionnaire to capture the adult's views on the Safeguarding Enquiry have been embedded into practice. The data from the questionnaires will be used to continuously improve local Safeguarding Adults policy, procedures and practice.

To ensure the delivery of the KMSAB's strategic objectives, along with strategic objectives pertinent to Medway; improve multi agency collaborative working, enhance engagement with adults in Medway and alignment with other local strategic forums, a Medway Safeguarding Adults Executive Group has been established.

### Key Challenges

- There was limited analysis of data as a result of not optimising the potential of the Council's IT system
- DoLS applications have increased by 43% from 2014-15 - the DoLS Team is applying the ADASS risk management guidance to prioritise cases
- The Care Quality Commission published Medway Foundation NHS Trust's Inspection Report, outlining the need for the Trust to review its Safeguarding Model and activity related to The Mental Capacity Act 2005 and DoLS  
Engagement between the Trust and executive leads in Medway has demonstrated a clear ambition to strengthen safeguarding arrangements - key partners continue to work together to achieve this

### Future Plans 2016-2017

- Analysis of local qualitative and quantitative data, supported by a robust Quality Assurance Framework will shape the continual development of staff competencies, local policies and local operational procedures within a multi-agency framework
- Information sharing related to Quality in Care and Safeguarding concerns between key partners is being developed, to ensure appropriate preventative and responsive action is taken to optimise the quality of care provided and minimise the risk of Safeguarding concerns
- A Task and Finish Group is reviewing how the Council manages DoLS applications, to optimise efficiency

## NHS Clinical Commissioning Groups across Kent and Medway

### Overview of 2015 – 2016

Clinical Commissioning Groups were established under the Health and Social Care Act 2012 and are clinically led membership organisations. They are statutory bodies which have the function of commissioning services for the purposes of the health services in England. NHS England has a statutory duty to conduct a performance assessment of each CCG and it does this through the assurance process. Safeguarding Adults continues to be a high priority for the CCGs and has been embedded across all commissioning intentions.

### Key achievements

- Mental Capacity Act project - this project has provided bespoke training for Primary Care partners by Capsticks Solicitors on The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The project has also developed a MCA Assurance Tool for Primary Care partners to use to benchmark and develop their knowledge and practice in accordance with the Mental Capacity Act.
- Safeguarding standards with Commissioned Providers - the CCGs and providers collaborated to develop and agree the 2015/16 safeguarding standards. The standards ensure that all commissioned health services effectively discharge their contribution to safeguarding. The standards monitor safeguarding expectations and responsibilities outlined in provider contracts.
- NHS England's assurance and alignment of policies - all eight CCGs achieved compliance with NHS England's accountability and assurance framework in May 2015. Safeguarding policy and strategy were aligned with relevant and emerging legislation.

### Key Challenges

- Ensure that safeguarding is embedded in quality and safety visits within commissioned services.
- To continue to increase and embed awareness of domestic violence and abuse across all providers and primary care - embed National Institute of Clinical Excellence (NICE) Guidelines for Domestic Abuse
- Work with partners to prevent harm and improve the safety of residents in care homes - transfer of care issues, delayed discharge, sharing of soft intelligence with multi-agency partners

### Future Plans

- Safeguarding training will be reviewed in line with the Intercollegiate Document for Safeguarding Adults. The training needs subsequently identified will need to be embedded across primary care in order to ensure compliance and promote better engagement in safeguarding
- The expanding agenda for safeguarding will have to be managed so that safeguarding adults and children are interlinked to include PREVENT, Domestic Violence and Abuse, Female Genital Mutilation and also the Mental Capacity Act.
- Developing a more robust system to measure how primary and secondary care services learn lessons from Safeguarding Adult Reviews and Domestic Homicide Reviews

## Kent and Medway NHS and Social Care Partnership Trust (KMPT)

### Overview of 2015-2016

The year has been a very impactful one for KMPT as we follow through from our external inspection by the Care Quality Commission (CQC). Although the CQC saw some very good practice, there was a lack of consistency across the organisation. Additional resource into the safeguarding team was welcomed to see through the actions of KMPT's response to the CQC inspection.

The drive to embed the principles and understanding of the Mental Capacity Act (MCA) and the requirements, where identified, for the deprivation of someone's liberty, has been a commitment throughout the organisation.

The Self-Neglect Policy has worked very well in practice with several cases being highlighted by practitioners and multi-agency meetings being convened to plan a way forward. All training was updated in line with the Care Act 2014, ensuring staff are aware of the broadening in categories of abuse such as Human Trafficking and Modern Slavery.

The year ended with the return to the Local Authority of the responsibility for overseeing of the adult protection processes. The team of Safeguarding Co-ordinators, managed by KCC, is now firmly in place.

### Key achievements

- An overall assessment by the CQC of 'Outstanding' for the Forensic Services
- Partnership working between KCC and KMPT to create the designated team of Safeguarding Co-ordinators and to test this structure with a successful pilot
- Participation in the 'Making Safeguarding Personal' workshops across Kent and ensuring the roll out of the Kent Adult Safeguarding Alert Form KASAF within KMPT

### Key challenges

- There are still a considerable number of older safeguarding cases that KMPT would have led on with the former delegated responsibility for safeguarding that require closure. The teams are working hard to close out these cases.
- The numbers of breached Deprivation of Liberty applications, although improving, remain a concern
- Inconsistencies in the understanding, application and compliance around the Mental Capacity Act

### Future plans 2016-2017

- Continue to build on the practical bespoke training in place to address gaps in knowledge and practice with MCA - audits will continue quarterly
- Additional work on Making Safeguarding Personal and completion of the Kent Adult Safeguarding Alert Form (KASAF) to demonstrate that staff have grasped the principles
- Ensure training meets the requirements of the Health Intercollegiate Document for Safeguarding Adults, as well as ensure it meets the standards and competences laid down by the Safeguarding Adults Board

## Dartford and Gravesham NHS Trust

### Overview of 2015 – 2016

During 2015-16 the Adult Safeguarding Team has seen some challenging times. The team has been through a period of transition following the retirement of the Safeguarding Lead. At the end of October 2015, a new Safeguarding Lead was appointed followed by the appointment in March 2016 of a Learning Disability Liaison Nurse; both posts are being supported by a part time clerical and administration assistant. The Safeguarding Lead continues to support staff throughout the Trust in all matters relating to safeguarding.

During the past year there has been thirty seven safeguarding referrals submitted by the Trust, thirteen referrals have been made during the first quarter of 2016. The increased presence by the Safeguarding Lead throughout the Trust aims to promote and enhance the awareness regarding the safeguarding process and mental capacity.

The Trust has provided a number of training sessions via Capsticks Solicitors and Kent County Council in relation to Deprivation of Liberty Safeguards (DoLS). The Trust has seen the numbers of DoLS applications rise in line with national trends.

The Safeguarding Lead continues to report to the Clinical Commissioning Group, Trusts Quality & Safety Committee and Safeguarding meeting so as to provide assurance.

### Key Achievements

- Production of a quarterly Safeguarding Adults newsletter which is made available Trust wide via the Trust intranet. It highlights current safeguarding points, training dates and changes in services (i.e. IMCA services) and lessons learnt
- Workshop to raise awareness of PREVENT WRAP 3 Train the Trainer session has been delivered by the Police to a number of staff and providers who work within the Trust. This has enabled training dates to be released to all appropriate members of staff in a timely manner. Channel e-learning sessions are now a requirement for all new employees to the Trust within their first two weeks of commencing employment. All existing members of staff are also completing the training - from October 2015 – March 2016 approximately 672 staff have completed the Channel e-learning
- Promoting partnership working within the Trust and external agencies including Tissue Viability Team, Emergency Department and SECamb

### Key Challenges

- Investigation of historical safeguarding alerts with the Local Authority, some of which dated back to 2013
- Multi-agency working to support a patient whose care was being reviewed by the Court of Protection
- The balance between the amount of people attending the Emergency Department whose medical needs take priority and completion of paper work, i.e. KASAF and DoLS

### Future Plans 2016-2017

To continue to raise the importance of safeguarding adults throughout the Trust, to include education, ward Links and a regular newsletter. The Trust will continue to develop good working relationships with external safeguarding teams, Local Authorities, to include South East Coast Ambulance Service and the London Ambulance Service

## East Kent Hospitals University NHS Foundation Trust

### Overview of 2015-2016

The People at Risk Team has been providing training and education for staff in all aspects of safeguarding, domestic abuse, Mental Capacity Act and Deprivation of Liberty Safeguards. There has been on-going work with the Tissue Viability team to reduce the risk of hospital acquired pressure ulcers. The team has also supported work experience for young people with learning disabilities at the Trust. Work continues with the staff and the Dementia team to manage people at risk with challenging behaviours in the acute health care setting.

