

**Brent Multi-agency Adult Protection Committee
Annual Report 2005**

EXECUTIVE
14 NOVEMBER 2005

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FOREWORD

We very much welcome the first annual report by Brent's multi-agency Adult Protection Committee.

We congratulate the Committee on the excellent work in raising awareness and in the prevention of abuse of vulnerable adults in Brent. Much has been achieved.

We are impressed that over 1,000 training places have been commissioned for staff across the health, social care and voluntary sectors in Brent.

We are delighted that the Commission for Social Care Inspection recommended to the Department of Health *Protection of Vulnerable Adults in Brent – multi-agency policy and procedures* as an example of good practice. As a result, we are one of nine pilot sites for an Action on Elder Abuse/ Department of Health project to establish a national monitoring and reporting process.

Brent's multi-agency Adult Protection Committee reflects excellent partnership working among a range of key statutory and community organisations. We appreciate and welcome the active involvement by the Police in Brent, BRAVA, Brent Carer's Centre and the regular attendance by the Commission of Social Care Inspection as observers. We also recognise the value of representatives from various provider organisations in Brent. This report demonstrates the importance and value of multi-disciplinary and multi-agency working.

Protecting vulnerable adults is a key element in promoting independence and in community safety. Nationally, and it is likely locally, there is an under-reporting of alleged abuse against vulnerable adults.

We recognise that more must be done, and will be done to protect vulnerable adults in Brent. We have started the process of identifying the extent and nature of alleged abuse in Brent, and taken steps to raise awareness and address issues of poor practice. We look forward to national service standards being issued that will help to strengthen our work in the protection of vulnerable adults. Our priority is to further raise awareness and to encourage people to report concerns.

By working together, within and across all part of the communities and agencies in Brent, we can best protect vulnerable adults from abuse.

Councillor Ralph Fox
Lead Member for Health and Social Care
Brent Council

Jean Gaffin OBE
Chair, Brent Teaching Primary
Care Trust

LOGO

LOGO

EXECUTIVE SUMMARY

1. This is the first annual report by Brent's multi-agency Adult Protection Committee. It sets out the background to the protection of vulnerable adults, reviews progress in Brent, and identifies issues and development plans. It also meets the Department of Health audit requirements.
2. In October 2003, the Leader of the Council launched the *Protection of Vulnerable Adults in Brent*, multi-agency policy and procedures reflecting Department of Health guidance *No Secrets*. Since then, there has been a range of local and national developments.
3. In Brent:
 - 3.1 During 2004/05, there have been 73 referrals of abuse of vulnerable adults, which is likely to be an under-reporting of abuse in Brent.
 - Just over half the reported victims of abuse were older people, women, White British
 - The greatest single cause of abuse was physical, followed by neglect. In 32% of all cases, there was more than one type of abuse
 - 35% of abuse took place in the client's own home; 32% in residential or nursing homes
 - 42% of the perpetrators were care professionals
 - 40% of the allegations were substantiated; 27% were not proven
 - 3.2 The policy and procedures have been promoted throughout the borough, using a range of communication methods, leading to better awareness and understanding of issues and how to make and operate the referral systems. The first annual awareness day is planned for November 2005.
 - 3.3 The multi-agency Adult Protection Committee and operational sub-group meet quarterly and are active. They have commissioned over 1000 training places and produced a policy and procedure addendum to reflect local experience, legislation and new national guidance.
 - 3.4 The Adult Protection Team, which has a vacant Adult Protection Co-ordinator post is managed in the Older People's Service of Adults and Social Care. It has good links with London and national adult protection networks, which have been of value for the Committee in Brent eg in sharing knowledge, experiences and relevant materials.
 - 3.5 Brent was recommended by the Commission for Social Care Inspection as an example of good practice, and as a result is a pilot for an Action on Elder Abuse/Department of Health project to establish a national monitoring and reporting process.
4. Nationally:
 - 4.1 This has been a period during which various government departments have sent further guidance for Adult Protection Committees to consider and incorporate in their policy and procedures.

- 4.2 Significant additional requirements are anticipated including a national standards framework *Safeguarding Adults* which, if agreed, will have a substantial impact on Adults and Social Care, and require support by other Council departments as well as statutory partners.
- 4.3 There remains no specific legislation for the protection of vulnerable adults, nor is there ring-fenced government funding for the statutory agencies in managing and developing this work.

1. Introduction

- 1.1 This is the first annual report by Brent's Multi-agency Adult Protection Committee. It sets out the background to the protection of vulnerable adults, reviews progress in Brent, and identifies issues and development plans. The report includes audit requirements, set out in *No Secrets* and Brent's multi-agency policy and procedures *Protection of Vulnerable Adults in Brent*. See Appendix 1 for further details.
- 1.2 Since April 2005, there are performance indicators relating to adult protection work. Adult and Social Care is required to report to the Department of Health (DH) on whether there is a multi-agency committee that publishes an annual report that includes information about the number of referrals, number of adult protection meetings and number of cases where adult protection issues were confirmed.

2. Background

2.1 National

2.1.1 *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* was issued by the Department of Health in March 2000. The Government expected this guidance to be developed and implemented at a local level, co-ordinated by the local authority with lead responsibility by the Director of Social Services¹.

2.1.2 The Guidance is set out under six headings:

- Defining who is at risk and in what way
- Setting up an inter-agency framework
- Developing inter-agency policy
- Main elements of strategy
- Procedures for responding in individual cases
- Getting the message across

Unlike the protection of children, there is no specific legislation for the protection of vulnerable adults.

2.2 Brent

2.2.1 Shortly before *No Secrets* was issued, multi-agency guidelines *Protection of Vulnerable Adults in Brent* were produced in February 2000². This followed Brent's Elders Abuse Policy (1993) and Inter-

¹ In Brent, now known as the Director of Adults and Social Care

² The signatories were Brent Social Services, Parkside Health Trust, Brent & Harrow Health Authority, North West London Hospitals Trust, Brent Kensington Chelsea and Westminster Mental Health NHS Trust, Metropolitan Police, Brent Primary Care Groups, Middlesex Probation Service

agency guidelines and procedures on adult sexual abuse (July 1995) that focused on people with learning disabilities. In the light of *No Secrets*, the local multi-agency policy and procedures needed to be updated.

2.2.2 The appointment of a new Assistant Director led to the setting up of a multi-agency Adult Protection Committee (Steering Group) in November 2002. It met about every 6 weeks until the policy and procedures were formally agreed.

2.2.3 A successful bid for funding³ to the NHS Workforce Confederation enabled:

- Appointment of a consultant to work with the Steering Group to update the policy and procedures
- Commissioning of multi-agency training.

2.2.4 *Protection of Vulnerable Adult in Brent: multi-agency policy and procedures:*

- Drew on work and advice from neighbouring local authorities – notably, Kensington and Chelsea/Westminster and Barnet to help promote cross-Borough guidance, and also took into account the recommendations of the *Climbie Inquiry Report*.
- Formally endorsed by Brent Council, Brent Primary Care Trust (PCT), Metropolitan Police, Brent Carers Centre, and Brent Association for Voluntary Action.
- Launched at a conference on 22 October 2003 by the Leader of the Council. The event was attended by almost 100 people from all sections of the community (including users and carers) and agencies in Brent. Professor Hilary Brown, the leading expert in this field was the keynote speaker. Other contributors included the Chair of the PCT, and senior officer from Brent Police.

2.2.5 Following the launch of the policy and procedures, the multi-agency Adult Protection Committee was established. Terms of reference and membership of the Committee are set out in appendices 2 and 3, and the priorities agreed in September 2003 can be found in appendix 4.

