

Devon Adult Protection Committee

Annual Report 2006

Introduction from the Chair of the Adult Protection Committee Alan Wooderson

Introduction

2005/6 has been a year of opportunities and frustrations across the Adult Protection work in Devon. This report provides a perspective from partners as well as from the Adult Protection Team.

It is apparent that the protection of vulnerable adults is rising up the priorities of politicians, regulators and statutory bodies. The changing demographic profile in Devon, with increasing numbers of adults with disabilities, older people and an increased prevalence of mental ill-health, provides the challenge for revitalising and refocusing the governance and organisational working arrangements to protect vulnerable individuals.

The production in October 2005 of "Safeguarding Adults" provides a real focus for the future.

A theme that is all too prevalent is the uncertainty of organisational structures within which partners are working. Changes to the Police, the NHS, within the County Council and with CSCI can all result in inertia; within which the vision and drive to make a real difference can be lost.

With this in mind there are plans formulated to introduce a revised governance structure with the creation of a Safeguarding Adults Board from October 2006. The Board will be responsible for overseeing a Strategic Plan and a Business Plan which are currently being drafted.

Finally, a suite of management and performance information will be in place to provide relevant data and trend information on which to make judgements about how well Devon is doing in achieving its aspirations.

With revised organisational arrangements within the County Council from April 2006 the Social Services Directorate has been replaced by a Children and Young People's Services Directorate and an Adult and Community Services Directorate. The Safeguarding Adults work forms part of the Adult and Community Services Directorate.

The organisational structure:

Adult Protection Committee/Safeguarding Adults Board

Training sub group Publicity sub group

Three local groups

(Teignbridge, S Hams and
W Devon; Exeter, East and Mid Devon;
North Devon)

All supported by the Adult Protection Team

- Sally Crombie
(Adult Protection Coordinator)
- Emma Craigie
(Adult Protection Officer)
Angela O'Reilly
(Adult Protection Officer)
- Vernon Whitlock
(Training Coordinator)
- Helen Brookes

Contents

Introduction from the Chair of the Adult Protection Committee Alan Wooderson	1
New developments in Adult Protection during 2005/2006	2
Partner Agencies	3
Facts and Figures 2005/06	6
Analysis of Consultations January to December 2005	7
Adult Protection Team News	9
Training	10
The Next 12 Months	11

New developments in Adult Protection during 2005/2006

It has been an exciting period in terms of progress and publicity for adult protection, with many developments at a national level indicating that this is an area of growth that is being taken seriously by the Government.

Locally, more of the NHS Trusts have developed or are developing their own internal policies and implementation strategies, including the delivery of training to key staff.

National Developments

1. **'Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work'**. This was published by the Association of Assistant Directors of Social Services (ADSS) in October 2005. Its status is as best practice guidance and in Devon we have agreed to adopt the new language and work to the standards it provides. It is building on the framework established by 'No Secrets'.

The document has been shared with all our partners and they have been invited to use the standards to audit themselves against. Most partners have replied and the process generated many new links and a heightened awareness of the need to have robust procedures in place. A similar audit will become an annual event, including Adult and Community Services, to ensure progress is being maintained.

This initial audit helps to provide a benchmark from which to map developments and highlight areas that need attention.

The Adult Protection Committee is in the process of reorganising itself into a Safeguarding Adults Board which will follow a strategic plan as outlined in Safeguarding Adults.

Work is underway to develop this Board into a body with similar status and influence as the Local Safeguarding Board for Children.

2. **Action on Elder Abuse** have just reported on a two year Department of Health funded project to look at adult protection data collection and reporting. They have produced three key recommendations for Government.

- Introduce a national collection of data on Protection of Vulnerable Adult referrals.
- Introduce a clear performance measure

across NHS and social care, based on the reduction and elimination of risk.

- Introduce a statutory framework for Protection of Adults work

The main driver behind these recommendations is to compel all organisations to fulfil their roles and responsibilities, to raise the profile of this area of work and to ensure increased resources are attached to this work, locally and nationally.