### Key achievements

- The Adult Safeguarding policy was renewed in December 2015
- Continued greater levels of involvement with medical teams, to support complex discharges for patients who lack mental capacity
- Participation in the Tap2Tag project - a research project to hold key health information, for high risk patients, on an electronic wrist band, accessible by professionals using a SMART phone
- The Quality Improvement and Innovation Hubs were set up to give staff a way to share learning, raise issues and innovate for frontline improvement on their site. The team has used the hubs to raising awareness about adult safeguarding, the Mental Capacity Act and domestic abuse

### Key challenges

- Failure of the computer system which logs staff training, leading to lack of data to support teams achieving compliance with training requirements
- To continue to follow the DoLS processes, even though it is widely acknowledged that the system is not fit for purpose. Changing practice in record keeping to evidence adherence to the Mental Capacity Act

### Future plans 2016-2017

- Improve training compliance across all staff groups to meet a target of 85%
- Create a public facing electronic adult safeguarding page
- Continue to embed identification of high risk patients within the acute setting and thus improve discharge planning
- Improve understanding of modern slavery and human trafficking

## Medway Community Healthcare

### Overview of 2015-2016

2015-16 has been a year of assimilation and embedding within Medway Community Healthcare (MCH) services in relation to safeguarding adults.

Services continue to successfully apply the Mental Capacity Act (MCA) 2005 to practice, as evidenced by our bi-annual audit of the quality of MCA assessments documented within our electronic patient notes system. Staff are using MCA appropriately in the majority of situations and the audit showed some excellent examples of Best Interest decision making. In relation to the Deprivation of Liberty Safeguards (DoLS,) our inpatient services made 126 applications to the Local Authority during the year, allowing our most vulnerable patients access to the safeguards provided by the legislation.

Services raised 79 concerns regarding potential adult abuse during this year, and we continue to build on our confidence and knowledge in this area working in partnership with local authorities. Services contacted our internal Safeguarding Adults Team on 527 occasions, accessing advice and support for situations with patients, which can be both complex and distressing to manage.

In addition, the Safeguarding Adults Team reviewed and updated the Trust's local policy in line with changes to legislation and contract requirements, and undertook the same piece of work with safeguarding adults training packages. This has included revamping corporate induction to provide a half day safeguarding session for all new starters covering Safeguarding Adults, Safeguarding Children, Domestic Abuse and PREVENT WRAP.

### Key Achievements

- Further embedding of the Self-Neglect Policy in standard practice
- Revision of policy and training in line with legislation changes
- Continued implementation of the "acid test" for DoLS

### Key Challenges

- Working with partner agencies at a time of Safeguarding personnel changes and reduced staffing
- Understanding thresholds for safeguarding vs quality concerns
- Lack of defined process for raising quality concerns externally and sharing such intelligence across agencies

### Future plans 2016-2017

- Increase collaboration with internal Safeguarding Children and Quality Teams
- Evaluation of changes to training and supervision packages in line with Intercollegiate guidelines
- Continued partnership working with local agencies to safeguard adults at risk of harm

## Kent Community Health NHS Foundation Trust (KCHFT)

### Overview of 2015-2016

During 2015-16, a total of 308 Kent Adult Safeguarding Alert Form (KASAF) referrals were received, 223 were raised by KCHFT implicating others. 61 were raised implicating KCHFT - 37 were raised by KCHFT staff against KCHFT and 24 by other organisations against KCHFT. The highest area of abuse raised is Neglect. The Trust has had no cases to date in which abuse has been substantiated by KCC.

The Trust's Safeguarding Service provides a daily duty rota for provision of safeguarding advice to staff who may have a safeguarding concern.

Audit actions and audits for 2015-16 have been completed and have provided assurance and evidence of good practice and identified areas for further development.

### Key Achievements

- Safeguarding practitioners have developed strong working relationships within the Community Hospitals, in conjunction with the Safeguarding champions who work closely with the Mental Capacity Act co-ordinator to disseminate safeguarding information
- Timely completion of multi-agency audits, Domestic Homicide Reviews (DHRs) and strong cross organisational working to complete external Self Assessment Frameworks
- The reduction of serious incidents of a safeguarding concern from 45 last year to 24 this year demonstrates improvement towards reducing avoidable harm to patients

### Key Challenges

- To ensure services work collaboratively with internal and external partners to reduce patient harms
- To support staff with their understanding of the emerging areas of safeguarding including the PREVENT agenda
- Difficulties influencing change when gaps are identified within other agencies

### Future Plans 2016-2017

- Continue to work with the KCHFT incidents team to support accurate and timely completion of the same information
- Continue to promote safeguarding within the Trust and support services to address identified gaps within their areas
- Develop an internal domestic abuse training framework which meets the training needs across the organisation
- Continue to develop processes that support embedding lessons learnt into practice, including the development of a robust process for reviewing of Serious Incident triangulation that will support and enhance lessons processes

## Kent Police

### Overview of 2015-2016

Following the Force's annual strategic assessment, the 4-year Control Strategy was created (2015-2018). Vulnerability is now the key theme of Kent Police's priorities and safeguarding adults plays a key part in addressing a number of areas of priority, which include sexual offences, domestic abuse, as well as potentially human trafficking and modern slavery.

Kent Police has developed a 3-day 'Protecting Vulnerable People (PVP)' training course ensuring that staff have the level of skill and knowledge around the 13 strands of vulnerability, focusing on domestic abuse, human trafficking and honour based abuse. This training is mandatory for every officer and the College is committed to a programme whereby every officer will be trained within three years. This hopefully demonstrates our commitment to address the need to continually improve all our staff's awareness and activity to safeguard adults at risk of harm.

Kent Police remains committed to engaging with multi-agency partners and has representation across the Board. As well as being proactive in supporting awareness around adult safeguarding, the Force has hosted two multi-agency conferences around exploitation and vulnerability and a conference on Female Genital Mutilation (FGM), within the last year, to raise awareness on these subjects. Officers have recently spoken at a domestic abuse conference at Christchurch University, as well as delivering bespoke training and presentations to specialist teams around domestic abuse supporting partner agencies with training delivery.

Kent Police has worked closely with partners in the development of the Protocol and Good Practice Model for Police and local authority disclosures in parallel proceedings.

The Force currently undertakes customer satisfaction surveys and this is in the process of being widened to include domestic abuse victims. The staff completing these surveys will be provided with specialist training. Domestic abuse will be a very significant focus for the Force this year, recognising the long term impact on victims and children if we do not work effectively and quickly in partnership to provide appropriate support and safety.

### Key Achievements

- The implementation of the Mental Health Triage process across the Force
- Vulnerability being recognised as central to the control strategy of Kent Police
- The creation of the 'At risk of going missing' pack, designed to support families and carers in managing missing episodes

### Key Challenges

- With a further restructure of Kent Police likely, the maintaining and improving of safeguarding services for victims of crime
- Developing a multi-agency approach to persistent and repeat referrals from adults at risk of harm (incorporating lessons learnt from recent Safeguarding Adult Reviews)

### Future Plans 2016-2017

- Embedding the disclosure protocol in working practices
- Training civilian investigators within Public Protection Unit to provide a better service to victims and support to partner agencies

## Adult Abuse Data Financial Year 2015/16

|                    | Total Recorded Crimes | Total Secondary Incidents | No Crimed / Unvalidated | Total       |
|--------------------|-----------------------|---------------------------|-------------------------|-------------|
| <b>Kent</b>        | 449                   | 530                       | 31                      | 1010        |
| <b>Medway</b>      | 76                    | 173                       | 9                       | 258         |
| <b>Force Total</b> | <b>525</b>            | <b>703</b>                | <b>40</b>               | <b>1268</b> |
|                    |                       |                           |                         |             |
| <b>2014-15</b>     | 676                   | 1058                      | 24                      | 1758        |

## Crime Type Breakdown Notifiable

|               | Violence Against the Person | Sexual    | Robbery  | Burglary (Dwelling and OTD) | Criminal Damage | Vehicle Crime | Theft Other | Other Crime | Total Notifiable Offences |
|---------------|-----------------------------|-----------|----------|-----------------------------|-----------------|---------------|-------------|-------------|---------------------------|
| <b>Kent</b>   | 317                         | 54        | 5        | 0                           | 0               | 0             | 46          | 27          | <b>449</b>                |
| <b>Medway</b> | 41                          | 13        | 0        | 0                           | 0               | 0             | 21          | 1           | <b>76</b>                 |
| <b>Total</b>  | <b>358</b>                  | <b>67</b> | <b>5</b> | <b>0</b>                    | <b>0</b>        | <b>0</b>      | <b>67</b>   | <b>28</b>   | <b>525</b>                |

## Crime Type Breakdown Secondary

|               | Secondary Incidents | No Crimed/Unvalidated | Total Incidents |
|---------------|---------------------|-----------------------|-----------------|
| <b>Kent</b>   | 530                 | 31                    | <b>561</b>      |
| <b>Medway</b> | 173                 | 9                     | <b>182</b>      |
| <b>Total</b>  | <b>703</b>          | <b>40</b>             | <b>743</b>      |

### Definitions:

**Notifiable** – A Notifiable Offence is any offence under United Kingdom law where the police must inform the Home Office.

