

***Brent Multi-Agency
Safeguarding Adults
Committee***

ANNUAL REPORT

APRIL 2008 – MARCH 2009

CONTENTS

EXECUTIVE SUMMARY

ANNUAL REPORT

- 1 Who Are We Protecting?**
- 2. How Are We Protecting in Partnership:
Key Actions 2008-2009**
 - 2.1 Work Plan Review 2008 – 2009**
 - 2.2 Reports from Partner Agencies**
 - 2.3 Mental Capacity Act**
 - 2.4 Work of the Safeguarding Adults Coordinator**
 - 2.5 Safeguarding Adults Team**
 - 2.6 Quality Assurance and Governance**
 - 2.7 Strengthened Quality Assurance Framework**
 - 2.8 Actions from National Developments**
- 3. How Are We Promoting Awareness and Preventing Abuse?**
 - 3.1 Learning and Development**
 - 3.2 Local Implementation Teams – Quality Assurance with partners**
- 4. What More Do We Need to Do?
Year Two: Strategic Plan 2008 – 2010**

Appendices

- 1 Analysis of Training**
- 2 Annual Statistical report**
- 3 Safeguarding Adults Training Plan 2009-2010**

EXECUTIVE SUMMARY

1. This is the fifth annual report of the Brent Safeguarding Adults Board

2. Brent Safeguarding Adults Board and Sub-Groups

The Safeguarding Adults Committee became the Safeguarding Adults Board in 2008, reflecting a shift towards the wider safeguarding agenda. The move from one Operational Sub-group to 4 sub-groups of the Board has enabled different elements of the Strategic Plan to be taken forward, as well as enabling further engagement for agencies within Brent. The Board continued to meet quarterly with stronger representation from partner agencies being observed. Membership of the sub-groups continues to be consolidated.

3. Commission for Social Care Inspection: Wellness, Independence and Choice Inspection

The Commission for Social Care Inspectorate undertook an inspection between March and April 2008. It focused on two themes: Safeguarding Adults, which covered the four client areas and Personalisation which focused on older people. Brent was found to have adequate arrangements in relation to Safeguarding.

An action plan resulting from the inspection was developed focusing on the recommendations from CSCI. This action plan has been monitored regularly by Adult Community Care Senior Management with updates being reported at each Safeguarding Adults Board meeting.

4. Quality Assurance Framework

- Quarterly case file audits
- Service User Survey
- Monthly Service area meetings
- Development of policies relating to the Deprivation of Liberty Safeguards.
- Expansion of Safeguarding Adults Team to include a Senior Practitioner and Support Officer for Mental Capacity/Deprivation of Liberty Safeguards

5. Quantitative analysis

Referral Activity 2008-09

- 254 referrals were received - a 20% increase on last year.
- The majority of referrals were again for older people, with a 42 % increase relating to referrals of older people.
- The majority of referrals related to alleged abuse in a client's own home.
- The main form of abuse was financial, followed by physical.
- Thirty-nine per cent of all concluded cases were substantiated.
- For substantiated cases relatives, including spouses, were the main perpetrators followed by care professionals.

6. National/London Developments

- A consultation of the review of 'No Secrets' concluded end of January 2009, the Safeguarding Adults Board submitted a response
- Deprivation of Liberty Safeguards were incorporated into the Mental Health Act, these will come into force in April 2009.
- National Data Monitoring Requirements (Oct 09 – March 10)
- Development of Pan –London Safeguarding Adults Policy and Procedures
- Strengthened Pan London Safeguarding Arrangements

ANNUAL REPORT

1. Who Are We Protecting?

The collation and analysing of data relating to safeguarding adults referrals was undertaken by the Safeguarding Adults Support Officer. Quarterly reports were provided to the Safeguarding Adults Board, as part of our quality assurance framework to monitor and identify abuse and the outcomes of interventions.

Analysis of the referrals shows

- 254 referrals received, an increase of 20% increase from 2007/2008
- Increase in referrals relating to older people (42%), learning disability (27%) with decreases for physical disability (10%) and mental health (26%).
- As per last year, the majority of alleged victims were women (65%). This however is a 10% increase compared to last year.
- In regards to the ethnicity of vulnerable adults: 53% were of white origin, 20% were of black origin, 7% were of Asian origin, 3% were of other ethnic origin. This trend reflects the same as that last year.
- Financial abuse was the main type of alleged abuse referred followed by physical abuse.
- 156 referrals related to alleged abuse taking place in the client's own home.
- A high number of alleged perpetrators were related to the client (40%) followed by care professionals (14%),
- 39% of completed cases were substantiated.
- For substantiated cases, relatives, including spouses, were the main perpetrators followed by care professionals.
- The main outcome of substantiated cases for victims was increased monitoring.
- There were 117 tabled multi-agency strategy meetings with 76 multi-agency strategy discussions, and 24 case conferences taking place.
- 144 protection plans were developed, this included cases that were concluded as substantiated or inconclusive.
- There were no Serious Case reviews undertaken in the past year but there were six new establishment concerns meetings, with a number still ongoing.

A full copy of the Annual Statistical Report can be seen in Appendix 2

2. How Are We Protecting in Partnership: Key Actions of 2008-2009

2.1 Review of Work Plan 2008/2009

A review of Year one from the Three-year implementation Plan was undertaken at the joint business planning meeting of the Committee and Operational sub-group in January 2009. It reflected on the work that had been completed and that work that was still underway.

Completed work to date includes;

- Annual report was completed for 2008/09 year and presented to Overview and Scrutiny Committee with the support of the Board representatives in October 2008.
- Working groups membership identified with further consolidation of other agencies required
- Expansion of Safeguarding adults team
- Quality assurance framework developed and implemented
- Draft learning and development competencies developed
- Review of monitoring data collected and reported on

Items' remaining to be completed have been brought forward into the second year of the three-year implementation plan and is incorporated into this document.

The Safeguarding Adults Board ensured that relevant topics were discussed and if necessary action taken forward in regards to what was happening at the time.

The Board discussed the case of Baby 'P' in detail and will be looking at the recommendations from the Lord Laming report and government response to ascertain if there is anything that can be transferred to adult safeguarding.

The review of No Secrets consultation was a significant aspect of the Board's work in late 2008, and a comprehensive response to the consultation was made. Outcome from the consultation will be discussed with the Board when it is published.

It was recognised that an independent chair would assist the Board to take the Safeguarding agenda forward and the Board has agreed to the establishment of an independent chair.

2.2 Reports from Partner Agencies

Central North West London Mental Health Trust

Completed by: Kingston Kamba (Clinical Risk Manager CNWL)

The CNWL Safeguarding Vulnerable Groups Group is the main forum within the Trust where issues involving vulnerable adults are discussed. The main remit of the group is to provide a forum for Local Authority Leads and CNWL staff involved in safeguarding vulnerable groups to meet on a regular basis in order to maintain continuous dialogue and collaboration. The group is also tasked to develop and monitor Trust wide standards in relation to safeguarding vulnerable adults and ensure staff are made aware of them. The Group is chaired by a Consultant Psychiatrist who is the Lead Clinician for Safeguarding Adults in the Trust. The group reports directly to the Clinical Governance Committee which is a sub-group of the Board of Directors. All the boroughs covered by CNWL are represented in this group which meets on a quarterly basis.

In the last year the group led an ambitious but very successful awareness raising training programme in collaboration with our local authority partners. The aim of this programme was to deliver awareness training for clinicians and staff working in CNWL in order to raise the profile of the safeguarding agenda and increase reporting figures. The Safeguarding Vulnerable Groups Group continues to work with all our local authority partners to ensure that CNWL staff are compliant with the local policies and that senior management including the CNWL Board are kept adequately briefed on any pertinent issues.

Brent Mental Health Services

Brent Mental Health Services undertook Safeguarding Vulnerable Adults Investigators Training on the 1st April 2009.

The training was aimed at providing guidance to Mental Health practitioners who have been requested to undertake Safeguarding Vulnerable Adults investigations and how to manage these investigations.

The day provided an essential guide for Band 6 staff and above to understand the process of investigating safeguarding vulnerable adults concerns and how the procedure works alongside other processes that already exist within Mental Health Services and to be able to manage the overall investigation of safeguarding cases more effectively.

The training was attended by Senior Practitioners from the Community Teams, Ward Managers and the Clinical Services Manager from Park Royal.

NHS Brent

- Brent Community services have worked closely with the Local Authority over the past year to improve joint working for safeguarding adults, regular attendance at the quarterly Safeguarding Board has improved relationships between all parties working towards safeguarding adults,
- The joint Annual Plan will now include a section on the protection of vulnerable adults within community services only (e.g. Willesden Hospital) the health elements of the plan will then be presented at the community services Governance Board,
- The corporate induction within Brent Community Services now includes a session on vulnerable adults; training and development have been working closely with the local authority to provide joint training sessions across health and social services,
- Electronic records will be held to record staff attendance
- Safeguarding training is now a mandatory requirement within community services,
- A joint post as designated officer for Deprivation of Liberty Safeguards was agreed by NHS Brent and appointed to,
- Community services are recruiting to a safeguarding post to monitor compliance with safeguarding adults across health services and in accordance with Standards for Better Health requirements,
- Joint briefing sessions are held across local authority and health sites,

- Compliance with CRB clearance has improved within community services, no staff member will take up post before clearance has been obtained without prior authorisation from the chief operating officer.
- The criminal records bureau policy within NHS Brent and Community Services was reviewed in April 2009 and will be reviewed on a three yearly basis,

2.3 Mental Capacity Act – Local Implementation Network

The Brent Local Implementation Network (LIN) for the Mental Capacity Act has focused on the Deprivation of Liberty Safeguards over the past year to ensure that the new systems are implemented for April 2009. There is a joint process agreed in conjunction with Brent NHS to cover administrative functions.

A number of Best Interest Assessors (BIA) have been trained in both the Local Authority and Brent NHS, with there being monthly BIA meetings to look at cases and discuss any issues as well as share good practice. There was a significant focus on ensuring that managing authorities (care homes and hospitals) as well as staff within the supervisory body (local authority and Brent NHS) were trained. Specific Authorised Officers training was provided for those Local Authority and Brent NHS staff that would be authorising requests for Deprivation of Liberty Safeguards. Appendix 1 shows attendance at training.

The appointment of a Senior Practitioner for MCA/DOLs has enabled there to be greater support to both LA staff and Brent NHS staff in this area.

The DOLS Monitoring and Review Subgroup will oversee the setting up and reporting of the DOLS Performance Framework.

The MCA LIN also took forward work in regards to the Mental Capacity Act and how best interest decisions were being recorded. The group agreed updated procedures and forms that reflected changes in legalisation as well as feedback from teams who were using the forms.

IMCA Contract

The joint west London agreement, to which Brent are a party, has been extended with Cambridge House, to ensure that the IMCA requirements of the Deprivation of Liberty Safeguards are met.

Over the past year there have been 4 referrals to the IMCA service in relation to safeguarding adults issues. Overall there were 26 referrals overall to the IMCA service of which 13 were eligible.

2.4 Work of the Safeguarding Adults Coordinator

This post is key to the development of the Safeguarding Adults Board and the Safeguarding Adults Coordinator has continued to attend a number of forums within Brent, to ensure improved liaison. A key task as part of the overall quality assurance framework and governance arrangements involves preparation and presentation of the Safeguarding Adults Board report to the council's Overview and Scrutiny Committee (see section on governance).

She continues to be the Chair of the London Network of Safeguarding Adults Coordinators and now attends the Joint Improvement Partnership Meetings (joint ADASS/DoH) for Dignity and Safeguarding which reflects the importance of the Pan London group especially in light of proposed Pan London procedures.

2.5 Safeguarding Adults Team

The Safeguarding Adults team was expanded in 2008 to include the post of senior practitioner safeguarding.

The unit will also be further strengthened with the position of Principal Manager-Safeguarding being established as part of Adult Social Care transformation, with the coordinator post being removed.

The development of the Senior Practitioner Safeguarding post has ensured that there is a stronger focus on operational issues as well as supporting staff with complex cases. The post has been covered by an agency worker however; it is hoped to appoint permanently to the post shortly. The senior practitioner has also been able to undertake case audits as well as a service user audit an important aspect of the Quality Assurance Framework. He has also attended the monthly meetings undertaken with each adult social care area to monitor the safeguarding work.

The Safeguarding Adults team has continued to expand with the creation of two posts (Senior Practitioner and Support Officer) to take forward the Deprivation of Liberty Safeguards. The Senior Practitioner has focused on Deprivation of Liberty, ensuring the process has been set up to be implemented from April 09 and during the coming year will be also focusing on Mental Capacity Act in its wider sense with all agencies in Brent.

2.6 Quality Assurance Governance Arrangement

The Safeguarding Adults Board reported to the Local Authorities Overview and Scrutiny Committee as part of the overall quality framework in October 2008.

The Lead Member for Adults, Health and Social Care and the Safeguarding Adults Board represented by the Chair and Co-ordinator, with NHS Brent, Voluntary Sector and Police representatives presented issues from 2007/08 and responded to detailed questions from cross party members.

They made comments relating to the statistical analysis and their comments have been reflected in the updated monitoring for 2008/09 and briefings are being arranged for councillors re signs and reporting mechanisms.

2.7 Strengthened Quality Framework Assurance

The CSCI inspection undertaken in March 2008 found adequate arrangements however it found areas that required strengthening. Following the report a comprehensive action plan was developed and a key aspect of this was a strengthened quality assurance framework.

The quality assurance framework included;

- Quarterly case audits
- Head of Service monthly meeting in each service area
- Service User Survey
- Reports to Safeguarding Adult Board

Quarterly Case File Audits

Following an initial audit undertaken by an external consultation the safeguarding adults team continued to undertake quarterly case audits. The audits looked at approximately 20% of cases from each service areas in each quarter. Over the year there was a significant improvement in a number of areas, including strategic planning, risk assessment and interim protection plans and multi-agency working. There continues to be work needed in the area of case conferences. The case audits have also highlighted the need to ensure that partner agencies are referring in a timely manner. The Safeguarding Action plan which resulted from the CSCI Inspection 2008, has been updated to reflect the findings of the case audits and identify ways to ensure continuous improvement.

Head of Service monthly meetings

These meetings have ensured that there is strengthened management oversight of cases. It has also provided a formal opportunity for the a safeguarding adults team to meet on a regular basis and raise issues as well as discuss the outcomes from the quarterly audits.

Service User Survey

It was agreed by the Safeguarding Adults Board that we would pilot the completion of a service user survey to gain a more in-depth understanding of the experience of service users in the safeguarding framework. A small sample of 5 service users across the all adult social care areas were spoken to. Overall the findings were very positive with the majority of service users feeling safer following the process and that they knew where to report future concerns to. Service user feedback on safeguarding adults cases will form an integral part of ongoing quality assurance of safeguarding and each quarter a sample of service users will be surveyed to determine their views on the process.

Reports to the Safeguarding Board

Both the case audits and service user survey have been reported to the Safeguarding Adults Board as well as the Community Care Management team. As there is a significant impact on the Local Authority this aspect of the Board meeting is chaired by the vice-chair to provide independence. Quality Assurance is now a standing item on the Board's agenda.

2.8 Actions from National/London Developments

No Secrets Review

The consultation review of No Secrets occurred Oct 08 –Jan 09. The Safeguarding Adults Board considered the consultation documents and submitted a detailed response. A government response is awaited at which time the Board will consider the implications.

Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards came into force April 2009, and during the previous year there was presentation by Legal Services to the Board, as well as a number of briefings provided for all agencies in Brent.

Pan London- Procedures

Pan London Safeguarding Adults are currently being developed. A consultation event in November 2008 had representation from the Safeguarding Board. The procedures have been placed on hold while a multi-agency London Editorial group is established to ensure that the procedures are fit for purpose.

3. How Are We Promoting Awareness and Preventing Abuse?

3.1 Learning and Development

To ensure that Safeguarding remains everyone's business we recognise the importance of continually promoting awareness.

A number of formal training courses were commissioned over the 2008/09 year. Appendix 3 shows a full breakdown of all the training courses.

The following courses were provided by the local authority with a number of courses being available for multi-agency partners; this data does not capture training that agencies themselves may have provided.

- Alerters training
- Briefings
- Independent sector managers
- Safeguarding Managers
- Domestic Violence
- Safeguarding Adults for administrators
- Questioning Skills
- Investigators.
- Deprivation of Liberty
- Mental Capacity Act

A total 1049 places were booked over all the courses and 702 participants attended courses, which is a 67% attendance rate

Draft competencies for Safeguarding training have been developed and will be finalised by the Learning and Development sub-group.

The training programme for 2009/2010 can be seen in Appendix 3, which builds on the objective to improve the knowledge and understanding identifying and preventing abuse. An Advanced Investigators course has also been developed to enable practice development of current investigators. All contracted agencies are required to ensure their internal training reflects the Brent requirements and these are monitored through contract monitoring, as part of the quality assurance framework. The Safeguarding Adults Board will be undertaken an analysis of all training that takes place within partner agencies over the coming year.

3.2 Local Implementation Teams – Quality assurance with Partners

Safeguarding adults issues were discussed at the LITS on a regular basis. The review of No Secrets was discussed and agencies were also invited to feedback via the LIT to the Board's response. Reports were also made on 2008/09 annual report.

3.3 Awareness Raising with Communities in Brent

Strengthening awareness within community groups was a key element of the action plan following the CSCI Inspection. Over the past year there has been a focus on raising awareness with a number of different communities;

- Voluntary and community organisations
- Users and carers
- Historically 'seldom heard' group, including newly arrived Black and
- Minority Ethnic groups, and those of minority faiths
- Range of 'client' groups i.e. older people, people with learning, physical and sensory disabilities, people with mental health problems

During 2008/08, over 185 people have been spoken with across 8 events. Of the 8 sessions 5 were primarily BME organisations, three were faith organisations and one a refugee organisation. At a further two events leaflets and posters were provided to promote Safeguarding Adults. A range of comments and suggestions were made and these have been incorporated into an interim action plan which was agreed by the Safeguarding Adults Board in April 2009.

Some of the areas raised were:

- Defining abuse within a cultural context
- Translated leaflets
- Making a referral
- Indicators of abuse

Awareness raising sessions with the identified groups will continue over 2009/2010 and the findings will be reported to the Safeguarding Adults Board at frequent intervals.

4. What More Do We Need to Do? Year Two: Strategic Plan 2008 – 2010

A three year strategic plan was developed to cover the period 2008 -2009. It has enabled the Board to focus on longer term objectives to strengthen safeguarding work within the borough.

