





# adult **abuse**

not something you can **grow** out of

# adult it



annualreport2004/2005

**I KNOW  
PEOPLE WHO  
ARE ABUSED  
BECAUSE  
OF THE WAY  
THEY LOOK...  
PEOPLE'S  
LIVES ARE  
MADE A  
MISERY.**

**Nottingham Evening Post**

**A TRIAL OF  
THE FACTS  
CONCLUDED THAT  
A CONSULTANT  
PSYCHIATRIST  
HAD INDECENTLY  
ASSAULTED  
A HIGHLY  
VULNERABLE  
PSYCHIATRIC  
PATIENT.**

**The Department of Health**

**HELPLESS OAP  
LEFT TO DIE AS  
ANGRY NURSES  
TAKE AWAY HIS  
BUZZER.**

**Daily Express**

**NURSE SLEPT  
THROUGH CARE  
HOME NIGHT  
SHIFT.**

**York Evening Press**

**COUPLE  
WHO RAN  
NURSING  
HOME  
STRUCK  
OFF.**

**Yorkshire Post**

**NURSES  
LET A  
FEEDING  
MACHINE  
KILL  
TOM, 79.**

**The Sun**

**NURSE  
FACING  
MURDER  
TRIAL  
FOUND  
DEAD.**

**The Guardian**

**ADULT CARE  
BAN ON 700  
STAFF.**

**The Guardian**

**MAN, 87,  
ATTACKED.**  
**Nottingham  
Evening Post**

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# Executive Summary.

I may be biased, but I always think these Annual Reports are a great read - brief, focussed, information rich, reader friendly. We get plenty of feedback each time, enabling continuous improvement. Busy readers – short of time – ‘give me the facts’. So, for the reader short on time, as NCPVA has agreed, this time the Chair’s introduction will be an Executive Summary.

- Reported abuse up yet again: 535 last year to 679 this.
- Older people and adults with a learning disability still the major victims, as in the rest of the country.
- Big increase in reported abuse of adults with a physical disability.
- Women again twice as likely to be reported as victims.
- Low reported abuse of adults from black and minority ethnic communities.
- Disproportionately high reported abuse from Ashfield and Mansfield.
- Big increases again in reported financial abuse and in physical abuse.
- Reported sexual abuse down this year.
- Staff continue to be the major group who raise the ‘alert’.
- This year, family overtake staff as the largest group of alleged abusers, and home remains the place where it is allegedly most likely to happen.
- A lot of alleged abuse happens in care settings.
- Percentage where case conferences took place, down.
- Some increase in proven investigations.
- Very few criminal hearings; almost as many victims were moved out as perpetrators; quite a number of staff were disciplined, and a lot of extra services were put in.
- Investigations averaged at 10 hours work – so the rise from 535 to 679 involved 1,440 extra work hours
- NCPVA and the Adult Protection Unit clarified their objectives, and are now getting organisations to audit where they are in adult protection.
- Adult Protection Unit very small and very stretched but doing great stuff in monitoring, informing, supporting, developing, and in training. More funding coming in this year, so will be a bit better resourced.

So that’s some of the headlines, but read on for some more comment – avoid being ‘information rich and analysis poor’. In fact there’s still a lot we don’t know, but keep trying to find out.

These bare facts don’t show the pain and suffering that is behind them all; the risks taken and faith in others tested in order to disclose and safeguard from abuse, and the continuous planning and co-ordination needed to make our organisations effective. But we hope these Annual Reports provide some help in improving what is understood and the way safeguarding vulnerable adults is carried out locally.

**Malcolm Dillon**  
Assistant Director Adults – Nottinghamshire Social Services  
Chair - Nottinghamshire Committee for the Protection of  
Vulnerable Adults

## Nottinghamshire Committee for the Protection of Vulnerable Adults

### Executive Group

**Task:** To steer the work on NCPVA.

### Sexual Abuse Working Sub Group

**Task:** To further research the findings of Professor Olive Stevenson's research into sexual abuse of the elderly.

### Training Sub-group:

**Task:** To guide the development of Multi-Agency Adult Protection Training.

### Policy and Procedure Sub-group

**Task:** To create and keep under review the Multi-Agency Policy, Practice and Procedures.

### Black and Minority Ethnic Group

**Task:** To look at adult protection issues in BME groups.

### Vulnerable Persons Evidence Group

**Task:** To address the issues in relation to vulnerable people giving evidence in criminal proceedings.

### Witness Profile Sub Group

**Task:** Following conference to move issues forward regarding witness profiling.

### Health Sub Groups:

South Health Group  
North Health Group  
Rushcliffe Health Group

**Task:** To provide support and raise profile of adult protection throughout health organisations.

### Case Review Sub Group

**Task:** To assist NCPVA in learning from local case experiences.

### Audit Group

**Task:** To compile audit of Adult Protection System.

This is the structure of the Adult Protection arrangements in Nottinghamshire. Nottinghamshire Committee for the Protection of Vulnerable Adults (NCPVA) is the overriding

committee of senior officers from a wide variety of organisations. The sub-groups above undertake the various work streams and report to NCPVA.

# How much abuse is being reported in Nottinghamshire?

What follows are graphs and comments about the information relating to allegations of abuse collected during 2004/05. The Adult Protection Unit collect data on behalf of

all organisations across Nottinghamshire via its notification and outcome system detailed in the multi-agency policy, practice and procedure guidance.

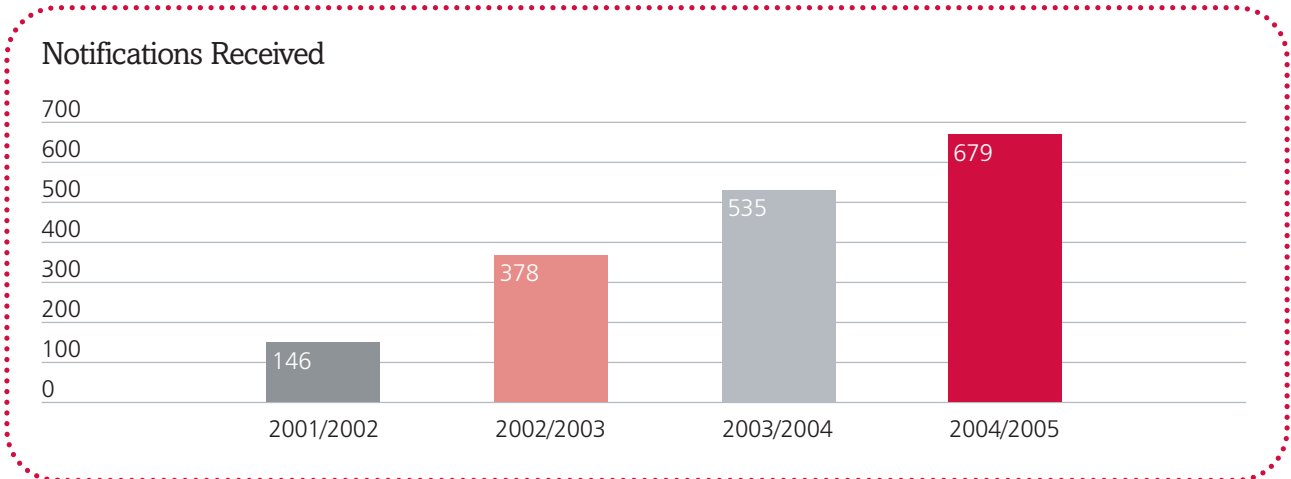


Fig.1 Shows the number of Notifications received and demonstrates an increase for the fourth year running

NCPVA are optimistic that this rise is due to an increased awareness in staff groups and a growing knowledge that staff understand the procedure they should follow. We do

not think it reflects more abuse is happening in Nottinghamshire but that abuse is recognised more frequently and action is taken.

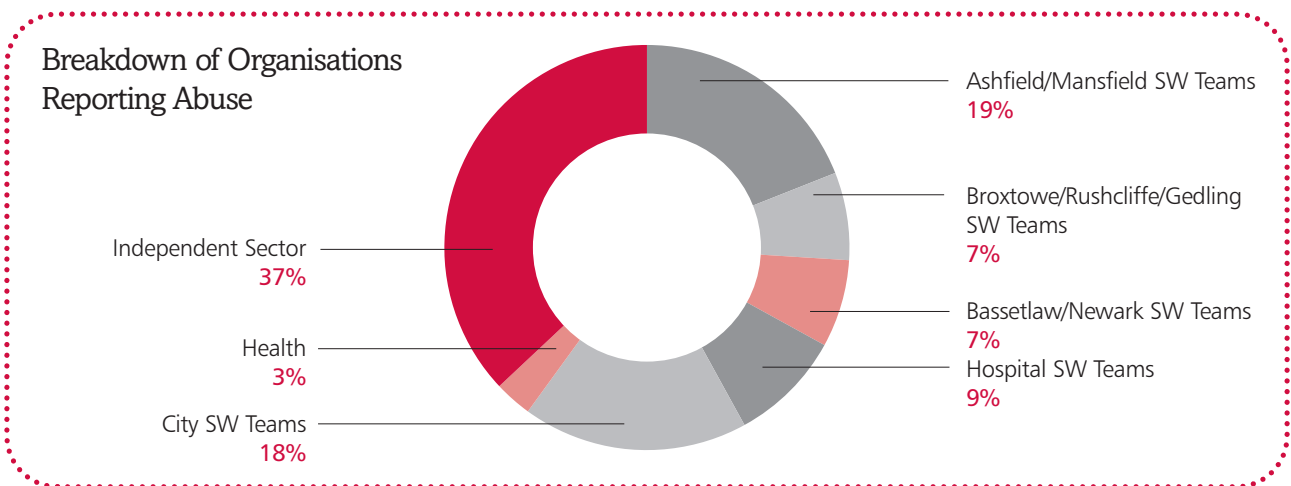


Fig.2 Breakdown of organisations reporting alleged abuse

Further details of which organisations are reporting abuse will be given to senior managers. This data is collected from the 'notification of alleged abuse forms'.

some depth whether this reflects a low awareness of adult protection issues or if alleged abuse is being reported by other organisations through multi-disciplinary working.

