

**Caerphilly**  
**Area Adult Protection Committee**

**Annual Report 2011 – 2012**

Caerphilly Area Adult Protection Committee presents this Annual Report in response to the requirement set out in 'In Safe Hands' (NAW/SSIW, July 2000).

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## **1. INTRODUCTION**

### **1.1 Area Adult Protection Committee commitment**

The Area Adult Protection Committee (AAPC) members and the organisations they represent are committed through partnership working to protecting vulnerable adults from abuse. The AAPC be accountable to the agencies that make up its membership. The committee has continued to raise the profile of the protection of vulnerable adults through joint working.

### **1.2 Purpose of the Area Adult Protection Committee**

The AAPC is responsible for providing a strategic lead in the Protection of Vulnerable Adults. The AAPC monitor and review adult protection policies within Caerphilly and is the body responsible for issuing of procedural guidelines and associated documentation.

## **2. FUTURE OF THE CAERPHILLY AREA ADULT PROTECTION COMMITTEE**

### **2.1 Regional collaboration**

As noted in last year's AAPC annual report, Caerphilly AAPC had been approached to join the Gwent Wide Adult Safeguarding Board. The Gwent board wished to move to a regional board in line with the collaboration agenda promoted within health and social care. The board comprised of neighbouring local authorities: Torfaen, Blaenau Gwent, Newport and Monmouthshire. Agency partners such as Aneurin Bevan Health Board and Gwent Police felt that this would be of value. After shadowing board meetings and participating in two development workshops to explore issues such as governance, membership and functions, consideration was given to the benefits to vulnerable adults living both in Caerphilly and the wider region. A decision was reached that Caerphilly AAPC would be pleased to join the Gwent Wide Adult Safeguarding Board from April 2012. The Caerphilly AAPC therefore concluded its business at the end March 2012.

## **3. CONTEXT OF THE COMMITTEE'S ADULT PROTECTION WORK**

### **3.1 Moving Adult Protection practice into a legislative framework.**

Welsh Government issued a ministerial statement in October 2011 setting out a commitment to the protection of vulnerable adults through the introduction of a legislative framework. It was indicated that the framework would be introduced through a Social Services bill that would have impact beyond the work of local authorities and place duties upon other partner agencies such as health boards. The framework was drawn together and presented as Social Services (Wales) Bill in March 2012. Committee members participated in the Welsh Government consultation events and are committed to providing comprehensive responses via their organisations. Caerphilly local authority POVA lead was invited to participate in

a meeting of the Welsh Government Safeguarding and Protection Advisory Network (SPAN) to explore in detail some of the duties that will be included in future legislation, the definitions and categories of adults at risk.

### **3.3 Supporting the work of the AAPC - Subgroups and task and finish groups**

The Committee receives reports and presentations from its subgroups: Education and Training, Performance Review and the POVA Practice Improvement Forum. In addition task and finish groups have been used to consider learning lessons, serious case reviews, the AAPC annual report and the annual review of the AAPC's Provider Performance Monitoring Protocol.

The committee members liaised with other key partnerships to maximise the opportunity to raise awareness for example reciprocal attendance by CCBC children's service manager to ensure information travelled back and forth from the Caerphilly Safeguarding Children's Board and attendance at the Caerphilly Domestic abuse forum. Caerphilly AAPC also included a representative from the South East Wales Emergency Duty Team.

## **4. KEY ACTIVITIES UNDERTAKEN IN 2011/12**

### **4.1 Improving quality of care provided in regulated care settings.**

The committee continued to focus on themes of quality and safeguarding ensuring that all partners in health and social care work together to prevent abuse and neglect and ensure quality care is provided to vulnerable adults. The initial AAPC Provider Performance Monitoring Protocol agreed in January 2008 has provided partner agencies with comprehensive tool to respond to deteriorating quality and increasing levels of risk. The protocol enables partners to respond collectively and intervene in a proportionate manner at the earliest opportunity. The document has been reviewed annually, the most recent review having been completed in November 2011.

The lessons learned from using the protocol were collated and shared with registered providers of care homes through a workshop held in May 2011. Caerphilly POVA and contract monitoring staff, ABHB and Care and Social Services Inspectorate Wales (CSSIW) staff highlighted the issues of concern that were frequently identified by contract monitoring officers, the practice development nurse for care homes and the inspectors. The significance of a strong registered manager who had a good working relationship with the owner and cascaded responsibility and accountability throughout the staff team were some of the positive strategies that were associated with improving and sustaining the quality of care provided to vulnerable adults. The importance of the care homes own quality assurance system was reinforced to reduce dependency upon external monitoring. In addition the roles of the regulator, the health and social care commissioners and the POVA team were reiterated.

The Provider Performance Monitoring Protocol is also used to assist Domiciliary Care Agencies, as its principles of early intervention and robust action planning are applicable to protect vulnerable adults receiving a variety of services in a variety of settings.

Decreases in the percentage of the total numbers of referrals were noted in residential care homes by 4% (from 70 to 52); in care homes with nursing by 4% (from 50 to 30); and for domiciliary care providers by 3% (from 53 to 39). Referrals in respite placements decreased by 1% (from 11 to 8)

Care providers continue to use the Caerphilly local authority POVA advice service having made 437 of the 1308 POVA enquiries received which accounts for 33%. The response to these enquiries starts immediately the enquiry is received. During 2011/12 the requested information was returned to the POVA Team and the enquiry was completed within 7 days in 89 % of cases.

The POVA advice service provides opportunity for POVA coordinators to talk through practice situations and/or improve quality thus preventing further incidents or abuse. The POVA advice given to staff encourages them to consider the protection steps they have already taken and suggests further ways of minimising risk and managing the situation. Guidance has been developed with practitioners working in day; respite and long term care settings to consider an appropriate response to service users who are susceptible to frequent falls or bruises.