Year	Activity	Responsibility
2009/2010	April – audit by each organisation of its safeguarding adults work and reported to the Board for inclusion in the Annual Report	Partnership agency leads
	Review by the Committee of progress of the sub-groups and working groups	Leads of sub-groups and working groups
	Annual reviews of joint commissioning strategies by member organisations to ensure adequate/ appropriate references to safeguarding adults	Commissioning members of the Board – reporting to the Board
	Review of progress in linking Safeguarding Adults work with other policies, strategies and plans in the borough	Board lead for this work
	Review of current policy and procedures in the light of further legislation and national guidance to determine what adjustments and local information and guidance is required	SA Co-ordinator + Board
From Year 1 (2008/09)	Set up Executive Committee	Board Members
	Set up working groups to review and revise strategies for: (a) Commissioning of service for people who are at risk or have experienced abuse (b) Prevention strategy to reduce risk of abuse (c) Equal access	(a) Health and Social Care Commissioners, led by the Joint Commissioning Officer (b) and (c) Member of the Board to lead on each
	Each organisation identifies how it can and should involve users in safeguarding adult work within their organisation – and reports to the Board	Members of the Board
	Annual review of joint commissioning strategies by member organisations to ensure adequate/ appropriate references to safeguarding adults	Commissioning members of the Board – reporting to the Board

Appendix 1: Safeguarding Adults in Brent: Multi-agency training attendance 2008/09

Course	Date	Number Available	Number Booked	Number Attended	MH	LD	OPS	PD	Other	Private & Voluntary	Housing	EDT & Finance	OSS & QS	Care & Support
SA Alerters	20/06/08	14	23	18	-	4	4	1	-	9	-	-	-	-
SA Briefing Session AM	26/06/08	40	60	44	-	4	1	-	1	38	-	-	-	-
SA Briefing Session PM	26/06/08	40	36	23	1	5	1	-	-	16	-	-	-	-
SA Questioning Session AM	14/07/08	14	17	15	-	2	4	6	-	-	-	-	-	2
SA Questioning Session PM	14/07/08	14	16	13	-	-	5	1	-	-	-	2	-	5
SA Briefing Session AM	23/07/08	40	47	32	1	7	1	1	-	21	-	1	-	-
SA Briefing Session PM	23/07/08	40	41	30	1	3	1	-	-	20	-	5	-	-
Mental Capacity Act: Understanding Application	24/07/08	16	25	22	16	4	-	1	-	-	-	-	1	-
SA Alerters	29/07/08	14	20	12	-	2	1	4	1	3	-	1	-	-
SA for Independent Sector Managers	30/07/08	16	18	4	-	-	-	-	-	4	-	-	-	-
SA Briefing Session AM	08/09/08	40	48	25	-	2	-	-	-	20	-	-	3	-
SA Briefing Session PM	08/09/08	40	50	34	1	-	1	2	-	25	-	2	3	-
SA Investigators	22/09/08	16	17	13	-	-	-	-	13	-	-	-	-	-
SA Alerters	25/09/08	14	16	9	-	3	2	-	-	-	-	3	1	-
SA Briefing Session AM	03/10/08	40	43	32	3	5	1	-	2	12	2	-	7	-
SA Briefing Session PM	03/10/08	40	44	32	2	2	-	-	1	18	-	1	8	-
SA for Managers	10/10/08	16	13	7	-	-	-	-	-	-	-	-	-	7
SA Domestic	14/10/08	16	22	14	-	7	5	1	-	-	-	1	-	-

Violence														
SGA for Independent Sector Managers	24/10/08	16	19	13	-	-	-	-	-	13	-	-	-	-
ental Capacity t: Understanding Application	29/10/08	16	19	13	5	3	2	3	-	-	-	-	-	-
SA Adults Investigators	30/10/08	16	14	11	-	4	3	2	1	-	-	1	-	-
ental Capacity t: Understanding Application	05/11/08	16	16	16	-	12	-	1	-	2	-	-	1	-
SA Alerters	07/11/08	14	16	11	-	3	1	-	-	5	-	2	-	-
SA for Administrators	21/11/08	12	12	10	-	3	2	5	-	-	-	-	-	-
SA Questioning ession AM	24/11/08	14	19	11	-	7	4	-	-	-	-	-	-	-
SA Questioning ession PM	24/11/08	14	20	16	2	7	6	1	-	-	-	-	-	-
ental Capacity t: Understanding Application	26/11/08	16	19	12	7	1	3	1	-	-	-	-	-	-
SA Alerters	12/01/09	14	17	7	-	1	1	-	-	3	-	2	-	-
SA Adults Investigators	05/02/09	16	11	8	1	-	5	2	-	-	-	-	-	-
ental Capacity t: Understanding Application	11/02/09	16	20	12	-	2	-	3	-	-	-	-	7	-
SA Briefing ession AM	24/02/09	40	63	39	-	1	5	-	-	31	-	1	1	-
SA Briefing ession PM	24/02/09	40	53	33	-	-	6	1	-	26	-	-	-	-
SA Alerters	02/03/09	14	14	10	-	4	2			2	-	-	2	-
SA Domestic olence	04/03/09	16	11	7	3	-	4	-	-	-	-	-	-	-
SA for dependent Sector Managers	11/03/09	16	16	9	-	-	-	-	-	9	-	-	-	-

SGA Briefing Session AM – OSS	12/03/09	14	10	8	-	-	-	-	-	-	-	-	8	-
SGA Briefing Session PM - OSS	12/03/09	14	10	8	-	-	-	-	-	-	-	-	8	-
SGA Briefing Session AM	17/03/09	40	62	38	-	-	8	-	-	28	-	-	-	2
SGA Briefing Session PM	17/03/09	40	52	31	-	-	6	-	-	25	-	-	-	-
TOTAL		884	1049	702	43	98	85	36	19	330	2	22	50	16

Appendix 2: Annual Statistical Report

Introduction

This annual statistical report demonstrates trends gathered from Brent Safeguarding Adults referrals from 1 April 2008 to 31 March 2009. The report makes comparisons from data collated this year and last year.

Findings

Number of Referrals

This year has seen a large increase in the number of referrals received in Brent from 211 to 254 referrals, a 20% increase from last year. At time of writing, 182 cases have been concluded out of 254 referrals.

Alleged Vulnerable Adults

There has been a steady increase in the number of older people referrals (42%), 113 referrals last year to 161 referrals this year. Referrals in the Learning Disability category have seen a small increase by 27%. However, there has been a decrease in the number of Physical Disability referrals by 10% and significant decline in Mental Health referrals by 26%.

This trend continues this year as the majority of alleged vulnerable adults were women (65%).

In regards to vulnerable adults' ethnicity, 53% of victims were of white origin - 34% were white British; 25% were of black origin - 20% black Caribbean and 14% were Asian origin – 7% Asian Indian. This trend remains the same as the previous year.

In cases that have been substantiated, the main outcome for vulnerable adults was other and increased monitoring. Examples of the outcome are: Further care management work to be carried out and alternative methods of transport considered for the vulnerable adult. Where there is no further action for the victim, there was an action for the perpetrator.

Types of Abuse

The majority types of abuse identified this year, was financial (31%), physical (30%), followed by psychological (18%) and neglect (13%). This trend remains the same as last year. Some referrals showed more than one types of abuse.

Place of Abuse

100 out of the 254 referrals showed that abuse had allegedly taken place in the vulnerable adult's own home followed by care home. This year's findings remain the same as the previous year. Please note that some referrals stated more than one place of abuse.

2e. Alleged Perpetrators

The report shows that there were 279 alleged perpetrators from 254 referrals. This figure is greater than the number of referrals as in some cases, there were more than one alleged perpetrators. A high number of alleged perpetrators were related to the vulnerable adults (29%), mainly consisting of sons and then daughters. The second highest group of alleged perpetrators were care professionals (14%). This trend is the same as last year.

Findings show that 48% of known alleged perpetrators were male and 31% female. The rest of the 21% alleged perpetrator's gender was not recorded, not known or not applicable.

In substantiated cases, relatives including spouses were the main perpetrators, followed by care professional; this is the same trend as last year. The main outcomes for perpetrators were: no further action followed closely by other. Examples of the outcome other are: perpetrator's name removed from power of attorney and case being investigated by public guardianship office. Where there was no further action for the perpetrator, there was an action for the victim.

Multi-Agency Working

In the cases completed this year, the following demonstrates multi agencies working together to achieve the same outcome:

- 117 strategy meetings took place. Some cases had more than one strategy meetings.
- 76 Strategy discussions took place either over the telephone or by email.
- 24 case conferences took place.

Establishment Concerns

There were six new Establishment Concerns investigations initiated this year.

Serious Case Reviews

There were no Serious Case Reviews undertaken in 2008-09.

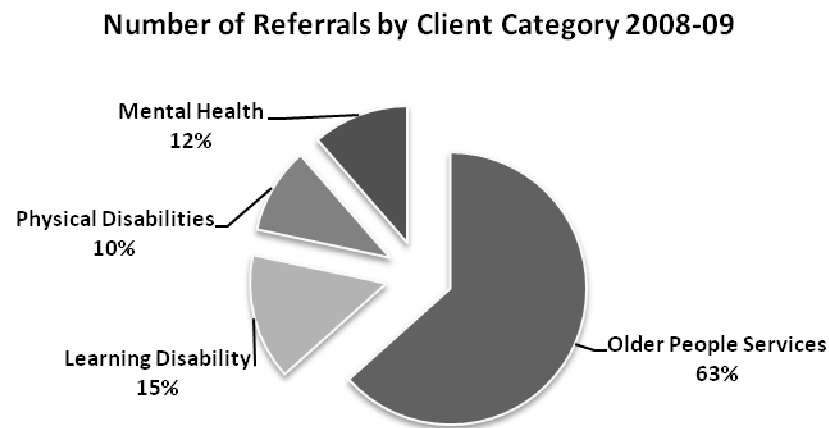
Summary of Findings

- 39% of all completed cases have been substantiated and 32% not substantiated.
- Majority of referred cases reporting alleged abuse related to older people. This remains a continuous trend.
- The main type of abuse recorded was financial, followed by physical.
- A high number of abuse had taken place in the vulnerable adults own home.
- For substantiated cases relatives, including spouses were the main perpetrators, followed by care professionals; this is the same trend as last year.
- Main outcome for vulnerable adults was other, followed by increased monitoring.

Safeguarding Referrals 2008-09

Referrals by client category 2008-09

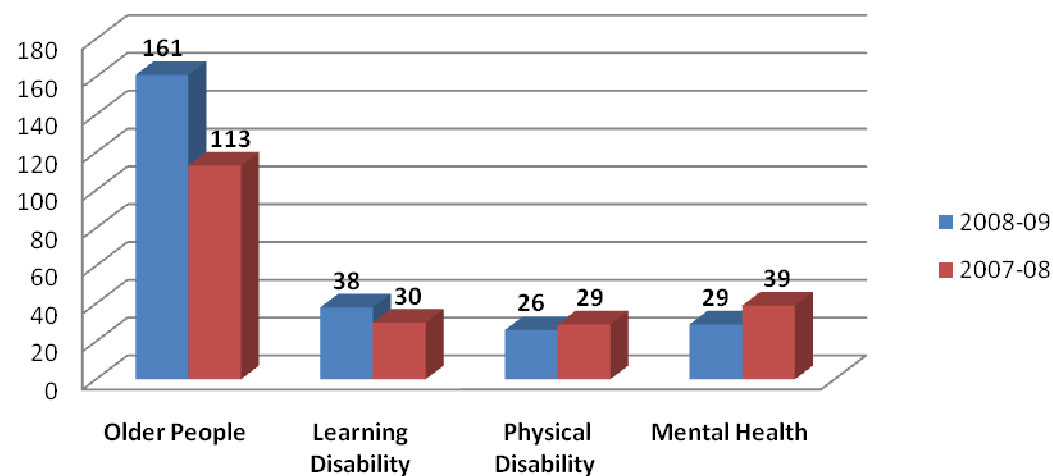
Client Category	Number of Referrals	% of Total
Older People Services	161	63%
Learning Disability	38	15%
Physical Disabilities	26	10%
Mental Health	29	12%
Total	254	100%



Annual Number of Referrals by Client Category 2008-09 and 2007-08

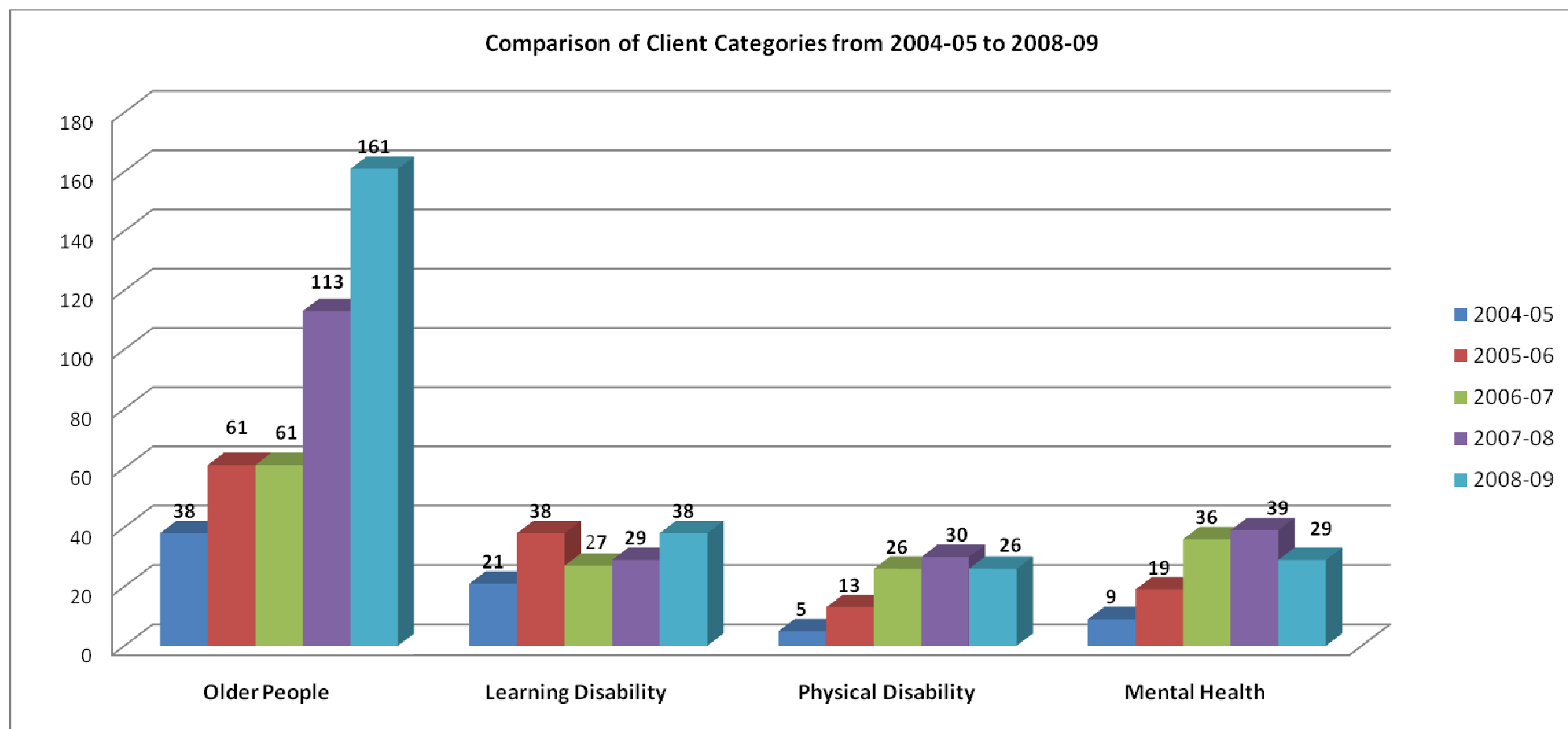
	Older People	Learning Disability	Physical Disability	Mental Health	Total Number of Referrals
2008-09	161	38	26	29	254
2007-08	113	30	29	39	211
Increase/decrease referrals	48	8	-3	-10	43
Increase/decrease %	42%	27%	-10%	-26%	20%

Comparison of Referrals by Client Category in 2008-09 & 2007-08



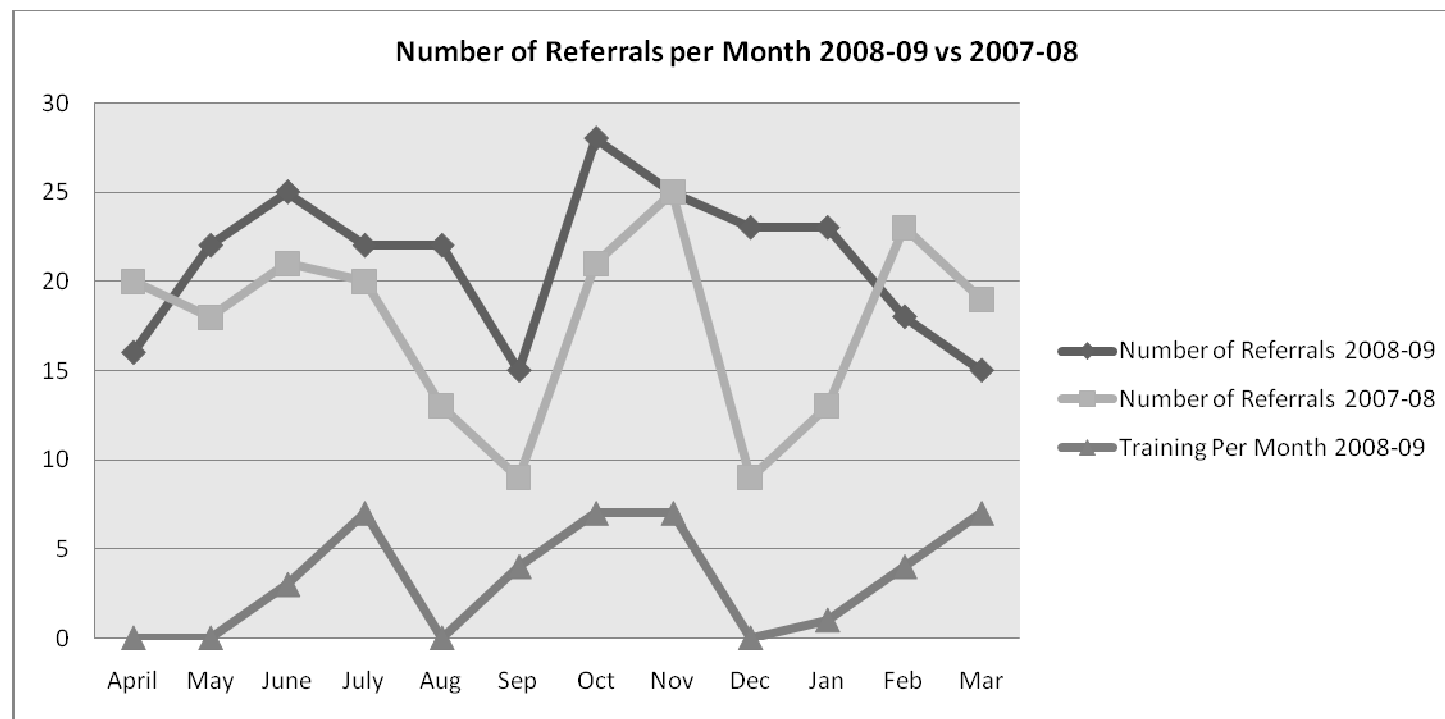
Comparisons of Client Category since 2004-05 to 2008-09

