

SAFEGUARDING ADULTS

A Multi-Agency Policy for the Protection of Vulnerable Adults from Abuse

Devon County Council
Devon & Cornwall Constabulary
NHS Devon

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SAFEGUARDING ADULTS POLICY

Introduction

This policy sets out a multi-disciplinary framework in accordance with the Department of Health publication *"No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse"* (March 2000). This guidance builds on the Government's respect for human rights and results from its firm intention to close a significant gap in the delivery of those rights alongside the coming into force of the Human Rights Act 1998.

In addition, we now have 'Safeguarding Adults' published by the Association of Directors of Social Services (ADSS) in October 2005. This introduces 11 standards for all authorities and partner agencies to aspire to in terms of best practice. It also changes some of the language, hence the new policy title of 'Safeguarding Adults'. Whilst we are getting used to the new language you may still see reference to Adult Protection. Safeguarding Adults and Adult Protection may be taken to describe the same process. In time, we will only use 'Safeguarding Adults'.

- This policy describes how organisations should respond if abuse is identified or disclosed.
- All agencies must take account of the fact that abuse of vulnerable adults does occur. It is essential that the response to all allegations must be in line with this policy and guidance.
- This policy was reviewed in August 2006 and will be reviewed again in August 2008. Matters of fact will be updated as changes occur e.g. the title of an organisation or a change in law.
- It will be published on the Adult Protection part of Devon County Council's and Torbay Care Trust's website and will be continuously updated.
- The multi agency safeguarding adults from abuse policy is coordinated by Adult and Community Services in Devon and the Care Trust in Torbay.

Diversity And Equality

All policies, along with the practice guidance, have to be accessible to all members of the community.

An equalities impact assessment will be carried out on the revised Safeguarding Adults Policy, and we will seek feedback from as wide a source of people as possible prior to the policy and guidance being finalised.

Feedback can be given at any time to the Safeguarding Adults Coordinator in your area, and care will be taken to incorporate necessary changes when the policy is next reviewed.

1. Policy Framework

1.1 Context

The Department of Health and Home Office issued the publication *"No Secrets: Guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse"* in March 2000.

This policy document adheres to the content of *"No Secrets" and is working towards achieving the 11 standards set out in the ADSS document 'Safeguarding Adults'*

1.2 Aims

- To provide a framework for statutory agencies and those in the private and voluntary sectors to work together preventatively and in partnership in order to improve and modernise the quality of service delivery to vulnerable adults, their carers and local communities. (See *"No Secrets"* - Section 1.3)
- To provide guidance to local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. (See *"No Secrets"* - Section 1.5)
- The primary aim for all agencies shall be to prevent abuse. Where preventative strategies fail, agencies should ensure that robust procedures are in place for dealing with incidents of abuse. (See *"No Secrets"* - Section 1.2 and Health and Local Authority Circulars HSC 2000/07: LAC [2000] 7, and 'Safeguarding Adults, ADSS October 2006

1.3 Objectives

- To work in a preventative manner to protect vulnerable adults from being abused.
- To respond sensitively and coherently to reported incidents of self-neglect and abuse in a consistent manner, in accordance with this policy.
- To co-ordinate action and services in order to best protect and assist vulnerable adults.
- To ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within the framework of all relevant legislation.
- To ensure that adults identified as vulnerable have a right to confidentiality. In so far as it is consistent with this right, all agencies should seek to share information to ensure the safety and well being of those individuals.

1.4 Standards: 'Safeguarding Adults' (ADSS October 2005)

These are good practice standards. The authors of 'Safeguarding Adults' believe the implementation of these standards in every local area will lead to the development of consistent, high quality adult protection work across the country.

They will be used locally to form the basis of an annual audit for each partner organisation and will form the core of the Safeguarding Board's business plan.

Standard 1

Each local authority has established a multi agency Board to lead 'Safeguarding Adults' work

Standard 2

Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.

Standard 3

The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults Board, and its member organisations.

Standard 4

Each partner agency has a clear, well publicised policy of Zero Tolerance of abuse within the organisation.

Standard 5

The 'Safeguarding Adults' Board oversees a multi agency workforce development/training sub-group. The Board has a workforce development/training strategy and ensures that it is appropriately resourced.

Standard 6

All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.

Standard 7

There is a local multi agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults 'who is or may be eligible for community care services' **and** who may be at risk of abuse or neglect.

Standard 8

Each partner agency has a set of internal guidelines, consistent with the local multi agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.

Standard 9

The multi agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.

Standard 10

The safeguarding procedures are accessible to all adults covered by the policy.

Standard 11

The Board explicitly includes service users as key partners in all aspects of the work. This includes building service user participation into it's: membership, monitoring, development and implementation of its work; training strategy and planning and implementation of their individual safeguarding assessment and plans.

'Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work, can be found on the Adult Protection website. (www.devon.gov.uk/adult-prot)

2. Defining Who is at Risk

2.1 What is the Definition of a "Vulnerable Adult"? (Also refer to "No Secrets" - Section 2)

This policy relates to adults of 18 years of age or over. Children under the age of 18 years are protected by the Children Act 1989. A person is a "child" until they reach 18 years of age or until they get married.

The broad definition of a "vulnerable adult" is taken from "No Secrets" - Section 2.3 and 'Safeguarding Adults', page 5.

A vulnerable adult is a person *"who is or may be in need of community care services by reason of mental or other disability, age or illness, **and** who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"*. (See "No Secrets" - Section 2.3.)

In addition 'Safeguarding Adults' emphasises the public duty of all agencies to protect the human rights of all citizens in terms of helping people access mainstream services such as the police. It also emphasises that safeguarding work is the responsibility of all agencies and must be effectively linked to other measures such as those for domestic violence which are overseen by the Community Safety Partnership.

The term "community care services" includes all social and health care services provided in any setting or context. (See "No Secrets" - Section 2.4.)

The term "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health. It should also be taken to include the impairment of physical, intellectual, emotional, social or behavioural development. (See "No Secrets" - Section 2.18.)

2.2 What Constitutes Abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. (See "No Secrets" - Section 2.5.)

Abuse can consist of a single act or repeated acts. It may be physical, verbal, or psychological. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (See "No Secrets" - Section 2.6.)

3. The Categories of Abuse (Also refer to "No Secrets" - Section 2.7)

3.1 The following definitions are covered by this policy:

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

Sexual abuse, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation or blaming.

Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care, or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse. This abuse is motivated by discriminatory and oppressive attitudes towards race, gender, cultural background, religion, physical and/or sensory impairment, sexual orientation and age. Discriminatory abuse manifests itself as physical abuse/assault, sexual abuse/assault, financial abuse/theft and the like, neglect and psychological abuse/harassment, including verbal abuse.

Institutional abuse, neglect and poor professional practice. This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. (See "No Secrets" - Sections 6.22 to 6.37.)

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

- 3.2 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time. This makes it important to look beyond the single incident or breach of standards to underlying dynamics and patterns of harm. Some instances of abuse will constitute a criminal offence. In this respect, vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. When complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the Police as a matter of urgency. Criminal investigation by the Police takes priority over all other lines of enquiry.

4. Risks Arising from Self-Neglect or a Person's Own Behaviour or Lifestyle

- 4.1 A vulnerable adult will be considered under this procedure where they are unable to provide adequate care for themselves **and** one or more of the following situations apply:
- They are unable to obtain necessary care to meet their needs.
 - They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury

- They are unable to protect themselves adequately against potential exploitation or abuse.
 - They have refused essential services without which their health and safety needs cannot be met.
- 4.2 Often, the cases which give rise to the most concern are those where a vulnerable adult refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the vulnerable adult has the capacity to make an informed decision, then that person has the right to refuse services.
- 4.3 In these circumstances, agencies must discuss their concerns at a Safeguarding case conference convened under this procedure where information can be shared with the vulnerable adult. Exclusion of the vulnerable adult from this process is to be the exception, and then only with good reason.
- 4.4 Where the vulnerable adult continues to refuse all assistance, this decision, together with any reasons, should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist the vulnerable adult.
- 4.5 Appropriate communication should be forwarded to the vulnerable adult concerned setting out what services were offered and why and the fact of the person's refusal to accept them. This needs to make clear that the person can contact the relevant agency at any time in the future for services. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree.

5. Who Can be the Abuser?

- 5.1 Vulnerable adults can be abused by anybody.
- 5.2 Agencies not only have a responsibility to all vulnerable adults who have been abused but may also have responsibilities in relation to some perpetrators of abuse. The roles, powers and duties of the various agencies in relation to the perpetrator will vary depending on who the latter is. (See "No Secrets" - Section 2.12.)

6. In What Circumstances Can Abuse Occur?

- 6.1 Abuse can take place in any context. (See "No Secrets" - Section 2.14.)
- 6.2 **What degree of abuse justifies intervention** Building on the concept of 'significant harm' introduced in the Children Act 1989, the Law Commission suggested that:

"Harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'." (See "No Secrets" - Section 2.18.)

- 6.3 The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In assessing seriousness, the following factors need to be considered:

- The **vulnerability** of the individual.
- The **nature and extent** of the abuse.
- The **length of time** it has been occurring.
- The **impact** on the individual.
 - and
- The risk of **repeated or increasingly serious** acts involving this or other vulnerable adults. (See "*No Secrets*" - Section 2.19.)

7. Confidentiality and Information Sharing

General

- 7.1 Vulnerable adult enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information. That information must be treated as confidential at all times and staff will be bound by the ethical and statutory codes that cover confidentiality and data protection.
- 7.2 Disclosure of confidential personal information without the consent of the person providing it may take place under circumstances, which must be capable of justification. Problems around the disclosure of information can be avoided if the consent of the individual is obtained, preferably in writing, so long as they have mental capacity.
- 7.3 Disclosure may be necessary in the public interest where a failure to disclose information may expose another to risk of death or serious harm.
- 7.4 All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by evidence.
- 7.5 Concerns may arise within an agency as information comes to light about a person with whom the service is already in contact. Whilst professionals should seek in general to discuss any concerns with the individual and their carers and seek agreement to share the knowledge with other relevant agencies, this should not be done where such discussion and agreement-seeking will jeopardise the safety of the individual.
- 7.6 Information must be adequate, relevant and not excessive in relation to the purpose for which it is held and must be held no longer than is necessary for that purpose.
- 7.7 Each agency is responsible for maintaining their own records on work with vulnerable adult protection cases. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.
- 7.8 **Protocols for Inter-Agency Information Sharing**

7.9 The Devon wide protocol seeks to set out the proper level and line of communication to be adhered to when any partner agency (NHS Trust, CQC, Police, and Social Services) seeks to obtain from another agency confidential information concerning clients and records.

