

KENT AND MEDWAY Safeguarding Vulnerable Adults



ANNUAL REPORT
April 2011 – March 2012



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Foreword

As chair of the Kent and Medway Safeguarding Vulnerable Adults Executive Board, I am pleased to introduce our Annual Report for 2011-2012.

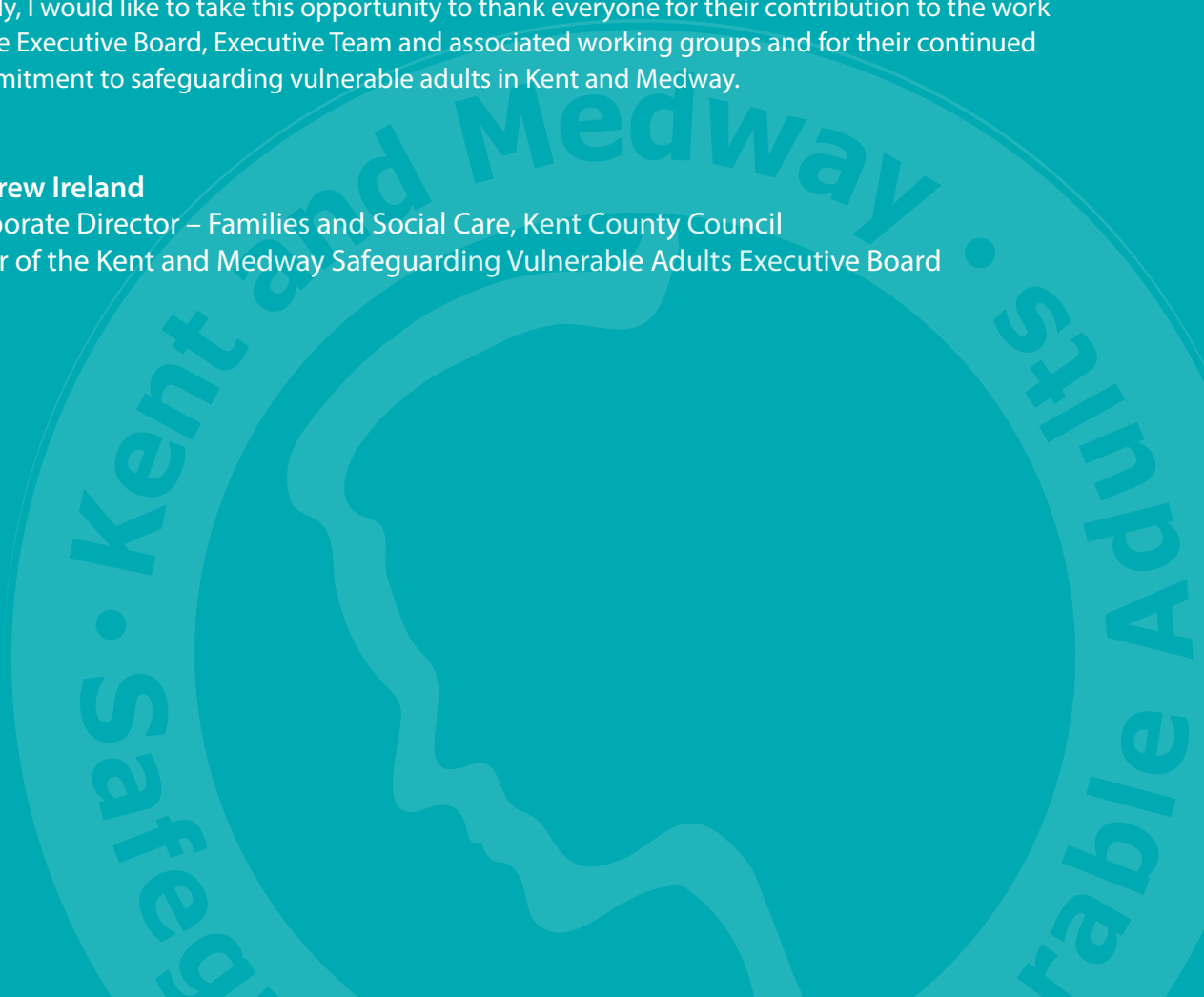
Throughout the year, we have continued to meet and plan for a range of challenges. This year, there have been major changes taking place within partner agencies. Additionally, other partners involved in adult safeguarding have expressed a desire to have a stronger voice on the Board. In response, the Board has undertaken a full governance review. The overall aims of the review have been to improve the Board's engagement with all providers, particularly in Health; ensure that the voice of service users and carers is heard and to consider the future role of Clinical Commissioning Groups within the Board. The recommendations of the review will be finalised in 2012-2013. In particular, this will include a revised structure of the Board, which will ensure there is wider membership. The Kent and Medway Safeguarding Vulnerable Adults multi-agency partnership is underpinned by principles and values in Appendix 1.

At the time of writing this report, the Care and Support Bill has recently been published (July 2012) for consultation. The Bill proposes creating a new statutory framework for adult safeguarding and we look forward to the outcome of the consultation period.

Finally, I would like to take this opportunity to thank everyone for their contribution to the work of the Executive Board, Executive Team and associated working groups and for their continued commitment to safeguarding vulnerable adults in Kent and Medway.

Andrew Ireland

Corporate Director – Families and Social Care, Kent County Council
Chair of the Kent and Medway Safeguarding Vulnerable Adults Executive Board



1 What is abuse?

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

'No Secrets' defines a vulnerable adult as:

*A person aged 18 years or over
"Who is or may be in need of
community care services by reason
of mental or other disability, age
or illness: and who is or may be
unable to take care of him or
herself, or unable to protect him or
herself against significant harm or
exploitation",*

And abuse as:

*"A violation of an individual's
human or civil rights by any other
person or persons".*

Both definitions have been adopted in the Kent and Medway Safeguarding Vulnerable Adult's Multi-Agency Policy, Protocols and Guidance.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person. The main forms of abuse are outlined in Appendix 2.

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

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

The Department of Health has stated that forthcoming legislation will refer to adults at risk of 'harm' and not as previously proposed adults at risk of 'significant harm'.

2 Pen Picture of Kent and Medway

KENT

(The following figures refer to the KCC area which excludes the Medway Unitary area).

Kent ranks 102nd out of 152 county and unitary authorities in the English Indices of Deprivation 2010 (ID2010). This places Kent within England's least deprived third of authorities as a rank of one indicates the most deprived area. However, there are areas within Kent that do fall within the 20% most deprived in England. Overall, Kent suffers the most from Barriers to Housing and Services deprivation and suffers the least from Health Deprivation and Disability¹.

With a resident population of just over 1.4 million² Kent has the largest population of all of the English counties. People living in urban areas make up 71% of the Kent population but they only occupy 22% of the total land area. The remaining 29% of the population live in rural areas but occupy 78% of the land in Kent³.

Over the past 10 years Kent's population has grown faster than the national average. The population of Kent has grown by 7.8% between 2000 and 2010, above the average both for the South East (6.7%) and for England (6.1%)⁴. Kent's population is forecast to increase by a further 10.9% between 2010 and 2026⁵.

Overall the age profile of Kent residents is similar to that of England. Just under a fifth of Kent's population is of retirement age (65+). Kent has an ageing population. Forecasts show that the number of 65+ year olds is forecast to increase by 43.4% between 2010 and 2026, yet the population aged under 65 is only forecast to increase by 3.8%.

The largest ethnic group in Kent is White. 92.4% of all residents are of white ethnic origin and 7.6% are of Black Minority Ethnic (BME) origin. The largest single BME group in Kent is Indian representing 1.9% of the total population⁶. 75.1% of Kent residents describe themselves as Christian, whilst the largest non-Christian religious group is Sikh (0.6%).

70% of Kent residents describe themselves as being in good health and 16.5% of Kent's population live with a limiting long term illness⁷.

MEDWAY

(The following figures refer to the Medway area).

There were approximately 256,700 people resident in Medway in 2010, based on estimates from the Office for National Statistics. This is a 2.8% increase since 2001. The average age of residents in Medway is lower than nationally, however since 2001 the age gap has narrowed with Medway's average age increasing faster than that of England and Wales.

Compared to England and Wales, the population of Medway has a slightly smaller proportion of people over the age of 65 years. The number of residents aged over 60 has increased by one fifth since 2001. It is estimated that from 2012 to 2021 the number of people aged 65 and above will increase by 22% to 47,000 and the

1 Deprivation in Kent report

2 2010 Mid-Year Population estimates bulletin

3 2010 Ward level population estimates bulletin

4 2010 Population pyramids bulletin

5 KCC Strategy (Oct.2011) interactive population toolkit

6 2009 Mid-year ethnic population estimates

7 2001 Census profile

number of people over 85 years will grow by 39% to 6,100 in 2021. In the next five years the estimated number of people aged over 65 will increase by 4,500 people (17.5%).

From 2009 to 2020 the number of people over 65 years with a limiting long-term illness is expected to increase by 31%.

People aged 85 and over make up only 1.6% of Medway's population (4,136 people according to 2010 estimates). People aged 85 years old and older are particularly vulnerable because they are more likely to be frail and have mental health problems such as dementia.

The number of people over 65 years with a limiting long-term illness is expected to increase by 25% from 2011 to 2020 assuming the age-related prevalence from the 2001 Census is constant in the future. This will have a significant impact on the demand for health services for the management of long-term conditions such as dementia, heart disease and diabetes as the incidence of these conditions increases with age. There will also be a need to increase preventative programmes such as influenza vaccination for the over 65s. Medway is ranked 132nd most deprived local authority area out of 325 in England, according to the Index of Multiple Deprivation. At a ward level the area is mixed; it has both the most affluent and some of the most deprived areas in the country with 23 neighbourhoods in Medway being in the 20% most deprived areas nationally.

The majority of the population in Medway (90.6%) is classified as White, with the next largest ethnic group being Asian or Asian British (4.0%). The proportion of the population that is White is slightly larger than in England and slightly lower than in Kent, although these differences are not significant. There are also no significant differences in ethnicity by gender.