Liam Byrne received the report positively in a public speech at the AEA conference in March. It remains to be seen if his successor takes the same positive view.

3. **Safeguarding Vulnerable Groups Bill**

This Bill was published by Ruth Kelly at the beginning of March. It intends to bring together the current List 99, Protection of Children Act lists and the Protection of Vulnerable Adults list. If passed, employers could face a fine of up to £5000 for employing someone who has not been through the central vetting system. Barring decisions can be added quickly and employers will be able to check applicants out via a secure online system. This should save time.

If enacted this will meet one of the key recommendations of the Bichard Report. It will be overseen by an Independent Barring Board, taking this responsibility away from ministers.

4. **Care of Older and Incapacitated People**

(Human Rights) Bill. This is a private members Bill (Paul Burstow) and as such may not get very far, but the content is interesting. It is in three parts: (1) Care homes as public authorities – this closes a loophole that excluded care homes from the Human Rights Act. (2) Duties of the Food Standards Agency – to assess and then specify criteria for nutritional intake in order to improve and protect the health of older people in care settings. (3) Persons in need of care or protection – this would confer powers and duties on local authorities such as the power to gain access to a vulnerable adult to assess them, powers of entry to interview a vulnerable adult in private, entry warrants, assessment orders and temporary protection orders. Some of this fits in well with the recommendations for the AEA data collection project.

5. **Help the Aged WE WILL** – this is a campaign to generate at least 25,000 people to pledge

their support to 'Help Stop Elder Abuse'. The May update announced that 176 MPs have signed up to a Parliamentary statement, an Early Day motion, condemning elder abuse and supporting the aims of the campaign. In conjunction with this campaign, Help the Aged have distributed 75,000 leaflets and booklets to help people recognise and confront elder

abuse. The website to visit to pledge support to the campaign is www.iwill.co.uk

The first ever World Elder Abuse Day was June 15th 2006. Events to mark the occasion were held all over the country and all over the world.

Partner Agencies

This section provides perspective from partner organisations on their progress over the last 12 months.

Devon and Cornwall Constabulary and the Primary Care Trusts are all in a phase of organisational change. DCI Robert Brown has produced some thoughts about what this potentially means for the Police along with an outline of the direction in which they wish to go. This has not inhibited close joint working and great strides have been made in terms of training, both jointly with Health and Social Services and within the Force.

DEVON AND CORNWALL CONSTABULARY

The Devon and Cornwall Constabulary is currently, like many organisations in a state of flux due to uncertainties over reorganisation, mergers and consequential restructuring. Putting this to one side and with the preferred option of the Force to remain as a standalone regional force; planning continues to improve services across all areas of public protection.

In the past year we have worked to improve services to vulnerable adults, clearly one area that is being pursued is the appointment of dedicated adult protection officers. One such post has been created in Plymouth BCU and other Basic Command Units (BCU's) are being encouraged to follow suit.

We are also actively involved in learning from past experiences and having already contributed to an adult protection review a post has been created at the Force HQ for a Serious Case Review Officer. This post will be filled by a Detective Sergeant, working to the Detective Chief Inspector, Head of the Community Safety Unit. This post will have responsibility for looking at serious case reviews into child protection, domestic violence, mental health and adult protection and not only how we can better service such reviews but ensuring lessons learned translate into real improvements in service.

On the training front work is underway to look at how under the Achieving Best Evidence guidance we can improve services to the vulnerable in society by better training and in some cases targeted training to key posts.

In moving forward the next twelve months are really dependent on decisions as yet unknown to be made by the Home Office. If the Force were to remain as a standalone regional Force then the plan submitted by the Force to the Home Office includes significant input into the area of public protection, including the creation of adult protection officers in all BCU's and a re-evaluation as to how we as an organisation deliver a wide range of services in the public protection arena.

We are also looking to host a day to pull investigators from all organisations involved in adult protection together to learn from experiences and share best practice.

At a strategic level there is a clear need to increase awareness of adult protection issues across all organisations and the constabulary actively supports the continued work to raise the profile of adult protection across the Force area.