The quality payment pilot project was implemented in 2010/11, and the additional quality payment continued to be paid to care homes that had achieved a higher standard of care. The committee received a presentation highlighting examples of good practice that had been noted in the care homes providing care above that expected by the National Minimum Standards for Care Homes:

- Increased activities (more hours for Activities Co-ordinators)
- IT equipment purchased for Residents to enjoy their life experiences
- Staffing levels increased to above safe levels to offer more attention to work, to make improvements, better recording, etc.
- Increased opportunities for safe independence
- Improved decoration and furniture

People who fund their own care are not reviewed as part of the usual assessment care management processes of the local authority, however adult services aim to ensure that they are equally protected and have the opportunity to discuss the standard of care with someone outside of the direct care giving environment if they so wish. Contract monitoring Officers provide information about the opportunity for self-funding residents to have a quality care review, however they wished to try to increase the uptake. Therefore, contract monitoring staff explored the reasons why the people who fund their own care refused a quality care review. The reasons identified included:

- Some had moved and therefore hadn't received the leaflet
- A number of Care Home managers said they had given the leaflets to relatives and they hadn't been returned

- Residents stated they were happy with the service provision and didn't want any input from Social Services
- Some residents had reached the financial threshold and were no longer self funders and therefore had now had reviews scheduled with care managers
- Some people did not give a reason for not wanting a review

The ABHB Practice Development Nurse participates regularly in both announced and unannounced monitoring visits with the local authority contract monitoring officers. This may also include an occupational therapist. Where there are significant concerns about a care home and the monitoring pattern has increased CSSIW may also coordinate their visits. This collaboration aims to avoid duplication, ensure providers receive consistent feedback about the standard of care assessed by commissioners and regulators and reduce the impact on the home as a result of frequent visitors. The monitoring visits may include review of service user risk assessments and care plans and other documentation, observation of the care home environment and service user care. Views are also sought from services/family. Monitoring reports are now available for the general public to view on the CBCC website. The regulator also publishes their reports on the CSSIW web pages.

The practice development nurse undertakes monitoring visits in nursing homes using the framework for Fundamentals Of Care (FOC) 12 Principles Practice Indicators. Advice and support is given to managers and care home staff to ensure the FOC principles are implemented to ensure good patient care. Additional training and awareness sessions have been provided with identified 'champions' within the care homes.

The practice development nurse in Caerphilly locality continues to offer assistance to her peers within ABHB to share practice and consistency in terms of the care home monitoring process. Effective communication processes and links are in place in relation to the interface between the practice development nurse and complex care nurse assessors who review funded nursing care and Continuing Health Care within nursing homes.

#### **4.2 Improving consistency in responding to POVA referrals**

The POVA leads for Caerphilly local authority and ABHB locality have worked closely together to improve consistency in the way that POVA referrals are responded to and managed in the borough. The administrative staff regularly liaise to validate information to ensure the local authority client database contains all relevant information about the client experience.

Whilst the local authority POVA team lead on referrals of abuse that are alleged to have taken place in community settings including independent hospitals and the health board lead on referrals of abuse in hospital settings it was acknowledged that there would be benefits to both the vulnerable adults and the agencies involved in supporting each other's processes.

The Caerphilly local authority was acknowledged to have a number of years experience of a strong POVA team using a robust system. However it was noted

that clinical expertise is often required to manage or investigate a referral of abuse that has been alleged to have taken place in a nursing home or in relation to a patient in the community who has complex or continuing health care needs. Previously the expertise of hospital staff or the practice development nurse for care homes would be drawn upon to carry out investigations; however demand challenged the capacity available. Additionally with a number of health staff managing the complex POVA referrals, it was felt that the introduction of increased consistency was necessary. The exploration of a post jointly funded by health and social care agencies was explored and a health POVA coordinator was appointed in December 2011. The health POVA coordinator is seconded to work within the local authority POVA team and manages a caseload of hospital and community referrals and undertakes investigations/concerns about health and nursing care. The committee believes this is the first joint POVA coordinator post in Wales and provides an exciting opportunity to evaluate partnership working in this way. The number of cases of abuse reported in hospital settings remains low, with a decrease noted from 11 referrals in 2010/11 to 8 referrals in 2011/12. It is hoped that additional liaison between the two statutory agencies will assist an evaluation of whether reporting is accurate or below the level of that which should be recorded.

In addition to the local authority SWIFT electronic client database, a locality database has been developed by ABHB to capture and audit all health safeguarding referrals and outcomes. This information is shared with the corporate ABHB safeguarding team on a weekly basis. Senior nurses for mental health older people and mental health services in the Caerphilly borough have been made aware of the importance of sharing information about POVA referrals they are currently managing to ensure databases are up to date to accurately reflect the patient/service users experience and ongoing safeguarding supports.

#### **4.3 Improving liaison with and between the Police.**

Gwent Police have a dedicated Police POVA Team. Sergeants from this POVA unit have delivered presentations to frontline Sergeants and Inspectors throughout Gwent Police. This training has focussed on case studies and the importance of accurate and timely submissions of Adult Protection referral forms. It was evident there was a lack of understanding amongst front line staff between an adult in need of services and an adult who was being abused. The team received positive feedback following the presentations and this is a process that the team will look to continue in future.

There have been a number of changes in personnel within the public protection unit over the past 12 months and the department is currently subject of a lean review process that is being led by Detective Superintendent Steven Mogg. The outcome of which may be discussed in the GWASB.

#### **4.4 Sharing good practice**

The committee recognises the importance of promoting multiagency practice and learning through the AAPC subgroup - the POVA Practice Improvement Forum for statutory agencies. The forum has adjusted the frequency of its meeting from monthly to bimonthly reflecting the capacity of attendees to be released for a

learning session. The membership remains strong and the forum content evaluates positively.

Forum content this year has included a workshop approach where a number of professionals will be invited to explore a theme for example for the theme of domestic abuse - Gwent police, the independent domestic violence advocate, the domestic abuse coordinator for the borough and women's services joined together to discuss practice. Other workshops have included assisting practitioners to be explicit when dealing with neglect and abuse in family settings, and examining a repeat referral project, using the findings to discuss how the role and practice of individual practitioners can assist in reducing repeat referrals, the frailty project with speakers from the Community Advance Nurse Practitioners Community Rehabilitation Team, and consideration of how POVA interfaces with the Drug and Alcohol Team. Presentations have been made by representatives from Health, Social Services, Police and voluntary sector organisations.

Caerphilly local authority continues to manage the Social Services Improvement Agency (SSIA) Protection of Vulnerable Adults information website ensuring information is available across the Internet for both professional carers and the general public.

ABHB staff undertaking the Designated Lead Manager role have shadowed local authority POVA coordinators to ensure consistency across both organisations. This good practice has also been shared across other localities in ABHB by the Caerphilly Senior Nurse for Continuing Health Care (CHC) and Safeguarding through monitoring, shadowing, and advice for new DLM's and existing Designated Lead Managers (DLM's) in terms of facilitating the safeguarding process.

#### **4.5 Reviewing performance**

The AAPC Performance Review subgroup was established in May 2008 to increase the multiagency focus and scrutiny of the protection of vulnerable adult's activity in Caerphilly. Meetings continue to be held on a bi-monthly basis with attendance from the local authority POVA coordinators, contract monitoring and performance management team representatives, the Aneurin Bevan Health Board and Gwent Police. The subgroup has examined the quality of investigations and practice issues.