We are pleased at the independent sectors continuing commitment to report allegations of abuse. However, the proportion of staff reporting abuse from health care settings remains the same as last year (just 3 percent). This seemingly low rate from staff in health organisations completing notification forms and acting in the role of reporting officer has been noted by NCPVA. There is a need to explore in

The disparity between social work teams and the number of those reporting abuse is also noted. The disproportionately large number of notification forms completed by Mansfield & Ashfield social work teams may be partly due to demographic reasons but NCPVA wishes to explore the reasons for these differences.

# Who is being abused?

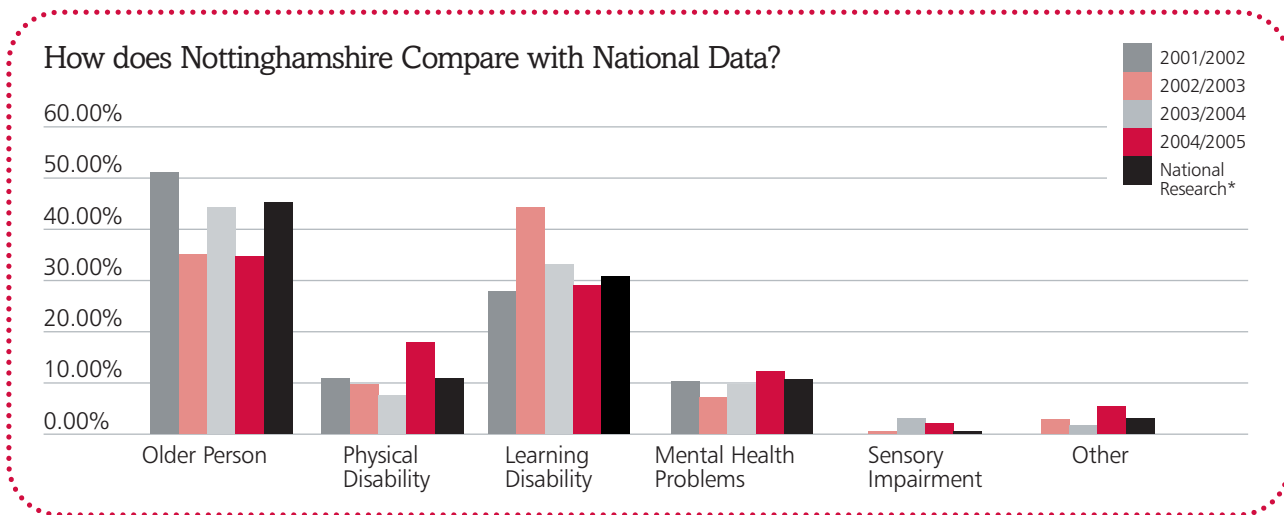


Fig.3 Comparison of Abuse reported in Nottinghamshire against National Reports.

The above chart shows that in comparison to available national statistics the number of reports of alleged abuse in Nottinghamshire are similar in relation to service user groups. Whilst there are differences in the exact percentage breakdown, abuse is still reported more frequently on behalf of older people and then for people with a learning disability.

This is followed by people with a physical disability & mental health problems.

\*National figures taken from report by Action on Elder Abuse "An analysis of the current situation regarding adult protection referrals, data collection and new national reporting requirements".

The full document is available to view by visiting our website at [www.nottsadultprotection.org](http://www.nottsadultprotection.org)

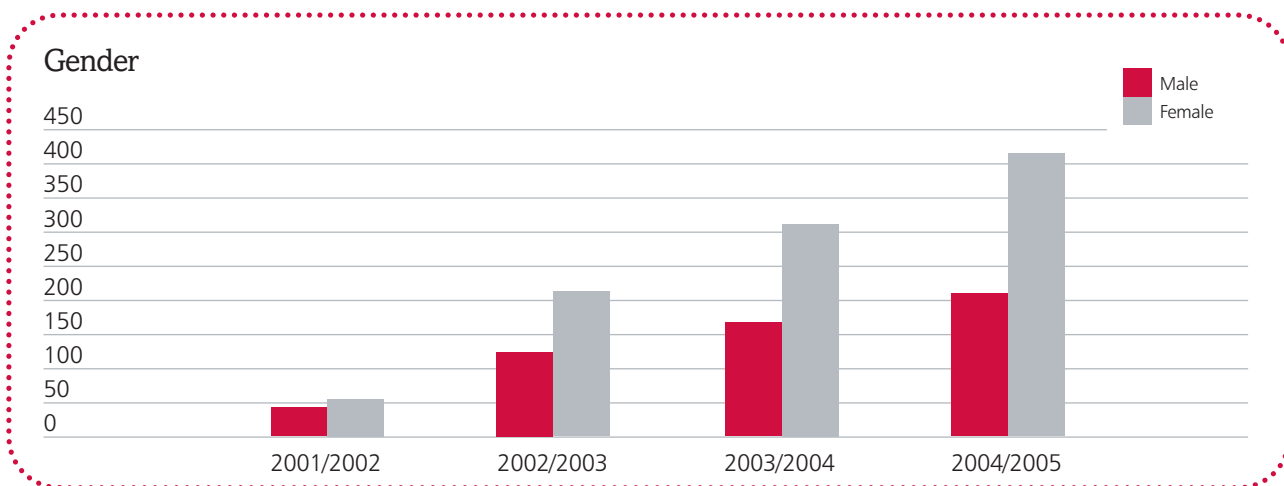


Fig.4 Gender

More females than males have been the subject of notifications of alleged abuse. This tends to be a consistent picture, year on year. The margin of difference between

males and females is also similar year on year averaging 37 percent males and 63 percent females having abuse reported.

# Ethnic Origin.

More notifications related to Older People than any other group

18 percent of notifications of alleged abuse concerned people with a physical disability in 2004/2005 – a rise of 10 percent

The table and information below show the ethnic origin of vulnerable adults in Nottinghamshire.

It is compared with both the percentage of ethnicity of those receiving a \*community care service and the \*\*population as a whole.

The numbers across all groups are so low that it is difficult to make meaningful conclusions, however NCPVA are committed to ensuring protection services are available and responsive to all the citizens in Nottinghamshire.

Total Ethnic Origins Known – 559

Statistics based on 559 known ethnic origins:

Table 1

Ethnic Origin	Number Allegedly Abused	Percentage Allegedly Abused	*Who Received Community Care Service	**Ethnic Origin of Residents in Nottinghamshire
White British	527	94.27 %	93.56 %	91.80 %
Other White	17	3.04 %	2.48 %	2.30 %
Caribbean (inc. Mixed)	3	0.53 %	1.67 %	1.90 %
African (Inc Mixed)	0	0.00 %	0.17 %	0.30 %
Indian	2	0.35 %	0.17 %	1.10 %
Pakistani	3	0.35 %	0.85 %	1.10 %
Asian <sup>1</sup>	3	0.35 %	0.20 %	1.0 %
Other Ethnic Group <sup>2</sup>	4	0.71 %	0.34 %	0.50 %

<sup>1</sup> Asian includes – Bangladeshi, White and Asian, Chinese, any other Asian Background

\* Source: RAP, P4 return 2004/2005 (County Social Services) and SQL(City Social Services)

<sup>2</sup> Other Ethnic Group includes - Any other Mixed Race, any other Black, any other Ethnic Origin

\*\* Source: Census 2001 KS06

# Who is being abused?

The following chart shows which groups of people have notifications of alleged abuse forms completed on their behalf. Significant rises can be seen in the 'physical

disabilities' group and for the second year running the 'mental health' group. We are hopeful this indicates an increased awareness by staff and users of these areas.

Service User Group

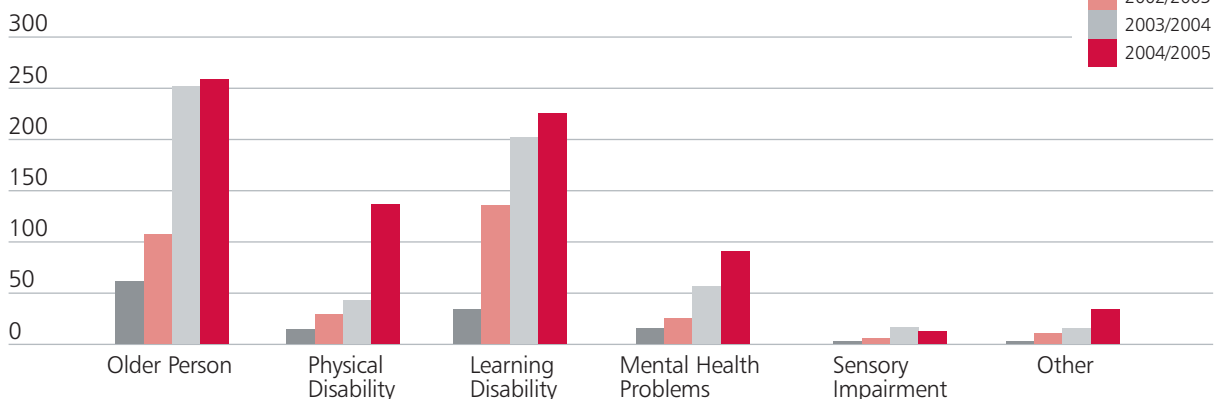


Fig.5 Service user groups

# What happens locally in Nottinghamshire?

Figure 6 shows numerically the forms of alleged abuse received by the Adult Protection Unit.

Significantly, the biggest rises have been in financial abuse and physical abuse. This rise in the number of allegations concerning financial or material abuse is likely to have resulted from new guidance issued by NCPVA in November 2004.

When viewed against the Action on Elder Abuse work which analyses current adult protection data collection, not withstanding the differences in policies and procedures and thresholds and the non-return rate of some local authorities, it is pertinent to note that of those local authorities who supplied information, 65.47 percent of them found physical abuse the most common form of abuse reported.

