

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

ANNUAL REPORT

APRIL 2007 – MARCH 2008

CONTENTS

EXECUTIVE SUMMARY

ANNUAL REPORT

1	Who Are We Protecting?	5
2.	How Are We Protecting in Partnership: Key Actions 2007-2008	7
2.1	Update of Protection of Vulnerable Adults in Brent; Multi-Agency Policy and Procedures	7
2.2	Mental Capacity Act	7
2.3	Work of the Safeguarding Adults Coordinator	8
2.4	Safeguarding Adults Team	9
2.5	Quality Assurance and Governance	9
2.6	CSCI Inspection: Independence, Wellbeing and Choice	9
2.7	Work Plan Review 2007 – 2008	10
2.8	Actions from National Developments	10
3.	How Are We Promoting Awareness and Preventing Abuse?	12
3.1	Learning and Development	12
3.2	Training compared to referral rate	12
3.3	Local Implementation Teams – Quality Assurance with partners	13
4.	What More Do We Need to Do? Strategic Plan 2008 – 2010	14
5.	How Are We Going to Do It? Three Year Implementation Plan	20

Appendices

1	CSCI Inspection: Summary Report on Safeguarding Brent Adults	23
2	Summary of National and Local Developments	26
3	Analysis of Training	28
4	Annual Statistical report	30
5	Adult Protection Training Plan 2008-010	63

EXECUTIVE SUMMARY

1. **This is the fourth annual report of the Brent Safeguarding Adults Committee, formerly known as the Adult Protection Committee.**

2. **Brent Safeguarding Adults Committee and Operational Sub-group**

The Adult Protection Committee became the Safeguarding Adults Committee to reflect the move towards Safeguarding Adults. The committee continued to meet quarterly with representation from partner agencies. The operational sub-group met quarterly with this group becoming, with secondments, a reference group for the update of the policy and procedures.

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. This was the first time CSCI had undertaken national inspections of audit safeguarding arrangements. Brent was found to have adequate arrangements. The final report was presented to the council's Executive in July 2008. Overall the Safeguarding Adults Committee was found to operate as an effective decision making body and high level partnership arrangements were in place. However, the practice found files on safeguarding cases varied considerably in terms of quality of practice, recording and data entry. Some cases particularly those managed by Brent Mental Health Services were demonstrated to be a very good standard of professional practice. An action resulting from the inspection will be incorporated into the Safeguarding Adults implementation plan, and will be a key focus for improvements in 2008-2009.

4. **Quality Assurance Framework**

- Update of policy and procedures to Safeguarding Adults in Brent.
- Development of policies relating to the Mental Capacity Act.
- Expansion of Safeguarding Adults Team to include a senior practitioner.
- Safeguarding Adults Coordinator appointed chair of London Adult Protection Network.

5. Quantative analysis

Referral Activity 2007-08

- 211 referrals were received - a 41% increase on last year.
- The majority of referrals were again for older people, with an 85 % 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-four per cent of all concluded cases were substantiated.
- For substantiated cases relatives, including spouses, were the main perpetrators followed by care professionals. This differs from last year where care professionals were the main perpetrators followed by relatives.

6. National Developments

- The Mental Capacity Act came into force on April 2007, and introduced the Independent Mental Capacity Act Advocate.
- Deprivation of Liberty Safeguards were incorporated into the Mental Health Act, these will come into force in April 2009.
- A review of 'No Secrets' was announced in February 2008, with the expectation that consultation will take place over the forthcoming year.

All the above were being implemented in Brent and considered through the Safeguarding Adults Committee.

Two key research projects were published;

- 'UK Prevalence Study on Elder Abuse'

This was a major landmark research study carried out by King's College to consider the overall prevalence rate of elder abuse, of people living in their own homes. It estimated a prevalence rate of 2.6% which translated into Brent would suggest 768 older people experienced abuse. In Brent we have considerably more awareness raising to do with 113 older people referred in 07/08.

- 'Partnership and Regulation in Adult Protection: the Effective of Multi-Agency Working and the Regulatory Framework in Adult Protection'

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 both the Committee and Operational Sub-group, as part of our quality assurance framework to monitor and identify abuse and the outcomes of interventions.

Analysis of the referrals shows

- 211 referrals received, an increase of 41% increase from 2006/07
- Increase in referrals relating to all client categories with a significant increase in referrals relating to older people (85%). Other increases were not as notable: mental health (8%), physical disability (15%) and learning disability (7%).
- As per last year, the majority of alleged victims were women (55%).
- In regards to the ethnicity of vulnerable adults: 42% were of white origin, 25% were of black origin, 16 were of Asian origin. This trend reflects the same as that last year.
- Financial abuse was the main type of alleged abuse referred followed by physical abuse.
- 104 referrals related to alleged abuse taking place in the client's own home.
- A high number of alleged perpetrators were related to the client (33) followed by care professionals (23%)
- 34% of completed cases were substantiated.
- For substantiated cases, relatives, including spouses, were the main perpetrators followed by care professionals - this trend differs from last year as care professionals were the main perpetrator followed by relatives.
- The main outcome of substantiated cases for victims was 'No Further Action' followed by increased monitoring; however, further analysis has shown that although there was an action taken against the perpetrator, and protection was no longer an issue, and there was no further action for the victim.
- The main outcome of substantiated cases for perpetrators was 'No Further Action' followed by police action and management of access to vulnerable victim.

- There were 72 tabled multi-agency strategy meetings with 48 multi-agency strategy discussions, and 21 case conferences taking place.
- 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 4

2. How Are We Protecting in Partnership: Key Actions of 2006-2007

2.1 Update of Protection of Vulnerable Adults in Brent; Multi-Agency Policy and Procedures

The current policy and procedures are being updated to 'Safeguarding Adults in Brent'. This work has been able to be completed with a successful bid from the council's Chief Executive's Performance Fund. The update of the policy and procedures has taken longer than anticipated due to ensuring that the updated policy and procedures are robust and fit for purpose. The operational sub-group became the reference group for the update with other agencies being seconded on for this specific task. Consultation has been undertaken with key agencies as well as the private and voluntary sector and consultation with service users and carers is also underway.

The update of the policy and procedures has enabled all agencies to reflect on current practices and understand the important that they play in their day to day work.

Alongside the update of the policy and procedures new leaflets have been published as have new posters. These will be widely distributed with the launch of 'Safeguarding Adults in Brent'.

The shift to Safeguarding Adults encompasses all work which enables an adult 'who is or may be eligible for community care services' to 'retain independence, wellbeing and choice, and to access their human right to live a life that is free from abuse and neglect'. It also enables carers to be referred under the policy to ensure that they are protected from abuse.

Ensuring consultation has occurred has been an integral part of the update of the policy and procedures. Consultation has occurred within the Local Implementation Networks, at the Brent Pensioners' Forum as well as a formal event convened with agencies, both private and voluntary, within Brent.

It is envisaged that the move will also provide a clearer framework to partner agencies as to what is expected of them.

2.2 Mental Capacity Act

Within Brent the Local Implementation Network (LIN) for the Mental Capacity Act is attended by the Safeguarding Adults Coordinator and is chaired by the current chair of the Adult Protection Committee.

The Adult Protection Coordinator was involved in the development of the 'Joint West London Policy on Instructing Independent Mental Capacity Advocates (IMCAs) under the Mental Capacity Act 2005'. The safeguarding adults committee also provided comments on the draft.

Cambridge House is the agency which has been commissioned to provide the IMCA service to Brent under a joint west London agreement and it has provided a number of training sessions within Brent.

Over the past year there have been two referrals to the IMCA service in relation to adult protection issues. Overall there were 17 referrals to the IMCA service of which 12 were eligible.

Cambridge House presented to the Safeguarding Adults Committee in October 2007. This enabled committee members to understand the role of the IMCA and the importance they have in adult protection/safeguarding adults cases.

Monthly analysis showed that referrals should be increased and more awareness sessions were organised.

Work has also started within the LIN on how to take the Deprivation of Liberty requirements forward for new systems to be implemented by March 2009.

2.3 Work of the Safeguarding Adults Coordinator

This post is key to the development of the Safeguarding Adults Committee and the acting Coordinator completed the following as well as providing operational guidance as required, during the permanent Co-ordinator's maternity leave.

The Safeguarding Adults Coordinator has continued to attend a number of forums within Brent, to ensure improved liaison with wider safeguarding issues in recognition of this the local authority ensured a temporary co-ordinator covered whilst the post holder was on maternity leave. A key task as part of the overall quality assurance framework and governance arrangements involves preparation and presentation of the Safeguarding Adults Committee report to the council's Overview and Scrutiny Committee (see section on governance). Other work has included;

- Support for Committee and Operational sub-group.
- Summaries of research projects.
- Development of a Serious Case Review protocol.
- Taking forward action plans within establishment concerns.
- Attendance at training sessions.
- Domestic Violence Forum.
- Multi-Agency Risk Assessment Conference (MARAC).
- Multi-Agency Public Protection Arrangements (MAPPA).
- Central North West London Mental Health Trust Vulnerable Groups Group.

She has also been appointed as the chair of the London Network of Adult Protection Coordinators, in recognition of the regard that the Brent policy and procedure has within London and the particular skills of Brent's highly valued adults safeguarding coordinator, acknowledged in the CSCI inspection report.

2.4 Safeguarding Adults Team

The local authority's Community Care service identified the need to expand its team to improve professional practice and a post was included in the July 2007 budget bidding round and once the budget was agreed by the council's Executive in March 2008, plans were made to recruit a new post. The Safeguarding Adults Team, based in community care has been expanded to include the role of senior practitioner. This role will take forward operational issues and also look at quality assurance in implementing the policy and procedures.

2.5 Quality Assurance Governance Arrangement

The Safeguarding Adults Committee has been required to report annually to the Local Authorities Overview and Scrutiny Committee as part of the overall quality framework. This is usually led by the Lead Member for Adults, Health and Social Care and the Safeguarding Adults Committee is represented by the key multi-agency partners.

In 2007/08 the Safeguarding Adults Committee Chair and Co-ordinator, with the PCT representative presented issues from 2006/07 and responded to detailed questions from cross party members. The CSCI inspection looked at whether Protection of Vulnerable Adults (POVA) arrangements are robust and working well and found that they were clear and effective. "Councillors scrutinised the annual safeguarding report and asked challenging questions about the data. We are confident that with the support of managers, councillors would in time develop increasing knowledge in respect by their role in driving up improvements in this key area of the council's responsibility," the CSCI report stated.

2.6 CSCI Inspection

This was the first time CSCI had undertaken national inspections of safeguarding arrangements. Brent was found to have adequate arrangements. The final report was presented to the council's Executive in July 2008. Overall the Safeguarding Adults Committee was found to operate as an effective decision-making body and high-level partnership arrangements were in place. However, the practice found in files on safeguarding cases varied considerably in terms of quality of practise, recording and data entry. Some cases and particularly those managed by Brent Mental Health Service were demonstrated to have a very good standard of professional practise. The summary of the report is attached in Appendix 1.

2.7 Review of Work Plan 2007/2008

A review of the action plan was undertaken at the joint business planning meeting of the Committee and Operational sub-group in January 2008. It reflected the work that had been completed and that work that was still underway.

Completed work to date includes;

- Local authority Performance Fund bid was successful to allow for consultant to update policy and procedures.
- Permanent full-time support officer appointed, started February 2008.
- Close links have been maintained both locally and nationally.
- Annual report was completed for 2006/07 year and was presented to Overview and Scrutiny Committee with the support of the Brent Primary Care Trust.

Items remaining to be completed include;

- Development of audit tool to monitor implementation of policy and procedures.
- Development of a specific webpage and newsletter.
- Development of service user and practitioner forums.

It has been acknowledged that distributing the tasks from the work plan more broadly would ensure achievement of all tasks. A three-year implementation plan, noted further in this document, has been developed and reflects the multi-agency nature of the Safeguarding Adults Committee.

2.8 Actions from National Developments

2.8.1 'UK Prevalence Study on Elder Abuse'

This was a major landmark research study carried out by King's College to consider the overall prevalence rate of elder abuse, of people living in their own homes. It estimated a prevalence rate of 2.6% which translated into Brent would suggest 768 older people experienced abuse. In Brent we have considerably more awareness raising to do with 113 older people referred in 07/08.

At the launch of the research at an Action on Elder Abuse Conference with the Health Minister Ivan Lewis launching the review of 'No Secrets' guidance, the Brent chair of the Safeguarding Adults Committee, Christabel Shawcross Assistant Director of Community Care gave a speech representing the Association of Director of Adult Social Services Older People's Committee welcoming the landmark research, the high priority given to safeguarding with local authorities and emphasise the need for continually developing partnerships arrangements and raising awareness of how agencies can work together to combat and prevent abuse, based on a 'no tolerance' approach.

The study was presented by the charity Action on Elder Abuse at the Brent Pensioners' Forum on 10 December 2007. This forum found the presentation interesting and informative and was concerned to ensure the Brent procedure validated when 'abuse' was referred because of the wide-ranging definitions that could occur. It also highlighted the need to have close relationships with police and community safety on responding to domestic violence.

Action on Elder Abuse presented a summary of the study was presented to the Committee and discussion ensued in relation to the figures within the research in relation to the population of Brent and the figures we are reporting relating to allegations of abuse. In terms of the research project the prevalence rate was 2.6%. Based on the 2001 census for Brent this would suggest that 768 older people were victims of abuse. In 2007/08, 113 older people were referred.

2.8.2 'Partnership and Regulation in Adult Protection; the Effectiveness of Multi-Agency Working and the Regulatory Framework in Adult Protection'

A summary of this research was discussed at the Committee in October 2007. Elements of research in terms of benefits, barriers and inhibitors could be seen in Brent's Safeguarding Adults Committee and the challenge is now to overcome the barriers and inhibitors and move the committee towards and effective multi-agency committee. The update of the policy and procedures to Safeguarding Adults provides a framework for agencies to work together.

2.8.3 'Cornwall and Merton and Sutton Reports on Abuse in Learning Disability Hospitals'

The Safeguarding Adults Committee and Learning Disability Partnership considered the actions of the reports and ensured any relevant service used it as an audit tool. A PCT run service was identified as a campus and has developed a service improvement plan, using the audit tool set out in the national report, as part of its re-provision programme in line with DoH requirements.

3. How Are We Promoting Awareness and Preventing Abuse?

3.1 Learning and Development

We recognise the importance of continually promoting awareness of abuse and to improve professional practice.

A number of formal training courses were commissioned over the 2007/08 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.

- Awareness training
- Briefings
- Independent sector managers
- Managers
- Domestic Violence
- Chairing strategy meeting and case conferences
- Awareness for administrators
- Investigators.

Over all courses there were 478 offered. In total 517 places were booked as it was agreed to overbook courses due to a number of booked participants not attending on the day, and 419 participants attended courses, which is an 85% attendance rate, a slight decrease on the attendance in the previous year.

3.2 Training Compared to Referral Rates

Analysis of training courses compared to referral rate does show that following training courses this is reflected in an increase in referrals. Where no training has been provided it appears that there are fewer referrals in the months following. However, further analysis is needed as to whether these referrals are appropriate

Appendix 2 also provides a summary of feedback from training participants which assisted in the planning for the training programme for 2008/09.

Awareness training was also undertaken by the Safeguarding Adults Coordinator to;

- Brent Transport Services
- One Stop Service.

The training programme for 2008/2009 can be seen in Appendix 5, which builds on the objective to improve the knowledge and understanding identifying and preventing abuse. 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.

3.3 Local Implementation Teams – Quality assurance with Partners

The Safeguarding Adults Committee cannot work on its own and takes forward its work and is responsive to the issues arising from the partnership arrangements overseen by the local authority and PCT Health and Social Care Partnership Board, which is part of the local strategic partnership. It ensures that the overall policy and procedure and quality assurance framework are taken through the following user and specific strategy groups. These groups have representatives on the Safeguarding Adults Committee which ensures an integrated approach.

The Safeguarding Co-ordinator ensures the Safeguarding Adults Committee reports are presented to the partnership groups and these discussions held identify issues to take forward. Issues identified through the Learning Disability Partnership Group were a focus on community safety and the Mental Health Partnership Board, engaging with users and user experience of safeguarding procedures. The Older People's Implementation Team, in analysing the King's College research, involved Age Concern and Elders Voice in how to engage with older people they have contact with, following on from Elders Voice conference on elder abuse and Asian women's issues in 2007. Brent Mental Health Service as part of the CNWL Mental Health NHS Foundation Trust has its own governance framework to ensure compliance with Brent procedures and contributes through the LIT to development work in partnership with Brent User Group (BUG) whose director is represented on the Safeguarding Adults Committee in 2008.

4. What More Do we Need to Do? Strategic Plan 2008 - 2010

The move from Adult Protection to Safeguarding Adults has also enabled the Committee for focus on the development of a three year strategic plan which incorporates a three year implementation plan. The intention is to have a more comprehensive safeguarding strategy across partner agencies and more effective consultation and quality assurance mechanisms. This will take forward the CSCI action plan and ensure an effective quality assurance framework is embedded and reviewed.

The aims and objectives of the strategic plan of the Safeguarding Adults Committee are;

Objective 1: To strengthen multi-agency partnership working at a strategic level

Rationale:

- Adult protection work can not be easily or successfully undertaken without good multi-agency working – it requires there to be shared responsibility.
- Safeguarding Adults standards expects there to be closer links with more strategic partnerships and forums than has hitherto been the case, and for cross-referencing in all other relevant strategies.
- This work needs to be seen as part of a wider agenda of health and well-being, crime reduction, equalities issues; and recognition of how it contributes to the Local Area Agreement, inspection and 'star rating' systems.
- Strong multi-agency working should be cost effective in terms of drawing on all relevant expertise..
- The forthcoming Care Quality Commission has indicated it will place high priority on safety issues.

Intended outcomes;

- Greater corporate recognition and commitment to safeguarding adult work – evidenced by monitoring the cross-referencing of this work in corporate and other multi-agency strategies and plans.
- Stronger agency commitment and responsibilities that is cascaded down within individual agencies and organisations – evidenced by success in meeting the other objectives in this strategy.
- More strategic approach and making better use of data leading to better targeted efforts – evidenced by increased awareness particularly among the relevant population, referrals that reflect the diversity of the borough, and user satisfaction in access to and treatment through the processes.
- Sufficient resources to enable the Safeguarding Adults standards and this strategy to be fully implemented e.g. for learning and development and allocation of staff time.

Key tasks

- Review and extend membership and terms of reference of the Safeguarding Adults Committee, as set out in the safeguarding adults policy.
- Set up an executive committee to oversee strategic development of the work.
- Set up sub-groups to develop strategies, monitor and report on implementation of (a) learning and development (b) communications (c) user involvement.
- Clarify how links will be made and built with other key partnership and multi-agency forums, and expectations of intended outcomes.
- Develop or review and revise strategies to include commissioning of services for people who are at risk or have experienced abuse or neglect and responses; services for perpetrators; reducing risk of abuse and neglect across a range of settings; equal access.
- Identify resource requirements and develop a strategy to meet those needs.

Objective 2: To ensure full compliance with the Safeguarding Adults policy and procedures within all partnership organisations

Rationale:

- All partnership organisations have signed up to the current policy and procedures and will do so for the Safeguarding Adults policy and procedures. Therefore, they are obliged to ensure their agency fully complies with responsibilities set out in the agreed multi-agency framework.

Intended outcomes:

- Delivery of a highly professional service provided to adults referred as alleged victims, those who make a referral, those who have a personal involvement with the alleged victim, and perpetrators – evidenced by user feedback, complaints and compliments received, and via monitoring data.
- Safeguarding Adults plans are cross-referenced and embedded in core business plans, and activities are mainstreamed – evidenced through the agency's reports to the Committee.
- Better use of data to improve practice - evidenced through the agency's reports to the Committee.

Key tasks:

- Annual audit of work within each partnership organisation and report to the multi-agency Committee, using an agreed common framework as outlined in Safeguarding Adults standards.
- Protocol developed by each organisation to report any particular issues or difficulties and examples of good practice, communicated

to the Committee via the Safeguarding Adults Co-ordinator in a timely manner.

- Reporting and monitoring data produced by the Safeguarding Team analysed and discussion within each organisation's management teams, including to front-line teams, on a regular basis (at least quarterly), and any proposed action monitored and fed back to the Committee.
- Identification of Safeguarding Adult senior leads within each organisation, to link with the Safeguarding Adults Co-ordinator.
- Work by all the sub-groups linked to further this objective, and strategies identified in objective 1 (commissioning of services for actual and potential victims, perpetrators, for reducing risks and equal access) to be incorporated.

Objective 3: To deliver and implement more systematic and robust performance management quality assurance arrangements

Rationale:

- Key to keeping adults safe.
- Identified by the Commission for Social care Inspection as an area in be strengthened in Brent.
- Recognised by Community Care Services that the quality of professional practice by staff in implementation of the safeguarding adults policy and procedures is variable and needs to be improved.
- People covered by the safeguarding adults policy are entitled to expect a high standard of professional case work practice.

Intended outcomes:

- Adults covered by the safeguarding adults policy and procedures feeling better safeguarded, more involved in the decision-making processes and satisfied with the outcomes because they have received a high quality service.
- Better identification of and actions to address poor professional practices.
- Making better use of information to target resources more effectively.

Key tasks:

- Appoint a senior practitioner to the Safeguarding Adults Team to help improve practice.
- Develop and introduce a quality audit tool.
- Ensure competency level requirements are included in learning and development.

Objective 4: To promote the Safeguarding Adults policy and procedures among all those that could be affected, to all relevant agencies and among the general public in the borough.

Rationale:

- The extent of abuse or neglect of adults who are or may be eligible for community care services tends to be greatly under reported.
- Statutory agencies have a responsibility to ensure that the law and statutory requirements are known and used appropriately so that adults covered by this strategy receive the protection of the law and access to the judicial process.
- The policy and procedures are intended to be known by and used for the benefit of all those covered by it, which includes carers and self-funders.

Intended outcomes:

- Greater awareness of abuse or neglect – evidenced by increase in the number of referrals received, appropriateness in distribution of referrals across and among service groups, gender and ethnicity, and from a range of referral sources.
- Identification of carers and self-funders who are or may be abused.
- Promotion of zero tolerance of abuse leading to more people identifying themselves as potential perpetrators seeking help – evidenced by agencies being contacted by potential perpetrators.
- Safeguarding Adults policy and procedures are accessible to all adult covered by the policy.

Key tasks:

- Establishing a communications sub-group to develop, promote, help implement and oversee a comprehensive strategic communications strategy and plan. This will include identifying the range of audiences, appropriate communication methods and targeted efforts based on data and available resources and opportunities.
- Development of a prevention strategy.

Objective 5: To involve service users and carers in all aspects of the work

Rationale:

- The Safeguarding Adults standards include specific requirements that reinforce general good practice that those who are intended to be the beneficiaries of the work are involved, as partners, at all levels.

Intended outcomes:

- Service user and carer participation is built into membership of the Committee, if not directly then through a clearly stated structure and process
- Service users and carers feel themselves to be key partners, able to fully participate in the design, development, monitoring, and implementation of the work both at a borough-wide multi-agency level, and within partner organisations. This is evidenced by the extent of user involvement, and feedback from them as to whether they consider themselves to be key partners.
- Service users and carers are key partners in the design and delivery of the workforce learning and development strategy and in identifying and advising on the commissioning of training that is accessible or specifically tailored to the needs of users and carers. This is evidenced by the extent to which service users are involved in the design, development, monitoring and implementation of the learning and development strategy, and training that is provided to them and carers.
- Service users and carers are key partners in the design and delivery of the communication strategy and implementation – evidenced by involvement in reading group, participation in information and promotional events.

Key tasks:

- Discussions between key partner organisations, with service users and carers, and representative organisations, to identify the best way to establish a user involvement sub-group in order to develop and monitor the implementation of a user involvement strategy.
- Each agency to identify how it can and should involve users more in safeguarding work within their own organisation.
- Building links between safeguarding adults and the strategies and plans concerning carers.

Objective 6: To take a proactive approach to safeguarding adults to ensure prevention is at the forefront of partners' policies and developed with the local community

Rationale:

- Human Rights legislation states that everyone has the right to live their lives free from violence and abuse, and all agencies have responsibilities to implement Human Rights legislation.
- All individuals and agencies must comply with legislative requirements in respect of health and safety, disability discrimination, race relations and sexual discrimination.
- The government expects agencies to develop policies with the community and users of services – promoting empowerment and wellbeing in order to achieve community cohesion.

Intended outcomes:

- Reduction in referrals and reports of abuse due to increased and better awareness of and implementation of prevention measures.
- The community and service users feel they have been fully involved in the development of the prevention policy, strategy and its implementation.

Key tasks:

- Development of a multi-agency prevention policy and strategy by the Safeguarding Adults Committee, to include good risk assessments by staff, and health checks that include safeguarding adult issues.
- Implementation of a prevention strategy by partner organisations.
- Involvement of the community and service users in the development of these policies, strategies, and implementation plans.
- Development of a communications strategy that ensures that all sections of the community are reached

A full copy of the 2008 -2010 Strategic Plan can be obtained from the Safeguarding Adults Team.

5. How Are We Going to Do It? Three Year Implementation Plan

To ensure that the objectives identified within the Strategic Plan are met a three year implementation plan has been developed.