**Secondary Incidents** – This term is used when recording non crime incidents – for example a verbal altercation or an adult protection concern that would not constitute a crime, for example: an elderly person found wandering the street would lead to a referral being made.

**No Crimed/Unvalidated** – This term is used when an incident was recorded as a crime but it was subsequently established that no crime had been committed, or the details did not constitute recording as a crime. For example a person reports their purse has been stolen which is recorded as a theft. If they then make contact to advise that it was lost rather than stolen, it will then be reclassified as no crimed/unvalidated.

## Medway NHS Foundation Trust

### Overview of 2015-2016

A Care Quality Commission inspection carried out during August and September 2015, with the report published in January 2016, highlighted a number of concerns relating to safeguarding practices, including Medical Care: - practice did not always comply with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

A peer review of Medway NHS Foundation Trust's safeguarding processes and procedures took place in February 2016 by Guy's and St Thomas' NHS Foundation Trust. A report and recommendations was provided for the Trust Board to consider.

A formal contract performance notice was served by the CCG in relation to safeguarding concerns and performance in April 2016.

### Key Achievements

- Appointment of new Safeguarding Lead for MCA/DoLS March 2016
- Review of DoLS process in March 2016
- Appointment of a Learning Disabilities Liaison Nurse

### Key Challenges

- Under-resourced area of workforce
- Staff understanding and implementation of the MCA/DoLS process
- Timely responses to safeguarding concerns raised

### Future Plans 2016-2017

- New Safeguarding Adult Team to be recruited with robust governance structure
- Training strategy to include training and education for staff including Prevent, Domestic Abuse, MCA/DoLS and Safeguarding Adults levels 1 and 2, to achieve 85% of all staff profiled, where their roles apply
- Medway NHS Foundation Trust to engage with partner organisations and multi-agency working on a regular basis, building strong working relationships

## Maidstone and Tunbridge Wells NHS Trust

### Overview of 2015-2016

The Executive Lead for Safeguarding Adults is the Chief Nurse and this agenda is supported by a Matron for Safeguarding Adults. The Trust has an established multi-agency Safeguarding Adults Committee which is chaired by the Deputy Chief Nurse.

The Trust's policies and procedures in relation to Safeguarding Adults at Risk of Harm and the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) have been reviewed this year. This, to bring them in line with national changes in legislation and local developments in relation to updated policies, procedures and guidance.

The way in which training is delivered changed in January 2015 in order that Level 2 Safeguarding, MCA awareness is delivered to clinical staff on their first day working in the Trust. Compliance with mandatory training Level 1 is 92.2%, and Level 2 is 64.9% - this is on an upwards trajectory and should reach our 85% target by August 2016. Level 3 Safeguarding Adults Training (non-mandatory); a one day course has been offered since May 2015. This enables staff to explore the subject matter in greater depth. Basic awareness in PREVENT is delivered to clinical staff and we are developing plans to deliver WRAP training to staff throughout the organisation.

There have been 43 Hospital alerts raised, either against our hospitals or by the hospital staff. Trust staff remain keen to learn from allegations of abuse and put in place remedial actions when investigations highlight any shortcomings in practice.

The Trust is effectively represented on the Kent and Medway Safeguarding Adults Board and sub-groups of the Board.

### Key Achievements

- Development of a robust system to review investigation reports and agree outcomes of cases with the Safeguarding Co-ordinator allocated to work with our Trust and the CCG lead
- The Trust continues to be acknowledged by our multi-agency colleagues to be performing well within the area of Safeguarding Adults at Risk of Harm
- Ensuring that the new definition of Adult at Risk of Harm is understood by practitioners so that appropriate referrals, in line with the Care Act 2014, are forwarded to the Local Authority

### Key Challenges

- Our ability to respond and develop good practice within the Trust for people with a learning disability is currently under review, to enable us to strengthen this area of work within the Trust
- The DoLS applications process and administration remains a challenge for Trust staff
- Applying the Mental Capacity Act consistently across the Trust

### Future Plans 2016-2017

- To employ the services of a Hospital Learning Disability Liaison Nurse
- To work closely with the Trust Solicitor to ensure the message with regards to consent and Mental Capacity is understood by all practitioners
- To put the Supervision Policy for Safeguarding Adults into meaningful practice

## South East Coast Ambulance Service NHS Foundation Trust

### Overview of 2015-2016

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to promoting and safeguarding the welfare of all vulnerable people; recognising that everybody has the right to be protected from harm, exploitation and neglect within the context of the law and personal civil liberties.

During 2015-16, the Trust has worked hard to implement the changes which the Care Act introduced. Referral rates have risen again over the year with overall activity across the whole Trust increasing by 22% from 2014-15. For Kent, this translates to 2380 concerns being shared with Kent Adult Social Care, from April 2015 to March 2016, and equates to 30% of all adult referrals. The most common primary concern staff identified was self-neglect, making up 28% of all referrals.

### Key Achievements

- Increasing rates of safeguarding training to 90% across the Trust
- Implementing a Trust-wide on-line reporting process for concerns. - this has improved the quality and quantity of referrals being submitted
- Improved Domestic Abuse (DA) awareness and training across the Trust with an extended DA pilot

### Key Challenges

- Capacity within the safeguarding team, with staff being seconded into posts and the increasing workload resulting from increased reporting activity
- Loss of the DA practitioner when the external pilot funding ended in December 2015 meaning that it was not possible to continue and expand on the work undertaken
- Implementation of the Care Act within the Trust

### Future Plans 2016-2017

The improved data gathering will be used to better understand reporting patterns within the Trust.

We will also be piloting using this information within the appraisal process at a practitioner level, so that staff will be able to benchmark their activity within their own teams/station areas which will, in turn, help the Trust identify possible learning needs for a specific area or areas of good practice, which could be shared across the whole organisation.

## Kent Fire & Rescue Service

### Overview of 2015-2016

As part of an ongoing review of the Service's Community Safety Department, it was decided to expand the work it undertakes in visiting people in their homes to enable a more in-depth assessment of individual's needs, not just focussing on fire safety but to include some health and well-being issues. Officers will be given the flexibility to allow them to spend time with individuals to understand their motivations and behaviours, with a view to supporting them to make more informed choices.

### Key Achievements

- Approval obtained to recruit staff to 11 new posts to enable the service to expand its home safety visit work
- Review of the Service's overall approach to safeguarding and introduction of an out of hours Duty Safeguarding Officer rota
- Commissioned the development of a new customer management tool to enable more effective and secure data collection

### Key Challenges

- Identifying training to enable the teams to move from just giving advice to supporting behavioural change
- Understanding the changes to other organisations' structures and how the Service fits into the partnership landscape
- Raising awareness internally of a new out of hours safeguarding rota system and encouraging its use

### Future Plans 2016-2017

- Development of an allegation handling process to better protect staff and the Service when working with vulnerable clients
- Launch the new customer management system
- Revamp the training for all staff involved in safeguarding and raise general awareness levels across the Service

## Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)

### Overview of 2015-2016

KSS CRC works with adult service users subject to community orders and licences. KSS CRC formed on 1st June 2014 following the government's reform of probation services. The ownership of the Community Rehabilitation Company transferred to Seetec, our parent company on 1 February 2015. One of the key priorities during the last year has been to build and consolidate the senior management team and embed the new delivery model. The CEO, who is a qualified and registered Social Worker with extensive experience in safeguarding, remains the designated lead.

### Key Achievements

The KSS CRC delivery model has now been implemented with operational staff working within three functional teams: Assessment, Rehabilitation and Resettlement. My Solution Rehabilitation Programme (MSRP), a flexible tailor made programme through which the sentence of the court and rehabilitative services are delivered, is available as a practitioner toolkit and will be further developed during the coming year.

An overarching Safeguarding Policy has been updated, linked to separate Children and Adult Safeguarding policies. A Quality Strategy has been developed which outlines the purpose, principles, strategies and key deliverables for quality assurance within KSS CRC.

