

Monkey BUSINESS

Issue 3
Winter 2005/06

The Newsletter of Bradford District Adult Protection Unit

YOU ASKED FOR IT – NOW HERE IT IS!

Dear Readers

It has been five years since the first meeting which eventually led to setting up this Unit, and a great deal of effective adult protection work has taken place since then.

One of the first tasks was to produce the multi-agency adult protection procedures - a large white binder, distinguishable perhaps from other bulky files in your offices by our 'three monkeys' logo. It contains everything you need to know about the subject, but some of you are apparently put off by its sheer size!

Since its production we have often been asked: "Can you give us a short guide to the procedures?", and now we can answer: "Yes!". This issue of **MONKEY BUSINESS** contains an extra pullout section which illustrates who is responsible for what actions. It is no substitute for the full instructions, but we hope it helps to guide you through the stages.

We have also found that our readers feel 'real life' case studies are very useful to demonstrate good practice when dealing with cases of alleged abuse, and have included four of them within. Finally, there is a Glossary section, which explains various terms often referred to in adult protection work.

Ruth Ingram,
Adult Protection Co-ordinator

LATEST REPORT OUT NOW!



Contact the Adult Protection
Unit for your copy of the
Annual Report

DID YOU KNOW?

FACT The Bradford District Adult Protection Unit received 475 referrals between April 2004 and March 2005

FACT Physical abuse was the most frequently reported type of abuse

FACT 22% of alleged victims were people with learning disabilities

FACT 'Own home' settings counted for 178 cases of alleged abuse

FACT 'Staff' accounted for 137 of the alleged perpetrators

In this issue...

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Easy guide pullout



Notice!



Listen!



Speak Out!

PERSONNEL CHANGES IN THE TEAM

A warm welcome is extended to Bernadette, who joins the Unit as an Assistant Adult Protection Co-ordinator working alongside Lesley.

Her main role is to work with other organisations, such as Health, Commission for Social Care Inspection, Police and advocacy - to achieve positive outcomes which empower individuals to live their lives free from abuse.

Bernadette has worked mainly with older people in a variety of settings and roles since the early 1980s. She later became an Approved Social Worker (Mental Health Act 1983). These roles afforded her an opportunity to work with people who have mental health issues.



Bernadette came to appreciate the adverse effects of their illness which made them particularly vulnerable to abuse. Each of those people is an individual with their own views, dreams, needs and challenges. Adult protection is about working with them to affect a positive change to live safe from abuse.

Bernadette believes that these positive changes can be more easily achieved when all agencies and organisations involved in the care of a person work together, and when the views and needs of the service user are central to the process.

We are also pleased to welcome Becky and Susan, who have joined our administration team.

Finally, we would like to say a big 'thank you' to Sally, who has returned to the Workforce Development Unit and continues to care for adult protection-related training; also to Tahir, who has finished his secondment with us and moved on to do social work training.

HELP BRADFORD FIGHT INJUSTICE

● **A Domestic Violence Campaign** across the district was launched in November. Look out for these posters and stickers on buses, on bus tickets and in other public places.



As Monkey Business knows, some people who are experiencing domestic violence will not be able to read or understand this poster. If so, you could explain it to them.

● **Hate Crime Campaign** - West Yorkshire Police has joined the national True Vision campaign which aims to raise awareness of hate crime, including racist, homophobic and transphobic incidents and those involving disability and faith.



True Vision encourages victims and other people affected by hate crime to notify the authorities about incidents and seek advice. To find out more and/or report an incident, visit:

www.report-it.org.uk

GET TO KNOW YOUR PROCEDURES

- The aim of the adult protection procedures is to stop abuse or neglect that is already happening and prevent it happening again.
- The result should be that the ‘victim’ lives a safer and more independent life.
- Every person who is being abused is different and their situation is unique.
- The best protection plans are based on a very good understanding of the abuse, what is happening, who is causing it and why. Finding these things out is called the Adult Protection Risk Assessment.
- There are usually several organisations that can help find out what has been happening and help keep a person safe.
- In the Bradford District there are people called Adult Protection Risk Assessment Co-ordinators (APRACs) who co-ordinate how organisations work together.
- The procedures are a pathway for organisations to follow so that they work well together.
- They have seven steps - see the Easy Guide in this issue, and there is also a glossary of terms on the back page.
- There are 4 main types of adult protection situation. The law and the organisations which can help are different in each situation.