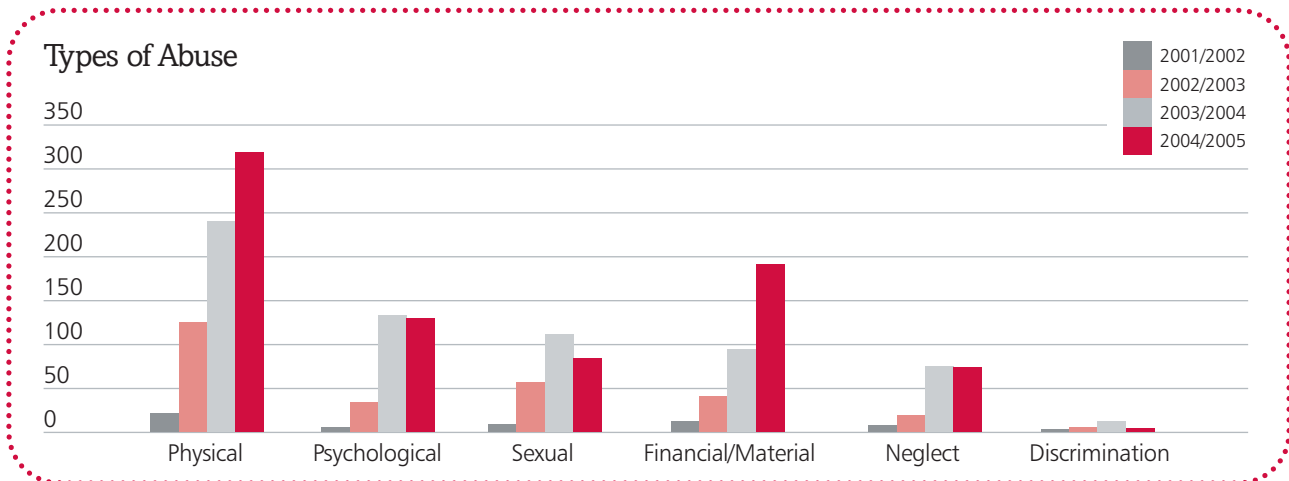


Fig.6 Forms of alleged abuse

**\*Sexual**, including rape and sexual assault or sexual acts to which the person has not consented, or was pressured into consenting.

**\*Physical**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**\*Neglect**, including ignoring medical or physical care needs, the withholding of adequate food, heating, clothing and medication.

**\*Psychological**, including emotional abuse, threats, humiliation, intimidation and verbal abuse.

**\*Financial or Material**, including theft, fraud, exploitation, the misuse or misappropriation of property, possessions or benefits.

**\*Discriminatory**, including racist, sexist, that based on a person's disability, and other forms of similar treatment.

\*See Nottinghamshire Adult Protection Policy, Practice and Procedure Guidance for full definition

# What sort of abuse is perpetrated against older people?

The following two charts demonstrate how this abuse relates to particular groups. The focus here is older people and people with learning disabilities. The difference between

these groups is explained because of a higher number of reported abuse cases suggests that these groups are at most risk.

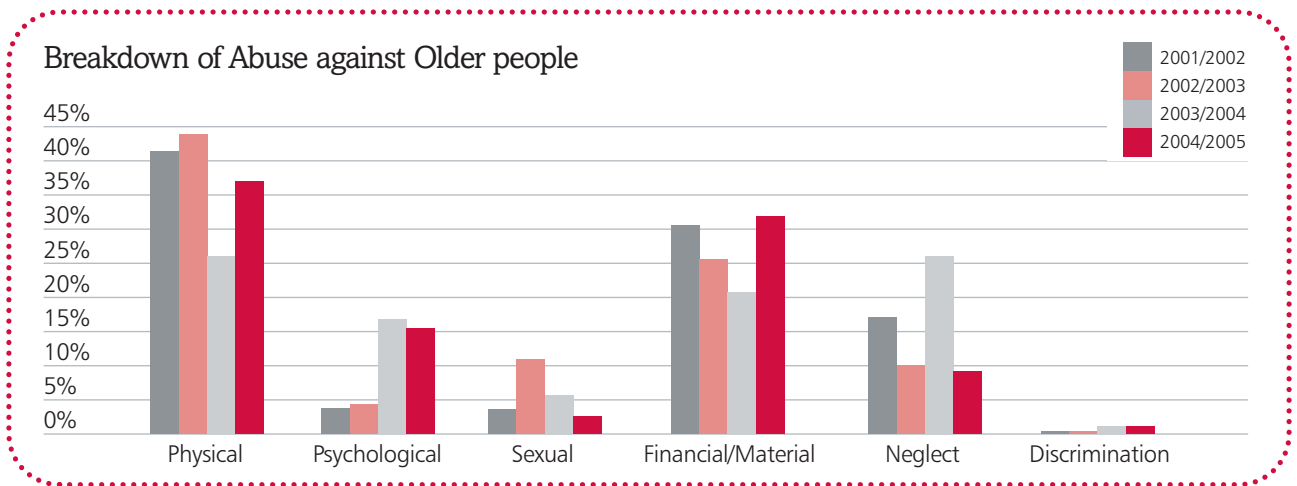


Fig.7 Nature of abuse perpetrated against older people in relation to previous years shown as a percentage

It can be noted that the percentage of sexual abuse reported is lowest in this report compared to previous years. It is difficult to draw a definite conclusion as to whether this is

due to under reporting or better protection but NCPVA are planning to explore the reasons for this.

# What sort of abuse is perpetrated against people with learning disabilities?

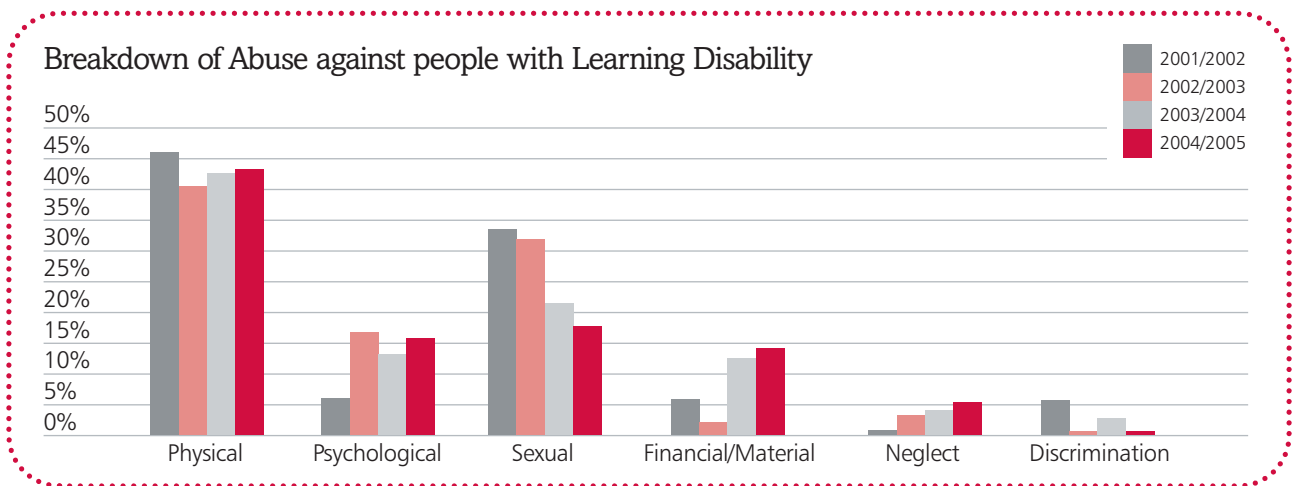


Fig.8 Nature of abuse perpetrated against people with learning disabilities in comparison to previous years.

We are reassured that reporting remains consistently high in a group with significant needs. Changes in service delivery locally, increased autonomy and independence may lead to an increased risk of abuse.

NCPVA will continue to monitor closely the numbers of reports of abuse and responses to them in order to balance protection and autonomy.

# Who tells or suspects abuse?

The 'Alerter' is the initial person who highlights/suspects abuse. We ask staff to tell us who the alerter is; this enables us to identify the source of the referral. This chart

demonstrates that staff are the biggest group who alert us to possible abuse. Almost half of all alerts in 2004/2005 originated from staff.

