

# Sandwell Adult Protection Committee

Annual Report 2005-2006



December 2006



## **Safeguarding Sandwell against adult abuse**

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## Foreword by the chair

Dear reader,

This is the Sandwell Adult Protection Committee's second Annual Report. We want to build upon our progress in preventing and responding to vulnerable adult abuse and public protection. This year there is an easy read summary version of this report, and we want the public and all organisations to learn how working in partnership with Criminal Justice was effective for vulnerable people. For further continuous improvement we have started a 'Practice Series: Working Together' Case Study leaflet with examples.



We want to commend Criminal Justice Organisations in Sandwell and the West Midlands, in recognition of their significant contribution. These organisations are:

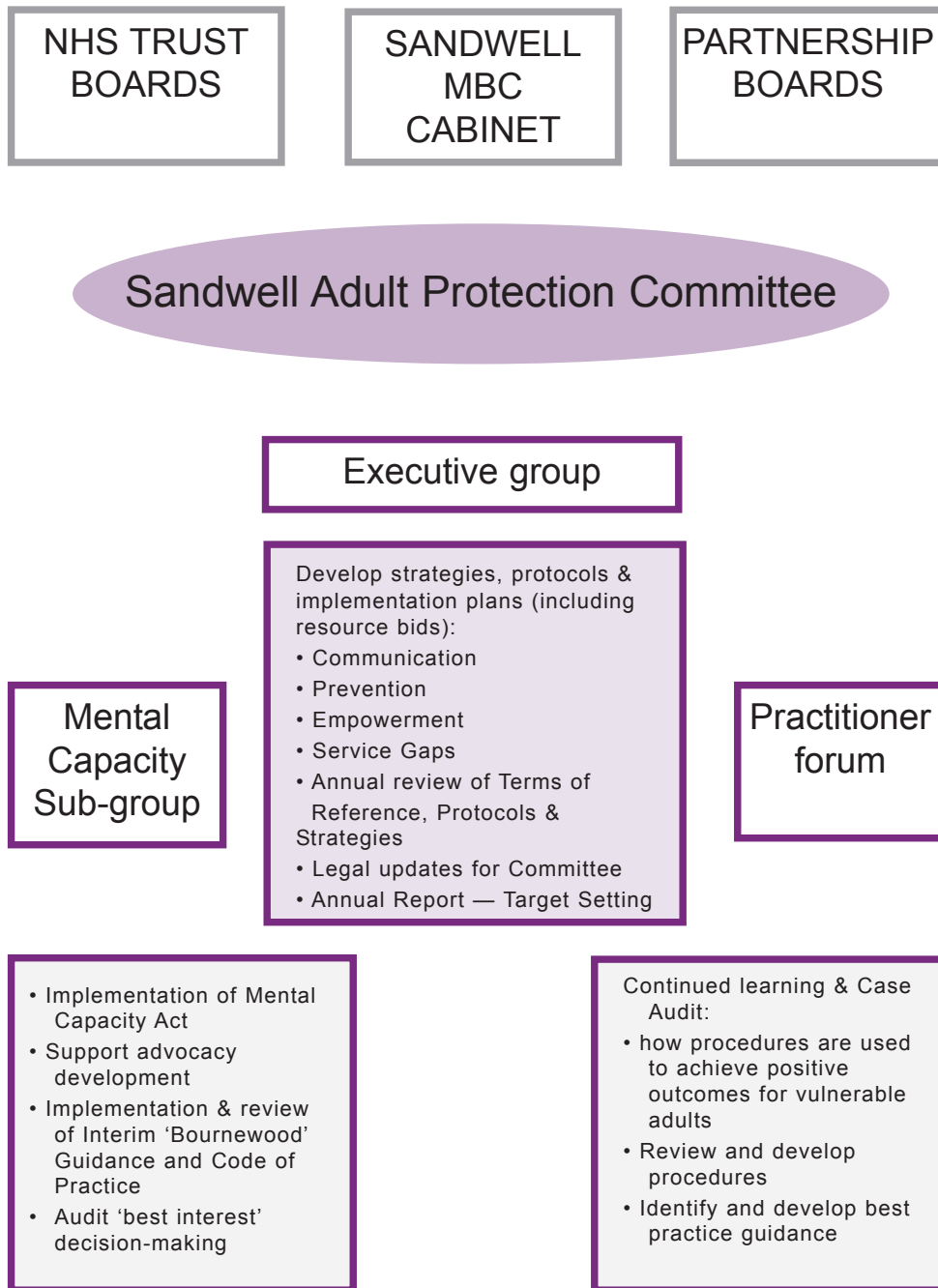
- West Midlands Police
- Crown Prosecution Service
- National Probation Service – West Midlands
- Her Majesty's Courts Service

This year's annual report identifies a significant rise in the reporting of adult abuse in Sandwell, which is thought to be the result of our highly regarded multi-agency training programme. This puts the number of referrals more in line with the national picture of abuse. We have a significant challenge ahead to consistently respond well within the finances available to our agencies.

During the next year the Committee will have a new Chair to carry forward the workplan and links with Partnership Boards to make Sandwell a safer place. At the time of writing the Committee learned that Detective Chief Inspector Paul Marriott will be replaced on the Committee, and we would like to recognise his contribution. I'd like to thank the staff and Sandwell community who have worked hard this year to respond to the needs of vulnerable people.