ABHB uses its Adult Safeguarding Sub-Committee to oversee adult safeguarding activity for all patient groups within the organisation, and to monitor and report on emerging trends and interventions on behalf of the Board (reporting through the Quality and Patient Safety Committee). ABHB has established roles of Assistant Director of Nursing Safeguarding and Public Protection, and a Senior Nurse, Protection of Vulnerable Adults as part of the Corporate Nursing Team. Both post holders provide advice on policy implementation and practice across the organisation.

Quality assurance for the Police central referral unit includes a process provided by the POVA Detective Sergeants who check all referrals where it is decided that no further action is required by the police. The Gwent Police Public Protection



Detective Inspector has monthly performance meetings with the Detective Chief Inspector. At the present time all complex cases (those involving two or more victims or two or more suspects) and overdue investigations (those over 4 months old) are discussed. This is to be extended to include the following data:

Total Sanction Detections, total Investigations and Offenders brought to justice  
Criminal investigations and offenders not brought to justice where investigations have been closed because

- Investigation re classified as No Crime
- Not in Victims Interest to Pursue Prosecution
- Other

In addition data will be reviewed regarding Strategy meetings attended, number of joint visits, JIVA interviews - total conducted and total over 10 working days to complete and suspect interviews – total completed and total not conducted 10 days after suspect has been identified.

#### **4.6 Data collection**

As the lead agency Caerphilly County Borough Council collates data regarding POVA activity in the borough as required by Welsh Government (see appendix B). Work with the Adult Services Duty and Information Team (ASDIT) continues to ensure detailed and accurate information is collected at the first point of contact.

Data is validated on a regular basis with the Caerphilly locality of the Aneurin Bevan Health Board to ensure an accurate picture of POVA activity across the borough is available regardless of whether abuse takes place in a health or social care setting.

The Caerphilly local authority client finance and property team are involved in the prevention of financial abuse through their role in managing finance and assets for service users who do not have the mental capacity to do so. This is carried out for service users supported by Caerphilly local authority and also on behalf of other agencies with which we have a service level agreement: Merthyr Tydfil County Borough Council, Blaenau Gwent County Borough Council and Aneurin Bevan Health Board. This service is part of the safeguarding umbrella of the POVA service manager. Referrals have been made regarding possible abuse following annual financial reviews undertaken by the team. The team have also undertaken investigations into financial abuse, as part of the POVA process.

#### **4.7 POVA leads**

The Committee continues to benefit from the local authority, Police and the health board appointed POVA leads within their organisations.

The Wales Interim POVA Policy has been publicised with a banner on the front page of the Gwent Police Service intranet with a hyperlink taking the reader to the policy. The new Adult Protection Referral form can also be accessed here. Information is regularly presented at sergeants meetings.

The Committee continues to be supported by the POVA lead for voluntary organisations, People First, who links with Health, Social Care and Police. The South East Wales Emergency Duty Team (EDT) lead on Protecting Vulnerable Adults outside of the normal working hours. The POVA Team and EDT continue to link together regarding information sharing and regular training sessions are provided by the Caerphilly local authority POVA coordinators.

#### 4.8 Service users

Table 1 shows that the highest number of referrals continues to be from the older people service user group. This data is consistent with CCBC data for previous years and patterns across Wales noted by CSSIW. Referrals in relation to mental health service users have increased following joint working with colleagues.

Service user group	Total referrals 2008-09	Total referrals 2009-10	Total referrals 2010-11	Total referrals 2011-12
Older person	209	171	191	110
Learning Disability	133	89	74	73
EMI	81	56	68	70
Mental Health	26	22	38	39
Physical disability (under 65)	45	38	34	44
Substance misuse	7	10	9	9
Visual Impairment/blind/partially blind	7	2	5	4
Hearing impairment/deafness	0	4	3	1
Older person mental health	N/A	N/A	N/A	9
Other	14	10	14	8
<b>TOTAL</b>	<b>522</b>	<b>402</b>	<b>436</b>	<b>367</b>

Table 1 referral by service user group (Source CCBC Business Objects database)

Referrals of neglect and physical abuse continue to be the highest types of abuse referred. The financial abuse referrals have steadily increased over the last few years, rising from 18% of the total type of abuse referrals in 2009/10, to 21.5% in 2010/11, to 22.1% in 2011/12. The spread of referrals can be seen in figure 1 below.

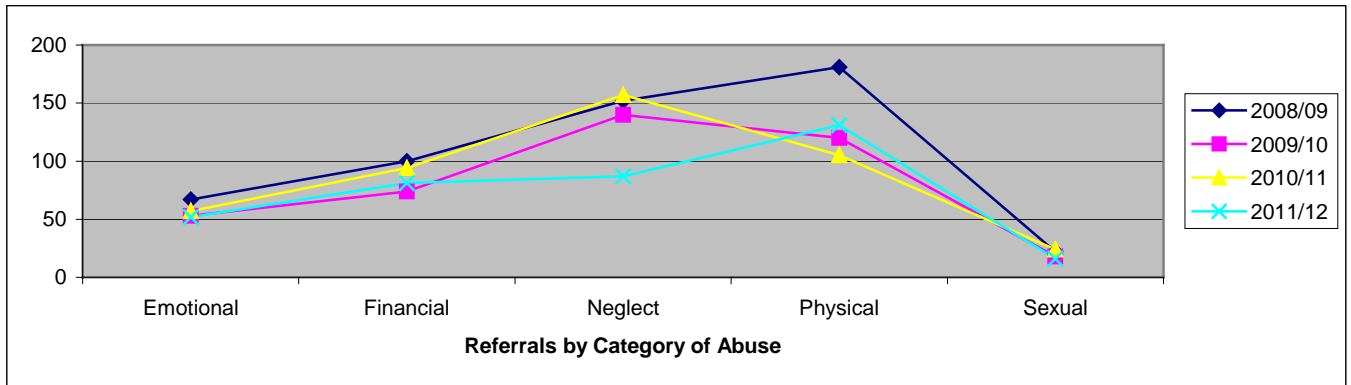


Figure 1: Referral by category of abuse (Source CCBC Business Objects database)

Previously the POVA Team encouraged services users or their representatives to attend case conferences and adjusted the venues to increase attendance, for example holding the meeting in the vulnerable adults own home, a care home, a general practitioners surgery or a hospital meeting room. The Wales Interim POVA policy reinforces that the service user must remain central to the whole of the POVA process and indicates that services users could attend all or part of the strategy meetings where agreement by agency partners, to ensure that any investigation will not be compromised.