<p>Situation 1</p> <p>A person with mental capacity is abused or neglected in their own home by a relative, friend, partner or stranger.</p>	<p>Situation 3</p> <p>A person with mental capacity is abused or neglected in their own home or a care setting by a member of staff or volunteer.</p>
<p>Situation 2</p> <p>A person without mental capacity is abused or neglected in their own home by a relative, friend, partner or stranger.</p>	<p>Situation 4</p> <p>A person without mental capacity is abused or neglected in their own home or a care setting by a member of staff or volunteer.</p>

GOOD PRACTICE EXAMPLE: FATIMA'S STORY

Situation 1: adult with capacity, in own home, alleged abuse by informal carer

Alert	<p>Fatima is 23, has a learning disability and lives with her brother Tariq and his wife. She works part-time packing shelves in Tariq's friend's shop and Tariq looks after her money. She also attends art classes at college. Fatima has missed a few sessions and her tutor, Barry, rings her to find out if she is OK.</p> <p>She explains she could not get there as she has no money for bus fare and no credit on her mobile. Her brother's friends had 'borrowed' all of her money this week and never paid it back. It isn't the first time. They also used her phone. Fatima tried to talk to her brother about this but he shouted at her, called her stupid and slapped her. He told her he would throw her out if she didn't stop showing him up in front of his friends.</p> <p>Barry assures Fatima she has done the right thing telling him. He explains to her that he would like to help but knows there are other people who have more information about her options. Fatima agrees that Barry can contact the APRAC in the Learning Disabilities team.</p>
Referral	<p>Barry telephones the Community Team for Learning Disabilities (CTLD).</p>
Decision	<p>The APRAC decides this situation is covered by the procedures.</p>
Strategy	<p>The APRAC agrees an interim protection plan with Barry. Barry will phone Fatima every day until the risk assessment is complete.</p> <p>The APRAC asks Kim (a social worker) to arrange a meeting with Fatima so that she can find out from her what has been happening. Barry agrees to provide a room in college for them to talk privately.</p>
Risk Assessment	<p>Fatima tells Kim that she is scared of Tariq now. His friends visit at least twice a week, costing her at least £30. He won't let her go out with her own friends or go shopping when she wants to.</p>
Protection Plan	<p>Kim discusses different options with Fatima. Would she like to challenge her brother and/or his friends if someone was with her? Does she know their behaviour is illegal? Does she want to report it to the police? Does she want to apply for a restraining order? Would she see a solicitor to be put in control of her finances? Would she like to move out?</p> <p>Fatima decides she wants to talk to her brother with support but does not want police involved. She wants to move out to supported accommodation and have her own money. Kim tells her that this can happen but it will take a few weeks. Fatima can choose to stay in a women's refuge or stay at Tariq's until things are sorted. She says she wants to stay. Kim gives her the police contact number and contact details of a safe place to stay, in case she changes her mind or things get worse. Kim has brought her some phone cards to hide in a safe place.</p>
Review	<p>Tariq was angry when Kim and Fatima spoke with him but he stopped his friends taking her money and in the end helped her plan to move out. After an assessment from CTLD she moved to supported living accommodation. She is very happy and has new friends from the flats.</p>

GOOD PRACTICE EXAMPLE: PAUL'S STORY

Situation 2: adult without capacity, in own home, alleged abuse by informal carer