Year	Older People	Learning Disability	Physical Disability	Mental Health	Total Number of Referrals
2004-05	38	21	5	9	73
2005-06	61	38	13	19	131
2006-07	61	27	26	36	150
2007-08	113	29	30	39	211
2008-09	161	38	26	29	254
Total	434	153	100	132	819



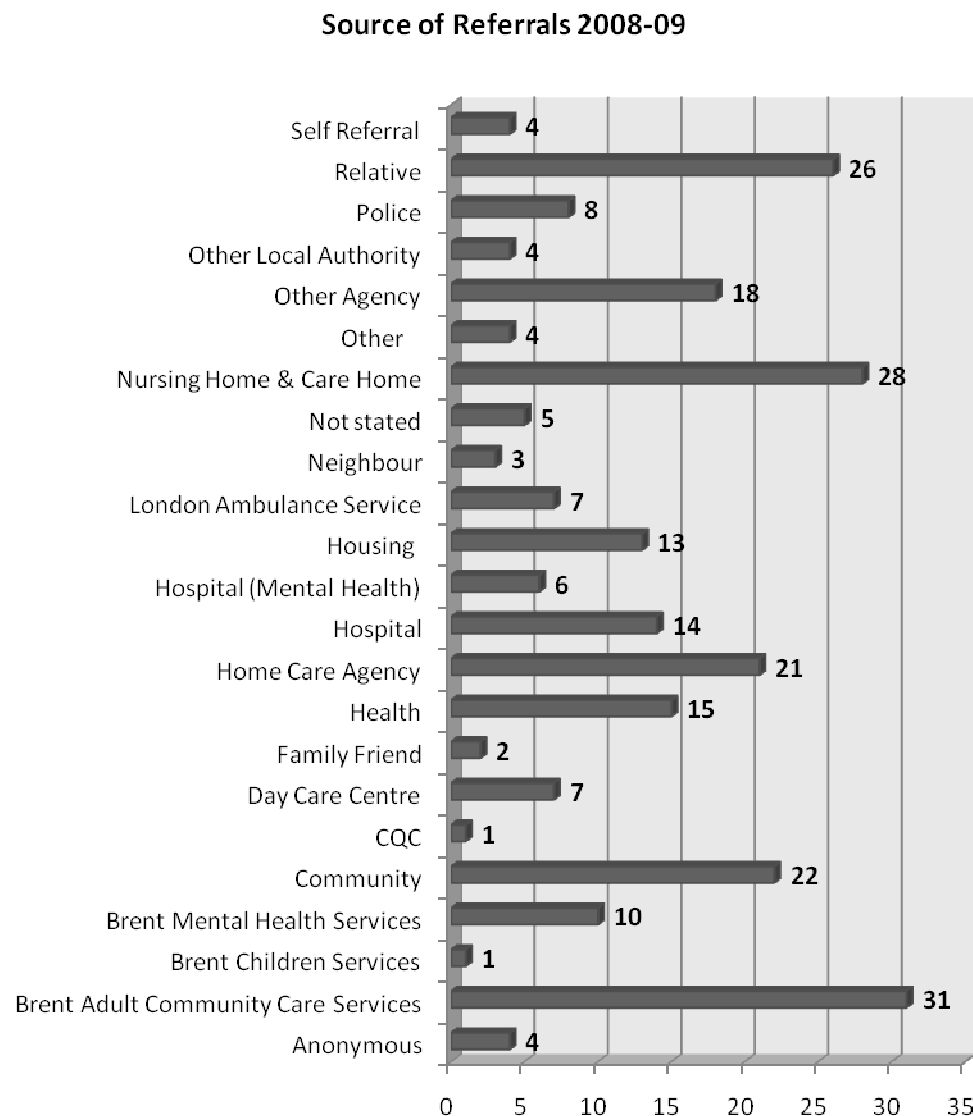
Number of Referrals per Month 2008-09 vs. 2007-08

Month	Number of Referrals 2008-09	Number of Referrals 2007-08	Training Per Month 2008-09
April	16	20	0
May	22	18	0
June	25	21	3
July	22	20	7
August	22	13	0
September	15	9	4
October	28	21	7
November	25	25	7
December	23	9	0
January	23	13	1
February	18	23	4
March	15	19	7
Total	254	211	40



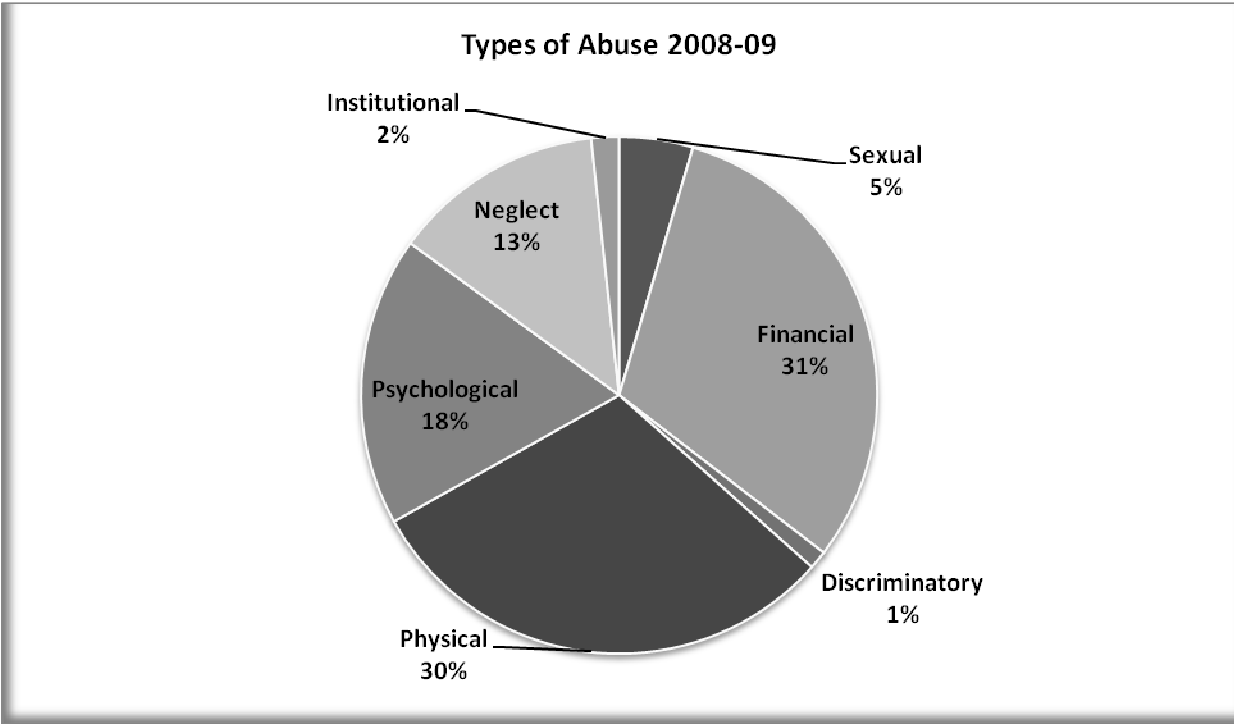
Source of Referrals

Source of Referral	Number of Referrals	% of Total
Anonymous	4	2%
Brent Adult Community Care Services	31	12%
Brent Children Services	1	0%
Brent Mental Health Services	10	4%
Community	22	9%
CQC	1	0%
Day Care Centre	7	3%
Family Friend	2	1%
Health	15	6%
Home Care Agency	21	8%
Hospital	14	6%
Hospital (Mental Health)	6	2%
London Ambulance Service	7	3%
Neighbour	3	1%
Not stated	5	2%
Nursing Home & Care Home	28	11%
Other	4	2%
Other Agency	18	7%
Other Local Authority	4	2%
Police	8	3%
Relative	26	10%
Self Referral	4	2%
Total	254	100%



Types of Abuse 2008-09

Types of Abuse	Total
Sexual	16
Financial	107
Discriminatory	4
Physical	105
Psychological	63
Neglect	46
Institutional	6
Total	347

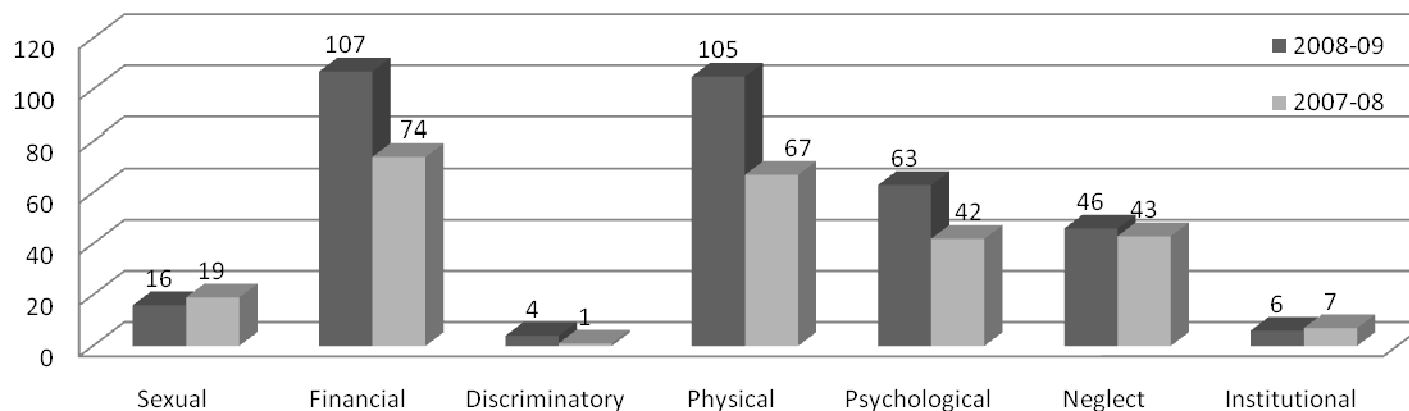


Some referrals had more than one type of abuse

Comparisons of Types of Abuse from This Year & Last Year

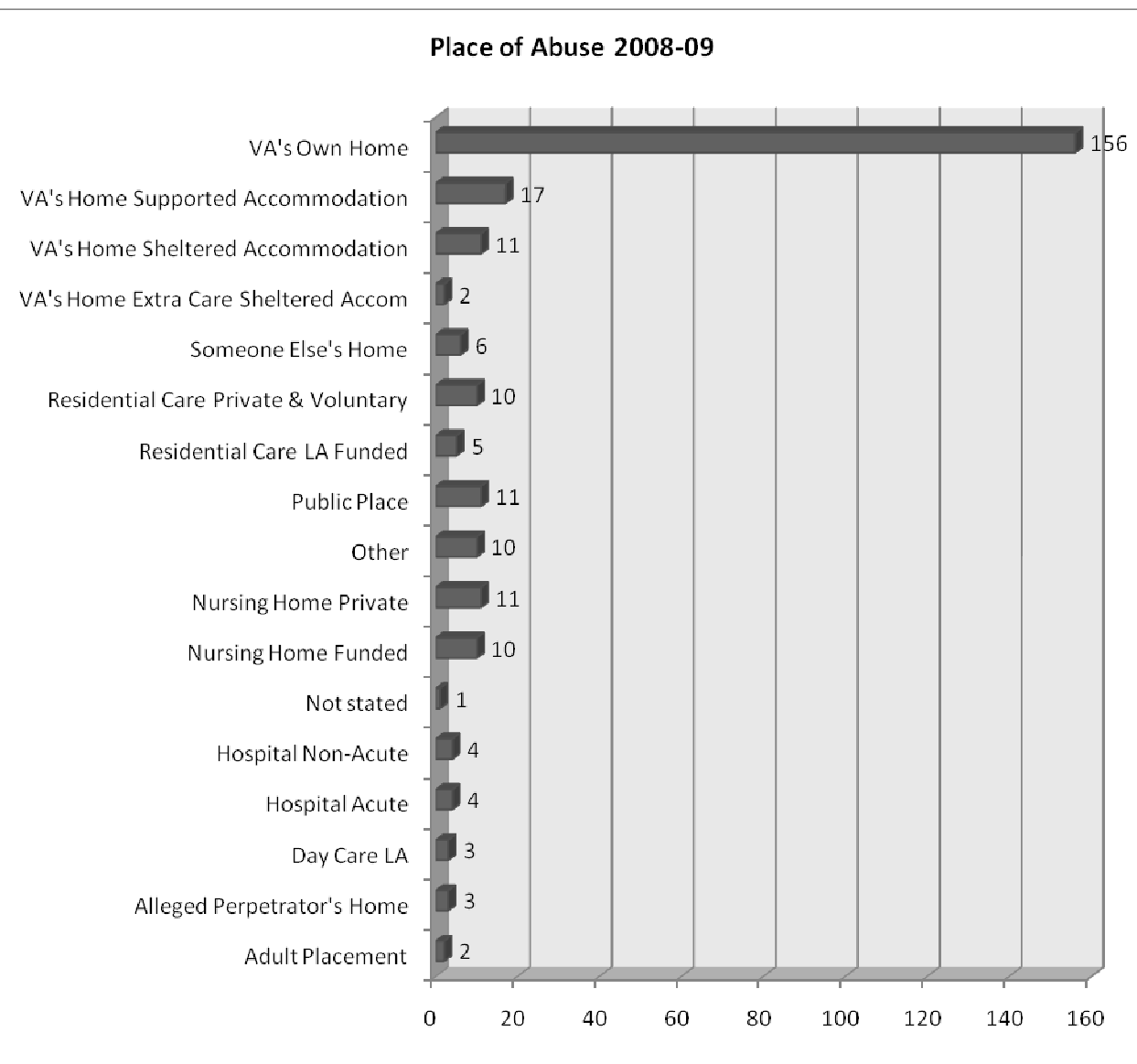
Types of Abuse	2008-09	2007-08	Types of Abuse 2008-09 %	Types of Abuse 2007-08 %
Sexual	16	19	5%	8%
Financial	107	74	31%	29%
Discriminatory	4	1	1%	0%
Physical	105	67	30%	26%
Psychological	63	42	18%	17%
Neglect	46	43	13%	17%
Institutional	6	7	2%	3%
Total	347	253	100%	100%

Comparisons of Types of Abuse between 2008-09 & 2007-08



Place of Abuse 2008-09

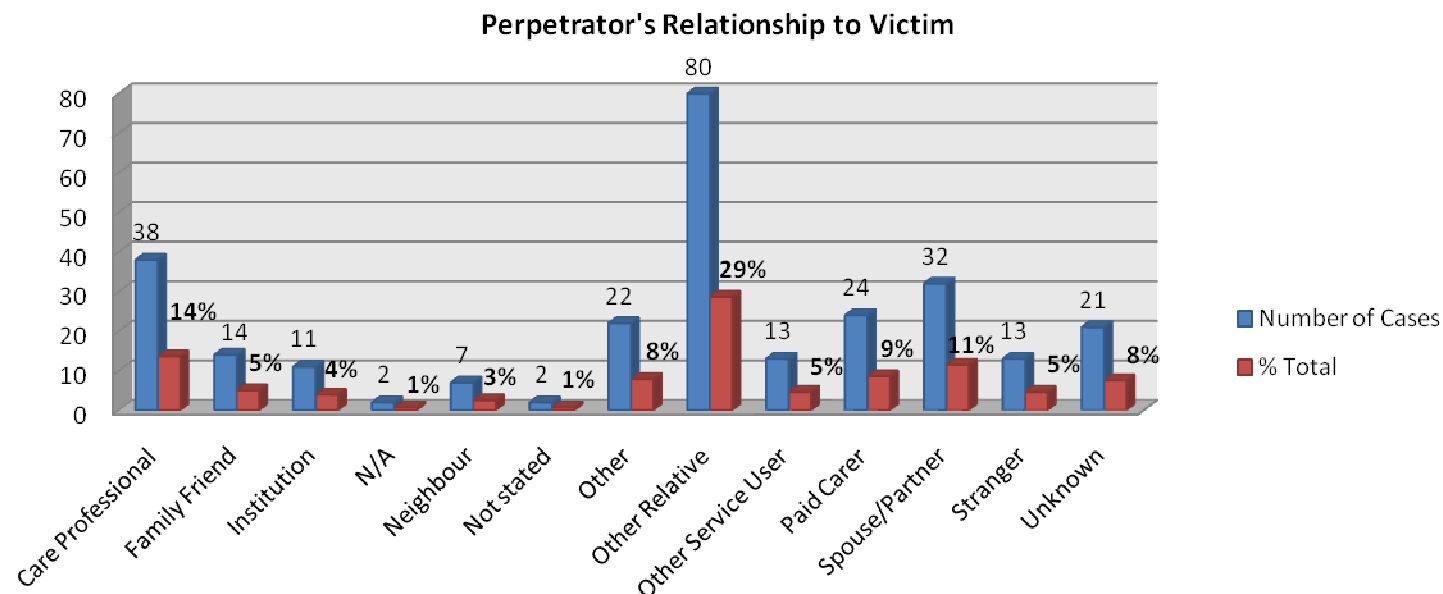
Place of Abuse	Total
Adult Placement	2
Alleged Perpetrator's Home	3
Day Care LA	3
Hospital Acute	4
Hospital Non-Acute	4
Not stated	1
Nursing Home Private & Voluntary	10
Nursing Home Private	11
Nursing Home Funded	10
Public Place	11
Residential Care Private & Voluntary	5
Residential Care Private	10
Residential Care Funded	6
Someone Else's Home	2
VA's Home Extra Care Sheltered Accommodation	11
VA's Home Supported Accommodation	17
VA's Own Home	156
Total	266