### Key Challenges

- To improve levels of service user engagement and motivation
- To develop a Community Payback Placement Strategy, which meets the requirements of service users with identified needs and vulnerabilities
- To fully implement and embed the Quality Strategy

### Future Plans 2016-2017

- In collaboration with the Service User Council, the CRC has recruited three Case Support Workers who have personal experience of the Criminal Justice System to work with the hardest to reach service users to support engagement. This will run as a pilot during the coming year to test the efficacy of the role
- We are introducing a peer mentor scheme, whereby current service users will be trained to provide support and assistance to individuals under our supervision
- The CRC Organisational Effectiveness Team will have responsibility for implementing the Quality Strategy and leading on quality assurance activities, including a safeguarding audit which will be conducted imminently

## Advocacy for All

### Overview of 2015-2016

- All staff undertake safeguarding - learning as part of induction
- All staff working in statutory and non-statutory advocacy, trained to level 2 or 3
- Safeguarding discussed during all supervision and appraisals using the Bournemouth criteria
- Written easy read 'Hate Crime' booklet
- Support self-advocacy group members and others with a learning disability and/or autism, with 1:1 advocacy support via our Kent Learning Disability Advocacy Project and Speaking up Groups for people with high functioning autism
- Involved in training of Making Safeguarding Personal
- Current IMCA providers – safeguarding support for those who lack capacity

### Key Achievements

- Developed Care Act Advocacy Service in East Kent – promoting role within safeguarding
- Secured funding from Awards for All and successful winners of the 'People's Project' Big Lottery/ITV News competition to support our 'A Team', who are a group of people with a learning disability who are trained as trainers for other disabled young people and adults to ensure they are aware of, and can recognise, abuse. Free training to people with a disability and costed sessions for professionals. People have felt comfortable and confident enough to disclose situations that have happened to them. Keen to extend to Kent.

### Key Challenges

- Ensuring people recognise the role of the advocate from the beginning of the safeguarding process
- Access to advocacy for people who live in Kent but funded by another local authority, when they are not covered by a statutory service

### Future Plans 2016-2017

- To ensure people with a learning disability recognise abuse and how to report it
- To raise the awareness around Mate Crime

## SEAP Advocacy – Support, Empower, Advocate, Promote

### Key Achievements

- Implementation of a new contract and legal requirement
- Increased knowledge of the 'Inns of Court College of Advocacy' (ICCA) at Medway Council leading to an increased number of referrals each quarter
- Upskilling of SEAP Advocates via our own training arm, Advocacy Training, to ensure a high quality service was delivered from day 1.

### Key Challenges

- Unknown demand made it difficult to determine staffing requirements
- Continuing to raise awareness of the requirement to refer to advocacy, in accordance with the Care Act 2014.
- Lack of referrals for carers and young people in transition

### Future plans 2016/17

- To employ a full-time dedicated Medway ICAA Advocate
- To further increase awareness of ICAA at Medway Council and other professionals, especially to increase referrals for carers and young people in transition
- Having secured the independent mental capacity advocacy (IMCA)/DoLS/ Relevant Person's Representative (RPR) contract, to ensure a smooth transition from the outgoing provider.

## Section 7. Safeguarding Activity

### Background to data

The data for this report was extracted from the Kent County Council social care system (SWIFT) and Medway Council's Adult Social Care database (Framework i).

Data included in this report is consistent with the Department of Health (DH) statutory returns: Abuse of Vulnerable Adults (AVA) for 2012-13, the Safeguarding Adults Return (SAR) for 2013-14 and 2014-15, and the Safeguarding Adults Collection (SAC) for 2015-16.

Following the implementation of the Care Act 2014, terminology used within safeguarding has been amended to 'safeguarding concerns' and 'safeguarding enquiries'. This terminology has been used within this report.

The first part of this section of the report looks at new safeguarding adults enquiries. This is defined as the action taken, or instigated, by the Local Authority in response to a concern that abuse or neglect may be taking place. The second part of this section of the report summarises the outcome of safeguarding enquiries in Kent and Medway.

### New safeguarding adults enquiries

#### Number of enquiries and rate of change

There were a total of 4174 new safeguarding adult enquiries in the period 2015-2016, which reflects an 18.7% increase on the previous year. Both Kent and Medway demonstrated increases in enquiry activity from 2014-15 to 2015-16, with Kent reflecting an increase of 19.3% and Medway increasing by 9.8%. Intelligence suggests that the increases seen in this period are reflective of greater awareness and reporting of potential safeguarding issues, as a result of the implementation of the Care Act 2014.

| Area         | 12-13       | 13-14       | 14-15       | 15-16       | % change between 14-15 and 15-16 | % of total in 15-16 |
|--------------|-------------|-------------|-------------|-------------|----------------------------------|---------------------|
| Kent         | 2863        | 3176        | 3273        | 3906        | 19.3%                            | 93.6%               |
| Medway       | 313         | 315         | 244         | 268         | 9.8%                             | 6.4%                |
| <b>Total</b> | <b>3176</b> | <b>3491</b> | <b>3517</b> | <b>4174</b> | <b>18.7%</b>                     | <b>100%</b>         |

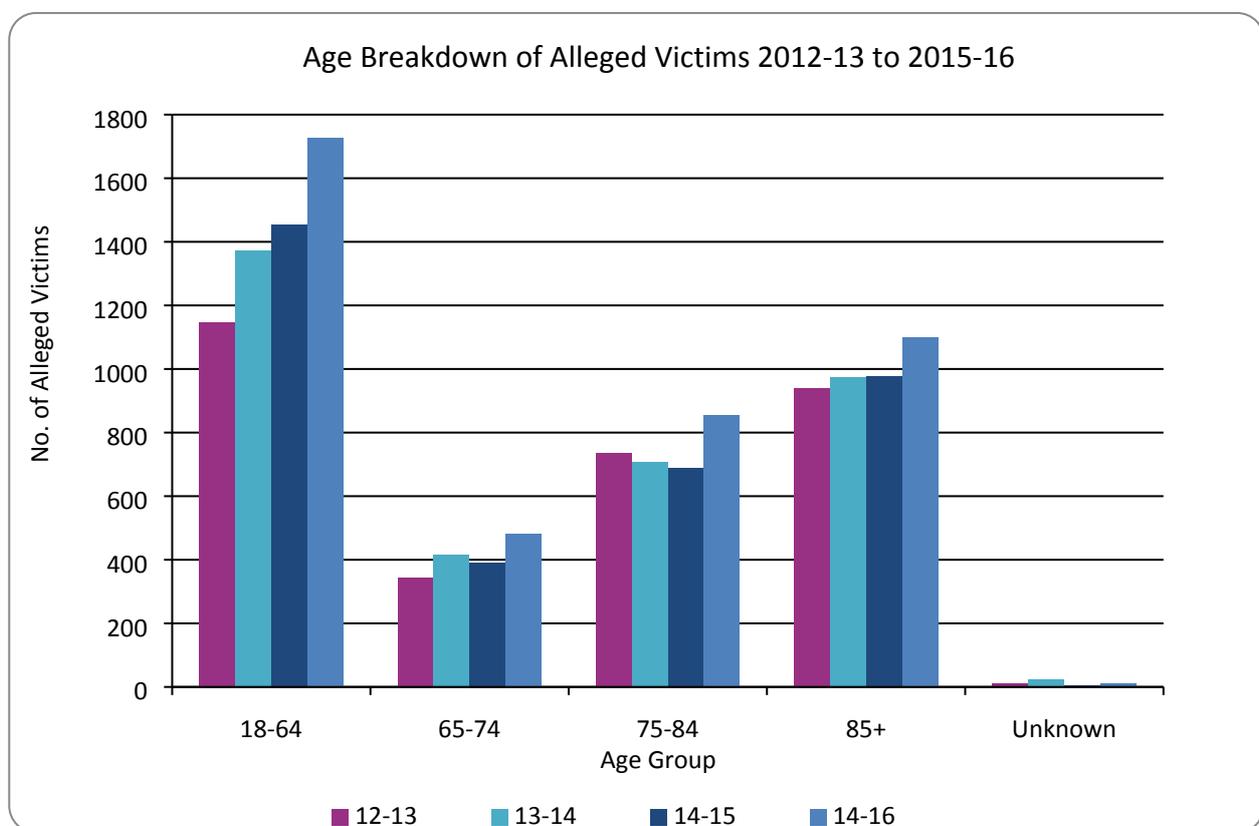
Table 7.1: Number of enquiries year on year and rate of change 12-13 to 15-16

### Age of alleged victims

In the period 2015 to 2016, the majority of all enquiries, 41.4%, related to the 18-64 age group. The second most prevalent group is the 85+ age group, representing 26.4%. There has been no significant variation in the proportions of enquiries across the age groups over the past four years.