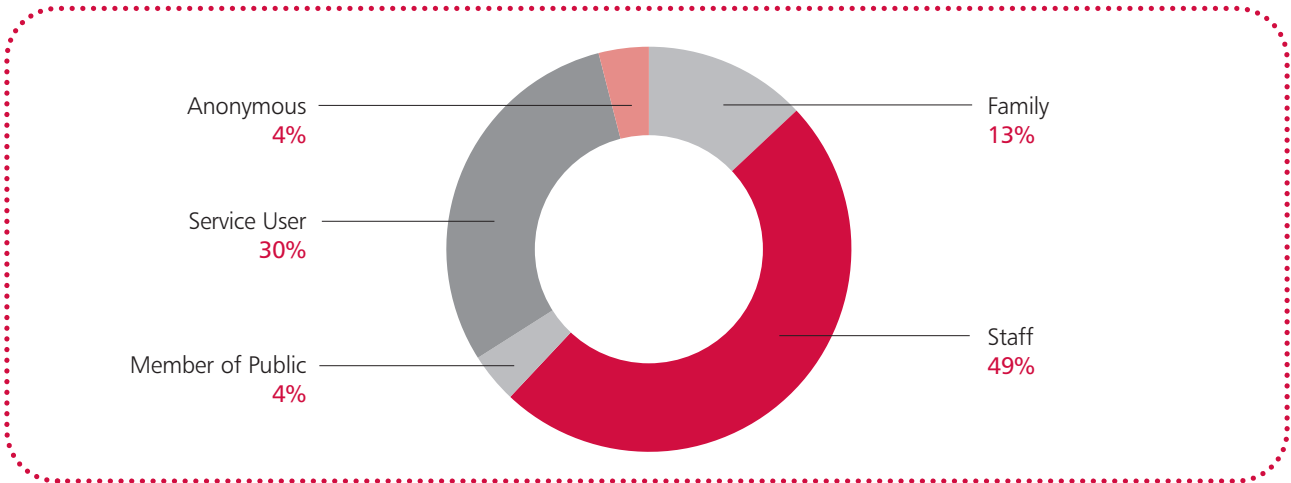


Fig.9 Source of referrals

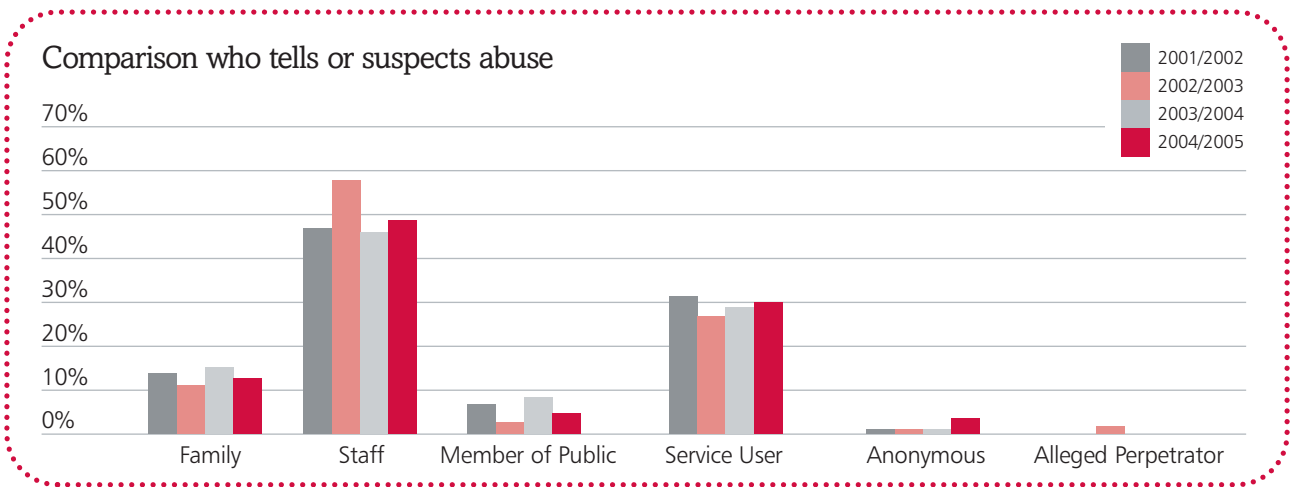


Fig.10 Shows who tells us of suspected abuse

In comparison to previous years, those who tell of or suspect abuse remains fairly consistent. The number of anonymous alerters has risen slightly.

NCPVA judge that the percentage of service users alerting us to abuse reflects how confident they feel that their concerns

will be taken seriously. The fact that staff remains the largest group of alerters emphasises the importance of making sure they are adequately equipped and supported in this role. They need to be alert to indicators of abuse and sensitive and skilled at handling disclosures.

Family members are the largest group of alleged perpetrators in Nottinghamshire

Home and care homes are the most likely places for abuse to be reported

Table 2

Service User Group	Total Allegedly Abused	Total reported by Service User	Total Reported as a Percentage
Physical Disability	116	33	28 %
Mental Health Problems	54	10	18.5 %
Learning Disability	219	82	37.5 %
Older Person	254	68	27 %
Sensory Impairment	5	1	20 %
Other	23	8	35 %

The table above shows the abuse allegedly perpetrated against each service user group and those who told of the abuse themselves. For example, 33 (28 percent) of the 116 people with a physical disability who were allegedly abused were the first to alert someone.

People with a learning disability were the most likely group to tell staff about alleged abuse.

## Who are the people who allegedly abuse?

For the first time 2003/2004 data showed staff as the largest group of alleged perpetrators. In 2004/2005 family members again became the largest group of alleged perpetrators. The Action on Elder Abuse work referred to earlier suggests that the most common type of alleged abuser is a paid worker

with 84.5 percent of Authorities who took part reporting this. 2004/2005 sees Nottinghamshire differing from the apparent National trend of reporting. NCPVA will continue to compare local and national data wherever possible and seek explanations.

Who Abuses?

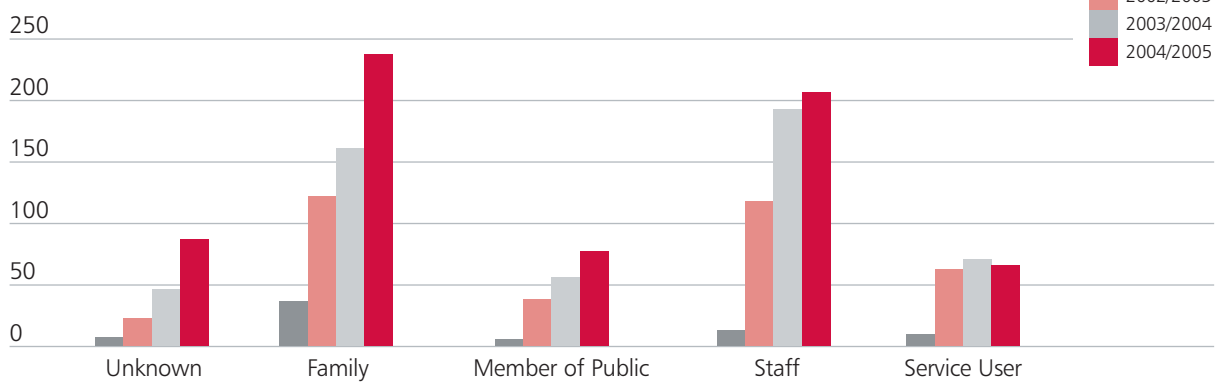
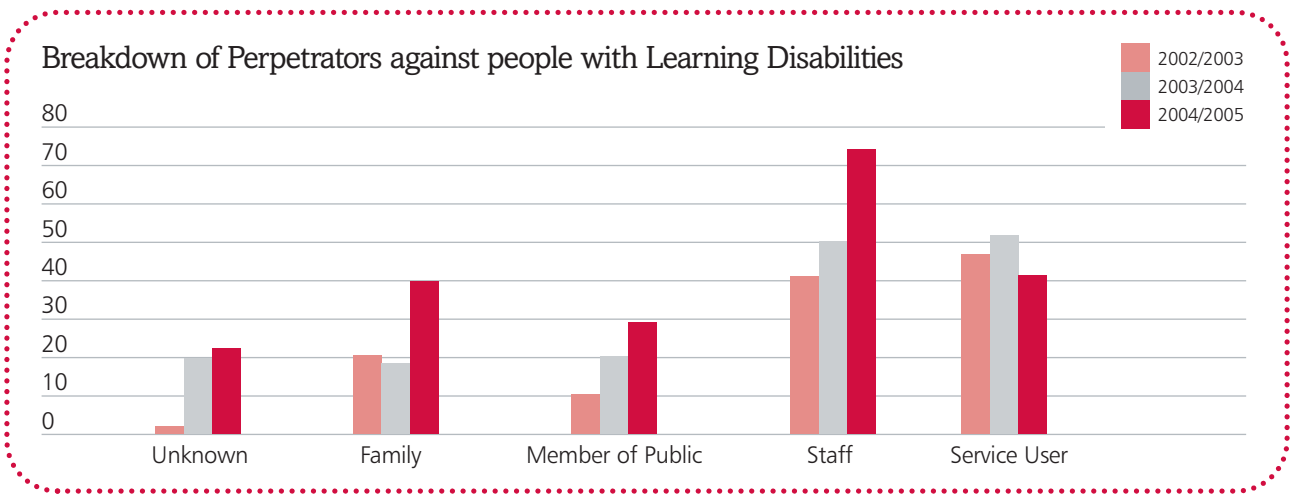
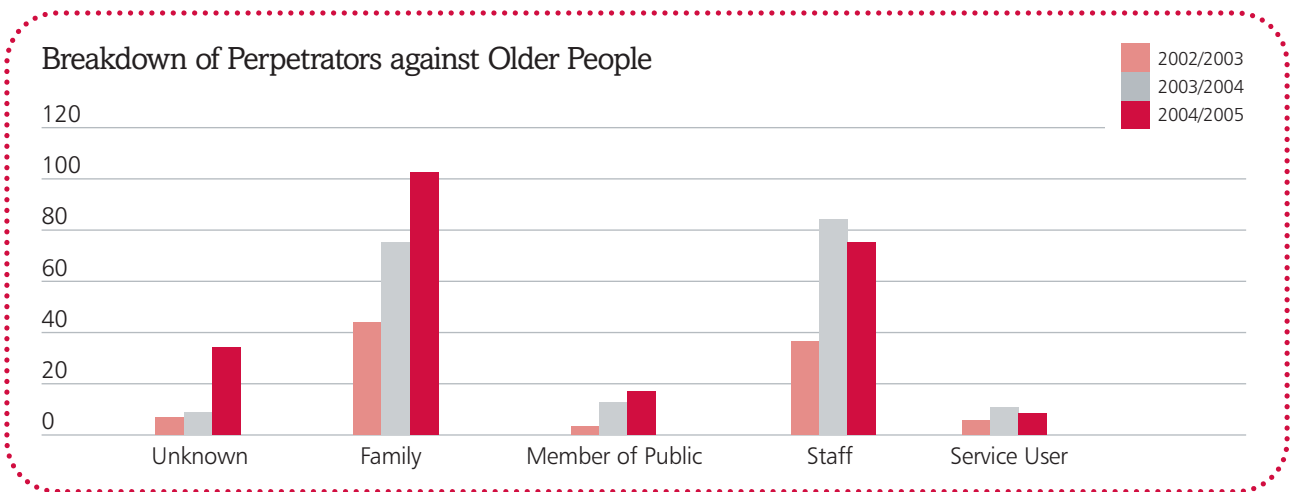


Fig.11 Perpetrator's relationship with their victim



**Fig.11.1** Breakdown of perpetrators against people with learning disabilities



**Fig.11.2** Breakdown of perpetrators against older people

Whilst the overall statistics indicate family members as the largest group of alleged perpetrators, figures 11.1 and 11.2 show this is not consistent when we compare two different groups of service users. For instance the highest number of alleged perpetrators against people with learning disabilities

are staff members. The reporting of this, in addition to the high number of notifications concerning service user to services user abuse, reflects a continued commitment to protect people with learning disabilities.

# Where does the abuse happen?

Fig.12 illustrates that the largest proportion of alleged abuse took place in the vulnerable adult's own home with 306 cases reported in total. This finding mirrors Action on Elder Abuse data with 94.5 percent of Local Authorities reporting 'home' as the most reported place for abuse to occur. The second most reported place for abuse to occur is a care home. Considering the small percentage of people now living in care homes it is of concern that incidents of abuse seem disproportionate to the numbers of people resident. However, NCPVA are encouraged by the sectors compliance

with their duty to report and the enforcement of this duty to report by the regulating body (Commission for Social Care Inspection).