<p>Alert</p>	<p>Paul is 22 and lives with his mum Fiona. Her partner Gary has also been living with them for three years. Two years ago Paul suffered traumatic brain injury in a car accident. It is likely that he will receive a large compensation payment within the next year. Paul uses a wheelchair and has little control of his arm and hand movements. He cannot understand speech any more. He needs help with personal hygiene and dressing.</p> <p>Paul has twice-weekly visits from Lynn, a physiotherapist. Lynn is worried. Paul is often not washed when she visits, he is wearing dirty clothes and on two occasions he has been soiled. He is losing the ability to sit up. Lynn suspects he has been sleeping in his wheelchair and is at risk of developing pressure sores.</p> <p>Lynn discusses Paul with her manager and they decide that he is being neglected.</p>
<p>Referral</p>	<p>Lynn's manager asks her to make an adult protection referral to the Physical Disabilities team (PD).</p>
<p>Decision</p>	<p>The APRAC decides this situation is covered by the procedures.</p>
<p>Strategy</p>	<p>The APRAC telephones the day clinic which Paul is supposed to attend and finds he has not been for several weeks.</p> <p>Lynn agrees to ask Paul's GP to visit that day, and the APRAC asks a social worker to visit Paul and Fiona with Lynn.</p>
<p>Risk Assessment</p>	<p>The GP finds that Paul is developing a pressure sore and is dehydrated. He recommends that he is admitted to a nursing home or hospital that day.</p> <p>Lynn and the social worker tell Fiona that they can see Paul is not getting the care he needs. Fiona becomes very emotional and tells them that, since Paul came back from hospital, Gary has stopped coming home so often. When he is there, he is moody and once hit Paul when Paul was having a fit. Gary has sold the washing machine and Paul's bed to help with his own debt. Fiona feels tired all the time, can't sleep and knows she isn't looking after Paul properly.</p>
<p>Protection Plan</p>	<p>The protection plan is for Fiona and Paul.</p> <p>A Women's Aid outreach worker supports Fiona to see a solicitor. She decides to ask Gary to leave. She knows how to contact the police if he becomes violent. The social worker arranges for Paul to stay at a nursing home for two weeks. With health care colleagues, the social worker carries out an assessment of Paul's needs and a carer's assessment.</p>
<p>Review</p>	<p>Paul has returned home. Until the compensation is settled, he receives direct payments which Fiona manages. She employs personal assistants for Paul. They help with all the daily tasks and help Paul get out to the clinic and to activities he enjoys. Gary has stayed away.</p>

GOOD PRACTICE EXAMPLE: MR KMITA'S STORY

Situation 3: adult/s with capacity, alleged abuse by staff/organisation

<p>Alert</p>	<p>Mr Kmita is 71 and lives in his own home. He is very frail and finds he does not have the energy to go out or do his housework. He is hard of hearing. Home care staff visit him to help him get up and go to bed. They also collect his pension and do the weekly shop. He has noticed that since Kelly started he does not get as much change from the shopping. He thinks £20 was taken from his wallet. When he asked Kelly if he could see the receipt from the shopping she said she had lost it. At his weekly visit to the Polish club his daughter's friend took him to one side and asked if he had had any trouble from Kelly. The friend had heard that she had been sacked from her job in a shop for stealing.</p> <p>Mr Kmita decided to write to the home care manager who came to visit him. The manager explained that he must pass this information to Social Services and the Commission for Social Care Inspection (CSCI), as other service users may be at risk too. He asks if Mr Kmita would be willing to see the police and he agrees, as long as the manager makes sure Kelly doesn't come back to his house. The manager phones the police from Mr Kmita's house and gets their log number. He tells Mr Kmita that the police have agreed to come tomorrow morning.</p>
<p>Referral</p>	<p>Home care manager makes a referral to the duty APRAC in the Adult Protection Unit and informs CSCI.</p>
<p>Decision</p>	<p>The APRAC agrees this situation is covered by the procedures.</p>
<p>Strategy</p>	<p>Interim Protection Plan: Kelly is suspended from her job on full pay. She is told she must not make contact with any service users. She is referred to the Protection of Vulnerable Adults (POVA) list on a provisional basis.</p> <p>Strategy: The police visit Mr Kmita. The home care manager will check his records to find if there have been any similar complaints and, if there have, the police will investigate those too.</p>
<p>Risk Assessment</p>	<p>The manager finds that two other service users have made complaints that money has gone missing but because of memory loss have not been able to be specific. Kelly has worked with both of them.</p> <p>The police take details of those complaints and interview Kelly under caution. She admits to buying things for herself from his shopping money and taking the £20. She denies taking money from the others. Mr Kmita is worried that Kelly will be angry with him for reporting her and may cause trouble.</p>
<p>Protection Plan</p>	<p>Kelly is dismissed from her employment and the update is passed to POVA. She is registered as being unsuitable to work with vulnerable people. The crime is recorded as detected and Kelly is cautioned. Age Concern recommend a handyperson who changes Mr Kmita's locks. The home care manager visits Mr Kmita to thank him and to tell him how it has been resolved.</p>
<p>Review</p>	<p>Kelly has not caused any problems for Mr Kmita and he is happy with his current home care workers.</p>