*DCI Robert Brown, Head of Force Community Support Unit
April 2006*

THE NATIONAL HEALTH SERVICE

Devon Partnership Trust: DPT is almost ready to implement its own internal policy and training strategy, which will be rolled out across mental health and learning disability services in Devon. They are planning a formal launch and accompanying publicity to ensure all staff are aware of the guidance.

The Royal Devon & Exeter Hospital has identified strategic and operational leads, produced a policy for approval by the Board and has implemented an in-house training programme.

The six Devon Primary Care Trusts are at different stages and thought now needs to be given as to how best to engage with a single Devon wide PCT in the future. This should be clearer by October 2006.

LOCAL GROUPS

Five groups were established to mirror the Adult Protection Committee at a local level. This quickly turned into three groups, recognising the fact that several people covered much wider areas than others. They work well as an information exchange and an arena for trouble shooting and feeding issues back to the APC, but would benefit from a more formalised approach as part of the Safeguarding Adults strategic plan.

The following are contributions from each of the groups:

North Devon

Detective Sergeant Tanya Youngs, North Devon Child/Adult Protection Team

This group meets every 2 months and generally consists of Social Services, Health, Police, CSCI and some voluntary agencies.

I was a relative newcomer to the world of Adult Protection and did not possess even basic knowledge about the services provided to Older People or those with Learning Disabilities. Even the terminology was confusing. I had also mistakenly assumed that the Adult

Protection process would mirror to a large extent the Child protection procedures with which I was so familiar. However, it soon became apparent that procedures weren't in place and it was up to professionals to establish good practice. Mostly this was achieved by working together on an investigation. Mistakes were made and often this was purely down to a lack of communication, misunderstanding about each others roles and not knowing where to go for the relevant expertise and knowledge. The locality Group gave us the opportunity to discuss each investigation, address any of these issues and highlight good practice.

From a police point of view we have demonstrated commitment, diligence and sensitivity in our handling of vulnerable adult investigations. This has inspired confidence and trust in our organisation and vulnerable adult referrals have trebled in the last 3 years as a direct result. We are no longer labelled solely as the "prosecution" agency. Information and intelligence sharing has led to a more accurate assessment of a situation resulting in a more appropriate response to it.

Detective Sergeant Tanya Youngs, North Devon Child/Adult Protection Team

Exeter, East and Mid Devon

Comments from *Mandy Sharp, Regulation Manager for CSCI*

Mandy's view is that the group has provided a useful focus for networking, developing understanding of other agency's roles and sharing up to date local and national developments.

Mandy has attended a couple of meetings and observed the erratic attendance of those invited. She is concerned is that people then miss out on valuable nuggets of information and sharing of good practice, and trouble shooting. She suggests that each agency should be asked to provide an update on relevant changes, and provide this in report format if they are unable to attend.

This is a suggestion that the Adult Protection Coordinator will put to the groups.

South Hams, West Devon and Teignbridge.

This group now meets at the CSCI office in Ashburton and has also experienced very variable attendance. There has been great value for those involved in learning about many different roles, including the police diversity officer and the local community safety officer. We explored links and crossovers, and established some local networks.

Plan for the future – the groups have all established a core group who are committed to

sustaining this local event. The concept of local groups needs to be built in to the business plan for the new Safeguarding Adults Partnership and have clear terms of reference. The second request for practical support has just been issued in relation to rewriting the practice guidance for the adult protection policy. Previously the groups have been involved in critiquing information leaflets for staff, and service users who have a learning disability.

As well as the Adult Protection Committee and the three Local Groups, there is an important function maintaining links with other organisations.

The Adult Protection Coordinator continues to be a member of the *Domestic Abuse Partnership, ADVA*; this has generated useful networking with other agencies such as *Women's Aid* and the *PPSA* (Patient and Practitioner Service Agency) among others.