**Nick Georgiou,  
Chair, Sandwell Adult Protection Committee**





## Sandwell Adult Protection Committee 2005/6

The Terms of Reference, membership and structure were revised in 2005/6, strengthening their impact and giving greater clarity and ownership across the Sandwell agencies (see Appendix 1). A Strategic Development Workshop helped members achieve a common understanding, and further improve working together roles to act upon abuse concerns. A work-plan was established and is being progressed, including 3-year strategies and new protocols.

There were three key drivers this year:

- A Serious Case Review was led by the Director of Adult Services and Health, and an action plan is progressing and being monitored.
- National best practice standards in adult protection, 'Safeguarding Adults, were published by the Association of Directors of Social Services, which Sandwell helped develop.
- New laws have been going through Parliament which will improve the rights and safety of adults and their carers, as well as change the way in which our organisations work with the public.

There is now an Executive arm of statutory members to progress the workplan, recommend action to the main Committee, and make necessary links with Partnership Boards. There are two new subgroups:

A Practitioner Forum is running and developed tools and new forms, tested against actual situations, introduced in 2006/7.

A Mental Capacity Subgroup formed to evaluate a Sandwell protocol developed in response to a European Human Rights Court judgement. This group will go on this year to prepare the public and organisations for implementation of a major new law – the Mental Capacity Act.



Committee organisations are embedding adults' rights and 'safeguarding' and are continuing to learn:

- West Midlands Police Force is developing a Force Policy on Adult Protection, and contributed funds to the Committee.
- Agewell is preparing training for age discrimination legislation being introduced in October 2006.
- The Commission for Social Care Inspection (CSCI) is concentrating inspection on improving safety, and service users from Sandwell People First assisted their learning about care services elsewhere in the West Midlands.
- SOADA, a multi-agency Domestic Violence Team is now in place and is assisting some vulnerable adults.
- Adult Services and the Sandwell Primary Care Trust continued joint funding of now mandatory multi-agency training.
- Ideal For All and Age Concern Sandwell held focus groups for Dept. of Health funded research on adult protection.
- Sandwell Advocacy has been trying to attract grants to increase access to advocacy services.
- The Committee contributed to an MBC Select Committee on Older People's Safety, and Sandwell's ten-year Older Persons Strategy, "Living Well in Later Life".
- The Coordinator assisted the regional Crown Prosecution Service to learn more about people with learning disabilities.



*Sandwell Adult Protection Committee*



## Did we do as we said last year?

In our first report, 2004/5, we said that referrals could be expected to rise every year and there were key areas identified for local development:

The Adult Protection Committee has been strengthened, and its' relationship across partners and organisations is being developed.

Three year strategies and action plans are part of the Committee workplan. So far:

- Staff skills are increasing through the training programme, experience, Practitioner Forum, and Committee Best Practice guidance
- The training programme includes prevention and promoting protection within the mainstream work of organisations.
- Public awareness is rising, as evidenced by an increase in families and friends reporting abuse in 2005/6
- There is more access to SAPC information, its policies and procedures, which are now on SMBC and SPIN websites and agency intranets.
- Leaflets will be updated and made more accessible by communication mode/language in 2006/7.

An information-sharing protocol with CSCI has been drafted, a multi-agency domestic abuse information-sharing protocol is being signed up to, and a specific vulnerable adult protection information-sharing protocol is underway.

Recording mechanisms to report and act upon abuse, reflecting outcomes for vulnerable adults, have been improved through the multi-agency Practitioner Forum.



## Workforce Development

Adult Services & Health and the Primary Care Trust(s) need to be commended for driving and funding, year on year increase, of training opportunities in adult protection as in Table 1.

Type of training	Places Available				Total
	2002/3	2003/4	2004/5	2005/6	
Briefing	264	127	-	-	391
Raising Awareness		253	590	1054	1897
Investigation Training	32	14	-	426	472
<b>Total</b>	<b>296</b>	<b>394</b>	<b>590</b>	<b>1480</b>	<b>2760</b>

Table 1: Multi-agency and Bespoke Training

### In 2005/6:

- Training was updated to reflect national developments
- The range and breadth of courses were developed to address skills required for investigation and management roles and responsibilities, and development needs of the Committee.
- All training was revised after the serious case review, to improve recording standards
- Training was targeted at organisations, adult placements and direct payment employers who had not yet made use of the free training opportunities
- A 'train the trainer' model of Raising Awareness was tried so agencies could train their own staff
- Bespoke training and awareness events for specific staff, organisations and forums were held to embed prevention and 'safeguarding' in policies, procedure and practice.
- A performance management booklet was commissioned to assist organisations to ensure the procedures were known and used as a follow-up to training.



## Workforce Development

### Key Changes

The process and outcomes in planning and delivering training reflect improved working together arrangements of SAPC, and its promotion of continuous improvement.

SAPC determined in 2005/6 that adult protection training was mandatory for staff in regular contact with vulnerable adults, according to their role, as a result of the serious case review.

SAPC is meeting inspectorate requirements through Adult Services & Health reporting on progress in meeting 'No Secrets' and 'Safeguarding Adults' standards to CSCI, and on Social Service Authorities in relation to adult protection roles and training.