Year	Activity	Responsibility
2008/ 09	Review membership and terms of reference of the Safeguarding Committee	Committee members
	Set up Executive Committee – with membership and terms of reference	Committee members
	Set up, with chair, membership and terms of reference to develop strategies and action plans that will report to the Committee: (a) Learning and development sub-group (b) Communications sub-group – including appropriate representation from BME communities (c) User involvement sub-group – following discussions with service users, carers and representative organisations, ensuring representation from all user groups and sections of the community including appropriate representatives from BME communities (d) Audit and development group to improve practices based on data collection and analysis + to link with working groups (see below)	Committee members – identification of leads for each
	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 Committee to lead on each
	Provide information and analysis of services for perpetrators and disseminate to agencies	Committee member – lead to be identified
	Build links with all key partners and multi-agency forums to ensure Safeguarding Adults is referenced and linked to all relevant areas (a) audit of scope (b) clarify expectations (c) strategy for meeting expectations	Committee – each led by one of the members

Annual review of joint commissioning strategies by member organisations to ensure adequate/ appropriate references to safeguarding adults	Commissioning members of the Committee – reporting to the Committee
Each organisation identifies how it can and should involve users in safeguarding adult work within their organisation – and reports to the Committee	Members of the Committee
Provision of agreed framework to assist partnership organisations to audit their safeguarding adults work	Safeguarding Adults Co-ordinator
Protocol developed by each organisation to report any particular issues or difficulties and examples on good practice for the Committee	Each member of the Committee
Report by each organisation to the Committee on how reporting and monitoring data produced will be discussed within their agency on a regular basis, and what if any further data the agency requires	Each member of the Committee
Community Care Transformation Board to contribute to development of safeguarding, including self-directed support and hate crime, through its programme	Chair of Committee (also chair of CCTB)
Improved performance management and quality assurance arrangements: (a) System in place for regular and systematic case file audits (b) Learning and development competencies in place, integrated with new performance appraisal system (c) New indicators and evaluation mechanisms in place to strengthen analysis of data and outcome measurements (d) Appoint a senior practitioner to the Safeguarding Adults Team	(a) AD and sen. managers - Community Care (b) Community Care – L&D + SA Co-ordinator (c) SA Co-ordinator + to be agreed by SA Committee (d) AD – Community Care
Identification of protocols that need (a) to be put in place (b) reviewed in light of safeguarding adults - development of strategy/ plan to negotiate and targets for completion/ agreement	Committee member identified as lead
Senior Safeguarding Adults leads (a) identified by each organisation (b) linked to and coordinated by the Safeguarding Adults Coordinator	(a) Each member of the Committee (b) Safeguarding Adults Co-ordinator

	Appoint a senior practitioner to the Safeguarding Adults Team to help improve practice	AD Housing and Community Care
2009/10	April – audit by each organisation of its safeguarding adults work and reported to the Committee 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 Committee – reporting to the Committee
	Review of progress in linking Safeguarding Adults work with other policies, strategies and plans in the borough	Committee 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 + Committee
2010/11	April – audit by each organisation of its safeguarding adults work and reported to the Committee 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 Committee – reporting to the Committee
	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 + Committee
	October - Review of this strategy, and preparation for the next three year strategy to be drafted in January for consultation and discussion	Safeguarding Adults Co-ordinate to lead

Appendix 1: CSCI Independence, Wellbeing and Choice Inspection

SUMMARY

Safeguarding Adults

The Commission rates council performance using four grades. These are poor, adequate, good and excellent. We concluded that the London Borough of Brent safeguarding of adults was adequate.

The Safeguarding Adults Committee operated as an effective decision making body and high level reporting systems were in place. The SAC's performance management role in respect of qualitative measures and the quality of safeguarding outcomes had not been fully effective. Councillors routinely scrutinised the safeguarding annual report and offered some level of challenge about the data. The role of Councillors in keeping people safe needed to be better promoted. Links between adult safeguarding and broader community safety initiatives were robust.

Safeguarding adults policies and procedures were sound. The current policies and procedures were in the process of being reviewed at the time of the inspection. The council was committed to engaging a broad range of stakeholders in this review process. Early indications were that if key safeguarding plans were effectively implemented this would further strengthen multi agency arrangements and improve outcomes for people. Awareness about what to do when safeguarding concerns arose amongst people using services, carers and some partners was variable.

Safeguarding cases varied considerably in terms of the quality of practice, recording and data entry. Overall, we found that cases were lacking in significant areas of professional practice. However, we also saw some cases, particularly those managed by the Mental Health Trust that demonstrated a very good standard of professional practice. In such cases key actions including multi agency investigations, strategy meetings or discussions, risk management strategies to prevent reoccurrence and protection plans were clearly recorded.

Senior management had recently sought additional funding to address safeguarding audit and quality assurance weaknesses. This was an indication that the council was well placed to deliver further sustained improvements in this key area of service delivery.

Delivering Personalised Services

We concluded that the London Borough of Brent's delivery of personalised services was good.

Intake and referral processes were sound. Despite the council's considerable efforts some carers did not know where to go when they initially needed help and support from services. Processes for people in the community including occupational therapy assessments, were sometimes subject to delays. Older people that we met and their carers raised a number of concerns about being treated with dignity and respect by some staff in residential homes and some home care agencies. The quality and depth of assessments was varied. Few

cases provided evidence that risks and contingencies were planned for and signed up to by people using services and their carers. There was limited evidence that diversity was considered and responded to within community care processes. The council had implemented a number of key actions to improve carers' support. However, we found that the numbers of carers' assessments were low. The extent to which people had been sufficiently involved in decisions about their care was variable overall. There were some delays in conducting reviews. Data entry of Framework-I was inconsistent and sometimes inaccurate.

Management had taken action to strengthen contract monitoring. A detailed Home Care Survey conducted in 2007 showed that 91 per cent of people were satisfied with the quality of home care. However, most people that we met had concerns about the quality of their home care.

Older people experienced timely hospital discharge care arrangements. Hospital discharge arrangements had been strengthened, but there were still delays in formal notifications being made from the hospital to community teams. Brent still had a very high number of delayed discharges in hospital. There was an increasing range of preventative services aimed at older people's wellbeing. Advocacy was not often considered for people who might benefit from it. Telecare was being used effectively to help prevent the breakdown of care arrangements and the need for hospital admission. The range of services for older people outside of traditional daytime hours was limited. Management had taken action to improve performance in respect of direct payments. However the numbers of older people using direct payments remained relatively low.

Capacity to Improve

The Commission rates council capacity to improve its performance using four grades. These are: poor, uncertain, promising, and excellent. We concluded that capacity to improve in the London Borough of Brent was promising.

There was a well-established, experienced and competent senior management team in place. They had embarked on an ambitious transformational plan for adult social care. Staff had been well engaged in the change agenda and they were confident in their senior managers ability to deliver the required improvements. The safeguarding of adults had a high profile in Brent. Council staff had confidence in their managers in respect of safeguarding although a minority of front line managers needed to develop their skills and knowledge in this key area of work.

The Safeguarding Adults Committee was clear in its objectives and had a detailed work plan to drive further improvements. Governance arrangements were robust.

There were good and effective linkages between key strategies. Key plans were in place to drive improvements in adult social care. Plans were not yet sufficiently detailed but early signs were promising. The data analysis and reporting of safeguarding was effective and was helping to shape an improvement agenda.

3

Overall, there was not yet a sufficiently coherent and systematic quality assurance system in place. Induction and supervision of council staff was good and this was supported by a supervision policy. There was an accredited quality framework in place for processes in older people's services. An outcomes-based quality framework for either safeguarding arrangements or personalised services was lacking. The extent to which older people and carers contributed directly to quality and monitoring was limited. Despite having good information system the quality of data capture was inconsistent. Casework was not consistently quality assured. Senior management had secured funds to increase the capacity of the Safeguarding Adults Team and this offered a welcomed opportunity to address important safeguarding quality assurance weaknesses.

There were plans to strengthen the updated Joint Older People's Commissioning Strategy for 2009-14 with increased links to other key strategies. The draft Joint Area Needs Assessment would provide the council and its partners with a strong foundation from which to understand the needs of the wider community in commissioning terms. There were a range of good examples of the council having consulted and informed older people and carers about service design and provision. The council was considering additional ways they could engage people with experience of being subject to safeguarding arrangements. Contract setting and compliance arrangements were pleasingly robust. However, the experience of most older people that we met indicated that the quality monitoring of home care had not been sufficiently effective as regards to all care agencies. Overall there was still work to do to fully embed a culture that supported and delivered greater wellbeing, independence and choice for most older people in Brent.

This summary was extracted from the Brent CSCI Wellbeing, Independence and Choice Inspection report, a copy of which is available from the Safeguarding Adults team.

Appendix 2: Summary of National and Local Developments

Research

'UK Prevalence Study on Elder Abuse'

The study was undertaken on behalf of the Department of Health and gave an indication of the extent of the hidden abuse of older people in our society. It suggested a prevalence of 2.6% of people aged 66 years of older or over and living in the community were victims of abuse.

'Partnership and Regulation in Adult Protection; the Effectiveness of Multi-Agency Working and the Regulatory Framework in Adult Protection'

This research was undertaken by the University of Sheffield, King's College London and the Social Care Workforce Research Unit and examined working relations in Adult Protection.

The study explored how regulatory authorities, professionals and provider of care, supported and engaged with each other ensure the protection of vulnerable adults.

The report noted the following;

The Benefits - evidence of information sharing, sharing of skills, knowledge and expertise, coordination of responses and different agency perspectives
The barriers – agencies did not provide adequate resources either financial or human, different agencies had different priorities, and a lack of commitment to partnership working

The inhibitors – lack of adequate resources, a lack of statutory legislation and uncertain from commitment from all agencies at local levels to fully participate in partnership working

Mental Capacity Act

The Mental Capacity Act, 2005 introduced the Independent Mental Capacity Advocacy (IMCA) Service. The act puts a duty on local authority and health trusts to provide and IMCA to vulnerable people with no family or friends to speak on their behalf and who lack capacity to make specific decisions concerning accommodation and serious medical treatment. The Act also introduces a discretionary power to provide an IMCA to vulnerable adults who are victims or perpetrators of abuse whether or not they have family or friends. A new crime of ill-treatment or neglect of people lacking capacity was also introduced. The Act came partly into force in April, 2007 and completely on 1 October 2007.

Deprivation of Liberty

The Mental Health Act 2007 has amended the Mental Capacity Act 2005 to incorporate deprivation of liberty safeguards. These are new procedural

safeguards for those who for their own safety and best interests need to be accommodated under care and treatment regimes which have the effect of depriving them of their liberty. There will be no need for court involvement, as a panel, either local authority or PCT will authorise applications for deprivation of liberty. The safeguards are effective from April 2009.

Review of 'No Secrets'

The Department of Health has announced that there will be a review of 'No Secrets: Guidance on Developing and Implementing Multi-agency Policy and Procedures to Protect Vulnerable Adults from Abuse'. It is expected that the consultation will be released in the autumn of 2008 with the findings published by the end of the year.

PanLondon Policy and Procedures

The London Network of Adult Protection Coordinators instigated a sub-group to look at the development of Pan London Procedures. Following a presentation to Greater London Association of Assistant Directors it was agreed that SCIE (the Social Care Institute of Excellence) would lead on this work.

London Adult Protection Network

This group has continued to meet regularly over the past year to share experiences and good practice. Brent's Safeguarding Adults Coordinator has recently become the chair of this group.

Appendix 3: Protection of Vulnerable Adults in Brent: Multi-agency training attendance 2007/08

Course	Date	Number Available	Number Booked	Number Attended	MH	LD	OPS	PD	Other	Private & Voluntary	Housing	EDT & Finance	OSS & QS	No Team
POVA Awareness	31/05/07	16	13	9	-	3	-	-	-	-	3	1	1	1
POVA Briefing AM	15/06/07	40	48	39	3	6	-	2	3	25	-	-	-	-
POVA Briefing PM	15/06/07	40	48	49	4	4	3	3	1	34	-	-	-	-
POVA Briefing Session AM	05/09/07	40	50	34	-	-	-	-	-	31	-	-	-	3
POVA Briefing Session PM	05/09/07	40	49	37	-	2	-	-	-	30	-	-	-	5
POVA for Independent Sector Managers	19/10/07	16	17	16	-	-	-	-	-	16	-	-	-	-
POVA Awareness	05/11/07	16	17	14	-	1	7	4	1	-	-	-	-	1
POVA Managers	28/11/07	15	5	4	2	-	1	-	1	-	-	-	-	-
POVA Domestic Violence	29/11/07	16	12	9	-	3	3	2	-	-	-	1	-	-
POVA Briefing Session AM	08/01/08	40	58	36	1	-	2	-	-	31	-	1	-	1
POVA Briefing Session PM	08/01/08	40	51	40	-	-	-	-	-	36	2	-	-	2
POVA Chairing Strategy & Case Conference	06/02/08	12	9	9	-	3	3	2	-	-	-	-	-	1
POVA Awareness	20/02/08	16	18	16	-	6	8	2	-	-	-	-	-	-
POVA Awareness for Administrators	07/03/08	20	16	16	1	6	5	3	1	-	-	-	-	-
POVA for Independent Sector Managers	14/03/08	15	7	7	-	-	-	-	-	7	-	-	-	-
POVA Investigators	13/03/08	16	19	20	2	3	13	1	-	-	-	-	-	1
POVA Briefing Session AM	17/03/08	40	41	28	-	1	-	-	1	25	1	-	-	-
POVA Briefing Session PM	17/03/08	40	39	25	-	1	-	-	4	16	4	-	-	-
TOTAL		478	517	408	13	39	45	19	12	251	10	3	1	15

The following three cases were cancelled:

Course	Date	Reason for Cancellation
POVA Investigators	03/09/2007 – 04/09/2007	due to confusion over date
POVA Chairing Strategy & Case Conferences	05/09/2007	undersubscribed
POVA Domestic Violence	24/10/2007	trainer changing dates - rescheduled

Summary of Comments from Evaluation forms

Course	Comments
POVA Awareness	A lively and informative course Discussions were very useful Regular training for all staff for understanding POVA guidelines/procedures
POVA Briefing	Dynamic trainers with a lot of experience Very informative Training was interesting and relevant to job role
POVA Briefing Sessions	Mental Capacity Act Training required Informative and excellent training
POVA Awareness for Administrators	Mental Capacity Act Training for Administrators Course was very good but not enough time to go in more detail Very good course and trainer explained clearly
POVA Investigators	Very helpful and enjoyable training Possibly follow up training needed on carrying out investigation interviews Refresher course required in 3-6 months Training room small for the number of participants present at the course
POVA Chairing & Case Conference	Further training and clearer processes Extremely useful and informative Lot's of practice issues to address within the POVA chairing role
POVA Managers	Defining roles/responsibilities of POVA leads and agencies participation Further training re follow up of strategy meeting will be helpful
POVA Domestic Violence	Engaging, clear and coherent trainer and content was excellent A lot of insight, useful and very helpful in identifying DV barriers
POVA for Independent Sector Managers	Trainer was very useful and enhanced knowledge More information on No Secrets

Appendix 4: Annual Statistical Report

1. Introduction

The annual statistical report demonstrates trends gathered from Brent Protection of Vulnerable Adults, now known as Safeguarding Adults, referrals from 1 April 2007 to 31 March 2008. The report makes comparisons from data collated this year and last year.

2. Findings

2a. Number of Referrals

This year has seen a large increase in the number of referrals received in Brent from 150 to 211 referrals, a 41% increase from last year. At time of writing, 148 cases have been concluded out of 211 referrals.

2b. Alleged Vulnerable Adults

There has been a significant increase in the number of older people referrals (85%), 61 referrals last year to 113 referrals this year. Referrals have also increased in the other client categories; Mental Health referrals by 8%; Learning Disability by 15% and Physical Disability by 7%.

As last year, the majority of alleged vulnerable adults were women (55%).

With regards to vulnerable adults' ethnicity, 42% of victims were of white origin - 29% were white British; 25% were of black origin - 21% black Caribbean and 16% were Asian origin – 9% Asian Indian. This trend remains the same as the previous year.

For cases that have been substantiated, the main outcomes for vulnerable adults were No Further Action. This was followed by increased monitoring. Where there was No Further Action for the victim, there was an action for the perpetrator. Last year's figures show that removing the vulnerable adult from current residence and community care assessment and services were the main outcomes.

2c. Types of Abuse

The majority types of abuse identified this year, was financial (29%), physical (26%), followed by psychological and neglect (both 17%). This trend remains the same as last year. Some referrals showed more than one types of abuse.

2d. Place of Abuse

104 out of the 211 referrals showed that abuse had alleged 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 225 alleged perpetrators from 211 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 (32%), mainly consisting of sons and then daughters. The second highest group of alleged perpetrators were care professionals (23%).

The findings show that 47% of known alleged perpetrators were male and 30% female. The rest of the 23% alleged perpetrator's gender was not stated, not known or not applicable.

A large number of alleged perpetrators' ethnicity was not stated (31%) or not known (15%) in the referrals. This year, 11% of alleged perpetrators were of black Caribbean origin; 9% white British origins, followed by 14% of Asian Indian and black African origins.

For substantiated cases, relatives (29%) were the main perpetrators, followed by care professional (16%) and then spouses (12%). This trend differs from last year as care professionals (31%) were the main alleged perpetrators followed by relatives (28%)

For cases that have been substantiated, the main outcomes for alleged perpetrators were No Further Action followed by Police Action and Management of Access to Vulnerable Adult. In general for cases where there was No Further Action for the perpetrator there was an action taken for the victim.

3. Multi-Agency Working

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

- 72 strategy meetings took place. Some cases had more than one strategy meetings.
- 43 Strategy discussions took place either over the telephone or by email.
- 21 case conferences took place.

4. Establishment Concerns

There were six Establishment Concerns investigations initiated this year.

5. Serious Case Reviews

There were no Serious Case Reviews undertaken in 2007-08.

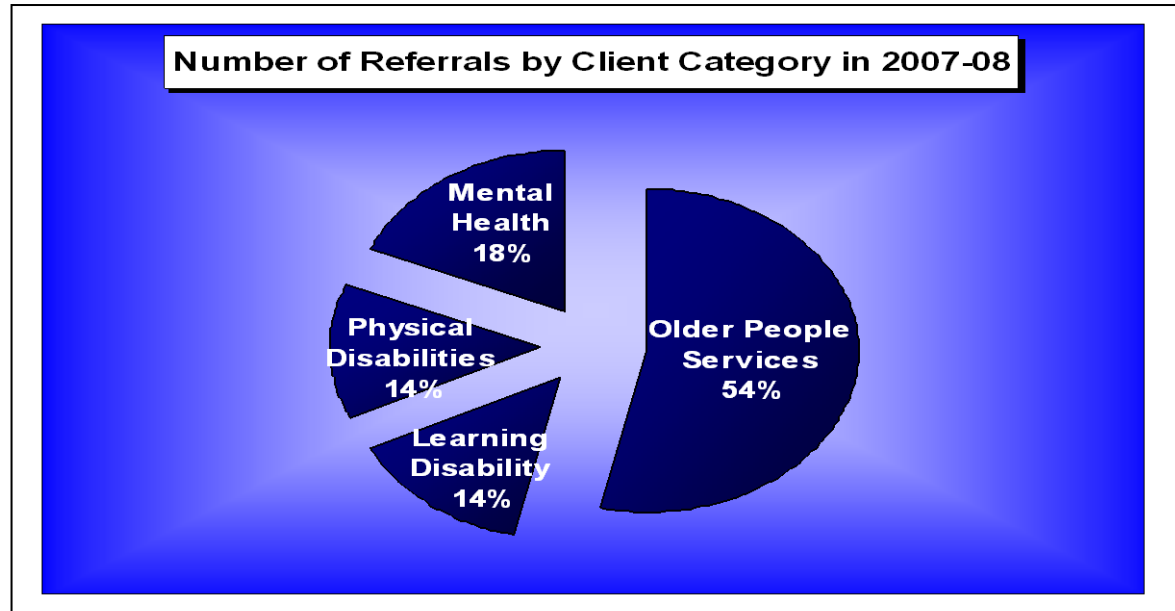
6. Summary of Findings

- 34% of all completed cases have been substantiated and 34% not substantiated.
- Majority of referred cases reporting alleged abuse related to older people.
- The main types 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 differs to last year which was care professionals followed by relatives.
- Main outcome for vulnerable adults and perpetrators was No Further Action

POVA Referrals 2007-08

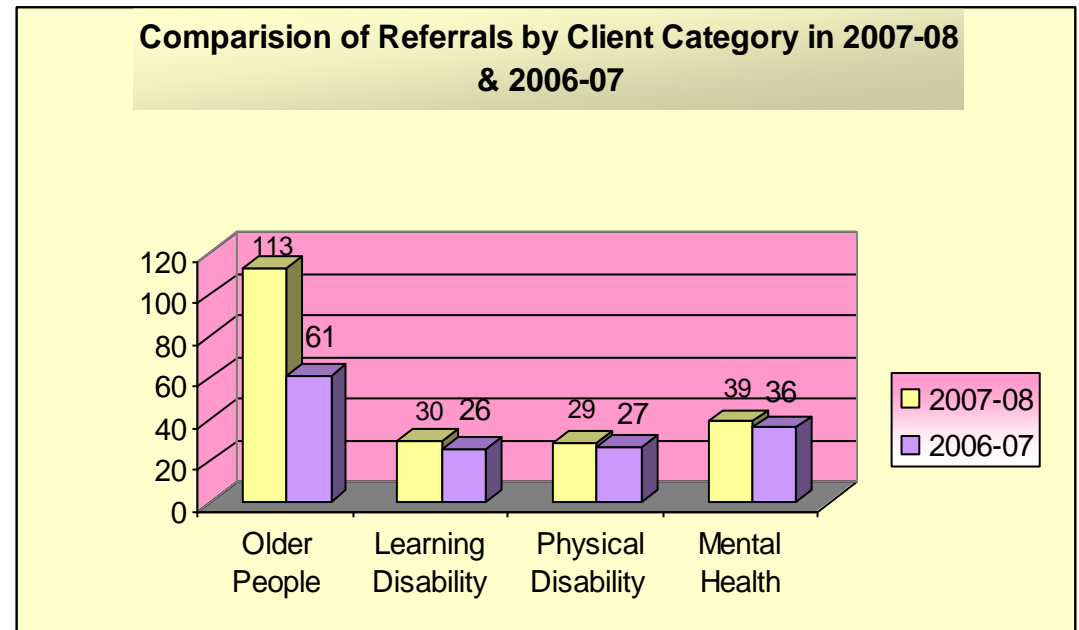
Referrals by client category 2007-08

Client Category	Number of Referrals	% of Total
Older People Services	113	54%
Learning Disability	30	14%
Physical Disabilities	29	14%
Mental Health	39	18%
Total	211	100%



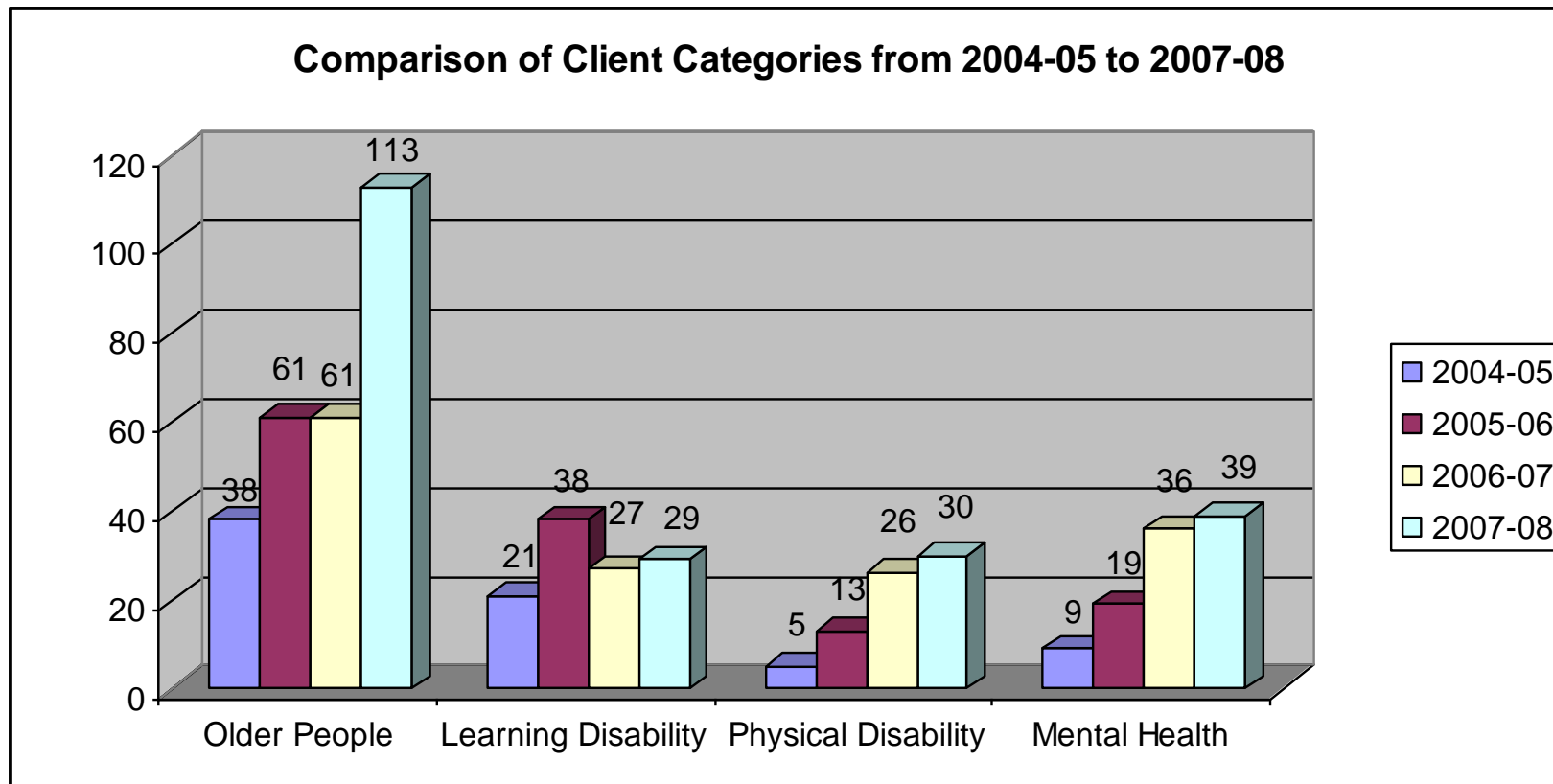
Total Number of Referrals by Client Category 2007-08 and 2006-07