GOOD PRACTICE EXAMPLE: MRS HEARN'S STORY

Situation 4: adult/s without capacity, alleged abuse by staff/organisation

<p>Alert</p>	<p>Mrs Hearn is 82 and lives in a care home. She has dementia and can no longer understand ordinary conversation as she has forgotten the words people use, but she can understand choices about food and drink and can express her preferences. She can tell when she needs to go to the toilet and can press a buzzer to call staff. The home is very short of staff. Those that are there complain they are not paid enough. Staff do not always come when she presses the buzzer.</p> <p>Prudence is an agency nurse. She has twice found Mrs Hearn left sitting in wet cold clothes. She has also found another resident left lying on the floor by night staff for up to four hours.</p>
<p>Referral</p>	<p>A woman who wants to be anonymous tells the Commission for Social Care Inspection (CSCI) about Mrs Hearn and the staffing levels. CSCI make a referral to the Adult Protection Unit.</p>
<p>Decision</p>	<p>The APRAC agrees this situation is covered by the procedures.</p>
<p>Strategy</p>	<p>Interim protection plan: CSCI carry out an unannounced inspection to investigate the complaint. They find Mrs Hearn is in bed with an infection and a pressure sore area. The inspector calls the GP who admits Mrs Hearn to hospital.</p> <p>The APRAC organises a strategy meeting involving CSCI, Social Services Commissioning team (who contract places for residents paid by social services), the district nurse team who visit the home, and social work team managers. Commissioning team have received a complaint from a relative about staff not taking time to feed his mother. The nurses are worried because instructions they leave for patient care are not followed.</p>
<p>Risk Assessment</p>	<p>The CSCI inspection found that staffing levels do not meet care standards. They meet with the proprietor and home manager to state the requirement and explain that there will be an adult protection process.</p> <p>Commissioning services and the district nurse team work decide who are the most vulnerable residents. Social workers and district nurses carry out reviews of every resident and contact their relatives/advocates. Care plans are poor but, if staffing improves, no one else is at immediate risk.</p>
<p>Protection Plan</p>	<p>CSCI issue a section 47 notice requiring the home to ensure adequate staffing levels. Social services indicate that, if staffing levels are not immediately rectified, then they will have no choice but to find alternative placements for residents. The proprietor agrees that the manager can increase staffing levels. The manager reviews all residents' care plans and makes them easily understandable to care staff. All relatives are given contact numbers for CSCI and a social worker so that they can report any concerns not resolved by the home.</p>
<p>Review</p>	<p>The care of all residents is reviewed by social services and a nurse (if appropriate) with relatives after six months. CSCI carry out unannounced inspection. All basic care needs are being met .but recommendations are made about residents' activities and diet. Another review meeting is set.</p>

GLOSSARY OF TERMS

The following acronyms are often used by people involved in adult protection work, and we hope this will help you to understand them.

A – Alerter

AP – Alleged Perpetrator

APC – Adult Protection Committee

APRAC – Adult Protection Risk Assessment Co-ordinator

APU – Adult Protection Unit

ASBO – Anti-Social Behaviour Order

ASW – Approved Social Worker

AV – Alleged Victim

BDCT – Bradford District Care Trust

CMHT – Community Mental Health Team

CPU – Child Protection Unit

CRB – Criminal Records Bureau

CSCI – Commission for Social Care Inspection

CTLD – Community Learning Disabilities team

DN – District Nurse

DV – Domestic Violence

MAPPA – Multi-Agency Public Protection Arrangements

PCT – Primary Care Trust

PD – Physical Disability team

POA – Power of Attorney

POVA – Protection of Vulnerable Adults register

SCM – Senior Care Manager

SW – Social worker

VVC – Vulnerable Victim Co-ordinator

WYP – West Yorkshire Police

HAVE YOU HEARD ABOUT?



National Standards is the title of an advisory document launched at the Association of Directors of Social Services conference in October. It sets out 'a national framework of standards for good practice and outcomes in adult protection

work. Bradford District's Adult Protection Unit played an important role in its production and the Adult Protection Committee will be using it as the benchmark for our work. Committees in other areas will be doing the same. 'Safeguarding Adults' has been described as the most pivotal step for work in adult protection since 'No Secrets'. Copies can be obtained via the ADSS website: www.adss.org.uk.

Partnerships and Regulation in Adult Protection research is a three year national study commissioned by the Department of Health within the Modernisation of Adult Social Care programme. The research looks at the ways that agencies work together in adult protection and how that process works within different units around the country. Various people within our district have been interviewed to get their views on adult protection guidelines. Findings of the research will be presented to the Adult Protection Committee early next year and later to the Department of Health.

MONKEY BUSINESS is the newsletter of the Bradford District Adult Protection Unit.

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