### Analysis

#### 1. Raising Staff, Service User and Carer Awareness

The Coordinator, CSCI, Contract Monitoring and Supporting People Teams and others targeted this training. Many more agencies in the voluntary and independent sector now attend. SAPC members, as Lead Officers, are now circulating training details internally, and on intranets, which has improved the breadth of partner attendance.

There is a concern, identified during investigations, that separately commissioned training may not always match the expectations of the Sandwell policy and procedures. Staff awareness of Sandwell's definitions of abuse, how/who to report it to and the expected response are key aspects of 'No Secrets'. It is important that these are integrated within the training programmes of SAPC partners and work is underway to develop this action.

Supporting people providers are now responsible for educating their tenants/service users about abuse and how to report it. A growing number of service users and carers have accessed training. Discussions have started with carer support services to



meet this need. Service users' needs will be addressed by communication, prevention and service gap strategies.

## **2. Developing Investigation and Management Skills**

A prevention focus of management/infrastructure training will continue helping organisations update their Human Resource processes, to ensure the right staff are recruited and helped to do their jobs safely. In cases where abusive staff have been identified, procedures are in place to ensure that they are referred to government barring lists. These are key aspects of a 'Safeguarding Adults' and 'No Secrets' prevention strategy.

Basic investigation and management skills are planned for all the necessary staff by March 2007. Provision for new staff will follow. There is demand for more advanced and specialist learning opportunity, e.g. for doctors, and about specific types of abuse/what works for service users. This is being addressed through the Strategic Health Authority, Practitioner Forum, Committee Best Practice Guidance, and within agencies.



*Adult Protection Raising Awareness Training – Clara Learning Ltd.*

Workforce development and audit strategies to be developed by SAPC will address compliance with the policy, procedures, and quality standards.



## Workforce Development

The performance management booklet will be introduced in 2006/7 to assist organisations. This will provide evidence for staff qualifications and CPD, and can be inspected by CSCI and contract monitoring/supporting people teams.

Attention was drawn to improving attendance rates at training, and reducing the administrative strain that emerged in 2005/6 on Adult Services & Health for this large programme.

SAPC will ensure best use is made of the multi-agency training programme, and have requested regular feedback on attendance by their organisations and those with whom they contract during 2006/7. SAPC also examined access to training across statutory, voluntary and independent sectors, as in Table 2 below. Bookings were made in excess of places to assure access and reduce the level of places not taken.

The overall attendance rate since 2002 is 85%, suggesting that although there is good intention amongst agencies to book places, other pressures mean that not all the booked places are taken up (see Table 2). This may be a reflection of national staff shortages and pressures making the release of staff problematic.

	Voluntary Sector	Independent Sector	NHS Trusts	MBC	Other Statutory*	Totals
<b>Places allocated</b>	270	346	312	520	35	1483
<b>Attended</b>	197	192	232	427	27	1075
<b>Attendance Rate</b>	73%	55%	74%	82%	77%	72%

\* CSCI, Police, Courts, Sandwell Homes, Probation

Table 2: Access to and Take Up of Multi-agency Training

Attendance rates on adult protection training are good overall, but can be improved. Varying the venue of training for accessibility will be explored by SAPC.

Training for statutory organisations will need to be targeted in 2006/7 to meet inspectorate requirements.



## Messages from Sandwell's Statistics

The information in this section is presented with a health warning as the database for both 2004/5 and for 2005/6 is not yet comprehensive nor sufficiently robust to give a consistently realistic picture. However it is possible to identify some trends and specific messages and these are set out here.

Referrals rose to 267 in 2005/6 from the previous year (103), and are now on par with similar populations (see Table 3).

### Reporting of abuse

Type of person	Number
Older People	184
Learning Disability	61
Physical & Sensory Disability	13
Mental Health >65	9
Not Known	4
<b>Total</b>	<b>267</b>

Table 3 Reported Incidents

A significant rise in reporting by service and housing providers is evident (48% 2005/6, 32% 2004/5). An increase in domestic violence is noted (15 in 2004/5; 48 in 2005/6). On the basis of national comparison, there is under-reporting of concerns affecting people under 65 with mental health conditions.

The majority of referrals were of white adults (79%); 2% were Black and 7% Asian. Most were female (77%). This suggests under-reporting of abuse to BME groups, in comparison to the known local population.

There can be multiple abusers of one vulnerable adult; their gender was not noted in 30% of referrals. Of those cited, 40% of abusers were male (36% in 2004/5).



## Messages from Sandwell's Statistics

### Types of abuse

The types of abuse are shown in Figure 1 (below). Physical abuse was by far the most common form of reported abuse, followed by financial, neglect and psychological. Abuse of individual rights and discriminatory abuse are rarely reported. (There were two concerns of forced marriage, and one concern of deprivation of liberty; hate crime does not appear to be reported under VAP procedures about vulnerable adults). Training has been improved — to address recognition of types of abuse, together with a new referral form.