	Older People	Learning Disability	Physical Disability	Mental Health	Total Number of Referrals
2007-08	113	30	29	39	211
2006-07	61	26	27	36	150
Increase in Referrals	52	4	2	3	61
Increase in %	85%	15%	7%	8%	41%



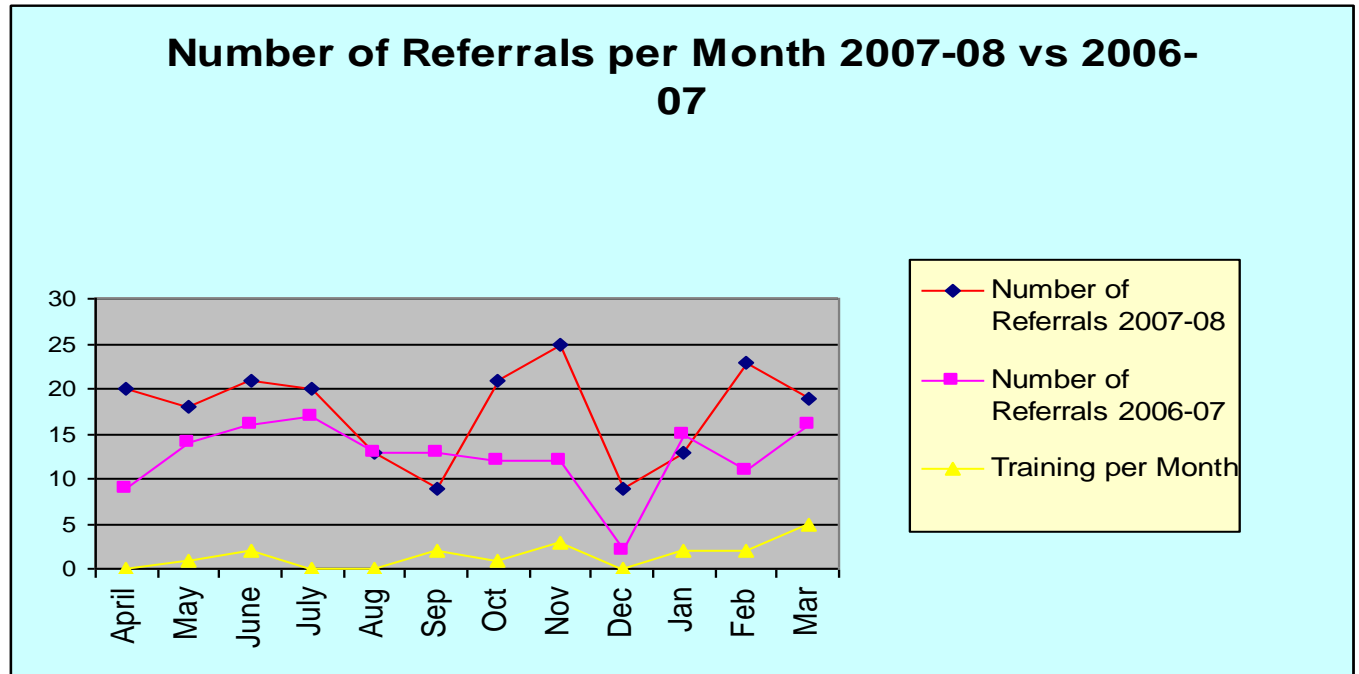
Comparisons of Client Category since 2004-05 to 2007-08

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
Total	273	115	74	103	565



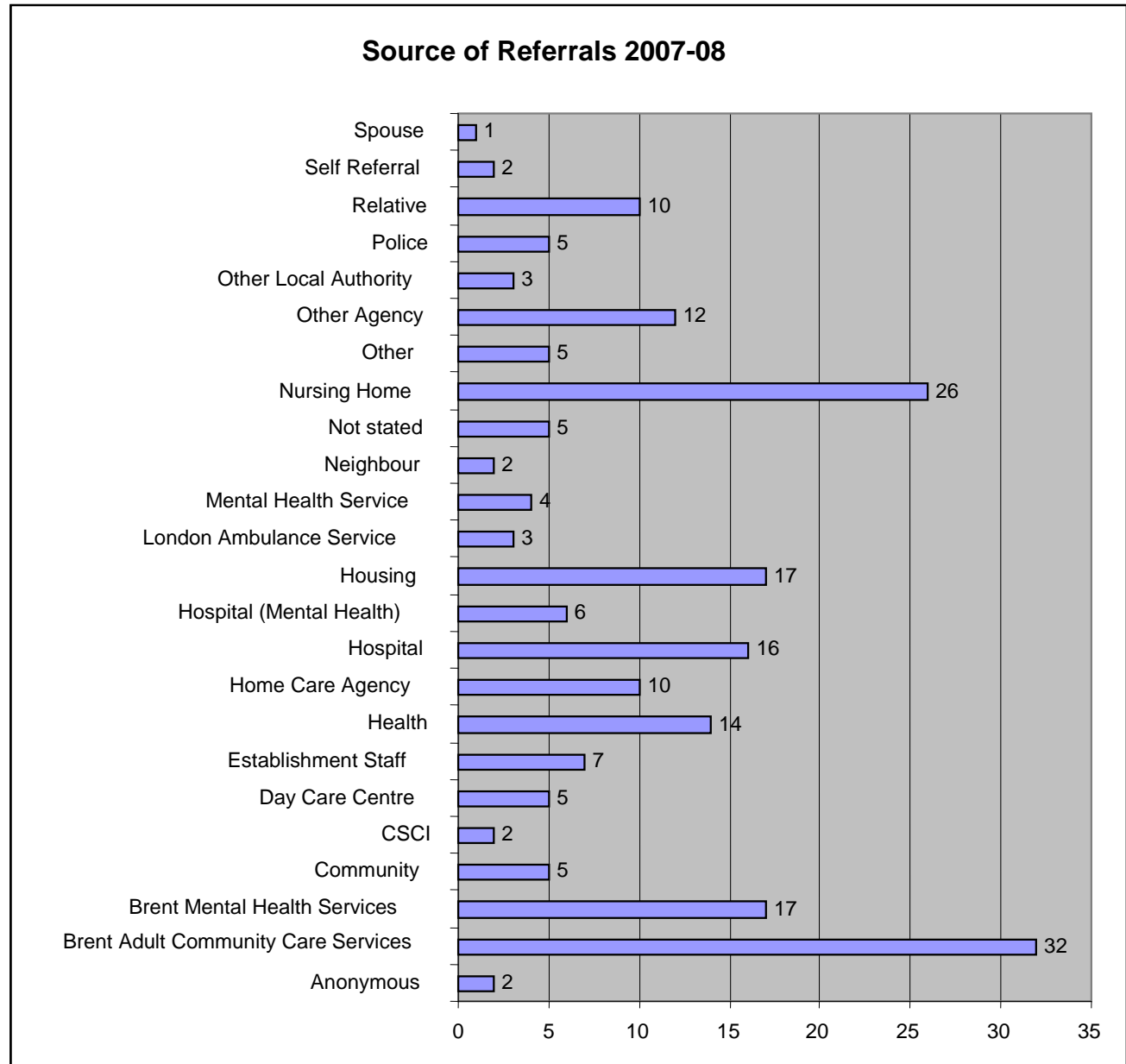
Number of Referrals per month 2007-08 vs. 2006-07

Month	Number of Referrals 2007-08	Number of Referrals 2006-07	Training per Month
April	20	9	0
May	18	14	1
June	21	16	2
July	20	17	0
Aug	13	13	0
Sep	9	13	2
Oct	21	12	1
Nov	25	12	3
Dec	9	2	0
Jan	13	15	2
Feb	23	11	2
Mar	19	16	5
Total	211	150	18

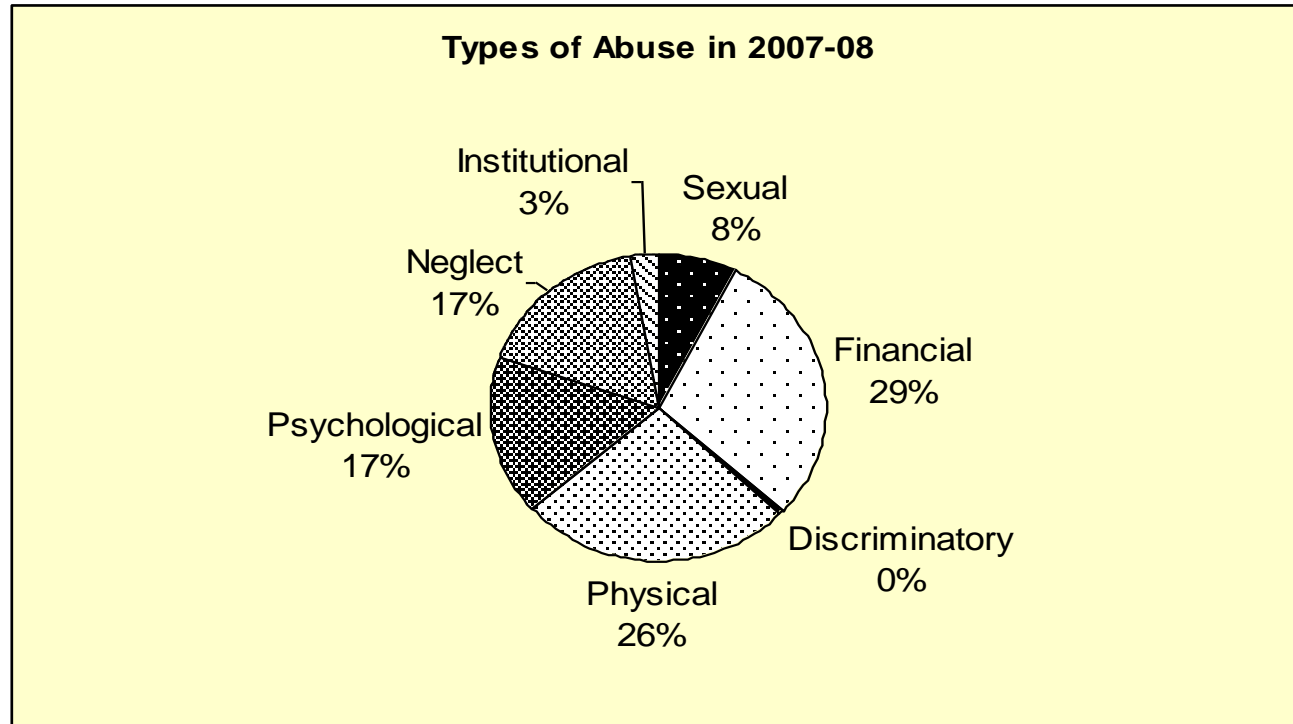


Source of Referrals

Source of Referral	Number of Referrals	% of Total
Anonymous	2	1%
Brent Adult Community Care Services	32	15%
Brent Mental Health Services	17	8%
Community	5	2%
CSCI	2	1%
Day Care Centre	5	2%
Establishment Staff	7	3%
Health	14	7%
Home Care Agency	10	5%
Hospital	16	8%
Hospital (Mental Health)	6	3%
Housing	17	8%
London Ambulance Service	3	1%
Mental Health Service	4	2%
Neighbour	2	1%
Not stated	5	2%
Nursing Home	26	12%
Other	5	2%
Other Agency	12	6%
Other Local Authority	3	1%
Police	5	2%
Relative	10	5%
Self Referral	2	1%
Spouse	1	0%
Total	211	100%



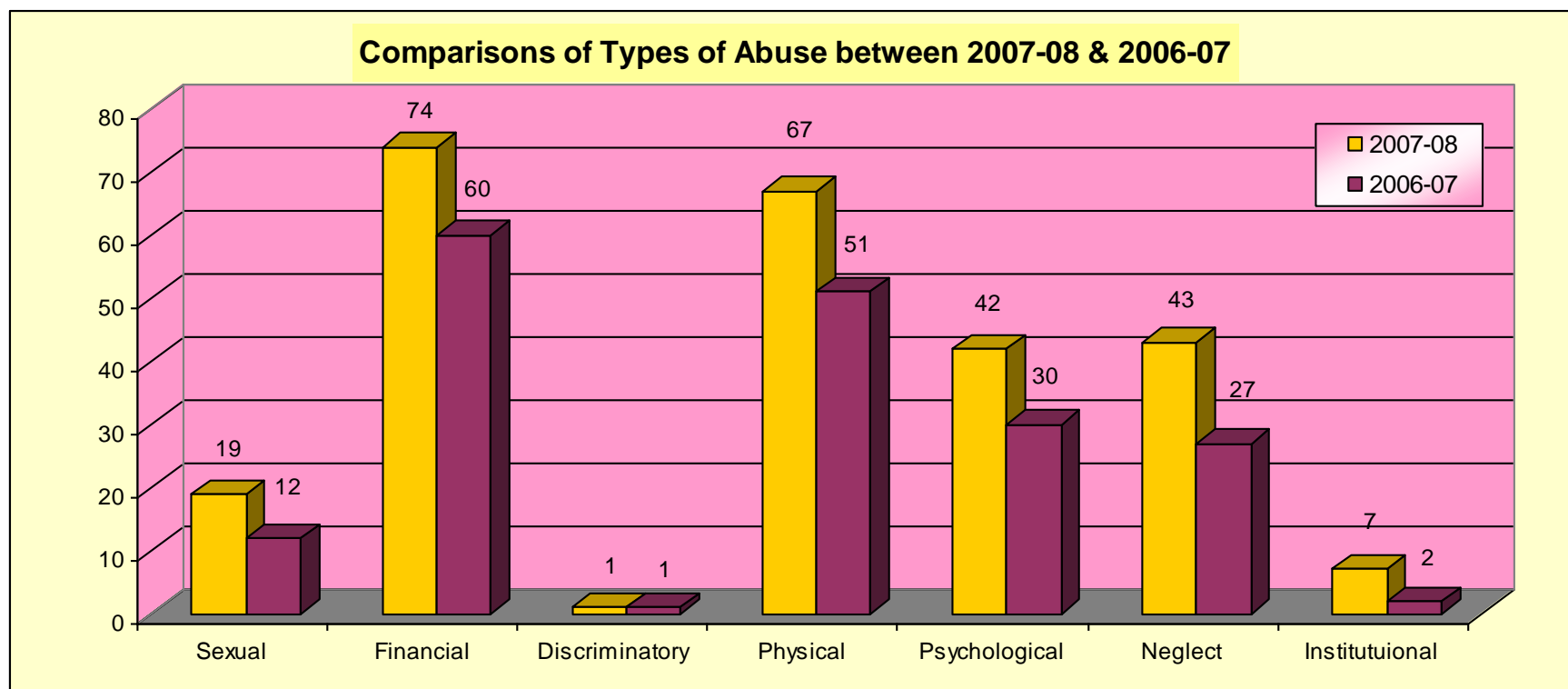
Types of Abuse	Total
Sexual	19
Financial	74
Discriminatory	1
Physical	67
Psychological	42
Neglect	43
Institutional	7
Total	253



In some referrals there has been more than one type of abuse.

Comparisons of Types of Abuse from This Year & Last Year

Types of Abuse	2007-08	2006-07	Types of Abuse 2007-08 %	Types of Abuse 2006-07 %
Sexual	19	12	8%	7%
Financial	74	60	29%	33%
Discriminatory	1	1	0%	1%
Physical	67	51	26%	28%
Psychological	42	30	17%	16%
Neglect	43	27	17%	15%
Institutional	7	2	3%	1%
Total	253	183	100%	100%

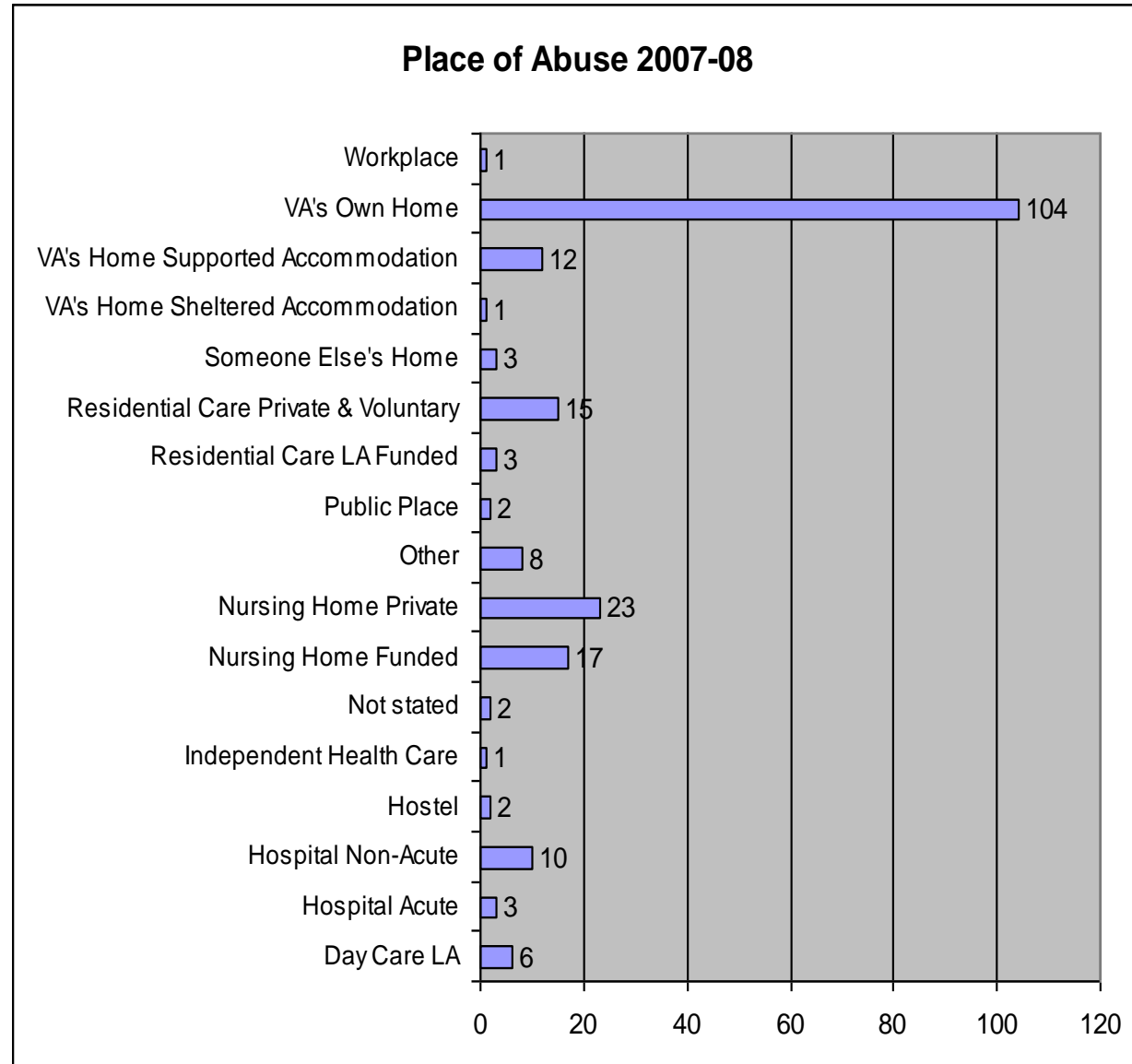


In some referrals there has been more than one type of abuse.

Place of Abuse 2007-08

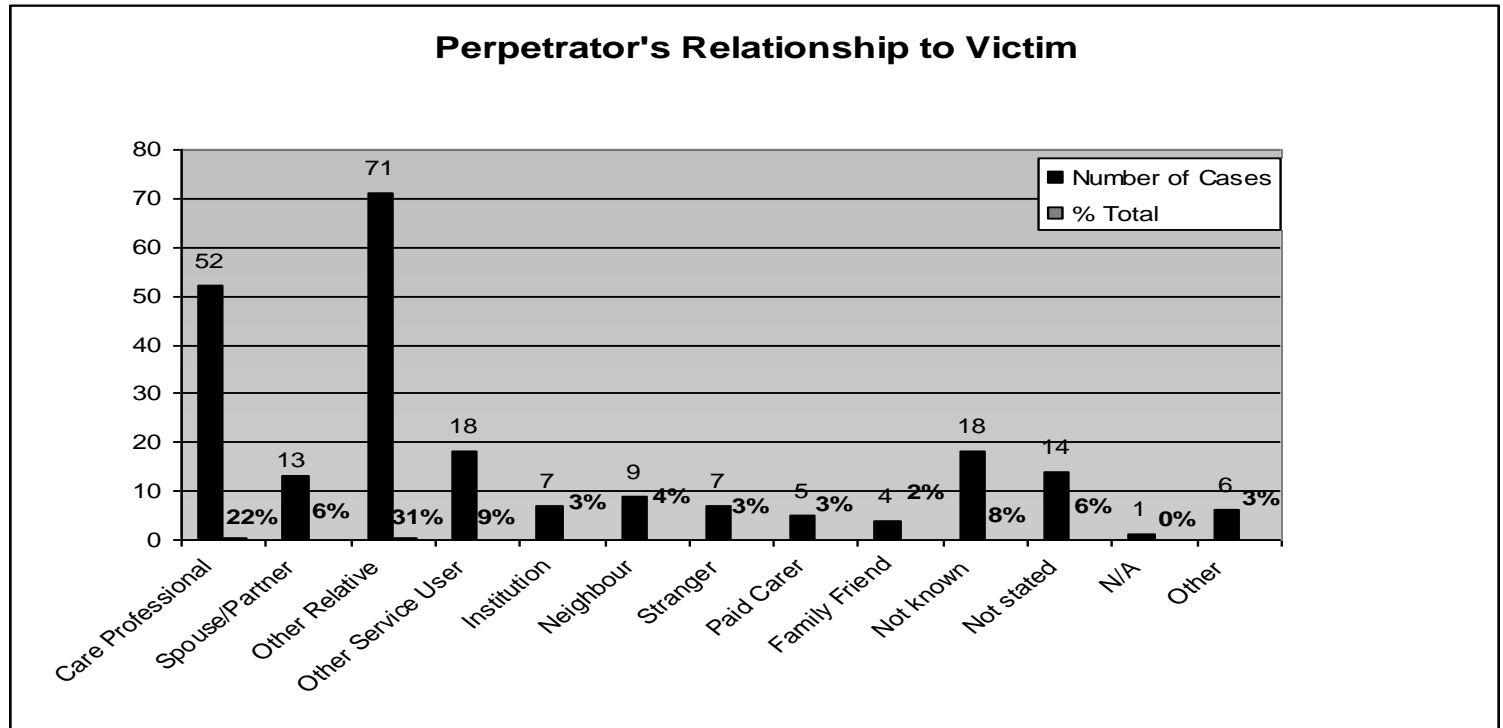
Place of Abuse	Total
Day Care LA	6
Hospital Acute	3
Hospital Non-Acute	10
Hostel	2
Independent Health Care	1
Not stated	2
Nursing Home Funded	17
Nursing Home Private	23
Other	8
Public Place	2
Residential Care LA Funded	3
Residential Care Private & Voluntary	15
Someone Else's Home	3
VA's Home Sheltered Accommodation	1
VA's Home Supported Accommodation	12
VA's Own Home	104
Workplace	1
Total	213

Two referrals had two places of abuse listed.