3 National Context

A number of documents published in 2011 - 2012 influence the safeguarding agenda. They include:

Safeguarding Adults - The Association of Directors of Adult Social Services (ADASS) Advice Note (April 2011)

This document outlined a number of recommendations:

- Language and terminology - ADASS supports the Law Commission's proposal to amend the No Secrets definition of "vulnerable adult" to "adult at risk" and endorses the term 'harm' and 'significant harm' as being more descriptive than 'abuse'
- Leadership - the framework recommends that every council should have a council-wide approach to safeguarding adults embedded within its overall policy framework
- Safeguarding Adults Boards - ADASS supports the placing of Safeguarding Adults Boards on a statutory footing and a duty of partners to co-operate, including GP Consortia
- Adult Social Care, personalisation and empowering people - ADASS is of the view that we now need to develop further a range of approaches and services to support and empower 'vulnerable' or 'at risk' people to improve outcomes and their experiences
- Workforce Development - ADASS states that managers in Adult Social Services need to be confident and competent leaders in adult safeguarding, able to bridge and deliver policy into practice, supervise and support staff to achieve positive outcomes for citizens and carers

(<http://www.adass.org.uk/images/stories/Safeguarding%20Adults/SafeguardingAdviceNote0411b.pdf>)

Carers and Safeguarding Adults - Working Together to Improve Outcomes Review Paper ADASS Advice Note (April 2011)

This review identified seven key messages ADASS wanted people to consider:

- Leadership - safeguarding is everybody's business with Directors and local Boards listening, learning as well as leading on improved safeguarding outcomes and outcomes for carers
- Partnership - Safeguarding Adults Boards engage with carers and local stakeholders and work together for better safeguarding practice and outcomes for those involved in safeguarding processes
- Empowerment - carers have access to information, advice and advocacy that is understandable and empowers them to share
- concerns and change harmful circumstances
- Prevention - community engagement, public and professional awareness is encouraged and accessible, and understandable information is available to carers that reduces risk of abuse
- Recognition and reporting - partnerships and practitioners understand the barriers to recognition and reporting and work in partnership to overcome them and ensure access to justice
- Protection and proportionality - responses have the person concerned at their centre and enable those at risk to inform outcomes linked to proportionate and protective services and supports. Risks are managed and harmful and abusive situations stopped
- Learning and accountability - impacts are understood, practice monitored and safeguarding experiences and outcomes monitored to learn from the experiences of carers and people at risk of harm and those who seek to help them. Staff have the competencies and operational culture to support this.

(http://www.adass.org.uk/index.php?option=com_content&view=article&id=747:abuse-by-and-against-carers-rare-events-that-need-community-and-professional-vigilance&catid=146:press-releases-2011&Itemid=447)

Statement of Government Policy on Adult Safeguarding - May 2011

The document set out the Government's policy on safeguarding vulnerable adults. It included a statement of principles for use by local authority social services and housing, health, the police and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. The principles are:

- Empowerment - presumption of person-led decisions and informed consent
- Protection - support and representation for those in greatest need
- Prevention - it is better to take action before harm occurs
- Proportionality - proportionate and least intrusive response appropriate to the risk presented
- Partnership - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability - accountability and transparency in delivering safeguarding.

(http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf)

Law Commission Report on Adult Social Care - May 2011

This report made the following key recommendations in relation to safeguarding vulnerable adults:

- The term 'adult at risk' should be used instead of 'vulnerable adult'
- An 'adult at risk' is defined as anyone with social care needs who is or may be at risk of significant harm
- Future adult social care law should be placed on local authorities to investigate and take appropriate action if there is reasonable cause to suspect that an adult is at risk. Councils will have a legal duty to investigate suspected instances of adult abuse when an adult is at risk of harm
- Councils will take a lead role in multi-agency safeguarding procedures
- Social Services need to establish an adult safeguarding board and should specify the functions and membership of the board, a requirement to share information and duty to contribute to Serious Case Reviews. NHS trusts and police will be required to appoint representatives to adult safeguarding boards
- Promote co-operation between the organisations in safeguarding adults from abuse and neglect

(http://lawcommission.justice.gov.uk/docs/lc326_adult_social_care.pdf)

4 Local Context

In September 2011 the Kent and Medway Safeguarding Vulnerable Adults Executive Board commissioned a review of the multi-agency safeguarding governance arrangements. (Details of the current governance structure can be found in Appendix 3). Although there had been a restructure of the Safeguarding Vulnerable Adults Board in 2010, there have since been further changes in the partner agencies and the environment in which they operated. The review is aiming to improve its engagement with all providers, particularly in health, ensure that the voice of service users and carers are heard and consider the role of Clinical Commissioning Groups and the Board. Terms of reference for the review were approved by the Executive Board and a consultation workshop was held in February 2012. A revised structure is currently being developed for the Board to consider and approve when it meets in June 2012.

Membership of the Executive Board changed in 2011 – 2012 with a new Chair – the Corporate Director of Families and Social Care in KCC and a new representative from Kent Police. The health representative on the Board also took on the role of Chair of the Executive Team.

In June 2011 the Executive Board commissioned a Serious Case Review (SCR) chaired by Professor Hilary Brown from Canterbury Christ Church University. The final report and recommendations will be endorsed by the Board in May 2012. Following the SCR, work will begin on revising the Kent and Medway SCR protocols.

The Kent and Medway Safeguarding Vulnerable Adults Network met in October 2011. The meeting focussed on financial abuse with a presentation on detecting and preventing financial abuse of older adults based on research undertaken by the Brunel Institute for Ageing Studies and another on detecting and preventing financial abuse of older adults by Kent Police. An update on the development of the Medway Local Community Network was given by Medway Council. The presentations from the Network Meeting can be found at: http://www.kent.gov.uk/adult_social_services/social_services_professionals/service_information/adult_protection/documents_library/presentations.aspx

Another Network Conference is planned for April 2012 with a focus on engaging service users and carers in adult safeguarding.

The Policy, Protocols and Guidance Review Group met in May and November 2011 to update the Kent and Medway multi-agency adult protection policy. The policy can be found at: <https://shareweb.kent.gov.uk/Documents/adult-Social-Services/adult-protection/adult-protection-policies-protocols-and-guidance.pdf>

In 2011 the multi-agency safeguarding leaflets were reviewed and following consultation with partner agencies, users and carers were combined into one single leaflet. The leaflet was launched at the Network meeting in October 2011. The leaflet can be found at: <https://shareweb.kent.gov.uk/Documents/adult-Social-Services/leaflets-and-brochures/AdultAbuseLeaflet.pdf>

Shout Out, an advocacy group in Medway, is developing an easy read version of the new leaflet, which will be launched in Autumn 2012.

Raising awareness of safeguarding vulnerable adults was the aim of a range of activities that took place during Safeguarding Week in June 2011. Partner agencies worked together across Kent and Medway with exhibitions in shopping centres, libraries, hospitals and supermarkets. Work is underway organising similar activities for Safeguarding Week in June 2012.

5 Kent and Medway Multi-agency Training

During 2011 - 2012 the multi-agency training programme has been supported by the Kent and Medway Safeguarding Vulnerable Adults Executive Board. This has been provided for through the funding of the following posts – one full time multi-agency Training Consultant and one full time multi-agency Training Administrator.

The training strategy continues to equip agencies to take responsibility for the delivery of adult protection awareness training to staff in their organisations. Awareness training is mandatory in all statutory services. Awareness training for staff in the private and voluntary sector has been available either through KCC Families and Social Care Learning Resource Team or by access to a Train the Trainers course to enable that sector to take control for direct delivery of training. All other training is provided by the multi-agency funded Training Consultant. The Level 4 course has been provided in collaboration with specialist trainers within a partner agency.

Kent and Medway, in partnership with an e-learning provider, makes a customised adult protection awareness e-learning training package freely available to anyone working with vulnerable adults in Kent and Medway. Details of how to access this are available on the website: (http://www.kent.gov.uk/adult_social_services/social_services_professionals/service_information/adult_protection/training/e-learning_course.aspx).

The training programme's core structure continues to be based on common tasks reflected in the Kent and Medway multi-agency policy, protocols and guidance. 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. The current training programme is differentiated into six levels and delivered to multi-agency groups. Details of the course aims and objectives are available on the website: http://www.kent.gov.uk/adult_social_services/social_services_professionals/service_information/adult_protection/training.aspx

The table below outlines the level of multi-agency course provision and attendance during April 2011 – March 2012.

2011 - 2012		
Level	Number of Delegates Trained	Number of courses
Level 2	172	15
Level 3	131	8
Level 4	49	3
Level 5	36	2
Level 6	18	1
Train the Trainer	31	2
Train the Trainer Recall day	39	1
Level 2 P & V	41	4

Additionally the multi-agency Training Consultant has responded to requests for bespoke single agency training as detailed below:-

- 12 x half day Good practice in risk assessment in SVA for KCC, Families and Social Care

Training review and implementation plan

Recommendations from the training review undertaken in late 2010 were taken to the Executive Board for approval in March 2011. The Executive Board made a number of decisions following the review with the implementation plan being passed to the Executive Team for action. For a number of reasons delays have occurred in achieving this plan. A progress report was presented to the Executive Board in January 2012. The Executive Board agreed the following actions:

- The provision of the current Level 2 multi-agency training course will cease to be delivered within the multi-agency training programme
- The Level 2 training materials are subject to copyright and will be made available under agreement, for use by all agencies working with vulnerable people in Kent and Medway
- Suggested training standards for Level 2 will be available for any agency who prefers to commission or deliver it's own version of the current Level 2 course
- The multi-agency training programme will be limited to Levels 3, 4, 5 and 6
- Course places will be reserved proportionate to partner contributions to the budget to maximise a fair distribution of available places
- The Train the Trainer in Adult Protection awareness programme will no longer be delivered
- The e-learning package for adult protection awareness training will be updated to ensure that a premium product is available to all in Kent and Medway
- Non attendance and late cancellation fees for all courses will be introduced from April 2012
- Three pilot Train the Trainer in service user awareness of adult abuse courses will be commissioned in 2012 – 2013

Ongoing Developments

A multi-agency competency framework for all practitioners with responsibilities for safeguarding vulnerable adults remains in a draft format and is yet to be fully adopted. KCC Families and Social Care has piloted an assessment tool to be used in conjunction with the current competency framework document.

Work with a Higher Education Institute to gain academic accreditation of the training programme and thereby enable practitioners across all disciplines to gain recognition of the learning they have undertaken was suspended during the training review.