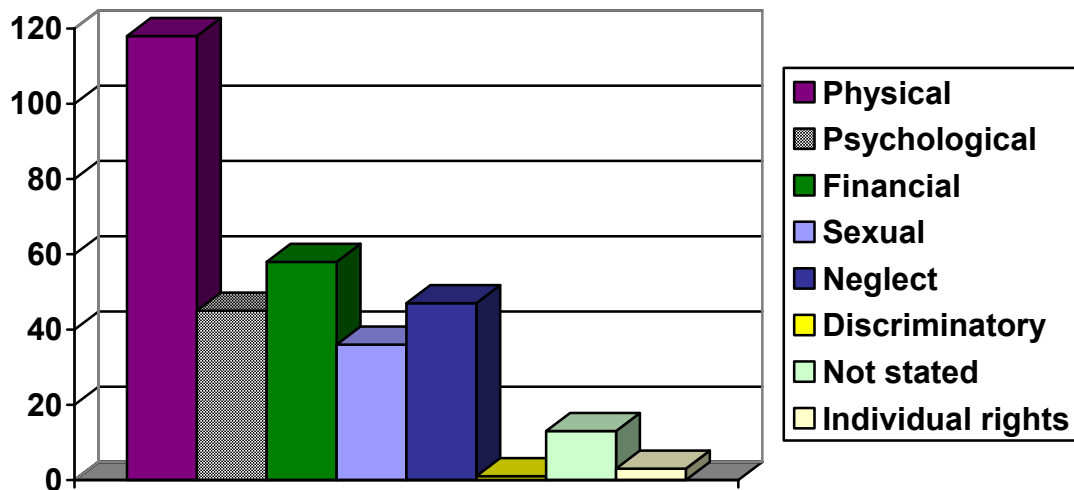


Figure 1 Type of Abuse Reported

**Note:** More than one type of abuse can be reported as a concern affecting one adult.

If an investigation is warranted (i.e. significant harm is indicated), each incident has a separate enquiry. Where there are multiple incidents concerning a service within a six month period, or serious complaints or whistle-blowing reports, a more complex investigation is also undertaken. Where institutions are concerned (Care Homes, Hospitals, Prisons), this may include organisations reviewing their funded residents, and assessments of self-funding adults.



## Complex enquiries

The aim of complex enquiries is to establish whether other incidents of abuse need investigation, whether there is a pattern of poor practice or quality of care, and whether SAPC partners can support services to engender improvement and prevention of harm. Actions are taken in accordance with the Inter-authority Protocol in Appendix 1.

In 2005/6, 6 referrals concerned Sandwell-funded adults in Care Homes outside of the borough where concerns of abuse arose but were investigated by other Local Authorities as single incidents. Sandwell reciprocated regarding 10 referrals of adults funded by other authorities. Four of these led to more complex investigations of a whole service within Sandwell.

The total number of complex investigations increased (18 compared to 8 in 2004/5). Other local authorities coordinated nine of these; Sandwell participated with regard to our funded residents. Sandwell residents were moved when two Care Homes were closed by CSCI enforcement action in other local authorities in 2005/6. In another investigation, Sandwell removed 7 residents funded out-of-borough from a Care Home with extensive and persistent non-compliance with national minimum regulations. The nine complex investigations coordinated by Sandwell considered the findings of 51 of the incident investigations, in addition to complaints and whistle-blowing reports.



## Messages from Sandwell's Statistics

### Other findings

There were completed enquiries for 62% of incidents (59% in 2004/5), but detailed data was not always provided. SAPC are therefore unable to report upon all findings and process with confidence. The adequacy of the recording and monitoring system is under review.

Six referrals had no harm reported, goods returned, matters transferred to complaints procedures (3), and one person died of natural causes with no associated concerns by the doctor/Coroner.

There appear to be a significant number of vulnerable adults open for review of safeguarding (44 victims, 7 vulnerable abusers). Eight cases are going to court, and there were 5 successful prosecutions/cautions. This is a higher proportion of criminal justice activity than most Adult Protection Committees are reporting on nationally.

Seven adults died of natural causes during adult protection investigations (8 in 2004/5). The number of adults experiencing repeated abuse this year was 25 (7 in 2004/5). This includes abuse reported in other years, but some victims experienced up to four incidents before they were fully safeguarded from harm and abuse ruled in or out. Adults able to make informed decisions can choose whether or not to act upon advice.

As repeated abuse appears to be rising, and all agencies have reported stretched resources in 2005/6, the Committee will examine consistency in the response to abuse and delays through an audit strategy.



A partial sample from the information available is displayed in Table 4. The types of abuse proven or found likely differed for each group of vulnerable adults. The number of inconclusive findings remains high (68). The effect of new assessment tools for staff evaluation skills can be examined next year.

	Learning Disability	Physical Disability	Mental Health	Older People	Total
Physical	4			17	21
Psychological		1		7	8
Sexual		3	1		4
Financial	7	2	3	11	24
Neglect	2			6	8
Discriminatory					0
Not Known				6	6

Table 4: Types of Proven Abuse Found

**Note:** Vulnerable adults may be subject to more than one type of abuse. Six findings were not notified.

Known outcomes are complex and varied. Nineteen adults refused assistance, reflecting that adults' views are respected. Where a duty of care needed to be exercised for adults lacking mental capacity, the outcomes for vulnerable victims appear proportionate, least restrictive options.

Outcomes generally improved the safety, independence and quality of people's lives. There were, however, some concerns that investigations were not following procedures, were taking too long, or were not being concluded with the relevant parties involvement. Incomplete investigations and difficulty in obtaining information on process and outcomes suggest there are resourcing issues across organisations for adult protection work.