| Age group    | 12-13       |             | 13-14       |             | 14-15       |             | 15-16       |             |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|              | Number      | %           | Number      | %           | Number      | %           | Number      | %           |
| 18-64        | 1145        | 36.1%       | 1372        | 39.3%       | 1454        | 41.3%       | 1726        | 41.4%       |
| 65-74        | 344         | 10.8%       | 416         | 11.9%       | 391         | 11.1%       | 483         | 11.6%       |
| 75-84        | 737         | 23.2%       | 707         | 20.3%       | 690         | 19.6%       | 855         | 20.5%       |
| 85+          | 939         | 29.6%       | 974         | 27.9%       | 976         | 27.8%       | 1100        | 26.4%       |
| Unknown      | 11          | 0.3%        | 22          | 0.6%        | 6           | 0.2%        | 10          | 0.2%        |
| <b>Total</b> | <b>3176</b> | <b>100%</b> | <b>3491</b> | <b>100%</b> | <b>3517</b> | <b>100%</b> | <b>4174</b> | <b>100%</b> |

Table 7.2: Age breakdown of alleged victims for the periods 2012-13 to 2015-16

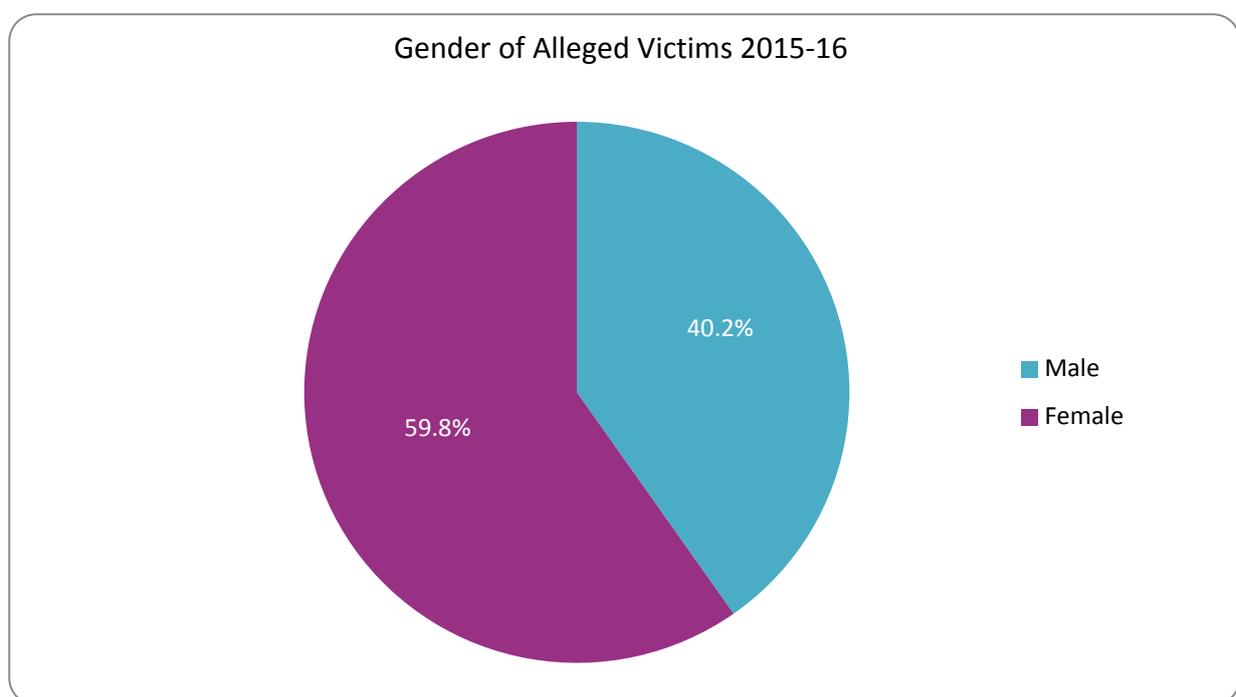


## Gender of alleged victims

In 2015-16, the highest proportion of alleged victims were female at 59.8%, which reflects a marginal decrease compared with the 2014-15 figures.

| Gender       | 12-13       |             | 13-14       |             | 14-15       |             | 15-16       |             |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|              | Number      | %           | Number      | %           | Number      | %           | Number      | %           |
| Male         | 1193        | 37.6%       | 1375        | 39.4%       | 1366        | 38.8%       | 1680        | 40.2%       |
| Female       | 1983        | 62.4%       | 2116        | 60.6%       | 2151        | 61.2%       | 2494        | 59.8%       |
| <b>Total</b> | <b>3176</b> | <b>100%</b> | <b>3491</b> | <b>100%</b> | <b>3517</b> | <b>100%</b> | <b>4174</b> | <b>100%</b> |

Table 7.3a: Gender of alleged victims over the periods 2012-13 to 2015-16



For comparison purposes, based on the 2015 mid-year population estimates, the following table presents the total population, by gender, for Kent and Medway.

| Gender        | Kent      |       | Medway  |       | Kent and Medway combined |       |
|---------------|-----------|-------|---------|-------|--------------------------|-------|
|               | Number    | %     | Number  | %     | Number                   | %     |
| Male          | 747,400   | 49.0% | 137,300 | 49.7% | 884,700                  | 49.1% |
| Female        | 777,300   | 51.0% | 139,200 | 50.3% | 916,500                  | 50.9% |
| Total Persons | 1,524,700 | 100%  | 276,500 | 100%  | 1,801,200                | 100%  |

Table 7.3b: Population estimates by Gender  
 Source: Population Estimates Unit, ONS (Crown Copyright).  
 Data released on 23 June 2016 by the Office for National Statistics.

## Ethnicity of alleged victims

Between the periods of 2014-15 and 2015-16, the percentage of enquiries relating to alleged victims from a white background decreased from 87.1% to 84.9%. The percentage of alleged victims from a black or ethnic minority background has decreased by 0.1%, from 3.4% to 3.3%.

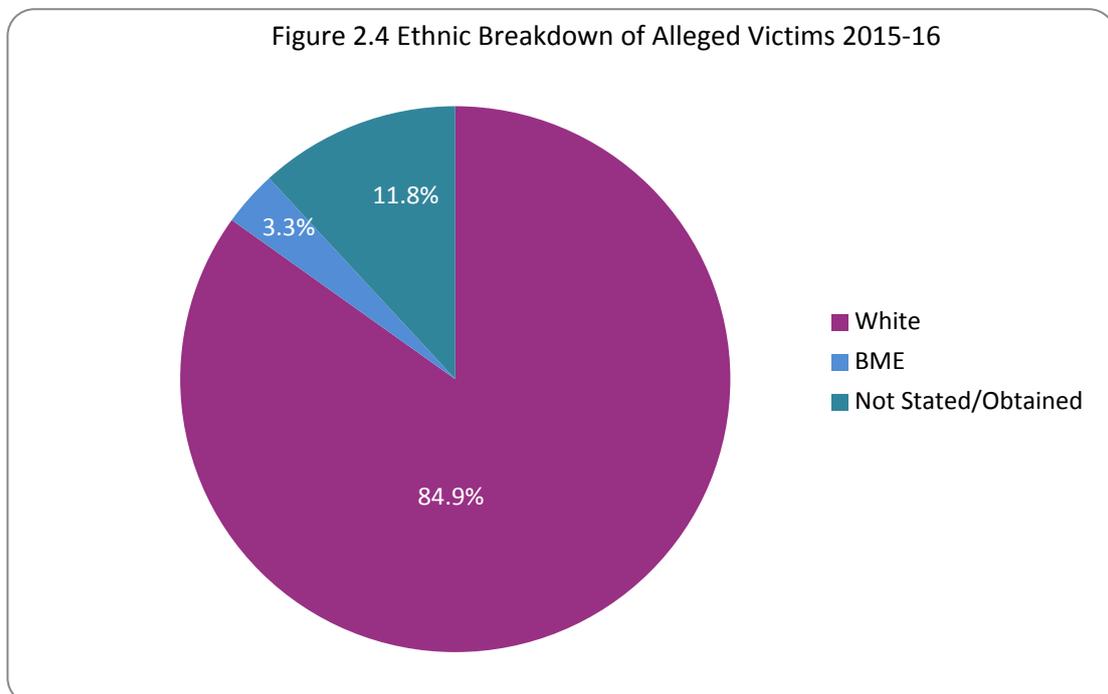
In contrast, there has been an increase in the number of cases where the ethnicity was not stated/not obtained, which has risen to 11.8%, a rise of 2.2 percentage points.