Where service users chose not to attend, feedback is provided via; telephone discussion; home visits from the key worker or investigating officer; letter or an offer to visit the service area to which improvements have been made. A guidance document was developed by the local authority POVA Team to assist practitioners provide feedback at each stage of the POVA process to ensure that information is given in a timely and appropriate manner.

#### 4.9 Investigations

Table 2 below shows the allocation of investigations to agencies across the previous 3 years. A significant increase in criminal investigations has been noted and also in the number of non criminal investigations carried out by care providers.

	2009/10	2010/11	2011/12
Total number of investigations	419	322	190
Number of criminal investigations (police only)	110 (26.2%)	87 (27 %)	102 (54%)
Number of non-criminal investigations	309	235	88
• SS led investigations	162 (38.7%)	123 (38.2%)	27 (14%)
• Health led investigations	15 (3.6%)	17 (5.3%)	8 (4%)
• Provider investigations	70 (16.7%)	38 (11.8%)	40 (21%)
• CSSIW led investigations	14 (3.3%)	28 (8.7%)	0 (0%)
• Joint led investigations	48 (11.4%)	29 (9 %)	13 (7%)

Table 2: Investigations completed (Source WG PVA2 Caerphilly 2011/12)

The data indicates the greatest proportion of non-criminal investigations previously undertaken by social services staff are now undertaken by care providers. The regulator CSSIW has adjusted its role and no longer investigates complaints or protection of vulnerable adult issues in relation to individual service user's experiences. Instead they consider the theme of concern as part of an unannounced visit or during the next planned visit to the provider. This pattern of response mirrors that of Health Inspectorate Wales.

There are a number of reasons as to why less investigations are recorded for this year:

- Vulnerable adults with capacity may consent to safeguarding measures but not to an investigation for example a domestic abuse referral
- An allegation may have been witnessed and admitted immediately hence no further formal investigation will be commissioned
- A multi agency decision may be taken at the strategy meeting that sufficient information has been presented that indicates there would be no further benefit from commissioning a non criminal investigation in line with the agreed Wales Policy definition implemented towards the end of 2010 which recognised only formal commissioned investigations.

*The Wales Interim Policies and Procedures for the Protection of Vulnerable Adults (November 2010) defines an investigation as "a structured process to gather evidence to determine whether the allegation of abuse can be substantiated, which is agreed by those at the strategy meeting and evidenced in a written investigation report back to the strategy meeting (p228).*

It should be noted that a referral marked with an outcome of not investigated does not indicate that nothing has been done. It is likely that a risk assessment and immediate protection measures will have been put in place on receipt of the referral and as part of the strategy discussion.

<b>Outcome category</b>	<b>2008/9</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Allegation withdrawn	44 (11%)	18 (4%)	38 (11%)	32 (10%)
Admitted	25 (6%)	53 (13%)	37 (11%)	45 (13%)
Proved	87 (21%)	106 (25%)	114 (33%)	104 (31%)
Disproved	50 (12%)	83 (20%)	46 (13%)	30 (9%)
Inconclusive	120 (29%)	73 (17%)	54 (16%)	61 (18%)
Likely on balance of probability	48 (12%)	60 (14%)	41 (12%)	35 (11%)
Unlikely on balance of probability	38 (9%)	29 (7%)	14 (4%)	27 (8%)
<b>Total</b>	<b>411</b>	<b>422</b>	<b>344</b>	<b>334</b>

Table 3: Outcome of investigation (Source WG PVA2 Caerphilly 2011/12)

Information shown in table 3 above highlights the outcomes of investigations.

#### **4.10 Raising awareness and providing education**

Considerable awareness raising activity continues.

The Senior Nurse for CHC and Safeguarding has provided education for staff regarding documentation to be used by ABHB staff, which was devised by the Caerphilly POVA Team. The documentation templates have been shared with corporate Safeguarding team, and are available on ABHB intranet site.

The contract monitoring officers and practice development nurse raise awareness of POVA when undertaking monitoring visits and at the nursing home manager and registered providers quarterly meetings. Managers and registered nurses are encouraged to access level 3 training and care staff and nursing assistants are advised to access level 2 POVA training.

The ASDIT phone number is widely disseminated to all areas within the Caerphilly locality and is routinely publicised along with the POVA Team's advice service at community events. The POVA Team provide a range of formal and informal education opportunities ranging from: visiting day centers, registered provider premises and staff team meetings; presenting at other agencies and teams development days to devising bespoke awareness sessions for Community education and libraries staff, youth workers and meals on wheels staff.

A number of awareness raising events have been arranged or supported during the year with the main event being the International Elder Abuse Awareness Day (WEAAD) on 15 June. In 2011 the AAPC and other partner agencies hosted an event in Caerphilly town centre informing the public about vulnerable adult abuse and the protection that could be offered and providing advice about a range of services that were available. In addition Caerphilly local authority designated WEAAD as a corporate fund raising event for vulnerable adults, thus raising the status to that of some of the well known and supported children's charity's through an event at its Ty Penallta office. Despite the conclusion of the Caerphilly AAPC's work, partner agencies have agreed to continue this event as a locality supported opportunity to raise awareness and so will participate in events on 15<sup>th</sup> June 2012.

The source of referral has increased for housing and the Wales Ambulance Services (NHS) Trust as shown below in table 4, there has been increased liaison with both agencies over the year. There has also been an increase in referrals from Police however there has been some confusion with officers referring an adult in need of social services or an adult who has self neglected rather than an adult who has been abused or neglected.

Source of First Referral for completed cases	2008/09	2009/10	2010/11	2011/12
Alleged victim	3	3	23	19
Relative / Friend	17	18	26	25
SSD care manager	220	136	83	50
SSD provider	26	91	47	25
Police	13	19	18	49
Health, hospital	21	20	13	17
Ambulance Service	0	1	4	8
Health - community, primary, lhb	23	23	29	19
Housing	5	8	2	16
CSSIW / HIW	4	14	22	1
Provider agency	49	83	63	83
Advocate	0	2	6	8
DWP (Benefits agency)	0	0	0	0
Education	1	0	0	3
Other	29	4	8	11
<b>Total</b>	<b>411</b>	<b>422</b>	<b>344</b>	<b>334</b>

Table 4: Source of First Referral (Source WG PVA2 Caerphilly 2011/12)

POVA training has continued to be delivered across Caerphilly by the Workforce Development Team, the POVA level 2 trainers network, GAVO and POVA coordinators. Over the past year the local authority POVA Team have received more requests to complete bespoke awareness raising sessions for staff who have identified gaps in knowledge. This has included Community and Outdoor Education staff and Meals on Wheels staff. The current programme includes:

1. POVA 1 – Informal awareness session (1.5hrs) - Bespoke training offered to small groups upon request whilst awaiting full day training.
2. POVA 2 Training: Refresher (half a day) - For health and social care staff who have previously completed a full days course to refresh the key points and receive necessary updates.
3. POVA 3 Training: Undertaking a Non-Criminal Investigation (2 full days) – Multi agency facilitated and attended training course provided by the local authority POVA Team. For staff who may be asked to complete a Non-Criminal Investigation.