A new link has recently been made with the *MAPPA process (Multi agency Public Protection Arrangements)* which will be developed to ensure that we work in partnership when dangerous offenders who may also be vulnerable adults at risk of abuse, come in to the process. Up until now these arrangements have been very ad hoc. This link led directly to discussions with staff at *Langdon Hospital (Devon Partnership Trust)* on their roles and responsibilities in regard to Safeguarding Adults. This has potential to lead in to some innovative training for patients to help them protect themselves.

The Adult Protection Coordinator liaises with the *Child Protection Coordinator* to keep abreast of significant changes. Adult Protection can hopefully learn from the years of experience in Child Protection.

Community Safety/Safer Devon Partnership – at local group level we are making connections with the *Crime and Disorder Reduction Partnership* and exploring some of the overlap areas. In one area there is a group working on personal safety for

adults with a learning disability, and another is looking at doorstep crime involving older victims. Domestic Violence comes under this umbrella and it is useful to raise awareness to the links with Adult Abuse. 'Safeguarding Adults' sees adult protection and community safety as natural partners and recommends close working.

This is an area to be developed by the adult protection coordinator during 2006/7.

Nationally, the Adult Protection Coordinator continues to sit on the Executive Committee of *PAVA (Practitioner Alliance against the Abuse of Vulnerable Adults)* and it has just appointed its first part time Director. This will enable the organisation to grow and to develop more ideas about supporting practitioners.

Locally, the Devon PAVA group is now organised by Emma Craigie (Adult Protection Officer) and attracts about 30 people each time. There are three meetings a year and they always have a guest speaker on a topical subject. Emma seeks venues around the county to enable all staff to have a chance to attend. It attracts a good cross section of people from the NHS, Adult and Community Services, CSCI, the independent sector and the police. It is a good opportunity to provide additional training in an informal setting, and to encourage networking.

FACTS AND FIGURES 2005/6

The new Adult and Community Services will soon be implementing a new data collection system. This will be based on the outcomes of the Action on Elder Abuse project that reported its findings in April 2006. Initially it will be an electronic form that can be e-mailed back to the team and collated automatically. This will replace the time consuming paper system that currently exists. It will provide detailed information about every adult protection alert right through to the outcomes of individual cases. Once electronic social care records are fully implemented in Adult Services it will become an integrated part of the system. This will then be able to provide a fuller and more accurate picture of Adult Protection activity.

This is the last year that statistics will be drawn from our stand alone database.

CASE CONSULTATIONS

This is the number of calls to the Adult Protection Team regarding suspected abuse of an individual or of more than one person in a care setting.

Jan – Dec 2003 205

Jan – Dec 2004 290

Jan – Dec 2005 245

The reduction in referrals for 2005 may reflect the fact that the team was without an Adult Protection Officer for January. There was another gap from August to December when one of the job sharers took up another opportunity.

Monitoring information

The only method currently of knowing how many of the initial consultations then went forward into the Adult Protection process is via the monitoring form. A total of 28 were returned for 2005. These figures should be treated with caution as they come from such a small sample (11% of consultations). It should also be noted that the number of consultations does not reflect an accurate figure for the total number of adult protection alerts. Some still go straight to local Adult and Community Services Teams and are not recorded centrally. The new form integrated into Care First will overcome this.

Source of referrals

Social Services	36%
Health	12%
Devon Partnership Trust	3%
Service user	3%
CSCI	3%
Housing provider	8%
Care home	8%
Police	3%
Day service	3%
Other	21%

Who was referred?

People with a learning disability	42%
Older people (65+)	24%
Elderly Mentally Ill	23%
People with a physical disability	8%
People with mental health problems	3%

81% went on to have a strategy meeting
19% went straight to case conference.

Alleged perpetrators:

42% family members
38% carers (23% of these from the private care sector)
20% are service users. Statutory sector carers, neighbours and strangers.

Twice as many perpetrators were men rather than women, which is unusual, and more women were victims, which fits with the normal pattern.

Multi agency:

Social services were involved in 92% of all cases,
Police in 54%,
Health in 50%
CSCI in 12%.

Location of abuse:

Most significantly
46% of the alleged abuse took place in care homes
35% in people's own homes
The rest were in a public place, day service or hospital

When looking at the relationship of the alleged perpetrator to the victim one would have to conclude that some abuse reported in care homes is perpetrated by visiting family members, not staff.