Some referrals had more than one place of abuse

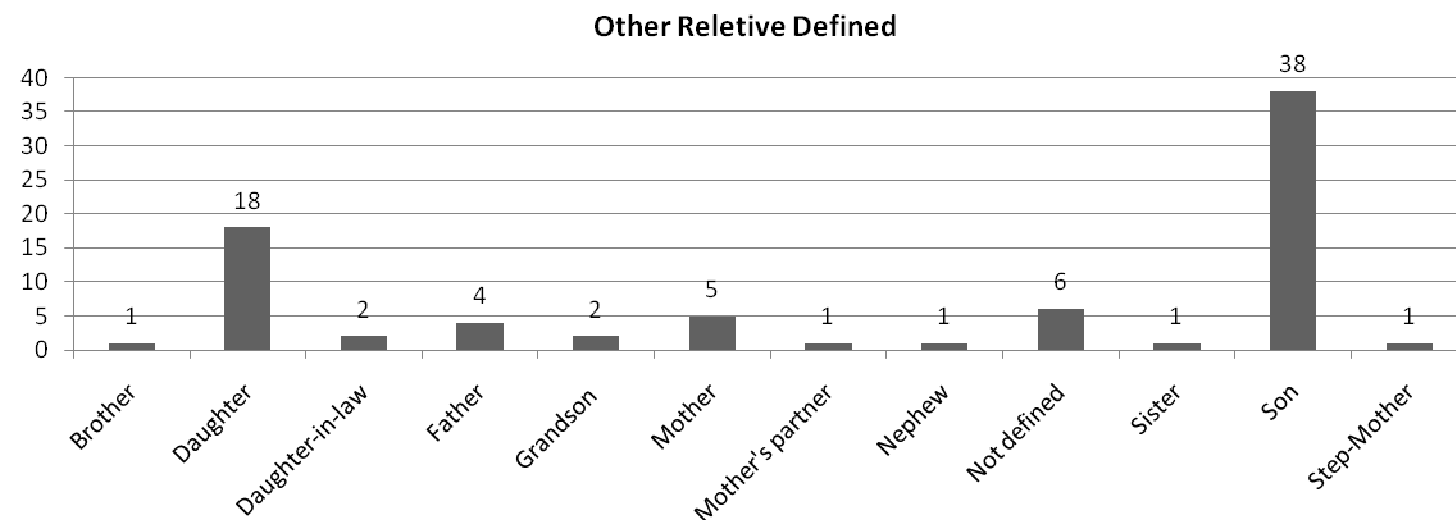
Perpetrators Relationship to Vulnerable Adults 2008-09

Perpetrators Relationship to VA	Total	% Total
Care Professional	38	14%
Family Friend	14	5%
Institution	11	4%
N/A	2	1%
Neighbour	7	3%
Not stated	2	1%
Other	22	8%
Other Relative	80	29%
Other Service User	13	5%
Paid Carer	24	9%
Spouse/Partner	32	11%
Stranger	13	5%
Unknown	21	8%
Total	279	100%



Some referrals had more than perpetrator

Other Relatives Defined	Total
Brother	1
Daughter	18
Daughter-in-law	2
Father	4
Grandson	2
Mother	5
Mother's partner	1
Nephew	1
Not defined	6
Sister	1
Son	38
Step-Mother	1
Total	80

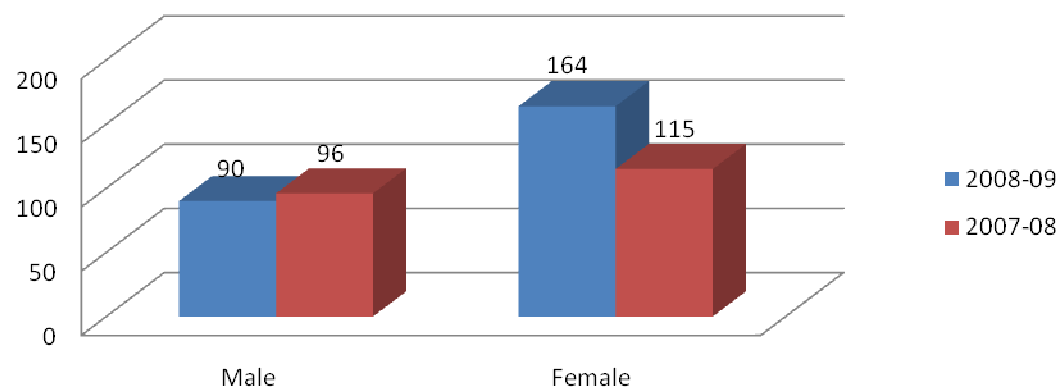


Gender of Vulnerable Adults & Perpetrators

Vulnerable Adults Gender

Gender	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Female	90	96	35%	45%
Male	164	115	65%	55%
Total	254	211	100%	100%

Gender of Vulnerable Adults This Year & Last Year

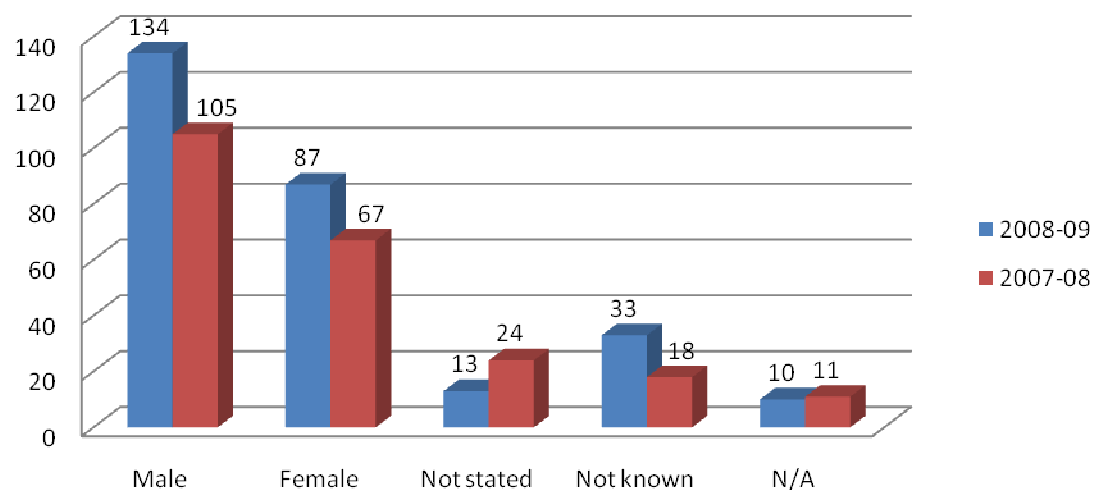


Perpetrators Gender

Perpetrators Gender	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Female	134	105	48%	47%
Male	87	67	31%	30%
Not stated	13	24	5%	11%
Not known	33	18	12%	8%
N/A	10	11	4%	5%
Total	277	225	100%	100%

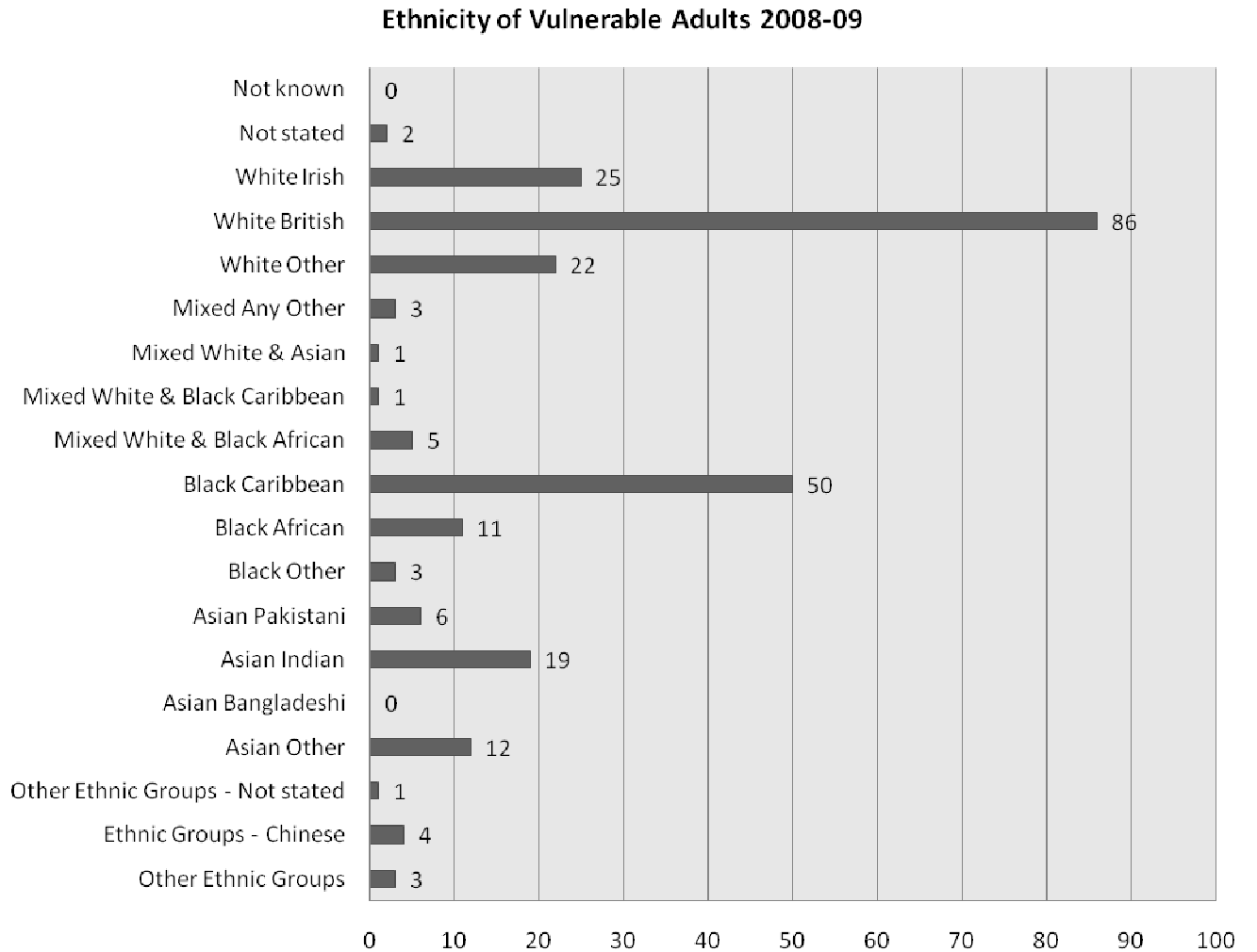
Total of Perpetrator's gender is two figures less than total of perpetrator's relationship to vulnerable adult as more than one type of relationship has been described in some referrals.

Gender of Alleged Perpetrators This Year & Last Year



Ethnicity of Vulnerable Adults

Ethnicity	2008-09	% of Total 2008-09
Other Ethnic Groups	3	1%
Ethnic Groups - Chinese	4	2%
Other Ethnic Groups - Not stated	1	0%
Asian Other	12	5%
Asian Bangladeshi	0	0%
Asian Indian	19	7%
Asian Pakistani	6	2%
Black Other	3	1%
Black African	11	4%
Black Caribbean	50	20%
Mixed White & Black African	5	2%
Mixed White & Black Caribbean	1	0%
Mixed White & Asian	1	0%
Mixed Any Other	3	1%
White Other	22	9%
White British	86	34%
White Irish	25	10%
Not stated	2	1%
Not known	0	0%
Total	254	100%

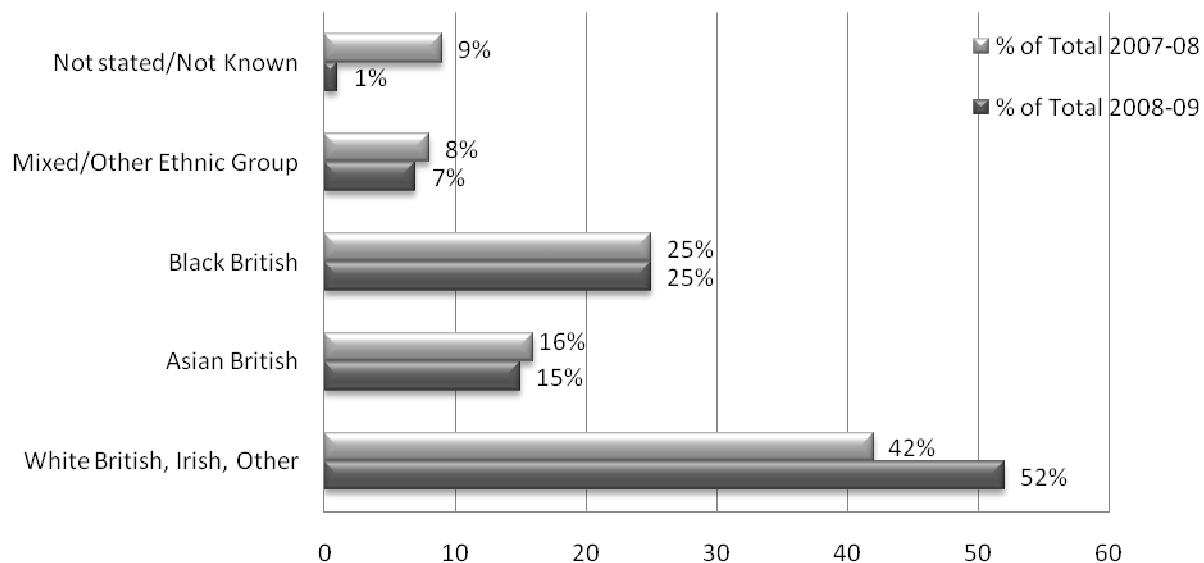


Comparisons of Vulnerable Adults Ethnicity This Year and Last Year

Vulnerable Adults

Vulnerable Adults	% of Total 2008-09	% of Total 2007-08
White British, Irish, Other	52%	42%
Asian British	15%	16%
Black British	25%	25%
Mixed/Other Ethnic Group	7%	8%
Not stated/Not Known	1%	9%
Total	100%	100%

Comparisons of VA's Ethnicity from 2008-09 & 2007-08

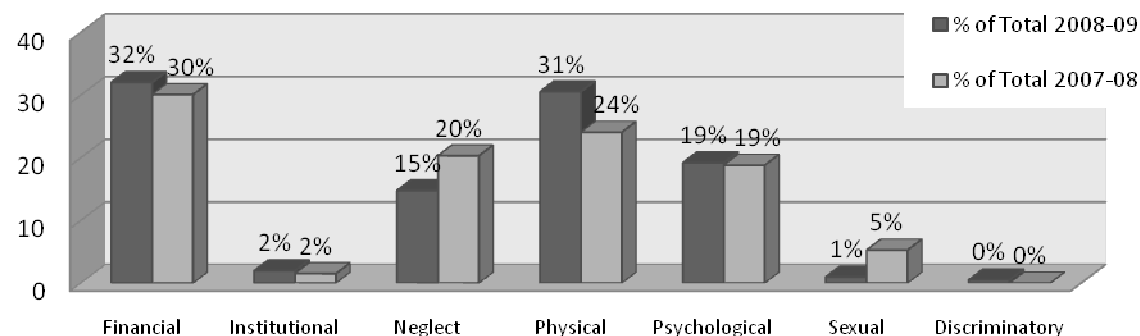


Alleged Abuse against Older People

referrals received out of 254 - 42% increase from last year

Types of Abuse OP	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Financial	65	40	32%	30%
Institutional	4	2	2%	2%
Neglect	30	27	15%	20%
Physical	62	32	31%	24%
Psychological	39	25	19%	19%
Sexual	2	7	1%	5%
Discriminatory	1	0	0%	0%
Total	203	133	100%	100%

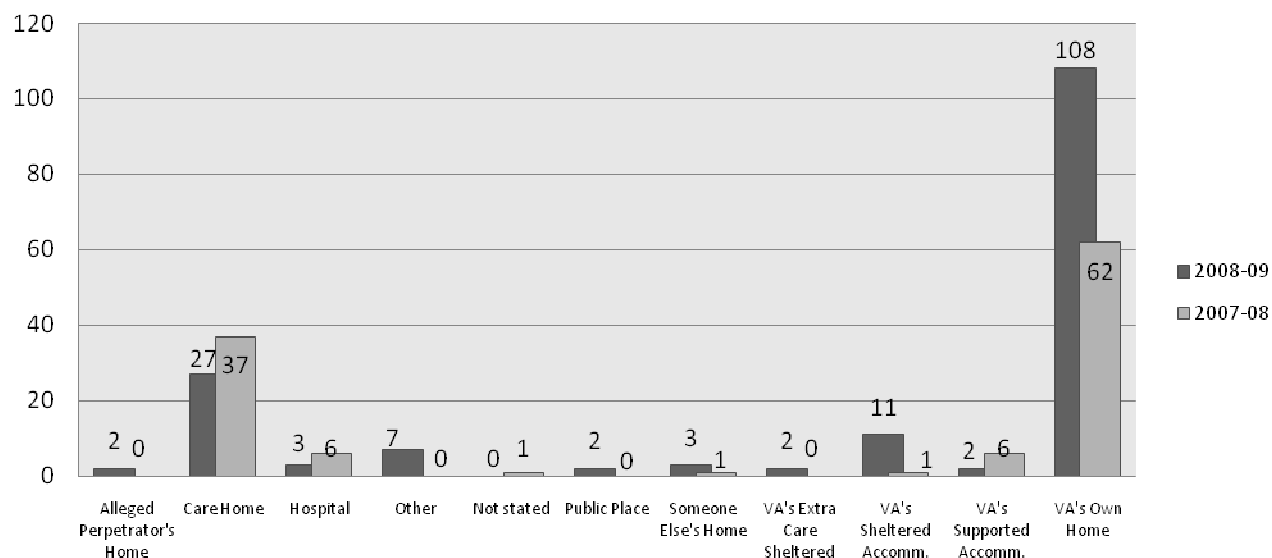
Types of Abuse - OP Referrals



Some referrals had more than one type of abuse

Places of Abuse OP	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Alleged Perpetrator's Home	2	0	1%	0%
Private Home	27	37	16%	32%
Hospital	3	6	2%	5%
Nursing Home	7	0	4%	0%
Not stated	0	1	0%	1%
Public Place	2	0	1%	0%
Someone Else's Home	3	1	2%	1%
VA's Extra Care Sheltered	2	0	1%	0%
VA's Sheltered Accommodation	11	1	7%	1%
VA's Supported Accommodation	2	6	1%	5%
VA's Own Home	108	62	65%	54%
Total	167	114	100%	100%