7.10 **The protocols will adhere to the principles within:**

- The Data Protection Act.
- Human Rights Act.
- Existing protocols for Social Services and NHS Trusts and third party disclosure to the Police.
- Police disclosure to Social Services.
- Disclosure by the Police in care proceedings, civil proceedings and matrimonial proceedings.
- Disclosure of videos/statements.
- Caldicott Guardianship Rules.
- Freedom of Information Act

Further guidance can be found in the legal framework

8. Recording Information

8.1 It is essential that clear and accurate records be kept of all contacts and actions relating to cases of abuse. The records may need to be used to hold individuals/agencies to legal account and therefore should be complete.

8.2 It is important that no record breaches the person's individual legal rights.

8.3 All records should be **accurate** and **factual**.

8.4 Each agency should take account of the requirements for the annual policy and service audit (see "*No Secrets*" - Sections 3.18 and 3.19) and ensure that the information recorded for individual cases can be aggregated and reported on.

9. Unlawful Acts

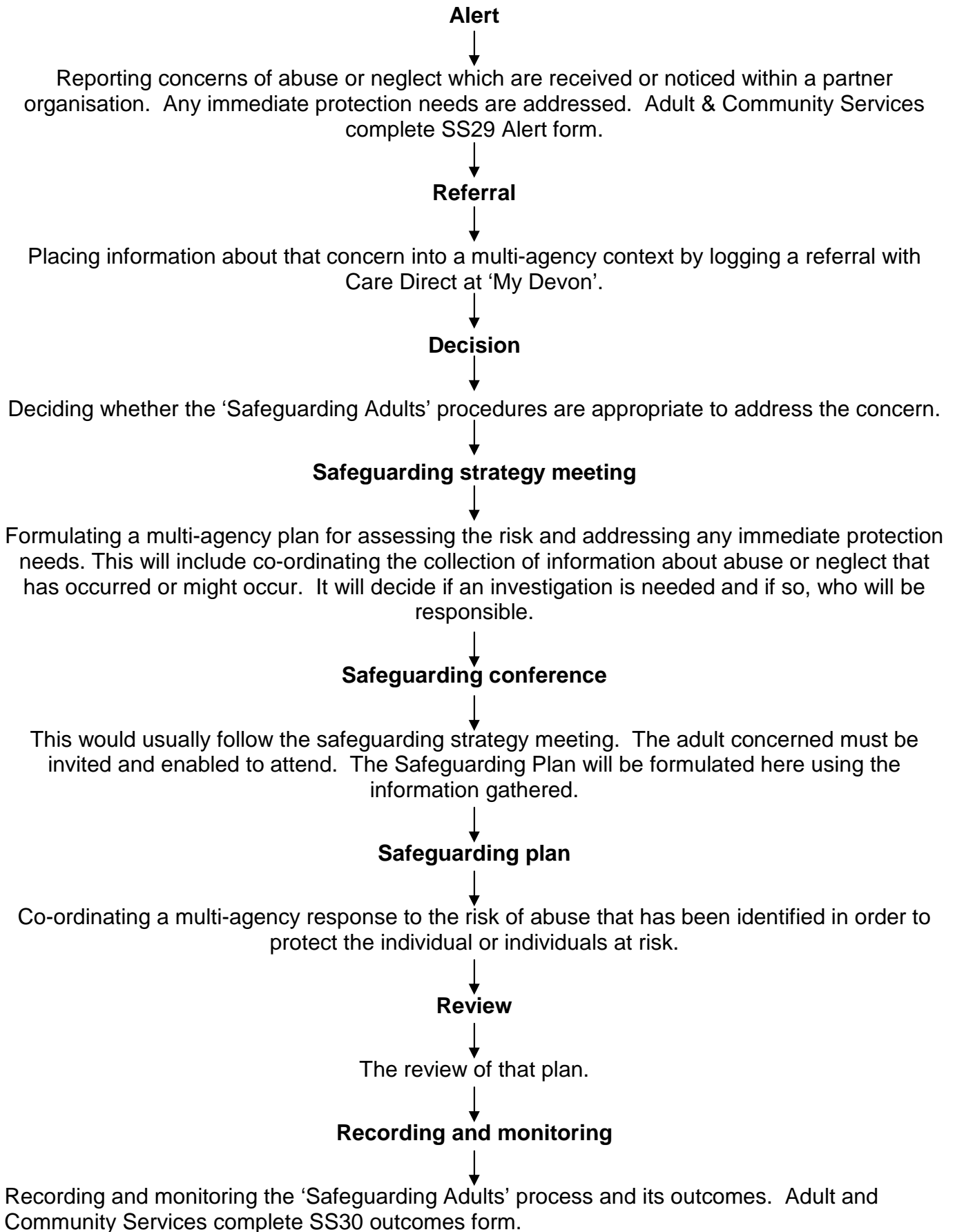
9.1 Unlawful acts can be either a criminal or civil offence. Some instances of abuse will constitute a criminal offence or an unlawful act under civil law. In this respect, vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. Examples of actions which may constitute criminal offences are assaults (whether physical, psychological or sexual) sexual relations without consent, harassment, threats, theft and fraud.

9.2 It is therefore essential that Police involvement should be considered as soon as any allegation or suspicion of abuse is made where there is an indication that a criminal

offence has taken or is likely to take place. In these circumstances, no further investigation should be undertaken without consultation with the Police.

- 9.3 Criminal offences are dealt with by the State - the Police investigate and make the initial decisions whether or not to prosecute. The Crown Prosecution Service then receives the papers from the Police in order to progress the case. The Crown Prosecution Service has to apply two tests - whether there is a realistic prospect of conviction, and if so, whether it is in the public interest to proceed. If it does proceed then the case may be heard in the Magistrates Court or, if it is more serious, in the Crown Court. The Court decides on sentence.
- 9.4 The Police and the Crown Prosecution Service have a number of policies and standards relating to the prosecution of offences, and some of these have some bearing on the prosecution of offences to vulnerable adults.
- 9.5 Alleged criminal offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action rests with the State in the form of the Police and Crown Prosecution Services (private prosecutions are possible, but rare). When complaints about alleged abuse suggest that a criminal offence may have been committed, it is important that reference is made to the Police as a matter of urgency.
- 9.6 The Police will advise on the necessary further action, level of urgency and the process for undertaking any subsequent investigation.
- 9.7 Where the Police conclude that there is no requirement for a formal criminal investigation, the local operational procedures should continue to be followed.

10. Safeguarding Adults Process



11. Roles and responsibilities

11.1 Introduction

The multi-agency policy identifies distinct roles in the protection of adults. It is recommended that all agencies and service providers consistently refer to these roles within their own local/internal operational procedures with the following titles:

- Alerters.
- Investigators
- Responsible Manager for Safeguarding Adults
- Lead Officer for Safeguarding Adults
- Safeguarding Adults Board

Non-statutory services such as residential care homes, supported living providers and domiciliary care agencies need to identify a named individual for Alerter's to report to. This is most likely to be the registered manager in a registered service, but can be a senior member of staff who has been given the Safeguarding Adults role. Non-statutory services do not need to identify Investigators or Lead Officers for Safeguarding Adults. The named individual is responsible for reporting all actual and suspected incidents of abuse to one of the statutory agencies.

11.2 Alerters

Anybody could see abuse taking place, be told about abuse or suspect abuse is occurring. The Alerter's duty is to report this.

Alerters can be anybody - health workers, nurses, domiciliary care staff, social workers, college staff, housing workers, day centre staff, residential and nursing home staff (at any level of seniority), carers or any member of the public.

The Alerter must record their general concerns plus any action taken and pass this to their named Manager for future reference.

The vulnerable adult should be informed of the intention to report this information, where it is safe and appropriate to do so.

12. Responsible Manager

The term 'Responsible Manager' refers to the manager of the team where the referral is received. That person has overall responsibility for ensuring that the correct procedures are followed according to the multi agency policy and practice guidance.

12.1 Responsible Managers are nominated senior staff from the statutory lead agencies

12.2 The Responsible Managers are responsible for ensuring an initial risk assessment is undertaken to identify the level and urgency of risk and response.

- 12.3 They must ensure immediate action to co-ordinate an appropriate response. This may include convening and chairing a Strategy Meeting, either in person, by phone or e-mail, or a multi-agency Safeguarding Adults Case Conference.
- 12.4 Situations may arise where identified risk is low or concerns fall short of an allegation or disclosure. Many of these situations may be resolved between the vulnerable adult and the staff member concerned, with support from the Responsible Manager. Assistance may be required from another agency without escalation to formal safeguarding adult procedures. If further action is required following emergency intervention, or a specific incident or general concern is reported, the Responsible Manager must determine what further action should be taken by their own or another agency. That agency may be required to take further immediate action to ensure the individual is no longer vulnerable or that the risks have been reduced, for example, an emergency placement.
- 12.5 Where the Responsible Manager is contacted or already represents the most appropriate agency, it is their responsibility to ensure that an initial risk assessment is undertaken to identify the seriousness or extent of the abuse.
- 12.6 The lead agency Responsible Manager must then use their agency's risk assessment to determine whether there is any indication that a criminal offence may have been committed. If this is the case, the Police should be contacted immediately. In addition, the Responsible Manager must determine the level of urgency for the convening/co-ordinating of either:
- A Safeguarding Strategy Meeting (within a maximum of five working days)
- or
- A Safeguarding Case Conference.
- 12.7 A record **must** be kept of all contacts and action taken, including telephone conversations.

13. Investigators

- 13.1 **We are not all investigators**, only those identified to do so as a result of a multi-agency Strategy Meeting or Safeguarding Adults Case Conference meeting should undertake investigations.

Ideally, the person identified as the investigator for a particular case should have undertaken the 3 or 4 day specialist training. Their tasks will include collecting and verifying information from files, other agencies, relatives, staff and so on. It may involve interviewing the vulnerable adult, possibly with the police, and other relevant people. They will produce a comprehensive factual report which in most cases will include a risk assessment and some recommendations for action.

14 Lead Officer for Safeguarding Adults

14.1 This is a role that all statutory agencies should identify. The Lead Officer is responsible for ensuring their agency has an up to date Safeguarding Adults policy that is accessible to all staff. It should identify the key roles and at what level they are held within the organisation. The Lead Officer should ensure that training is available at different levels for relevant staff. They should complete the annual audit and participate fully in the Safeguarding Adult's Board. They should produce an annual report for their management board.