The number of allegations of abuse reported as happening in hospitals remains constant and is perhaps a reflection on the possibility that some of the allegations of abuse are being reported through other organisations. As stated on page 5, NCPVA are committed to explore the reasons for this.

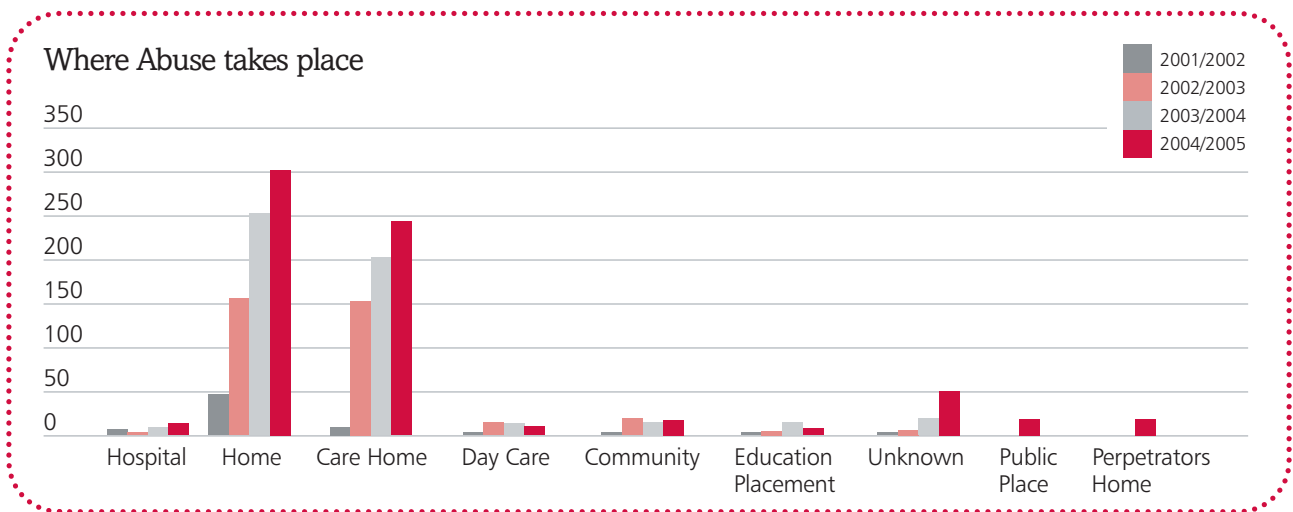


Fig.12 Location of abuse

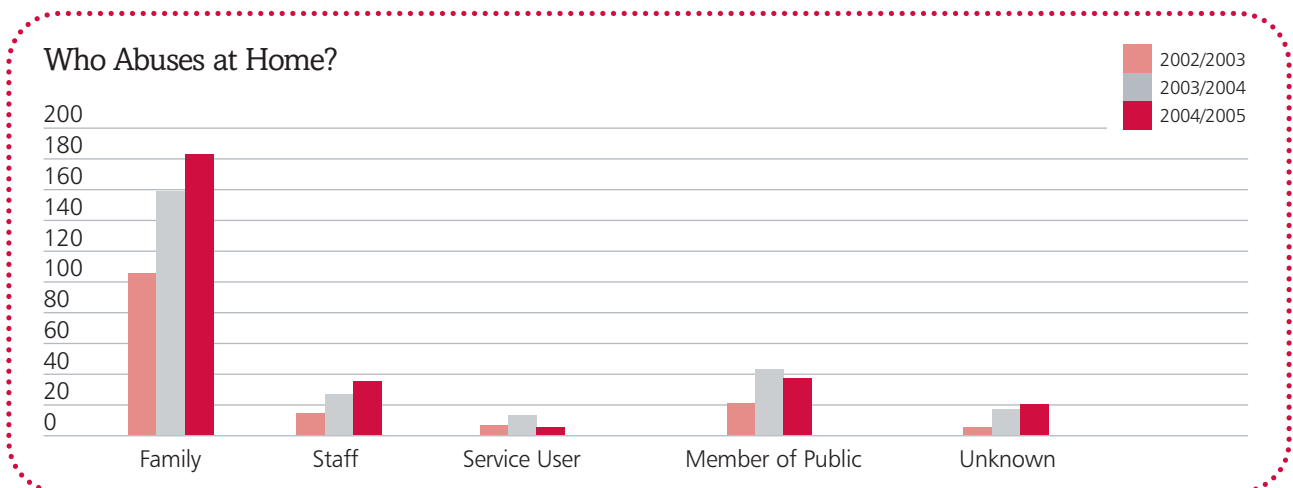


Fig.13 Who abuses within the home

13 percent of outcomes of investigations resulted in case conferences

# What has happened during investigations?

We have received 567 outcome forms and there are a further 35 investigations ongoing. This means there are 77 investigations whose current status the Adult Protection Unit

is unaware of which equates to 12 percent in total. The following information is based on the 567 completed forms we have received.

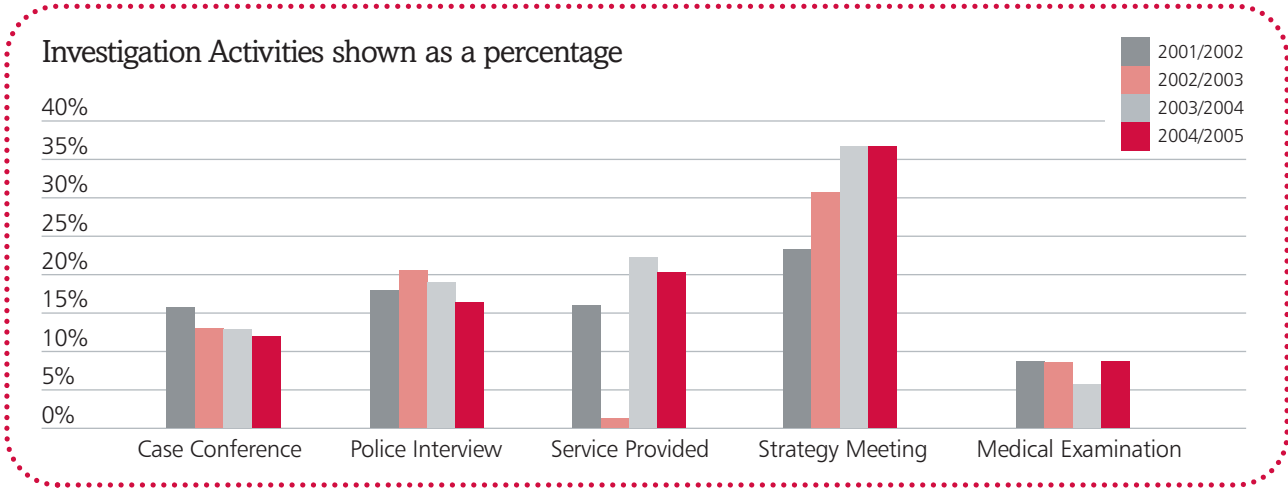


Fig.14 Breakdown of the investigation activities as a percentage

As shown below, there has been a modest rise in the actual number of investigation activities, for example, eight more case conferences than last year. There have however been

144 more allegations which means proportionately most activities have actually decreased.

NCPVA intends to probe and analyse the reasons for this.

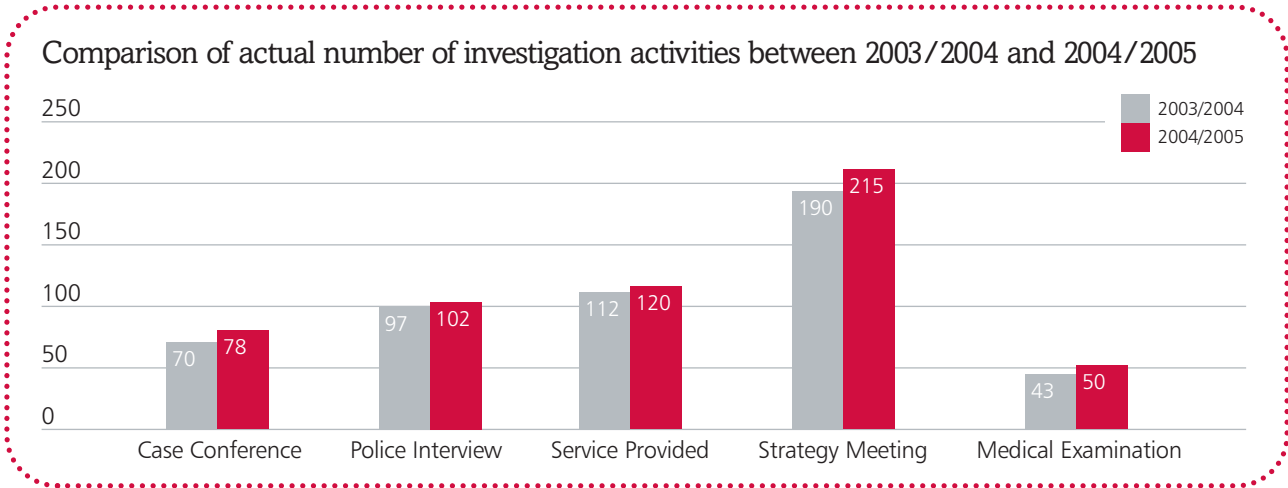


Fig.15 Compares 2003/04 investigation activities with 2004/05 in actual numbers

# How sure are we that abuse happened?

Table 3

Outcome	Number of Cases (total of 567)
Case Proven – The allegation has been substantiated	111
Possible – We believe the abuse probably took place but we are unable to evidence it	123
Inconclusive – Despite thorough investigation we are unable to come to a conclusion	234
Disproved – The allegation has been disproved “It did not happen and we are able to evidence this”	99