## Messages from Sandwell's Statistics

Outcomes for abusers reflect that abuse is taken seriously by statutory organisations and those with whom they contract. A significant number of identified abusers in proven cases were paid employees. The level of seriousness ranged from poor practice requiring re-training or supervision, to criminal proceedings and barring. Others were family members (16), other service users (14), and neighbours (3). Regional comparisons are not yet available.

Two test cases were reported for PoVA listing this year. Several providers were surprised by the Department of Health deciding not to bar a paid worker from CSCI regulated services. National guidance on writing PoVA Reports was commissioned by the Department of Health from the Social Care Institute for Excellence, as many fell short of the standard of evidence needed for listing.

Matters affecting service quality and prevention of abuse within services were acted upon proportionately. The outcomes generally led to improved management, care and nursing practice. Statutory enforcement powers and/or purchasing decisions were used only where necessary.

It is worthy of note that a significant number of vulnerable adults and their next-of-kin were said to have not reported concerns during reviews and investigations. The reasons for this are not known but it is possible that they were anxious about possible consequences for their services or that retaliation may occur if they speak out. Many were not aware of other care options or standards they should expect.

Where moves to other settings were required, they led to either more independence or needs being more appropriately met. Statutory powers were used to improve access to healthcare and safeguarding procedures, staff recruitment and training, and to improve management, professional practice, and staffing.



## Conclusions

SAPC's approach to adult protection work in Sandwell is developing in accordance with 'Safeguarding Adults' national standards. Organisations are keen to learn more about adult abuse and what can be done to help vulnerable people. There are many rapid national changes ahead, bringing both opportunities and challenges.

Now that reporting concerns of abuse are on par with the national picture, the resourcing of adult protection work is severely stretched, as indeed it is elsewhere. This can affect investigation decisions, the quality of working together and recording outcomes. We are aware of this potential and are monitoring carefully to promote good practice.

National data collection is expected in 2008, and the current method needs wider access to take forward Serious Case Review learning on prevention of abuse. Revision of the Serious Case Review Protocol will take place in 2006/7 to make use of learning, and to incorporate aspects of the Domestic Violence Crime and Victims Act 2004 to be enacted.

The current working together arrangements are likely to face changes over the next two years, from:

- a. Children with disabilities, in transition to adulthood, aged 18 – 25, will have their needs met by Education and Childrens Services from 1 September 2006.
- b. Revised regulatory and inspection practice/regulations by CSCI and in complaint handling in 2006/7, and merger of CSCI with the Healthcare Commission in April 2009.
- c. Revised national arrangements for investigating financial abuse when the new Court of Protection and Office of the Public Guardian are established in October 2007.
- d. Integration of social care and health workforces.



GSCC registration of the social care workforce, introduction of the Vetting and Barring Scheme in 2008, data protection and record management systems will merit the Committee's consideration.

Age discrimination legislation brought changes from October 2006.

Preparation for the Mental Capacity Act in advance of April 2007 involves wide-reaching change to work systems, procedures and practice, including new statutory advocates, who will be available in adult protection work. Both laws bring separate training programmes for staff, and public awareness-raising.

2006/7 will be a busy year for the Committee and its' partner organisations. The key targets will be:

- To develop the Committee's relationship to Partnership Boards for accountability, and to increase opportunity to fill service gaps, for example:
  - Safer Sandwell Partnership Board
  - Learning Disability Partnership Board
  - Supporting People Partnership Board
- To revisit roles and responsibilities, relationships to Domestic Violence and Safeguarding Children procedures, and complete and disseminate the revision of the multi-agency vulnerable adult protection policy and procedures
- To help Sandwell's organisations and the public to prepare for and implement new laws and guidance, giving adults/carers more rights and control
- To progress strategic and protocol development, and audit in line with 'Safeguarding Adults' and 'No Secrets' standards
- To enable staff to continue to learn, develop and apply best practice and practice/management tools to adult protection work, to achieve positive outcomes for vulnerable people

The past year has been very full, and good progress has been made on a number of key issues. However, as this Annual Report shows, there is still more to do.



## Glossary of terms

Agewell	An over 50's initiative to influence positive changes in policies & services for and on behalf of older people in partnership with Lead Officers (Tel. 0121-525 7605)
BME	Black and minority ethnic groups
CPD	Continuing Professional Development
CSCI	Commission for Social Care Inspection (Tel. 0121-423-5410)
DOH	Department of Health
GSCC	General Social Care Council is a Professional Body for the social care workforce ( <a href="http://www.gsccl.org.uk">www.gsccl.org.uk</a> )
Ideal For All (Ltd.)	A user-led organisation promoting solutions for independent living for people with physical and sensory disabilities ( <a href="http://www.idealforall.co.uk">www.idealforall.co.uk</a> )
PCT(s)	Sandwell Primary Care Trust(s)
PoVA List	Protection of Vulnerable Adults List under the Secretary of State, Dept. of Health, and Dept. for Education and Skills for barring people unsuitable to work with vulnerable adults
SAPC	Sandwell Adult Protection Committee
SMBC	Sandwell Metropolitan Borough Council
SOADA	Sandwell Organisations Against Domestic Abuse (Tel. 0845-359-7525)
SPIN	Sandwell Public Information Network ( <a href="http://www.webwell.org.uk">www.webwell.org.uk</a> ) To find the Adult Protection Procedures through the SPIN website search for Protecting Vulnerable Adults.