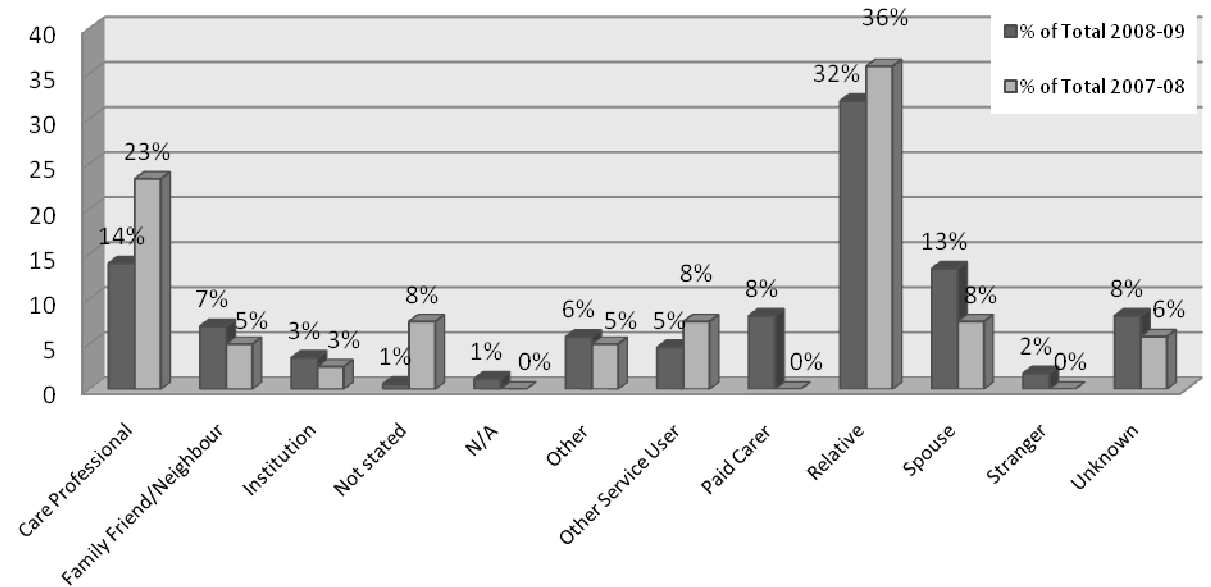
Places of Abuse - OP Referrals



Perpetrator's Relationship to VA	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Care Professional	24	28	14%	23%
Family Friend/Neighbour	12	6	7%	5%
Institution	6	3	3%	3%
Not stated	1	9	1%	8%
N/A	2	0	1%	0%
Other	10	6	6%	5%
Other Service User	8	9	5%	8%
Paid Carer	14	0	8%	0%
Relative	55	43	32%	36%
Spouse	23	9	13%	8%
Stranger	3	0	2%	0%
Unknown	14	7	8%	6%
Total	172	120	100%	100%

Some referrals had more than one perpetrator

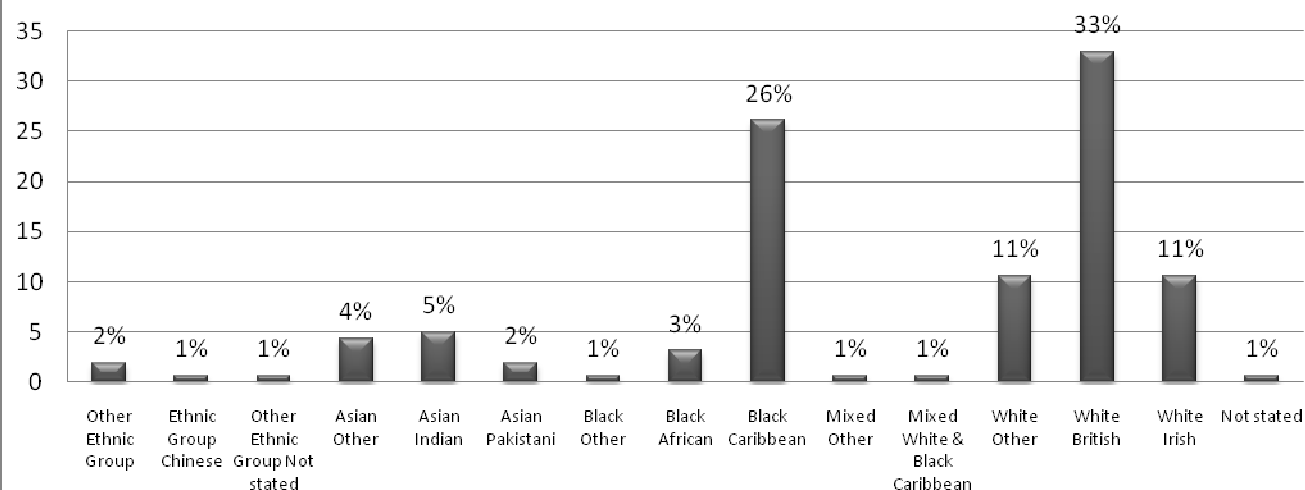
Perpetrator's Relationship - OP Referrals



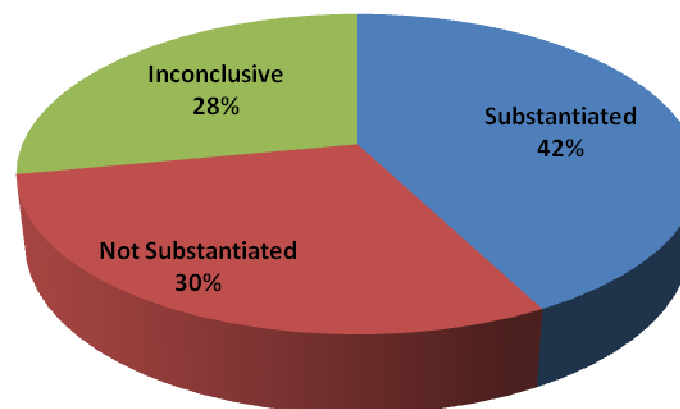
Ethnicity of Vulnerable Adult	Total	% Total
Other Ethnic Group	3	2%
Ethnic Group Chinese	1	1%
Other Ethnic Group Not stated	1	1%
Asian Other	7	4%
Asian Indian	8	5%
Asian Pakistani	3	2%
Black Other	1	1%
Black African	5	3%
Black Caribbean	42	26%
Mixed Other	1	1%
Mixed White & Black Caribbean	1	1%
White Other	17	11%
White British	53	33%
White Irish	17	11%
Not stated	1	1%
Total	161	100%

Outcomes	Total	% Total
Substantiated	53	42%
Not Substantiated	37	30%
Inconclusive	35	28%
Total	125	100%

Ethnicity of OP Vulnerable Adults

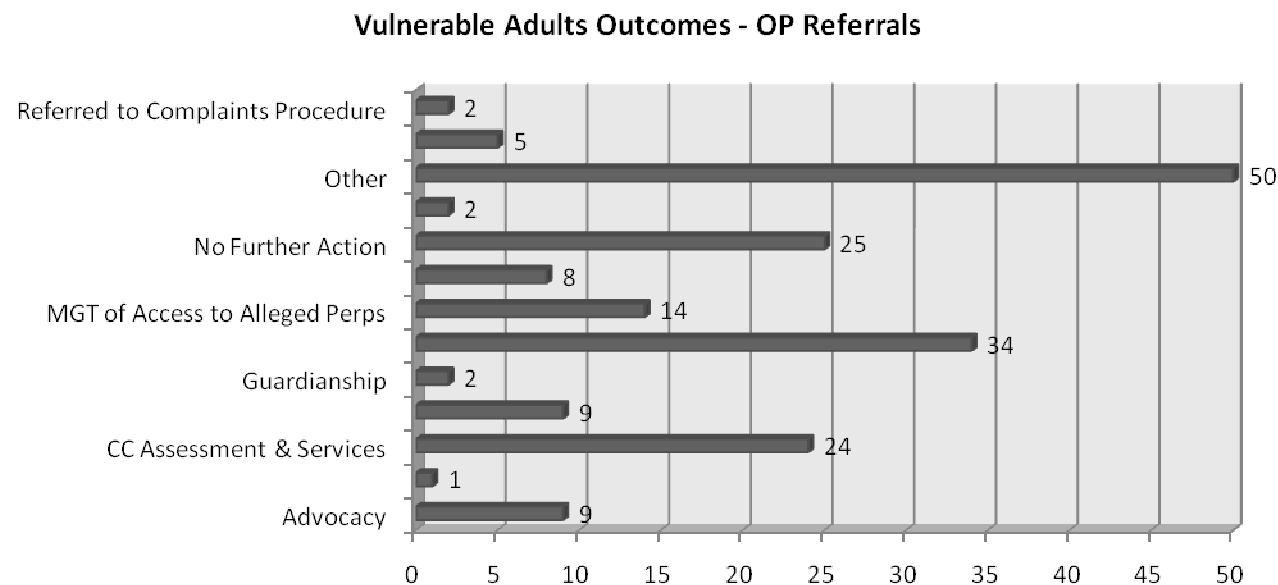


Outcomes of Older Persons Concluded Cases



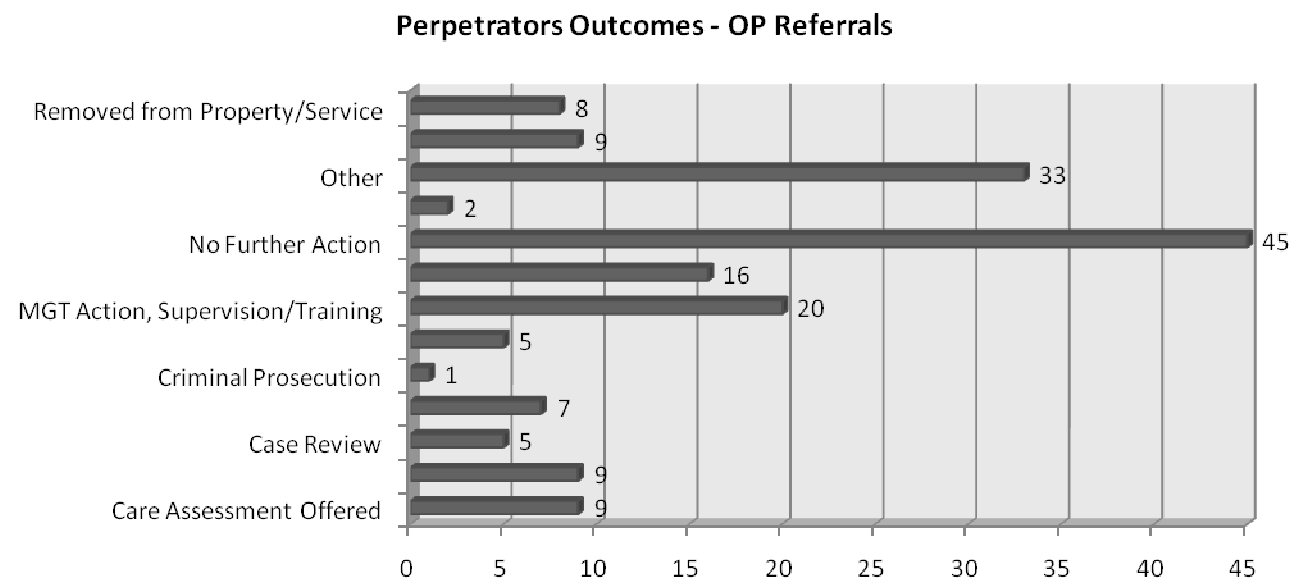
Main Outcomes for OP Vulnerable Adults

VA Outcomes	Total	% Total
Advocacy	9	5%
Legal Action	1	1%
Assessment & Services	24	13%
Refusing/Support	9	5%
Guardianship	2	1%
Increased Monitoring	34	18%
Revocation of Access to Alleged Perps	14	8%
Revocation of Access to Finances	8	4%
Further Action	25	14%
Other	2	1%
Removed from Property/Service	50	27%
Referred to Complaints Procedure	5	3%
Referred to Complaints Procedure	2	1%
Total	185	100%



Outcomes for Perpetrators in OP Referrals

Perpetrators Outcomes	Total	% Total
Care Assessment Offered	9	5%
Assessment & Services	9	5%
Case Review	5	3%
Refusing/Support	7	4%
Criminal Prosecution	1	1%
Disciplinary Action	5	3%
Revocation Action, Supervision/Training	20	12%
Revocation of Access to VA	16	9%
Further Action	45	27%
Other	2	1%
Removed from Property/Service	33	20%
Legal Action	9	5%
Removed from Property/Service	8	5%
Total	169	100%



Alleged Abuse against Adults with Learning Disability

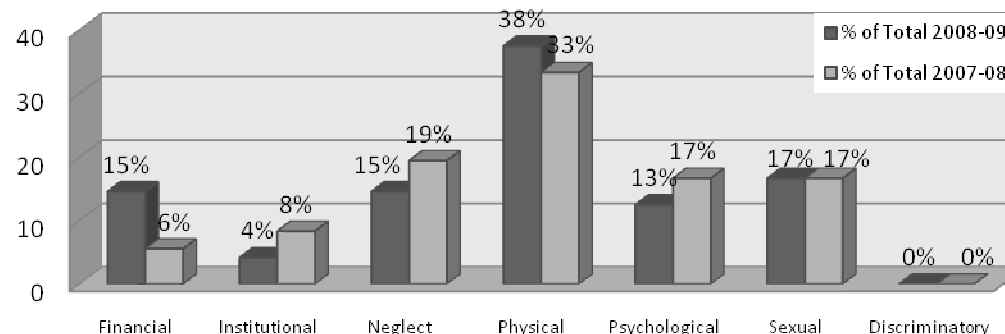
38 referrals received out of 254 - 27% increase from last year

Types of Abuse	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Racial	7	2	15%	6%
Institutional	2	3	4%	8%
Neglect	7	7	15%	19%
Physical	18	12	38%	33%
Psychological	6	6	13%	17%
Sexual	8	6	17%	17%
Discriminatory	0	0	0%	0%
Total	48	36	100%	100%

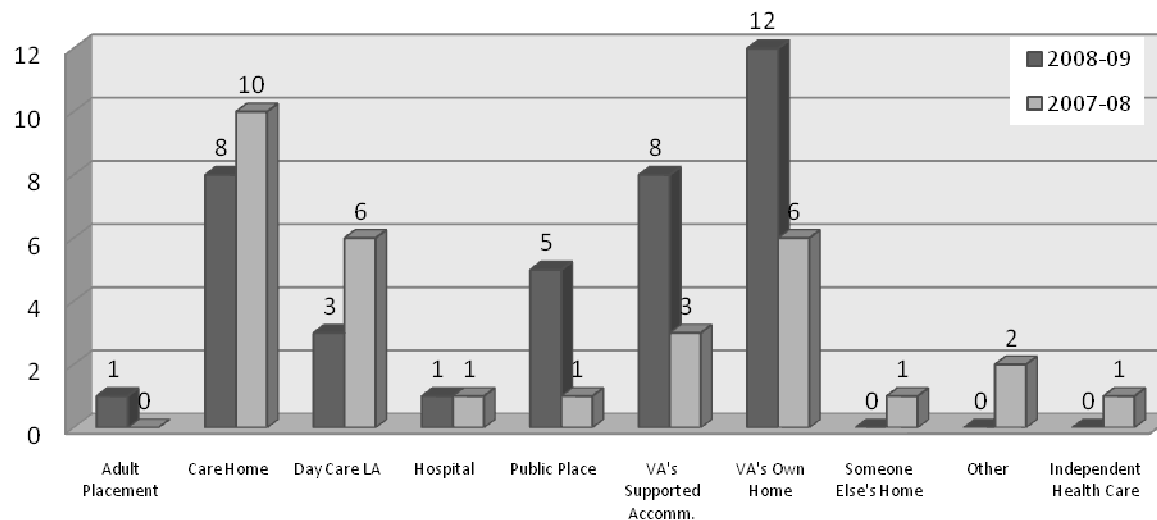
Some referrals had more than one type of abuse

Places of Abuse LD	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Adult Placement	1	0	3%	0%
Care Home	8	10	21%	32%
Day Care LA	3	6	8%	19%
Hospital	1	1	3%	3%
Public Place	5	1	13%	3%
VA's Supported Comm.	8	3	21%	10%
VA's Own Home	12	6	32%	19%
Someone Else's Home	0	1	0%	3%
Other	0	2	0%	6%
Independent Health Care	0	1	0%	3%
Total	38	31	100%	100%

Types of Abuse - LD Referrals



Places of Abuse

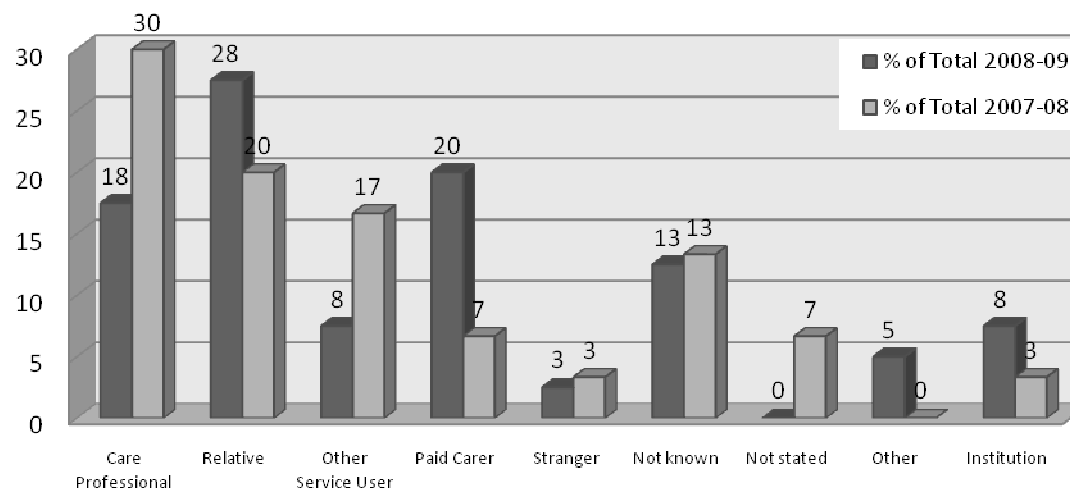


Perpetrator's Relationship to VA	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Health Professional	7	9	18%	30%
Relative	11	6	28%	20%
Former Service User	3	5	8%	17%
Paid Carer	8	2	20%	7%
Stranger	1	1	3%	3%
Not known	5	4	13%	13%
Not stated	0	2	0%	7%
Other	2	0	5%	0%
Institution	3	1	8%	3%
Total	40	30	100%	100%

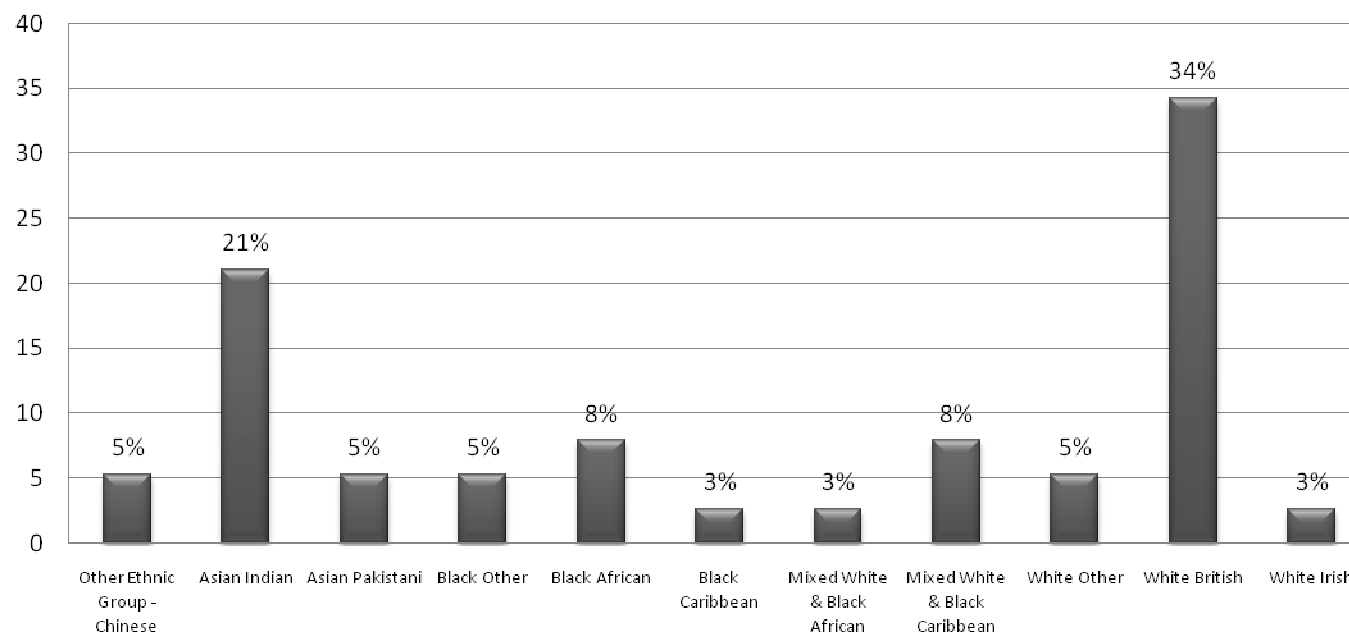
no referrals had more than one perpetrator

ethnicity of Vulnerable Adult	Total	% Total
Other Ethnic Group - Chinese	2	5%
Asian Indian	8	21%
Asian Pakistani	2	5%
Black Other	2	5%
Black African	3	8%
Black Caribbean	1	3%
Mixed White & Black African	1	3%
Mixed White & Black Caribbean	3	8%
White Other	2	5%
White British	13	34%
White Irish	1	3%
Total	38	100%