The number of staff accessing POVA training is shown in Table 5 & 6.

Course Title	No. of courses run	No. of CCBC staff who attended	No. of External people who attended	Total
POVA Level 1	3	34	21	55
POVA Level 2	26	170	226	396
POVA Level 2 (Refresher)	14	134	52	186
POVA Level 3	7	27	83	110
<b>Totals</b>	<b>50</b>	<b>365</b>	<b>382</b>	<b>747</b>

Table 5: number of courses and participants attending Caerphilly training

Some of the Education and Training subgroup achievements include:

- Successful public awareness raising event on World Elder Abuse Awareness Day 2011.
- POVA Refresher training devised and implemented
- POVA Training for Vulnerable Adults to deliver has been devised and is due to be implemented
- POVA poster completed and displayed across the borough
- Bespoke training delivered to Community Education, Outdoor Education and Meals on Wheels staff, day centre and residential staff

Local authority POVA coordinators previously regularly delivered an awareness session as part of the Police new recruits training however this has not been delivered since July 2011 due to the reduction of the new recruits courses. POVA coordinators also provide training for the new starters to Caerphilly County Borough Council via corporate training day. This year Police accessed 10 places POVA level 2 training and 8 places on POVA level 3 training.

POVA training increased from 428 to 582 people trained at level 2, which is the main training opportunity for health and social care staff.

	Number of staff trained 2008/09	Number of staff trained 2009/10	Number of staff trained 2010/11	Number of staff trained 2011/12
<b>Level 2</b>	<b>541</b>	<b>382</b>	<b>428</b>	<b>582</b>
<b>Level 3</b>	<b>128</b>	<b>169</b>	<b>127</b>	<b>110</b>

Table 5: Caerphilly AAPC Protection of Vulnerable Adult Training 20011/12

Committee members have ensured information available on the Internet and intranet sites of their individual organisations is up to date, particularly around the new Wales Interim POVA policy and associated documentation.

#### **4.11 Future Training Needs**

There are a range of POVA bespoke training sessions that need to be provided in the forthcoming financial year: CCBC day centre managers; south older persons Team; CCBC Residential care home managers; Floating Support Services. It is our aim to liaise with housing and leisure managers.

Current statistics indicate there are approximately 3,294 staff working in the Care Sector (Source: Social Workforce Development Audit Jan 2012). Of these, 1,507 staff work for Caerphilly Social Services Department and 1,787 staff work within Commissioned Services for Adult Care. It is important that education at both level 2 and level 3 continues to ensure awareness remains high in order to protect vulnerable adults

Information collated from Caerphilly County Borough Council Adult Services Training Needs Analysis documents indicate that it is anticipated that 180 internal and 303 external staff require awareness training at level 2 (awareness raising) not taking into account staff turnover. Thus it is anticipated that 24 Level 2 courses will be facilitated in 2012/13.

At level 3 it is anticipated that 52 internal staff require training and approximately 77 external staff. The local authority POVA team will continue to facilitate bimonthly 2-day level 3 courses jointly with ABHB in 2012/13.

Table 6 below shows that 46.7% of abuse is alleged to be perpetrated by paid carers (NHS staff, Independent sector staff, social care staff) and 41.9% by individuals with a relationship to the vulnerable adult (relative, friend, acquaintance, neighbour). Paid staff accounted for 56.2% and family accounted for 29.9% of alleged perpetrators. Continuing to raise awareness and providing education along with clear direction as to the quality of services expected and the need to report concerns observed in family settings is imperative.

Person(s) Alleged Responsible for Abuse	2009/10	2010/11	2011/12
NHS Staff	11	14	13
Independent Sector staff	197	181	116
Social Care staff	27	23	27
Volunteer / Unpaid staff	2	0	2
Other Service User	46	30	33
Relative	108	95	116
Friend or acquaintance	15	19	19
Neighbour	3	6	5
Person unknown	12	11	9
Other	1	4	4
Total	422	383 (39 cases had more than one perpetrator)	344 (5 cases had more than one perpetrator)

Table 6: Persons alleged responsible (Source WG PVA2 Caerphilly 2011/12)

#### 4.12 Referral Rate and POVA advice

The referral rate decreased from 436 in 2010/11 to 367 in 2011/12. 18%.

The POVA advice service continues to be well used by statutory agencies, care providers and others. This year the POVA duty advice service saw an increase of enquiries by 12%.



	2008/9	2009/10	2010/11	2011/12
Total number of POVA referrals	522	402	436	367
Total Number of POVA enquiries	No POVA advice service prior to 2009	495	1149	1308
Monthly average	No POVA advice service prior to 2009	41	96	109
%age increase on the previous year for POVA advice	No POVA advice service prior to 2009	N/A	57% increase	12% increase

Table 7 POVA advice and referrals

POVA advice enquiries include contact in a number of ways: receipt of a telephone call, an email, a letter or a personal discussion with an individual during the course of the day. Often concerns are raised or the enquirer wishes to determine whether the issue warrants them ringing our Adult Services Duty and Information Team (ASDIT) to ask for a referral form to be completed. The POVA advice and recommendations given are recorded upon the individual service user electronic client record to ensure practitioners are aware of safeguarding measures in place and on the team spreadsheet in order that trend analysis can take place in relation to care providers. This promotes an early intervention approach.

Instructions have been given to Police Officers regarding submitting the appropriate referral form as there has been some confusion with between the 'Vulnerable Adult in need of Services' Form and the 'Adult Protection Referral' Form. In the main these have been adopted. Similar discussion has taken place during this year with the Wales Ambulance Services NHS Trust to reduce inappropriate referrals.

Caerphilly County Borough Council provides information to WG regarding referrals of abuse that took place in any setting across Caerphilly borough and the subsequent activity and outcomes. Our data records:

- (a) The total number of new referrals that are received during the financial year
- (b) The number of referrals that were either
  - (1) Newly received, then completed and closed completed during the financial year
  - or
  - (2) Were open prior to the start of the financial year, and were completed and closed during the financial year.