3. Progress on priorities set for 2004-2005

This section is set out to reflect the objectives that were agreed, and reports on progress and outcomes.

3.1 Promote the multi-agency policy and procedures widely

The multi-agency policy and procedures have been promoted throughout Brent using a range of communication methods, leading to

³ Re-provisioning funding and a grant from the NHS Workforce Confederation

increased awareness and understanding of issues and how to make and operate the referral systems for the protection of vulnerable adults.

- 3.1.1 The policy and procedures were produced and widely distributed from the end of September 2003:
- Full and comprehensive policy and procedure document – 350 copies, primarily for statutory sector officers and other key organisations. Also available on Brent Council and Brent PCT intranets.
 - Brief summary on what to do – 4,000 copies, a guidance document for agencies most likely to need to refer to the key points. Also available on Brent Council website.
 - Leaflet – 10,000 copies, and available in different languages and forms, mainly for the general public. Also available on Brent Council website.

Details of the distribution are available from the Adult Protection Team. The stock of materials held centrally is now minimal. A further 10,000 leaflets have been ordered, and there are plans to produce a poster.

- 3.1.2 Adult Protection Committee members were asked to ensure the policy and procedures were discussed and acted upon by the agencies they represent and with which they have links. The Executive Director of Brent Mencap who is also the Vice-Chair of BRAVA and represents BRAVA on the Adult Protection Committee, ensured that both organisations publicised the policy in their newsletters. The BRAVA newsletter is sent to over 2,200 contacts in Brent. They have produced a brief summary of what abuse is, what to do, where to obtain leaflets and contact details for all client groups. The Brent Mencap, website includes several pages about abuse and who to contact with a PDF link to the leaflet on the Brent Council website.

- 3.1.3 To help promote the policy and procedures, members of the adult protection committee have spoken at:
- Brent's *Supporting People* provider forum (2004)
 - Joint Adults and Social Care/PCT discussion with nursing home providers (2004)
 - Brent Domestic Violence Forum seminar (2005)
 - Induction of new home care providers (2005)
 - Training sessions eg all 12 Briefing sessions

- 3.1.3 It is not clear how many agencies in Brent have developed their own policy and procedures, based on *Protection of Vulnerable Adults in Brent*. Agencies providing registered services are required to do so, and are monitored by the Commission for Social Care Inspection (CSCI). Agencies that provide services commissioned by Adults and Social Care are also required to have their own adult protection policy and procedures. The London Ambulance Service has a London-wide policy and procedures that is compatible with *No Secrets*. An audit of agencies in Brent is needed, and some agencies may need assistance in developing their adult protection policy and procedures.

- 3.1.4 Attempts have been made to obtain local publicity in order to raise awareness of adult protection issues:
- Efforts were made, but unsuccessfully, to attract local press interest of the launch of *Protection of Vulnerable Adults in Brent*
 - In late Autumn 2004, *Brent News* included an article on adult protection
 - Adult protection leaflets were included on the Adults and Social Care stall at the Summer 2004 *Respect* weekend; and will be in 2005

3.1.5 In order to better promote awareness of adult protection issues, the Adult Protection Committee will be organising an annual awareness day as from November 2005. It is intended to develop central and multi-site events. Both the Council's Communications Department and PCT's Public Health Promotion Unit will be involved. The Adult Protection Committee will develop a publicity strategy in 2005/06.

3.2 Strengthen the work of the Adult Protection Committee and seek wider participation

3.2.1 Membership of the Adult Protection Committee is included in appendix 3. It includes representatives from statutory, voluntary and private sector agencies, but there is no direct user participation. Attendance has been variable, the most consistent being representatives of Adults and Social Care and joint Health services, Police, BRAVA and CSCI. There have been problems over attendance by the NWLH Trust and *Supporting People*. We are anticipating a representative from the London Ambulance Service to join the Adult Protection Committee from July 2005, and will continue to seek representatives from other key statutory organisations eg Fire Brigade.

3.2.2 The Committee meets quarterly, with formal agendas and minutes. Invited external contributors have included representatives from the Crown Prosecution Service and Brent's Community Safety Team; seminar led by Professor Hilary Brown, and discussion with Daniel Blake from Action on Elder Abuse (AEA) concerning the DH project. Recommended by the CSCI as an example of good practice, Brent is one of nine pilot sites for the AEA/DH project to establish a monitoring and reporting process for adult protection referrals made in accordance with *No Secrets*.

3.2.3 This has been a period during which various government departments have sent further guidance for Adult Protection Committees to consider and incorporate in their policy and procedures. Discussions at the Adult Protection Committee meetings have included:

- DH Protection of Vulnerable Adults Protection (POVA scheme) – comments sent and included in addendum of Brent's policy and procedures

- Forced Marriage and implications for adult protection – comments sent and two documents produced for use in Brent (one for Adults and Social Care/joint health staff who may handle referrals; and one for inclusion in the addendum)
- Public Guardianship strategy – comments sent
- Implication of the Sexual Offences Act – included in addendum
- Draft national standards *Safeguarding Adults* – comments sent to the Association of Directors of Social Services.

3.2.4 Operational sub-group

In November 2003, the Adult Protection Committee established an operational sub-group to provide advice and guidance to the Committee on operational matters that require multi-agency strategic or policy decisions, and to help ensure that decisions made by the Committee are put into practice. The operational sub-group meets quarterly with formal agendas and minutes. The terms of reference and membership are set out in appendix 5 and 6.

3.2.5 The sub-group has enabled more effective working relationships across the statutory agencies by:

- Developing and agreeing common administrative procedures
- Making proposals to the Adult Protection Committee to improve various procedures and operational guidelines eg for establishment concerns and for strengthening Strategy Meetings. These have been incorporated into the policy and procedures addendum, which is about to be issued
- Providing a 'safe' environment to discuss and review cases to see what lessons can be learnt

3.2.6 Training

The Adult Protection Committee developed a training strategy, and intends to set up a training sub-group when an Adult Protection Co-ordinator is appointed. The Committee has commissioned 22 multi-agency training sessions on a range of topics to raise awareness, help ensure adherence to the *Protection of Vulnerable Adults in Brent* and to promote good practice. The training programme and attendance by sectors is provided in appendix 7. It is worth noting that about 800 people have received training and that almost 60% have been from private and voluntary sector provider organisations.

3.2.7 Over 1000 multi-agency training places have been offered (March 2003-May 2005) on a range of topics relevant to the protection of vulnerable adults. Attendance has been disappointing in that almost 25% of places were not taken-up, mainly due to people booking places and not attending. The Adult Protection Committee decided that agencies are to be charged when those who are offered training places do not attend.

- 3.2.8 The Adult Protection Committee has a small amount of money (£6,000) remaining from the NHS Workforce Confederation grant for multi-agency training in 2005/06. Further courses are in the process of being commissioned based on a survey of training needs undertaken at the beginning of 2005. The Operational sub-group will take this forward.
- 3.2.9 Members of the Adult Protection Committee have been advised to ensure that their agency allocates sufficient funds for adult protection training and urged them to do so on a multi-agency basis. Without a pooled training budget, centrally organised multi-agency adult protection training will be difficult. There is concern by the statutory agencies that they do not receive additional funding from their government departments for this work.
- 3.2.10 In addition to the multi-agency training organised by the Adult Protection Committee, a number of agencies in Brent have arranged their own staff training. They include Brent MIND, Jewish Care, Joint Brent Mental Health Service, Brent Learning Disability Partnership and Older People's Services.
- 3.2.11 Training materials purchased and held by the Adult Protection Team, available for agencies to borrow include:
- An awareness training pack
 - Pavilion training materials: 'What If', Alerter's and Investigator's
 - Video of BBC1 play 'Dad' (shown in March 2005 as part of Comic Relief to highlight abuse of vulnerable adults)
- In June 2004, some members of the Committee viewed other training videos (arranged by LB Barnet) but none were considered worth purchasing.
- 3.2.12 Analysis of cases of abuse through the referral and monitoring process (April 2004 – March 2005):
- 73 referrals received of alleged abuse of a vulnerable adult either living in Brent or the responsibility of Brent.
 - 40% of allegations were substantiated and 27% not proven.
 - Just over half the referrals were of older people, white British, women.
 - Greatest single type of abuse was physical (31%) followed by neglect (19%); but in 32% of all cases there was more than one type of abuse.
 - Single greatest place where abuse took place was in the client's own home (35%); in 32% of cases abuse occurred in a residential or nursing home.
 - Single largest group of alleged perpetrators was care professionals (42%), and there have been three cases that has necessitated using the establishment concern procedure.
 - However, in 42% of cases, it was care professionals who were the source of the referral, suggesting heightened recognition of the issues.
 - 56 adult protection strategy meetings were held.