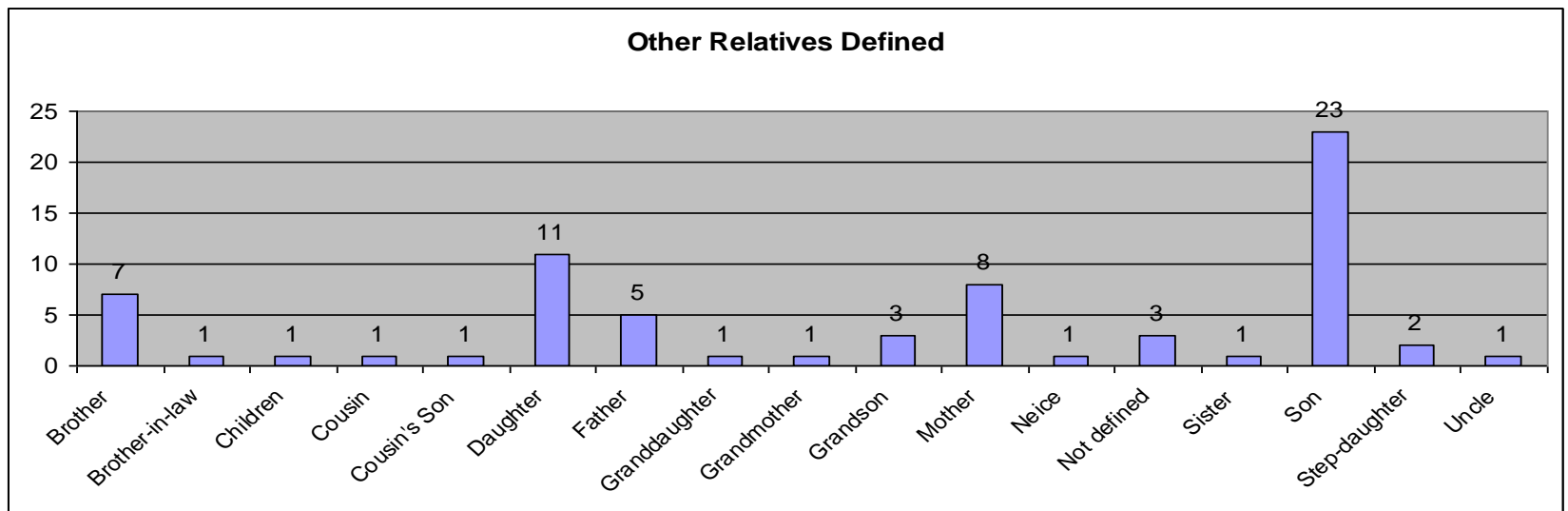


Perpetrators Relationship to Vulnerable Adults 2007-08

Perpetrators Relationship	Number of Cases	% Total
Care Professional	52	23%
Spouse/Partner	13	6%
Other Relative	71	32%
Other Service User	18	8%
Institution	7	3%
Neighbour	9	4%
Stranger	7	3%
Paid Carer	5	2%
Family Friend	4	2%
Not known	18	8%
Not stated	14	6%
N/A	1	0%
Other	6	3%
Total	225	100%



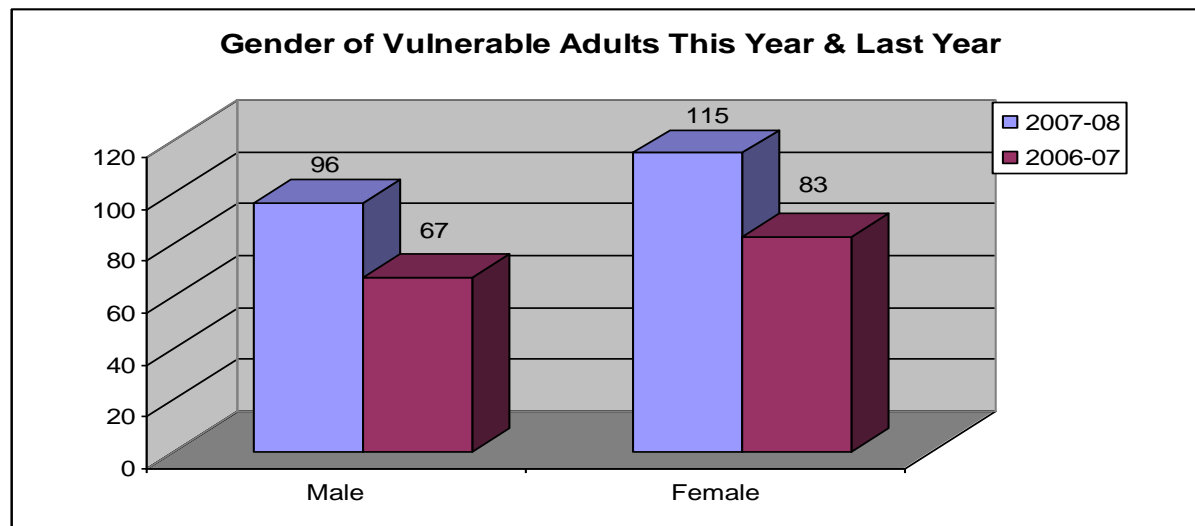
Some referrals had more than one perpetrator.



Gender of Vulnerable Adults & Perpetrators

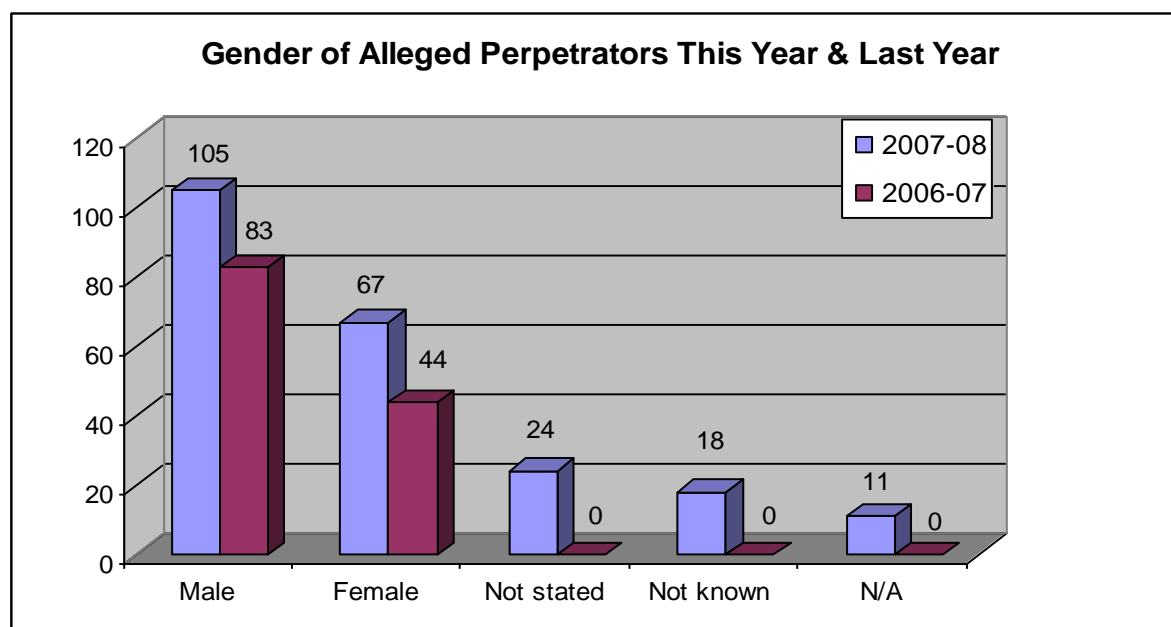
Vulnerable Adults Gender

Gender	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Male	96	67	45%	45%
Female	115	83	55%	55%
Total	211	150	100%	100%



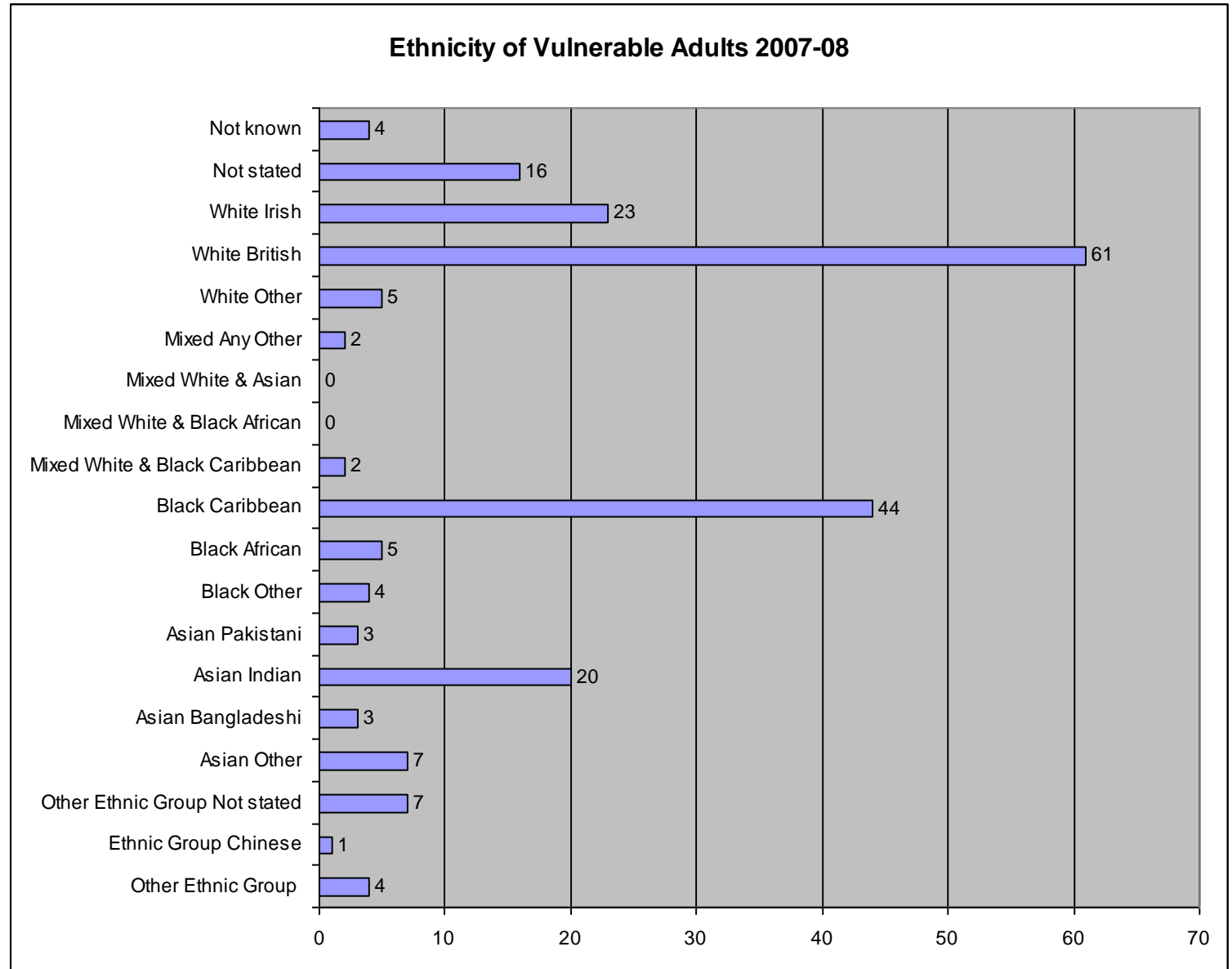
Perpetrators Gender

Gender	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Male	105	83	47%	65%
Female	67	44	30%	35%
Not stated	24	0	11%	0%
Not known	18	0	8%	0%
N/A	11	0	5%	0%
Total	225	127	100%	100%



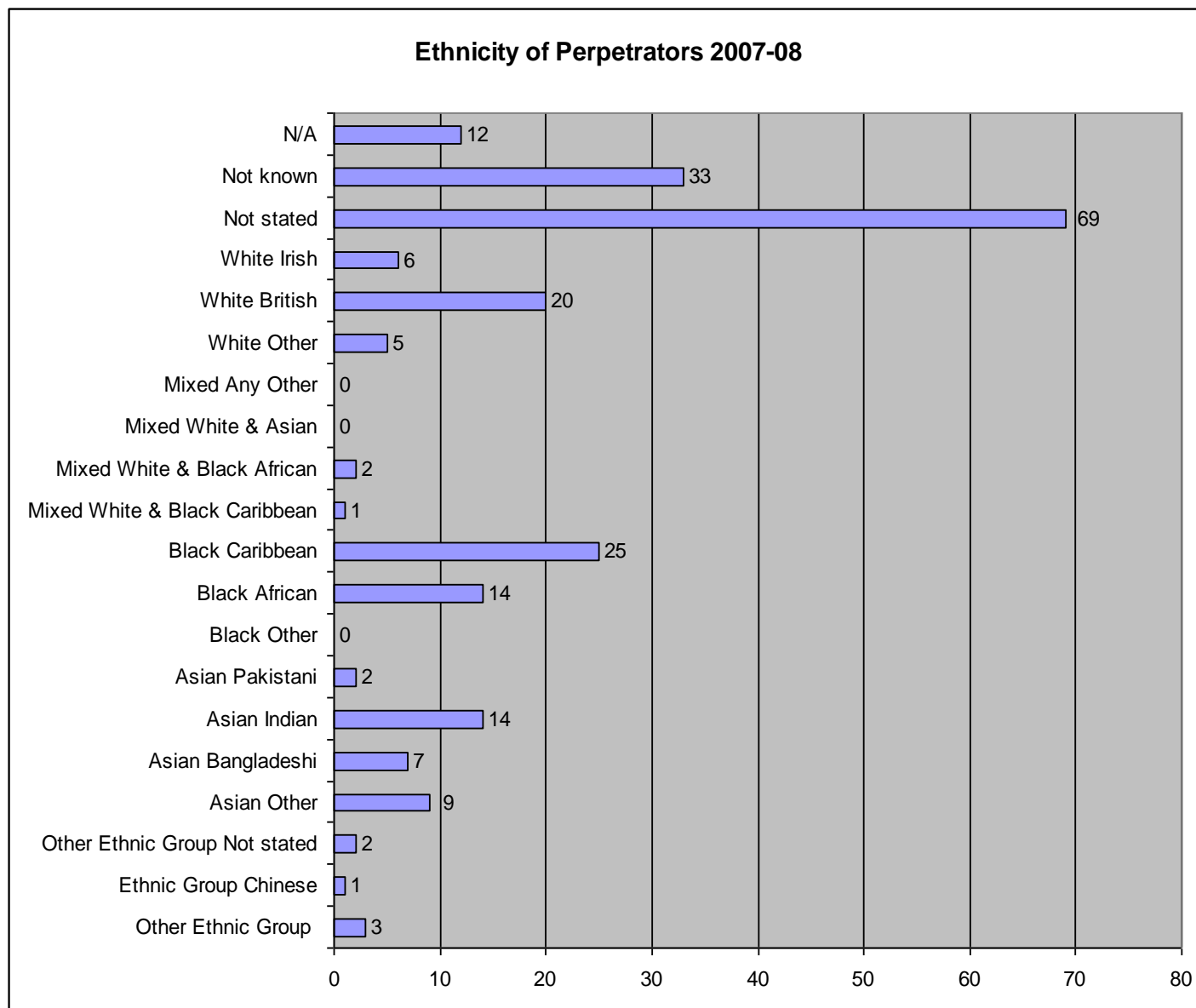
Ethnicity of Vulnerable Adults

Ethnicity	2007-08	% of Total 2007-08
Other Ethnic Group	4	2%
Ethnic Group Chinese	1	0%
Other Ethnic Group Not stated	7	3%
Asian Other	7	3%
Asian Bangladeshi	3	1%
Asian Indian	20	9%
Asian Pakistani	3	1%
Black Other	4	2%
Black African	5	2%
Black Caribbean	44	21%
Mixed White & Black Caribbean	2	1%
Mixed White & Black African	0	0%
Mixed White & Asian	0	0%
Mixed Any Other	2	1%
White Other	5	2%
White British	61	29%
White Irish	23	11%
Not stated	16	8%
Not known	4	2%
Total	211	100%



Ethnicity of Perpetrators

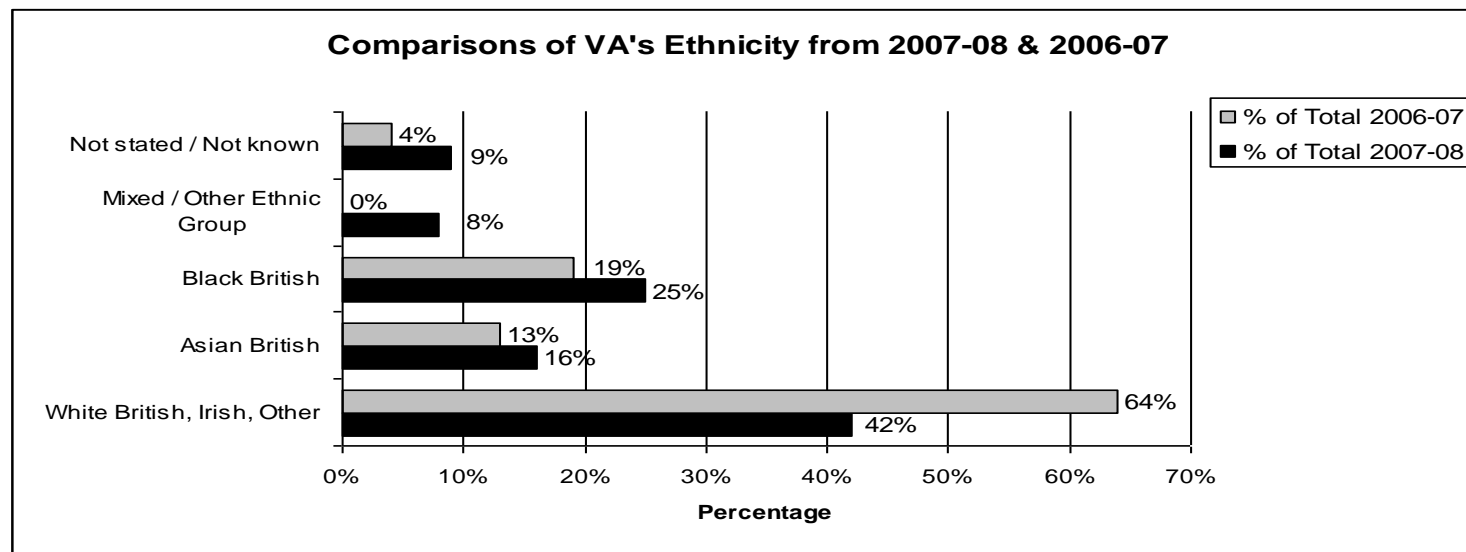
Ethnicity	2007-08	% of Total 2007-08
Other Ethnic Group	3	1%
Ethnic Group Chinese	1	0%
Other Ethnic Group Not stated	2	1%
Asian Other	9	4%
Asian Bangladeshi	7	3%
Asian Indian	14	6%
Asian Pakistani	2	1%
Black Other	0	0%
Black African	14	6%
Black Caribbean	25	11%
Mixed White & Black Caribbean	1	0%
Mixed White & Black African	2	1%
Mixed White & Asian	0	0%
Mixed Any Other	0	0%
White Other	5	2%
White British	20	9%
White Irish	6	3%
Not stated	69	31%
Not known	33	15%
N/A	12	5%
Total	225	100%



Comparisons of Vulnerable Adults & Perpetrators Ethnicity This Year and Last Year

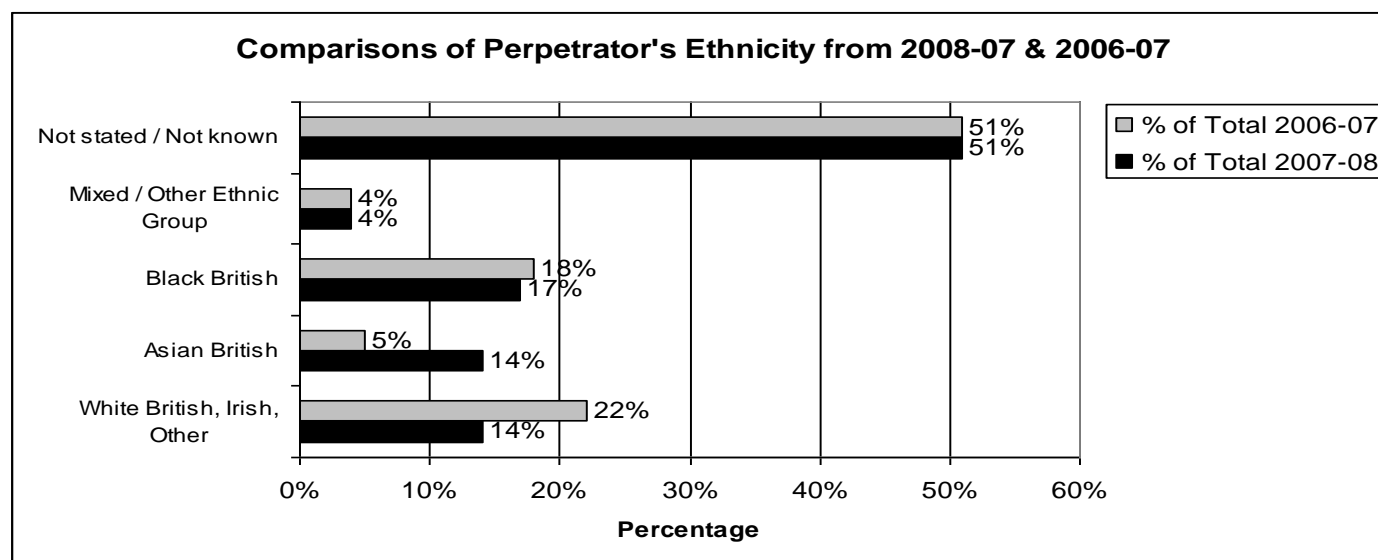
Vulnerable Adults

Ethnicity	% of Total 2007-08	% of Total 2006-07
White British, Irish, Other	42%	64%
Asian British	16%	13%
Black British	25%	19%
Mixed / Other Ethnic Group	8%	0%
Not stated / Not known	9%	4%
Total	100%	100%



Perpetrators

Ethnicity	% of Total 2007-08	% of Total 2006-07
White British, Irish, Other	14%	22%
Asian British	14%	5%
Black British	17%	18%
Mixed / Other Ethnic Group	4%	4%
Not stated / Not known	51%	51%
Total	100%	100%

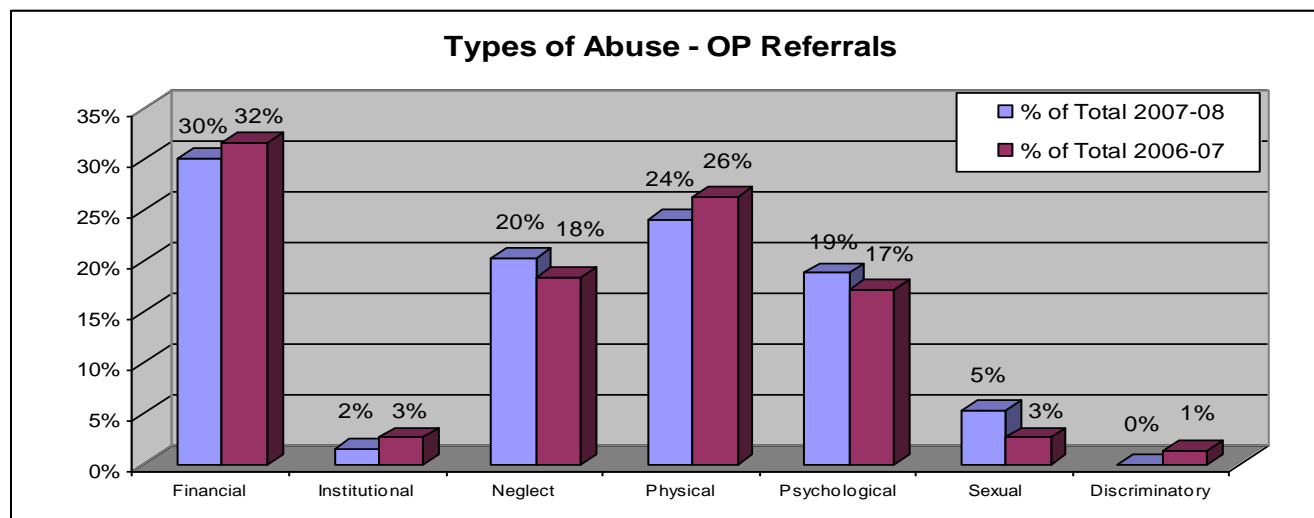


Alleged Abuse against Older People

113 referrals received out of 211 – 85% increase from last year.

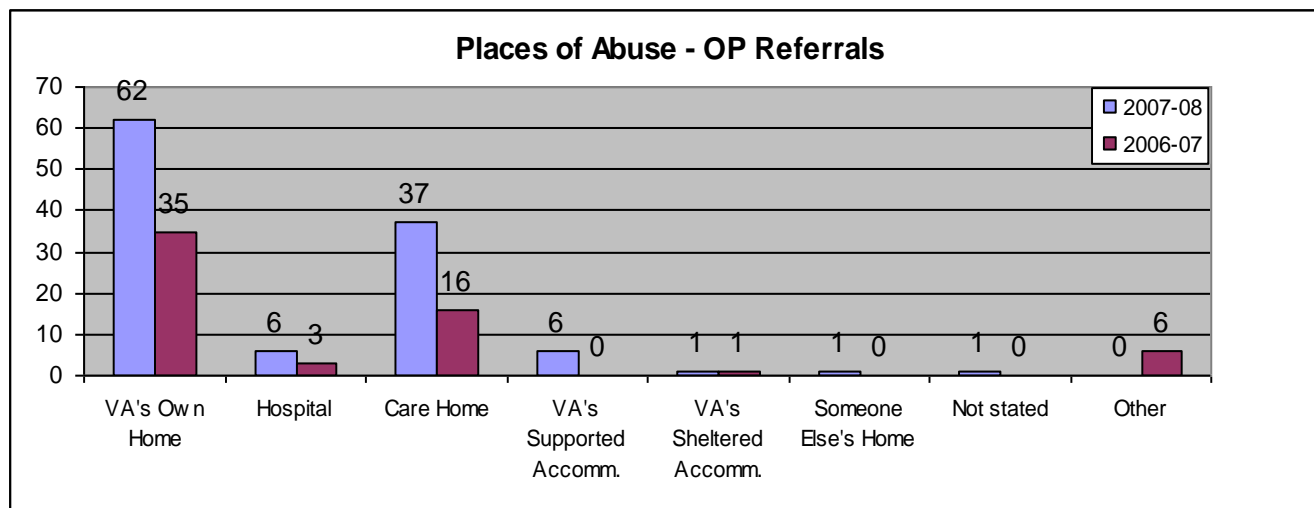
Types of Abuse OP	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Financial	40	24	30%	32%
Institutional	2	2	2%	3%
Neglect	27	14	20%	18%
Physical	32	20	24%	26%
Psychological	25	13	19%	17%
Sexual	7	2	5%	3%
Discriminatory	0	1	0%	1%
Total	133	76	100%	100%

Some referrals have more than one type of abuse.