The information in figure 2 shows the data for previous years

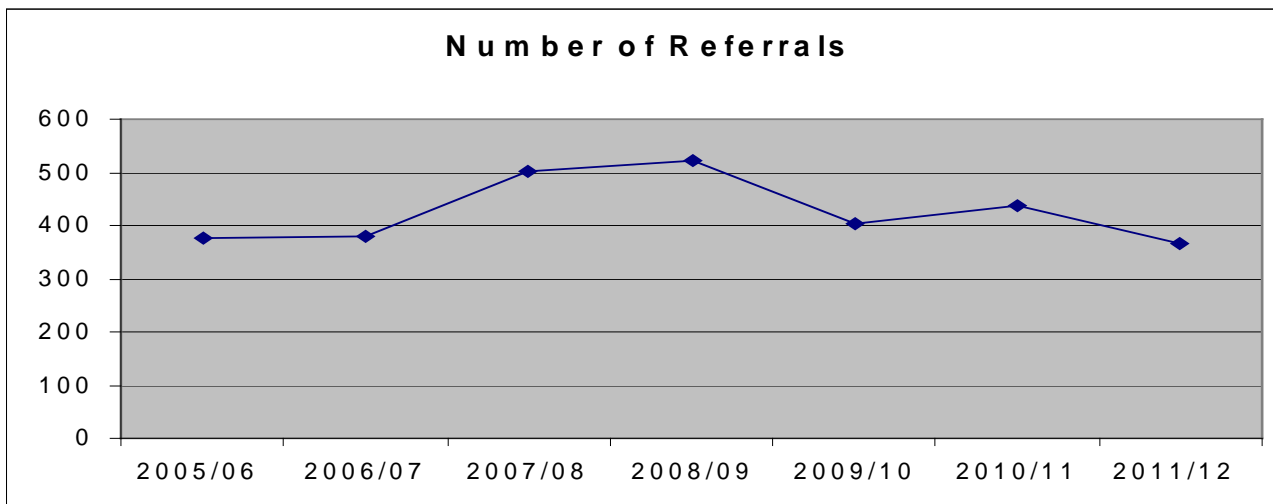


Figure 2 – Total Number of referrals (*Source WG PVA2 Caerphilly 2011/12*)

The spread between male and female referrals has remained consistent in that two thirds of vulnerable adults abused are female. This is consistent with data across Wales.

Referral outcomes show an increase in the number of adult protection plans devised during the POVA process from 378 (out of a possible 422 open cases) in 2009/10 to 344 (out of a possible 344 open cases) in 2010/11 and 231 (out of a possible 334 open cases) in 2011/12. Why the drop.

There was an overall proportionate increase in the number of referrals where “the risk was removed” or “the risk was reduced/improved safeguards to client/property” from 354 (out of possible 422 – 87%) in 2009/10 to 312 (out of possible 344 – 90.1%) in 2010/11 and 292 (out of possible 334 – 90.7%) in 2011/12.

#### 4.13 AAPC ACTION PLAN FOR 2011/12

Whilst the committee shadowed the Gwent Wide Adult Safeguarding Board, it continued to progress its strategic themes of whole community engagement; partnership working; quality and monitoring; safeguarding leads; risk and information, through a small action plan in 2011/12. This action plan can be viewed Appendix A. The committee has also contributed to the Gwent Wide Adult Safeguarding Board as described in section 2.1.

### 5 CLOSING REMARKS FROM THE CHAIR OF THE CAERPHILLY AAPC- Mr Albert Heaney

The Caerphilly Area Adult Protection Committee has now concluded its work having made the decision to join the regional Forum. The Gwent Wide Safeguarding Adults Board now includes strong representation from three of the agencies that were members of the Caerphilly AAPC and remain committed to evaluating, challenging and developing practice to ensure that a proactive approach is utilized in the protection of vulnerable adults.

**APPENDIX A - ACTION PLAN 2011/12**

STRATEGIC THEME	ISSUE	ACTION	LEAD PERSON	TARGET DATE	PROGRESS OUTCOME	Status Not started Ongoing Completed
Whole Community Engagement	Raise awareness with the general public	Awareness raising event to be held to mark International Elder Abuse Awareness Day	CCBC	15 <sup>th</sup> June 2011	Very successful Caerphilly AAPC event in Caerphilly town centre	<b>Completed</b>
	To ensure agencies link in with communities to raise awareness of POVA issues.	Raise awareness at PACT meetings and other public consultation groups.	CCBC & ABHB		Focused on other awareness raising activities	<b>Not started</b>
Partnership working	To continue contributing to partnership working, joint training and joint investigation.	Participating in joint training is on the strategy agency plans for 2011/12.	A Giordano & A Neville	September 2011	Joint facilitation started January 2012	<b>Completed</b>
Quality and monitoring	Recommendations received from two SCR completed in 2010 highlighting need for improvements.	AAPC will consider progress and outcomes in relation to two action plans.			Committee has considered the action plans and concluded them	<b>Completed</b>
	AAPC wish to improve quality in care homes across borough using its PPM protocol and quality fees pilot.	AAPC will consider outcome of quality fees pilot	V Daye		Presentation made to committee on 25/11/11. Discussion regarding a range of improvement activities underway. PPMP reviewed Nov 2011 and due again in may 2012 in light of lessons learned following termination of care contract. Workshop held with providers 2011	<b>Completed</b>

STRATEGIC THEME	ISSUE	ACTION	LEAD PERSON	TARGET DATE	PROGRESS OUTCOME	Status Not started Ongoing Completed
	Review of the outcomes of the investigations	Develop audit tool and present results to AAPC	PRG		PRG evaluated the quality of investigations	<b>Ongoing</b>
Safeguarding Leads	AAPC will consider impact of ISA vetting and barring scheme revisions on receipt of guidance,	Ensure safeguarding leads are identified and trained.	Detective Superintendent / Detective Inspector (Police POVA team)		<b>No further directions issued by ISA</b>	<b>Ongoing</b>
Risk	Revisions possible reduction of breadth and depth of ISA vetting and barring.	AAPC will consider impact of ISA vetting and barring scheme revisions when final guidance provided			<b>No further directions issued by ISA</b>	<b>Ongoing</b>
Information	Ensure AAPC members are clear on their role and function.	Develop members information pack for caerphilly or Gwent wide AAPC			Were awaiting new administration then joining GWASB action closed	<b>Not applicable</b>

**APPENDIX B – WG PVA2 RETURN FOR 2011/12**

	Male		Female		Total	
	18-64	65 and over	18-64	65 and over	18-64	65 and over
Total Number of Victims	46	49	84	155	130	204
Of these, the number who have a record of actual/previous abuse	15	35	20	51	35	86