6 Funding Arrangements

The Kent and Medway Safeguarding Vulnerable Adults Executive Board is funded by 6 partner agencies including KCC Families and Social Care, Medway Council, Kent Police, NHS West Kent, NHS Medway and NHS Eastern and Coastal Kent. Each of these agencies makes the following percentage contributions:

KCC, FSC	33.2%
Medway Council	8.3%
Kent Police	22.5%

The three health trusts contribute a total of 36% with the following breakdown:

NHS West Kent	13.5%
NHS Medway	5.7%
NHS Eastern and Coastal Kent	16.8%

The multi-agency budget covers the salaries and expenses for the Safeguarding Adults Board Manager, Training Consultant and Administration Officer posts. It also covers the administration costs for the various multi-agency group meetings, Serious Case Reviews and resources for Safeguarding Week.

With NHS Kent and Medway ceasing to exist after March 2013 and Clinical Commissioning Groups being fully operational from April 2013 along with changes to the governance arrangements as a result of the governance review, consideration is being given to the funding arrangements from April 2013.

The table below sets out the budget contributions for 2011-2012 and 2012-2013.

The 3 NHS contributions are % of their 36% contribution to the total budget. In the chart below this is far from clear.

	2011 - 2012 Contribution requested (based on historic %'s) (£000's)	2011 - 2012 Actual contribution (£000's)	2011 - 2012 Difference (£000's)	2012 - 2013 Contribution requested (based on historic %'s) (£000's)	2012 - 2013 Actual contribution (£000's)	2012 - 2013 Difference (£000's)
KCC	59.7	59.7	0.0	63.1	63.1	0.0
Medway Council	14.9	14.9	0.0	15.8	15.8	0.0
NHS West Kent	24.3	24.3	0.0	25.7	25.7	0.0
NHS Medway	10.2	10.2	0.0	10.8	10.8	0.0
NHS Eastern and Coastal Kent	30.4	30.4	0.0	31.9	31.9	0.0
Kent Police	26.0	23.0	3.0*	28.5	22.9	5.6**
Total	165.5	162.5	3.0	175.8	170.2	5.6

* The shortfall is due to Kent Police not contributing to the Board Manager post.

** The shortfall is due to Kent Police not contributing to the Board Manager post and reducing their % contribution by 2.9%.

7 Partner Highlights

KENT COUNTY COUNCIL (KCC), FAMILIES AND SOCIAL CARE (FSC)

Overview of 2011 - 2012

This year the central Safeguarding Adults Unit has been developed within Strategic Commissioning. The unit supports the functions of safeguarding through policy implementation, practice guidance and monitoring in adult protection, mental capacity and the deprivation of liberty safeguards. The unit ensures there are clear governance arrangements in place to enable senior managers and Members to be fully informed of issues related to safeguarding. This includes monitoring action plans developed following Serious Case Reviews and Domestic Homicide Reviews.

Key Achievements

- Using the LEAN process, the adult protection alert/referral form was reviewed. The new alert form, the SG1, includes audit checks and risk assessment and was launched in February 2012. It has been welcomed by practitioners.
- The Quality in Care Framework was implemented to assist in dealing with quality and practice issues within services.
- A programme of internal and external case audits demonstrates an ongoing improvement in case work and recording.

Key Challenges

- Adult safeguarding specialists joined the Central Duty Team with Children's Services on 28 March 2012. The aim is to ensure greater consistency in addressing the initial stages of adult protection alerts. This service brings together Police, Social Services and Health representatives to address adult and child protection and domestic abuse.
- The Safeguarding Adults Competency Framework implemented in February 2011 and is being reviewed.
- To improve information recording, ensure cases are closed appropriately and target preventative activity effectively.

Future Plans 2012 - 2013

- Essex County Council will Peer Review Kent's safeguarding arrangements.
- To continue to implement a programme of internal and external audit.
- To use our feedback tool to enable users to provide feedback on adult protection work and to improve our responses.
- The function of the safeguarding adults unit will be reviewed.
- To monitor action plans from domestic homicide and serious case reviews.
- To continue the risk strategy meetings with the Care Quality Commission.
- To complete a safeguarding training needs analysis for the Directorate.
- The Families and Social Care Countywide Safeguarding Board will develop its safeguarding action plan.
- The provider training survey will be completed to evidence uptake of safeguarding and MCA training.
- Implementation of Central Referral Unit.
- To plan for Safeguarding Awareness Week June 2012, increasing public awareness of safeguarding.

7 Partner Highlights

MEDWAY COUNCIL

Overview of 2011 – 2012

Medway Council has continued its development plans by ensuring that it builds on the learning from our independent review of safeguarding arrangements conducted in 2011. The formation of the Medway Local Network has been valuable in ensuring that partners across Medway are able to share best practice and find local solutions that support partnership working.

Key Achievements

- Medway's Local Network meetings have commenced.
- Appointment of a Safeguarding Co-ordinator to support best practice in recording and documentation.
- Robust multi-agency training plan – including delivery of training to local neighbourhood police officers, commencement of joint Level 2 training with Medway Community Healthcare and supporting partners in delivering an awareness day for practice leads and general practitioners across Kent and Medway.

Key Challenges

- Following an adult protection referral, we ensure that alleged victims are kept informed and their wishes are heard throughout the process.
- Increasing public awareness, particularly amongst ethnic minority groups.
- Robust and safe adult protection case work that can demonstrate the protection of service users.

Future Plans 2012 – 2013

- In order to strengthen the safeguarding principle of empowerment we will be commencing Family Group Conferences to support victims and their families following allegations of abuse.
- Developing designated senior officer roles through a training programme, which includes chairing skills and risk assessment in adult protection.
- Developing and supporting our administration staff to ensure that our adult protection meetings are recorded in an accurate and timely fashion.
- Introduction of performance indicators to measure referral activity against agreed protocol timescales.
- Integrate our awareness training with the private and voluntary sector training programme.

KENT POLICE

Overview of 2011 - 2012

In order to maintain Police performance in the face of a considerable cut in budget, it was necessary for Kent Police to make significant alterations to the structure of the force. This has meant a reduction from six Policing areas to three divisions.

Public Protection Units were not immune to the changes. In October 2011 all officers and staff working in Public Protection (Child abuse, adult abuse, domestic abuse and the management of sex offenders) ceased to be part of an area crime group and were brought under the management of Headquarters Public Protection. With a reduction in the number of officers and staff it was necessary to build resilience into the functions of each strand. Consequently those officers that were formerly child abuse investigators, adult abuse investigators and domestic abuse officers became 'Combined Safeguarding' Officers able to deal with each of the three incidents/investigations/victims. A further change was aligning safeguarding teams to Children's Social Services boundaries, rather than Kent Police divisions.

As far as Adult Protection is concerned this increased our workforce from one or two district contacts to a pool of investigators with specialist knowledge of child abuse and domestic abuse. This is extremely beneficial given the links between the three strands under increased supervision at seven bases.

Key Achievements

- Re-structure of Public Protection Units.
- Implementation of Central Referral Unit.
- Maintaining performance despite changes.

A fundamental part of the restructure was the launch of the Central Referral Unit in January 2012. This represents a radical change in the way Police and partners conduct safeguarding business. Initially launched by co-locating Police and Children's Social Services in order to manage all strategy discussions, it is evolving and now has Adult Social Care, health and education involved. It is hoped that this will not only provide a consistent response across the County but also improve multi-agency working, by co-location and improved awareness of cross-organisation capability and skills base.

We cannot be complacent, but such improvements are already bringing a more consistent response. A review of formal structure and safeguarding adult protocols is underway. It is vital that lessons learnt from other safeguarding strands are at the centre of the review.

Future plans for 2012 - 2013

- Fully embedding Adult Protection into the Central Referral Unit.
- Training all PPU officers in Adult Abuse Investigation.
- Ensuring the workforce are fully informed and involved in identifying and safeguarding vulnerable adults.

7 Partner Highlights

NHS KENT AND MEDWAY

Overview of 2011 - 2012

In June 2011, the three Primary Care Trusts (PCT) (NHS Eastern and Coastal Kent, NHS Medway and NHS West Kent) formally clustered to create NHS Kent and Medway. Adult safeguarding leads across the three PCTs came together in one safeguarding team within the Nursing and Quality Directorate, and led by the Associate Director of Safeguarding. The PCT safeguarding team have continued to work closely with health providers and statutory partners to improve outcomes for vulnerable adults.

All health care organisations across Kent and Medway have a responsibility to ensure that the people they provide care to are safeguarded. They all have mechanisms to report safeguarding progress, issues and concerns through their governance structures to Board level.

Key achievements

- A specialist nurse for safeguarding in care homes was recruited in September 2011 and has been working in partnership across the care home sector to support multi-agency responses to incidents of abuse and poor quality care.
- The PCT also agreed additional funding for a Designated Nurse in Adult Safeguarding to cover the Medway locality and this was recruited to in February (due to commence at the end of May 2012).
- Increasing GP awareness of adult safeguarding through identification of practice safeguarding leads and targeted safeguarding awareness session held in March 2012.

Key challenges

- Responding to requests for assistance and support in investigating allegations of abuse in the care home sector, despite the recruitment of the specialist nurse. The post covers Kent and Medway and with the vast numbers of care homes and multiple sites of alleged abuse this has proved challenging.
- Maintaining safe services for vulnerable adults through the current NHS reforms and changes in providers, particularly where they have merged. In particular, increasing numbers of grade 3 and 4 pressure ulcers being reported from acute hospital and community settings.

Future plans for 2012 - 2013

- Seek further clarity about the transfer of adult safeguarding responsibilities and ensure that they are handed over to future commissioning bodies, including Clinical Commissioning Groups (CCGs) and the National Commissioning Board.
- Support the review of the Safeguarding Vulnerable Adults Board and liaise with CCGs and providers to secure appropriate representation.
- Encourage and support providers to increase adult safeguarding resources where performance suggests this is necessary, particularly in acute hospital settings.

DARTFORD AND GRAVESHAM NHS TRUST

Overview of 2011 – 2012

- Safeguarding training through core induction and mandatory training attendance achieved 100% and 91.5% respectively.
- KCC training dates for safeguarding and DOLS training conveyed to all relevant Trust staff groups.
- Training prospectus and Training Needs Analysis (TNA) achieved – first training session takes place on 24 May 2012.
- Safeguarding Lead continues her own relevant KCC safeguarding training.
- Maintenance of the Safeguarding Vulnerable Adults Dashboard for the PCT.
- Maintenance of Trust AP1 spreadsheet.
- Continued to audit quarterly the numbers and outcomes of safeguarding referrals.
- Attendance at case conferences by Trust Safeguarding Lead.