Outcome of Investigations

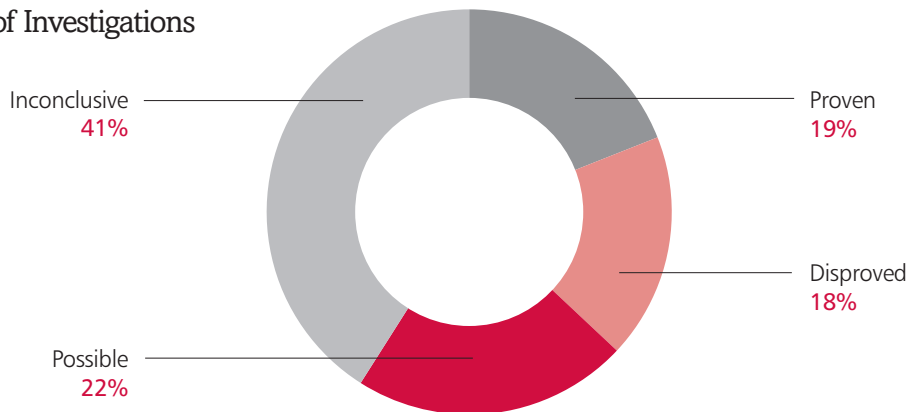


Fig.16 Outcome of investigations

Outcome of Investigations

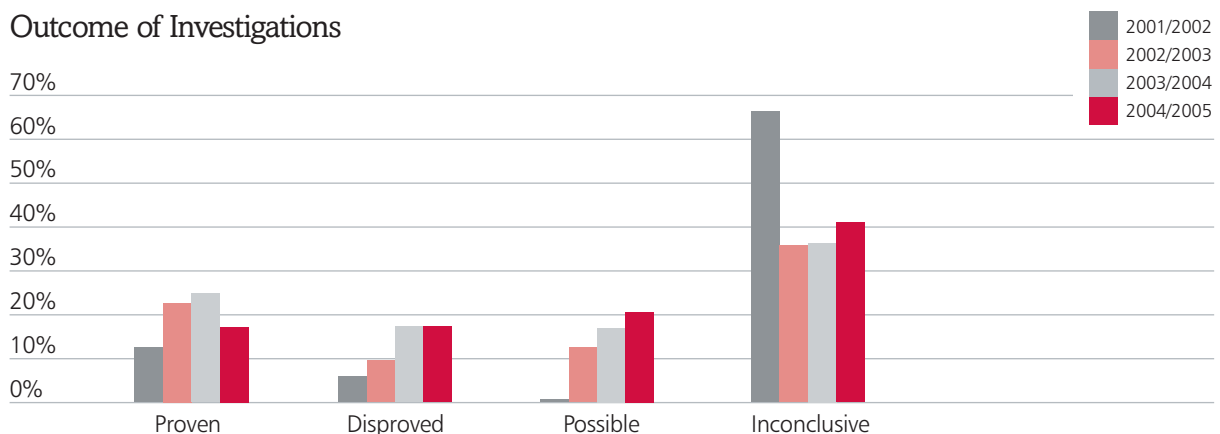


Fig.17 Outcome of Investigations in comparison to last year

Figure 16 demonstrates a slight reduction in the number of allegations that have been judged to be proven. In 63 percent of the allegations Investigation Coordinators were unable to ascertain if abuse definitely took place or not.

NCPVA acknowledges the complexity and difficulty of adult protection investigations but nonetheless would encourage Investigation Coordinators to reach a firm conclusion wherever possible.

We are aware of 23 staff members in Nottinghamshire who were dismissed as part of adult protection investigations

The average time spent on investigations was 10 hours

## What Actions were taken during or following the Investigation Process?

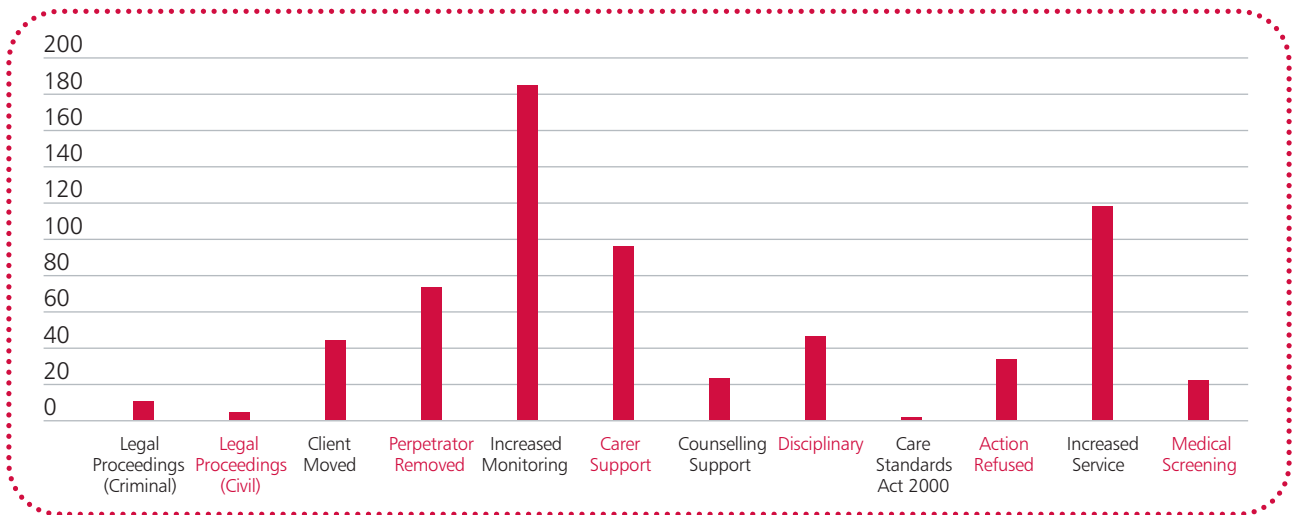


Fig.18 Outcomes following an investigation

## How much time was spent on investigation activities?

## Time-scales.

Specific time-scales are set on the outcome forms for the completion of certain named tasks. The chart below shows the relevant information.

A total of 5184 hours were spent on investigations. 48 outcomes did not give details of investigation time taken, so this figure is based on 519 investigations.

Table 4

Tasks	Number of cases conforming 2004/2005	% of all cases 2004/2005	% of all cases 2003/2004	% of all cases 2002/2003	% of all cases 2001/2002
Alerting immediately	366	64.5 %	57 %	59 %	69 %
Notification Forms within 5 days	377	66.5 %	57 %	53 %	55 %
Communication to Alerter within 10 days	370	65 %	57 %	65 %	66 %
First visit made within 1-3 days	343	60.5 %	51 %	52 %	55 %
Investigation Plan drawn up within 24 hours	257	45 %	42 %	43 %	50 %
Investigation Report within 10 days	289	51 %	44 %	42 %	42 %

It can be noted that there is a slight increase in the percentage of timescales set in the policy and procedures being met during 2004/2005.

# The Committee Members.

Nottingham City Council  
Social Services

Nottinghamshire County Council  
Social Services

Nottingham City Primary Care Trust

Representatives of the Seven  
Nottinghamshire Primary Care Trusts

Nottinghamshire Healthcare  
NHS Trust

Nottingham City Hospital Trust

QMC Hospital Trust

Nottinghamshire Police

Crown Prosecution Service

Commission for Social Care Inspection

Independent Home Support Sector

The Ann Craft Trust

Black Minority and Ethnic Representation

Voluntary Sector

National Probation Service –  
Nottinghamshire

Nottinghamshire County Council Legal  
Services

Sherwood Forest Hospital Trusts

## Our meetings.

NCPVA meetings during the period March 2004/April 2005 were set in advance and held quarterly.

There are also a number of Committee sub-group meetings which take place throughout the year. For more details of these groups, please see page 4.

## During 2004/2005 NCPVA...

- Formed an Executive group to provide a greater focus to steer NCPVA
- Introduced a quality monitoring and feedback system to organisations completing adult protection notification and outcome forms
- Introduced a membership role brief for all NCPVA members
- Participated in a witness profiling conference to further the work and awareness of vulnerable witnesses in the criminal justice system
- Invested considerable time and energy to create a business case for additional funding and sustainable development for Adult Protection Unit
- Audited training and created an action plan to ensure national training standards are met
- Facilitated an event attended by over 100 people from black and ethnic minority groups to explore issues and raise awareness of abuse in these communities
- Held a series of events for care providers to further understanding and compliance with the new Protection of Vulnerable Adults List (POVA List)
- Produced three newsletters and distributed them to over 4,000 individuals thus maintaining the profile of adult protection and informing people of national developments
- Distributed amendments and additions to policy, practice and procedure guidance in light of feedback from users of the document

## Priorities for 2005/2006 are to:

- Implement and monitor the membership role brief
- Undertake pilot audit of preparedness in some organisations
- Recruit to new posts in Adult Protection Unit
- Set clear targets for NCPVA from the 3 year Business Plan
- Set clear achievable targets for the Adult Protection Unit from the three year business plan

# The Adult Protection Unit.

## Where are we based?

We can be contacted by post, telephone or email. If you are after general information why not visit our website first?

**Website:** [www.nottsadultprotection.org](http://www.nottsadultprotection.org)

**By Post:** Adult Protection Unit, Chadburn House, Weighbridge Road, Littleworth, Mansfield, Nottinghamshire NG18 1AH

**By Telephone:** 01623 473 225

**By Email:** [claire.bearder@nottscc.gov.uk](mailto:claire.bearder@nottscc.gov.uk)  
[ian.ford@nottscc.gov.uk](mailto:ian.ford@nottscc.gov.uk)  
[stuart.sale@nottscc.gov.uk](mailto:stuart.sale@nottscc.gov.uk)  
[caroline.mannix@nottscc.gov.uk](mailto:caroline.mannix@nottscc.gov.uk)  
[emma.king@nottscc.gov.uk](mailto:emma.king@nottscc.gov.uk)

## Who are we and how does it work?

The Adult Protection Unit reports to NCPVA. Day to day management rests with the County Council Social Services Department. During the reported period Malcolm Dillon, Assistant Director, Adults supervised the Adult Protection Coordinator.

**The Unit comprises.**

Adult Protection Coordinator (Head of Unit)	Claire Bearder	30hrs
Adult Protection Training Coordinator	Ian Ford	30hrs
Adult Protection Administrator	Stuart Sale	37hrs
Adult Protection Administrative Assistant	Caroline Mannix	18 1/2 hrs
Adult Protection Clerical Officer	Emma King	18 1/2 hrs

## How do we fund the work?

Details of funding sources and how we spend the money are set out at the back of this report.