15. The Role of the Safeguarding Adults Board

- 15.1 Multi-agency Adult Protection Committees have been established within Local Authority boundaries. This policy refers to three areas, Devon, Torbay and Plymouth. These Adult Protection Committees will form the basis of the new Safeguarding Adults Boards.
- 15.2 The Safeguarding Adults Board/Adult Protection Committee is the key structure for overseeing the planning, implementation and monitoring of 'Safeguarding Adults'.
- 15.3 It should include representation from all the appropriate statutory agencies.
- 15.4 The Safeguarding Adults Board/APC should manage the serious case review process.
- 15.5 The Safeguarding Adults Board/APC should complete an annual review and produce an annual report.
- 15.6 The Board/Committee should undertake an annual audit to monitor and evaluate whether the policies, procedures and practice for the protection of vulnerable adults are working in a consistent manner. For this purpose, agencies must work together.
- 15.7 The audit process must provide feedback to all relevant agencies.
- 15.8 In determining the content of the audit process, the Board/Committee must incorporate the following core elements:
- To evaluate community understanding - the extent to which there is an awareness of the policy and procedures for protecting vulnerable adults.
 - Establish links with other systems for protecting those at risk - for example, child protection, domestic violence, victim support and community safety.
 - To evaluate how agencies are working together and how far the policies continue to be appropriate.
 - Review the appropriateness of local operational guidance, particularly in light of reported cases of abuse.
 - Review training available to staff of all agencies.
 - The performance and quality of services for the protection of vulnerable adults

- The conduct of investigations in individuals' cases.
- The development of services to respond to the needs of adults who have been abused.
- The implementation of the national monitoring system.

The audit must ensure that the 11 standards from 'Safeguarding Adults' are included.

15.9 Outcome measures will be developed by both commissioners and providers of services to monitor and evaluate service provision.

16. The Role of the Safeguarding Strategy Meeting

The safeguarding strategy meeting is a professional's planning meeting. Those invited to attend have a responsibility to produce reports for the meeting if they are unable to attend so that a decision can be reached regarding the next step. It is important that this decision is based on all pertinent information available.

The outcome may be: (a) more information still needs to be gathered (b) an investigation needs to be undertaken or (c) a safeguarding case conference needs to be called or (d) no further action required under Adult Protection/Safeguarding Adult's procedures.

Detailed guidance on safeguarding strategy meetings can be found in the Practice Guidance.

17. The Role of the Multi-Agency Safeguarding Conference

A safeguarding case conference is a multi agency meeting, usually planned as an outcome from a safeguarding strategy meeting. The purpose of a case conference is to agree on a course of action and to ensure the agreed plan is monitored and reviewed. Unlike the strategy meeting, the vulnerable adult must be invited and enabled to attend if they so wish. The outcome of a case conference is likely to be.

- Further investigation by a named agency or agencies
- Implementation of the action plan
- Agreement about monitoring arrangements
- Agreement about each agency's responsibilities
- No further action and case closed to Safeguarding Adults

Detailed guidance about safeguarding case conferences can be found in the Practice Guidance.

18. Safeguarding Action Plan Review

18.1 A review of the safeguarding action plan should take place within a maximum of six months from the initial safeguarding strategy meeting/discussion and will be arranged and co-ordinated by the Responsible Manager from the lead agency.

18.3 The review outcome is likely to be one of the following:

- To agree upon a revised or amended adult protection/safeguarding plan.
- To agree reporting/monitoring and reviewing arrangements.
- To identify any weaknesses within the process and recommend where improvements can be made.
- To identify any strategic policy issues.
- A decision that no further action is required under these procedures.

Detailed guidance about safeguarding review meetings can be found in the Practice Guidance.

19. Agencies' Roles and Responsibilities

19.1 Lead Agency Responsibilities

This is set out in detail in Standard 2 of Safeguarding Adults 'Partner Organisations' (ADSS October 2005). The key tasks are to identify Responsible Managers and a Lead Officer for Safeguarding Adults. These people have responsibility for ensuring their staff have the knowledge and skills to implement the Safeguarding Adults/Adult Protection process, and proper support and supervision for this work.

19.2 General Responsibilities of Statutory Agencies

- Rigorous recruitment practices in relation to both employing staff and in the selection of volunteers.
- Supervision and monitoring of staff working with vulnerable adults.
- Internal guidelines for all staff relating to this multi-agency policy that set out the responsibilities of all staff within which they must operate.
- Adult protection awareness and procedure training for all staff and volunteers. This will include all roles within the procedures.
- Keep clear and accurate records.
- Undertake risk assessments.
- Share information on a need-to-know basis when it is in the best interest of the vulnerable adult.

- Participate in the joint working arrangements as defined in this policy and in 'Safeguarding Adults'.
- Implement preventative and /or supportive action to vulnerable adults.
- Contribute to investigations acknowledging the requirements of confidentiality and data protection.
- Attend the Safeguarding Adults Board/Adult Protection Committee meetings.
- Provide an annual report to their own management Board and to the Safeguarding Adult Board.

19.3 In addition, Adult & Community Services, Devon and Torbay Care Trust will:

- Co-ordinate the Safeguarding Adults Policy.
- On an annual basis, collate and report to the Safeguarding Adults Board/Adult Protection Committee all information monitored under this policy.

19.4 In addition, the Police will:

- Pursue criminal proceedings when appropriate.
- Provide information to vulnerable adults to help them protect themselves.
- Protect people in vulnerable situations.

19.5 All appropriate professionals in Health will:

- Undertake evidential investigations or medical examinations, provided the person has given consent.

19.6 The Care Quality Commission will:

- Ensure inspection reports are available on their website www.CQC.org.uk
- Inform Social Services when information is received that one or more service users may be or are at risk of abuse or neglect within registered establishments or their own homes.
- Work jointly with Social Services or Health where residents require a response under these procedures.
- Attend Strategy Meetings and Case Conferences in respect of regulated services.
- Keep other agencies informed of any relevant enforcement action taken by the Commission on any regulated service.
- Where a potential breach of Regulation(s) has occurred, undertake appropriate inspection activity.

- Pursue statutory action where appropriate.
- A Code of Practice has been developed between the Commission and Social Services which is currently being updated (August 2006).

19.7 Independent Providers of Domiciliary, Day Care, Residential Care, Nursing Care and Hospital Care will:

- Establish procedures for the protection of vulnerable adults in line with those outlined in the appropriate Care Standards Act Regulations and National Minimum Standards.
- Report incidents of abuse to the appropriate Commission for Social Care Inspection (CQC) Office and to Adult & Community Services in Devon or Torbay Care Trust.
- Provide information and assistance to investigating officers.
- Participate in the joint working arrangements as defined in this procedure.
- Every effort will be made to include the care provider at every stage of the process, except where this may compromise the investigation or the ability of statutory agencies to share information.

19.8 Other Groups and Providers (for example, Supported Living providers, Luncheon Clubs) will:

- Report incidents of actual/suspected abuse or self-neglect to Social Services and where appropriate to the Police.
- Participate in the joint working arrangements as defined in this procedure when requested.

SAFEGUARDING ADULTS

ALERTER'S GUIDANCE

The Protection of Vulnerable Adults from Abuse

**Devon County Council
NHS Devon
Devon and Cornwall Constabulary**

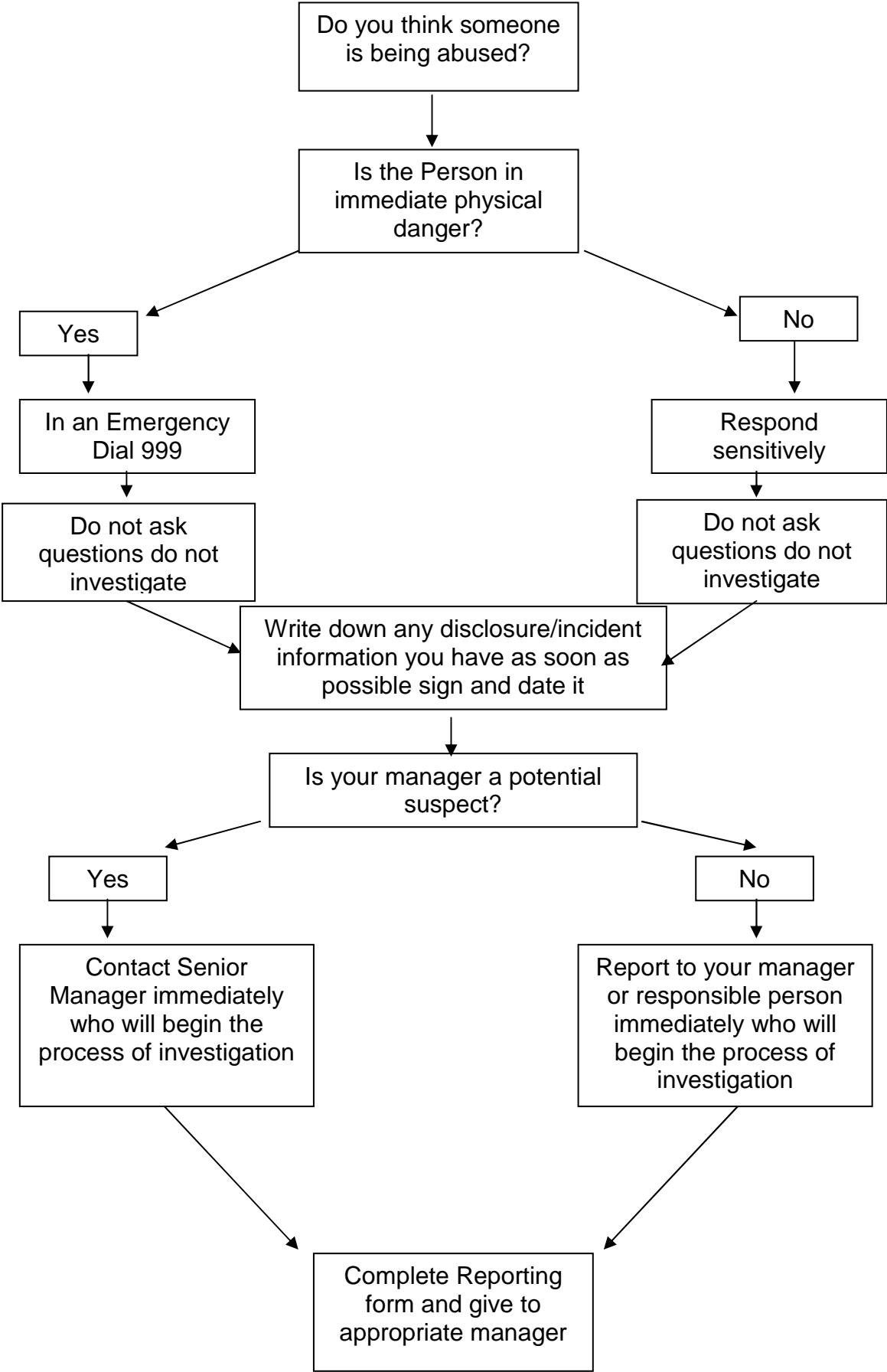
August 2010
(Currently under review 2011)

OUR COMMITMENT

As people that have worked to develop and adopt the multi-agency procedures and guidance relating to the protection of adults in Devon we agree that we will work to the following principles:

- ◆ Everyone has the right to live his or her life free from violence, fear and abuse.
- ◆ All adults have the right to be protected from harm and exploitation.
- ◆ All adults have the right to independence, which involves a degree of risk.