| Ethnic Group            | 12-13       |             | 13-14       |             | 14-15       |             | 15-16       |             |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                         | Number      | %           | Number      | %           | Number      | %           | Number      | %           |
| White*                  | 2713        | 85.5%       | 3077        | 88.1%       | 3062        | 87.1%       | 3544        | 84.9%       |
| BME **                  | 113         | 3.6%        | 106         | 3.0%        | 118         | 3.4%        | 136         | 3.3%        |
| Not stated/<br>obtained | 348         | 11.0%       | 308         | 8.8%        | 337         | 9.6%        | 494         | 11.8%       |
| <b>Total</b>            | <b>3174</b> | <b>100%</b> | <b>3491</b> | <b>100%</b> | <b>3517</b> | <b>100%</b> | <b>4174</b> | <b>100%</b> |

Table 7.4a: Breakdown of Ethnic Group for the periods 2012-13 to 2015-16

\*' White' contains the DH ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background

\*\* 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups



For comparison purposes, based on the 2011 census, the following table presents the total population, by ethnic group, for Kent and Medway.

| Ethnic Group        | Kent      |       | Medway  |       | Kent and Medway combined |       |
|---------------------|-----------|-------|---------|-------|--------------------------|-------|
|                     | Number    | %     | Number  | %     | Number                   | %     |
| White               | 1,371,102 | 93.7% | 236,579 | 89.6% | 1,607,681                | 93.1% |
| BME                 | 92,638    | 6.3%  | 27,346  | 10.4% | 119,984                  | 6.9%  |
| All usual residents | 1,463,740 | 100%  | 263,925 | 100%  | 1,727,665                | 100%  |

*Table 7.4b: Kent Population by Ethnic Group*

Source: 2011 Census: Key Statistics Table 201, Office for National Statistics (ONS) © Crown Copyright

## Primary Support Reason of alleged victims

The table below shows the number and proportions of individuals according to the Primary Support Reason.

In both Kent and Medway, the most prevalent support reason was Physical Support. This is then followed by no support reason at the time of the alleged incident, with Kent and Medway reflecting 18.9% and 24.3% of cases respectively having no support reason. This is to be expected, as individuals subject to a safeguarding referral will not always be receiving support from the Local Authority.

| Primary Support Reason            | Kent  | Medway |
|-----------------------------------|-------|--------|
| Physical Support                  | 36.3% | 45.1%  |
| Sensory Support                   | <5%   | <5%    |
| Support with Memory and Cognition | 11.8% | <5%    |
| Learning Disability Support       | 15.3% | <5%    |
| Mental Health Support             | 15.4% | 13.4%  |
| Social Support                    | <5%   | 7.5%   |
| No Support Reason                 | 18.9% | 24.3%  |

*Table 7.5: Breakdown of Primary Support Reason (PSR) for the period 2015-16*

## Location of alleged abuse

In 2015 to 2016 the main location for incidences of alleged abuse was within care homes, with 42% of incidents occurring in such settings. This represents a 3.4% increase from 2014-15. 34.7% of incidences were reported to be in the alleged victims own home, this represents a 3.3 percentage point increase from 2014-15.

Due to the Care Act changes and changes within statutory reporting, from 2015-16 the location of alleged abuse is reported on by own home, community service, care home, hospital and other. The location of other has reflected an increase, but this location will include cases where the alleged abuse took place in public or where the location of abuse was not known.

Please note, from 2015-16 the method of calculating the location of alleged abuse is now based on closed enquiries in the reporting year. Therefore, the total number of enquiries will not correlate with earlier sections of the report which detail number of enquiries received within the reporting period.

| Location                        | 12-13  |       | 13-14  |       | 14-15  |       | 15-16  |       |
|---------------------------------|--------|-------|--------|-------|--------|-------|--------|-------|
|                                 | Number | %     | Number | %     | Number | %     | Number | %     |
| Own Home                        | 1161   | 36.6% | 1215   | 34.8% | 1209   | 34.4% | 1262   | 34.7% |
| Community Service               | 131    | 4.1%  | 109    | 3.1%  | 116    | 3.3%  | 111    | 3.1%  |
| Care Home*                      | 1270   | 40.0% | 1415   | 40.5% | 1359   | 38.6% | 1528   | 42.0% |
| Hospital**                      | 125    | 3.9%  | 191    | 5.5%  | 150    | 4.3%  | 171    | 4.7%  |
| Mental Health Inpatient Setting | ~      | ~     | ~      | ~     | 112    | 3.2%  | ~      | ~     |
| Public Place                    | 89     | 2.8%  | 71     | 2.0%  | 70     | 2.0%  | ~      | ~     |
| Other                           | 143    | 4.5%  | 130    | 3.7%  | 156    | 4.4%  | 563    | 15.5% |
| Not Known                       | 257    | 8.1%  | 360    | 10.3% | 345    | 9.8%  | ~      | ~     |

Table 7.6: Location of alleged abuse for the periods 2012-13 to 2015-16

\* All care home settings, including nursing care, permanent and temporary

\*\* Acute, community hospitals and other health settings

## Types of alleged abuse

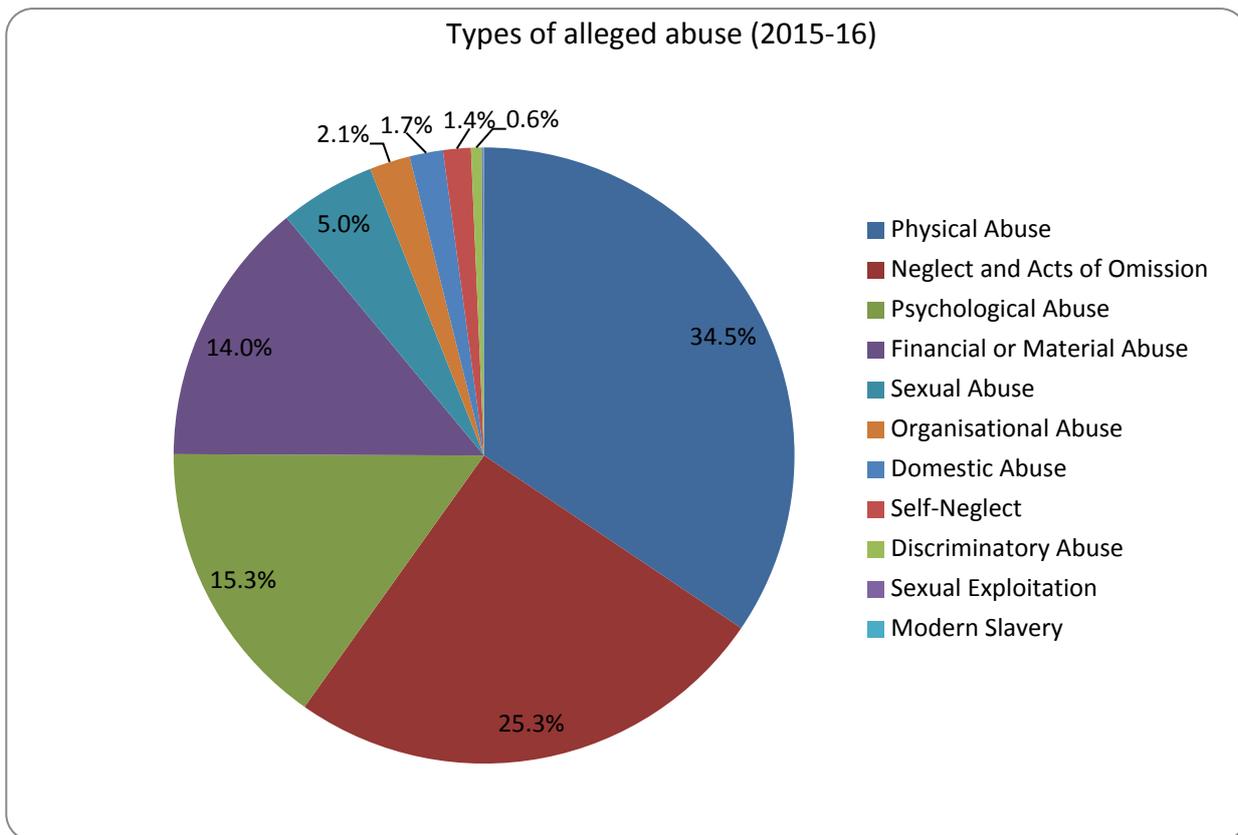
Following the Care Act 2014, additional categories of abuse relating to Domestic Abuse, Modern Slavery, Self-Neglect and Sexual Exploitation were introduced. These are now included in the table below.