	Male	Female	Unknown	Total	V1
Total Number of Perpetrators	157	136	51	344	✓
Of these, the number who have a record of actual/previous abuse	45	12	0	57	✓

	1
	Total
Total number of referrals received during the year	367

<b>Source of First Referral</b>	<b>2011-12</b>	<b>2006/07</b>	<b>v1</b>	<b>v2</b>	<b>Comment</b>
Alleged victim	19		✓		
Relative / friend	25		✓		
SSD Care Manager	50		✓		
SSD provider	25		✓		
Police	49		✓		
Health, hospital	17		✓		
Ambulance service	8		✓		
Health, primary/community/LHB	19		✓		
Housing	16		✓		
Care regulator (CSSIW or HIW)	1		✓		
Provider agency (non SSD)	83		✓		
Advocate	8		✓		
Dept. Work & Pensions (Benefits Agency)	0		✓		
Education (school + FE)	3		✓		
Other	11		✓		SS employees e.g. finance and commissioning teams
<b>Total</b>	<b>334</b>		<b>✓</b>		

**Total**  
**2011-**

<b>Case Status</b>	<b>2011-12</b>	<b>2006/07</b>	<b>v1</b>	<b>v2</b>	<b>Comment</b>
Open / Active	168		✓		
Open, review only	95		✓		
Closed	36		✓		
Not previously known	15		✓		
Other County	20		✓		
<b>Total</b>	<b>334</b>		<b>✓</b>		

**Total**  
**2011-**

<b>Attended Strategy Meeting</b>	<b>2011-12</b>	<b>2006/07</b>	<b>v1</b>	<b>v2</b>	<b>Comment</b>
No meeting	48		✓		23 client decides no further action, 4 no further action/no further POVA concerns, 21 straight to investigation without a meeting.
SSD (Care manager)	206		✓		

SSD (contracts)	90		✓		
SSD (provider)	43		✓		
Health, hospital	12		✓		
Health, primary/community/LHB	69		✓		
Police	116		✓		
Housing	17		✓		
Regulator(s)/Inspector(s) CSSIW/HIW	13		✓		
Provider agency	141		✓		
Dept. Work & Pensions (Benefits Agency)	0		✓		
Advocate	30		✓		
Independent Mental Capacity Advocate (statutory)	8		✓		
Education/Further Education	1		✓		
Other	42		✓		E.g. SS Finance team, OTs, probation.
<b>Total</b>	<b>836</b>		<b>✓</b>		

Ethnic Group	2011-				Comment
	12	2006/07	v1	v2	
White British	245		✓		
White Irish	0		✓		
Any other White background	79		✓		
White and Black Caribbean	0		✓		
White and Black African	0		✓		
White and Asian	0		✓		
Any other mixed background	1		✓		
Indian	0		✓		
Pakistani	0		✓		
Bangladeshi	0		✓		
Any other Asian background	2		✓		
Caribbean	0		✓		
African	0		✓		
Any other Black background	0		✓		
Chinese	0		✓		
Other	0		✓		
Ethnic origin not known	7		✓		

Refused information	0		✓	
Total	334	0	✓	


Table Below ↓

**18-64**

**65 and over**

**2011-**

**Main category of vulnerability**

**Gender**    **12**    **2006/07**    **v1**    **v2**

**2011-12**    **2006/07**    **v1**    **v2**    **Comment**

Older person	Male				
	Female				
Elderly Mentally Infirm	Male				
	Female				
Physical disability	Male	12		✓	
	Female	25		✓	
Learning disability	Male	25		✓	
	Female	29		✓	
Mental health problems	Male	6		✓	
	Female	24		✓	
Visual impairment/Blind/Partially sighted	Male	0		✓	
	Female	0		✓	
Hearing impairment/deaf	Male	0		✓	
	Female	0		✓	
Substance misuse problems	Male	3		✓	
	Female	6		✓	
Other	Male	0		✓	
	Female	0		✓	
Total	Male	46		✓	
	Female	84		✓	

29		✓		
92		✓		
12		✓		
49		✓		
1		✓		
0		✓		
2		✓		
3		✓		
3		✓		
7		✓		
1		✓		
4		✓		
0		✓		
0		✓		
1		✓		
0		✓		
0		✓		
0		✓		
49		✓		
155		✓		

**Total**

**2011-**

**Normal place of residence**

**12**    **2006/07**    **v1**    **v2**

**Comment**

Own home in the community	166		✓	
Relative's home	17		✓	
Sheltered accommodation (warden)	17		✓	
Supported tenancy	34		✓	




Adult placement scheme	0		✓	✓	
Care home - nursing	35		✓	✓	
Care home - residential	52		✓	✓	
Hospital, NHS	1		✓	✓	
Hospital, Independent	11		✓	✓	
Hospice	0		✓	✓	
Other	1		✓	✓	
Total	334		✓	✓	

Place alleged abuse occurred	Total 2011- 12 2006/07 v1 v2				Comment
	12	2006/07	v1	v2	
Own home in the community	146		✓	✓	
Relative's home	2		✓	✓	
Sheltered accommodation (warden)	17		✓	✓	
Supported tenancy	28		✓	✓	
Care home - residential place	52		✓	✓	
Care home - nursing place	30		✓	✓	
Care homes - respite place	8		✓	✓	
Hospital, NHS	8		✓	✓	
Hospital, Independent	12		✓	✓	
NHS Trust Group Home	0		✓	✓	
Hospice	0		✓	✓	
Home of alleged perpetrator	8		✓	✓	
Day Care	3		✓	✓	
Education establishment	3		✓	✓	
Public place	11		✓	✓	
Other	6		✓	✓	E.g. transport, adult placement home, extra care scheme
Total	334		✓	✓	

Table Below ↓

Type(s) of Abuse suffered by Victim	Gender	18-64 2011-				65 and over				Comment
		12	2006/07	v1	v2	2011-12	2006/07	v1	v2	
Physical	Male	19		✓		7		✓		
	Female	43		✓		42		✓		
Sexual	Male	5		✓		0		✓		
	Female	6		✓		6		✓		
Emotional/psychological	Male	7		✓		7		✓		
	Female	15		✓		15		✓		
Financial	Male	7		✓		23		✓		
	Female	13		✓		29		✓		
Neglect	Male	8		✓		12		✓		
	Female	7		✓		63		✓		
Total	Male	46		✓		49		✓		
	Female	84		✓		155		✓		