- Most usual outcome of investigations has been increase monitoring and/or removal of the perpetrator.
- No person has been prosecuted, although the Police have played an active role in attending Strategy Meetings, assisting in removals and issuing Cautions.
- The Adult Protection Committee is not aware of any perpetrator being referred to the POVA list; there is no obligation to inform the Adults and Social Care department.

Appendix 8 sets out further details of the referrals of abuse received and action taken as a result.

3.2.11 It should be noted:

- Nationally there is under-reporting of abuse of vulnerable adults. Therefore, the number of referrals is unlikely to fully reflect the extent of abuse of vulnerable adults in Brent. Some cases may be reported and handled as a domestic violence matter by the Community Safety Team and Community Safety Unit. At present a 'vulnerable' adult has a specific definition ie an adult who is or would be eligible (having undertaken a risk assessment) for a service under *Fair Access to Care Service*.
- Information on the sources of referrals (currently mostly by Adults and Social Care) indicates that more work needs to be undertaken by all agencies to better raise awareness of reporting procedures within their own agency, among partner organisations and among the general public.

3.2.12 The Adult Protection Support Officer has developed systems for collating and analysing statistics based on referrals received. Members of the Adult Protection Committee and operational sub-group receive quarterly statistical data which is discussed at their meetings as a standard agenda item. Referral forms and data collation reflects national piloting requirements (see 3.3.1 below).

3.2.13 Administrative systems have been developed by the Adult Protection Support Officer and disseminated within Adults and Social Care/joint Health services. The Council's new IT system, Framework i enables inclusion of the minutes of strategy meetings and to identify ongoing work, which has proved to have been particularly useful for the out-of-hours duty team.

3.2.14 Links with other systems for protecting those at risk:

- The Metropolitan Police in Brent are active members of the Adult Protection Committee and operational sub-group, and in adult protection strategy meetings and investigations. The link between Adults and Social Care and the Community Safety Unit is strong.
- The head of *Supporting People* units and lead for domestic violence are members of the Adult Protection Committee. It is intended to set up an internet link between the adult protection and domestic violence web pages.

- Representative of the Council's Policy and Regeneration Unit and Legal Department are copied in to papers sent to the Committee.
- Work has started within Adults and Social Care on revising transitional protocols (when a case is transferred to another service unit) to ensure adult protection issues are included.
- As the result of subsequent government legislation and guidance (eg Sexual Offences Act, Forced Marriage guidance, POVA scheme), and also local experience in operating the policy and procedures (eg attendance at Strategy Meetings, handling establishment concerns), an addendum, agreed by the Adult Protection Committee will be issued in summer 2005. Guidance on serious case reviews will be included in a second addendum, likely to be issued in early 2006.

Further work is needed on developing links with other protection systems, particularly child protection and the Multi-Agency Protection Panel (MAPP).

3.3 Establish closer links with adult protection work in other parts of the country

The Adult Protection Committee has benefited from and actively contributed to regional and national initiatives, enabling us to maintain close awareness of experience and developments elsewhere.

- 3.3.1 Brent was recommended by CSCI as an example of good practice on adult protection work. We are one of eight pilots for a national project, funded by the Department of Health, and led by *Action on Elder Abuse* to develop new national reporting requirements for adult protection referrals and contribute to the development of performance indicators for adult protection. The six-month pilot began on 6 June 2005.
- 3.3.2 Members of the Adult Protection Team represent Brent Adult Protection Committee at the London Adult Protection Network. We have shared our administrative templates with other London boroughs, which has been appreciated. We have also contributed to national initiatives eg drafting part of and commenting on the draft national standards.
- 3.3.3 Brent Adult Protection Team has good links with other authority's adult protection team, and has benefited from materials developed by LB Barnet, LB Harrow and Hertfordshire County Council in particular.
- 3.3.4 Committee members are sent, for dissemination within their own and partner agencies, information and are encouraged to attend national conferences and report back. The Adult Protection Committee has been represented at conferences and seminars organised by Action on Elder Abuse, Pavilion and Help the Aged.
- 3.3.5 Brent's Assistant Director for Community Care, who chairs the

Borough's Adult Protection Committee, is a member of the Association of Directors of Social Services (ADSS) Older People's Committee which has the lead role within the ADSS on adult protection. Representing the Adult Protection Committee, the Service Unit Manager for Older People is a member of Action on Elder Abuse and receives *The Journal of Adult Protection*.

3.4 Encourage and support lead responsibilities on aspects of adult protection

- 3.4.1 The lead for adult protection for Brent is managed in the Adults and Social Care Older People's Service Unit. The Service Unit Manager has management responsibility for the team, consisting of an Adult Protection Co-ordinator post and Adult Protection Support Officer. There have been difficulties recruiting to the Adult Protection Co-ordinator post, but it is hoped that it can be filled later in the year. In the meantime, the consultant is assisting in progressing some of the work.
- 3.4.2 Leads on adult protection have been established in Adult Social Services for older people and physical disabilities/sensory impairment; and in the joint Health and Social Services for mental health and learning disability. There are also leads in the Police, Brent PCT and CSCI. Representatives from those units and agencies attend the Adult Protection Committee and operational sub-group.
- 3.4.3 In January 2005, there was a joint inspection by the Audit Commission, CSCI and CHI of older people's services, which included consideration of the protection of vulnerable adults policy, procedures and practice. It was identified that an area for development was to ensure all staff in health, council and independent sector organisations are aware of policies and procedures relating to the protection of vulnerable adults and are fully confident in implementing them. It is our intent that all staff in partner agencies are aware of and employ the policies and procedures. It has been agreed that by April 2006, health agencies will have leads within organisations to take action forward, monitor and progress and provide training; and that the Adult Co-ordinator post will be re-advertised.

4. Priorities for 2005-2006

- 4.1 The Adult Protection Committee work plan agreed in early 2005 is set out in appendix 9. It was based on the first annual joint Adult Protection Committee/ Operational sub-group meeting held in Autumn 2004, and reflects ways in which the Committee intended to progress the aims and objectives of the Committee's terms of reference.

- 4.2 This plan will be adjusted to take into account anticipated national developments during 2005 and 2006:
- Introduction of a national standards framework *Safeguarding Adults* (expected in autumn 2005). Unless the draft national standards are radically changed, this will result in considerable additional work and need for significant additional funding.
 - Further national reporting requirements of data (expected from 1 April 2006)
 - Revision of *No Secrets* (possibly in 2006)
- 4.3 In order to maintain the standard of work and to respond to the current and anticipated developments, additional funding is required for adult protection.

5. Equality Impact Assessment

An Equality Impact Assessment has been undertaken, and there is no adverse effect on members of the public.