The Mission of the Adult Protection Unit

**The APU's mission is to be a "centre of excellence and expertise which informs and assists organisations in their responsibilities to protect vulnerable adults"**



## Adult Protection Unit.

Our theme for 2004/2005 has been QUALITY. The data we have been collecting and more recently attempting to analyse gives us an unmistakable picture that what we know about adult abuse is, as we continue to refer to it, 'the tip of the iceberg'.

Quality in terms of training - huge efforts to ensure all training meets national standards and has tangible and positive outcomes for adults who are abused. Quality in terms of the data we are supplied with - a quality standards framework means that we are able to give feedback on the information we receive and encourage organisations to reflect on their practice. No longer is it enough to think in terms of numbers.

All this has been achieved without the additional post we had hoped for during the past three years. I am continually humbled by the staff team at the Adult Protection Unit for their commitment, enthusiasm and professionalism.

2005/2006 will, we hope bring the much needed new staff and a greater sense of clear obligations producing quality information to facilitate quality practice.

In short we will walk up stream and see who is pushing people in...



**Claire Bearder**  
Adult Protection Coordinator

## Executive Group.

This sub group was set up in recognition that a large Committee cannot do all the detailed thinking and planning needed, but that several heads are more effective than just the Chair and Coordinator together. Claire Bearder and I are

very grateful to the members for their thoughtfulness and energy which has helped in many ways, particularly in shaping the Business Plan.

## Case Review Group.

The group continued to oversee reviews on a small number of critical cases where it appeared that inter-agency work had gone wrong. The process and outcomes of reviewing, when done well, provided organisations with a great opportunity to learn from experience and to develop/strengthen their systems in light of this. The group then considered the outcomes of

reviews and made recommendations to NCPVA for improving practice. The group saw much good practice, but often basics of knowing and acting on the procedures, and putting the vulnerable adults at the centre of thinking and action, were not as evident as NCPVA would like.

## Policy and Procedures Group.

The group revised several elements of the Procedures, which helped bring them up to date with the learning from experience and case reviews, and to take some account of the changes in organisations and responsibilities since they were first written. This has not been a standing group and we recognise there would be value in more regular updating. However, until more organisations are able to access procedures on-line, the cost and logistics of amending and sending them out frequently are not practical. The procedures are available on the website at [www.nottsadultprotection.org](http://www.nottsadultprotection.org)



**Malcolm Dillon**  
Assistant Director - Adults,  
Nottinghamshire County Council

## Black and Minority Ethnic Group.

The BME Sub-group has been in existence for nearly two years. It was formed in recognition that the work of NCPVA and the support and information that it offers was not being adequately accessed by the Black and Minority Ethnic communities throughout the City and County.

In order to address this, a series of meetings were organised across Nottinghamshire involving key voluntary and professional staff from relevant agencies providing services to the BME communities. These were very well attended, lively meetings that identified the adult protection issues for each community and concluded that the issues were the same, but that the ways of identifying and confronting the problems needed to be culturally sensitive.

The next step was to try and reach members of the community directly and explore in more detail the nature of the problem. So we organised, with the help of the Mansfield Family Life Centre, a morning event in Mansfield for African-Caribbean and Asian people. It was a tremendous success (particularly the lunch!) and provided a perfect platform for describing the work of NCPVA. Building on this, a second event has been organised at the ACNA Centre in St.

Ann's, specifically for City-based African-Caribbean people to further publicise and explore how we can help address the issue of adult abuse.

We hope more similar events will take place throughout the coming year, hosted by local ethnic centres keen to tackle the issue.



**Al Kestenbaum**  
Service Head – Partnerships,  
Nottinghamshire County Council

## Health Groups: North Health Group.

The North Notts Vulnerable Adults Health Group is a very active group taking forward the vulnerable adults agenda across the North Nottinghamshire health community.

The group is chaired by **Rosie Trainor, Director of Adult Services/Lead Nurse Ashfield and Mansfield District PCTs.**

The membership is made up of:

**Julie Cotton, Acting Director of Community Services  
Bassetlaw PCT**

**Anne Haywood, Locality General Manager Ashfield &  
Mansfield District PCTs**

**Sue Briggs, Locality Manager Newark & Sherwood PCT**

**Lisa Dinsdale, Nurse Manager Sherwood Forest  
Hospital Trust**

**Andrea Ward, Operational Manager Nottinghamshire  
Health Care Trust.**

The group meets quarterly and each member has established a formal reporting arrangement within their own organisations governance structures.

The group is successfully raising the profile and awareness of issues associated with safeguarding vulnerable adults with their own staff, GP practices and Board members and is planning the completion of the audit tool and its subsequent action plan. It is also considering the inclusion of other agencies as part of its membership in order to gain a local whole system integrated approach.



**Rosie Trainor**  
Director of Operational Services,  
Ashfield & Mansfield PCT

## South Health Group.

A health sub-group for the south of the county was formed in October 2003. The group comprises of representatives from all of the NHS Trusts and PCTs. The purpose of the group is to provide a forum for:

- **Networking and learning** to discuss and support the implementation of areas of common importance in relation to adult protection, to work towards a consistent approach and to share good practice, learning and problems
- To support members in their **implementation** of the health service aspects of the NCPVA annual action plans and policies and procedures
- **Training** - to raise the profile and numbers of staff who receive training on adult protection
- **Resources** – to identify and prioritise the health services aspects of funding for adult protection working with the lead commissioner.

### Achievements of the group to date have been:

- To facilitate the identification of staff roles and responsibilities in adult protection investigations
- To review the implications of the Commission for Health Improvement Rowan Ward report
- To link adult protection into organisations' clinical governance systems
- To review the House of Commons Health Report on Elder Abuse

The group has been supportive to adult protection leads in trusts. Organisational changes are currently challenging its future. However, it is hoped that these can be overcome and that the group will continue to meet in the future.

**Caroline Jordan**  
Senior Nurse, Nottingham City PCT

## Rushcliffe Health Group.

Our Committee has been operational since February 2004, and was set up to take forward the specific issues for protection of vulnerable adults under the overall strategic leadership of Nottinghamshire County Council. Although represented on the South Health Sub-group of NCPVA, the Primary Care Trust needed to raise the profile of this issue. By setting up its own Protection of Vulnerable Adults Committee to link into the sub-group, we have been able to highlight some of the issues around policies, procedures and guidelines and the need for training at all levels within the organisation. We have included the protection of vulnerable adults in the Clinical Governance matrix and ensured clear pathways for staff to follow if adult abuse is suspected or reported. We meet twice a year.

### Our priorities have been:

1. to ensure policies and procedures are in place
2. to ensure that all staff at every level know about the policies and procedures and are able to act on them appropriately. Access to training has been a significant issue for us, and we have developed a suitable cascade process as we have several hundred staff providing clinical care. We have also raised awareness with seminars and newsletters. Our view has been that it is best to focus learning resources in ensuring all staff are aware of adult protection issues and know they can raise concerns, which will be taken seriously by the PCT.



**Dr Clive Richards**  
Director of Public Health, Rushcliffe PCT

# Training.

This year we have trained significantly more staff across the county (see tables). We focussed on measuring quality of training and used a quality assurance model which has had a positive impact across all of the courses in the programme.

There has been a great deal of creative energy spent sourcing more affordable or free venues for training, for example Portland College always endeavouring to present best value and make best use of finite budgets.

Keeping the training sub group and the training pool informed of new developments remains a priority for the

training coordinator always utilising the outcomes of the other sub-groups. The training sub-group has enjoyed a development day to provide motivation and enable targets to be established.

Time investment in a joint initiative with health to produce a CD-rom learning tool will provide us with valuable feedback after a pilot in health is completed this year.

Anji Dyke  
Learning & Development Team Leader,  
Nottinghamshire County Council

## Training Statistics 2004/2005.

### Understanding Adult Protection.

Table 5

<b>Total Places Offered:</b>	<b>1113</b>
<b>Attended:</b>	<b>878 (79 %)</b>
<b>Apologies:</b>	<b>140 (12.5 %)</b>
<b>No Shows:</b>	<b>95 (8.5 %)</b>

<b>County Council</b>	
Places Allocated:	301
Offered:	50
Attended:	46 (92 %)
Apologies:	2 (4 %)
No Shows:	2 (4 %)

<b>City Council</b>	
Places Allocated:	129
Offered:	96
Attended:	72 (75 %)
Apologies:	15 (16 %)
No Shows:	9 (9 %)

<b>District Councils</b>	
Places Allocated:	0
Offered:	17
Attended:	15 (88 %)
Apologies:	2 (12 %)
No Shows:	0 (0 %)

<b>Independent Sector</b>	
Places Allocated:	220
Offered:	479
Attended:	380 (80 %)
Apologies:	50 (10 %)
No Shows:	49 (10 %)

<b>Healthcare Trust</b>	
Places Allocated:	129
Offered:	143
Attended:	96 (67 %)
Apologies:	25 (17.5 %)
No Shows:	22 (15.5 %)

<b>Acute Trusts</b>	
Places Allocated:	86
Offered:	48
Attended:	35 (73 %)
Apologies:	10 (21 %)
No Shows:	3 (6 %)

<b>Primary Care Trusts</b>	
Places Allocated:	258
Offered:	278
Attended:	234 (84 %)
Apologies:	36 (13 %)
No Shows:	9 (3 %)

<b>CSCI</b>	
Places Allocated:	0
Offered:	2
Attended:	2 (100 %)

# Places Offered.

The number of places offered to an organisation reflected the number of places requested – not all organisations took up their allocation of places. For example, as demonstrated in Table 5, Nottinghamshire County Council were allocated

301 places but only requested 50. This meant we were able to offer these places to other agencies such as the Independent Sector and Primary Care Trusts who requested more places than they were allocated.