In previous years figures have indicated a higher level of abuse occurring in peoples own homes.

ANALYSIS OF CONSULTATIONS JANUARY TO DECEMBER 2005

These are calls taken and recorded by the Adult Protection Team

245 consultations, of which 25 (10%) were regarded as incidents of domestic violence.

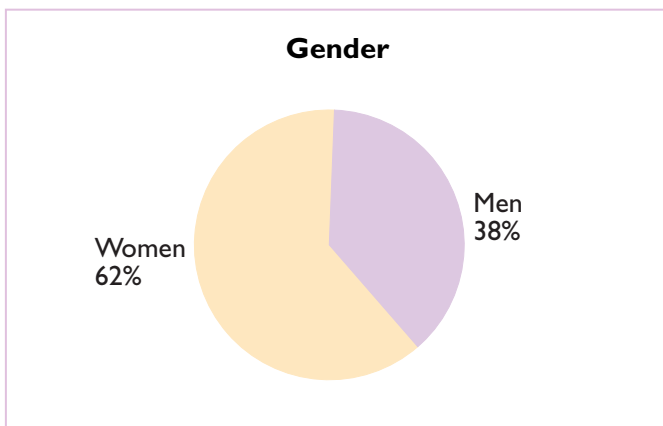
The figure for 2004 was 44 or 16%.

Age range	numbers
(81 consultations did not record a date of birth)	
100+	4
90-99	26
80-89	34
70-79	24
65-69	9
40-64	40
30-39	8
19-29	19

This indicates that 39% of referrals that recorded an age involved people aged 80 years and over. The Action on Elder Abuse report (see references) on calls to their Helpline also showed evidence of vulnerability to abuse increasing once people turned 80.

24% of consultations that recorded an age were between 40 and 64.

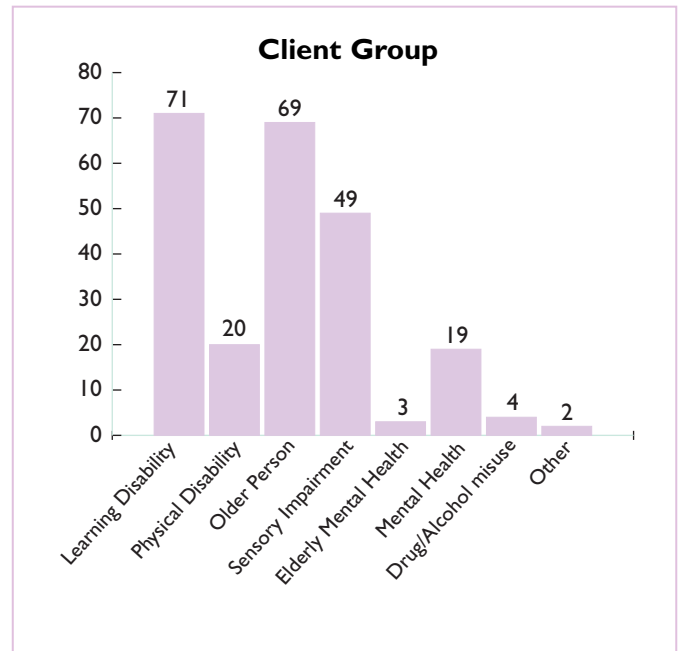
Our current database cannot tell us what client group this relates to, but it is likely to be predominantly people with a learning disability.



The service user groups experiencing the highest number of alleged incidents of abuse continue to be people with a learning disability and older people.