Key achievements

- Clinical Bands 6 – 8 trained in MCA/DOLS.
- A Training Needs Analysis was created to provide an overarching mandatory cognitive impairment training package. A review of the current provision of Learning Disability study days to relevant Trust staff led to the combined teaching within the new Cognitive Impairment study sessions, provision of a training prospectus (organised by clinical or non-clinical banding).
- MCA audit around consent and fractured neck of femur pathway documentation was undertaken and feedback is awaited from the orthopaedic Consultants.

Key challenges

- Ensuring capacity assessments are completed and documented.
- Ensuring completion of the correct consent form for people who lack capacity.
- Receipt of fully completed SG1 alert forms from ward staff.

Future plans in 2012 - 2013

- Working more closely with the Tissue Viability Nurse's (TVN) to continue the education of ward nurses around pressure ulcers as part of the Pressure Ulcer Training sessions/updates.
- Tissue Viability Nurse link nurse meeting - presentations around pressure sores and potential neglect.
- Training prospectus and TNA achieved – University of Greenwich provision of new cognitive impairment training for all staff involved in clinical settings covering the following items:
 - Differential diagnosis (Delirium, Depression or Dementia?)
 - Managing behaviour that challenges
 - Decision making, including MCA, Legal and Ethical considerations
 - Person-centred approaches to communication and behaviour

7 Partner Highlights

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST (EKHUFT)

Overview of 2011 - 2012

During 2011/12 the Safeguarding team have worked with senior matrons and matrons across each of the four divisions to support their role in being local champions for adult safeguarding. The Safeguarding Policy is in the process of being amended and updated to include any changes in legislation.

The Trust wide adult safeguarding group used the opportunity this year to review the functions of the group and identify ways to increase the profile and develop the functional delivery of adult safeguarding within the Trust. A wide range of issues were discussed, ranging from the management of dementia, falls and pressure ulcers to the work of improving patient pathways for people with learning disabilities. We have built on the positive relationship with our commissioners and have used the opportunity to identify areas of further development. The Group also has responsibility for reviewing adult safeguarding alerts and identifying key themes and trends in support of the divisional governance processes and ensuring there are sufficient systems in place to ensure we meet the two key domains of the NHS Outcomes Framework.

We currently report activity to NHS South of England and the Kent and Medway Adult Safeguarding Board. The South East Coast Strategic Health Authority introduced a new dashboard for adult safeguarding and we have submitted the Trust's activity on a monthly basis. The Urgent Care and Long Term Conditions Division has a standing adult safeguarding agenda item at its governance meetings with each of the other divisions having the opportunity to discuss specific adult safeguarding concerns through their appropriate governance groups. During 2011/12 there were 113 concerns raised and shared between health and social care partners. This relates to patients that have been admitted to hospital that we have concerns about. There have been 94 alerts raised about the potential risk of a vulnerable adult within our care. These alerts progress to an assessment of further investigation. The Trust provided adult safeguarding training to 576 members of staff through a mixture of face to face and e-learning. The Trust participated in gathering evidence for three domestic homicide reviews.

Key achievements

- Published the Patient Passport for people with learning disabilities.
- Developed a real time system for identifying learning disability inpatients so that we can proactively support frontline teams in delivering high quality care.
- Developed and published the policy for clinical restraint.

Key challenges in 2011 – 2012 / Future plans for 2012 - 2013

- Improve and extend access to guidance to MCA documents and forms on the Trust's intranet and enhance the profile of the MCA requirements across the Trust generally.
- Encourage the use of the 'best interest meeting' pro-forma developed by the Kent and Medway MCA Local Implementation Network to improve recording of the outcomes of best interest meetings.
- Increase awareness and training frequency for all staff in a variety of ways to suit learning styles and shift/release arrangements.

MEDWAY NHS FOUNDATION TRUST

Overview of 2011 - 2012

Safeguarding activity has increased over 2011/12 with a sharp increase in the number of referrals for support with patients being detained under the Mental Health Act 1983 (MHA). The Hospital Psychiatric Liaison Team, now fully operational; support ward and departmental staff through advice, psychiatric assessments and behavioural management strategies.

The Trust continues to utilise Deprivation of Liberty Safeguards to protect the rights of incapacitated patients, with clinical staff identifying those at risk in a timely manner. However, our patients usually only require urgent authorisations owing to the nature of their presenting condition.

A new Learning Disability Liaison Nurse will be taking up their post in November 2011. The role is operational with the nurse providing daily support for both patients and staff. The Nurse acts as a single point of contact for families and community teams to facilitate the admission and discharge of people with a learning disability that require reasonable adjustments to access healthcare.

Safeguarding training compliance has remained above 85% this year and Mental Capacity Act (MCA) compliance has remained above 90%. Trust policies relating to safeguarding have been reviewed to reflect changes to practice and national guidance.

Key achievements

- Meeting the needs of patients with a severe learning / behavioural disability in a single, planned admission - multiple specialities were able to provide treatment, investigations and health screening.
- Collaborative working with the Mental Health Liaison Service to help staff understand and use the MHA appropriately to detain patients on a general ward.
- The MCA Compliance audit by South Coast Audit evidenced good practice within the Trust.

Key challenges

- Inappropriate use of safeguarding process to address transfer of care issues.
- Supporting clinical staff to use restraint appropriately to deliver care and treatment within the context of best interests.
- Supporting staff to differentiate between the use of the MHA and the MCA.

Future plans for 2012 - 2013

- Supporting clinical staff to perform capacity assessments confidently and further developing confidence to use the best interest decision making framework in practice.
- Working collaboratively with local Acute Trusts to develop a Level 2 safeguarding training programme and meeting the needs of acute health staff whilst maximising time/skill resources in its delivery
- Rolling out PREVENT* training to appropriately identified staff to manage the risk posed by this year's national and international events.

*PREVENT

This strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the Government's counter-terrorism strategy, CONTEST.

7 Partner Highlights

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Overview of 2011 – 2012

Our Safeguarding Adults Policy has been reviewed and updated to include more information on Domestic Abuse and associated tools and training, PREVENT and associated referral mechanisms, links to the Trust's Route Cause Analysis and Serious Incident Requiring Investigation (SIRI) for Pressure Ulcers.

The role of the Safeguarding Champions across the Trust has been reviewed, adding the role of Dementia Champion into this. Safeguarding Resource Folders are in place in each clinical area and have been updated to include information relating to Dementia.

Work continues to ensure that the training strategy with regards to Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards meets the requirements of staff to ensure appropriate responses and referrals are made on behalf of patients. Trust staff are 88.8% compliant with ensuring they attend safeguarding training to update their knowledge and skills.

Trusts representatives are active in the multi-agency local and regional meetings. The Trust celebrated both the Dignity Action Day 25.02.2011 and the Safeguarding Adults Awareness week in June 2011.

The Trust has identified the Matron for SVA as the lead for ensuring the Government's PREVENT agenda is publicised and adhered to by practitioners.

Key Achievements

- The Matron for SVA (or delegate) sits on the Trust's Pressure Ulcer Serious Incident Requiring Investigation Panel.
- Further development of the Safeguarding Champions Role to include Dementia.
- Identification and agreement of the Trusts PREVENT Lead.

Key Challenges

- Review and updating of discharge processes to ensure the ongoing safety of patients when leaving hospital care and that documentation is clear and robust.
- Continued embedding of MCA processes and ensuring that Mental Capacity Assessments are undertaken and reviewed appropriately.
- Ensuring that Domestic Violence training is undertaken by identified staff and promoting the use of the DASH Tool where appropriate.

Future Plans for 2012 – 2013

- Gain agreement from the Adult Safeguarding Executive Board in relation to expected content and delivery of Level 2 SVA Training.
- Purchase identified restraint training to ensure that staff have confidence when having to restrain patients in line with the MCA and DoLs.

MEDWAY COMMUNITY HEALTHCARE

Overview of 2011 - 2012

Within Medway Community Healthcare the Safeguarding Adults Team has continued to build upon previous developments in training and clinical supervision with frontline staff. This has included the creation of multi-agency Level 2 Safeguarding Adults training with Medway Council and the inclusion of the PREVENT strategy in all levels of in-house training.

The team continues to encourage and support staff in raising Safeguarding Adults concerns including alerts, capacity assessments and Deprivation of Liberty Safeguards Applications.

In order to meet the reporting requirements of both the Strategic Health Authority and Care Quality Commission a new database has been developed.

Staff appear to have an increased awareness and confidence in raising issues they believe may be a safeguarding adults concern. This is evidenced by the quality and quantity of enquiries the team receives.

Key Achievements

- Increase in numbers of referrals from front line staff.
- Good attendance at training and engagement in supervision.
- Positive feedback from new Level 2 multi-agency Safeguarding Adults training.
- Greater engagement in the domestic abuse agenda.
- Involvement in the Medway Safeguarding Adults Awareness Week events for the general public and multi-agency professionals.
- Development of database to enable reporting requirements.

Key Challenges

- To ensure accurate and adequate documentation of all safeguarding adults issues, including actions to safeguard, capacity assessments and best interest decisions.
- To raise awareness of domestic abuse with staff in adult services, as well as children's.
- To equip services with skills and knowledge to provide and facilitate clinical supervision in-house.

Future Plans for 2012 - 2013

- Develop Level 1 training to cover all aspects of Safeguarding Adults practice including Mental Capacity Act, Domestic Abuse and PREVENT.
- Working alongside the development of a new IT system to facilitate the accurate and timely documentation and reporting of Safeguarding Adults concerns.
- To work collaboratively with the local Safeguarding Adults network to improve public engagement and feedback.

7 Partner Highlights

KENT COMMUNITY HEALTH NHS TRUST

Overview of 2011 – 2012

Safeguarding practice is assured through self assessments against CQC standards which are then validated at 'challenge' meetings, executive team weekly safety walkabouts, and a rolling programme of unannounced children and vulnerable adults safeguarding compliance visits to be introduced in 2012/13.