Procedures for Recording and Reporting Abuse



Who is a Vulnerable Adult?

The definition in 'No Secrets' (March 2000) describes a vulnerable adult as being someone who is aged 18 or over and "who is or may be in need of community care services by reason of mental or other disability; age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

'Safeguarding Adults' (ADSS October 2005) proposes that we need to ensure protection procedures are inclusive and enable any adult to receive an appropriate response. For those not fitting the criteria of a vulnerable adult as defined above, it will normally be possible to direct them to another organisation or agency that will be able to offer advice and/or support.

The new language of 'Safeguarding Adults' has been adopted in this and other guidance and publicity.

1. What is abuse?

Abuse is defined in Devon's and Torbay's policy and guidance as follows:

Abuse is a violation of an individual's human and civil rights by another person or persons.

Abuse of a person often includes behaviour that is abusive in one or more of the categories outlined on the following pages. In particular, the majority of people who are experiencing abuse of any kind will also be experiencing psychological abuse.

Anyone can be an abuser.

General indicators of an abusive relationship often include the misuse of power by one person over another and are most likely to be found in situations where one person has power over another. For example, where one person is dependent on another for their physical care or due to power relationships in society, (such as, between a professional worker and a service user, a man and a woman or a person of the dominant race/culture and a person of an ethnic minority).

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to - or exploitation of - the person subjected to it.

It is essential to be alert to signals or non-verbal communication or challenging behaviour, and to be aware this could indicate unacceptable practice that is being deliberately hidden or denied.

There are different forms of abuse, as described on the following pages.

(Each type of abuse described starts on a fresh page for ease of use.)

1. Psychological abuse
2. Physical abuse
3. Sexual abuse
4. Neglect
5. Discriminatory abuse
6. Financial abuse
7. Institutional abuse

1.1 Psychological Abuse

This may include:

- Emotional abuse.
- Threats of harm or abandonment.
- Deprivation of contact.
- Humiliation.
- Blaming.
- Controlling.
- Intimidation.
- Coercion.
- Harassment.
- Verbal abuse/excessive criticism.
- Isolation or withdrawal from services or support networks.

Note: Psychological abuse will usually occur in conjunction with other forms of abuse.

Signs that psychological abuse may be taking place could include:

- Difficulty gaining access to the adult on their own or the adult gaining opportunities to contact you.
- The adult not getting access to medical care or appointments with other agencies.
- Low self-esteem.
- Lack of confidence and anxiety.
- Increased levels of confusion.
- Increased urinary or faecal incontinence.
- Sleep disturbance.
- The person feeling/acting as if they are being watched all of the time.
- Decreased ability to communicate.

- Communication that sounds like things that the perpetrator would say or language being used that is not usual for the service user.
- Deference/submission to the perpetrator.

1.2 Physical Abuse

Physical abuse may include:

- Hitting.
- Slapping.
- Pushing.
- Kicking.
- Misuse of medication.
- Restraint or inappropriate sanctions.

Signs that physical abuse may be taking place can be:

- Injuries that are consistent with physical abuse.
- Injuries that are the shape of objects.
- Presence of several injuries of a variety of ages.
- Injuries that have not received medical attention.
- A person being taken to many different places to receive medical attention.
- Skin infections.
- Dehydration.
- Unexplained weight changes or medication being lost.
- Behaviour that indicates that the person is afraid of the perpetrator.
- Change of behaviour or avoiding the perpetrator.

1.3 Sexual Abuse

Sexual abuse may include:

- Rape and sexual assault to which the vulnerable adult has not consented, could not consent, or was pressurised into consenting.
- Non-contact sexual abuse could include being forced or coerced to be photographed or videoed to allow others to look at their body.
- Any sexual activity involving staff will be regarded as contrary to professional standards and hence abusive.

Signs that sexual abuse may be taking place:

- Sexually transmitted diseases or pregnancy.
- Tears or bruises in genital/anal areas.
- Soreness when sitting.
- Signs that someone is trying to take control of their body image, for example, anorexia, bulimia or self-harm.
- Sexualised behaviour.

The signs that a person may be experiencing sexual abuse and psychological abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that a perpetrator may carry out in "grooming" a victim.

1.4 **Neglect**

Neglect can include:

- Ignoring medical or physical care needs.
- Failure to provide access to appropriate health, social care or educational services.
- The withholding of the necessities of life, such as medication, adequate nutrition and heating.

Signs that neglect may be occurring:

- Malnutrition.
- Rapid or continuous weight loss.
- Not having access to necessary physical aides.
- Inadequate or inappropriate clothing.
- Untreated medical problems e.g. pressure ulcers
- Dirty clothing/bedding.
- Lack of personal care.

1.5 **Discriminatory Abuse**

- Discriminatory abuse may include:
- Racist slurs.
- Sexist slurs.
- Slurs or harassment on the basis of a disability.
- Slurs or harassment on the basis of sexual preference.
- Age discrimination is also a form of abuse.

Signs that discrimination may be taking place include:

- A person overly concerned about race, sexual preference and the like.
- A person tries to be more like others.
- A person reacts angrily if any attention is paid to race, sex and the like.
- A carer is overly critical/anxious about these areas.
- Disparaging remarks made.
- A person is made to dress differently.

1.6 Financial Abuse

Financial abuse may include:

- Theft.
- Fraud.
- Exploitation.
- Pressure concerning wills, property, inheritance or financial transactions.
- The misuse or misappropriation of property, possessions or benefits by someone who has been trusted to handle their finances or who has assumed control of their finances by default.

Signs that financial abuse may be occurring include:

- Sudden loss of assets.
- Unusual or inappropriate financial transactions.
- Visitors whose visits always coincide with the day a person's benefits are cashed.
- Insufficient food in the house.
- Bills not being paid.
- A person who is managing the finances being overly concerned with money.
- A sense that the person is being tolerated in the house due to the income they bring in; sometimes with that person not included in the activities the rest of the family enjoys.

If the vulnerable person is asking for someone in authority to take on his or her financial affairs, establish whether this should be someone in the local authority, for example, Home Care or another professional.

Acquire the appropriate forms, either appointee forms from the Department of Work and Pensions or Court of Protection forms from the Public Guardianship office.

1.7 Institutional abuse

Institutional abuse may include:

- Times for rising and going to bed are set to suit staff and shift changeovers and do not take account of personal need or preference
- No choice of meal time, or venue in which to eat meals or of menu
- Wearing other people's clothes
- Set times for drinks that are inflexible
- Set times for being taken to the toilet or having a bath (to suit staff)
- Call bells not answered during staff breaks
- Lack of appropriate equipment, particularly for moving and handling
- Failure to use moving and handling equipment as per care plan
- Communal use of resident's money e.g. for the home mini bus
- Resident's challenging behaviour used as an excuse for responding in a particular way

Institutional abuse refers to any care activity that is delivered in a way that suits the needs of the organisation and the staff rather than the needs of the service users. This type of abuse can vary in seriousness from poor practice which needs to be addressed with the provider, through to dangerous and abusive practice which needs to be addressed through the multi agency adult protection policy.

2. Responding to Disclosure

Some incidents of abuse only come to light because the abused person discloses the information himself or herself.

The abused person may not understand that they are being abused and so not realise the significance of what they are telling you. Some disclosures happen many years after the abuse. There may be good reasons for this for example the person they were afraid of has left the setting. Therefore, any delay in an individual reporting an incident should not cast doubt on its truthfulness.

When someone discloses to you, remember you are *not* investigating.

Do:

- Stay calm and try not to show shock.
- Listen very carefully.
- Be sympathetic.
- Be **aware** of the possibility that medical evidence might be needed.
- Tell the person that:
 - They did a good/right thing in telling you.
 - You are treating the information seriously.
 - It was not their fault.
- Explain that you must tell your Line Manager and, with their consent, the manager will contact Adult Services, Health and/or Police. The manager will, in specific circumstances, contact Adult & Community Services or Torbay Care Trust without their consent but their wishes will be made clear throughout.
- If a referral is made but the vulnerable adult is reluctant to continue with an investigation, record this and bring this to the attention of the Safeguarding Adults Co-ordinator. This will enable a discussion of how best to support and protect the vulnerable adult. However, a professional case discussion will still need to take place and should be recorded appropriately.

Do not:

- Press the person for more details.
- Promise to keep secrets (you can never keep this kind of information confidential).
- Pass on the information to anyone other than those with a legitimate “need to know”, such as your Line Manager.
- Make promises you cannot keep (such as, "I will never let this happen to you again").

- Contact the alleged abuser.
- Be judgmental (for example, "Why didn't you run away?").
- Gossip about abuse.
- Stop someone when they are telling you what has happened to them, as they may never tell you again.

You must

- Make a note of what the person actually said, using his or her own words and phrases.
- Describe the circumstance in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- When there are cuts, bruises or other marks on the skin use a body map (see following pages) to indicate their location, noting the colour of any bruising.
- Make sure the information you write is factual. You may wish to indicate your own opinion or a third party's information. If you do, ensure the separation is made very clear.
- Use a pen or biro with black ink so that the report can be photocopied. Try to keep your writing clear.
- Sign and date the report, noting the time and location.

Be aware that your report may be needed later as part of a legal action or disciplinary procedure.

3. Alerting

3.1 Introduction

Safeguarding vulnerable adults is everyone's business. Everyone could be an alerter.

Alerting or raising a concern about abuse involves:

- Recognising if a person is a vulnerable adult.
- Recognising signs and signals of adult abuse.
- Responding to disclosures.
- Acting, when necessary, to protect an adult and preserve evidence.
- Reporting a concern, disclosure or allegation.

3.2 Definitions

A **concern** of abuse is where someone suspects that a person(s) is/are being abused.

A **disclosure** of abuse is where someone states that they are being abused.

3.3 Responsibilities

As an alerter, you are not asked to prove that information is true. You *are* being asked to log your concerns or disclosures made to you and then report them to Adult Services, Health or Police. The Police have the responsibility for establishing whether or not a criminal offence has been committed.

It is the responsibility of the relevant statutory authority to then instigate the Safeguarding Adults process, and you will receive information about this.

These procedures are written to ensure that the response to any abusive situation is at an appropriate level, co-ordinated and happens in the least intrusive way for the vulnerable adult.

3.4 Immediate Action (see flow chart page 26)

If a vulnerable adult is in a violent situation and feels in immediate danger, call the Police on 999. If the vulnerable adult is injured, call for an ambulance.

In some circumstances, the alleged abuser may also need support and possibly immediate services to make the situation safe for both parties. In these cases, we may well need to call for support to manage these arrangements, such as another worker.