Table 6

Agency:	Number of Places Offered:
Independent Sector & Voluntary Sector	479
Primary Care Trust	278
Nottinghamshire Healthcare Trust	143
County Council	50
City Council	96
CSCI	2
Police	0
District Council	17
Acute Trusts	48
<b>TOTAL</b>	<b>1113</b>

Percentage of People Offered Places who Attended

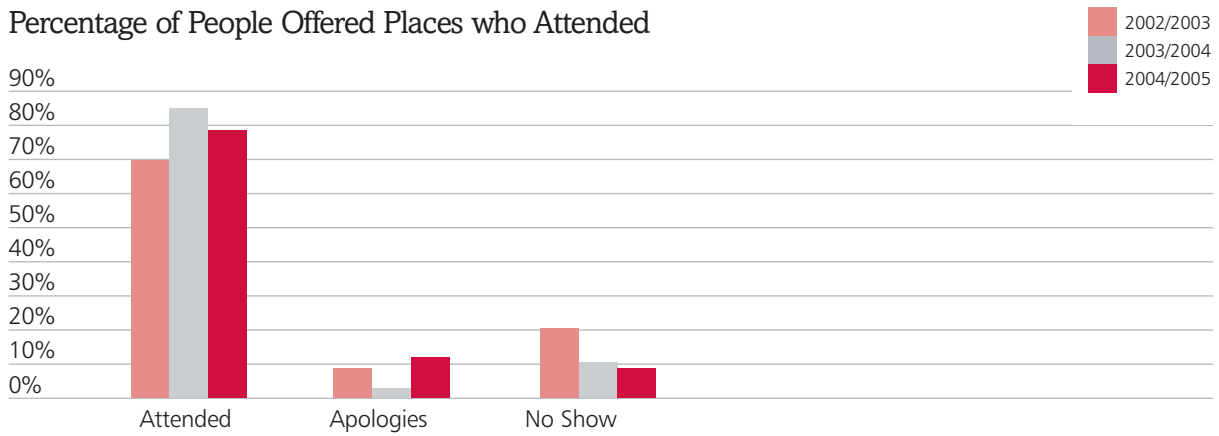


Fig.19 Shows the percentage of people who attended or did not attend training courses

Evaluation forms continue to indicate most delegates found adult protection training either useful or very useful and indicated their knowledge of adult protection practice had

improved. Further work is ongoing to explore in greater depth the impact of adult protection training. The comments below are typical of the feedback given:

More managers on courses would be a good thing.

SB, City Social Services

Very relevant to my working needs.

EC, Independent Sector

Good. Well put together, but I am more frightened now than I was before!

RA, Independent Sector

Little experience in this field before. I will feel more confident in the future.

FM, Gedling PCT

Difficult subject, dealt with well.

HW, Rushcliffe PCT

Wish this was essential training for managers as it is for us. Then we would all sing from the same song sheet.

JB, Gedling PCT

This course has certainly made me think.

LH, Broxtowe & Hucknall PCT

Good informative course, could have done with it many years earlier in my working life.

VS Rushcliffe PCT

Very useful and relevant to the job I am currently doing.

PF, Nottingham Health Care Trust

Would recommend colleagues to get onto the course ASAP.

JM, County Social Services

## **Investigating Officer (3 day course).**

Two courses, which are aimed at practitioners, provided training for 23 people during 2004/05. Two people failed to show.

76 percent of delegates stated they felt the training met the objective completely. 87 percent increased their knowledge.

## **Managing Complex Investigations (2 day course).**

One Managing Complex Investigation course took place in 2004/2005 and eight people attended.

All stated the objectives had been met either 'mainly' or 'completely' and 88 percent increased their knowledge.

## **Investigation Coordinators (1 day course).**

Thirty managers attended this course which is specifically aimed at them. This was encouraging because historically it has been difficult to get managers onto courses. Five people failed to show.

All stated the objectives had been met either 'mainly' or 'completely' and 90 percent increased their knowledge.

## **Case Conferences and Strategy Meetings (1 day course).**

Again this course is aimed at managers who will be involved in the instigation and chairing of both case conferences and strategy meetings. 17 people attended with five failing to show.

Once again, all objectives were met in the 'mainly' or 'completely' category and 83 percent stated their knowledge had been increased. All delegates who stated their knowledge had not been increased did stress that the courses did confirm and refresh the knowledge they already had.

## Who calls the Adult Protection Unit?

Table 7  
1st April, 2004/31st March, 2005  
A.P.U. Requests for Advice

Source	2004/2005	2003/2004	2002/2003	2001/2002
County Social Services	127	100	67	28
City Social Services	46	49	51	11
Health	44	30	26	4
Member of Public	6	12	7	5
Independent Sector	136	83	39	3
Voluntary Sector	9	2	19	1
Police	5	2	6	0
Education	2	4	0	0
District Councils	8	3	0	0
CSCI (Formerly NCSC)	8	11	0	0
Other	14	19	0	0
<b>TOTAL</b>	<b>405</b>	<b>315</b>	<b>215</b>	<b>52</b>

Once again we see a huge rise in the number of calls to the Adult Protection Unit for advice. Last year we attempted to reduce this number by helping organisations to set up services for their staff to refer to, however we were not able to do this because we were unable to recruit additional staff for the APU. It remains one of our aims.

It is significant that in addition to yet another increase in the volume of calls there has also been a significant shift in the type of call. The issues raised are becoming increasingly more complex.

# Expenditure.

Table 8  
April 2004/March 2005

**Item**

<b>Employee Costs</b>		
- Staff, Transport and subsistence	94395.00	
		<b>94395.00</b>
<b>Premises</b>		
- Rent/Hire Rooms	12476.00	
		<b>12476.00</b>
<b>Supplies and Services</b>		
- Printing Costs (Inc. Procedures, newsletters & annual report)	7366.46	
- Stationery/Postage	1761.95	
- Telephones		
- Office Equipment	534.16	
- Internet Set-up and Charges	1248.00	
- Hospitality	88.75	
- Books/Publications/Subscriptions	359.50	
		<b>11358.82</b>
<b>Training</b>		
- Room & Equipment Hire etc.	6112.97	
		<b>6,112.97</b>
<b>Total Expenditure</b>		<b>124,342.79</b>
Income from Nottinghamshire Social Services		<b>61,067.79</b>
Income from Nottingham City Social Services		<b>19,943.00</b>
The 8 Nottingham & Nottinghamshire PCT's		<b>43,032.00</b>
Nottinghamshire Police		<b>300.00</b>
<b>Total Income</b>		<b>124,342.79</b>

The above shows the sources of expenditure and sources of income to fund the Adult Protection Unit.

## **Who do I contact if I'm concerned about the abuse of a vulnerable adult?**

If you are a member of staff please contact your Line Manager. Or, if not, contact your local Social Services Department or Police and tell the person answering the phone that you want to report a suspected case of adult abuse. Alternatively, you can call one of the numbers below:

<b>Nottinghamshire County Council:</b>	<b>0115 982 3823</b>
<b>Nottingham City Council:</b>	<b>0115 915 1290</b>
<b>Nottinghamshire Police:</b>	<b>0115 967 0999</b>

The Adult Protection Unit and NCPVA Committee welcome your comments or questions on the content of this annual report. Leaflets and Newsletters are available on request for either staff or the general public.

It was alleged that a member of staff kicked a person (resident in a care home) with learning disabilities in the chest.

"Due to the nature of the incident the police were informed and started to investigate. Due to a lack of criminal evidence the case was rejected by the Crown Prosecution Service. The incident was investigated internally by the residential home and the worker was dismissed through disciplinary proceedings."

TR, Home Manager

"This referral originated from a residential home. The resident's wife alleged to have slapped him in frustration.

Investigation involved social worker talking with service users wife [the alleged perpetrator], the home manager, CSCI Inspector [Commission for Social Care Inspection], son of the resident and the CPN [Community Psychiatric Nurse].

The home staff took the lead in revising the care plan to reduce the risk to the resident. Perpetrator was recognised to have mental frailty herself and was referred through for psychological support. The couple remain wanting to spend time together with the wife's visits well monitored."

HR, Team Manager

An elderly woman being cared for by her son was shouting and slapping his mother, who was refusing to take medication:

"Reassured with a sensitive and caring supportive approach to encourage the carer to accept more practical help."

TR, Team Manager

"Allegation concerned possible physical abuse (a slap across the face) by husband of a 41 year old woman with a visual impairment. The alert came from a housing support worker. The service user went into emergency short term care during the investigation.

Although the case was proven, the husband had done this when having an epileptic seizure. Woman went home with increased support to the couple plus support advice and guidance via the social worker in managing medication and reducing/ceasing alcohol intake of her husband."

JN, Team Manager

"Recently, a member of night staff manipulated a service user to change a continence pad. This caused bruising to the service user. However, the service user was capable of moving to assist the care worker in changing the pad. The service user did not want any action taken against the member of staff as she had a good relationship with her. However, when we investigated, the manager was aware of care practice issues but had not done anything about it. We insisted that the member of staff is seen formally by the manager and had to undergo safe moving and handling training before being allowed back on duty.

This was eventually done but, it's very unfortunate that this incident happened in the first place."

TR, Team Manager

"[An older man] had been physically restrained by his son leaving bruising on his cheeks. That followed the man's confession of acting in a sexually inappropriate manner towards his granddaughter. Man reports that he is being taunted by family members over the incident. [His] son admitted bruising his father and man moved into residential care. He did not want any action taken against his son."

KD, Social Worker

"David [a man with learning a learning disability] and his Dad went to the pub – Dad was driving. On the journey home David expressed concern over his Dad's driving so Dad hit David in the face with his fist.

Dad then took David to another pub, they had a further pint and Dad asked David not to tell the staff. Once home David was very upset – he shouted at his Dad that he shouldn't hit him like he used to hit his Mum. David then smashed some shed windows with his fist"

AB, Team Manager

Medical help preceded a strategy meeting and case conference which resulted in increased monitoring, carer support, counselling support for David and increased service provision.

"This week we were involved in an adult protection issue. A schedule 1 offender was alleged to have sexually assaulted an older person living in a sheltered housing scheme. Here the issues of public protection (from dangerous persons-because of the previous offences regarding children) were a concern, as much as issues of adult protection, when we needed to decide on future accommodation options regarding this man.

Helpfully the probation service were willing to attend a meeting to risk assess these options. Their previous knowledge of the offender and expertise in this area was very valuable in balancing risks."

MM, Service Manager