We updated our Adult Protection policy to reflect changes in local and national guidance and introduced new organisation-wide policies that impact upon safeguarding, to further embed safeguarding practice into frontline care, in particular Mental Capacity Act (MCA) assessment forms, Consent, Restraint and Incident Reporting policies. A number of Trust operational policies, guidelines and protocols, that support the overarching safeguarding agenda have also been reviewed, including Wound Management and Transfer of Care.

We reviewed how we deliver our safeguarding training, including developing pre-course workbooks to support our MCA basic awareness and Consent workshops.

Key achievements

- There are more robust processes in place which have led to safeguarding being incorporated in the review of complaints, serious incidents and other incidents. The lessons learnt that relate to safeguarding are managed through the organisation's governance structures.
- Safeguarding awareness has improved within services and reporting data evidences the increase in reporting. Outcomes from safeguarding concerns raised within the organisation have led to the development of an Out of Hours protocol for staff, to support them accessing safeguarding advice and guidance during these times.
- Investigation learning has improved clinical practice, e.g. shared care protocols, team reviews, new handover systems.
- Improved uptake of SVA training from 19% to 72%.

Key challenges

- Staff understanding the interdependency of the various strands of adult safeguarding, e.g. consent, restraint and capacity alongside clinical staff in the provision of supervision, support and advice.
- Review of existing safeguarding resources to identify additional capacity to support the organisation's safeguarding vulnerable adults and mental capacity agenda.
- Improving the awareness and application of MCA/DoLs to frontline practice/decision-making – the current position for KCHT very much reflects the national issues identified by CQC in their overview of how the Safeguards were implemented and used in 2010/11 (The operation of DoLs in England, 2010/11, March 2012).

Future plans for 2012 - 2013

- Gaining a common understanding of adult thresholds across the partnership, including a reduction in the number of re-referrals to social care.
- Reducing the number of cases of adult neglect attributed to KCHT.
- Ultimately, no reported cases of adult neglect attributed to KCHT.
- Achieve 95% compliance for SVA training.

KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST (KMPT)

Overview of 2011 - 2012

This year there has been a real focus on the quality and standards of safeguarding practice driven by the Adult Safeguarding Improvement Plan. KMPT has participated in 6 monthly external audits of case files and each result has shown improvement in standards of practice.

We have supported staff through training and supervision. The supervision policy was reviewed to ensure it was robust and fit for purpose on matters of safeguarding. There was additional support from 1 WTE safeguarding co-ordinator for the Access and Recovery teams dealing with the bulk of the safeguarding processes within KMPT.

With Deprivation of Liberty assessments we have been timely in their completion and this is due to the commitment of the consultants participating in the process and the administrative support within the team.

Key achievements

- We have expanded the safeguarding team and now have a lead for domestic abuse and a Domestic Abuse Strategy to give a framework to the work of the Domestic Abuse Lead.
- The Trust wide Safeguarding Group has recommenced and is chaired by the Executive Safeguarding Lead.
- The monitoring of adult protection alerts and provision of monthly figures to the service lines is possible through a database held within the safeguarding team.

Key challenges

- Ensuring safeguarding cases do not drift has been a challenge and extra guidance was put in place by the safeguarding team to try and address this issue.
- Bringing Level 2 safeguarding training in-house challenges the resource and capacity within the safeguarding team.
- Having only 1 PREVENT trainer is also a challenge within an organisation that has over 3000 staff.

Future Plans for 2012 - 2013

- With support from the Safeguarding co-ordinators we aim to get safeguarding cases to a level considered good or above when evaluated.
- To reduce the numbers of safeguarding cases open longer than 6 months.
- Roll out of domestic abuse workshops for staff across the organisation.
- Training remains a priority as we aim to reach 95% compliance on all levels of safeguarding training.
- Audits will be conducted to determine staff understanding of Mental Capacity assessment in ward areas and community teams.

7 Partner Highlights

SOUTH EAST AMBULANCE NHS FOUNDATION TRUST (SECAMB)

SECAMB covers Surrey, Sussex, Kent and a small part of Hampshire. The Trust has a full time safeguarding lead for adults and children and is committed to the multi-agency safeguarding process and this is reflected in the policies and procedures adopted by the Trust.

Overview of 2011 - 2012

During the year 1st April 2011 – 31st March 2012 SECAMB staff submitted 2493 adult concern reports for the whole region. The majority of these were connected with social care concerns, particularly regarding living conditions and patient's inability to cope alone or with increasing care needs. The number of reports received regarding adults specific to the Kent and Medway area was 650, and when broken down the distribution is:

- Kent – 550 referrals (22.1% of all SECAMB referrals)
- Medway – 100 referrals (4% of all SECAMB referrals)

Outcomes are known for 14 cases in the Kent area and 3 in Medway.

Key achievements

- Reporting rates have continued to rise with an increase of 68.59% on the previous year which suggests an increased awareness of adult social care needs amongst our operational staff.
- Foundation work has been undertaken to establish links with local MARACs and a direct reporting route from SECAMB into these is being developed; a substantial piece of work around the DASH (domestic abuse) toolkit having been completed to date.
- Robust links with the Trust's Compliance team has led to improved collaborative working around serious incidents where Safeguarding elements exist and how they are managed and investigated within the Trust.

Key challenges

- Getting consistent outcomes for reports from health and social care departments across all geographical locations.
- Staff training was challenging although staff did undertake some e-learning modules and all new staff undergo corporate induction which has an introduction to safeguarding element.
- Consistent implementation of the Mental Capacity Act including interaction and understanding of roles and responsibilities when working with other agencies.

Future Plans for 2012 - 2013

- A robust training needs analysis has been undertaken and a comprehensive four year training plan has been developed; training is now being implemented.
- Work is underway to identify frequent callers and develop greater multi-agency management of cases identified following a serious case review recommendation.
- Other developments include an outcomes database to map recommendations from all reviews, MOUs* with police in regard to application of MCA, implementation of a DASH toolkit for all SECAMB staff and referral pathways into the MARAC** process and complete revision of Consent and Capacity procedures.

*Memorandum of understanding / **Multi-Agency Risk Assessment Conference

8 Safeguarding Activity

8.1 Background to the data

The data for this report was extracted from Kent County Council's social care system (SWIFT) and Medway Council's safeguarding database. In most cases, the data included in this report are consistent with the Abuse of Vulnerable Adults (AVA) DH statutory return (latest AVA submitted in June 2012 - data subject to validation).

The first section summarises new safeguarding referrals. A safeguarding referral is where a concern has been raised invoking an adult safeguarding investigation or assessment. In Kent, cases that do not meet the safeguarding threshold are not fully investigated and therefore are not included within this section. In Medway, all safeguarding alerts raised are investigated fully as referrals and the numbers are included in the numbers here. The second section summarises the outcome for closed referrals.

8.2 New Adult Protection Referrals

8.2.1 Number of Referrals and Rate of Change

During 2011- 2012, there were 2,756 new referrals across Kent and Medway. This is an increase of 17.3% on 2010 - 2011. East Kent contributed the majority with 1,560 (56.7%) of all referrals. This is an increase of 23% on 2010 - 2011. West Kent, which contributed 781 (28.3%) of all referrals, showed a smaller increase of 3.2% on 2010 - 2011. Medway contributed 15.1% with 415 referrals, an increase of 28.1% on 2010 - 2011. This increase can demonstrate an increase in public awareness.

Area	2009-2010	2010-2011	2011-2012	% change between 2010-2011 and 2011-2012	% of total in 2011-2012
East Kent	1,341	1,268	1,560	23.0%	56.7%
West Kent	793	757	781	3.2%	28.3%
Medway	277	324	415	28.1%	15.1%
All	2,411	2,349	2,756	54.3%	100.0%

Table 8.2.1: Safeguarding Referrals across Kent and Medway for the periods 2009-2010 to 2011-2012

8 Safeguarding Activity

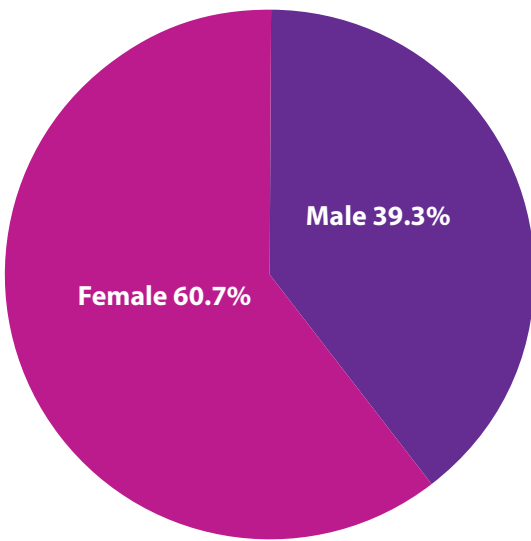
8.2.2 Gender of Alleged Victims

In 2011 - 2012, 39.3% of alleged victims were male and 60.7% were female. There has not been a significant change in the gender breakdown of alleged victims over the last three reporting periods.

Gender	2009-2010		2010-2011		2011-2012	
	number	%	number	%	number	%
Male	883	36.6%	866	36.9%	1,083	39.3%
Female	1,527	63.3%	1,483	63.1%	1,673	60.7%
Unknown	1	0.0%	0	0.0%	0	0.0%
Total	2,411	100.0%	2349	100.0%	2,756	100.0%

Table 8.2.2: Gender breakdown across Kent and Medway of alleged victims for the periods 2009-2010 to 2011-2012

Figure 8.2.2: Gender breakdown of alleged victims 2011/12



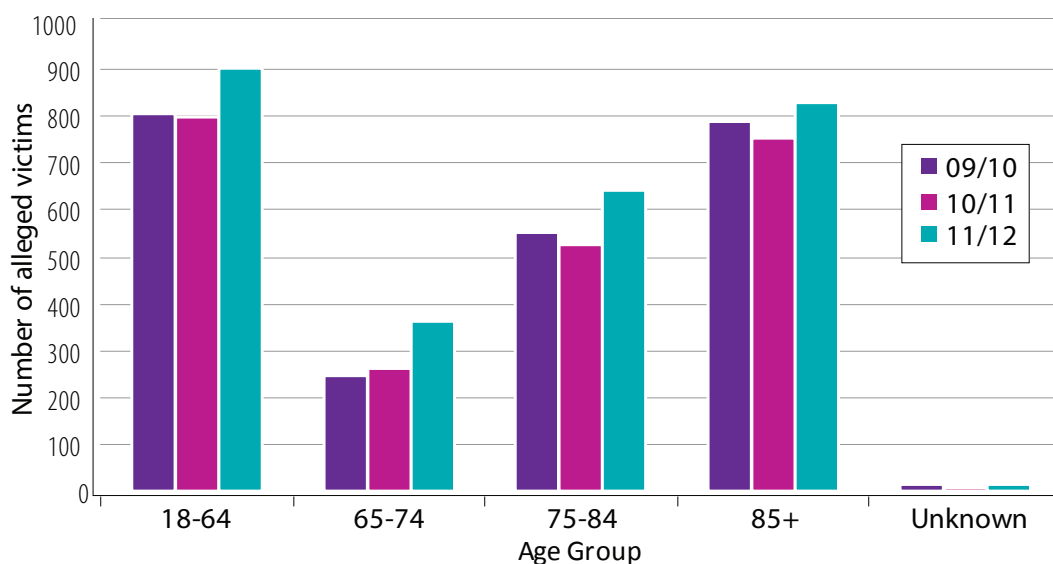
8.2.3 Age Group of Alleged Victims

In 2011 - 2012, approximately one third of alleged victims were aged 18-64 and two thirds were aged 65+. There has not been a significant change in the age breakdown of alleged victims over the last three reporting periods.