Remember

- **Do not start investigating the incidents yourself.**
- **Do not talk to the alleged abuser about the incident even if they contact you and *never* give them any information about the abused person, especially *not* the abused person's whereabouts.**
- **At this stage, do not discuss what has happened with carers or relatives of the abused person.**

Following any abusive incident, remember four basic rules:

1. **Ensure safety** - look after the victim and keep them safe. Protect other possible vulnerable adults. If the perpetrator is also a service user, support them but also consider any possible further risk.
2. **Contact your Manager/or named person** immediately and tell them what has happened. Discuss with them whether the incident, allegation or disclosure is to be reported to the Police for investigation.
3. **Preserve evidence** - see Section 5 of this guidance: Preserving and Protecting Evidence.
4. **Hand write a report** of what happened in the order it happened as soon as you practically can - use anything to write the report on and keep it safe. Sign and date the report.

Where the situation does not present as an emergency but you are informing Adult & Community Services/Torbay Care Trust, the Police or Health, be prepared to give as much of the following information as you can:

- Name(s) by which the person is known, date of birth, address, language spoken and method of communication, racial origin and current whereabouts of the vulnerable adult.
- Your name and your involvement.
- What happened, where and when?
- Details of the alleged abuser, such as name, date of birth, address, language spoken/method of communication, current whereabouts and his/her relationship to the person being referred
- Whether there are any other people, including any **children**, who may be at risk.
- Details of other agencies involved with the vulnerable adult.
- Awareness of the person being referred, carers and alleged abuser to your making this referral. It is also important to pass on how the abused person feels about you making this referral.

- The likely movements of the person being referred and the alleged abuser within the next 24 hours.

Note: You may not have all of this information but give all the information you do have when making a referral.

Note: Where possible, the opinion of the abused person should always be sought when deciding whether to inform Adult & Community Services/Torbay Care Trust or the Police. There may be circumstances where you need to overrule their wishes. This would normally be the decision of your Line Manager.

Do not give information to people making enquiries but refer them to the named individual in your organisation or the Responsible Manager. Should you suspect that your Line Manager or Senior Manager could be involved in the abuse, contact the Police and/or Adult & Community Services/Torbay Care Trust directly.

You may be invited to co-operate with any investigation. This may include:

- Providing a statement.
- Attending strategy meetings and case conferences.
- Contributing towards the plans for the vulnerable adult's care and/or protection - depending upon the level of your involvement with the individual.

3.5 What Happens to the Referral?

It is vital to acknowledge the importance that recognising and reporting adult abuse plays in the overall protection of vulnerable adults.

Once a referral has been made to the relevant statutory agency, that agency will acknowledge the referral, and offer a brief explanation of the follow-up process.

3.6 Confidential Alerters

If your Line Manager or his or her Manager is the abuser or is colluding in the abuse, you may need to find someone you can trust outside your immediate agency e.g. Safeguarding Adults Team, Adult & Community Services/Torbay Care Trust; CQC or the Police.

The service user's interest is paramount and the common law "duty of care" requires that each employee has a responsibility to:

- Draw attention to any matter they consider to be damaging to the interests of a service user, carer or colleague.
- Put forward suggestions that may improve a service.
- Correct any statutory omissions.
- Prevent malpractice.

Confidential alerters will always be:

- Treated seriously.
- Treated confidentially where relevant.
- Treated with a fair and equitable manner.
- Kept informed of action taken and its outcome.

Confidential alerters should be aware of the 'whistle blowing ' policy in their own workplace, or can contact Public Concern at Work.

3.7 **Support for Alerters – The Public Interest Disclosure Act 1998**

People have in the past been put off from disclosing their concerns about possible neglect or abuse because of having worries about their duty of confidentiality and/or the consequences of speaking out.

The Public Interest Disclosure Act 1998 seeks to protect genuine disclosures of such acts.

No confidentiality clause in an employment contract can be used to prevent anyone from disclosing genuine concerns about abuse or abusive practice to an appropriate person. Additionally, any person being treated detrimentally at work because of making an appropriate disclosure may be able to claim compensation at an Employment Tribunal.

For further information see:

The Public Interest Disclosure Act (PIDA) www.informationcommissioner.gov.uk

Public Concern at Work is an independent authority on whistle blowing and can offer advice and support.

Contact them by:

Phone: 0207 4046609
E-mail: whistle@pcaw.co.uk
Website: www.pcaw.co.uk
Post: PCAW
Suite 301
16 Baldwin Gardens
London
EC1N 7RJ

4. Body Maps (see next page)

These body maps may be photocopied as required.

Please note on the body map any bruising, scars, injuries, red marks or the like, giving as much detail as possible under the prevailing circumstances as to size, colour and so on.

Only complete these if the injuries are clearly visible or shown to you freely.

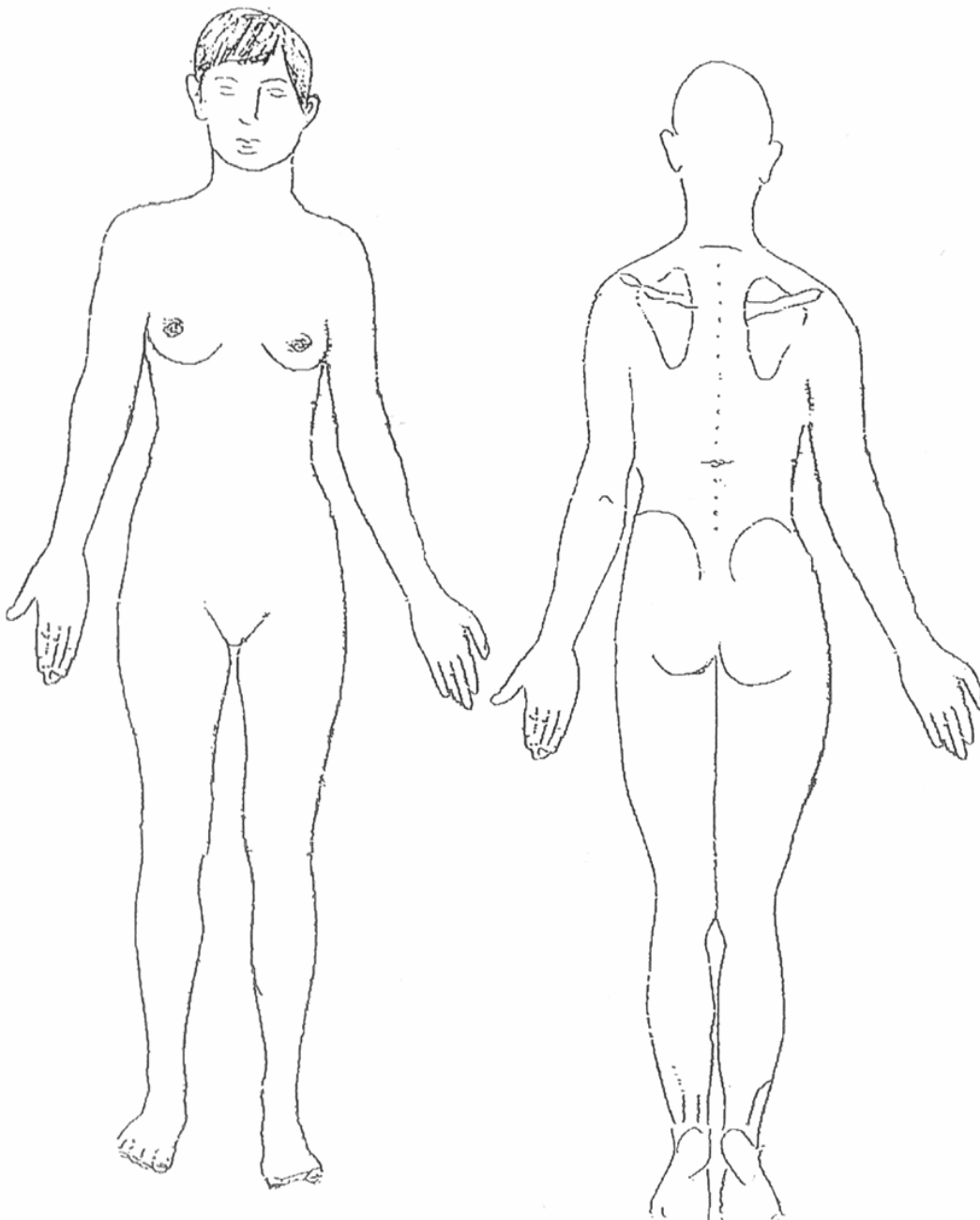
4.1 Front and Back Views – Female

Details of service user:

Name:

Address:

DOB:



Completed by

Name:

Designation:

Date:

Time:

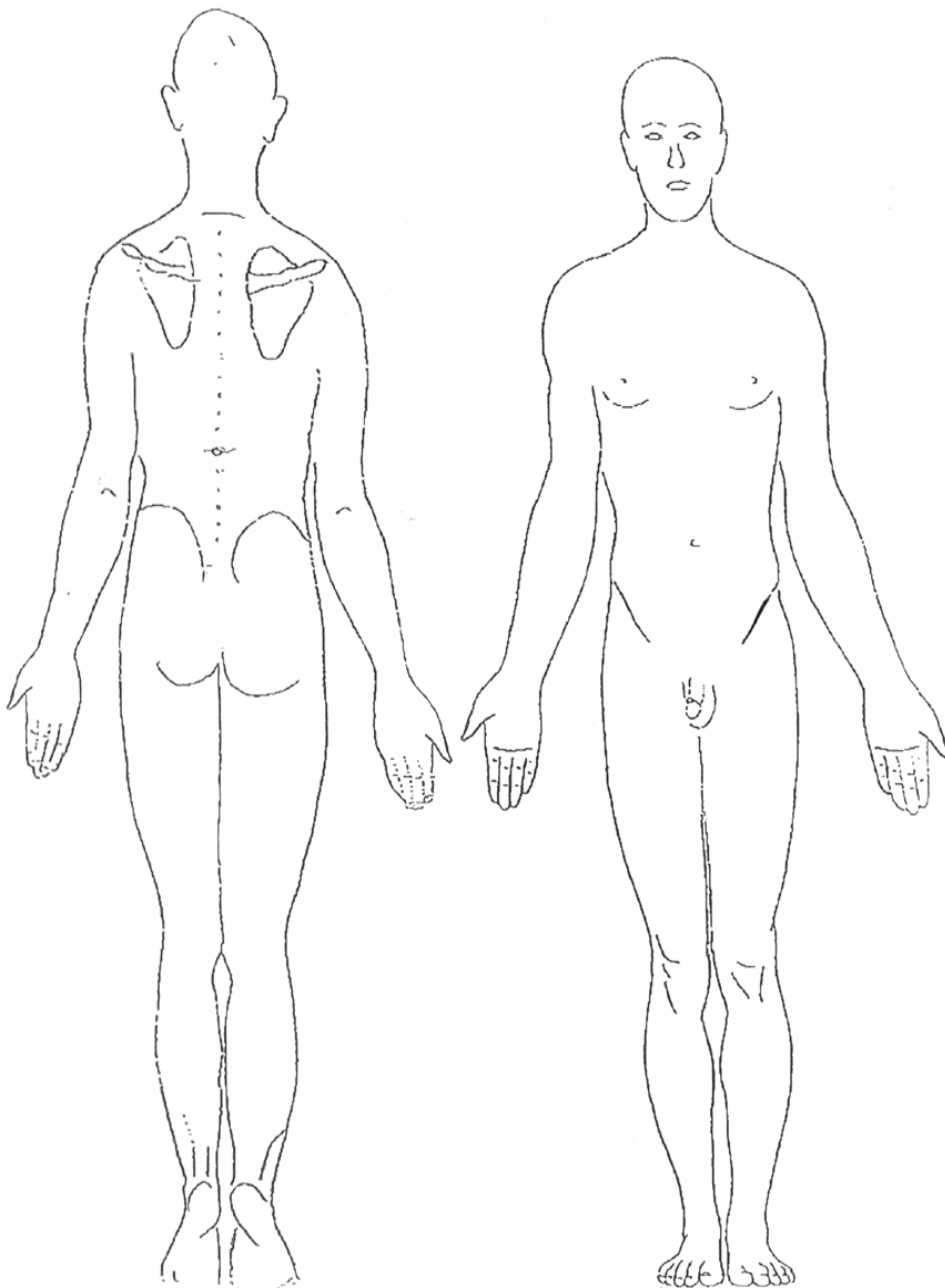
4.2 Front and Back Views - Male

Details of service user:

Name:

Address:

DOB:



Completed by

Name:

Designation:

Date:

Time:

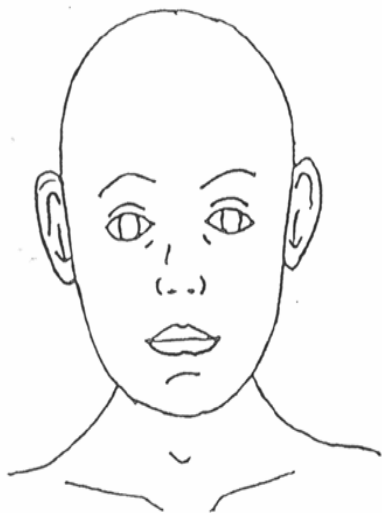
4.3 Front and Side Views - Head

Details of service user:

Name:

Address:

DOB:



Completed by

Name:

Designation:

Date:

Time:

5. Preserving or Protecting Evidence

Note: In traumatic situations, it may not be possible to follow this guidance exactly. Do the best you can.

Your first responsibility is the **safety and welfare of the abused person**, but immediate action may be necessary to preserve or protect evidence.

Your action may be vital in any future proceedings and the success or failure of any investigation may depend upon what you **do** or **not do** in the time whilst you are waiting for the Police to arrive.

5.1 Incidents of Physical and/or Sexual Assault

Following allegations of physical and/or sexual assault, consideration will be given to organising, with the abused adult's consent, a medical examination. Any examination will ideally be carried out by a Forensic Medical Examiner who will be contacted by the Police.

- If the abused person has a physical injury and it is appropriate for you to examine it, always obtain their consent first.
- Only touch what you have to. Wherever possible, leave things as they are.
- Strongly advise the abused person not to wash or remove clothing.
- Preserve the abused person's clothing and footwear, do not wash or wipe them. Handle them as little as possible.
- Preserve anything that is used to comfort the abused person, for example, a blanket.
- Do not clean up, do not wash anything or in any way remove fibres, blood and the like.
- Try not to touch items/weapons. If you have to, as before keep handling to a minimum. Put them in a clean dry place until the Police collect them.
- The room should be secured and no-one allowed to enter unless necessary to support you, the abused person and/or the alleged perpetrator, until the Police arrive.
- If the alleged perpetrator is also a service user, a separate member of staff needs to be assigned to them.

5.2 Incidents of Theft/Financial Abuse

With the person's consent, secure all receipts, bankbooks, bank statements, benefit books and the like.

5.3 **Methods of Preservation**

- For most items use clean paper, a clean paper bag or a clean envelope. Do not lick the envelope to seal it.
- For liquids, use a clean glass.
- Do **not** handle items unless really necessary to move and make safe.

Safeguarding Adults Process

Alert

Reporting concerns of abuse or neglect which are received or noticed within a partner organisation. Any immediate protection needs are addressed. Adult & Community Services complete SS29 Alert form.

Referral

Placing information about that concern into a multi-agency context by logging a referral with Care Direct at 'My Devon'.

Decision

Deciding whether the 'Safeguarding Adults' procedures are appropriate to address the concern.

Safeguarding strategy meeting

Formulating a multi-agency plan for assessing the risk and addressing any immediate protection needs. This will include co-ordinating the collection of information about abuse or neglect that has occurred or might occur. It will decide if an investigation is needed and if so, who will be responsible.

Safeguarding conference

This would usually follow the safeguarding strategy meeting. The adult concerned must be invited and enabled to attend. The Safeguarding Plan will be formulated here using the information gathered.

Safeguarding plan

Co-ordinating a multi-agency response to the risk of abuse that has been identified in order to protect the individual or individuals at risk.

Review

The review of that plan.

Recording and monitoring

Recording and monitoring the 'Safeguarding Adults' process and its outcomes. Adult and Community Services complete SS30 outcomes form.

Good Practice

Based within the community care assessment time frame

	<i>Maximum time frame</i>
Alert	Immediate action to safeguard anyone at immediate risk
Referral	Within the same working day
Decision	By the end of the working day following the one on which the safeguarding referral was made
Safeguarding Strategy Meeting	Within five working days
Safeguarding Assessment	Within four weeks of the safeguarding referral
Safeguarding Conference } Safeguarding Action Plan }	Within four weeks of the safeguarding assessment being completed
Review	Within six months for first review and thereafter yearly until the case is closed to Adult Protection/Safeguarding Adults

***From 'Safeguarding Adults'
standard 9***

ADSS Protocol for inter-authority Investigation of Vulnerable Adult Abuse

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

1. Introduction

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

2. Aims

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

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

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

3. Principles

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

4. Responsibilities of the Host Authorities

- 4.1 The authority where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.
- 4.2 The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies.
- 4.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.
- 4.4 The Care Quality Commission should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the protection of vulnerable adults.
- 4.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority undertaking certain aspects of the investigation. However the host authority should retain the overall co-ordinating role throughout the investigation.

5 Responsibilities of Placing Authorities

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

6 Responsibilities of Provider Agencies

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

Working with:

The Police

The early involvement of the police may have benefits, in particular:

- It will help ensure that evidence is not lost or contaminated
- Early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if and at what stage, they need to become involved
- A higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings (where the test is the balance of probability)
- Police officers have considerable skill in investigating and interviewing and their early involvement may prevent the abused adult being interviewed unnecessarily on subsequent occasions
- Police investigations should proceed alongside those dealing with health and social care issues
- In addition, the Police can provide information to vulnerable people to help them to protect themselves

The Care Quality Commission (CQC)

The Care Quality Commission will:

- Ensure inspection reports are available on their website: www.CQC.org.uk
- Inform Social Services when information is received that one or more service users may be or are at risk of abuse or neglect within registered establishments or their own homes
- Work jointly with other agencies where service users require a response under these procedures
- Attend Strategy meetings in respect of regulated services
- Keep other agencies informed of any relevant enforcement action taken by the Commission on any regulated service
- Where a potential breach of Regulation(s) has occurred, undertake appropriate inspection activity
- Pursue statutory action where appropriate

The Coroner

- All sudden and/or suspicious deaths will be reported to the coroner
- It is the duty of every citizen to share information with the Coroner if they believe it is relevant
- Any health or social care worker involved in a safeguarding adults investigation whereby a vulnerable adult dies or has died, has a duty to share information from the investigation with the Coroner. This should be agreed through the Chair of the Safeguarding meetings, or with the responsible manager for their agency.
- If the Coroner or a coroner's officer is the first to raise a possible safeguarding adults concern, they will contact the relevant Adult and Community Services Team by phoning Care Direct (0845 1551 007) and request a safeguarding adults investigation.

Supporting people

- 'Supporting People' is a housing support initiative that contracts with landlords and service providers for housing related support services. It covers every adult client group in addition to other vulnerable groups not necessarily in receipt of any other community care service.
- The supporting people team monitor the contracts against the quality standards, one of which is specific to abuse of vulnerable adults. The team may become aware of safeguarding adults issues through their routine monitoring or through health and social care colleagues.
- In the event of a safeguarding adults alert, the supporting people team should be invited to attend a safeguarding adults strategy meeting, and should be copied in to the minutes and decisions.
- The direct care provider would not normally be invited to the first strategy meeting unless there is good reason to do so. This is because they may be the alleged abuser or be close to that person, or have failed to address previous complaints.

South West Adult Placement Scheme (SWAPS)

- SWAPS is registered with the Care Quality Commission. It is an umbrella organisation which recruits and monitors people to look after adults in their own homes.
- The recruitment procedures include an enhanced CRB (Criminal Records Bureau) check for the main carer, training and ongoing monitoring and support.
- As with Supporting People, any safeguarding adults alert made to health or social services should lead to a SWAPS representative being invited to contribute to the information gathering stage and to any strategy meeting that is held. Again, it is not usual to invite the direct care provider to the first strategy meeting for the reasons given above.

What are my duties as a Responsible Manager?

(Refer to 12, page 17 for information regarding a responsible manager)

As the Responsible Manager you are responsible for the overall co-ordination and management of a safeguarding adults case and chairing any meetings that may be necessary.

You should delegate the task of assessment/investigation to an appropriately trained and experienced staff member who will report back to you. This person will be referred to as the investigating officer. You will need to be available to provide support, supervision and advice to the investigating officer and ensure that they have the resources necessary to carry out their task. (Resources include time, clerical support and another person with whom to share the task of interviewing).