- 5.1 *Protection of Vulnerable Adults in Brent* incorporates equality issues, has been publicised widely among all communities in Brent and to all households in the borough.
- 5.2 Referrals of vulnerable adults demonstrate that abuse affects both genders, people of all ethnic groups and disabilities.

Appendix 1: No Secrets audit requirements

Agencies must incorporate the following elements in the audit process:

- an evaluation of community understanding – the extent to which there is awareness of the policy and procedures for protecting vulnerable adults;
- links with other systems for protecting those at risk – for example, child protection, domestic violence, victim support and community safety;
- an evaluation of how agencies are working together and how far the policy continues to be appropriate;
- the extent to which operational guidelines continues to be appropriate in general and, in the light of reported cases of abuse, in particular;
 - the training available to staff of all agencies;
 - the performance and quality of services for the protection of vulnerable adults;
 - the conduct of investigations in individual cases;
 - the development of services to respond to the needs of adults who have been abused.

The above elements are expected to form the basis for the developing outcome measures which can be used by both commissioners and providers of services to monitor and evaluate service provision.

The above requirements are included in Brent's multi-agency policy and procedures for the protection of vulnerable adults⁴.

⁴ Policy, section 28, page 19

Appendix 2: Aims and objectives of Brent's multi-agency Adult Protection Committee⁵:

1. To develop, monitor, review and evaluate the policies, strategies, procedures and operational practices for the protection of vulnerable adults
2. To ensure equality issues are addressed through the policy and procedures
3. To oversee the implementation and working of the adult protection policy and procedures, including publication, distribution and administration of the document
4. To ensure consistency in aims and operational policies and practices within and across agencies, managing the inter-agency organisational relationships relevant to the implementation of the procedures. This will include reviewing adult protection investigations
5. To act as a reference group for the resolution of issues involving the interpretation of policies and practices across agencies eg information sharing and confidential protocols
6. To issue operational guidance within own agency, consistent with the agreed multi-agency policy and procedures
7. To actively promote the policy and procedures, and to promote good practice, making links with other areas of policy and good practice guidance within the statutory, voluntary and independent sectors
8. To make policy recommendations to the respective agencies management
9. To oversee the development of information systems which support the gathering of information necessary to carry out the evaluation of policy and practice, to receive and interpret monitoring and audit information from agencies on the operation of policy and to undertake a full review annually
10. To provide minutes to other lead officers and receive reports from task or collaborative groups

⁵ Policy, section 29, page 19

Appendix 3: Brent Adult Protection Committee – membership

Social Services

Assistant Director (Community Care) – Chair
Service Unit Manager for Older People’s Services – Chair of
Operational sub-group
Adult Protection Co-ordinator – post vacant
Representative from Physical Disabilities
Representative from Training and Development

Joint Social Services and Health

Representative from Learning Disabilities Partnership
Representative from Joint Mental Health Service

Health

PCT – Deputy Director of Joint Commissioning – Vice-chair
Representative from North West London Hospitals Trust
Representatives from Willesden Hospital

Other Brent Council departments

Representative from Supporting People
Representative from Housing Mental Health Strategy and Regeneration
Team
Brent Community Safety Team

Metropolitan (Brent) Police

Private and Voluntary Sector:

Brent Association for Voluntary Action (BRAVA) – represented by
Director of Brent Mencap
Brent Carers Centre
Willow Housing
Brent Care at Home

In attendance:

Social Services – Adult Protection Support Officer
Commission for Social Care Inspection

Request for minutes and other relevant information:

Crown Prosecution Service
Brent Policy and Regeneration
Brent Legal Department

Appendix 4: Priorities of the Adult Protection Committee (September 2003)

1. To promote the multi-agency policy and procedures widely to include:
 - (a) Ensure the policy is presented to, discussed by and acted upon by all relevant agencies in Brent eg considered by the Priority Action Groups, and other relevant partnership groups and forums
 - (b) Ensure that the three documents (full, shortened and leaflets) are made available in all relevant settings
 - (c) Seek local publicity for the policy and procedures eg to include relevant documentation on web-sites (as appropriate), seek PR articles in the local press

2. To strengthen the work of the Committee, and seek to involve wider participation by:
 - (a) Actively involving user participation – directly and/or through user representatives.
 - (b) Setting up sub-groups in order to focus on and progress issues in relationship to:
 - Training – training and operational managers from the different sectors to audit the effectiveness of training, determine how best to organise and publicise training, develop programmes and case histories, co-ordinate resources and promote inter-agency training.
 - Policy and practice – operational managers to agree local policy and procedures, ensure effective working relationships across agencies, develop strategies to prevent and review particular cases in order to see what lessons can be learnt. It would be useful to encourage agencies to establish time-scales for the production of their own policy and procedures, and for the sub-group to support and monitor progress.
 - Monitoring – to receive and review monitoring forms in order to identify trends and issues.
 - (c) Establishing closer links with adult protection work in other parts of the country in order to keep abreast of developments and experiences elsewhere eg:
 - Send representatives to specialist regional and national events (eg Action on Elder Abuse and Pavilion conferences and seminars)
 - Subscribe to *The Journal of Adult Protection*.

3. To encourage and support lead responsibility on aspects of adult protection.

Appendix 5: Adult Protection Committee Operational sub-group – terms of reference

1. The overall purpose of the operational sub-group is to:
 - Provide advice and guidance to the Adult Protection Committee on operational matters that require multi-agency strategic or policy decisions
 - Help ensure that decisions made by the Adult Protection Committee are put into practice
2. Specifically, the operational sub-group will:
 - Monitor how the multi-agency adult protection policy and procedures are working in practice
 - Assist in drawing up training plans, and monitoring their effectiveness
 - Ensure smooth liaison between agencies
 - Provide a forum for members to discuss ‘tricky’ cases in order to develop a consistent approach across the commissioning agencies
 - Consider issues that need to be taken forward, based on the programme set out by the Adult Protection Committee
 - Consider issues that should be raised with the Adult Protection Committee, including the implications of legislative changes
3. Mode of operation: Particularly when discussing individual cases, strict rules of confidentiality must apply.
4. The sub-group may need to set up small time-limited working parties to progress particular issues, and draw on the experience and expertise of others outside the sub-group.
5. Frequency of meetings – To meet at least quarterly, between the dates of the Adult Protection Committee meetings
6. Reporting – (i) Report from the sub-group to be a standard item on the agenda of the Adult Protection Committee (ii) To provide a written report to members of the Adult Protection Committee in advance of their meeting

Appendix 6: Operational sub-group - membership

One or two representatives from each of the commissioning agencies in Brent:

Social services – Older people

Social services – People with physical and sensory disabilities

Health/Social services – Mental health services

Health/Social services – Learning Disabilities

Brent Police

Brent and Harrow National Commission for Social Care Inspection
(observer status)

The Adult Protection Co-ordinator and one other will be a member of both the Adult Protection Committee and the Operational sub-group.