Age Group	2009-2010		2010-2011		2011-2012	
	number	%	number	%	number	%
18-64	806	33.4%	799	34.0%	906	32.9%
65-74	245	10.2%	266	11.3%	364	13.2%
75-84	553	22.9%	525	22.3%	645	23.4%
85+	793	32.9%	754	32.1%	831	30.2%
Unknown	14	0.6%	5	0.2%	10	0.4%
Total	2,411	100.0%	2,349	100.0%	2,756	100.0%

Table 8.2.3: Age breakdown across Kent and Medway of alleged victims for the periods 2009-2010 to 2011-2012

Figure 8.2.3: Age breakdown of alleged victims from 2009/10 to 2011/12



8 Safeguarding Activity

8.2.4 Ethnic Group of Alleged Victims

In 2011 - 2012, 3.1% of alleged victims were from black or minority ethnic groups, a slight increase on 2010 - 2011 but consistent with 2009 - 2010. There has been an increase in the proportion of alleged victims where ethnicity was not stated or the information not obtained. In the KCC area 7.6% of the population were of Black Minority Ethnic (BME) origin as at 2009.

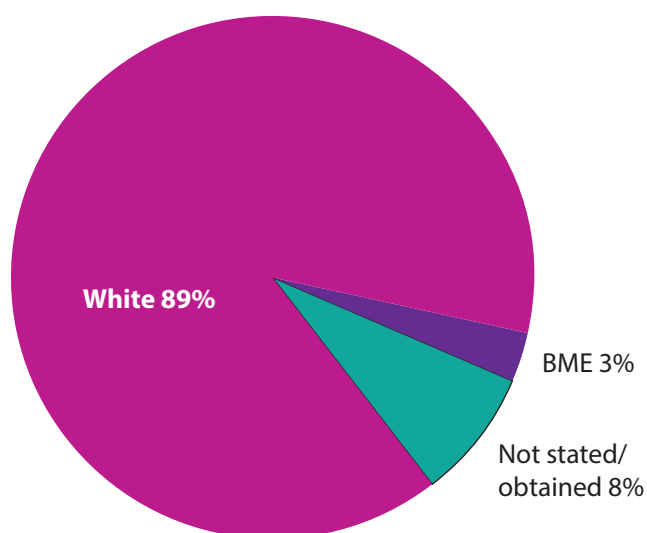
Ethnic Group	2009-2010		2010-2011		2011-2012	
	number	%	number	%	number	%
White *	2,188	90.8%	2,137	91.0%	2,445	88.7%
BME **	76	3.2%	52	2.2%	85	3.1%
Not stated / Not obtained	147	6.1%	160	6.8%	226	8.2%

Table 8.2.4: Ethnic Group breakdown across Kent and Medway of alleged victims for the periods 2009-2010 to 2011-2012

* '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.

Figure 8.2.4: Ethnic breakdown of alleged victims 2011/12



8.2.5 Client Category of Alleged Victims

The table below shows the proportions of each client category against age group for the last three reporting periods. In the 18-64 age group, the majority of alleged victims had a primary client category of Learning Disability, with 15.6% of all alleged victims in this category. This is a slight decrease when compared to the previous two periods. The proportion of clients aged 18-64 with a primary client category of Mental Health has increased from 3.6% in the last two periods to 6.3% in 2011 - 2012. The increase in the Mental Health category in Medway can be attributed to improved recording.

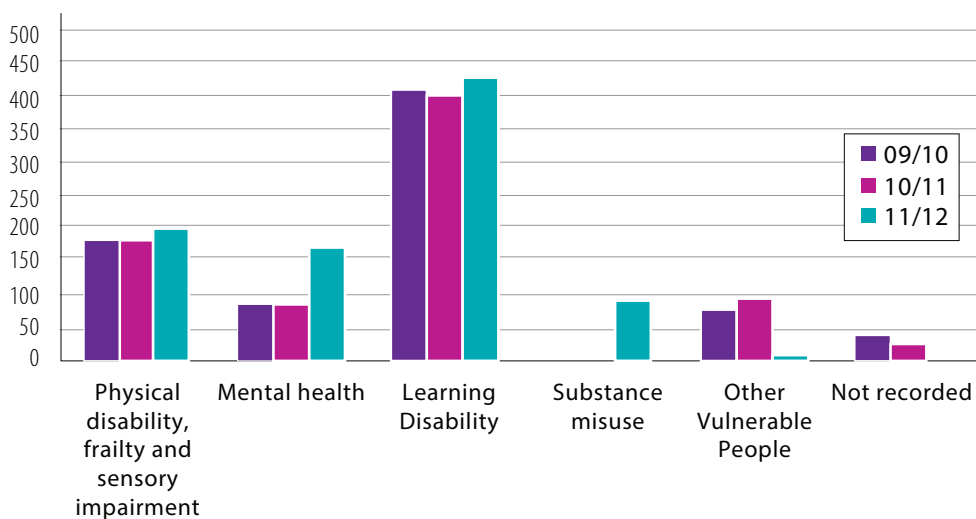
The proportion of alleged victims aged 65+ with a primary category of Mental Health has also increased, from 11.1% in 2010 - 2011 to 13.8% in 2011 - 2012.

Primary Client Category	2009-2010		2010-2011		2011-2012	
	18-64	65+	18-64	65+	18-64	65+
Physical disability, frailty and sensory impairment	7.8%	44.1%	8.0%	46.1%	7.4%	46.3%
Mental Health	3.6%	10.6%	3.6%	11.1%	6.3%	13.8%
Learning Disability	17.2%	1.1%	17.2%	1.7%	15.6%	1.6%
Substance misuse	0.1%	0.1%	0.1%	0.0%	0.2%	0.0%
Other Vulnerable People	3.3%	5.8%	4.1%	4.6%	3.3%	5.1%
Not Recorded	1.7%	4.7%	1.1%	2.5%	0.0%	0.0%

Table 8.2.5: Primary Client Category breakdown across Kent and Medway of alleged victims for the periods 2009-2010 to 2011-2012

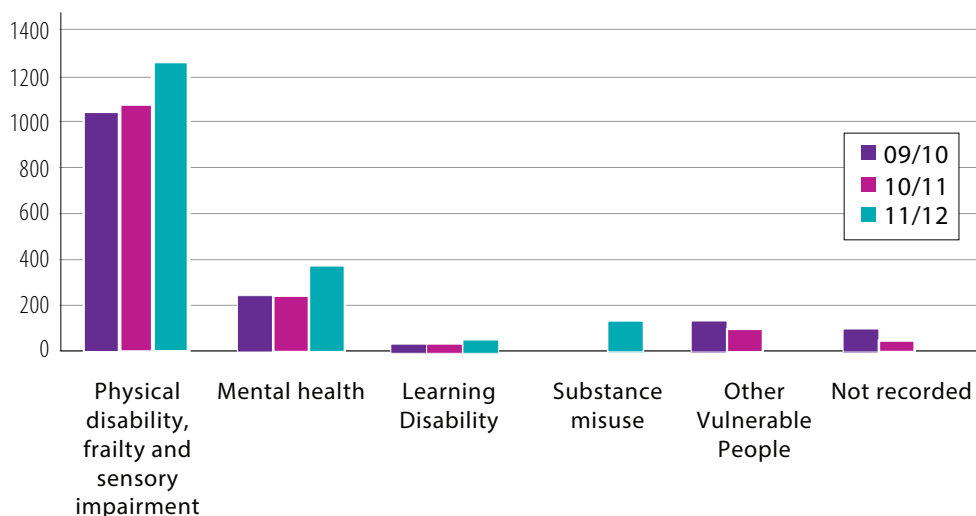
(A small number of alleged clients with an unknown age group have been excluded from this table)

Client Category of Alleged Victims 18-64



8 Safeguarding Activity

Client Category of Alleged Victims 18-64



8.2.6 Source of Safeguarding Referrals

The source of safeguarding referrals is shown below. Source categories correspond to the AVA return. Social Care Staff continue to contribute to over one third of referrals with a slight increase in proportion of all referrals year on year. The proportion of referrals from Health Staff has also increased and now contributes to one quarter of referrals, indicating an increase in awareness amongst health staff.