## Glossary of terms

<b>Social Services</b>	Social Service Authorities in Sandwell include: Adult Services & Health Adult, Sensory Impairment, and Out-of-Hours Teams; Sandwell Mental Health & Social Care NHS Trust Community Learning Disability Team, Community Mental Health Teams and Primary Care Liaison Teams
<b>Supporting People Team</b>	Responsible for contracts with Housing Associations, Registered Social Landlords and Social Care Providers for projects to assist vulnerable people with independent living in tenancies and supported housing schemes
<b>VAP Vetting &amp; Barring Scheme</b>	Vulnerable Adult Protection procedures A new government scheme for workforce bans on people unsuitable to work with vulnerable children and adults. Currently going through Parliament (Vulnerable Groups Bill).



# Appendix 1

## **SANDWELL ADULT PROTECTION COMMITTEE TERMS OF REFERENCE**

**ADOPTED BY THE COMMITTEE AT ITS MEETING ON  
6TH FEBRUARY 2006**

### **1. PURPOSE**

The Sandwell Adult Protection Committee is a multi-agency management committee of designated lead officers. The Committee will promote and oversee the development of adult protection strategy, policy and practice across statutory, independent and voluntary agencies in Sandwell. This is in accordance with 'No Secrets' (Dept. of Health and Home Office), issued under Section 7 Guidance, Local Authority Social Services Act 1970.

### **2. PRINCIPLES**

The Committee shall operate within the following guiding principles:

- 2.1 Where possible to prevent abuse and exploitation of vulnerable adults
- 2.2 To promote empowerment, choice and well-being of vulnerable adults through assessments and the provision of services in accordance with human and civil rights
- 2.3 To respect differences, promote positive identity, and provide equal access to treatment of vulnerable adults, families and communities in Sandwell
- 2.4 To have absolute commitment to the development of an anti-oppressive policy and practice with reference to race, culture, gender, sexuality, disability, age and religion
- 2.5 To recognise that the rights of adults to self-determination can involve risk of harm that is recognised, understood and minimised wherever possible by open discussion between the individual and agencies
- 2.6 To recognise people who are unable to take specific decisions and/or protect themselves, their assets and bodily integrity and ensure their safety and support, while respecting their preferences



- 2.7 To actively work together within a multi-agency framework, and ensure the law and statutory requirements are known and used appropriately for protection and access to the judicial process
- 2.8 To make the activities of the Committee accessible and accountable to the people of Sandwell; and to consult with service users and carers, incorporating their views on matters relating to adult protection

### **3. OBJECTIVES**

To achieve our purpose and abide by our principles, the Committee will concentrate efforts on the following objectives:

- 3.1 Enabling organisations and staff in regular contact with vulnerable adults to understand how to prevent abuse and exploitation of vulnerable adults before it happens
- 3.2 Improving the recognition and reporting of possible abuse to common definition and clear publicised points of contact
- 3.3 Ensuring adoption and effective use of the multi-agency adult protection policy and procedure across agencies
- 3.4 Ensuring the regular monitoring, review and revision of the policy and procedure in light of changing national and local developments, together with evidence-based learning
- 3.5 Collecting and evaluating local information, service user and carer experience together with views to improve and develop adult protection strategies, policy, practice and services in partnerships
- 3.6 Enabling staff and organisations to respond appropriately, identifying and recommending best practice
- 3.7 Establishing accountability and protocols for organisations working together, and links with wider community policy and strategies
- 3.8 Publicising and reviewing the Committee's work and findings annually
- 3.9 Setting measurable targets linked to prevention of abuse
- 3.10 Contributing to local, regional and national forums to keep up-to-date, establish links, influence government policy, and participate in consultations, research and projects



## **4. POWERS AND ACCOUNTABILITY**

- 4.1 The powers of the Committee will only relate to the management of the resources allocated to it. It will, however, have the power to make recommendations through its members on strategy, policy and practice to the corporate management groups of all partner agencies, elected members and formally constituted Partnership Boards.
- 4.2 Representatives will have delegated authority to make strategic policy and resource decisions, promote good practice within organisations and to report to chief officers/executives internally and to Partnership Boards.

## **5. REMIT**

The Committee are responsible for determining:

- 5.1 Agreed definitions of adult abuse to be used locally
- 5.2 Multi-agency policy and procedure for the prevention of abuse and protection and support of vulnerable adults
- 5.3 How and when the procedures should be used
- 5.4 Outcome measures for use by practitioners, commissioners and service providers
- 5.5 Identification of agency and professional roles and responsibilities to ensure protection of vulnerable adults
- 5.6 The appropriate training needs of practitioners, managers, commissioners and service providers
- 5.7 Guidance on implementation, practice and dealing with complaints, grievances, professional and administrative malpractice

To achieve accountability and promote development, the work of the Committee will include:

- 5.8 Monitoring and review of the operation of the Policy and Procedure
- 5.9 Co-ordination of activity within and between agencies, and management of competing interests
- 5.10 The review of serious cases and protocol development to improve working together arrangements