If you are the RM managing the case you are responsible for:

- Seeing that there is a completed alert form on the file. (SS29 see page 97)
- Ensuring that steps are taken to keep the vulnerable adult safe while initial inquiries are made.
- You will need to decide from the information available from the initial inquiries if the vulnerable adult is at continuing risk of significant harm. These initial checks with other agencies and departments will also be necessary to determine whether there are other vulnerable adults or children who may be at risk. It is important that any contracts or visits by care managers, social workers, health staff or regulatory staff do not alert possible perpetrators to the issues of concern unless this is unavoidable.
- Consulting the police if there is a possibility that a criminal offence has been committed. Any emergency action to protect the vulnerable adult may alert the alleged perpetrator resulting in evidence being removed or altered. Hence the police may wish to be involved in any emergency action to preserve forensic evidence or documentation.
- In the event of the death of a vulnerable adult where safeguarding adults concerns already exist or are raised around the time of death, you should ensure that the coroner's office is informed of the adult protection issues as a matter of urgency, if the police have not already done so. The coroner will make arrangements for any investigations considered necessary.
- If abuse is alleged against a staff member who is providing ongoing care or support to vulnerable adults it will be necessary to consider, prior to any planning meeting, if action needs to be taken to reduce any further risk that this staff member might pose to any vulnerable adults. This may also serve to protect the staff member from further allegations being made against them. You should inform the service's manager as soon as possible about the issues to enable them to take appropriate action to protect all the vulnerable adults within their service. If it is possible they are implicated in the abuse issues, protective actions will need to take this into account.
- Arranging an appropriate planning process within 5 days or as soon as practicably possible. The planning process will need to involve all appropriate professionals, agencies, services and departments and any other person who has information essential to the case.
- A formal planning meeting will allow a full discussion of actions already taken and allow for future planning. Where the allegations involve a staff member from any organisation or agency providing services, a senior representative of the service should be invited to the meeting unless they are implicated in the abuse allegations. If, in exceptional circumstances, the service provider

has not already been made aware of the allegations of abuse, you will need to ensure that a decision is taken, during the meeting, about informing the service provider of the issues that need to be investigated/assessed.

- Liaising with the contracts service, where appropriate, regarding the status of the contract and deciding with them whether any action is needed in relation to the contract, either before or after the investigation has taken place.
- Ensuring that, where appropriate, placing authorities are informed of safeguarding adult concerns in a care setting which might affect their clients. This will enable them to be involved in meetings and assessments as necessary.
- Ensuring that a complete record of all contacts, meetings; phone calls, interviews and decisions are kept in the closed/restricted part of the client's file.
- Ensuring that there is a record of the decisions taken as a result of a formal planning meeting and/or recording the outcome of initial post alert consultations.
- Ensuring that any assessment/investigation carried out with or without the support of other agencies is fully recorded and that there is a written summary of the findings on which to base decisions.
- Chairing the Safeguarding Adults conference and ensuring that full support is available for any vulnerable adults attending the conference. This is a major responsibility and the RM should have appropriate training and support to undertake the task.
- Ensuring that the minute-taker is appropriately trained and skilled at this task. They should be identified in advance of the meeting and be updated regarding the case and possible issues that are likely to arise.
- Ensuring that appropriate pre-conference support has been provided to the vulnerable adult and/or his/her representatives in the case conference. You have the authority, in consultation with the vulnerable adult and other representatives, to restrict or exclude attendance of people at the conference if they are likely to prevent a full and proper discussion. This should be clearly recorded in Safeguarding Adults conference notes.
- Ensuring that decisions taken at a Safeguarding Adults conference or other review meetings are minuted including decisions concerning:
 - The vulnerable adult(s) or children;
 - The person responsible;
 - The service setting/agency;

As the chair of the planning meeting or case conference, you should take responsibility for checking that the employer has made the referral to POVA.

 - If the Care Quality Commission (CQC) who will take responsibility for following this up with the employer.
 - The chair of the meeting should also liaise with the employer to ascertain what decision POVA made regarding the referral.

- This information should then be recorded in the adult protection papers for the client(s) who was the subject(s) of the safeguarding adult case(s). See further guidance page 56.

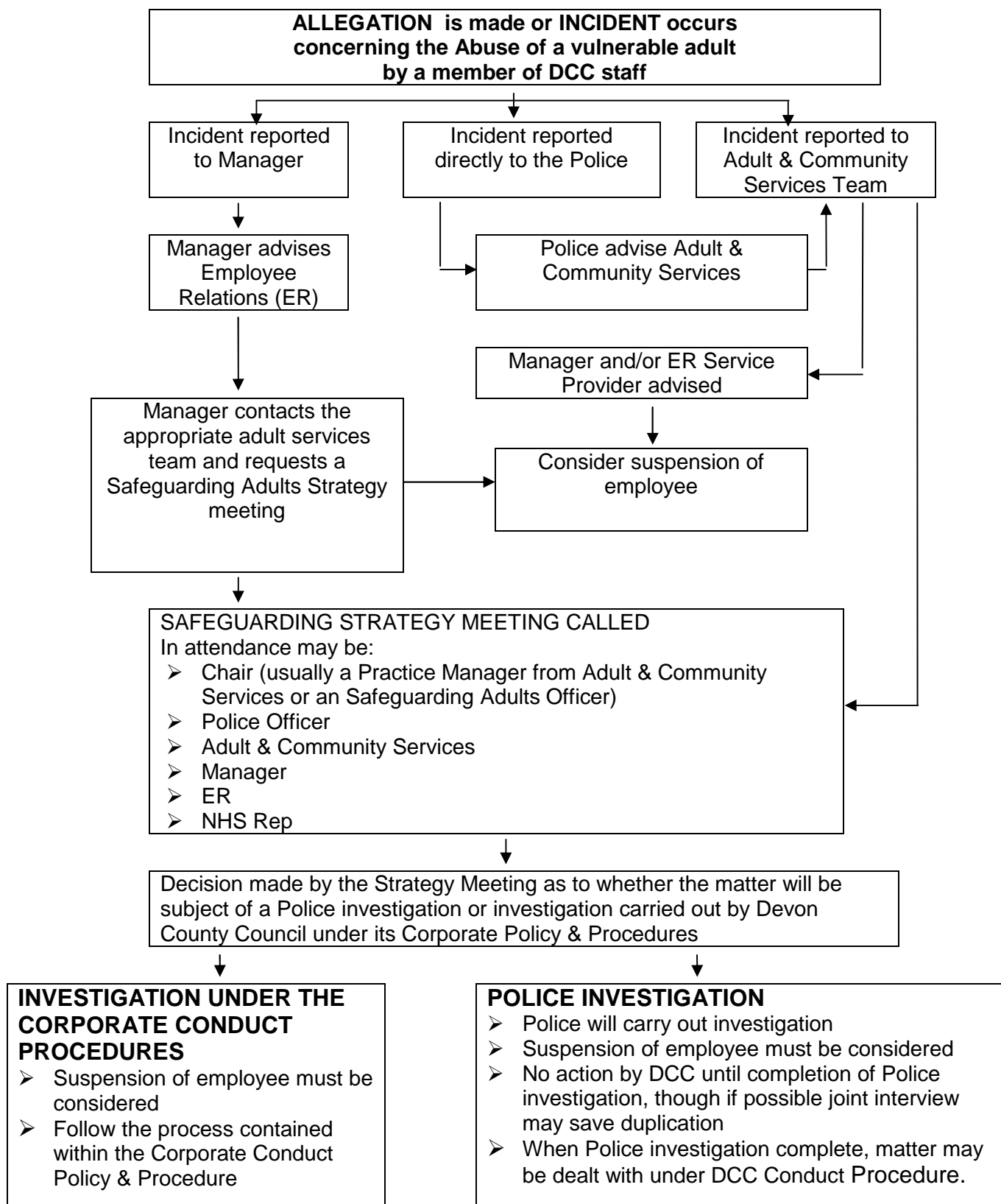
Guide for Employee Relations Staff

- You receive a call or letter from a manager saying that an allegation or complaint has been made about a member of staff. At this point it is important to ascertain if the subject of the complaint is a 'vulnerable adult' in terms of the Safeguarding Adults/Adult Protection policy and guidance.
- If they do fit these criteria, remind the manager that they have a responsibility to consider using the Safeguarding Adults/Adult Protection process. They can seek advice from other colleagues or from the Safeguarding Adults/Adult Protection Team if unsure.
 - The next step is to consider if the staff member needs to be sent home. There are occasional situations where people can be moved to non client contact settings, but sending them home usually protects them as well as the vulnerable adult.
 - The safeguarding adults process should have been initiated by the manager and must fit in with your timescales i.e. a strategy meeting within 5 working days from the staff member being sent home.
 - The strategy meeting should include police where relevant, care manager, CQC (Care Quality Commission), ER (Employee Relations), any other key players with a contribution to make (see Safeguarding Adults Guidance for more detail). It should be chaired by a Safeguarding Adults Officer or by another manager.
 - The Safeguarding Strategy meeting will look at the whole picture, including the possibility of any other vulnerable adults being at risk; the need for a police investigation; the need for more information etc. The meeting will decide what type of investigation, if any, needs to take place. Police investigations take precedence over all others. Work needs to be done with the police to enable joint interviews with HR where possible, to avoid interviewing vulnerable adults twice.
 - Where there is no police interview and the issue is dealt with under the disciplinary process, there are two things that may assist your staff. One is to enlist the support of a trained investigator, and two for ER advisors to get a place on the Safeguarding Adults Investigator's training.

The main reasons for using the Safeguarding Adults/Adult Protection process are:

1. To ensure the needs of the vulnerable adult are given high priority
2. To ensure that the broader picture is looked at i.e. is anyone else at risk, or may they have been?
3. To ensure that police involvement is considered from the beginning and the contamination of evidence is minimised. If evidence has been contaminated, the case will have difficulty getting to court.
4. It can run in conjunction with the disciplinary process but requires close liaison between the different agencies, particularly where the police are investigating an alleged crime.
5. To consider the future of the staff member, if guilty, in terms of protecting vulnerable adults e.g. POVA list application.

Safeguarding Adults Incidents And / Or Allegations Concerning Employers Of Devon County Council



What are my responsibilities – as an employer?

Employer is used as a generic term and includes all key personnel involved in the management of the service.

- You will ensure that your service has its own safeguarding procedures that are complementary to the multi-agency safeguarding protocols.
- You are responsible for ensuring that all service users are safeguarded from abuse.
- All allegations and incidents of abuse are followed up promptly and actions recorded.
- You should use the measures available to you through your internal staff disciplinary procedures to ensure the safety of all service users pending investigation/assessment of the concerns.
- In considering whether it is necessary to report a concern about a possible safeguarding adults matter to the social services agency, you should consider the contents of the 'Alerter's Guidance'.
- All matters which have a bearing on the safety and wellbeing of a vulnerable adult must be reported to the regulatory authorities and the commissioners of the service for the individual(s) involved.
- If the concerns need to be reported to Adult & Community Services and/or to the Police, it is important that any internal staff disciplinary processes do not contaminate any evidence which may be gathered as part of the multi-agency investigation/assessment.
- The paramount consideration must be to protect vulnerable adults in your care. However, it is important to ensure that any action taken in accordance with internal staff disciplinary procedures is compliant with best practice in employment legislation and the Human Rights Act 1998.
- You will be involved in the safeguarding adults planning processes unless there are concerns/allegations that you may be directly implicated or your involvement at the planning stages may impede the investigation/assessment.
- In accordance with section 82 of the Care Standards Act 2000 you must refer care workers for consideration for inclusion on the Protection of Vulnerable Adult List if they pose a risk to vulnerable adults (POVA).
- If there is a possibility that other service users may be at risk, the regulatory authorities should be asked to assist in obtaining the following information: The names of all the service users together with information regarding their funding status and the identify of placing authorities. This information should be passed to the Responsible Manager as a matter of urgency. The RM should then inform other placing authorities of the issue of concern regarding their clients. This information will enable them to attend the planning meeting or make their views known to the RM. Careful consideration needs to be given to informing all residents and their next of kin, including self-funders.
- If a home or organisation has a Devon or Torbay contract, have the contracts team been consulted? Is any action required, regarding the contract, prior to any investigation being

carried out? Contract actions need to be agreed and recorded at the strategy meeting. E.g. temporary suspension of placements – see contract guidance note.