Perpetrator's Relationship - LD Referrals

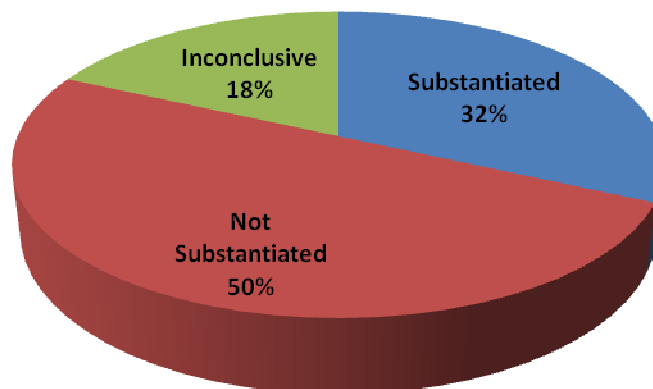


Ethnicity of LD Vulnerable Adults



Outcomes	Total	% Total
Substantiated	7	32%
Not Substantiated	11	50%
Inconclusive	4	18%
Total	22	100%

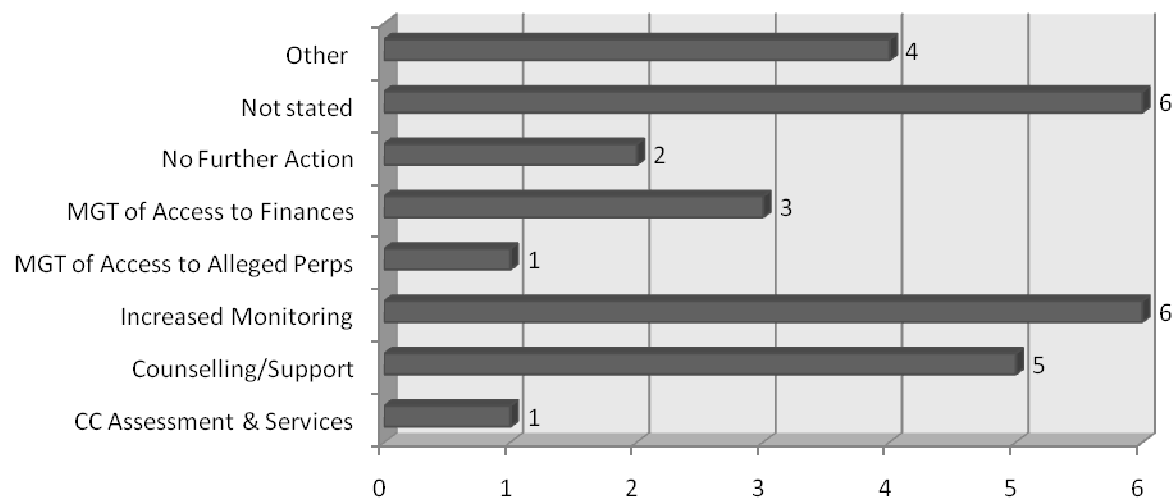
Outcomes of Learning Disability Concluded Cases



in Outcomes for LD Vulnerable Adults

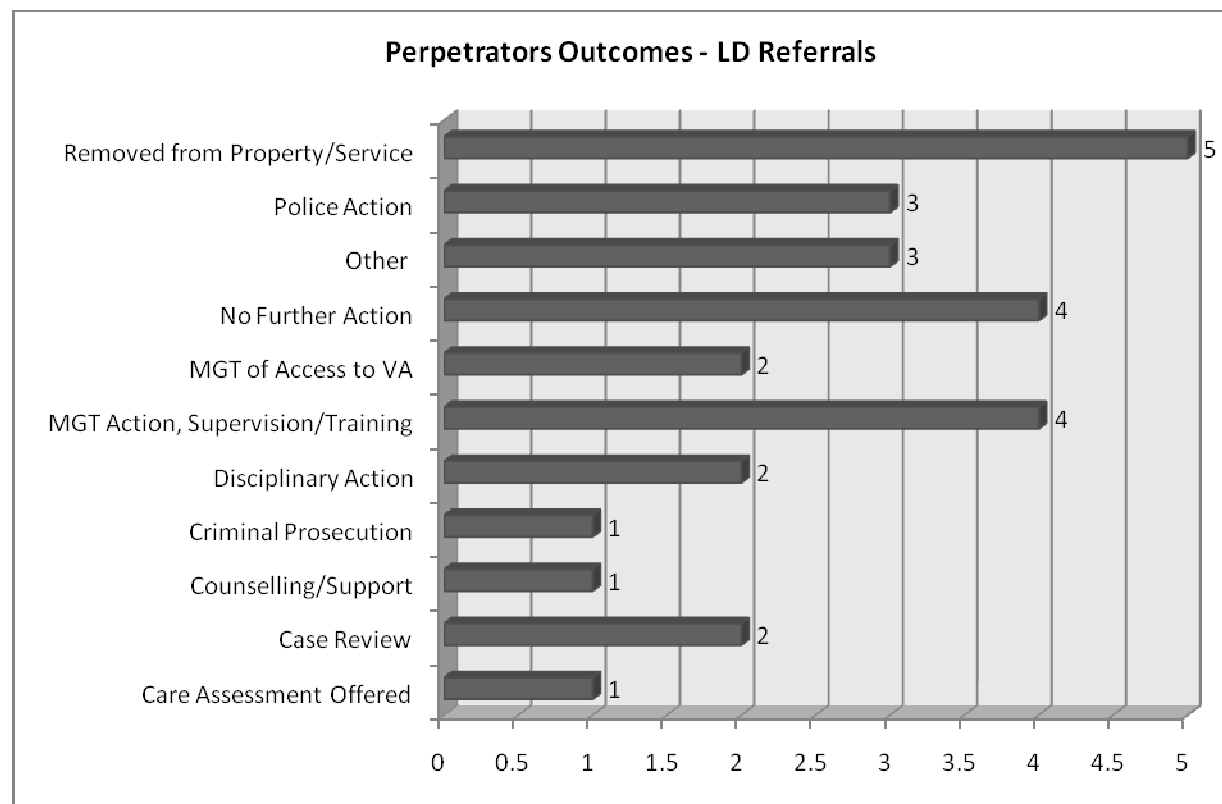
Outcomes	Total	% Total
Assessment & Services	1	4%
Counselling/Support	5	18%
Increased Monitoring	6	21%
MGT of Access to Alleged Perps	1	4%
MGT of Access to Finances	3	11%
Further Action	2	7%
Not stated	6	21%
Other	4	14%
Total	28	100%

Vulnerable Adults Outcomes - LD Referrals



Main Outcomes for Perpetrators in LD Referrals

Perpetrators Outcomes	Total	% Total
Care Assessment Offered	1	4%
Case Review	2	7%
Counselling/Support	1	4%
Criminal Prosecution	1	4%
Disciplinary Action	2	7%
ST Action, Supervision/Training	4	14%
ST of Access to VA	2	7%
Further Action	4	14%
Other	3	11%
Police Action	3	11%
Removed from Property/Service	5	18%
Total	28	100%



Alleged Abuse against Adults with Physical Disability

26 referrals received out of 254 - 10% decrease from last year

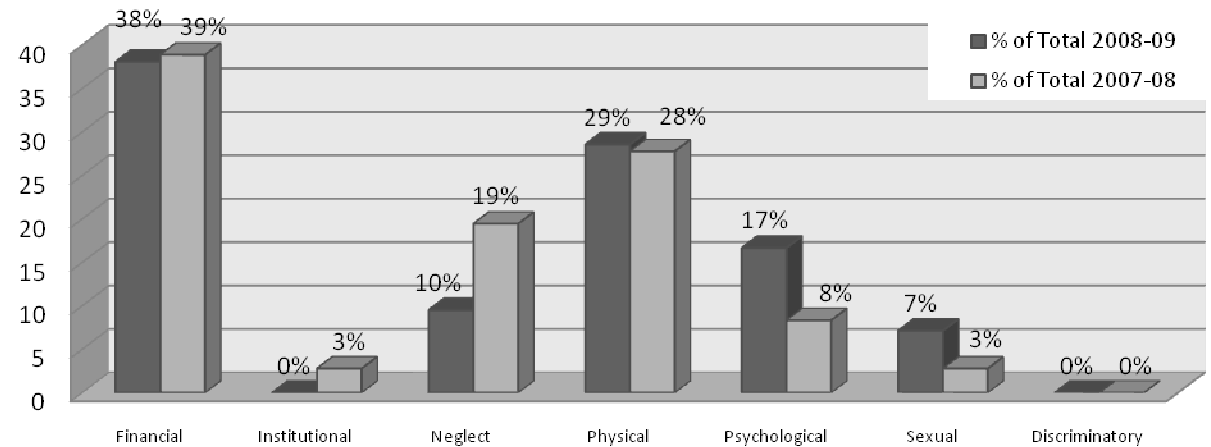
Types of Abuse	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Racial	16	14	38%	39%
Institutional	0	1	0%	3%
Neglect	4	7	10%	19%
Physical	12	10	29%	28%
Psychological	7	3	17%	8%
Sexual	3	1	7%	3%
Discriminatory	0	0	0%	0%
Total	42	36	100%	100%

Some referrals had more than one type of abuse

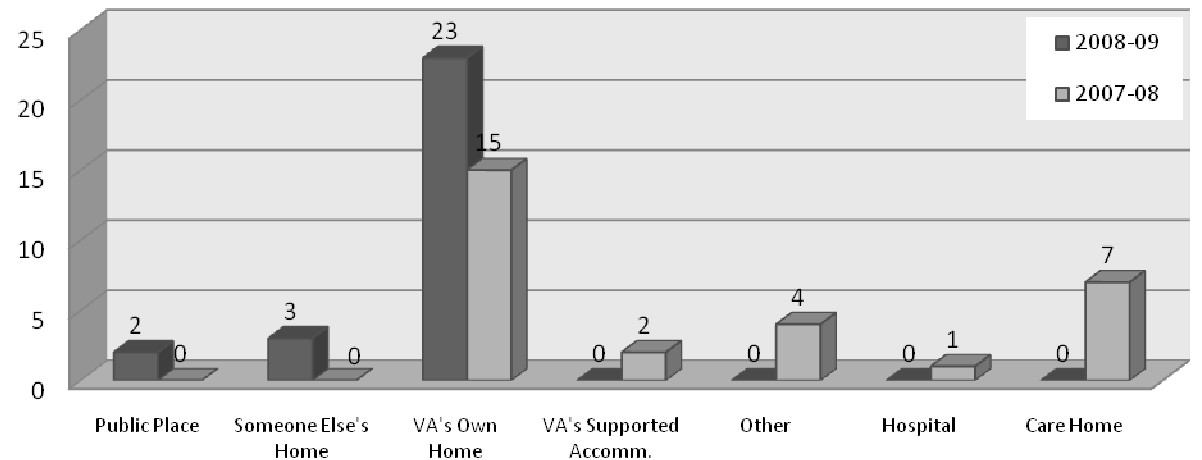
Places of Abuse PD	2008-09	2007-08	% of Total 2008-09	% Total 2007-08
Public Place	2	0	7%	0%
Someone Else's Home	3	0	11%	0%
VA's Own Home	23	15	82%	52%
VA's Supported Comm.	0	2	0%	7%
Other	0	4	0%	14%
Hospital	0	1	0%	3%
Care Home	0	7	0%	24%
Total	28	29	100%	100%

Some referrals had more than one referral

Types of Abuse - PD Referrals



Places of Abuse - PD Referrals

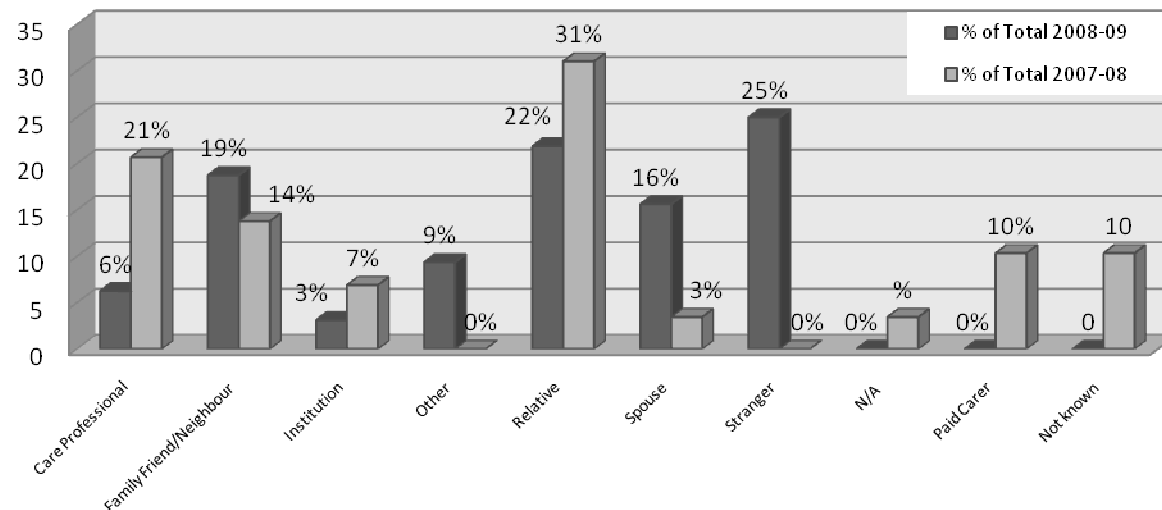


Perpetrator's Relationship to Victim	2008-09	2007-08	% of Total 2008-09	% Total 2007-08
Care Professional	2	6	6%	21%
Family Friend/Neighbour	6	4	19%	14%
Intitution	1	2	3%	7%
Partner	3	0	9%	0%
Relative	7	9	22%	31%
Spouse	5	1	16%	3%
Stranger	8	0	25%	0%
N/A	0	1	0%	3%
Paid Carer	0	3	0%	10%
Not known	0	3	0%	10%
Total	32	29	100%	100%

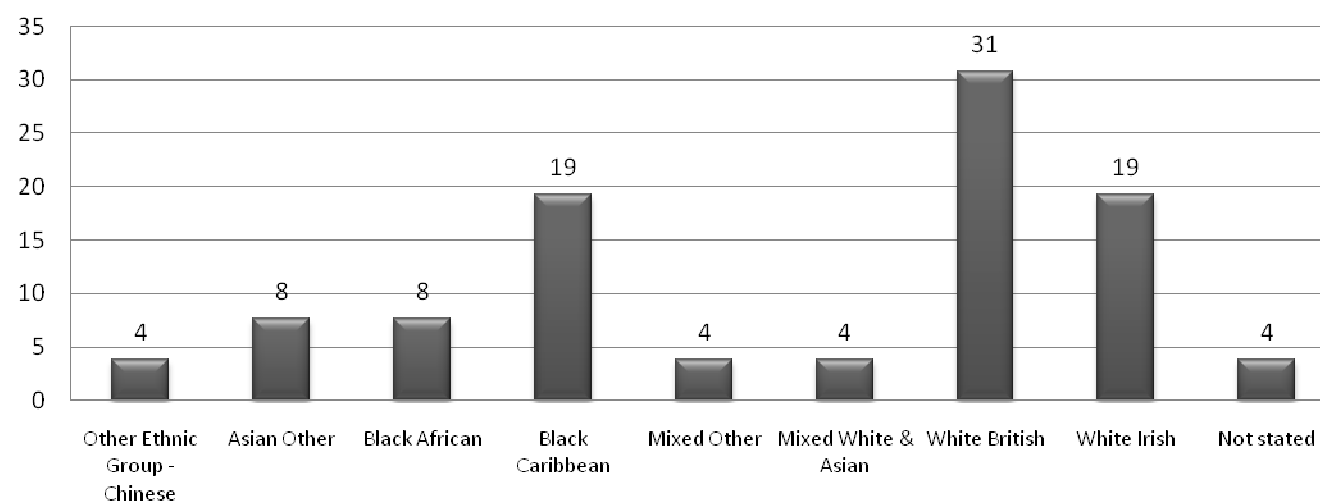
Some referrals had more than one perpetrator

Ethnicity of Vulnerable Adult	Total	% Total
Other Ethnic Group - Chinese	1	4%
Asian Other	2	8%
Black African	2	8%
Black Caribbean	5	19%
Mixed Other	1	4%
Mixed White & Asian	1	4%
White British	8	31%
White Irish	5	19%
Not stated	1	4%
Total	26	100%

Perpetrator's Relationship - PD Referrals

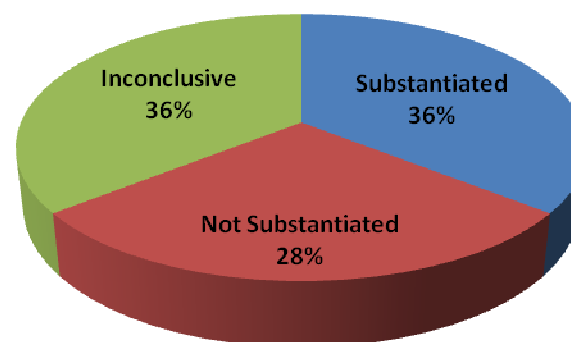


Ethnicity of PD Vulnerable Adults



Outcomes	Total	% Total
Substantiated	5	36%
Not Substantiated	4	28%
Inconclusive	5	36%
Total	14	100%