- 5.11 Over-sight of policy of partner agencies and those organisations with whom they contract, and linking of policy with wider purpose of agencies
- 5.12 Development and maintenance of an interagency staff development and training strategy, communication strategy, and prevention strategy
- 5.13 A policy and service audit for the evaluation and identification of community understanding, service, policy and practice gaps, with proposals for development
- 5.14 The identification of resources required for implementation of policy, procedure, practice and strategy
- 5.15 An annual report on the work of the Committee will be drafted by the Adult Protection Co-ordinator, and agreed by the Committee. The report will include:
- Assessment against measurable targets set by the Committee
  - New annual targets or performance indicators
  - An annual audit of training across organisations
  - Findings and actions resulting from monitoring exercises or audits conducted and agreed by the Committee and through its' sub-groups
  - From time to time a focus on service, strategy or policy development, and/or specific issues to raise awareness or disseminate learning

It will be published and widely disseminated amongst agencies. Copies will be sent to Chief Executives, Chief Officers, and will be available to the public. This report will be presented by members of the Committee to their corporate management groups, elected members and Partnership Boards along with any proposals or recommendations.

## **6. STRUCTURE AND REVIEW ARRANGEMENTS**

- 6.1 The Terms of Reference, structure and workplan of the Committee will be reviewed annually. Appendix 1 identifies a structure chart.
- 6.2 An Executive Group will meet a minimum of six times annually to progress the workplan, setting up working groups as required. Their work will be presented to the main Committee, meeting a minimum of quarterly.



- 6.3 The Executive Group will comprise the Chair and Vice-Chair of the main Committee, lead officers from statutory agencies, and the Adult Protection Coordinator.
- 6.4 The Committee will determine the number and remit of sub-groups, of short or longer-term duration, and their membership. The Chairs of the Sub Groups will prepare Terms of Reference in line with the remit for Committee approval. They will progress work to a set timetable on behalf of the Committee, presenting findings and proposals for Committee approval.
- 6.5 Protocols will be agreed, reviewed and up-dated by the main Committee annually.
- 6.6 The Multi-agency Policy and Procedures will be reviewed and up-dated annually by the Adult Protection Co-ordinator. The Committee will agree any changes or developments prior to their circulation and will be responsible for consulting as appropriate.

## **7. COMPOSITION OF COMMITTEE**

- 7.1 Representation from partner agencies should reflect the need to carry out powers and lead roles effectively. Composition will include:
  - Agewell
  - Carers Advice & Resource Establishment (CARES)
  - Crown Prosecution Service (CPS)
  - Ideal for All
  - Joint Health & Social Care Policy Unit
  - National Probation Service
  - Race Equality Sandwell
  - Sandwell Advocacy
  - Sandwell Alzheimer's Society
  - Sandwell and West Birmingham Hospitals NHS Trust
  - Sandwell Council of Voluntary Organisation (SCVO)
  - Sandwell Local Medical Committee
  - Sandwell Magistrates Court
  - Sandwell Mental Health NHS & Social Care Trust



- Sandwell Metropolitan Borough Council
  - Adult Services & Health
  - Chief Executive's (Corporate)
  - Education & Children's Services
  - Neighbourhood & Community Safety
  - Sandwell Homes
  - Urban Form
- Sandwell Primary Care Trusts
- Sandwell Victim Support
- Voice Advocacy
- West Midlands Police (North & South Sandwell)
- West Midlands Care Association

7.2 The following organisations will attend meetings as "Experts in Attendance".

- Commission for Social Care Inspection
- Legal Representative, Sandwell MBC
- Training Representative, Adult Services & Health

7.3 From time to time the Committee may co-opt individuals with specialist knowledge, expertise and skills to advise/assist in its work.

## **8. CONDUCT OF BUSINESS**

### **8.1 CHAIR**

The Committee shall be chaired by the Head of Adult Services, Adult Services and Health or their representative. A Vice-Chair shall be elected at the first meeting of the Committee in each calendar year. Chairs of Sub Groups will be determined by the Committee as appropriate. Sub Groups will assign a Vice-Chair.

### **8.2 FREQUENCY OF MEETINGS**

Meetings will be arranged for general business a minimum of quarterly, planned prior to the start of each calendar year. The Committee or its Chair may call a special meeting of the Committee at any time. In



addition a minority of members may request the Executive Director of Adults Services or their nominee to call a meeting.

### **8.3 ATTENDANCE AND RESPONSIBILITY FOR TASKS AGREED**

Each agency will commit to regular attendance at Committee meetings throughout each calendar year. Senior officers may designate a representative to attend in their place with delegated authority; however the responsibility for carrying out tasks will remain with the senior officer.

### **8.4 DECLARATION OF INTEREST**

Committee Members are required to declare any interest that arises in the course of conducting Committee business and should declare this at the commencement of Committee meetings. Committee members who have declared an interest will be able to participate in the meeting at the discretion of the Chair.

### **8.5 PARTICIPATION**

Committee members are encouraged to fully participate and their contributions will be valued equally. There shall be freedom of expression and discussion.

Any member of the Committee may request that the Chair place an item on the agenda. Reports should normally be prepared in writing and made available to the Clerk to the Committee 7 days in advance in order for them to be circulated and read by members in advance.

### **8.6 VOTING**

8.6.1 Meetings of the Committee will only be quorate for decision-making when one-third of the voting membership are present.