Appendix 7: PROTECTION OF VULNERABLE ADULTS IN BRENT: ANALYSIS OF TRAINING ATTENDANCE BY SERVICE SECTOR (March 2003 – May 2005)

Course	Date	Service Sector									Total	
		Social Services		Social Services/ Health		Health	Private/ Voluntary agencies	NCSC/ CSCI	Police	Other	Actual	Places
		OP	PD	MH	LD							
Role of Managers	2003 4/3	5	1	-	4	2	2	-	-	1	15	20
Role of Managers	25/3	5	5	-	4	4	3	-	-	1	22	20
Investigators	10+11/3	4	6	-	4	3	1	1	-	-	19	20
Awareness/alerting	17/3	3	4	-	1	1	3	-	-	1	13	20
Role of APEC	10/4	1	-	1	1	-	1	-	-	-	4	20
Investigators	14+15/5	5	8	-	-	1	5	-	-	-	19	20
Briefings	3+4/6	24	8	3	22	2	187	-	-	19	265	20
Chairing conferences	13/11	4	2	-	3	3	6	1	-	-	19	400
Briefings	1/12	2	2	13	4	3	106	-	1	8	139	200
Minute taking	2004 10/5	5	2	1	2	-	6	-	-	-	16	20
Investigators	17+18/5	4	-	1	2	-	7	-	-	-	14	16
Role of Managers	14/6	2	-	-	4	2	8	1	-	-	17	20
Briefings	21/6	15	3	16	5	4	61	-	-	17	121	160
Briefings	2005 24/2	-	1	-	1	20	31	1	-	-	54	80
Briefings	20/5	1	1	5	8	1	41	-	-	8	65	80
TOTAL: 22 courses		80	43	40	65	46	468	4	1	55	802	1076
<i>% Attendance by service sector</i>		<i>10.0</i>	<i>5.4</i>	<i>5.0</i>	<i>8.1</i>	<i>5.7</i>	<i>58.4</i>	<i>0.5</i>	<i>0.1</i>	<i>6.9</i>	<i>Actual attendance 74.5%</i>	

Appendix 8: Referrals – April 2004 - March 2005

1. Introduction

1.1 The following data is based on Brent's agreed multi-agency Adult Protection Policy and Procedures from referrals to social services and has been collated by the Brent's Adult Protection Team. A full statistical report was distributed to the Adult Protection Committee in May 2005, and is available from the Adult Protection Team.

1.2 During April 2004-March 2005:

- 73 referrals received – the highest numbers in June, October and November
- 29 cases (40%) substantiated
- 27% of referrals not proven
- Most usual outcome – increased monitoring and/or removal of perpetrator

1.3 Victims:

- Majority of alleged abuse was against older people (52%)
- 53% of all alleged victims were White British
- 56% of all alleged victims were women

1.4 Types of abuse

- Main forms of abuse – physical (31%), neglect (19%)
- 32% of all referrals concerned more than one type of abuse

1.5 Places of abuse

- 35% of abuse took place in client's own home – where in 8 of the 9 substantiated cases, abuse was by a son (4 of which concerned physical abuse)
- 21% of abuse occurred in residential homes – physical abuse followed by financial abuse as the main types
- 11% of abuse took place in nursing homes – neglect constituted 56%

1.6 Alleged Perpetrators

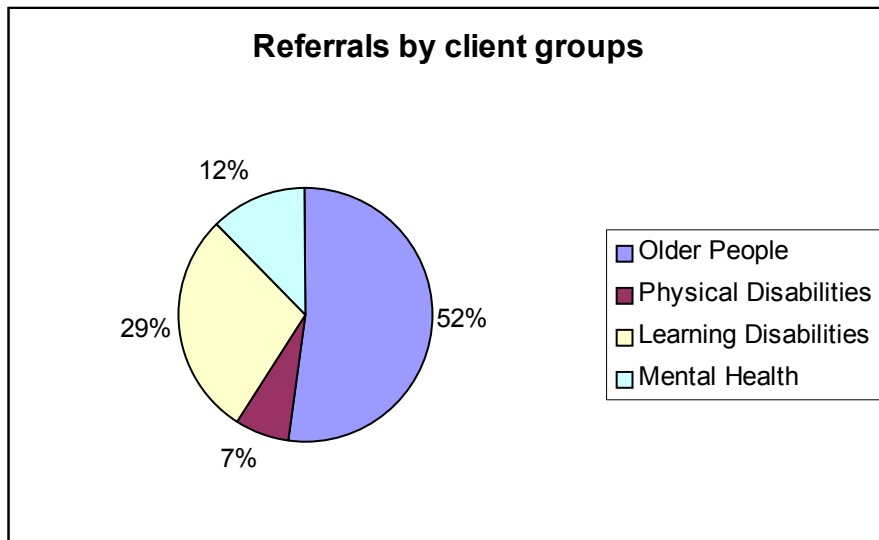
- 42% were care professionals – in 51% of these cases, abuse was substantiated, and in three cases it led to use of the Establishment Concern procedure
- Only 49% of referrals specified the ethnicity of the alleged perpetrator. Of these – 16% were White British, White Irish or other white origin; 19% were Black British Caribbean and 10% were British Asian
- 47% of the known alleged perpetrators were men, and 35% women

1.7 Multi-agency involvement

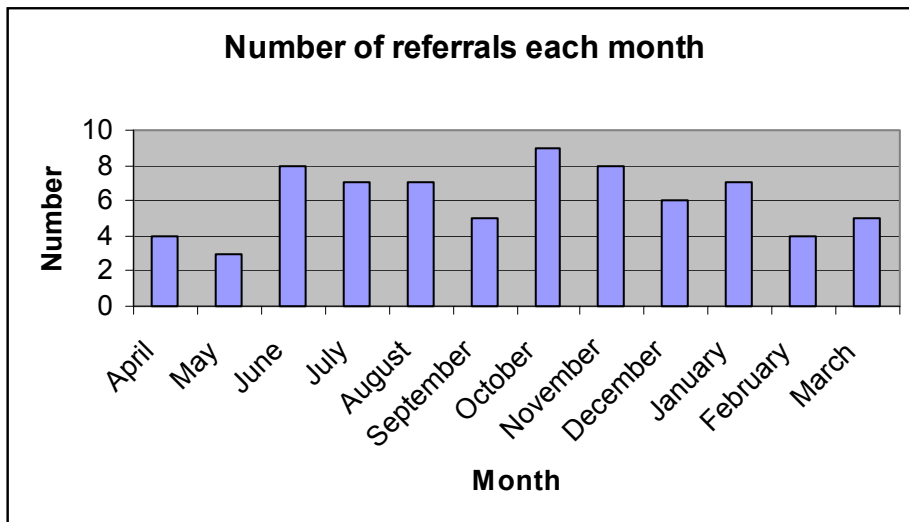
- 77% of cases involved multi-agency strategy meetings – 13% of which had a second strategy meeting and 7% proceeded to the case conference stage – in total 56 adult protection strategy meetings were held.
- The majority of cases were referred by social services

2. Referrals by client group:

Client group	Number	% of total
Older People	38	52
Learning Disabilities	21	29
Mental Health	9	12
Physical Disabilities	5	7