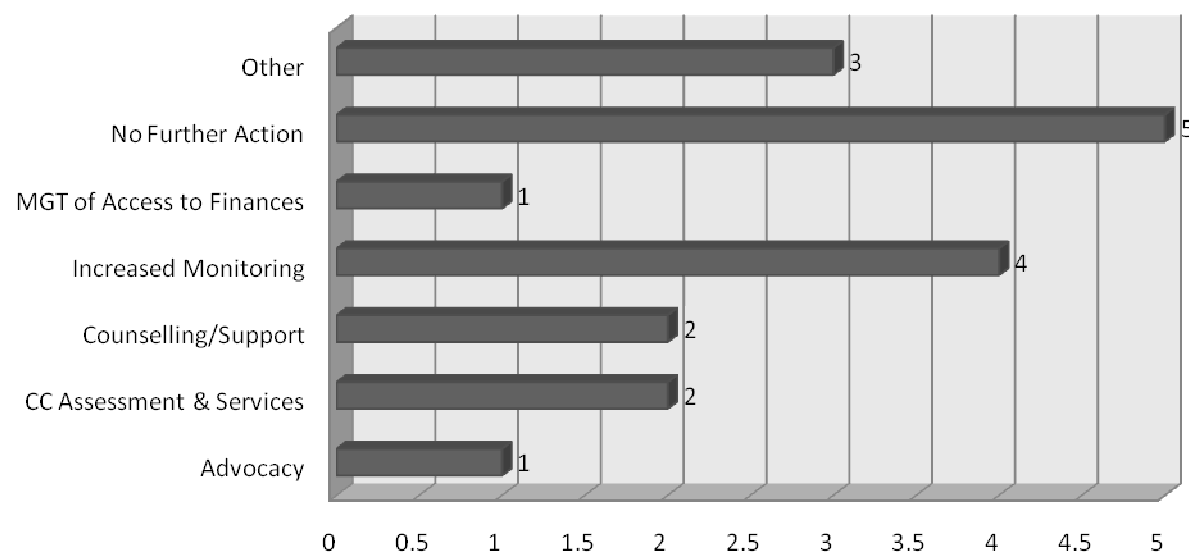
Outcomes of Physical Disability Concluded Cases



in Outcomes for PD Vulnerable Adults

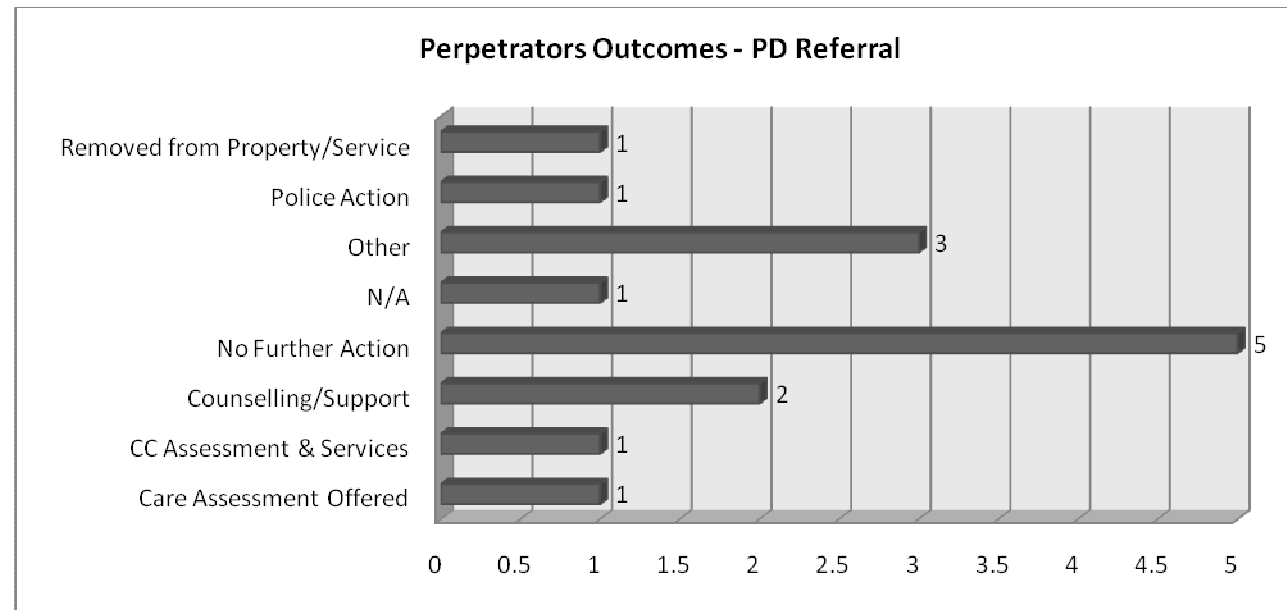
Outcomes	Total	% Total
Advocacy	1	6%
Assessment & Services	2	11%
Counselling/Support	2	11%
Increased Monitoring	4	22%
MGT of Access to Finances	1	6%
Further Action	5	28%
Other	3	17%
Total	18	100%

Vulnerable Adults Outcomes - PD Referral



Main Outcomes for Perpetrators in PD Referrals

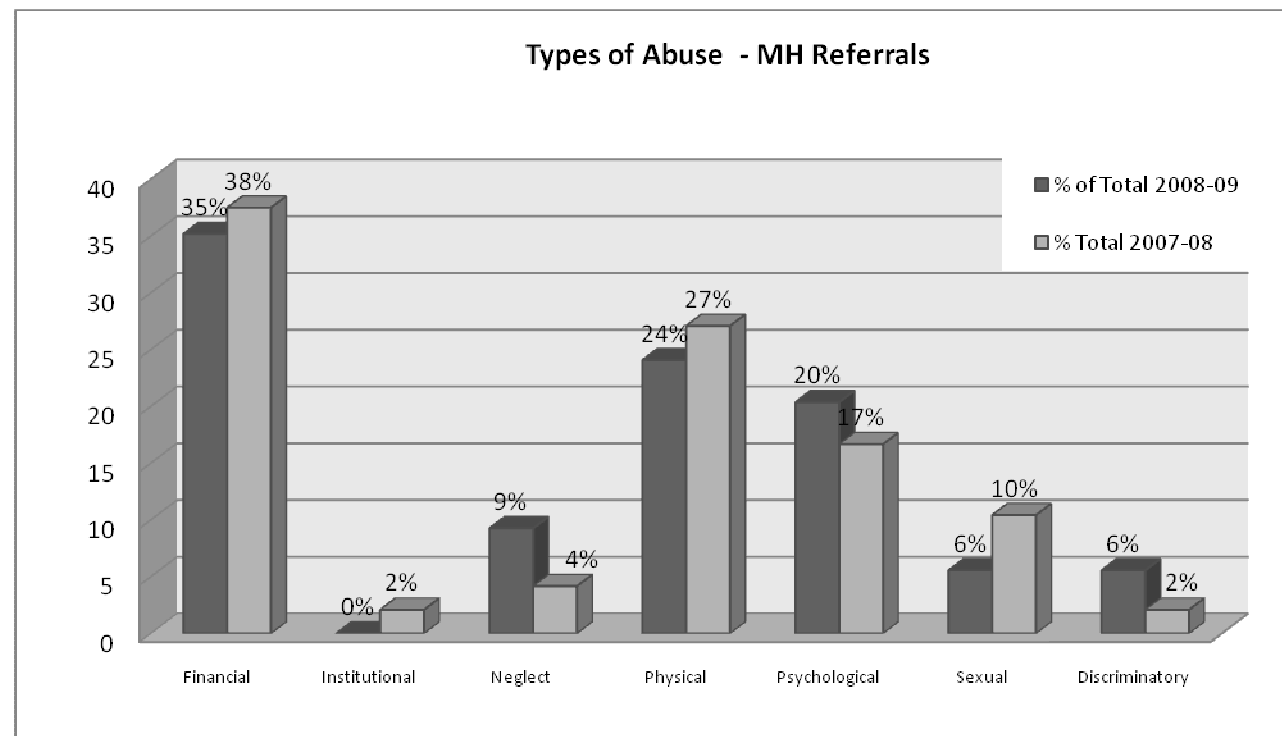
Perpetrators Outcomes	Total	% Total
Care Assessment Offered	1	7%
CC Assessment & Services	1	7%
Counselling/Support	2	13%
Further Action	5	33%
N/A	1	7%
No Further Action	3	20%
Police Action	1	7%
Removed from Property/Service	1	7%
Total	15	100%



Alleged Abuse against Adults with Mental Health Condition

29 referrals received out of 254 - 26% decrease from last year

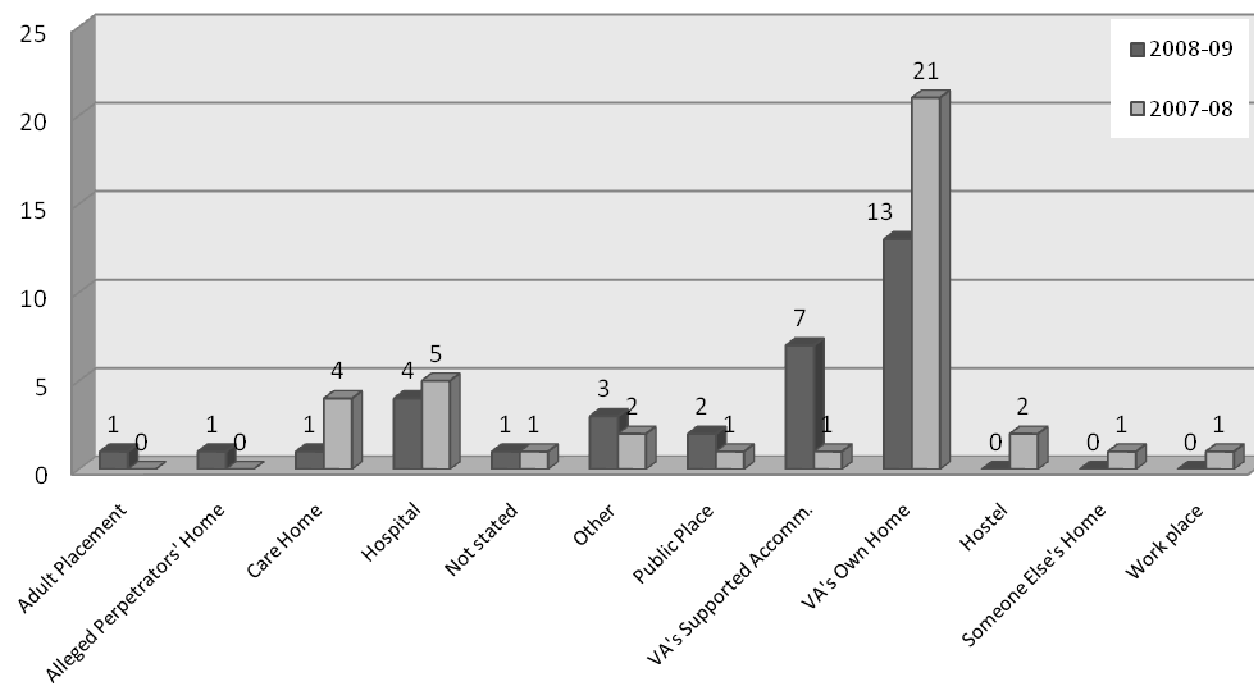
Types of Abuse MH	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Racial	19	18	35%	38%
Institutional	0	1	0%	2%
Neglect	5	2	9%	4%
Physical	13	13	24%	27%
Psychological	11	8	20%	17%
Sexual	3	5	6%	10%
Discriminatory	3	1	6%	2%
Total	54	48	100%	100%



Some referrals had more than one type of abuse.

Places of Abuse MH	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
ult				
cement	1	0	3%	0%
aged				
'petrators'				
me	1	0	3%	0%
'e Home	1	4	3%	10%
spital	4	5	12%	13%
t stated	1	1	3%	3%
ner	3	2	9%	5%
blic Place	2	1	6%	3%
's				
upported				
omm.	7	1	21%	3%
's Own				
me	13	21	39%	54%
stel	0	2	0%	5%
neone				
e's Home	0	1	0%	3%
ork place	0	1	0%	3%
tal	33	39	100%	100%

Place of Abuse - MH Referrals



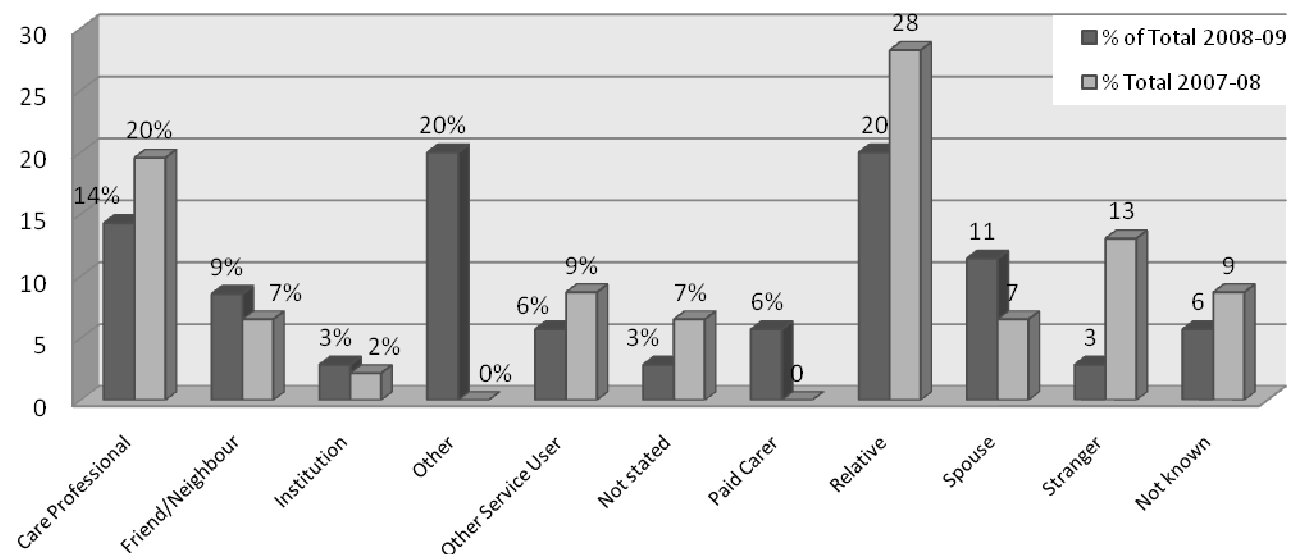
Some referrals had more than one place of abuse

Perpetrator's Relationship to Victim	2008-09	2007-08	% of Total 2008-09	% of Total 2007-08
Care Professional	5	9	14%	20%
Friend/Neighbour	3	3	9%	7%
Institution	1	1	3%	2%
Partner	7	0	20%	0%
Partner Service User	2	4	6%	9%
Not stated	1	3	3%	7%
Paid Carer	2	0	6%	0%
Relative	7	13	20%	28%
Spouse	4	3	11%	7%
Stranger	1	6	3%	13%
Not known	2	4	6%	9%
Total	35	46	100%	100%

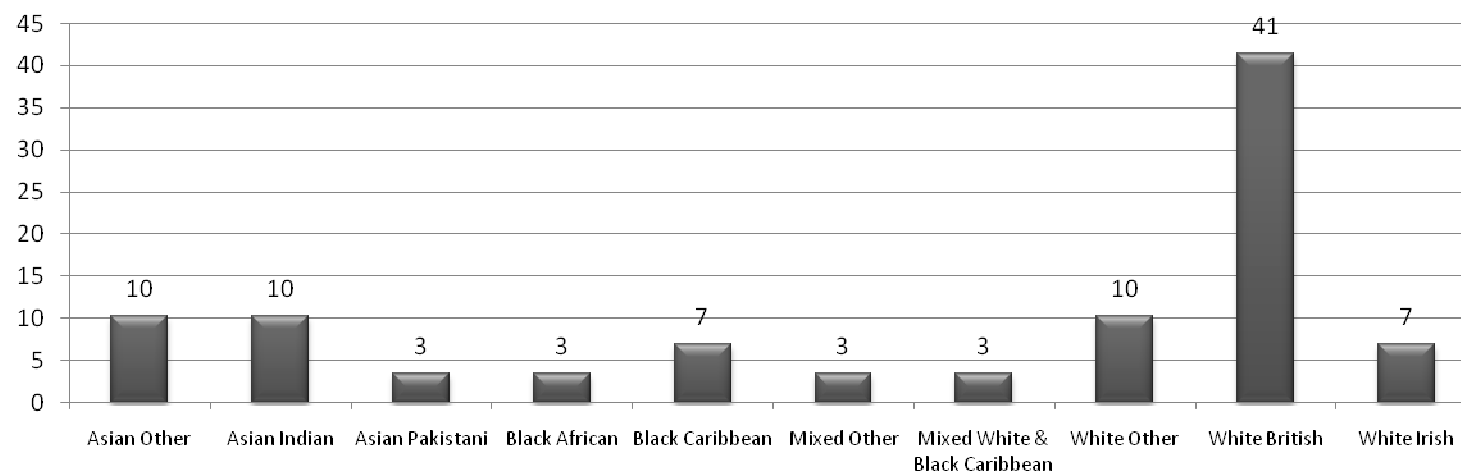
Some referrals had more than one perpetrator

Ethnicity of Vulnerable Adult	Total	% Total
Asian Other	3	10%
Asian Indian	3	10%
Asian Pakistani	1	3%
Black African	1	3%
Black Caribbean	2	7%
Mixed Other	1	3%
Mixed White & Black Caribbean	1	3%
White Other	3	10%
White British	12	41%
White Irish	2	7%
Total	29	100%

Perpetrator's Relationship - MH Referrals

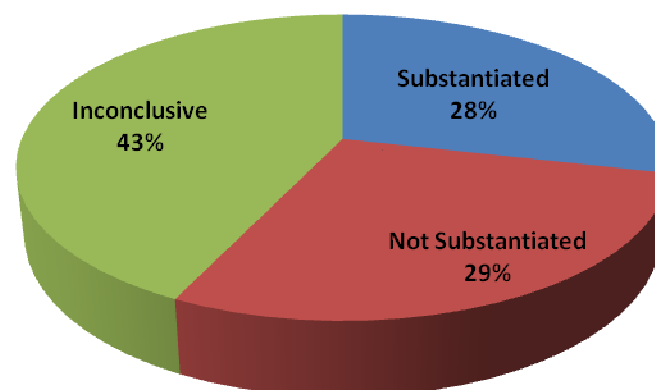


Ethnicity of MH Vulnerable Adults



Outcomes	Total	% Total
Substantiated	6	28%
Not Substantiated	6	29%
Inconclusive	9	43%
Total	21	100%