| Categories of alleged abuse  | 2012-13 |       | 2013-14 |       | 2014-15 |       | 2015-16   |       |
|------------------------------|---------|-------|---------|-------|---------|-------|-----------|-------|
|                              | Number  | %     | Number  | %     | Number  | %     | Number    | %     |
| Physical Abuse               | 1231    | 30.7% | 1407    | 33.6% | 1100    | 36.0% | 1482      | 34.5% |
| Neglect and Acts of Omission | 931     | 23.2% | 1054    | 25.2% | 750     | 23.5% | 1090      | 25.3% |
| Psychological Abuse          | 765     | 19.1% | 691     | 16.5% | 366     | 17.0% | 656       | 15.3% |
| Financial or Material Abuse  | 707     | 17.6% | 688     | 16.4% | 572     | 14.7% | 600       | 14.0% |
| Sexual Abuse                 | 183     | 4.6%  | 206     | 4.9%  | 146     | 5.8%  | 215       | 5.0%  |
| Organisational Abuse         | 167     | 4.2%  | 98      | 2.3%  | 65      | 2.4%  | 91        | 2.1%  |
| Domestic Abuse               | -       | -     | -       | -     | -       | -     | 75        | 1.7%  |
| Self-Neglect                 | -       | -     | -       | -     | -       | -     | 62        | 1.4%  |
| Discriminatory Abuse         | 28      | 0.7%  | 39      | 0.9%  | 9       | 0.6%  | 24        | 0.6%  |
| Sexual Exploitation          | -       | -     | -       | -     | -       | -     | 5 or less | <1%   |
| Modern Slavery               | -       | -     | -       | -     | -       | -     | 5 or less | <1%   |

*Table 7.7: Type of alleged abuse (an enquiry may have multiple types of abuse recorded – the percentage figures relate to the proportion of all enquiry where each type of abuse was apparent)*

Physical Abuse has remained the most prevalent category over the past four years. The proportion of incidents where Neglect and Acts of Omission was a factor has increased over the last year by 1.8 percentage points.

Incidents where Psychological Abuse was a factor have decreased over the past four years by 3.8 percentage points between 2012-13 and 2015-16. Notably, incidents where Financial or Material Abuse was apparent continued to decrease over each of the last four years, falling from 17.6% in 2012-13 to 14% in 2015-16.



## Source of safeguarding concern leading to safeguarding enquiry

The table below shows the comparison of the sources of safeguarding concerns leading to safeguarding enquiries over the past four years. The majority of enquiries continue to initiate from social care staff - however; there has been a 2.1 percentage point decrease from 2014-15 to 2015-16. In comparison, referrals from health care staff have seen an increase of 2.9 percentage points to 26.4% between the same period, and other sources has increased by 3.2 percentage points over the same period.

The 'Other' category includes carers, voluntary agencies/independent sector, anonymous, legal, other Local Authorities, Benefits Agency, Probation Service and strangers. Both Kent and Medway have safeguarding websites and leaflets accessible by members of the public. Safeguarding Awareness Week is key to increasing safeguarding awareness amongst members of the public. The source of 'Other' has seen an increase of 3.2 percentage points between 2014-15 and 2015-16.

Please note the 2015-16 information does not include Medway data as this data was not collated. Prior to a review of Medway Council's computer system in Spring 2016, the data relating to referral source was manually input into the computer system and was difficult to report on. Following a review of the safeguarding adults computer system, this data can now be collected and Medway will run a report and analyse this data on a quarterly basis, to determine high level of referrals and areas where referral numbers are low or non-existent. This will focus local awareness raising activity.

| Source of Safeguarding Concern leading to Enquiry | 12-13       |             | 13-14       |             | 14-15       |             | 15-16       |             | % point change 14-15 and 15-16 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------------------------|
|   | Number      | %           | Number      | %           | Number      | %           | Number      | %           |                                |
| Social Care staff                                 | 1325        | 41.7%       | 1689        | 48.4%       | 1602        | 45.6%       | 1701        | 43.5%       | -2.1                           |
| Health Staff                                      | 754         | 23.7%       | 718         | 20.6%       | 827         | 23.5%       | 1032        | 26.4%       | 2.9                            |
| Other   | 379         | 11.9%       | 298         | 8.5%        | 386         | 11.0%       | 553         | 14.2%       | 3.2                            |
| Police  | 163         | 5.1%        | 152         | 4.4%        | 132         | 3.8%        | 158         | 4.0%        | 0.2                            |
| Family member                                     | 273         | 8.6%        | 271         | 7.8%        | 202         | 5.7%        | 135         | 3.5%        | -2.2                           |
| Care Quality Commission                           | 63          | 2.0%        | 115         | 3.3%        | 132         | 3.8%        | 125         | 3.2%        | -0.6                           |
| Self Referral                                     | 97          | 3.1%        | 129         | 3.7%        | 122         | 3.5%        | 105         | 2.7%        | -0.8                           |
| Housing   | 64          | 2.0%        | 45          | 1.3%        | 60          | 1.7%        | 66          | 1.7%        | 0.0                            |
| Friend/Neighbour                                  | 37          | 1.2%        | 49          | 1.4%        | 25          | 0.7%        | 23          | 0.6%        | -0.1                           |
| Education/Training Workplace                      | 18          | 0.6%        | 10          | 0.3%        | 22          | 0.6%        | 6           | 0.2%        | -0.4                           |
| Other service user                                | 5 or less   | <1%         | 8           | 0.2%        | 7           | 0.2%        | 5 or less   | <1%         | ~                              |
| Unknown   | 5 or less   | <1%         | 7           | 0.2%        | 0           | 0.0%        | 5 or less   | <1%         | ~                              |
| <b>Overall Total</b>                              | <b>3176</b> | <b>100%</b> | <b>3491</b> | <b>100%</b> | <b>3517</b> | <b>100%</b> | <b>3906</b> | <b>100%</b> | <b>~</b>                       |

Table 7.8: Source of safeguarding for the periods 2012-13 to 2015-16

## Closed referrals

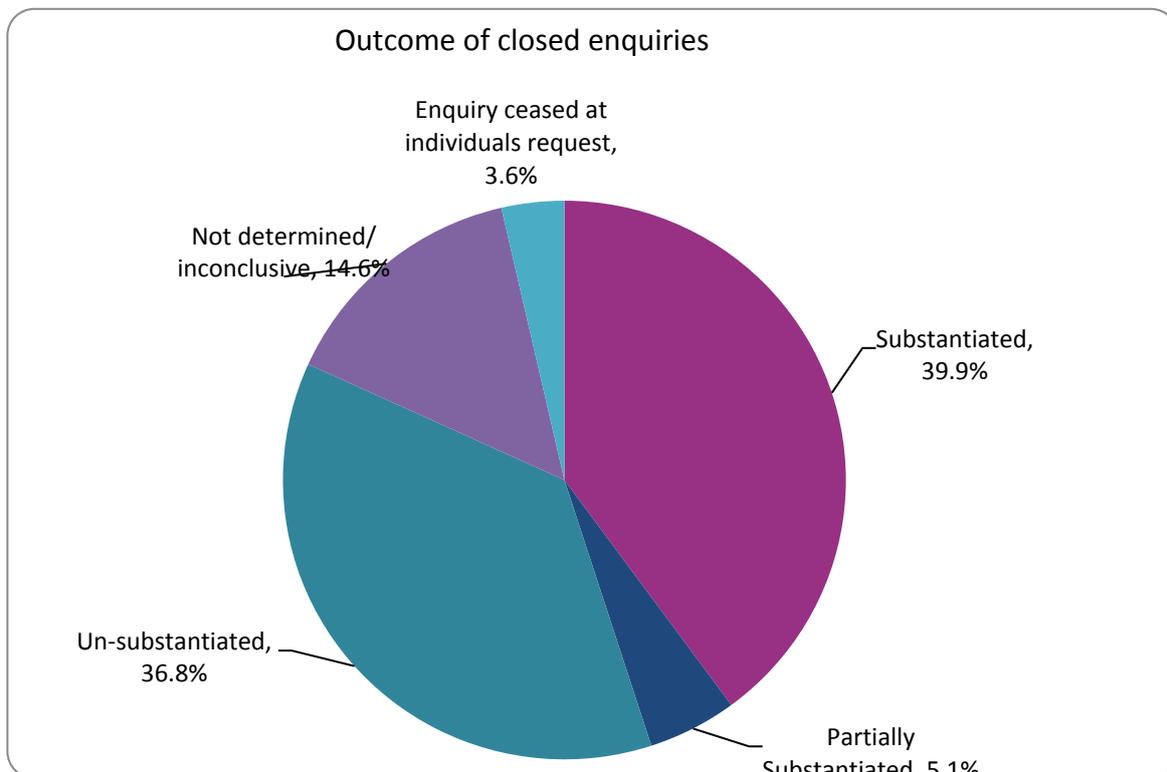
### Outcome of closed enquiries

In Kent, the highest proportion of cases was substantiated (41.1%) whereas in Medway the highest proportion of cases was unsubstantiated (31%). Medway had a higher proportion of cases where outcomes were not determined/inconclusive and partially substantiated.