3. Number of referrals each month:

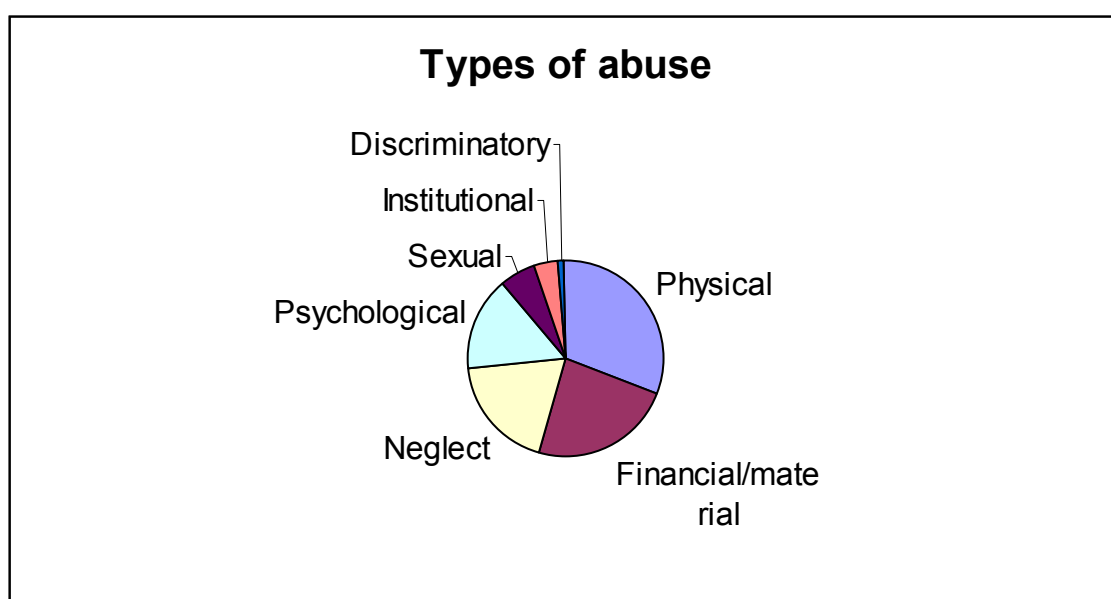


4. Referral sources:

Referral source	No. cases referred	% of total
Older People's Services	17	23
Establishment staff	13	18
Learning Disability Partnership	6	8
Joint Mental Health Service	6	8
Other local authorities	5	7
Family member	5	7
Private and voluntary sector	4	5
Self referral	4	5
Community	3	4
Police	3	4
Housing	2	3
Health	3	4
Advocate	1	1
CSCI	1	1

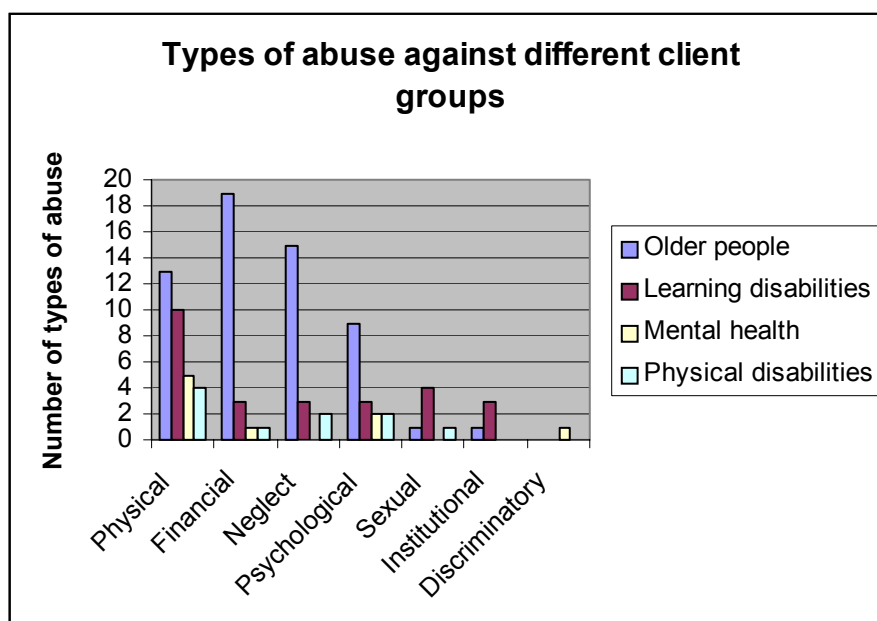
5. Types of abuse:

Types of abuse	Number	% of total
Physical	32	31
Financial/material	24	23
Neglect	20	19
Psychological	16	16
Sexual	6	6
Institutional	4	4
Discriminatory	1	1



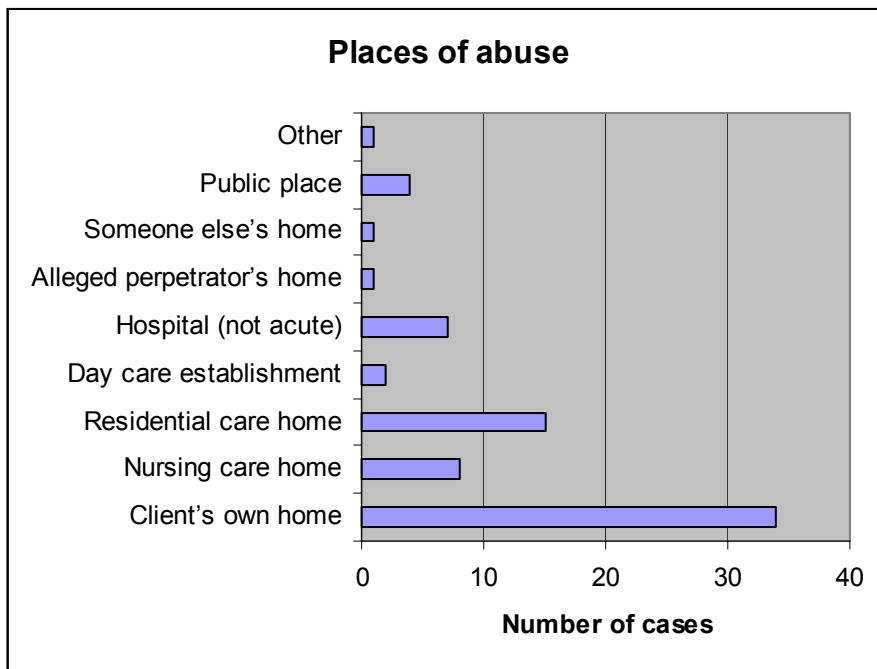
6. Types of abuse against different client groups

Types of abuse	Client groups			
	Older people	Learning disabilities	Mental health	Physical disabilities
Physical	13	10	5	4
Financial	19	3	1	1
Neglect	15	3	-	2
Psychological	9	3	2	2
Sexual	1	4	-	1
Institutional	1	3	-	-
Discriminatory	-	-	1	-



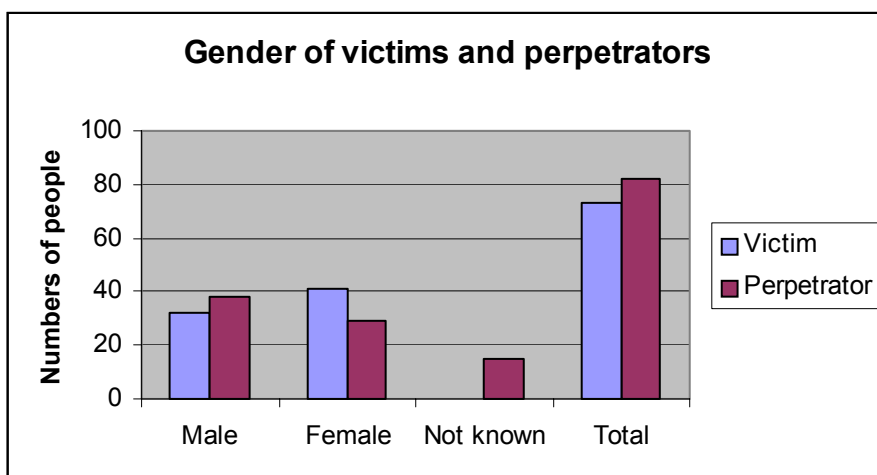
7. Place of abuse:

Place of abuse	No. cases	% of all cases
Client's own home	34	47
Nursing care home	8	11
Residential care home	15	21
Day care establishment	2	3
Hospital (not acute)	7	10
Alleged perpetrator's home	1	1
Someone else's home	1	1
Public place	4	6
Other	1	1