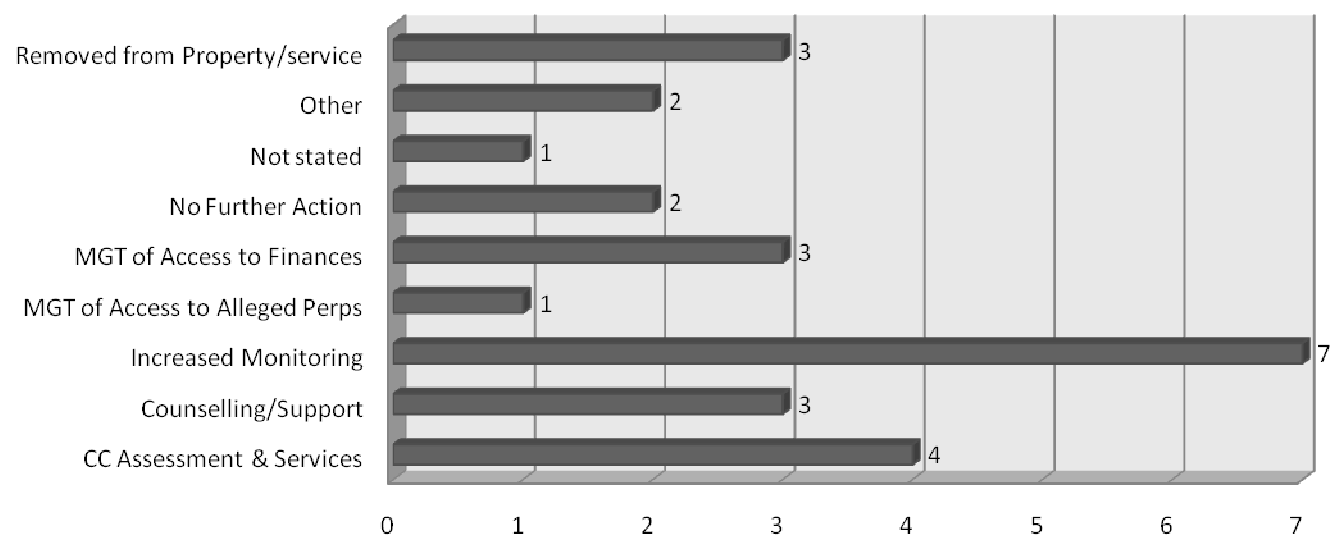
Outcomes of Mental Health Concluded Cases



in Outcomes for MH Vulnerable Adults

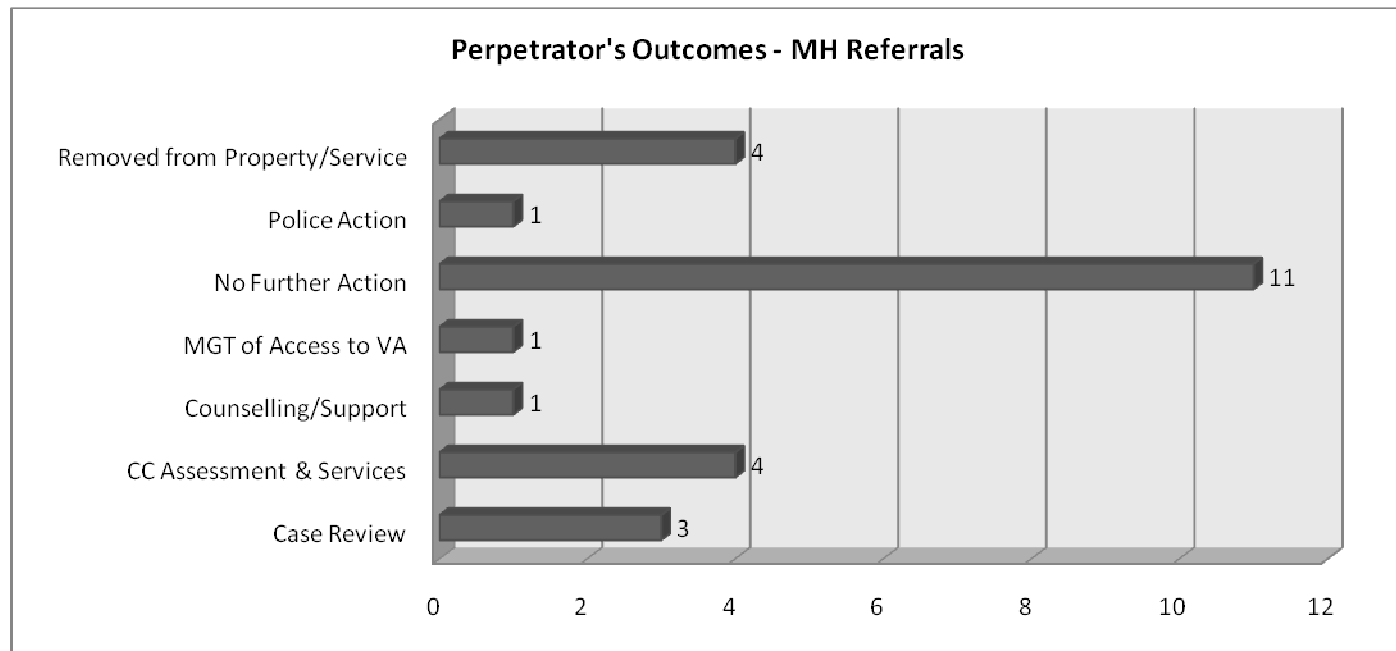
Outcomes	Total	% Total
Assessment & Services	4	15%
Counselling/Support	3	12%
Increased Monitoring	7	27%
MGT of Access to Alleged Perps	1	4%
MGT of Access to Finances	3	12%
Further Action	2	8%
Not stated	1	4%
Removed from Property/service	2	8%
CC Assessment & Services	3	12%
Total	26	100%

Vulnerable Adults Outcomes - MH Referrals



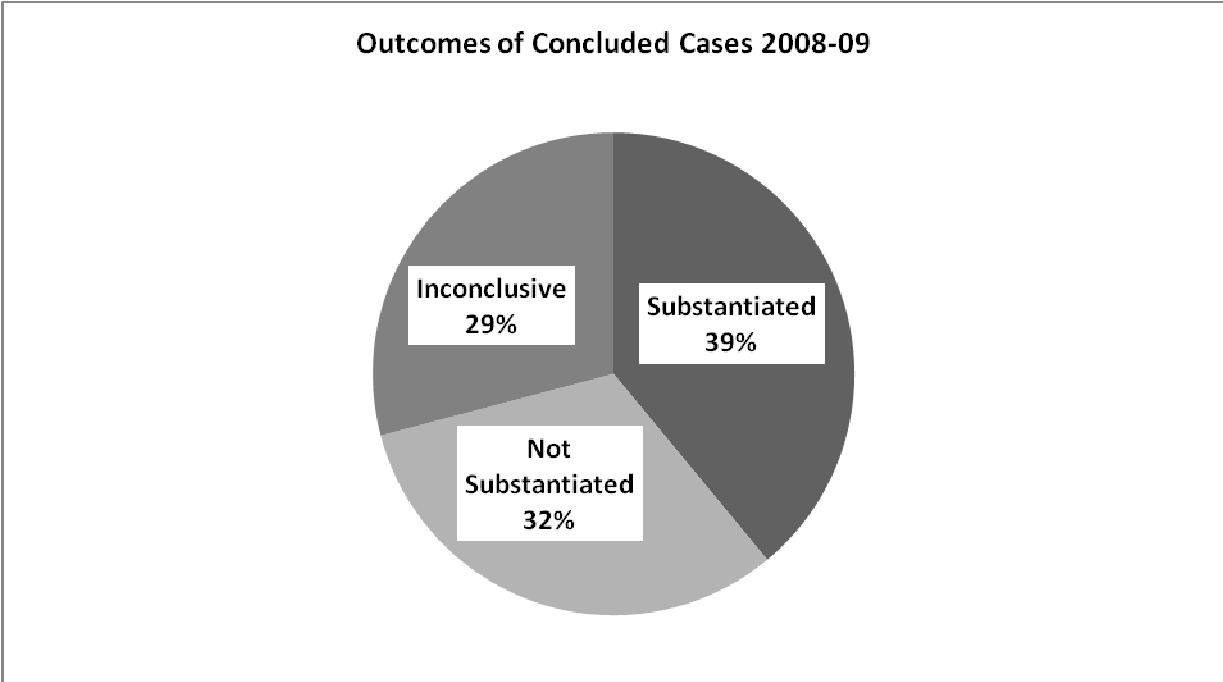
Main Outcomes for Perpetrators in MH Referrals

Perpetrators Outcomes	Total	% Total
Case Review	3	12%
Assessment & Services	4	16%
Counselling/Support	1	4%
MGT of Access to VA	1	4%
Further Action	11	44%
Police Action	1	4%
Removed from Property/Service	4	16%
Total	25	100%



Case Conclusions of All Completed Cases

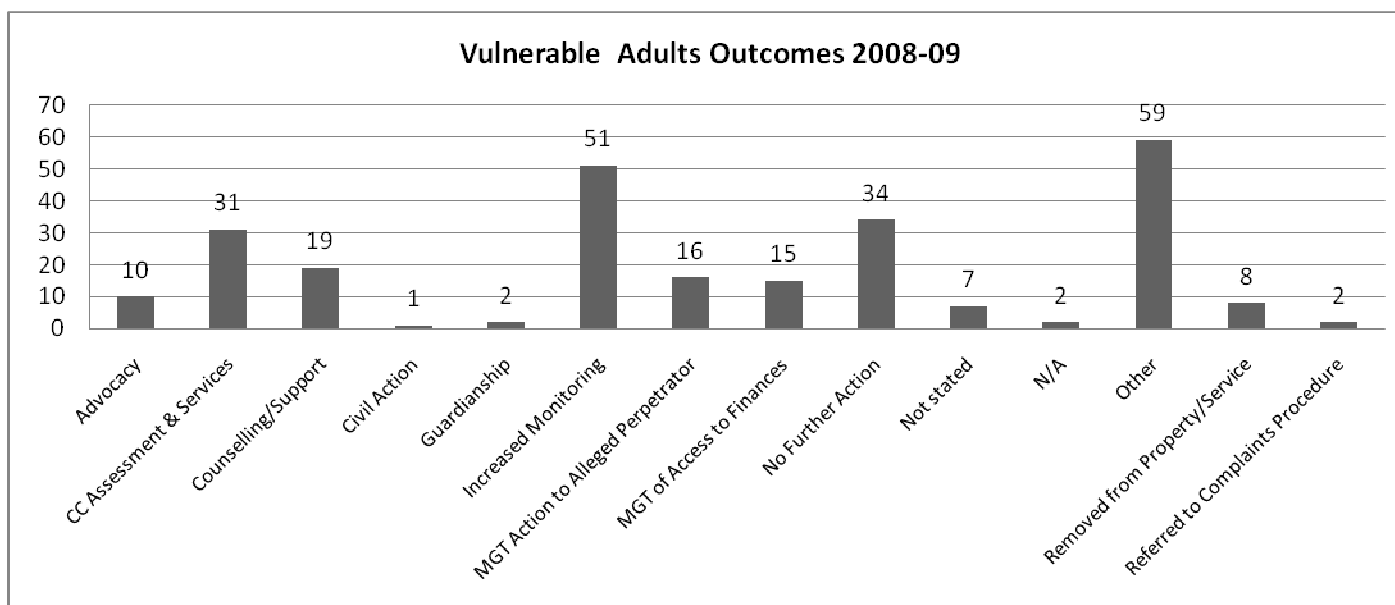
Outcome	Total	% Total
Substantiated	71	39%
Not Substantiated	58	32%
Inconclusive	53	29%
Total	182	100%



out of 254 cases have been concluded. Therefore 72 cases are yet to be concluded at the time of compiling the report.

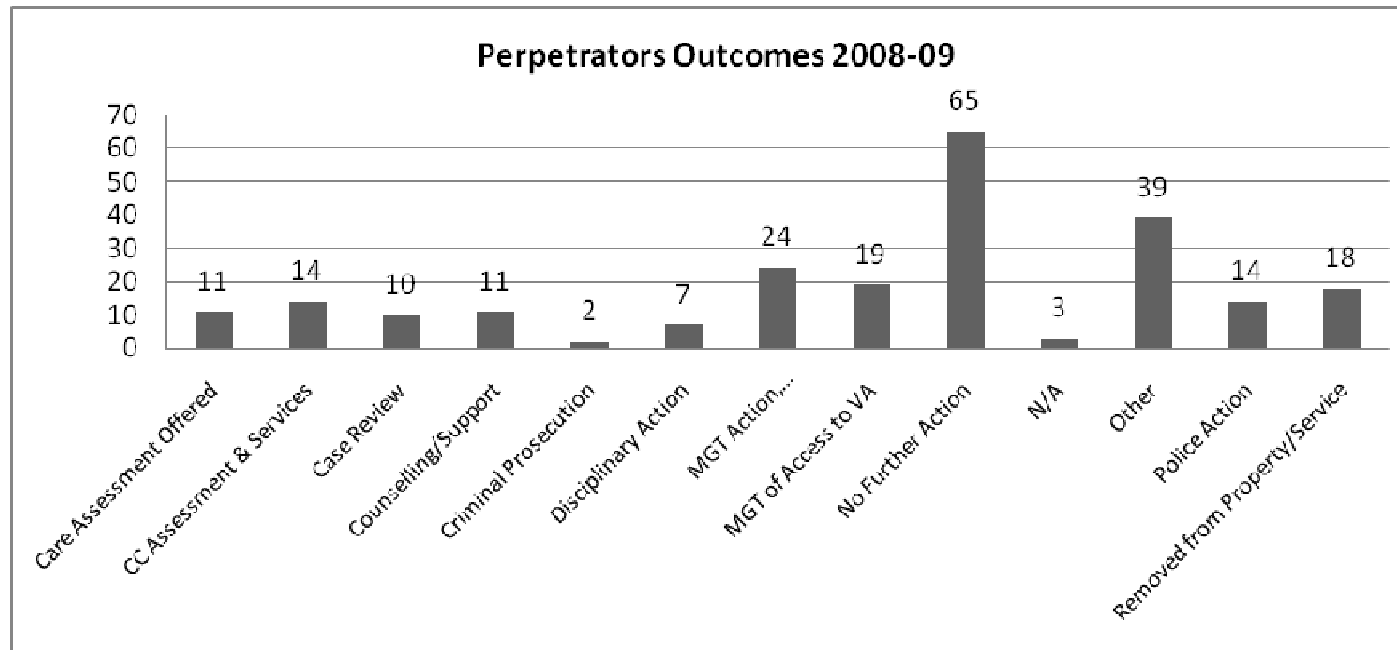
Outcomes for Vulnerable Adults for Completed Cases

VA Outcomes	Total	% Total
Advocacy	10	4%
CC Assessment & Services	31	12%
Counselling/Support	19	7%
Civil Action	1	0%
Guardianship	2	1%
Increased Monitoring	51	20%
MGT Action to Alleged Perpetrator	16	6%
MGT of Access to Finances	15	6%
No Further Action	34	13%
Not stated	7	3%
N/A	2	1%
Other	59	23%
Removed from Property/Service	8	3%
Referred to Complaints Procedure	2	1%
Total	257	100%



Outcomes for Perpetrators for Completed Cases

Perpetrators Outcomes	Total	% Total
Care Assessment Offered	11	5%
CC Assessment & Services	14	6%
Case Review	10	4%
Counselling/Support	11	5%
Criminal Prosecution	2	1%
Disciplinary Action	7	3%
MGT Action, Supervision/Training	24	10%
MGT of Access to VA	19	8%
No Further Action	65	27%
N/A	3	1%
Other	39	16%
Police Action	14	6%
Removed from Property/Service	18	8%
Total	237	100%



Appendix 3: Safeguarding Adults Training Plan for 2009/2010

COURSE	OBJECTIVES	TARGET GROUP
Briefings ½ day	<ul style="list-style-type: none"> ◆ Acknowledge the existence of abuse ◆ Recognise at the different types of abuse ◆ To be aware of the Brent multi-agency policy and procedures, including referral processes 	All staff in private and voluntary sector and partner agencies
Alerters 1 day	<ul style="list-style-type: none"> ◆ Recognise signs and symptoms of abuse ◆ Understand the impacts on vulnerable adult ◆ Know how to raise an alert and have an overview of the safeguarding process ◆ Understand roles and responsibilities under Brent's multi-agency policy and procedures, including whistle blowing ◆ Understand the role of CSCI 	All staff health and social care, housing and the voluntary sector
Safeguarding Investigators Course 2 day course	<ul style="list-style-type: none"> ◆ Understand procedures involved in an adult abuse investigation ◆ Understand the purpose of strategy meetings and case conferences ◆ Develop appropriate interviewing skills ◆ Consider the importance of risk assessment in investigations ◆ Understand the importance of recording, monitoring and reviewing 	Staff responsible for investigating safeguarding referrals
Safeguarding Advanced Investigators Course 1 day Course	<ul style="list-style-type: none"> ◆ Reflect on current cases and consider areas of improvement ◆ Understand the interface between risk assessment and protection plans ◆ Understand the importance of service user involvement ◆ Understand the importance of multi-agency working ◆ Understand the importance of recording, monitoring and reviewing 	Staff who are responsible for investigating referrals
Safeguarding Managers Responsibilities & Chairing Adult Protection Meetings 1 day	<ul style="list-style-type: none"> ◆ Understand their management responsibilities in the local safeguarding adult policy and procedures ◆ Understand the purpose of the strategy meeting and case conference ◆ Look at convening and chairing these meetings ◆ Examine the role of different agencies at the meetings 	Managers and senior practitioners who will act as Safeguarding Managers

Safeguarding Managers Responsibilities & Chairing Adult Protection Meetings 1 day	<ul style="list-style-type: none"> ◆ Understand their management responsibilities in the local safeguarding adult policy and procedures ◆ Understand the purpose of the strategy meeting and case conference ◆ Look at convening and chairing these meetings ◆ Examine the role of different agencies at the meetings 	Managers and senior practitioners who will act as Safeguarding Managers
Awareness Training for Administrators 1 day	<ul style="list-style-type: none"> ◆ Overview of abuse, including different types of abuse ◆ Promote awareness of Brent's multi-agency policy and procedures ◆ Understanding the need for clear minutes to and a set format for strategy meetings and case conferences. ◆ Guidelines on how to take accurate minutes 	All administration staff in community care services
Domestic Violence 1 day	<ul style="list-style-type: none"> ◆ Raise awareness of the impact of domestic violence on vulnerable adults ◆ Understand the relationship between domestic violence and safeguarding procedures ◆ Increase understanding of how to best offer help and support 	Staff from social care units
Safeguarding Adults: Appropriate Questioning Techniques ½ day	<ul style="list-style-type: none"> ◆ To explore why some types and styles of questions may be necessary ◆ To clarify why some types of questioning may be inappropriate ◆ To provide staff with an opportunity to develop skills in providing appropriate responses when abuse is suspected or disclosed ◆ Promote awareness of Brent's policy and procedures 	All staff in community services