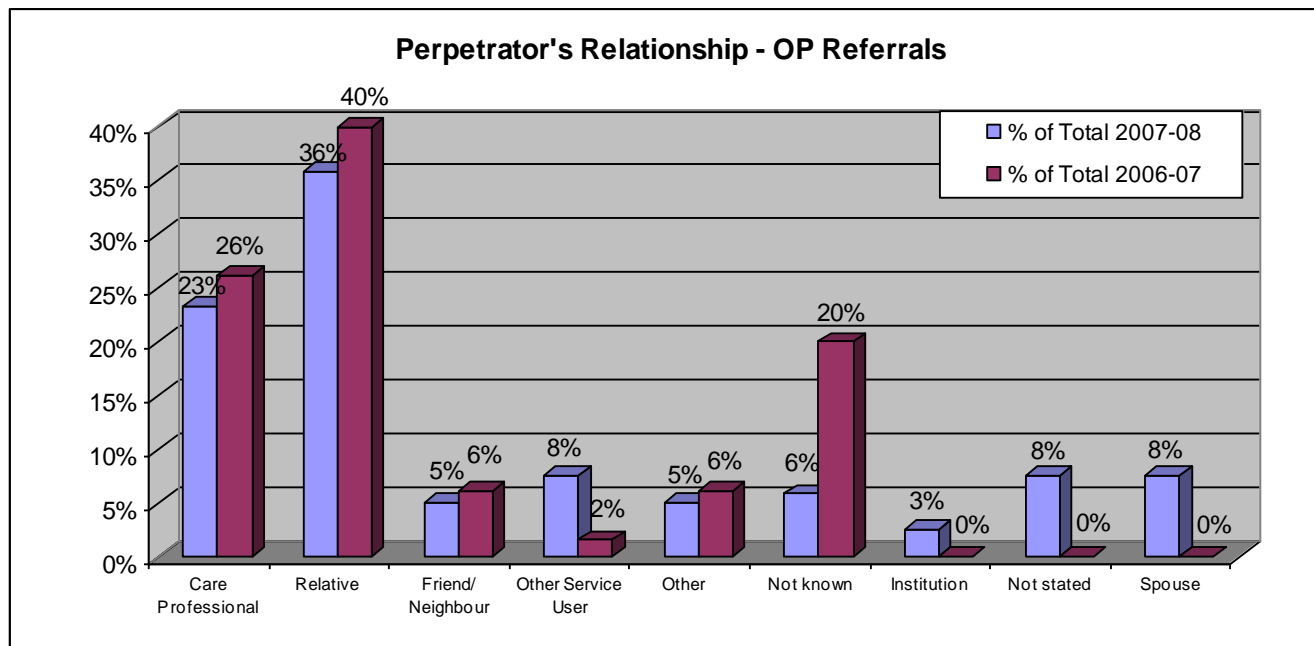
Places of Abuse	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
VA's Own Home	62	35	54%	57%
Hospital	6	3	5%	5%
Care Home	37	16	32%	26%
VA's Supported Accom.	6	0	5%	0%
VA's Sheltered Accom.	1	1	1%	2%
Someone Else's Home	1	0	1%	0%
Not stated	1	0	1%	0%
Other	0	6	0%	10%
Total	114	61	100%	100%

One referral has two places of abuse listed.

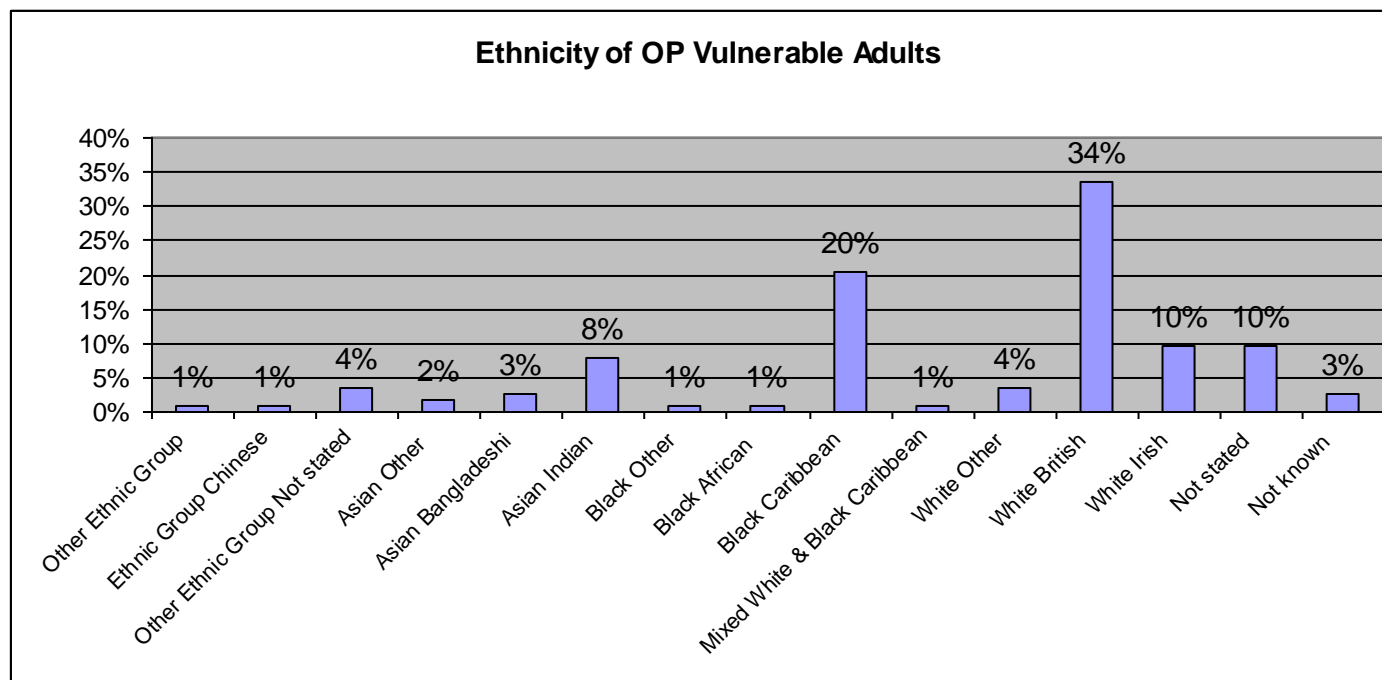


Perpetrator's Relationship	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Care Professional	28	17	23%	26%
Relative	43	26	36%	40%
Friend/ Neighbour	6	4	5%	6%
Other Service User	9	1	8%	2%
Other	6	4	5%	6%
Not known	7	13	6%	20%
Institution	3	0	3%	0%
Not stated	9	0	8%	0%
Spouse	9	0	8%	0%
Total	120	65	100%	100%

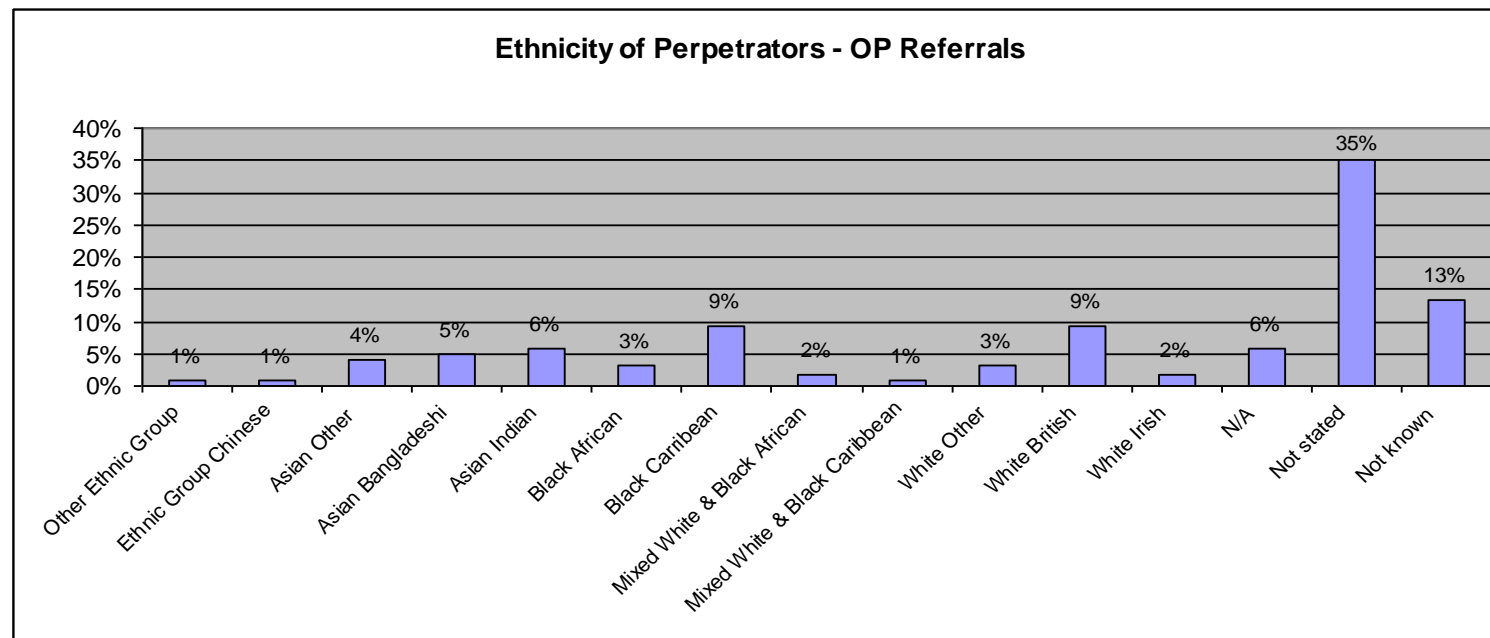
Three referrals had more than one perpetrator.



Ethnicity of Vulnerable Adult	Total	% Total
Other Ethnic Group	1	1%
Ethnic Group Chinese	1	1%
Other Ethnic Group Not stated	4	4%
Asian Other	2	2%
Asian Bangladeshi	3	3%
Asian Indian	9	8%
Black Other	1	1%
Black African	1	1%
Black Caribbean	23	20%
Mixed White & Black Caribbean	1	1%
White Other	4	4%
White British	38	34%
White Irish	11	10%
Not stated	11	10%
Not known	3	3%
Total	113	100%



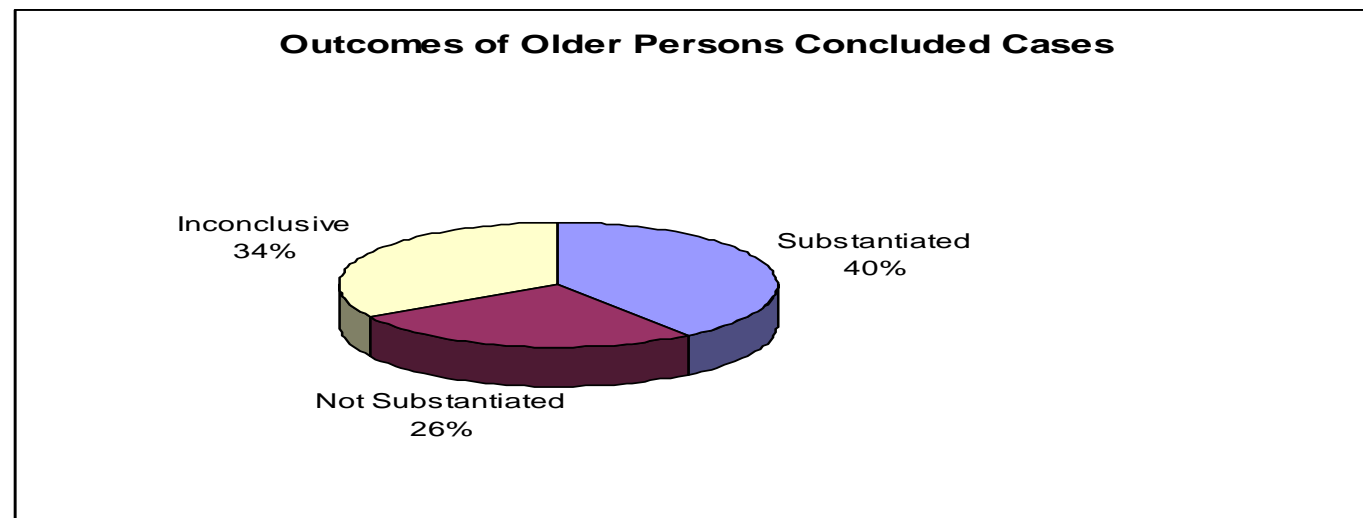
Ethnicity of Perpetrator	Total	% Total
Other Ethnic Group	1	1%
Ethnic Group Chinese	1	1%
Asian Other	5	4%
Asian Bangladeshi	6	5%
Asian Indian	7	6%
Black African	4	3%
Black Caribbean	11	9%
Mixed White & Black African	2	2%
Mixed White & Black Caribbean	1	1%
White Other	4	3%
White British	11	9%
White Irish	2	2%
N/A	7	6%
Not stated	42	35%
Not known	16	13%
Total	120	100%



Three referrals had more than one perpetrator.

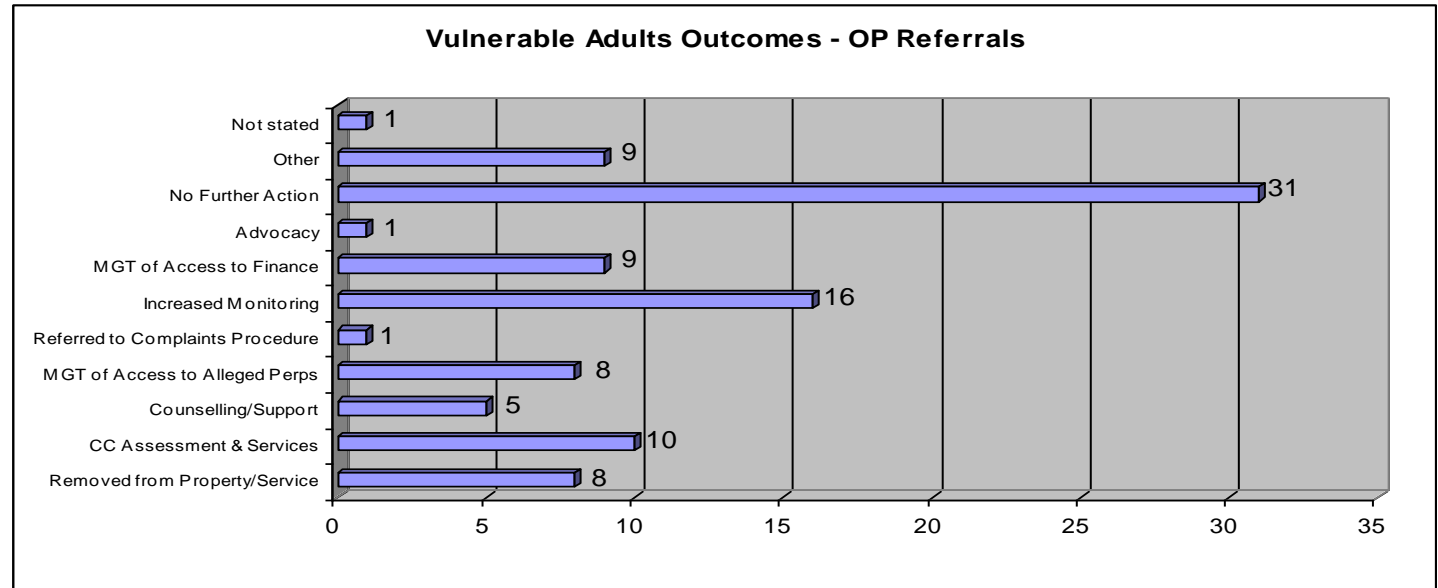
Outcomes	Number	% Total
Substantiated	32	40%
Not Substantiated	21	26%
Inconclusive	27	34%
Total	80	100%

80 out of 113 OP cases completed therefore 33 cases pending.



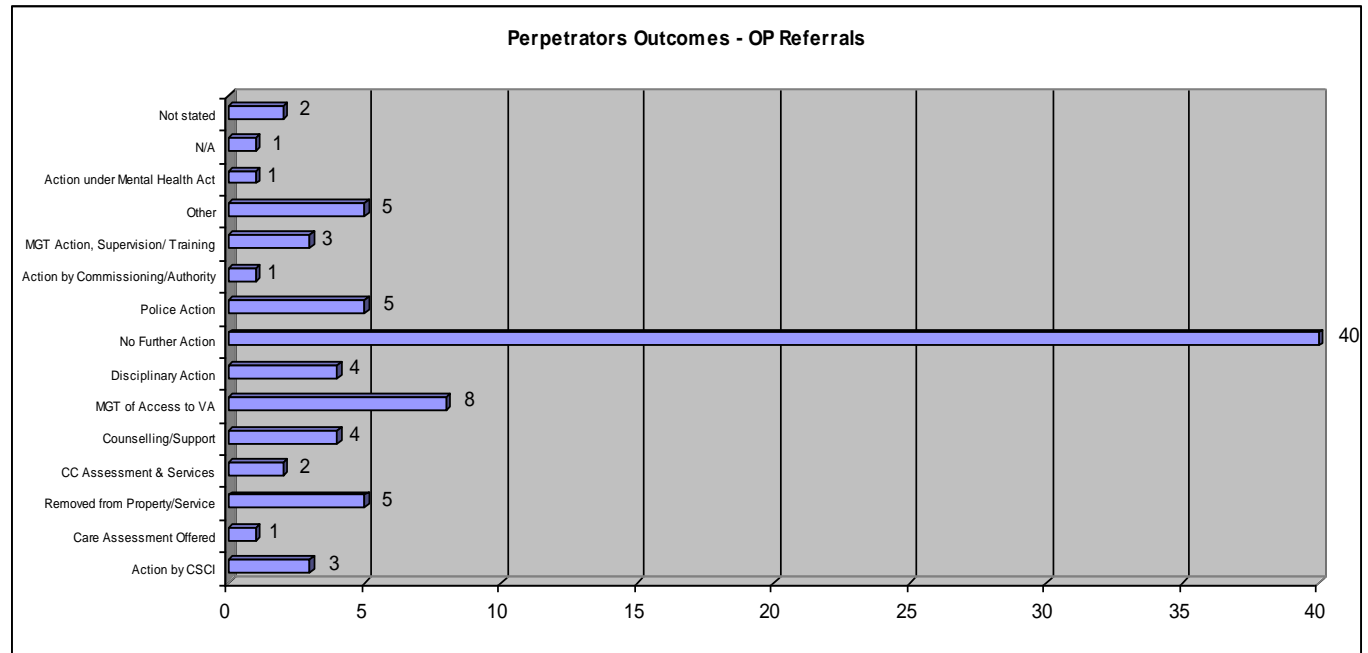
Main Outcomes for OP Vulnerable Adults

VA Outcomes	Total	% Total
Removed from Property/Service	8	7%
CC Assessment & Services	10	9%
Counselling/Support	5	5%
MGT of Access to Alleged Perps	8	7%
Referred to Complaints Procedure	1	1%
Increased Monitoring	16	15%
MGT of Access to Finance	9	8%
Advocacy	1	1%
No Further Action	31	31%
Other	9	8%
Not stated	1	1%
Total	99	100%



Main Outcomes for Perpetrators in OP Referrals

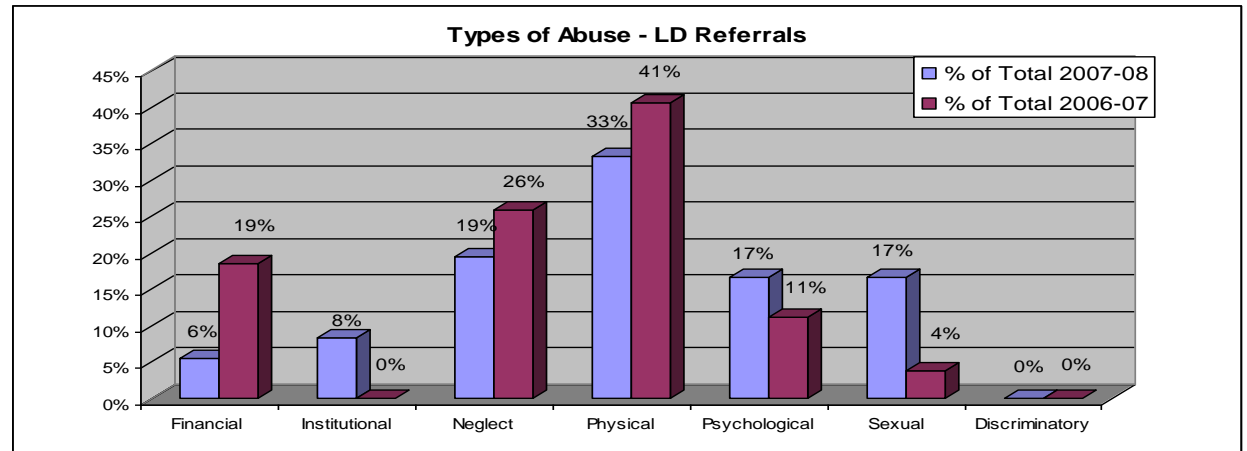
Perpetrator Outcomes	Total	% Total
Action by CSCI	3	3%
Care Assessment Offered	1	1%
Removed from Property/Service	5	6%
CC Assessment & Services	2	2%
Counselling/Support	4	5%
MGT of Access to VA	8	9%
Disciplinary Action	4	5%
No Further Action	40	47%
Police Action	5	6%
Action by Commissioning/Authority	1	1%
MGT Action, Supervision/ Training	3	3%
Other	5	6%
Action under Mental Health Act	1	1%
N/A	1	1%
Not stated	2	2%
Total	85	100%



Alleged Abuse against Adults with Learning Disability

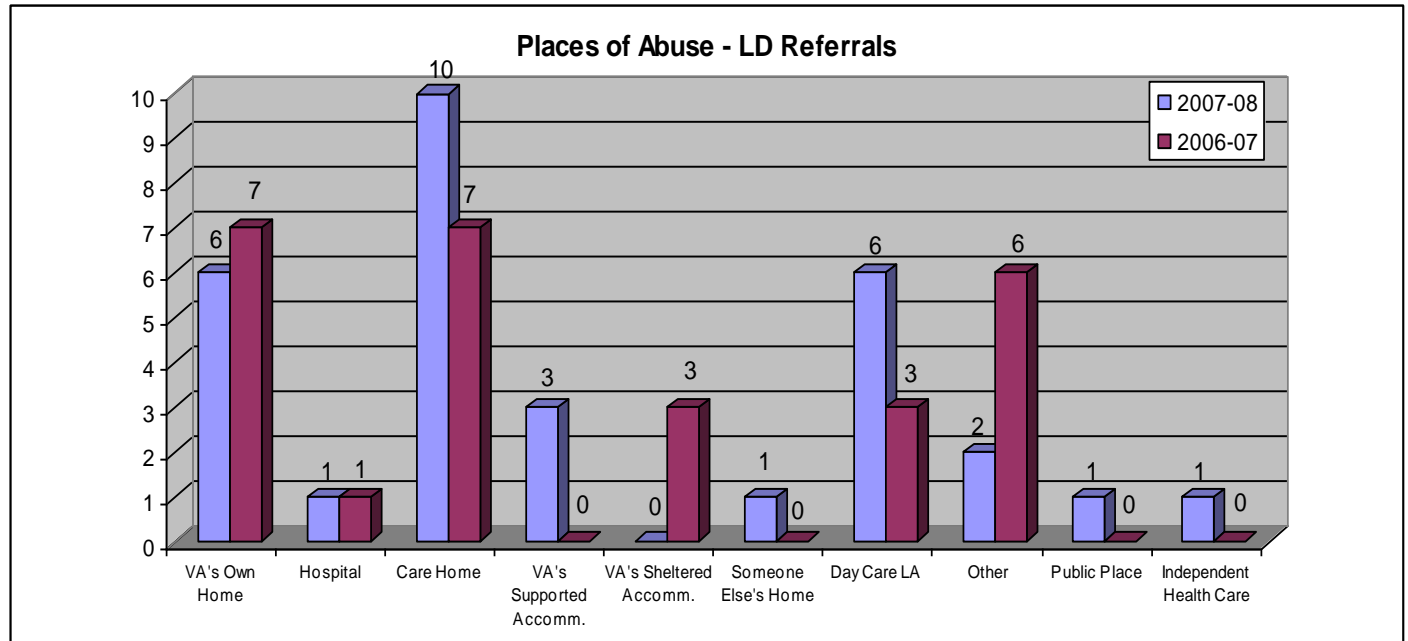
30 referrals received out of 211 – 15% increase from last year.