8.6.2 Voting on motions under discussion shall be by show of hands and determination of the motion shall be by a simple majority of those present and eligible to vote. In the event of a tied vote, determination of a motion under discussion shall be by the casting vote of the Chair, or in their absence, the Vice-Chair.

8.6.3 All members of the Committee shall be bound by its decisions. Members wishing to register dissent with a decision may request that this be recorded in the minutes by the Clerk of the Committee.



## **9. CONFIDENTIALITY**

- 9.1 Anonymous data will be prepared and presented for general discussion. Serious Case Reviews will have a separate protocol (Appendix 3), and in each instance will require decisions regarding publication.

## **10. RECORD OF MEETINGS**

- 10.1 The decisions of the Committee shall be recorded in the Minutes by the Clerk to the Committee. Such minutes shall be submitted to the following meeting of the Committee for verification of accuracy.
- 10.2 An action sheet with responsibility identified will be circulated shortly after meetings are held to enable work to be progressed. Minutes will be circulated to members with the next agenda and any reports or supplementary information provided or requested by members for information only.
- 10.3 The Chair or their designated representative will be responsible for approving draft minutes and action sheets in advance of their distribution.
- 10.4 The minutes shall then be submitted to the Cabinet Member for Adult Services, and the Executive Director – Adult Services and Health for information. Committee members will ensure minutes are circulated within their own organisations.

### Appendices

- |            |  |
|------------|--|
| Appendix 1 | Structure of Committee ( <i>see page 2</i> )                   |
| Appendix 2 | Inter Authority Investigation of Vulnerable Adult Abuse        |
| Appendix 3 | Serious Case Review Protocol ( <i>currently under review</i> ) |



## Appendix 2

Leaders in social care



**ASSOCIATION OF DIRECTOR OF SOCIAL SERVICES (ADSS)/  
SANDWELL VULNERABLE ADULTS PROTECTION PANEL  
PROTOCOL FOR INTER-AUTHORITY INVESTIGATION OF  
VULNERABLE ADULT ABUSE**

This agreement was ratified by the ADSS on 20<sup>th</sup> February 2004 and is intended for adoption by all Local Authorities and Adult Protection Committees.

At its meeting on 4<sup>th</sup> April 2005 the Sandwell Vulnerable Adults Protection Panel agreed to this proposal.

**1. INTRODUCTION**

These arrangements recognise the increased risk to vulnerable adults whose care arrangements are complicated by cross boundary considerations. These may arise, for instance, where funding/commissioning responsibility lies with one authority and where concerns about potential abuse and/or exploitation subsequently arise in another. This would apply where the individual lives or otherwise receives services in another local authority area.

**2. AIMS**

This protocol aims to clarify the responsibilities and actions to be taken by local authorities with respect to people who live in one area, but for whom some responsibility remains with the area from which they originated.



This protocol should be read in conjunction with Section 3.8 of 'No Secrets' (DoH 2000) and LAC (93) 7 *Ordinary Residence* – which identifies these responsibilities in terms of:

- The authority where the abuse occurred in respect of the monitoring and review of services and overall responsibility for adult protection;
- The registering body in fulfilling its regulatory function with regard to regulated establishments; and
- The placing authority's continuing duty of care to the abused person.

### **3. PRINCIPLES**

- The authority where the abuse occurs will have overall responsibility for co-ordinating the adult protection arrangements (and, for the purposes of this protocol, be referred to as the host authority).
- The placing authority (i.e. the authority with funding/commissioning responsibility) will have a continuing duty of care to the vulnerable adult.
- The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link with local policy and procedures set out by the host authority.
- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.
- The host authority will make provision in service contracts, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any adult protection concern.

### **4. RESPONSIBILITIES OF HOST AUTHORITIES**

- 4.1 The authority where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the Police if a criminal offence may have been committed.



- 4.2 The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies.
- 4.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.
- 4.4 The Commission for Social Care Inspection should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the protection of vulnerable adults.
- 4.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

## **5. RESPONSIBILITIES OF PLACING AUTHORITIES**

- 5.1 The placing authority will be responsible for providing support to the vulnerable adult and planning their future care needs.
- 5.2 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection strategy meeting and/or may be required to submit a written report.

## **6. RESPONSIBILITIES OF PROVIDER AGENCIES**

- 6.1 Provider agencies should have in place suitable adult protection procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority.
- 6.2 Providers should ensure that any allegations or complaint about abuse is brought to the attention of Social Services, the Police and/or the Commission for Social Care Inspection in accordance with local inter-agency policy and procedures.
- 6.3 Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CSCI area office of any allegations of abuse or any other significant incidents.
- 6.4 Provider agencies who have services registered in more than one local authority will defer to the CSCI area office relevant to the area in which the abuse took place.



## Notes



# Sandwell Adult Protection Committee Annual Report 2005/6

## Feedback Form

Please help us by answering the questions below. Please return the form as on the next page.

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**Did you find the report useful?**

Yes  No

**Which part of the report was of most interest to you?**

Please tick relevant boxes

Page(s) 4  5  6/7  9–12  13–18  19–20

Appendix 1

**To improve the report next year, what you would like included:**

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**Thank you on behalf of the Committee**



**Please reply to:**

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