	2004	2005
Learning disability	30%	29%
Older people	31%	28%
Elderly Mentally Ill	12%	20%

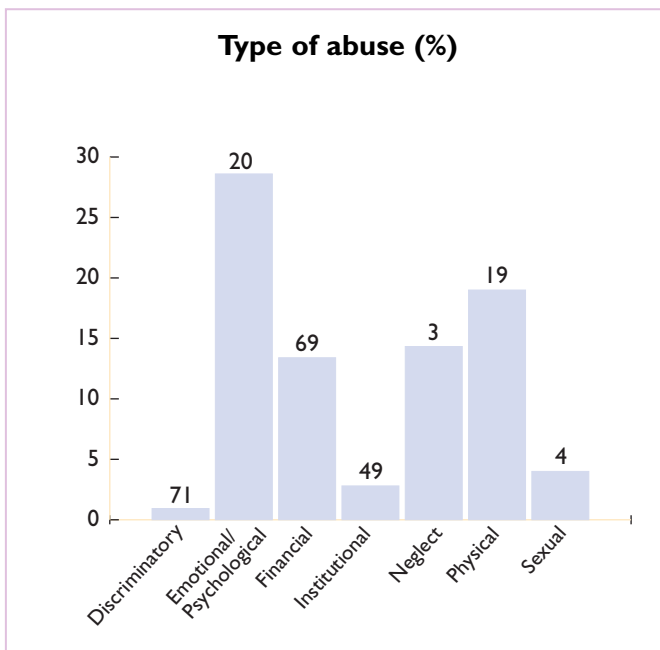
As noted in previous reports, this is disproportionate to the number of people in the population who have a learning disability. The reason for this could be their obvious vulnerability and/or increased awareness and willingness to report



Our current database is unable to give us information on which client group is most likely to suffer which type of abuse and in which setting. The new system to be set up this summer will be more versatile and provide fuller information.

What we do know from our figures is that for each client group the highest amount of each type of abuse reported is:

Learning disability	physical abuse
Physical disability	physical abuse
Older person	emotional/psychological abuse
Sensory impairment	neglect/emotional psychological
Elderly mental illness	physical abuse
Mental health	emotional/psychological abuse
Drug/alcohol misuse	physical abuse



Physical abuse can range from rough or careless handling for someone who cannot move independently, resulting in bruising and skin tears, through to physical restraint exercised without a care plan and resulting in emotional and physical injuries, and the more obvious slapping, hitting etc. Forced medication, or medication that is not prescribed also comes into this category.

Physical abuse is often witnessed, reported by the victim or leaves visible marks. This may be one reason why the reports are higher than for other types of abuse.

With the increased publicity, particularly around elder abuse with campaigns from Comic Relief and Help the Aged, more people are realising that adult abuse occurs and there are signs that people are becoming more willing to report concerns and allegations. In the next few years, with the teams' improved recording and monitoring system and a consistent level of publicity, we should begin to establish a more accurate picture of what is happening. This will help determine priorities for prevention in order to try and minimise the risks of abuse for older people.

Alleged perpetrators include family members, neighbours, private sector carers, statutory sector carers, strangers and 'others'.

In terms of numbers:

- Private sector carers have the most number of allegations made about their practice – this will include domiciliary care as well as residential care. 121 complaints were recorded in 2005, but there may be some

double recording as some complaints involved more than one type of abuse.

- Family members have the second highest number of reports at 96, again there may be some double counting.
- Statutory sector care, neighbour and stranger barely make double figures

Setting in which abuse occurs:

The total adds up to 300, which indicates significant double reporting (i.e. more than one type of abuse has been reported). In this context, the reports are:

Residential/nursing home	133
Own home	132

Public place, educational establishment, hospital, sheltered accommodation, day care and hospital all had between 1 and 8 reports.

In previous years the figures have shown that more abuse has occurred in people's own homes, perpetrated by family members. The rise in care home and private sector staff numbers this year may, in part, reflect the high level of training that the private care sector has undertaken. There appears to be much greater awareness of abuse and how to report it. CSCI have supported this by encouraging all homes to have up to date policies and training in POVA (Protection of Vulnerable Adults).

During 2005 the Adult Protection Committee convened its first Serious Case Review in response to the death of an elderly man. The following account is from one of the members of the Serious Case Review Committee.

Involvement in the first Serious Case Review to be held by the Devon Adult Protection Committee had been an interesting experience for me as I have served on the Serious Case Review Committee of the Area Child Protection Committee (now Local Safeguarding Children Board) for the past 2 years.