Types of Abuse LD	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Financial	2	5	6%	19%
Institutional	3	0	8%	0%
Neglect	7	7	19%	26%
Physical	12	11	33%	41%
Psychological	6	3	17%	11%
Sexual	6	1	17%	4%
Discriminatory	0	0	0%	0%
Total	36	27	100%	100%



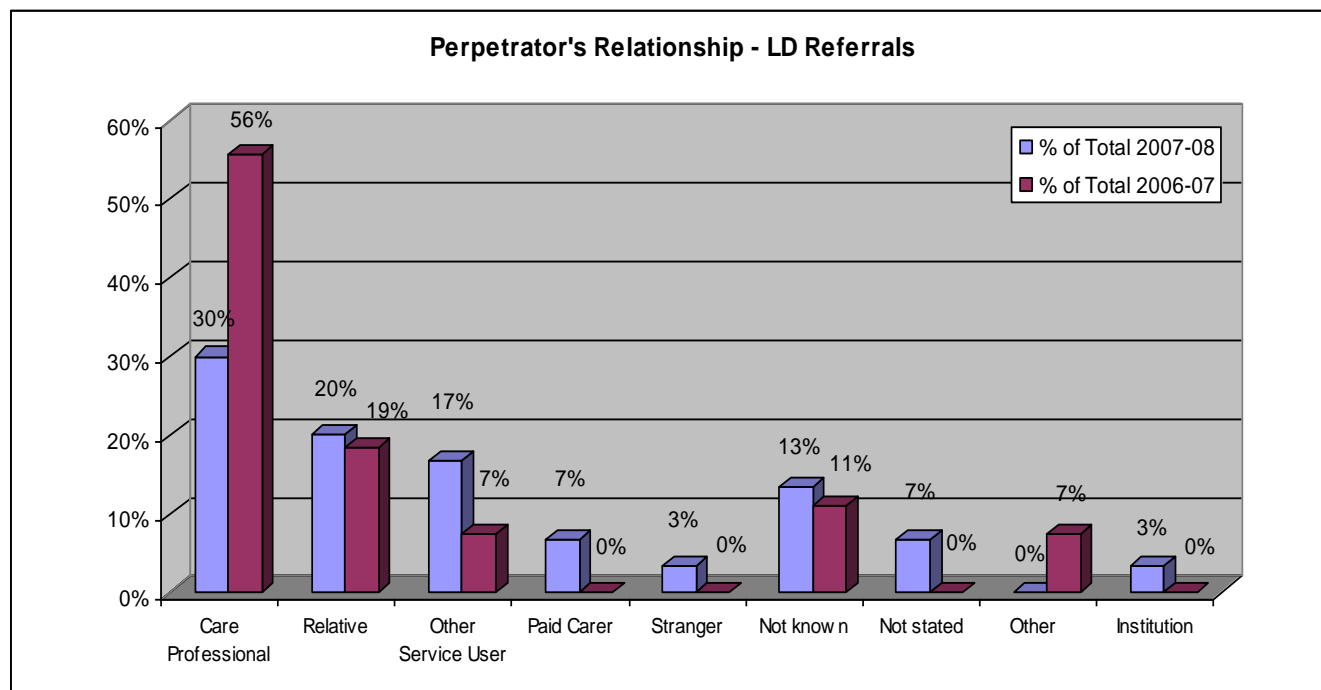
Four referrals had more than one types of abuse.

Places of Abuse	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
VA's Own Home	6	7	19%	26%
Hospital	1	1	3%	4%
Care Home	10	7	32%	26%
VA's Supported Accom.	3	0	10%	0%
VA's Sheltered Accom.	0	3	0%	11%
Someone Else's Home	1	0	3%	0%
Day Care LA	6	3	19%	11%
Other	2	6	6%	22%
Public Place	1	0	3%	0%
Independent Health Care	1	0	3%	0%
Total	31	27	100%	100%

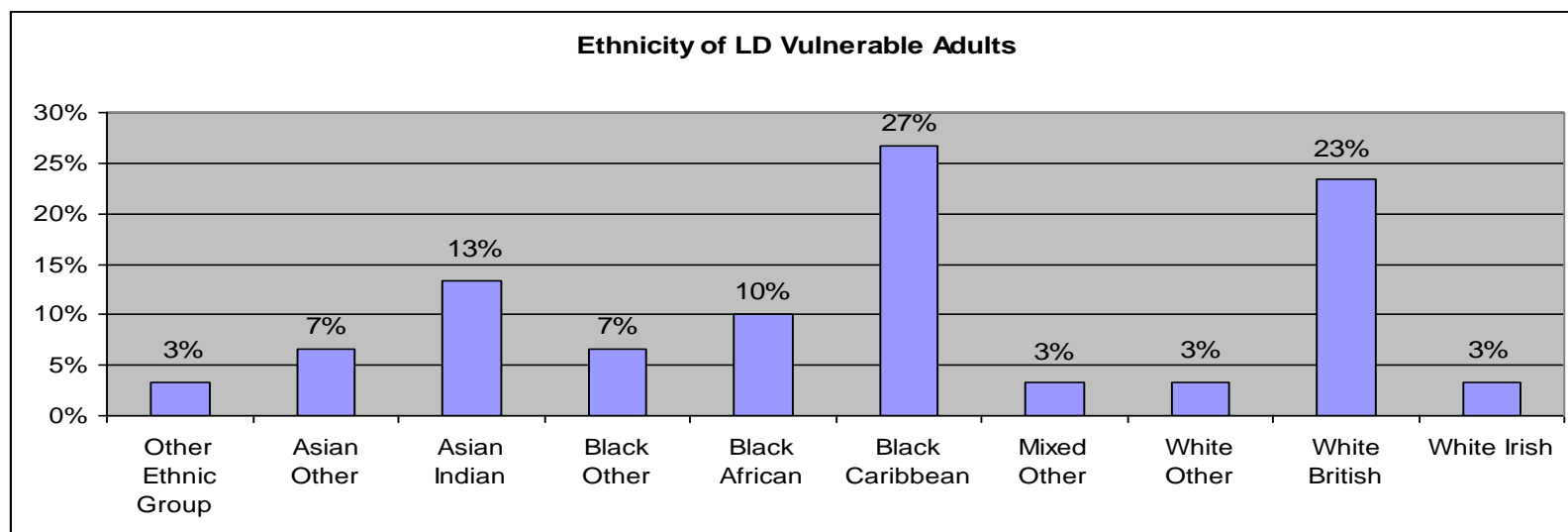


One referral had two places of abuse.

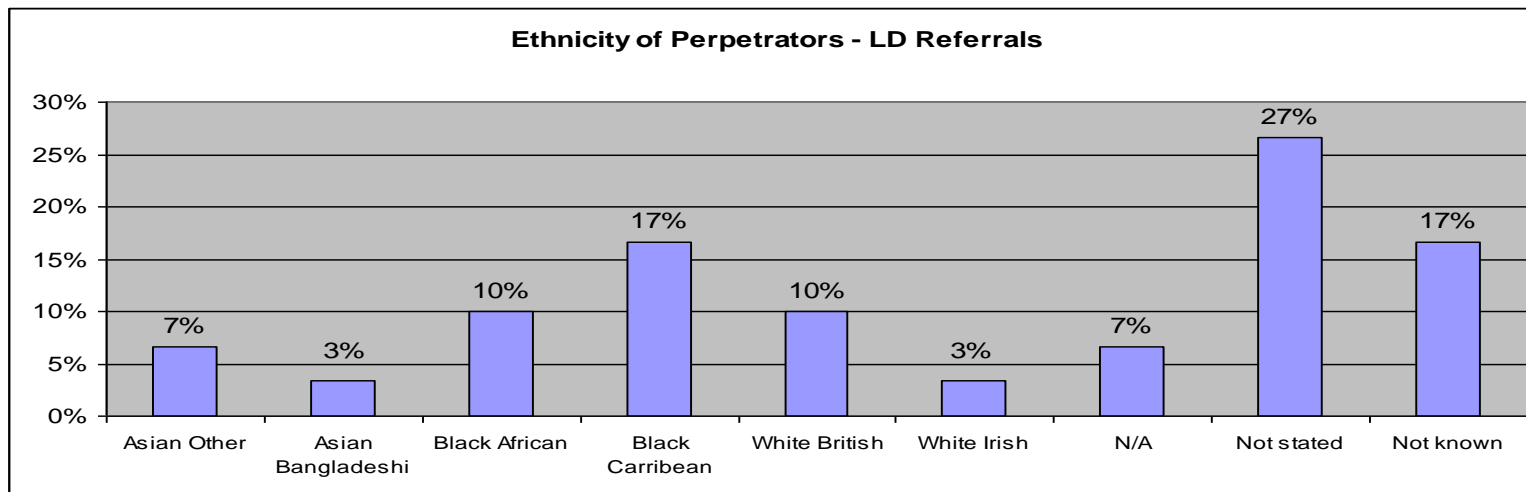
Perpetrator's Relationship	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Care Professional	9	15	30%	56%
Relative	6	5	20%	19%
Other Service User	5	2	17%	7%
Paid Carer	2	0	7%	0%
Stranger	1	0	3%	0%
Not known	4	3	13%	11%
Not stated	2	0	7%	0%
Other	0	2	0%	7%
Institution	1	0	3%	0%
Total	30	27	100%	100%



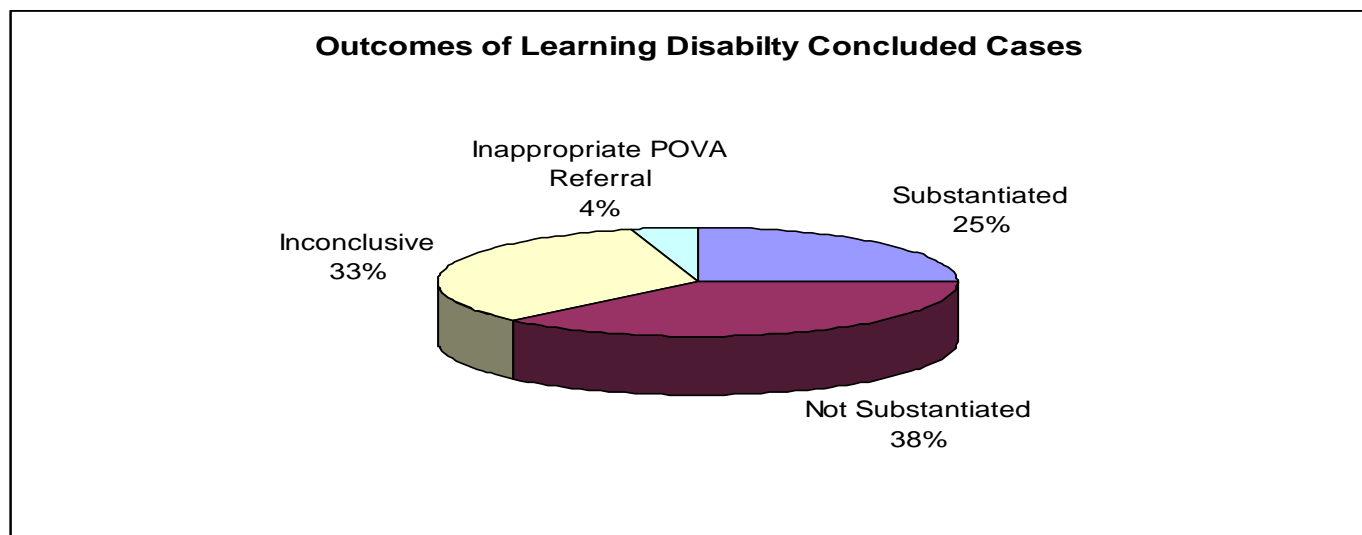
Ethnicity of Vulnerable Adult	Total	% Total
Other Ethnic Group	1	3%
Asian Other	2	7%
Asian Indian	4	13%
Black Other	2	7%
Black African	3	10%
Black Caribbean	8	27%
Mixed Other	1	3%
White Other	1	3%
White British	7	23%
White Irish	1	3%
Total	30	100%



Ethnicity of Perpetrator	Total	% Total
Asian Other	2	7%
Asian Bangladeshi	1	3%
Black African	3	10%
Black Caribbean	5	17%
White British	3	10%
White Irish	1	3%
N/A	2	7%
Not stated	8	27%
Not known	5	17%
Total	30	100%



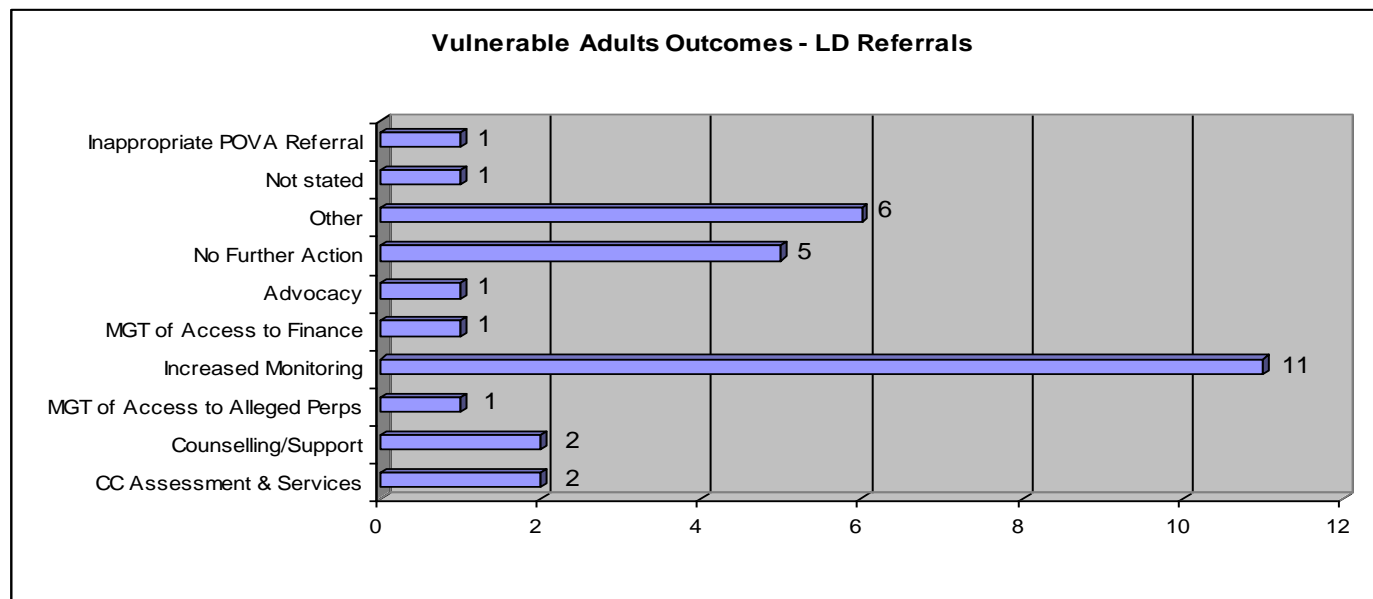
Outcomes	Number	% Total
Substantiated	6	25%
Not Substantiated	9	38%
Inconclusive	8	33%
Inappropriate POVA Referral	1	4%
Total	24	100%



24 out of 30 LD cases completed therefore 6 cases pending.

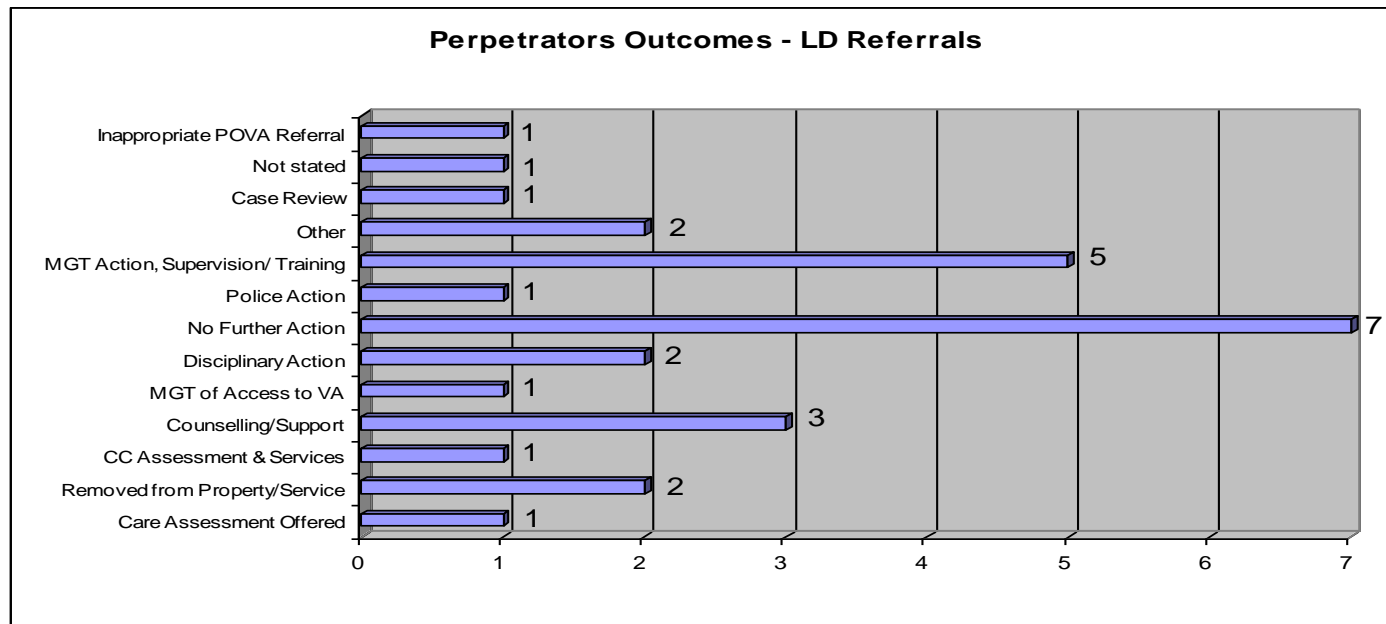
Main Outcomes for LD Vulnerable Adults

VA Outcomes	Total	% Total
CC Assessment & Services	2	6%
Counselling/Support	2	6%
MGT of Access to Alleged Perps	1	3%
Increased Monitoring	11	33%
MGT of Access to Finance	1	3%
Advocacy	1	3%
No Further Action	5	16%
Other	6	18%
Not stated	1	3%
Inappropriate POVA Referral	1	3%
Total	31	100%



Main Outcomes for Perpetrators in LD Referrals

Perpetrator Outcomes	Total	% Total
Care Assessment Offered	1	3%
Removed from Property/Service	2	7%
CC Assessment & Services	1	3%
Counselling/Support	3	10%
MGT of Access to VA	1	3%
Disciplinary Action	2	7%
No Further Action	7	25%
Police Action	1	3%
MGT Action, Supervision/ Training	5	17%
Other	2	7%
Case Review	1	3%
Not stated	1	3%
Inappropriate POVA Referral	1	3%
Total	28	100%

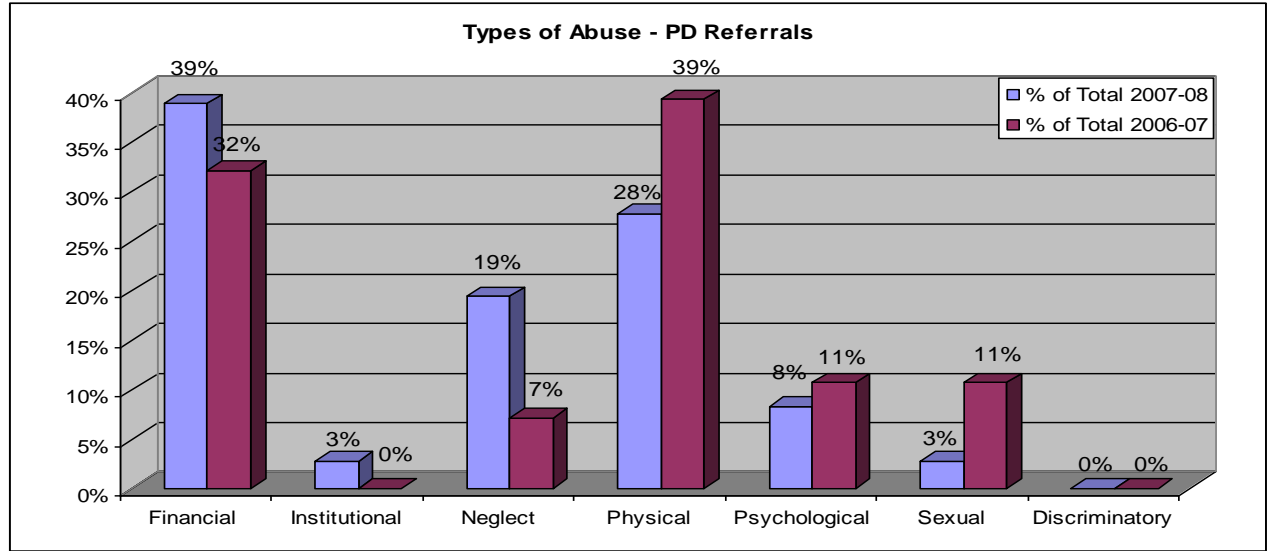


Alleged Abuse against Adults with Physical Disability

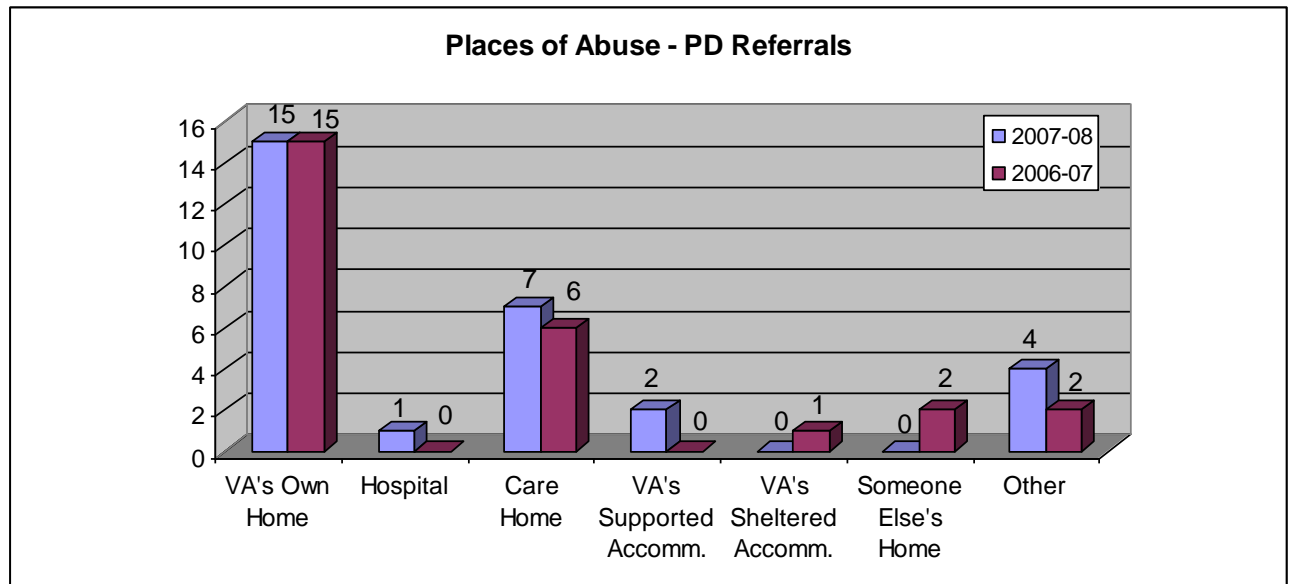
29 referrals received out of 211 – 7% increase from last year.