Across both Kent and Medway, the highest proportion of cases was substantiated and the lowest proportion resulted in the investigation ceasing at the individuals request.

| Area         | Substantiated |              | Partly substantiated |             | Un-substantiated |              | Not determined/ inconclusive |              | Investigation ceased at request of individual |             |
|--------------|---------------|--------------|----------------------|-------------|------------------|--------------|------------------------------|--------------|---|-------------|
|              | No.           | %            | No.                  | %           | No.              | %            | No.                          | %            | No.   | %           |
| Kent         | 1384          | 41.1%        | 146                  | 4.3%        | 1255             | 37.3%        | 475                          | 14.1%        | 104   | 3.1%        |
| Medway       | 65            | 24.0%        | 41                   | 15.1%       | 84               | 31.0%        | 56                           | 20.7%        | 25  | 9.2%        |
| <b>Total</b> | <b>1449</b>   | <b>39.9%</b> | <b>187</b>           | <b>5.1%</b> | <b>1339</b>      | <b>36.8%</b> | <b>531</b>                   | <b>14.6%</b> | <b>129</b>                                    | <b>3.6%</b> |

Table 7.9: Outcome of closed referrals in Kent and Medway 2014-15



## Action resulting from closed enquiries

In 2015-16, the highest proportion of cases in Kent related to action taken and the risk being reduced. In Medway, the highest proportion of cases related to action being taken and the risk removed. The percentage of cases where the risk remains has reflected marginal decreases across both Kent and Medway.

In contrast, both Kent and Medway have seen significant changes between 2014-15 and 2015-16 for cases where the risk reduced. For cases where the risk was reduced, Kent increased from 27.3% to 81.5%, and Medway increased from 23.6% to 34.7%. In Kent, changes to processes and systems were implemented as a result of the Care Act 2014. This has allowed for improvement in recording of the data and greater accuracy in reporting.

For Kent, in the 2014-15 year it is not representative that no action was taken on cases in the first section of the table below. For those cases recorded as 'no action taken', the cases may have been inappropriate and therefore passed on to the relevant teams. It should also be noted that, for the 2015-16 period, clarification was made by the Health and Social Care Information Centre in relation to the categorisation of no action taken.

| Area   | No Action Taken |       | Action Taken and Risk Remains |       | Action Taken and Risk Reduced |       | Action Taken and Risk Removed |       |
|--------|-----------------|-------|-------------------------------|-------|-------------------------------|-------|-------------------------------|-------|
|        | 14-15           | 15-16 | 14-15                         | 15-16 | 14-15                         | 15-16 | 14-15                         | 15-16 |
| Kent   | 54.8%           | 0.4%  | 6.4%                          | 5.8%  | 27.3%                         | 81.5% | 11.5%                         | 12.3% |
| Medway | 0.0%            | 11.4% | 16.8%                         | 16.6% | 23.6%                         | 34.7% | 59.5%                         | 37.3% |

Table 7.10: Actions resulting from closed safeguarding referrals 2014-15 and 2015-16

## Section 8. Priorities for 2016-2017

### A number of priorities have been identified for 2016–2017

- Engage with service users and carers, and empower and enable them to contribute to safeguarding in Kent and Medway, and to the work of the Board
- Increase public engagement and awareness
- Progress SARs, ensuring lessons learnt lead to practice improvements
- Complete the review of the Kent and Medway multi-agency training programme and commission training providers
- Prepare a new strategic plan for the Kent and Medway Safeguarding Adults Board
- Further develop and implement the Board Constitution
- Review the Board structure and ensure governance arrangements are robust
- Develop and implement a risk register
- Continuously review the multi-agency Policy, Protocols and Guidance document in accordance with national and local safeguarding developments
- Build on current quality assurance mechanisms to ensure safeguarding work is of a good or excellent quality
- Seek to continuously collaborate and work closely with partners to ensure a variety of safeguarding contribution
- Work more closely with Medway to ensure dovetailing and governance consistency

## Appendices

### Appendix 1 : Kent and Medway Safeguarding Adults Board Principles and Values

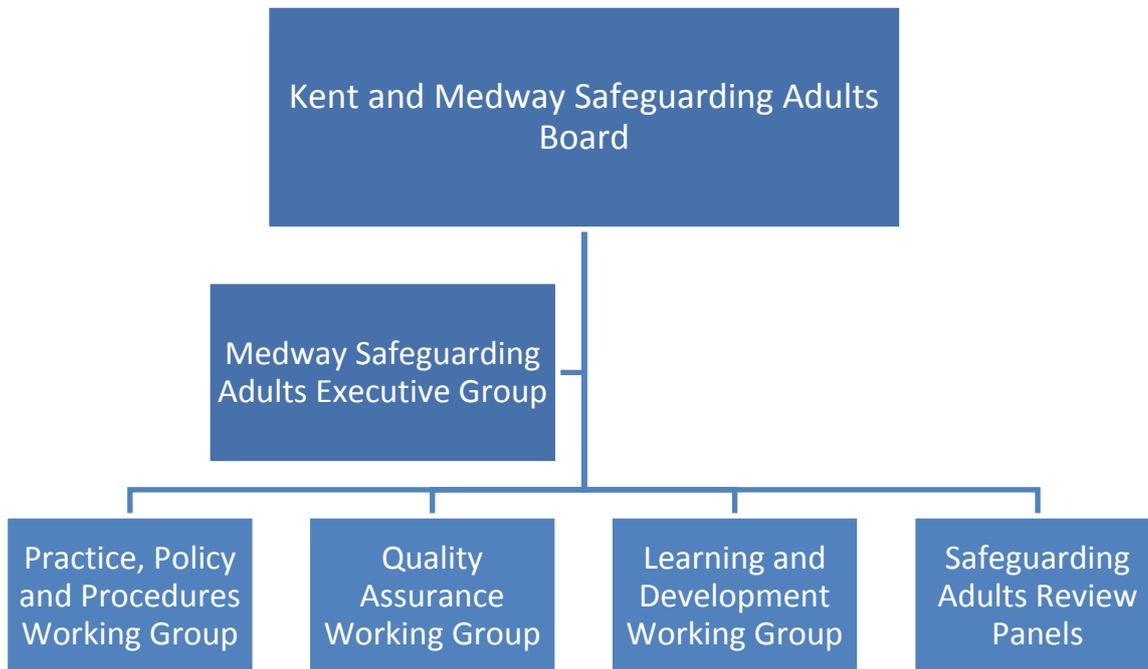
The Kent and Medway Safeguarding Adults Board is underpinned by the following principles and values:

- 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 safeguarding issues and by fostering a culture of good practice through support and care provision, commissioning and contracting
- Adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services
- 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 adults experiencing, or at risk of, abuse or neglect, is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of adults
- Interventions should be based on the concept of empowerment and participation of the individual at risk
- These principles should constitute an integral part of the philosophy and working practices of all agencies involved with adults experiencing, or at risk of, abuse or neglect, and should not be seen in isolation
- It is the responsibility of all agencies to take steps to ensure that adults experiencing, or at risk of, abuse or neglect, are discharged from their care to a safe and appropriate setting
- The need to provide support for carers must be taken into account when planning services for adults experiencing, or at risk of, abuse or neglect, 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

## Appendix 2 : The Main Forms of Abuse

- **Physical abuse**, including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions
- **Domestic Abuse**, including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
- **Sexual abuse**, including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or acts to which the adult has not consented, or was pressured into consenting
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse**, including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- **Discriminatory abuse**, including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational abuse**, including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
- **Neglect and acts of omission**, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** covers a wide range of behavior neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding
- **Forced Marriage** is a marriage in which one or both of the parties is married without his or her consent or against his or her will
- **Honour Based Violence** is a term used to describe violence committed within the context of the extended family which is motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim
- **Hate Crime** is any crime that is targeted at a person because of hostility or prejudice towards that person's: disability, race or ethnicity, religion or belief or sexual orientation
- **Mate Crime** is a form of crime in which a perpetrator befriends a vulnerable person with the intention of then exploiting the person financially, physically or sexually

Appendix 3 : Kent and Medway Safeguarding Adults Board Governance Structure



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# Kent and Medway Safeguarding Adults Board



## Annual Report 2015-2016

Please visit our website: [www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board](http://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board)