The Serious Case Review is not a disciplinary process, that is for the individual or professional bodies to pursue, but is a mechanism for

ascertaining whether or not the various agencies concerned in a person's care have failed that person. Ultimately the report goes to the Commission for Social Care Inspection.

To this end the Serious Case Review group of the APC invited management reports from the several agencies that had been involved with (the patient) over the last few months of his life. Deciding how far to go back into history is one of the difficult subjective areas for a review committee, but I think we got it right. A problematic aspect of abuse of the elderly is that the adult can refuse care. In this context, when does neglect become abuse? We need to err on the side of responsibility and review serious outcomes for even the most cantankerous.

CSCI had been very closely involved in the standards of care given by the Registered Home managers to (the patient) and the other residents and we received their public Inspection Report on the home concerned for 2004/5. CSCI is obviously an important agency involved in the

care of the elderly people in Care Homes and their position as arbiters of our final report as well seems to me to be anomalous. I do not think that it made any difference to the outcome in this case.

In Child Protection we have found that the construction of a chronology of contacts with the patient/client/victim by each agency, to be consolidated by the review committee, is a valuable exercise. Not all the agencies in this review provided one. The management report needs to be signed off by a senior member of the staff of the agency as accountability is extremely important. Recommendations can be made by the agencies as well as the Review Committee and an Action Plan then needs to be developed to take these forward.

We have a lot to learn about doing these reviews. However I hope we do not need to do too many!

Jane Richards 25th May 2006

ADULT PROTECTION TEAM NEWS

Since last years report the team has had another change in personnel. John Woolner, who was job sharing the Adult Protection Officer role, has taken up the offer of increased hours at Plymouth University (in Exeter) teaching on the Social Work course. This is something he had been doing on a very part time basis and is a great opportunity for him. His departure led to us welcoming Emma Craigie to job share with Angela O'Reilly. Emma was (and still is for one day a week) a social worker in the Adults Team at Exmouth Town Hall. Angela continues to keep her Approved Social Worker Status by working as an ASW in Exeter for 2 days a month. Emma and Angela both bring a wealth of experience,

knowledge and skills to the Team which helps us when advising and supporting staff through difficult adult protection issues.

Helen Brookes continues to manage the Team's administrative side and is indispensable to us all.

Vernon Whitlock is managing delivery of the training strategy and developing new courses and making new links across agencies.

Helen and Vernon both work part time and they and the Team recognise that both could easily work full time to meet the increasing level of demand.

TRAINING

Safeguarding Adults Standard Five: Training Standards

For the first time we have some national standards to aspire to in terms of training provision in the area of adult abuse. Standard Five is sub divided into 14 categories and we have audited our performance against these. We have most things in place but the areas where work is required are:

5.6 Training accessible to or specifically tailored for service users and carers.

5.10 Each organisation has a workforce development plan that includes competencies in relation to Safeguarding Adults and audits the

plan for reporting to the partnership on an annual basis.

5.11 Each organisation has established Safeguarding Adults competencies for each staff role and enables appropriate training.

5.14 Local providers of relevant further/higher education courses include Safeguarding Adults in their curriculum. (No information on this at present).

These will be built in to the Business planning of the Safeguarding Adults Partnership.

Delivery of the Training Strategy

Induction Training

Adult and Community Services are currently developing an Adult Protection Induction pack which will be available as a workbook and e-learning package. The most effective use of this will be as a refresher which was requested by 28% of staff who completed our questionnaire last year.

Most agencies now have adult protection/safeguarding adults as part of their induction but the time allowance is still mainly pitifully small. It is often delivered alongside child protection.

Foundation Training

Adult and Community Services coordinates a pool of 20 trainers from our own organisation, Health, Devon Partnership Trust, volunteer and private sectors. We have consistently delivered 5 workshops per month (August was 4 per month) at venues in East, Mid, North, South & West Devon.

Figures of those receiving training from April 2005 to March 2006 are;

Social Services Staff	570
External Agencies	409

This year for the first time we have started charging the private and voluntary sector (£30) for the course. This has assisted in the provision of training venues and extending the role of the Adult Protection Training Coordinator.