Source of Referral	2009-2010		2010-2011		2011-2012		% change between 2010-2011 and
	number	%	number	%	number	%	
Social Care Staff	883	36.6%	865	36.8%	1039	37.7%	20.1%
Health Staff	457	19.0%	539	22.9%	696	25.3%	29.1%
Self Referral	91	3.8%	88	3.7%	82	3.0%	-6.8%
Family member	201	8.3%	236	10.0%	271	9.8%	14.8%
Friend/neighbour	77	3.2%	56	2.4%	42	1.5%	-25.0%
Other service user	4	0.2%	2	0.1%	4	0.1%	100.0%
Care Quality	56	2.3%	23	1.0%	69	2.5%	200.0%
Housing	69	2.9%	46	2.0%	48	1.7%	4.3%
Education/Training/	12	0.5%	12	0.5%	9	0.3%	-25.0%
Police	109	4.5%	145	6.2%	162	5.9%	11.7%
Other*	373	15.5%	302	12.9%	334	12.1%	10.6%
Unknown	79	3.3%	35	1.5%	0	0.0%	-100.0%
Total	2411	100.0%	2349	100.0%	2756		17.3%

Table 8.2.6: Source of referral breakdown across Kent and Medway of alleged victims for the periods 2009-2010 to 2011-2012

*Other includes source category of Other, Anonymous, Informal Carer, Legal Agency

8.2.7 Location of Abuse

In 2011 - 2012, 41.3% of referrals involved alleged abuse in a Residential Care Home - this is a slight increase on 2010 - 2011 but remains consistent over the three reporting periods. 35.2% of referrals involved abuse in the clients own home - this is a decrease on the previous two reporting periods. The proportion of referrals where the location of abuse was not known has increased year on year from 2.4% in 2009 - 2010 to 7.2% in 2011 - 2012.

Location of alleged abuse	2009-2010		2010-2011		2011-2012		% change between 2010-
	number	%	number	%	number	%	
Residential Care Home *	1064	44.1%	912	38.8%	1139	41.3%	24.9%
Own Home	904	37.5%	973	41.4%	969	35.2%	-0.4%
Supported Accommodation	113	4.7%	82	3.5%	109	4.0%	32.9%
Hospital / Other Health Setting **	77	3.2%	79	3.4%	96	3.5%	21.5%
Other ***	93	3.9%	61	2.6%	103	3.7%	68.9%
Public Place	42	1.7%	47	2.0%	66	2.4%	40.4%
Day Centre/ Service	24	1.0%	42	1.8%	37	1.3%	-11.9%
Alleged Perpetrators Home	22	0.9%	38	1.6%	31	1.1%	-18.4%
Mental Health Inpatient Setting	2	0.1%	1	0.0%	7	0.3%	600.0%
Education/ Training/ Workplace	13	0.5%	9	0.4%	0	0.0%	-100.0%
Not Known	57	2.4%	105	4.5%	199	7.2%	89.5%
Total	2411	100.0%	2349	100.0%	2756	100.0%	17.3%

Table 8 2.7a: Location of alleged abuse across Kent and Medway for the periods 2009-2010 to 2011-2012

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

** Acute, community hospitals and other health settings

Table 8.2.7b gives a breakdown of alleged abuse in residential care homes by area. East Kent had the highest proportion of referrals involving abuse in a residential care home setting with 47.1%, consistently higher than the other areas. In West Kent 32.9% of referrals involved alleged abuse in a residential care home setting, a decrease year on year from 2009 - 2010. West Kent had the lowest proportion of referrals where the alleged abuse took place in a residential care home setting with 33.0% but shows a slight increase year on year.

Area	2009-2010		2010-2011		2011-2012	
	number	%	number	%	number	%
East Kent	636	47.4%	547	43.1%	730	46.8%
West Kent	349	44.0%	267	35.3%	258	33.0%
Medway	79	28.5%	98	30.3%	151	36.4%
All	1064	44.1%	912	38.8%	1139	41.3%

Table 8.2.7b: Alleged abuse in Residential Care Homes across Kent and Medway by area

8 Safeguarding Activity

Alleged incidents in residential care homes continue to be a significant part of our work. Within the KCC boundaries alone there are approximately 720 homes, with East Kent having the largest concentration. KCC have implemented the Quality in Care Framework which is having an impact. A further initiative is the quarterly risk meeting with CQC which facilitates information sharing and a co-ordinated response.

Medway has a slight increase in percentage proportion of care home allegations comparing the 3 years. This continues to demonstrate Medway's commitment to improving awareness and practice in care home provider services.

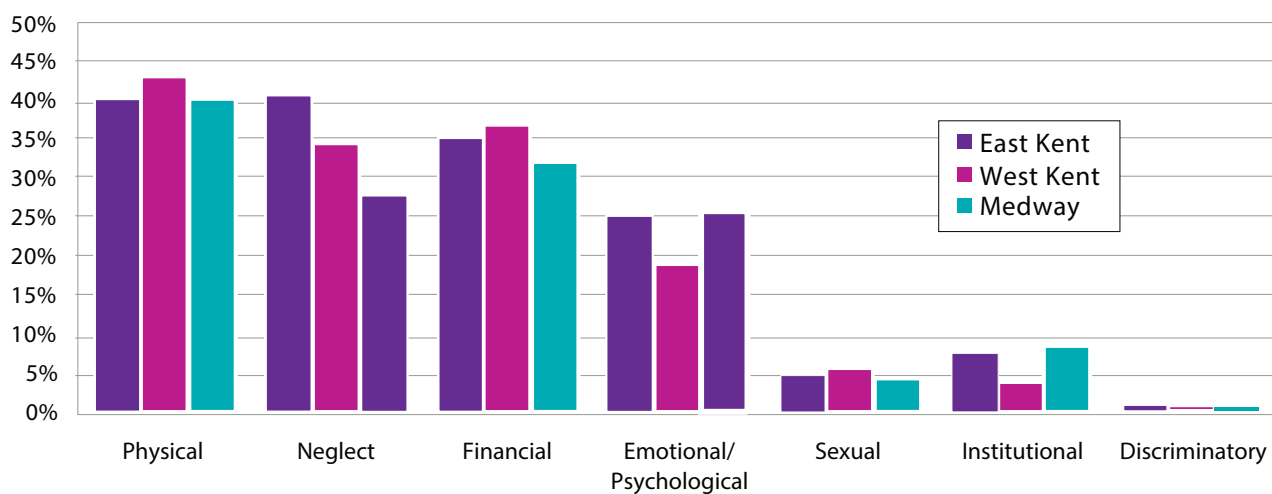
8.2.8 Type of Abuse

The table below shows the categories of abuse as numbers and percentages for 2011 - 2012. There may be multiple types of abuse recorded for one referral.

Type of alleged abuse	East Kent		West Kent		Medway		ALL	
	number	%	number	%	number	%	number	%
Physical	573	37.1%	279	36.1%	144	34.7%	996	36.1%
Neglect	512	33.2%	214	27.7%	128	30.8%	854	31.0%
Financial	372	24.1%	185	23.9%	127	30.6%	684	24.8%
Emotional/ Psychological	296	19.2%	119	15.4%	122	29.4%	537	19.5%
Sexual	96	6.2%	60	7.8%	34	8.2%	190	6.9%
Institutional	82	5.3%	10	1.3%	19	4.6%	111	4.0%
Discriminatory	12	0.8%	4	0.5%	17	4.1%	33	1.2%

Table 8.2.8a: Type of alleged abuse across Kent and Medway by area for 2011-2012 (a referral may have multiple types of abuse recorded - the percentage figures relate to the proportion of referrals where each type was apparent)

Percentage of Incidents of Abuse Categories by Area 2010



Percentage of Incidents of Abuse Categories by Area 2011

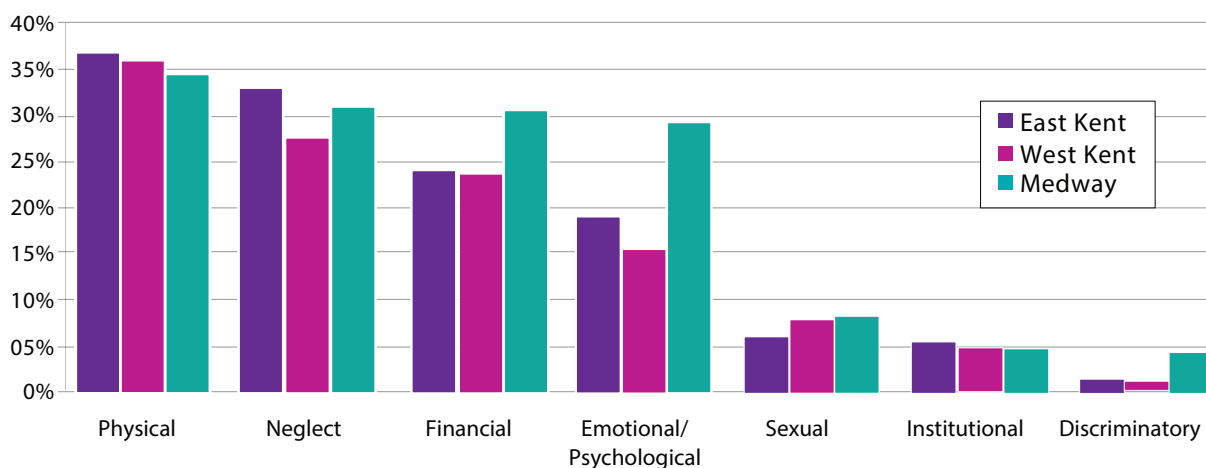


Table 8.2.8b: Type of alleged abuse across Kent and Medway by area for 2011-2012

8 Safeguarding Activity

8.3 Closed Referrals

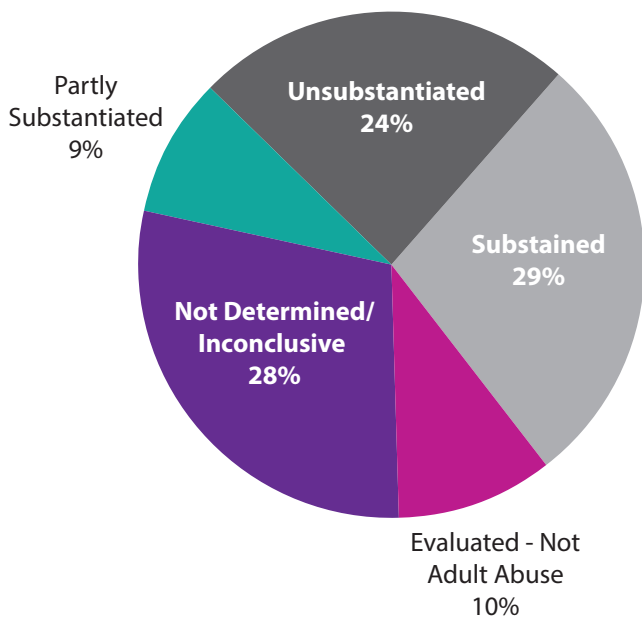
8.3.1 Outcome of Referral

In Medway, following a referral, all vulnerable adults and their carers receive an assessment of their social care needs and onward referral to other services as determined. As a result, although nearly half of the cases were unsubstantiated, alleged victims were able to access guidance and a support/protection plan that is designed to protect them from abuse in the future.