Types of Abuse PD	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Financial	14	9	39%	32%
Institutional	1	0	3%	0%
Neglect	7	2	19%	7%
Physical	10	11	28%	39%
Psychological	3	3	8%	11%
Sexual	1	3	3%	11%
Discriminatory	0	0	0%	0%
Total	36	28	100%	100%

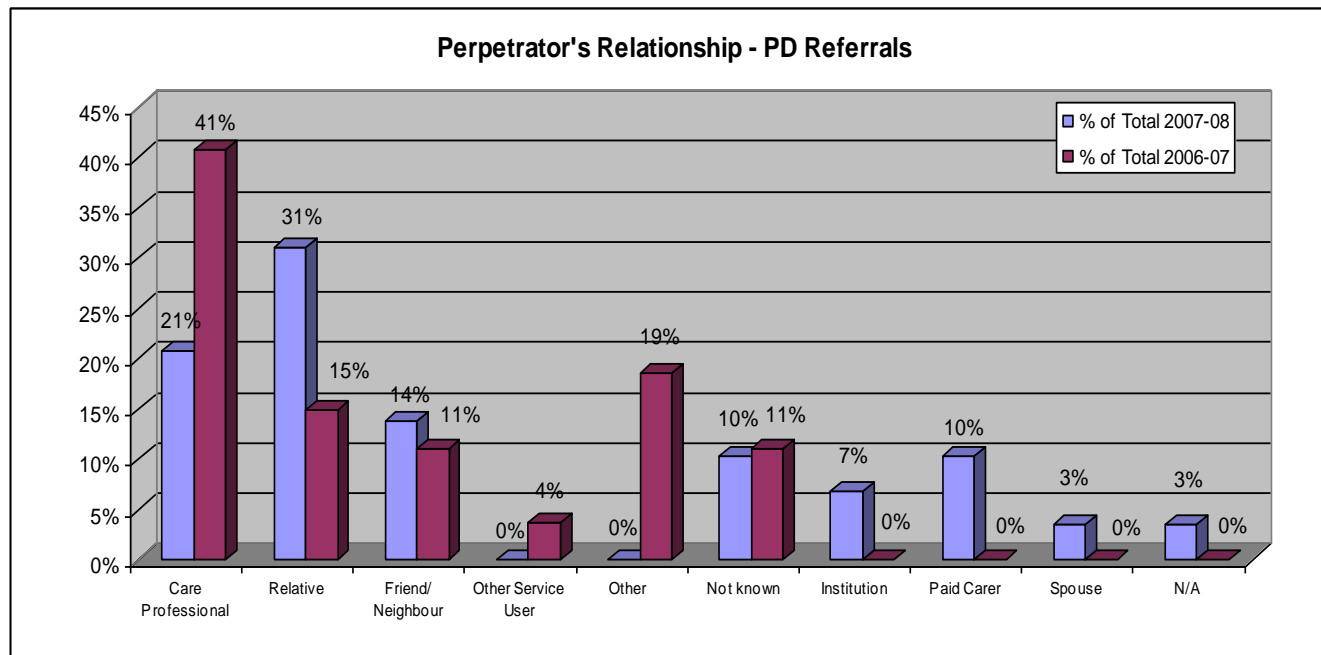
Four referrals have more than one type of abuse



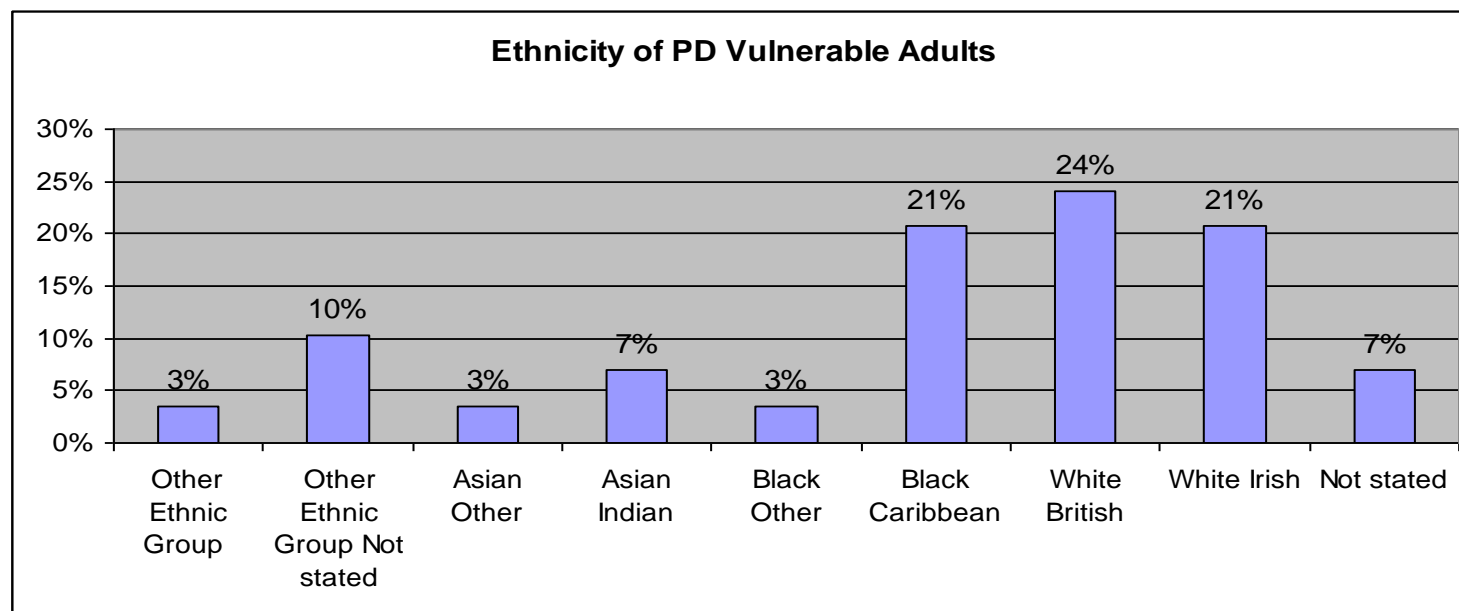
Places of Abuse	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
VA's Own Home	15	15	52%	58%
Hospital	1	0	3%	0%
Care Home	7	6	24%	23%
VA's Supported Accom.	2	0	7%	0%
VA's Sheltered Accom.	0	1	0%	4%
Someone Else's Home	0	2	0%	8%
Other	4	2	14%	8%
Total	29	26	100%	100%



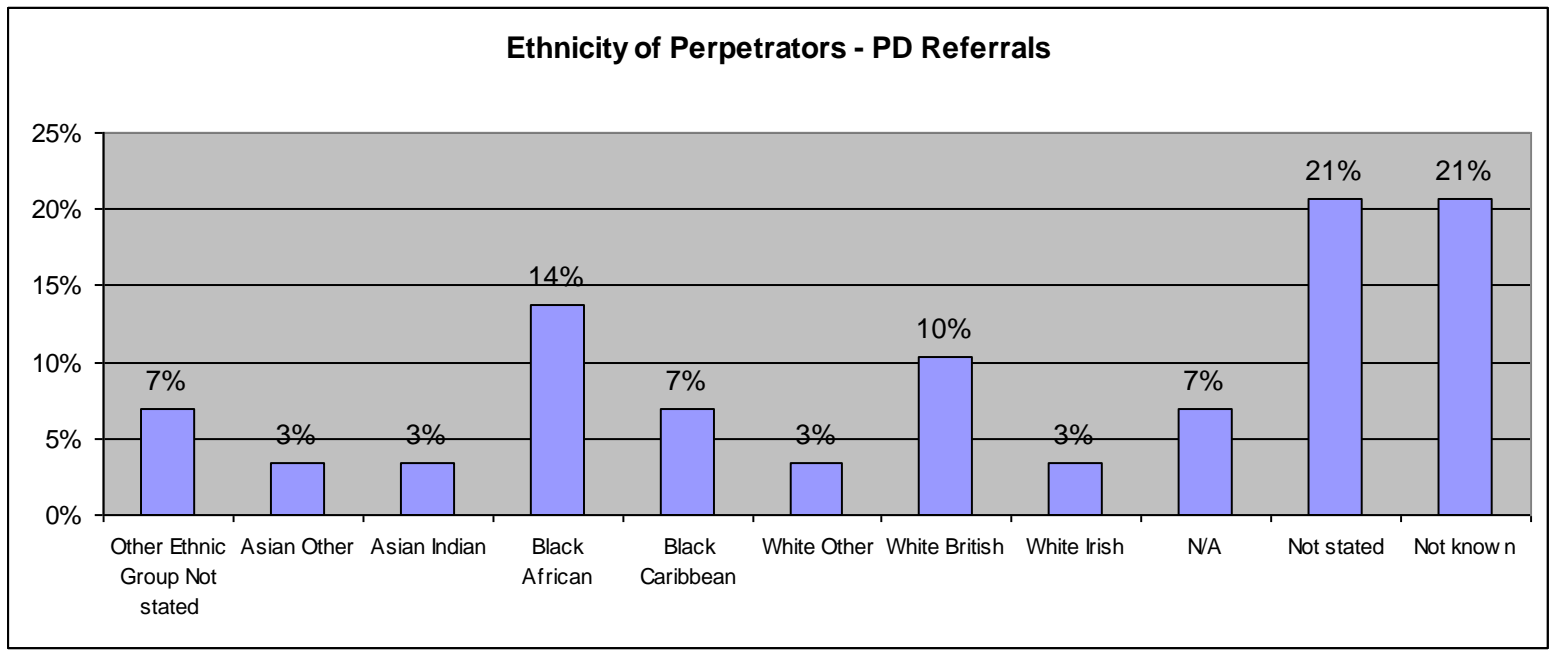
Perpetrator's Relationship	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Care Professional	6	11	21%	41%
Relative	9	4	31%	15%
Friend/ Neighbour	4	3	14%	11%
Other Service User	0	1	0%	4%
Other	0	5	0%	19%
Not known	3	3	10%	11%
Institution	2	0	7%	0%
Paid Carer	3	0	10%	0%
Spouse	1	0	3%	0%
N/A	1	0	3%	0%
Total	29	27	100%	100%



Ethnicity of Vulnerable Adult	Total	% Total
Other Ethnic Group	1	3%
Other Ethnic Group Not stated	3	10%
Asian Other	1	3%
Asian Indian	2	7%
Black Other	1	3%
Black Caribbean	6	21%
White British	7	24%
White Irish	6	21%
Not stated	2	7%
Total	29	100%

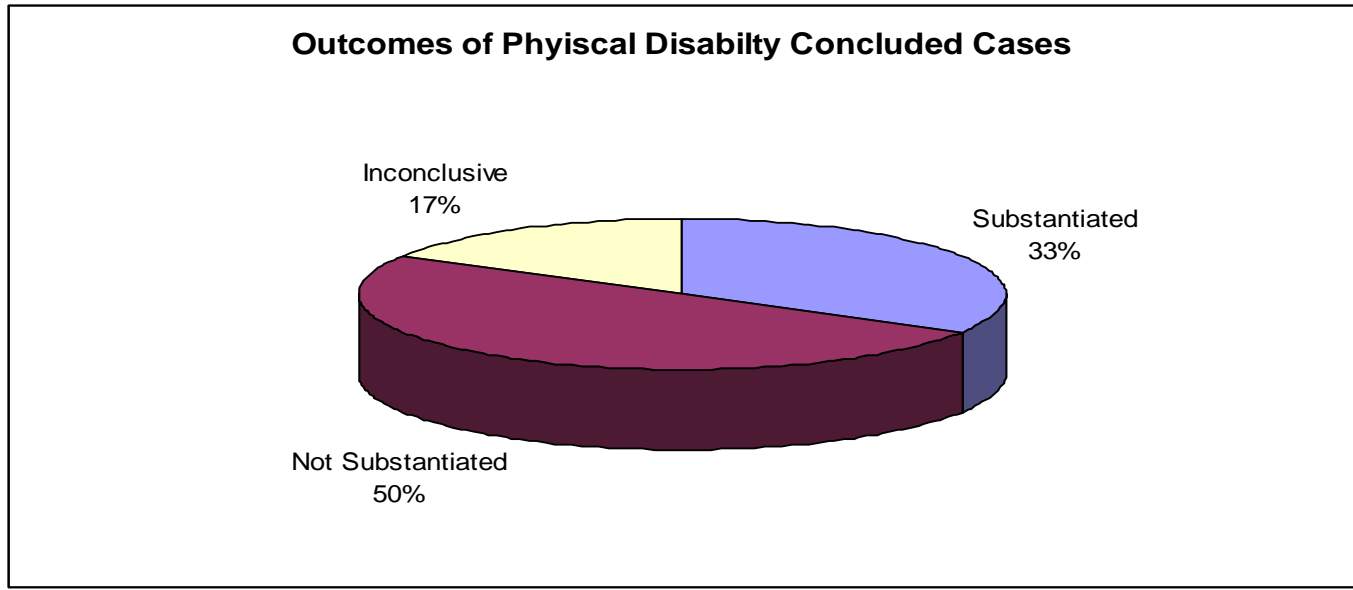


Ethnicity of Perpetrator	Total	% Total
Other Ethnic Group Not stated	2	7%
Asian Other	1	3%
Asian Indian	1	3%
Black African	4	14%
Black Caribbean	2	7%
White Other	1	3%
White British	3	10%
White Irish	1	3%
N/A	2	7%
Not stated	6	21%
Not known	6	21%
Total	29	100%



Outcomes	Number	% Total
Substantiated	8	33%
Not Substantiated	12	50%
Inconclusive	4	17%
Total	24	100%

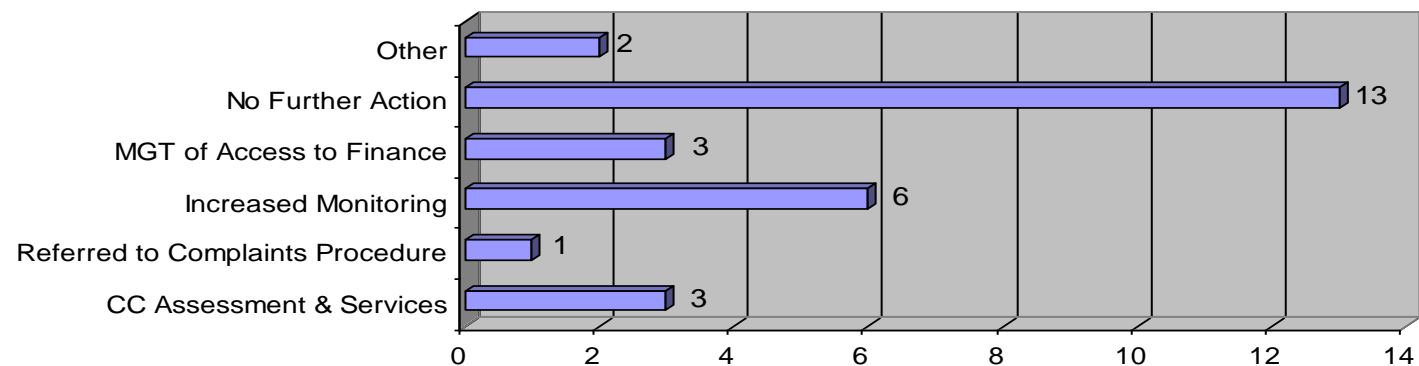
24 out of 29 PD cases completed therefore 5 cases pending.



Main Outcomes for PD Vulnerable Adults

VA Outcomes	Total	% Total
CC Assessment & Services	3	10%
Referred to Complaints Procedure	1	3%
Increased Monitoring	6	20%
MGT of Access to Finance	3	10%
No Further Action	13	46%
Other	2	7%
Total	28	100%

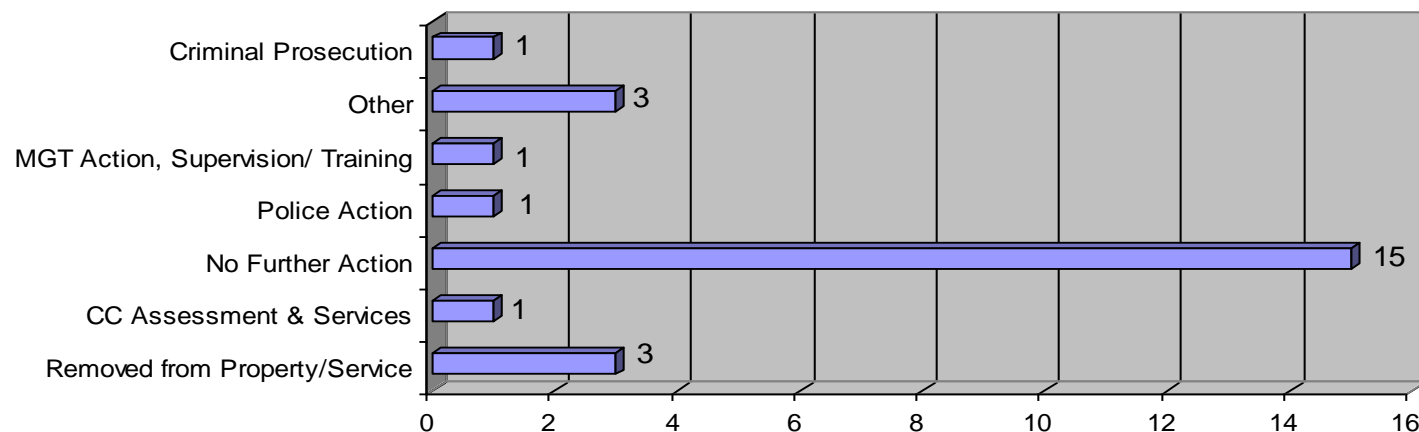
Vulnerable Adults Outcomes - PD Referrals



Main Outcomes for Perpetrators in PD Referrals

Perpetrator Outcomes	Total	% Total
Removed from Property/Service	3	11%
CC Assessment & Services	1	4%
No Further Action	15	60%
Police Action	1	4%
MGT Action, Supervision/ Training	1	4%
Other	3	11%
Criminal Prosecution	1	4%
Total	25	100%

Perpetrators Outcomes - PD Referrals

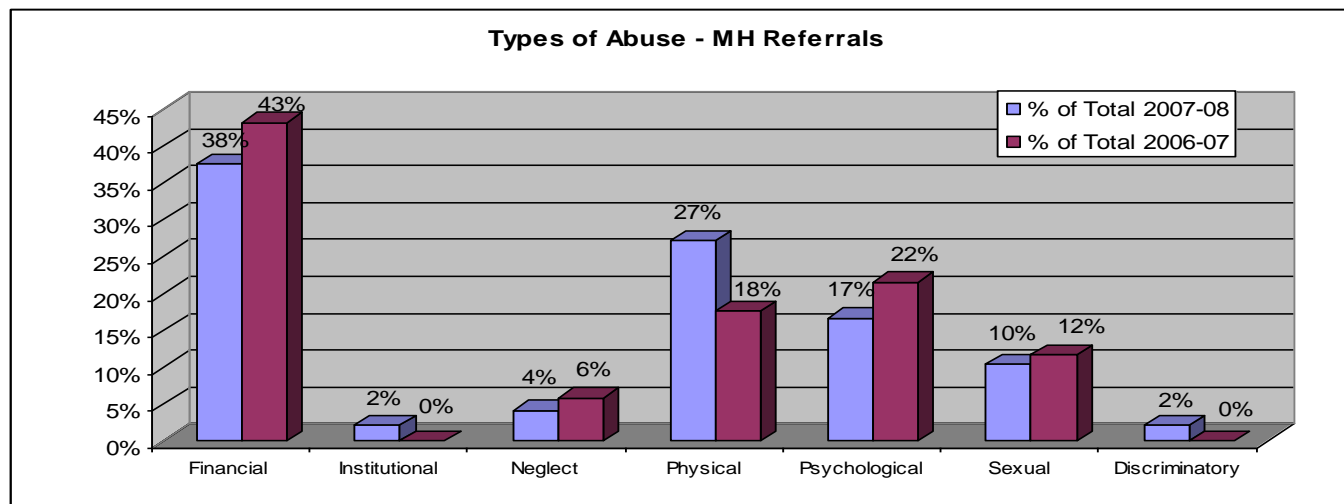


Alleged Abuse against Adults with a Mental Health Condition

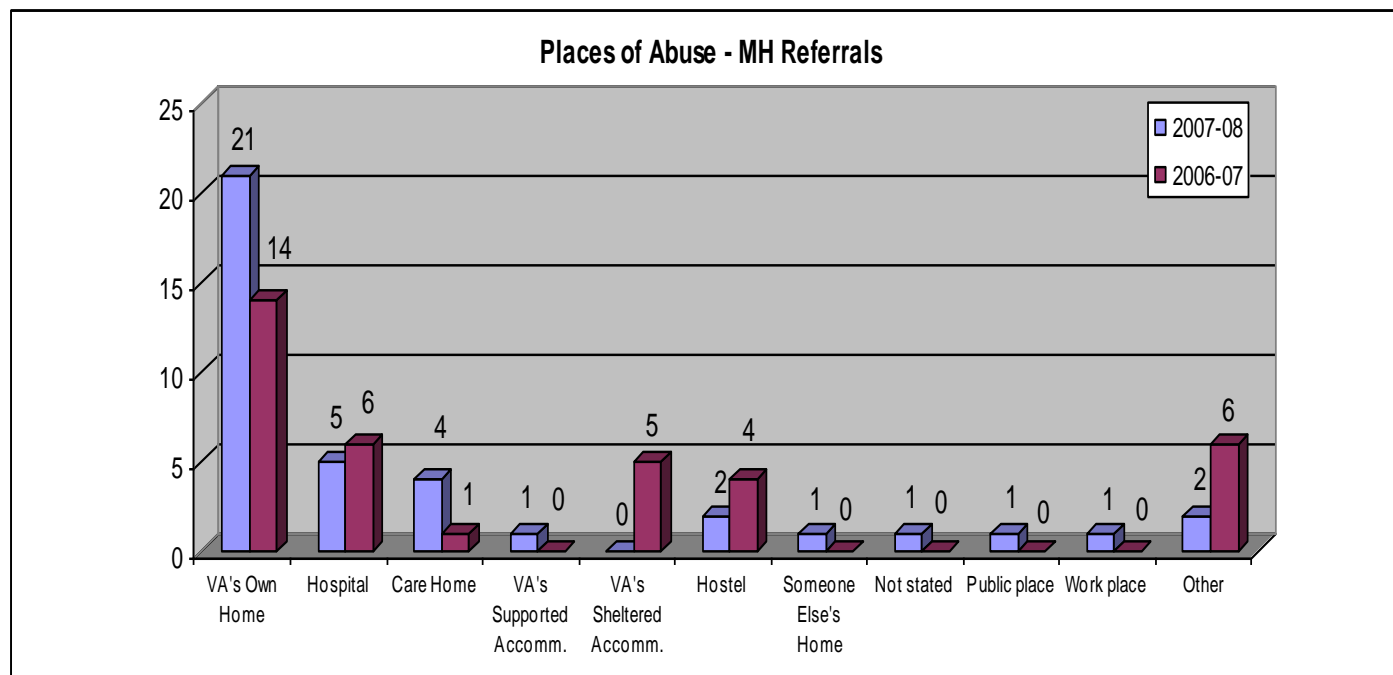
39 referrals received out of 211 – 8% increase from last year.

Types of Abuse MH	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Financial	18	22	38%	43%
Institutional	1	0	2%	0%
Neglect	2	3	4%	6%
Physical	13	9	27%	18%
Psychological	8	11	17%	22%
Sexual	5	6	10%	12%
Discriminatory	1	0	2%	0%
Total	48	51	100%	100%

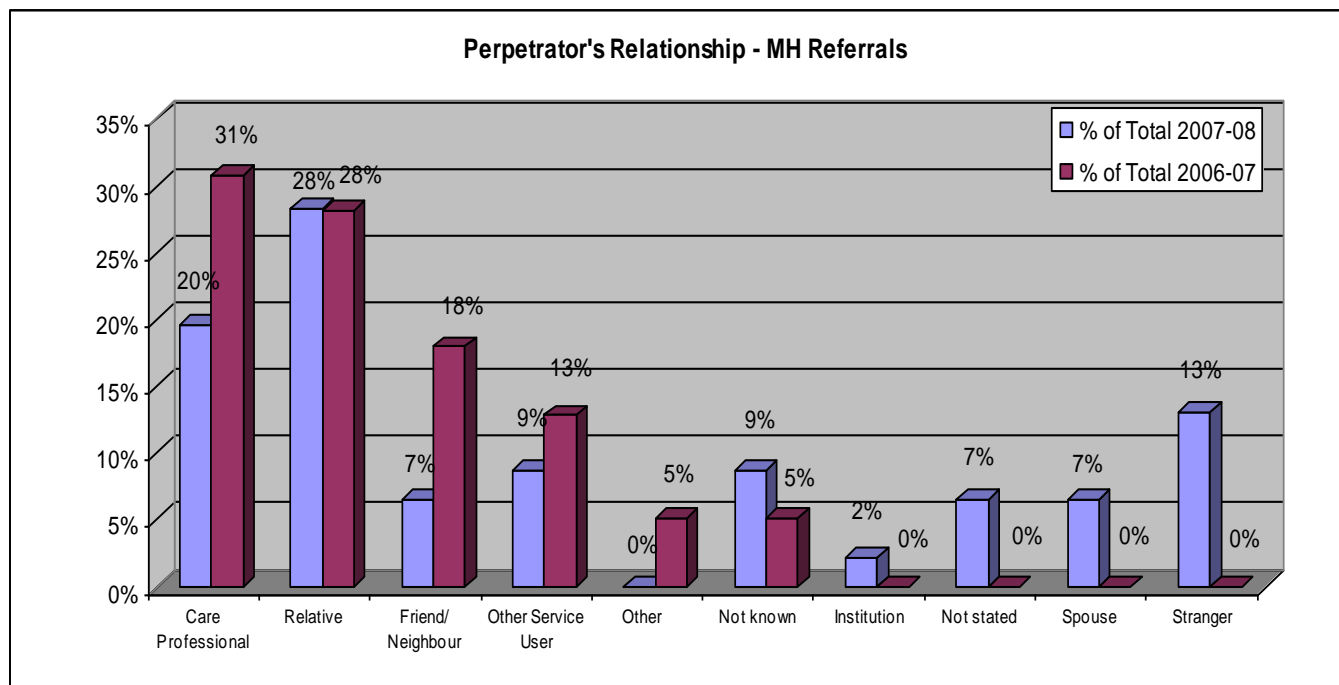
Four referrals had more than one type of abuse.