Person(s) Alleged Responsible for Abuse	Gender	Total 2011-				Comment
		12	2006/07	v1	v2	
NHS Staff	Male	2		✓		
	Female	3		✓		
	Unknown	8		✓		
Independent Sector staff	Male	28		✓		
	Female	56		✓		
	Unknown	32		✓		
Social Care staff	Male	4		✓		
	Female	20		✓		
	Unknown	3		✓		
Direct payment of ILF employee	Male	0		✓		
	Female	0		✓		
	Unknown	0		✓		
Volunteer / Unpaid staff	Male	2		✓		
	Female	0		✓		

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	Unknown	0		✓	
Other Service User	Male	17		✓	
	Female	16		✓	
	Unknown	0		✓	
Relative - husband or wife or partner	Male	21		✓	
	Female	4		✓	
	Unknown	0		✓	
Relative - son / daughter / in-law	Male	35		✓	
	Female	10		✓	
	Unknown	0		✓	
Relative - parent	Male	5		✓	
	Female	9		✓	
	Unknown	0		✓	
Relative - other (please specify)	Male	25		✓	Grandson 12, Nephew 5, Previous Husband 1, Previous Partner 3, Step Father 3, Uncle 1
	Female	7		✓	Granddaughter 4, Niece 2, Sister 1
	Unknown	0		✓	
Friend or acquaintance	Male	12		✓	
	Female	7		✓	
	Unknown	0		✓	
Neighbour	Male	2		✓	
	Female	3		✓	
	Unknown	0		✓	
Person unknown	Male	1		✓	
	Female	0		✓	
	Unknown	8		✓	
Other	Male	3		✓	1 Granddaughter's partner, 1 daughter's boyfriend, 1 police officer
	Female	1		✓	1 private cleaner
	Unknown	0		✓	
Total	Male	157		✓	
	Female	136		✓	
	Unknown	51		✓	

Type(s) of Investigation	2011-				Comment
	12	2006/07	v1	v2	
Not investigated	155		✓	✓	Eg s/u withdraws consent, incident witnessed and s/u on s/u incident
Social Services only	23		✓	✓	
Police only	93		✓	✓	
Regulator/Inspector only	0		✓	✓	
Health, LHB only	7		✓	✓	
Health, NHS trust only	1		✓	✓	
Provider only	35		✓	✓	
Other	12		✓	✓	
SS and Police	3		✓	✓	
SS and Regulator/Inspection	1		✓	✓	
SS, Police and Regulator/Inspection	0		✓	✓	
Police and Regulator/Inspection	0		✓	✓	
Health and SS	4		✓	✓	
Total	334		✓	✓	

Outcomes for alleged victim	Gender	2011-				2011-				Comment
		12	2006/07	v1	v2	12	2006/07	v1	v2	
Not applicable	Male	2		✓	✓	2		✓	✓	
	Female	1		✓	✓	6		✓	✓	
Risk removed	Male	7		✓	✓	20		✓	✓	
	Female	8		✓	✓	50		✓	✓	
Risk reduced/improved safeguards to client/property	Male	33		✓	✓	22		✓	✓	
	Female	61		✓	✓	91		✓	✓	
Adult Protection Plan	Male	35		✓	✓	31		✓	✓	
	Female	53		✓	✓	112		✓	✓	
Increased monitoring by care manager	Male	18		✓	✓	15		✓	✓	
	Female	35		✓	✓	47		✓	✓	
Provider support	Male	5		✓	✓	4		✓	✓	
	Female	6		✓	✓	18		✓	✓	
Referred for counselling	Male	1		✓	✓	0		✓	✓	
	Female	3		✓	✓	0		✓	✓	

Referred to Victim support	Male	1		✓		0		✓		
	Female	1		✓		0		✓		
Meeting other victims	Male	0		✓		0		✓		
	Female	0		✓		0		✓		
Preparation for court	Male	1		✓		0		✓		
	Female	0		✓		0		✓		
Application for criminal injuries compensation	Male	1		✓		0		✓		
	Female	0		✓		0		✓		
Alleged victim changed accommodation	Male	4		✓		2		✓		
	Female	8		✓		11		✓		
Other Additional services	Male	1		✓		0		✓		
	Female	4		✓		2		✓		
No Action	Male	0		✓		0		✓		
	Female	0		✓		2		✓		
Action refused by alleged victim	Male	4		✓		6		✓		
	Female	18		✓		13		✓		
Other	Male	6		✓		9		✓		E.g immediate safeguards at strat discussion home visit for feedback and client deceased
	Female	14		✓		25		✓		E.g immediate safeguards at strat discussion home visit for feedback and client deceased
Total	Male	119		✓		111		✓		
	Female	212		✓		377		✓		

<b>Outcomes for Person alleged responsible</b>	<b>Total 2011- 12</b>	<b>2006/07</b>	<b>v1</b>	<b>v2</b>
Not applicable	23		✓	
Exonerated	0		✓	
Resigned / Left	9		✓	

<b>Comment</b>

Extra training	41		✓	✓
Extra supervision	29		✓	✓
Disciplinary	23		✓	✓
Redeployed	2		✓	✓
Dismissed	25		✓	✓
Prosecution	11		✓	✓
Police Caution	6		✓	✓
Referred for POVA listing	9		✓	✓
Complaint to professional body	0		✓	✓
Extra help (if Carer)	7		✓	✓
Case conference (if Service user)	5		✓	✓
No action	158		✓	✓
Other	34		✓	✓
<b>Total</b>	<b>382</b>		<b>✓</b>	<b>✓</b>

Eg no individual identified, complex risk assessment, increased monitoring

**Total  
2011-  
12 2006/07 v1 v2**

**Outcomes for service provider**

Not applicable	150		✓	✓
Increased monitoring	17		✓	✓
Notice under Care Standards Act 2000	0		✓	✓
Prosecution under Care Standards Act 2000	0		✓	✓
Variation of registration under Care Standards Act 2000	0		✓	✓
No action	131		✓	✓
Revised policies	35		✓	✓
Other	11		✓	✓
<b>Total</b>	<b>344</b>		<b>✓</b>	<b>✓</b>

**Comment**

Eg. Professionals meeting to discuss issues and provider performance p

**Total  
2011-  
12 2006/07 v1 v2**

**Outcomes for service purchaser**

Not applicable	149		✓	✓
Improved monitoring	15		✓	✓
Improved safeguards	0		✓	✓
Suspend placement	0		✓	✓
Revise contract / specification	0		✓	✓

**Comment**


Change provider	0		√	
Inform other purchasers	0		√	
Serious case review	0		√	
No action	170		√	
Other	0		√	
Total	334		√	