Area	Substantiated	Partly Substantiated	Un-substantiated	Not Determined Inconclusive	Evaluated - Not Adult Abuse
East Kent	31.8%	9.2%	18.1%	32.2%	8.8%
West Kent	28.2%	8.0%	23.7%	25.7%	14.4%
Medway	23.3%	12.7%	48.1%	11.4%	4.6%
All	29.6%	9.4%	23.7%	27.6%	9.8%

Table 8.3.1a: Outcome of closed referrals in 2011-2012 across Kent and Medway by area

Figure 8.3.1: Outcome of referrals closed in 11/12



Area	Substantiated		Partly Substantiated		Un-substantiated		Not Determined Inconclusive		Evaluated - Not Adult Abuse		Total
	no.	%	no.	%	no.	%	no.	%	no.	%	
Ashford & Shepway	223	25.7%	86	9.9%	244	28.1%	219	25.2%	96	11.1%	868
Canterbury & Swale	494	34.6%	136	9.5%	285	20.0%	406	28.5%	106	7.4%	1427
Thanet & Dover	588	41.0%	106	7.4%	270	18.8%	401	28.0%	68	4.7%	1433
East Kent LD	225	35.8%	44	7.0%	119	18.9%	183	29.1%	57	9.1%	628
East Kent Total	1530	35.1%	372	8.5%	918	21.1%	1209	27.8%	327	7.5%	4356
Dartford, Gravesham & Swanley	98	18.2%	38	7.1%	152	28.2%	154	28.6%	97	18.0%	539
Maidstone & Malling	213	32.1%	55	8.3%	171	25.8%	179	27.0%	46	6.9%	664
South West Kent	106	23.0%	36	7.8%	141	30.6%	121	26.2%	57	12.4%	461
West Kent LD	157	37.3%	27	6.4%	81	19.2%	88	20.9%	68	16.2%	421
West Kent Total	574	27.5%	156	7.5%	545	26.1%	542	26.0%	268	12.9%	2085
Central Duty Team	0	0.0%	1	25.0%	0	0.0%	2	50.0%	1	25.0%	4
Medway	174	23.6%	76	10.3%	346	47.0%	89	12.1%	51	6.9%	736
All	2278	31.7%	605	8.4%	1809	25.2%	1842	25.7%	647	9.0%	7181

Table 8.3.1b: Outcome of closed referrals for the period April 2009 - March 2012 by area

8.4 Kent Police Performance Data 2011 - 12

The following table shows 2011 - 2012 Adult Abuse performance figures. Kent Police have moved from providing Base Command Unit (BCU) or Police Area data to district data. This gives a sharper local focus, both in terms of performance and profile. Interventions from all agencies can be better directed as a result.

Crime/Incident Breakdown	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Medway
Total Reported Crimes	7	17	14	6	5	11	15
Total Secondary Incidents 11	115	492	141	223	147	150	528
Total	122	509	155	229	152	161	543

8 Safeguarding Activity

Crime/Incident Breakdown	Sevenoaks	Shepway	Swale	Thanet	Tonbridge and Malling	Tunbridge Wells	Force
Total Reported Crimes	2	8	7	32	2	10	136
Total Secondary Incidents	181	135	142	496	181	208	3139
Total	184	143	149	528	183	218	3284 (9 No Crimes)

Although direct district to district comparison is not available due to the change in format, there are interesting overall comparisons to be made with 2010 - 11 data. The total number of incidents recorded across Kent in 2010 - 11 was 3326, including 158 substantive crimes. This equates to a reduction of 42 incidents (just over 1%) and 22 crimes (14%) versus last year. Although we shouldn't read too much into this one set of figures, it is encouraging, particularly in a climate of increased awareness and sustained public communication on a National and local basis.

There are as expected district variations, and no surprise that the districts with the highest number of recorded incidents are Medway and Thanet, each accounting for 16% of the force total. The figure in relation to Canterbury is higher than similarly populated districts. This may reflect practice at East Kent, and it is expected that a more consistent approach across Kent will be achieved as the multi-agency Central Referral Unit beds in.

The following table shows the breakdown for 2011 - 2012 of the type of crime involved in the Crime/Incident.

Crime Type Breakdown	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Medway
Emotional	29	83	88	41	103	57	39
Financial	16	55	20	32	18	26	47
Neglect	10	84	18	18	22	47	33
Physical	23	109	42	55	31	64	41
Sexual	13	19	11	14	9	13	13

Crime Type Breakdown	Sevenoaks	Shepway	Swale	Thanet	Tonbridge and Malling	Tunbridge Wells	Force
Emotional	16	29	59	69	21	20	654
Financial	27	19	33	67	18	26	404
Neglect	15	8	28	79	25	27	414
Physical	22	21	58	76	45	25	612
Sexual	4	11	8	23	6	5	149

The above table categorises each incident under the headings of emotional, financial, physical and sexual abuse and neglect. The data relates to those reports that have been further categorised beyond the basic description of incident or crime. Some incidents will have two or more categories.

¹ Secondary incidents consist of referrals (alerts) received by Police from Adult Social Services and from Police to Adult Social Services, nearly all incidents are initially recorded as Secondary Incidents. Those that are substantiated criminal offences are upgraded as a result.

9 Priorities for 2012 - 2013

A number of priorities have been identified for 2012 – 2013:

- Implementing the outcomes from the multi-agency governance review.
- Developing a strategic action plan for the multi-agency partnership.
- Reviewing the multi-agency policy and protocols.
- Reviewing the Serious Case Review policy.
- Implementing the recommendations from the Serious Case Review (June 2011).
- Organising a learning event following the Serious Case Review (June 2011).
- Implementing the recommendations from Domestic Homicide Reviews where they relate to vulnerable adults.
- Updating the e learning package.
- Piloting 3 Train the Trainer courses in service user awareness.
- Launching the safeguarding vulnerable adults easy read leaflet.
- Strengthening links between the Safeguarding Vulnerable Adults Executive Board and the Kent and Medway Safeguarding Children's Board, Community Safety Partnerships and the Kent and Medway Abuse Strategy Group.
- Responding to national safeguarding developments.

Appendices

Appendix 1

Kent and Medway Safeguarding Vulnerable Adults - principles and values

The Kent and Medway Safeguarding Vulnerable Adults multi-agency partnership is underpinned by the following principles and values:

- It is every adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity
- All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse
- Priority will be given to the prevention of abuse by raising the awareness of adult protection issues and by fostering a culture of good practice through support and care provision, commissioning and contracting
- Vulnerable adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services. All agencies will respond to adult protection concerns with prompt, timely and appropriate action in line with agreed protocols
- These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting or any community setting
- Protection of vulnerable adults is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of vulnerable adults
- Interventions should be based on the concept of empowerment and participation of the vulnerable individual
- These principles should constitute an integral part of the philosophy and working practices of all agencies involved with vulnerable adults and should not be seen in isolation
- It is the responsibility of all agencies to take steps to ensure that vulnerable adults are discharged from their care to a safe and appropriate setting
- The need to provide support for the carers must be taken into account when planning services for vulnerable adults and a carer's assessment should be offered
- These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation

Appendix 2

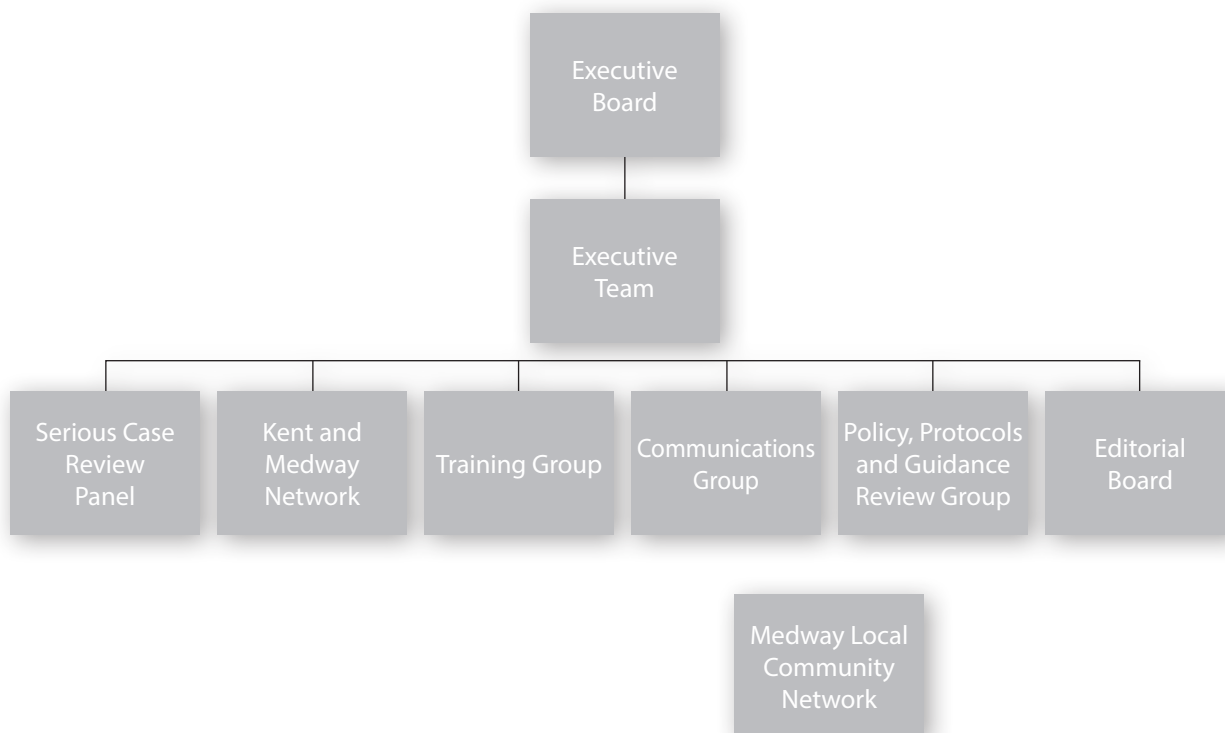
The main forms of abuse

The main forms of abuse are:

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

Appendix 3

Governance structure



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