Train the Trainers

We have delivered 2 courses in the past year. One course was for the private sector and delivered in conjunction with Devon Care Training. The second course was for those with a training responsibility in residential and domiciliary adult care. This equips people to deliver the one day Foundation training.

Investigators

We delivered a further Investigators course with the support of Devon & Cornwall Police who provided training support and a venue at Seale Hayne Training College. Once again we used a freelance trainer, Linda Naylor, who provides a similar course to Cornwall and Plymouth. She also provides an annual refresher training day for everyone who has been on the course.

Intermediate Course

We have run a pilot course to gauge demand and will be delivering further courses as soon as resources (i.e time!) allow. This is very much in demand from staff at all levels who want more knowledge about relevant law and the role of our key partner organisations.

Charing Skills

8 people attended this course in April 2006. This is aimed at managers whose role is to chair strategy meetings in their own districts.

South West Peninsula Training Group

The south west adult protection coordinators met as a group originally to try to attract funding from the Workforce Confederation. The group found the meetings so useful in terms of developing training, sharing ideas and information, that it became a regular quarterly meeting. One of the aims is to try and ensure some consistency across Devon, Plymouth, Torbay and Cornwall as some partner agencies work with two or more of us. To this end we invited the DCI in charge of training at Police Headquarters to become a member. Since that time the meetings have taken on a policy brief as well and

have influenced training delivery within the police force, whilst also encouraging joint work on the ground in each area. This has been to all our mutual benefit and continues to be an effective forum.

Most recently the Police collaborated with Health and Social Services to run a 1 day event for police officers who have completed their ABE (Achieving Best Evidence) training. The day included presentations from the team, service users and a lecturer in gerontology from Plymouth University. It had quite an impact on those present and it is hoped that it is the first of more events of this type.

THE NEXT 12 MONTHS . . .

The theme throughout this report has been one of change and progress. This bodes for a busy 12 months ahead but we will capture all the work that needs to be planned via Strategic and Business Plans for the new Safeguarding Adults Board. This will follow the Standards laid out in 'Safeguarding Adults' and will allow us to prioritise areas of work for the next 12 months. We will also identify a longer term plan for other pieces of work. A small group of members of the current Adult Protection Committee will produce the plans for approval by the whole committee.

The Policy has recently been updated and a multi agency group of practitioners is meeting to review and rewrite the staff guidance. The policy update is shared with Plymouth and Torbay, but Plymouth has developed its own more localised guidance.

Another small group will be meeting to pull together a publicity strategy for Safeguarding Adults, which will include consideration of a campaign on local radio.

The Adult Protection Team is also producing its own Team Plan and prioritising areas for development and improvement.

Internally, in Devon County Council, we have our own organisations structural changes to contend with.

Nationally – we hope the proposed changes to the POVA list, in the Vulnerable Persons Bill, become enacted by Parliament, and look forward to the outcome of the Comic Relief scoping exercise. They hope to publish this in time for next year's Comic Relief campaign – it is looking at the extent of elder abuse in the United Kingdom.

It is not expected that Paul Burstow's Bill will become law, although it is having a second reading. It aims to amend the Human Rights Act to include care home residents, sets guidelines for nutritional standards in care homes for older people and introduces Adult Protection law, including powers of entry. Even if this is unsuccessful it will sow the seeds for further work on Adult Protection law in the future.

Ultimately, both locally and nationally, we need to improve our recording and monitoring and hopefully collect some evidence to indicate that we are managing to safeguard adults and to prevent some abuse from occurring.

This prevention agenda continues to be the focus of all our activities.

REFERENCES

Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work	Association of Directors of Social Services	October 2005
Adult Protection Data Collection and Reporting Requirements	Action on Elder Abuse (with Department of Health funding)	April 2005
Devon Adult Protection Committee Review	Adult Protection Committee	February 2005
Hidden Voices: Older People's Experience of Abuse	Action on Elder Abuse	September 2004