Places of Abuse	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
VA's Own Home	21	14	54%	39%
Hospital	5	6	13%	17%
Care Home	4	1	10%	3%
VA's Supported Accom.	1	0	3%	0%
VA's Sheltered Accom.	0	5	0%	14%
Hostel	2	4	5%	11%
Someone Else's Home	1	0	3%	0%
Not stated	1	0	3%	0%
Public place	1	0	3%	0%
Work place	1	0	3%	0%
Other	2	6	5%	17%
Total	39	36	100%	100%

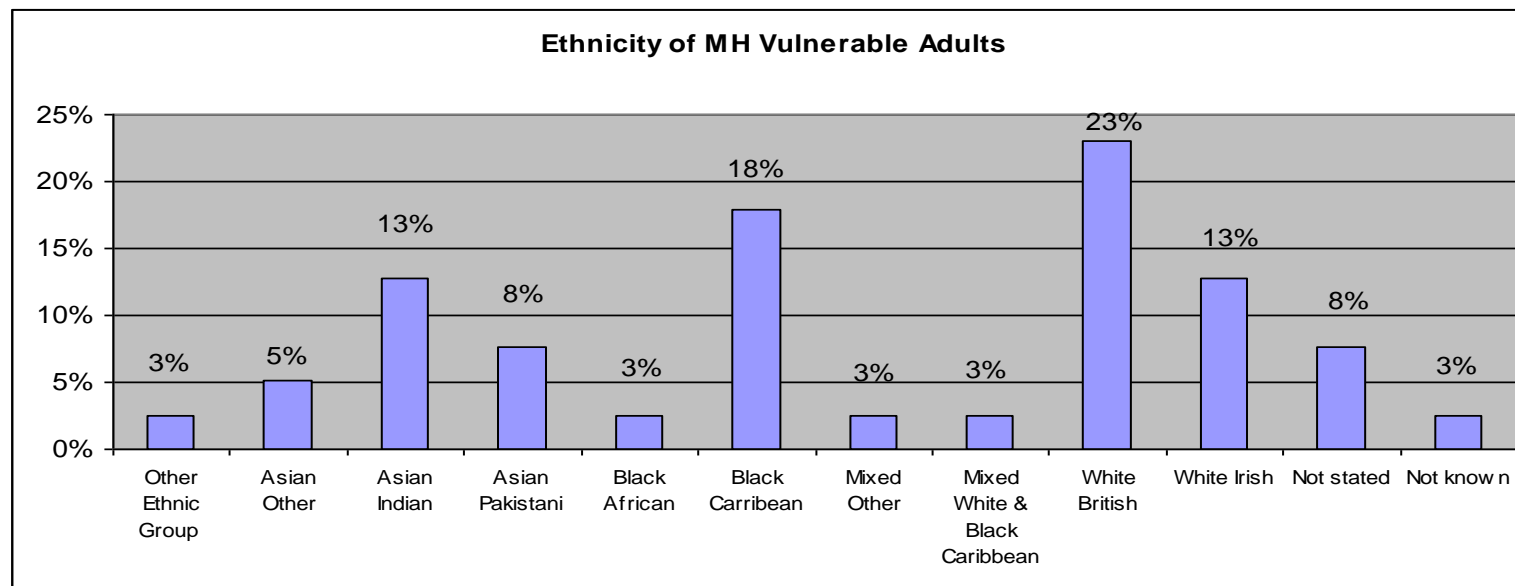


Perpetrator's Relationship	2007-08	2006-07	% of Total 2007-08	% of Total 2006-07
Care Professional	9	12	20%	31%
Relative	13	11	28%	28%
Friend/ Neighbour	3	7	7%	18%
Other Service User	4	5	9%	13%
Other	0	2	0%	5%
Not known	4	2	9%	5%
Institution	1	0	2%	0%
Not stated	3	0	7%	0%
Spouse	3	0	7%	0%
Stranger	6	0	13%	0%
Total	46	39	100%	100%

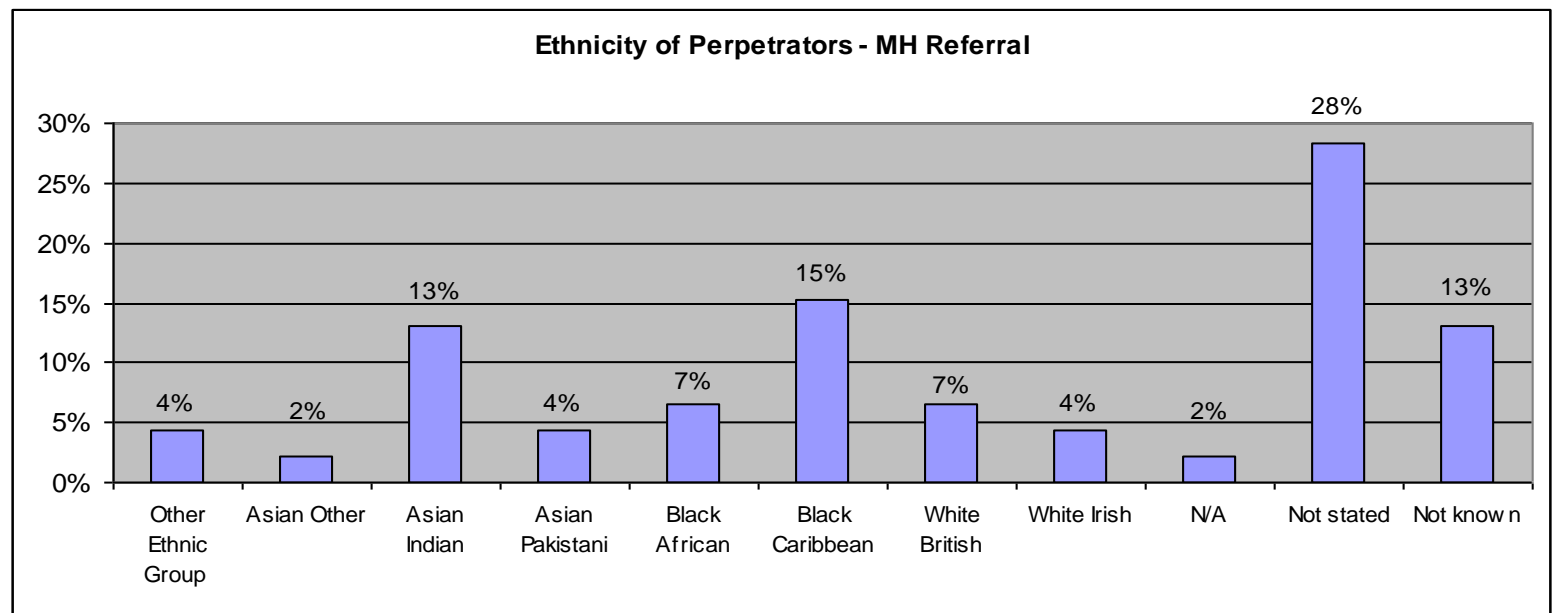


One referral had more than one perpetrator.

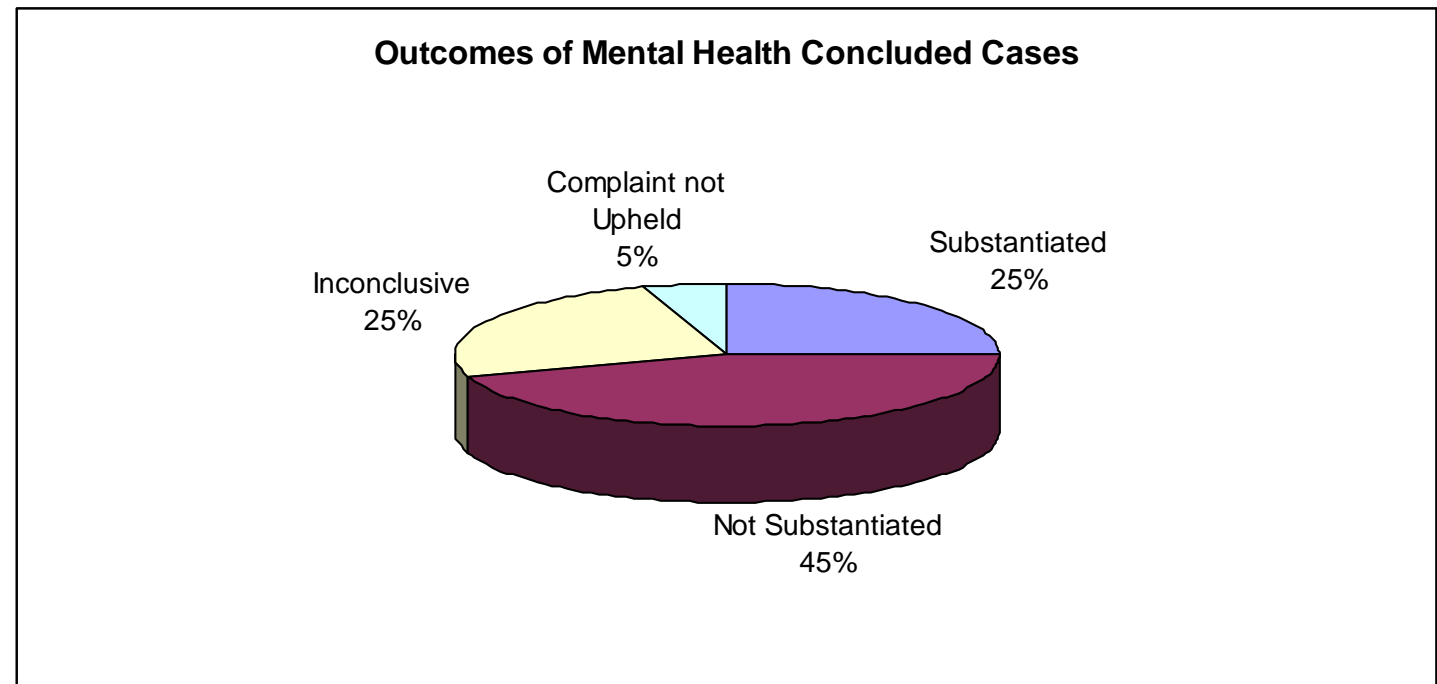
Ethnicity of Vulnerable Adult	Total	% Total
Other Ethnic Group	1	3%
Asian Other	2	5%
Asian Indian	5	13%
Asian Pakistani	3	8%
Black African	1	3%
Black Caribbean	7	18%
Mixed Other	1	3%
Mixed White & Black Caribbean	1	3%
White British	9	23%
White Irish	5	13%
Not stated	3	8%
Not known	1	3%
Total	39	100%



Ethnicity of Perpetrator	Total	% Total
Other Ethnic Group	2	4%
Asian Other	1	2%
Asian Indian	6	13%
Asian Pakistani	2	4%
Black African	3	7%
Black Caribbean	7	15%
White British	3	7%
White Irish	2	4%
N/A	1	2%
Not stated	13	28%
Not known	6	13%
Total	46	100%



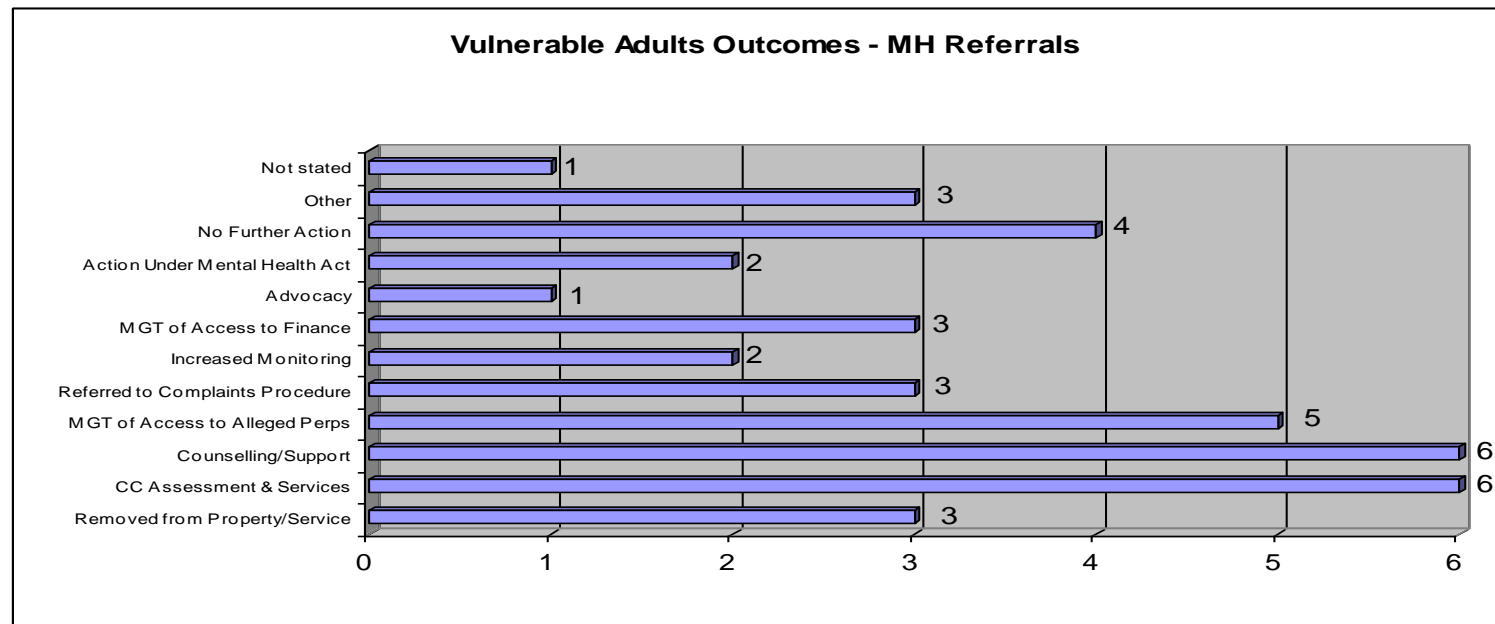
Outcomes	Number	% Total
Substantiated	5	25%
Not Substantiated	9	45%
Inconclusive	5	25%
Complaint not Upheld	1	5%
Total	20	100%



20 out of 39 MH cases completed therefore 19 cases pending.

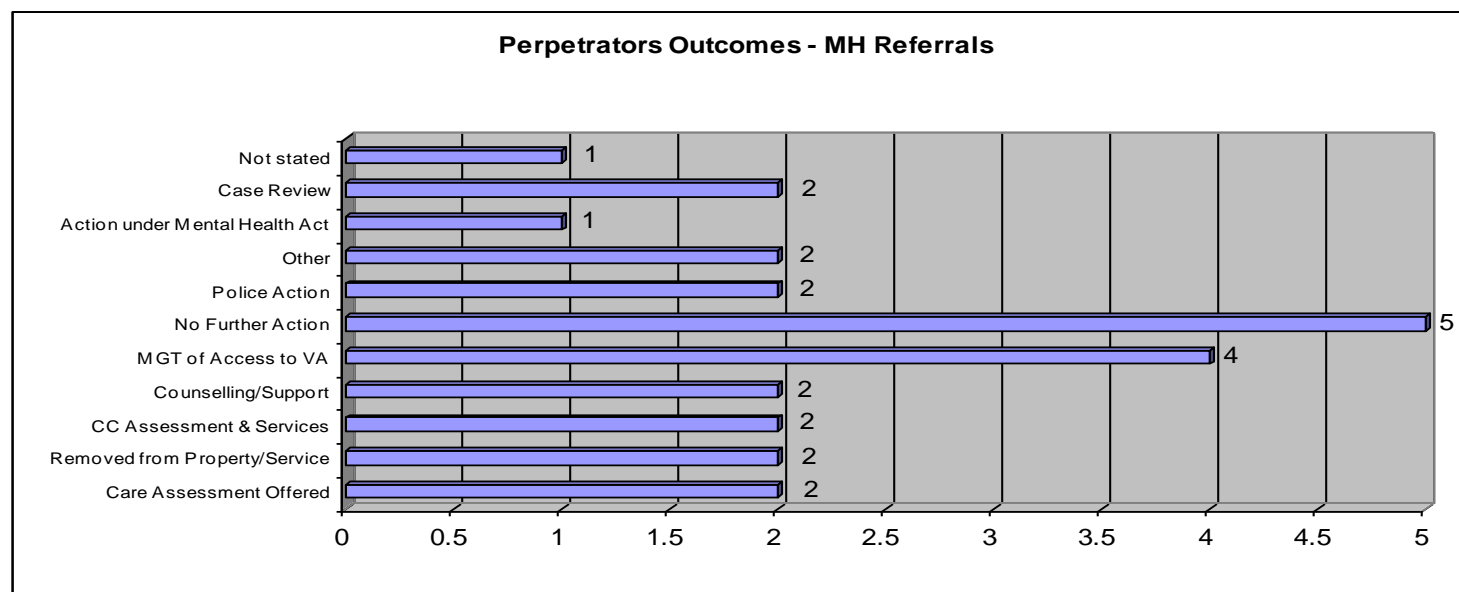
Main Outcomes for MH Vulnerable Adults

VA Outcomes	Total	% Total
Removed from Property/Service	3	8%
CC Assessment & Services	6	15%
Counselling/Support	6	15%
MGT of Access to Alleged Perps	5	13%
Referred to Complaints Procedure	3	8%
Increased Monitoring	2	5%
MGT of Access to Finance	3	8%
Advocacy	1	3%
Action Under Mental Health Act	2	5%
No Further Action	4	10%
Other	3	8%
Not stated	1	3%
Total	39	100%



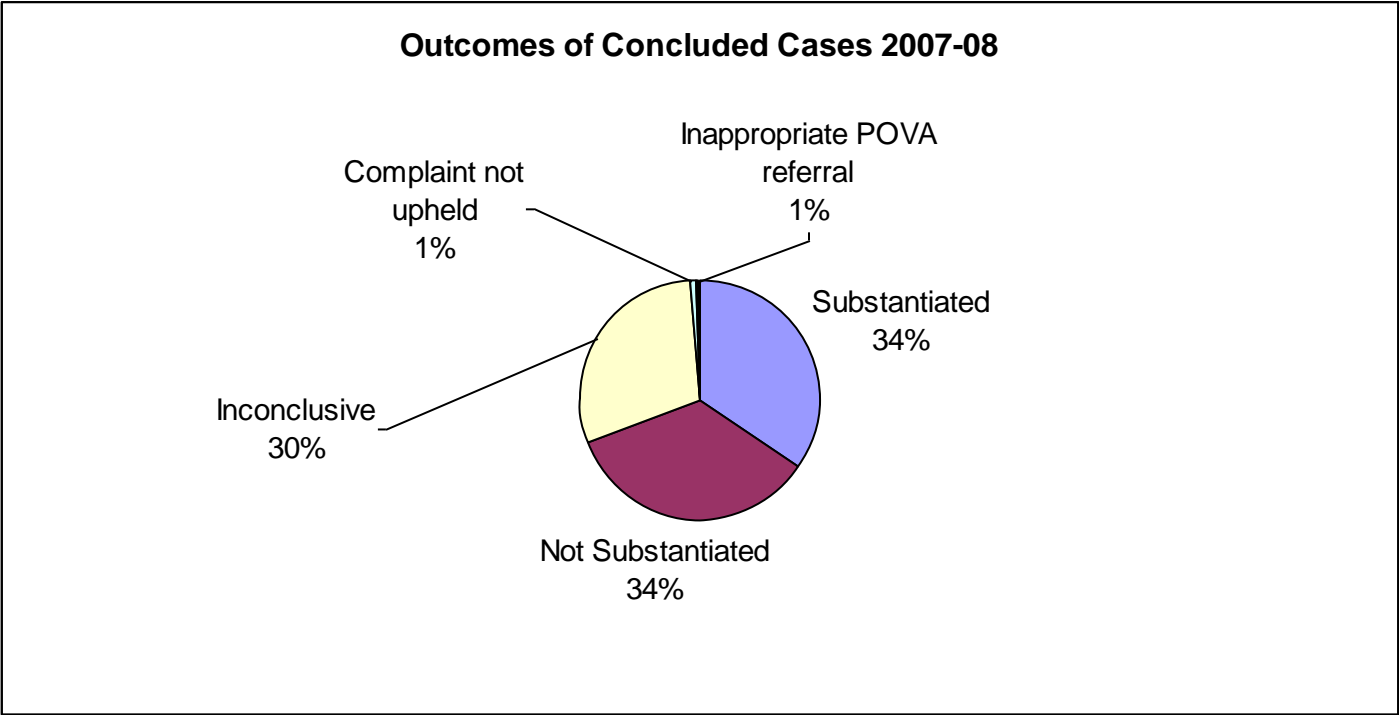
Main Outcomes for Perpetrators in MH Referrals

Perpetrator Outcomes	Total	% Total
Care Assessment Offered	2	7%
Removed from Property/Service	2	7%
CC Assessment & Services	2	7%
Counselling/Support	2	7%
MGT of Access to VA	4	13%
No Further Action	5	20%
Police Action	2	7%
Other	2	7%
Action under Mental Health Act	1	3%
Case Review	2	7%
Not stated	1	3%
Total	25	100%



Case Conclusions of All Completed Cases

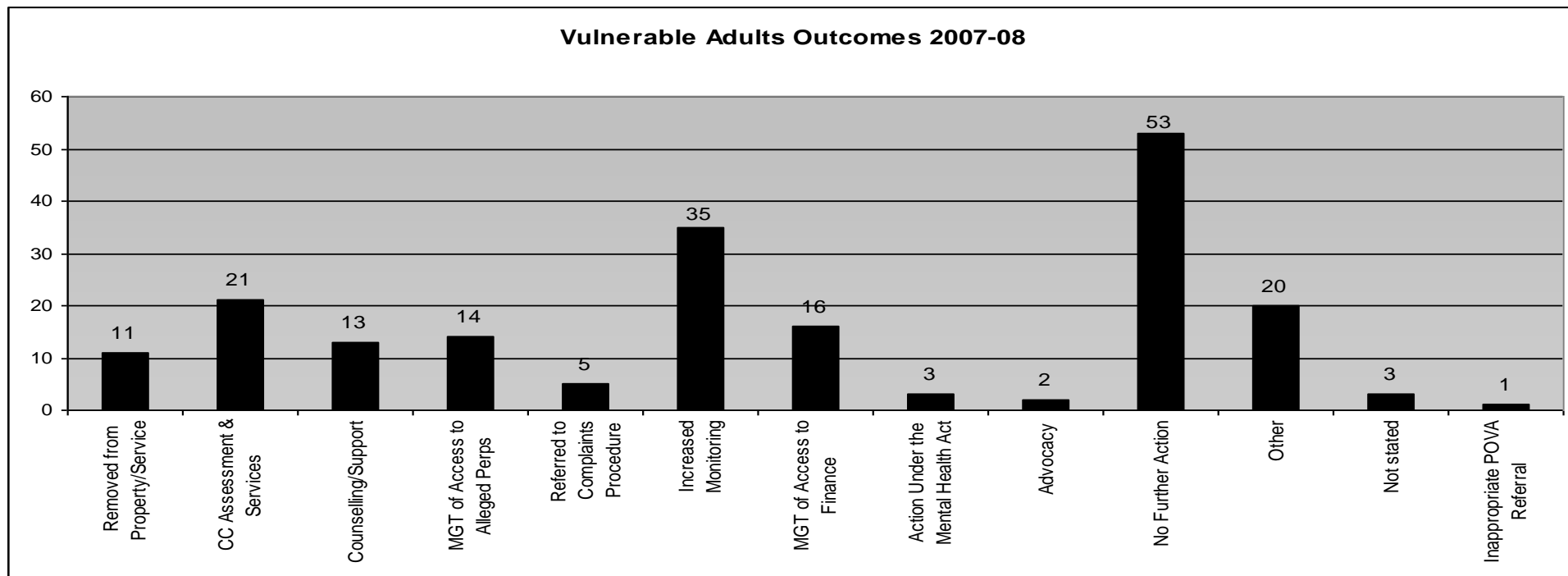
Outcome	Total	% of Total
Substantiated	51	34%
Not Substantiated	51	34%
Inconclusive	44	30%
Complaint not upheld	1	1%
Inappropriate POVA referral	1	1%
Total	148	100%



148 out of 211 cases completed therefore 63 cases yet to be concluded at the time of compiling the report.

Outcomes for Vulnerable Adults for Completed Cases

VA Outcomes	Total	% Total
Removed from Property/Service	11	5%
CC Assessment & Services	21	10%
Counselling/Support	13	6%
MGT of Access to Alleged Perps	14	7%
Referred to Complaints Procedure	5	2%
Increased Monitoring	35	17%
MGT of Access to Finance	16	8%
Action Under the Mental Health Act	3	1%
Advocacy	2	1%
No Further Action	53	27%
Other	20	10%
Not stated	3	1%
Inappropriate POVA Referral	1	0%
Total	210	100%



Outcomes for Perpetrators for Completed Cases

Perpetrators Outcomes

Action by CSCI - 2%	Action by Commissioning/Authority - 1%
Care Assessment Offered – 2%	MGT Action, Supervision/ Training – 5%
Removed from Property/Service – 7%	Other – 7%
CC Assessment & Services - 3%	Case Review – 2%
Counselling/ Support – 5%	Action under Mental Health Act – 1%
MGT of Access to VA- 8%	Criminal Prosecution – 1%
Disciplinary Action – 3%	N/A - 1%
No Further Action – 41%	Not stated – 2%
Police Action – 5%	Inappropriate POVA Referral – 1%

Appendix 5: Safeguarding Adults Training Plan for 2008/2009

COURSE	OBJECTIVES	TARGET GROUP	DATES
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 	<ul style="list-style-type: none"> ◆ All staff in private and voluntary sector and partner agencies 	23 rd July 8 th September 3 rd October 24 th February 2009 17 th March 2009
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 	<ul style="list-style-type: none"> ◆ All staff health and social care, housing and the voluntary sector 	20 th June 29 th July 25 th September 7 th November 12 th January 2009 2 nd March 2009
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 	<ul style="list-style-type: none"> ◆ Staff responsible for investigating adult protection referrals 	23 rd & 24 th September 30 th & 31 st October 5 th & 6 th February 2009
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 	<ul style="list-style-type: none"> ◆ Managers and senior practitioners who will act as Safeguarding Managers 	10 th October 13 th March

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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 	<ul style="list-style-type: none"> ◆ All administration staff in community care services 	21 st November
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 	<ul style="list-style-type: none"> ◆ Staff from social care units 	14 th October 4 th March 2009
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 	<ul style="list-style-type: none"> ◆ All staff in community services 	14 th July 24 th November