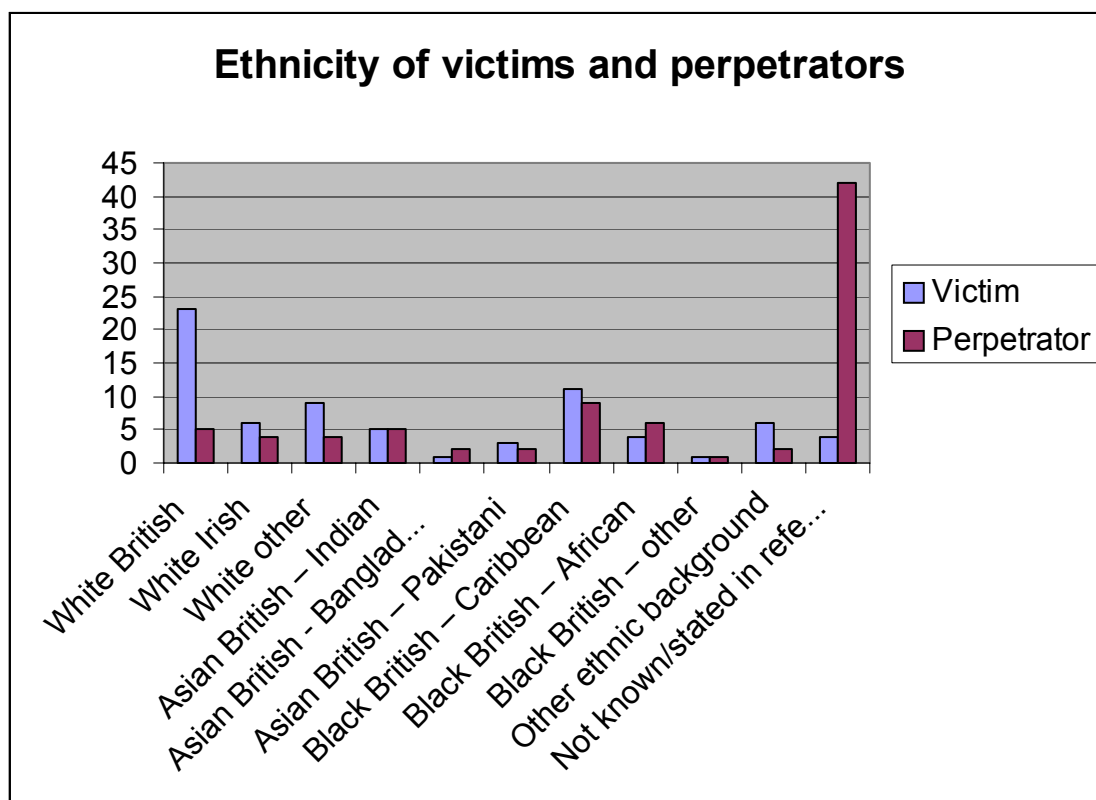
8. Gender of victims and perpetrators:

Gender	Victim	Perpetrator
Male	32	38
Female	41	29
Not known/stated	-	15
Total	73	82



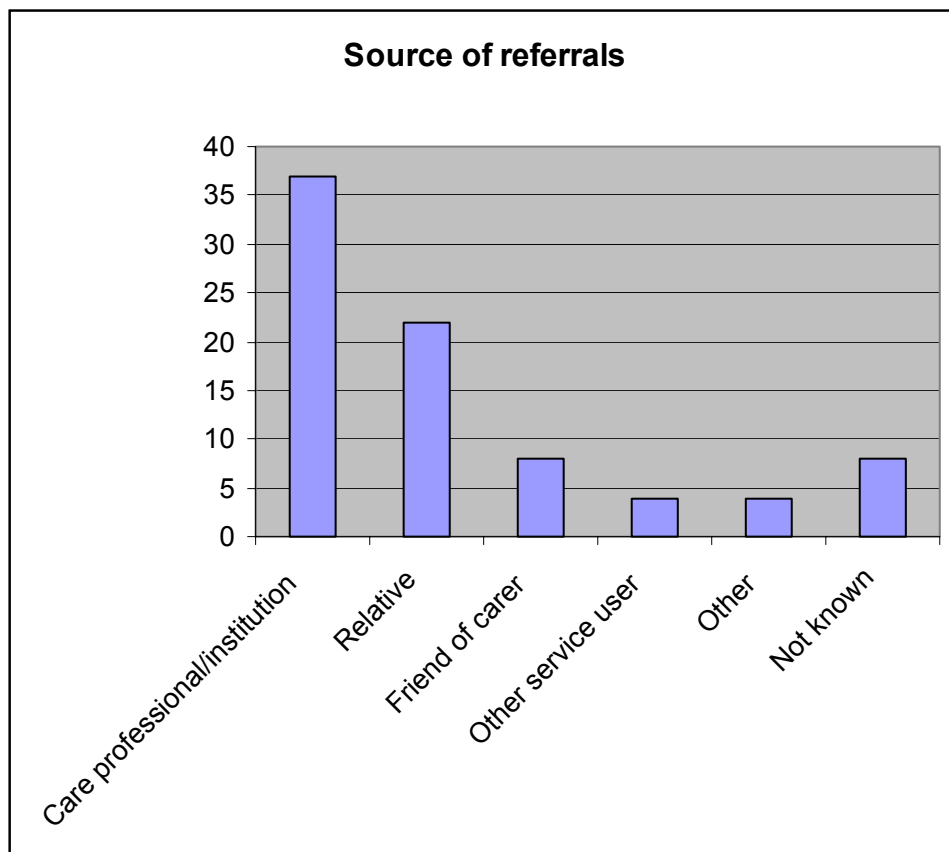
9. Ethnicity of victims and perpetrators

Ethnicity	Victim	Perpetrator
White British	23	5
White Irish	6	4
White other	9	4
Asian British – Indian	5	5
Asian British - Bangladeshi	1	2
Asian British – Pakistani	3	2
Black British – Caribbean	11	9
Black British – African	4	6
Black British – other	1	1
Other ethnic background	6	2
Not known/stated in referral	4	42
Total	73	82



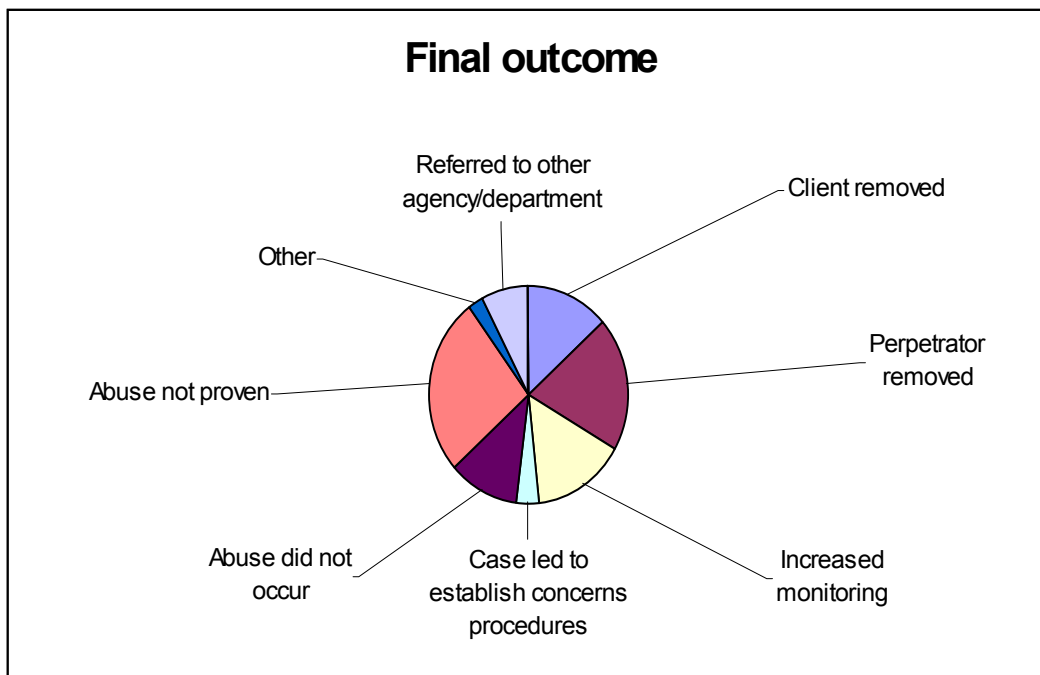
9. Source of referrals:

Referral source	No. cases	% of all cases
Care professional	35	42
Child of person	14	17
Informal carer	6	7
Sibling	4	5
Other service user	4	5
Care provider/institution	2	2
Parent	2	2
Friend	2	2
Spouse	1	1
Other relative	1	1
Missing data/not known	8	10
Other	4	5
Total	83	



10. Final outcome of referrals:

Outcome	No. cases	% of total
Client removed	11	14
Perpetrator removed	16	20
Increased monitoring	12	15
Case led to establish concerns procedures	3	4
Abuse did not occur	9	11
Abuse not proven	22	27
Other	2	2
Referred to other agency/department	6	7
Total	81	100



Appendix 9: BRENT MULTI-AGENCY ADULT PROTECTION COMMITTEE – WORK PLAN

Aims and objectives of the AP Committee	Intended outcomes	Tasks	Responsibilities	Time-scales
1. Develop, monitor, review and evaluate the policies, strategies, procedures and operational practices	1.1 First addendum of policy and procedures to reflect (a) new national policies (b) local experience	(a) Items to include: Changes NCSC to CSCI, Police CSU contact details, Strategy Meetings and Reconvening SMs, Forced Marriage, POVA Scheme, Sexual Offences Act, Establishment Concerns, Deaths, Inter-authority Investigations (b) Formal agency agreement (c) Design and print (d) Distribution	(a) Consultant + AP Committee and Operational sub-group (b) Relevant AP Cttee members (c) Communications (d) AP Support Officer	17 March 2005 End March 2005 April 2005 End April 2005
	1.2 Second addendum (as above)	(a) To include: Public Guardianship Strategy, Transition Policy, Prevention Strategy, AP national standards (b) To check if there are other specific gaps and ensure they are addressed © Consult in various forums (c) Obtain formal agency agreement (d) Design and print (e) Distribution	(a) AP Co-ordinator + AP Committee and Operational sub-group (b) All (c) Relevant AP Cttee members (d) Comms Dept (e) AP Support Officer	September 2005 October 2005 November December
	1.3 Full review and update of the AP policy and procedures	(a) Set up working group (b) Make proposals to AP Committee and Operational sub-group (c) Produce copy for Communications to design and print (d) Distribute	AP Co-ordinator + AP Committee and Operational sub-group	Start – March 2006 Complete by October 2006

	1.4 Establish sub-groups of AP Committee	(a) Training (b) Monitoring (c) Policy and Practice	AP Co-ordinator	End of 2005
2.Ensure equality issues are addressed throughout the p+p	2.1 Annual report to include race and equalities impact assessment through monitoring data	To provide analysis for annual report	AP Support Officer	May 2005
	2.2 Report to AP Committee on why there is a relatively low number of referrals of users with disabilities	(a) Discussion within PD/SI management team + colleagues in other agencies (b) Report to AP Committee	SUM – PD/SI + AP Co-ordinator	
3.Oversee implementation and working of the AP p+p, including publication, distribution and administration of the document	3.1 Reprint and distribution of AP leaflets	(a) Agree funding (b) Order from Communications (c) Arrange distribution	(a) SUM OP (c) AP Support Officer	As soon as possible
	3.2 Distribution of administrative templates	SUM OP/AP Support Officer to ensure all service units/relevant agencies have copies	SUM OP/AP Support Officer	April 2005
4.Ensure consistency in aims and operational policies and practices within and across agencies, managing the interagency organisational	4.1 Organise/provide multi-agency AP training	(a) Determine AP training priorities for 2005/06 (b) Arrange for courses to be provided and publicised (c) All relevant agencies to provide training for relevant staff and volunteers	(a) AP Committee (b) Consultant/Training Dept. (c) All members of AP Committee	March/July 2005

relationships relevant to implementation of the procedures – including reviewing AP investigations	4.2 Ensure close links with London and National AP networks	(a) Brent representative at all London AP Network meetings + feed back to Brent AP Committee (b) Seek to ensure Brent representative at significant National AP conferences/seminars + report back to AP Committee	(a) AP Team (b) AP Co-ordinator + members of Brent AP Committee	Ongoing Ongoing
	5. Act as a reference group for resolution of issues involving the interpretation of policies and practices across agencies eg information sharing and confidential protocols	5.1 Standard items on AP Committee and Operational sub-group	Ensure agendas reflect information sharing	Chair of Cttee and Op. Sub-gp
	5.2 Representative from Hospital Trusts on AP Committee and Operational sub-group	PCT/SSD to contact NWLH	Chair and Deputy Chair of Cttee	March/April 2005
	5.3 Active involvement by Supporting people	SSD to approach SP	Chair of Cttee	March/April 2005
6. Issue operational guidance within own agency, consistent with the agreed multi-agency p+p	6.1 All agencies have own AP policy and procedures, consistent with agreed multi-agency p+p	(a) CSCI to confirm for regulated services (b) SSD/Health contractors to confirm (c) BRAVA to confirm for voluntary sector (d) Above to report if any specific assistance is required from others	(a) CSCI (b) Chair and Deputy Chair of Cttee (c) BRAVA	By September 2005
7. Actively promote the p+p and good practice, making links with other areas of policy and good practice guidance within the statutory, voluntary and independent sectors	7.1 Hold annual Awareness Day (multi-sites) and Borough Conference in November	(a) AP agree outline for conference (b) SSD to arrange conference (c) All AP Cttee agencies to develop site initiatives (d) Report back to AP Committee (e) Arrange for publicity in <i>Brent Magazine</i>	(a) AP Committee (b) Chair of Cttee (c) Cttee members (e) Consultant/AP Co-ord.	March 2005 March - November July September
	7.2 All agencies draw up action plans for promotion of the policy within their agency and sphere of influence	AP Committee agencies develop plans and report to AP Committee	All on Committee	March/July 2005

8. Make policy recommendations to the respective agencies management	8.1 Policy recommendations are taken forward by all relevant agencies	All on AP Committee and Operational sub-group to ensure policy recommendations are taken back and discussed with their managers	All on AP Committee and Operational sub-group	Ongoing
9. Oversee the development of information systems which support the gathering of information necessary to carry out the evaluation of policy and practice, to receive and interpret monitoring and audit information from agencies on the operation of policy and to undertake a full review annually	9.1 Effective information systems in operation	(a) All agencies follow agreed referral system (b) Quarterly statistics (with monthly breakdown) produced and sent to the AP Committee and Operational sub-group (c) AP Committee and Operational sub-group review data at each meeting + discuss how systems are operating (d) To refine data collection requirements in the light of experience + expected national standard	(a) All (b) AP Support Officer (c) AP Committee + Op. sub-group (d) AP Support Worker	Ongoing As and when
	9.3 Annual report produced to include statistics and how the p+p are operating	Draft report for AP Committee to amend/agree	Consultant	June 2005
10. Provide minutes to other lead officer and receive reports from task or collaborative groups		(a) Revisit links with other key strategy groups eg domestic violence, community safety – responsibility of relevant representatives. (b) Feedback to be given to the Committee on regular basis		