It needs to be agreed at the strategy meeting who will be responsible for:

- Informing the home of any actions taken which affects their contract.
- Alerting care management teams, via the e-mail system of any issues which may affect the use of any service.

Either with or without a strategy meeting, the RM must ensure that there is a full record of the consultation/planning stage. This might include:

- Which agencies were consulted and or represented at the strategy meeting.
- That the minutes of any meeting include sufficient detail to establish clearly what decisions were made and why.
- That any investigation/assessment is agreed together with timescales. Co-ordination of the investigation/assessment should be allocated to an investigating officer from the social services agency and any named representatives from other departments or agencies.
- That there is a record of the terms of reference for the investigation/assessment.
- That it is clear who will be involved in all aspects of the investigation/assessment.
- That consideration has been given to the possibility of likelihood that issues of abuse may concern other vulnerable adults or children.
- If criminal matters are suspected what kind of investigation will be carried out? Ensure that there is a record of concurrent and consecutive actions to be taken by agencies other than the police.
- Any care management, contracting or regulatory action to protect the vulnerable adult(s) or children is recorded.
- Any decision to take no further action is agreed and recorded. Record who will feed back to the referrer.
- Any disagreement with decisions taken should be recorded in the minutes of the meeting and discussed by the RM with senior managers as a matter of urgency.
- For further information – see ACAS Code of Practice on disciplinary and grievance procedures at http://www.acas.org.uk/media/pdf/9/5/CP01_1.pdf

Chairing Safeguarding Adult's meetings.

The Chair will usually be the Responsible Manager of the Lead Agency (see the policy for further information on the Responsible Manager role). The Chair is responsible for ensuring the Safeguarding Adults meeting is arranged, taking into account any particular access or communication needs. Chairing Skills courses and packs are available; please contact the Safeguarding Adults Team training co-ordinator, in Adult and Community Services, regarding training.

As part of their role, the Chair is responsible for:

- Arranging meetings in accordance with Safeguarding Adults Guidance
- Ensuring a minute taker is appointed and briefed about their role.
- Ensuring information sharing and confidentiality protocol is adhered to
- Establishing an agenda for meetings.
- Facilitating the full participation of everyone at the meeting.
- Ensuring Safeguarding plans are produced, based on risk assessments.
- Ensuring attendance sheets are fully completed and minutes are circulated appropriately.
- Checking and signing minutes prior to circulation.
- Promoting the involvement of vulnerable adults and their carers (where appropriate) in Safeguarding meetings.
- Responding to requests for amendments to minutes
- Requesting reports (signed and dated where possible) to be used as part of the meeting
- That SS29 and SS30 forms are completed by the appropriate person

The Safeguarding Adults/Adult Protection Officer in Devon (different practice applies to Torbay Care Trust) will chair Safeguarding Strategy meetings where:

- A registered provider is involved
- More than one person is at risk
- CQC have concerns about the provider
- There are previous concerns
- It may be a service used by several teams
- It is likely to have a high profile

Minute Taking.

Minutes of meetings should provide a reflection of the meeting as a whole and accurately record what was discussed, the stated opinions of others and what the outcomes are in terms of actions, roles and responsibilities – (*safeguarding plan*). They do not necessarily need to be word for word. Minutes are the responsibility of the Chair and therefore the minute taker and Chair need to work closely together.

Below are some guidance notes to consider when taking minutes as part of the Safeguarding Adults/Adult Protection process.

- Minutes should be written in the past tense
- The **full** names of those involved in the meeting and those discussed should be used – *Please also see Record Keeping and Confidentiality Guidance Notes.*
- Where possible, written reports should be provided for the meeting and if agreed by the Chair, attached as a copy to the minutes, thus saving the need for a further written précis of the reports.
- The Safeguarding Adults minutes template should be used and the type of meeting must be clear eg strategy meeting.
- The meeting Chair should spend some preparation time with the minute taker prior to the meeting to familiarise them with the issues/agenda and any specific requirements for that meeting.
- The minute taker may want to sit next to the Chair.
- The minute taker should be able to request clarification, if required, during the meeting.
- Minutes should be sent to the Chair of the meeting to check and amend, (if required) before circulation. The Chair also needs to sign the minutes once agreed, before circulation.
- Circulation of minutes is the responsibility of the chair. An attendance sheet should be completed and all those attending and giving apologies should receive a copy unless agreed otherwise at the meeting.
- Password protect all minutes circulated by e-mail and mark any posted minutes as confidential, (*see DCC corporate policy guidance*).
- Aim to have minutes typed and circulated within 14 days of the meeting.
- Requests for amendments to minutes following circulation must be addressed to the Chair.

For a copy of the minutes template, please contact the Safeguarding Adults Team Administrator on 01392 383131.

Agenda



SAFEGUARDING ADULTS IN DEVON

Note: This is a standard agenda. Some items may not apply

Safeguarding Strategy Meeting

Introductions, Roles of attendees and Apologies.

Outline Purpose of Meeting.

1. Information sharing & confidentiality.

2. Detail of allegations, concerns.

3. Vulnerable adult: summary of needs, wishes and mental capacity.

4. Decision re further investigation. Lead agency. Focus of investigation. Named co-ordinator. CQC role. POVA.

5. Communication and support needs of vulnerable adult in interview, and during the investigative process.

6. Risk management and protection plan.

7. Feedback to others.

8. Any other issues.

9. Timescale. Date of Safeguarding Conference.

Summary of Decisions and Action Plan.

Agenda

Devon
County Council



SAFEGUARDING ADULTS IN DEVON

Note: This is a standard agenda. Some items may not apply

Safeguarding Conference

Introductions, Roles of attendees and Apologies.

Outline Purpose of Meeting.

1. Information sharing & confidentiality.

2. Review Actions from last meeting

3. Summary of investigation findings.

4. Decision making regarding the alleged abuse or concern.

5. Risk management and protection plan.

6. Further action regarding the alleged abuse or concern.

7. Redress, support, advocacy needs of vulnerable adult.

8. Care standards, care management or commissioning issues.

9. Feedback to referrer.

10. Any other issues.

11. Monitoring and review.

Summary of decisions and Safeguarding Plan.

Case Discussions and Safeguarding Strategy Meeting Guidance

Case Discussion

Where there is a concern being expressed by one or more agency(s), which **falls short of an allegation or disclosure** being made, a **Case Discussion** must take place. This would normally take place between the key worker (care manager, CPN etc) and their line manager.

Main points to consider include:

- Is the person currently safe?
- Is the person aware they are subject of an alert?
- Is there a need for protective action, either on a voluntary basis or through the courts?
- Is it likely to happen again?
- Is there enough information? It may be necessary to check with other agencies, and clarify the information given with the alert. Check the facts are correct.

This must be recorded in the case file.

Where an **allegation or disclosure** of abuse has been made, a **Safeguarding Strategy Meeting** may be called. This decision will be based on information/evidence available.

A Safeguarding Strategy Meeting is recommended where:

- Several different agencies have similar concerns
- A crime may have occurred
- Other legal or regulatory action may be needed
- Paid staff are implicated
- Other people may be at risk
- The degree of harm or distress experienced by the adult is significant
- There is significant level of risk to the adult and/or others

The Safeguarding Adults/Adult Protection Officer in Devon (different practice applies to Torbay Care Trust) will chair Safeguarding Strategy meetings where:

- A registered provider is involved
- More than one person is at risk
- CQC have concerns about the provider
- There are previous concerns
- It may be a service used by several teams
- It is likely to have a high profile

Strategy Meeting

A strategy meeting is an inter-agency forum to plan the process of the investigation.

Service users and their carers will not normally be invited to Strategy Meetings.

The first Strategy Meeting must take place as soon as possible and definitely within five working days of the initial alert or case discussion.

The Strategy Meetings will be **chaired by a senior practitioner** (preferably suitably trained). A Strategy Meeting will consider the following:

It is expected that all participants will contribute some information to the Strategy Meeting(s).

Reports to Strategy Meetings

Wherever possible, these should be in writing even if it is only a list of bullet points to back up an oral statement. This should be written by the person who is regarded as the key worker in the case e.g. care manager, community nurse. Reports should always be requested from people invited but unable to attend. Wherever possible, reports should be sent to the Chair before the day of the meeting.

A list of issues that need to be covered in a report:

- Details of the initial alert.
- Outline of this and any other previous related allegations/concerns.
- A pen-picture of the vulnerable adult(s) and their circumstances.
- An assessment of the vulnerable adult(s) in terms of consent, capacity and/or other legal issues, including a risk assessment.
- Any other relevant information including date of birth, address, who they live with.

Strategy Meeting Attendees

The following list is a guide to who should be invited to attend the Strategy Meetings. You should only invite those people who are relevant to the case.

The Alerter would not normally be invited to attend – a written record of their concerns or observations should be presented to the meeting.

Even when the meeting is set up by phone, a written invitation should be sent as confirmation. This should request a written report from anyone who is unable to attend.

It is important to note that when someone from a non-statutory service (e.g. voluntary organisations, independent care provider) is invited, it may be necessary to hold the meeting in two parts. This is particularly important where the Police are present – the information sharing protocol does not allow them to share confidential information outside the statutory services of the NHS, the Local Authority and the Care Quality Commission.

- Managers from investigating agencies.
- Police Supervisor/Officer(s).
- Social worker.
- Investigating social worker.

- Social Work Team Manager.
- Community Nurse.
- Community Psychiatric Nurse.
- Home Care Manager.
- Environmental Health Officer.
- Health Visitor.
- Care Quality Commission
- Human Resources.
- Housing Officer.
- Occupational Therapist.
- Probation Officer.
- Senior Health/Social Services Manager.
- Any voluntary agency known to be involved. NB Statutory agencies may not be able to share all information with voluntary agencies and the meeting may need two distinct parts.
- General Practitioner.
- Legal Practitioner/s.
- Procurement and contract team.

Strategy Meeting Issues

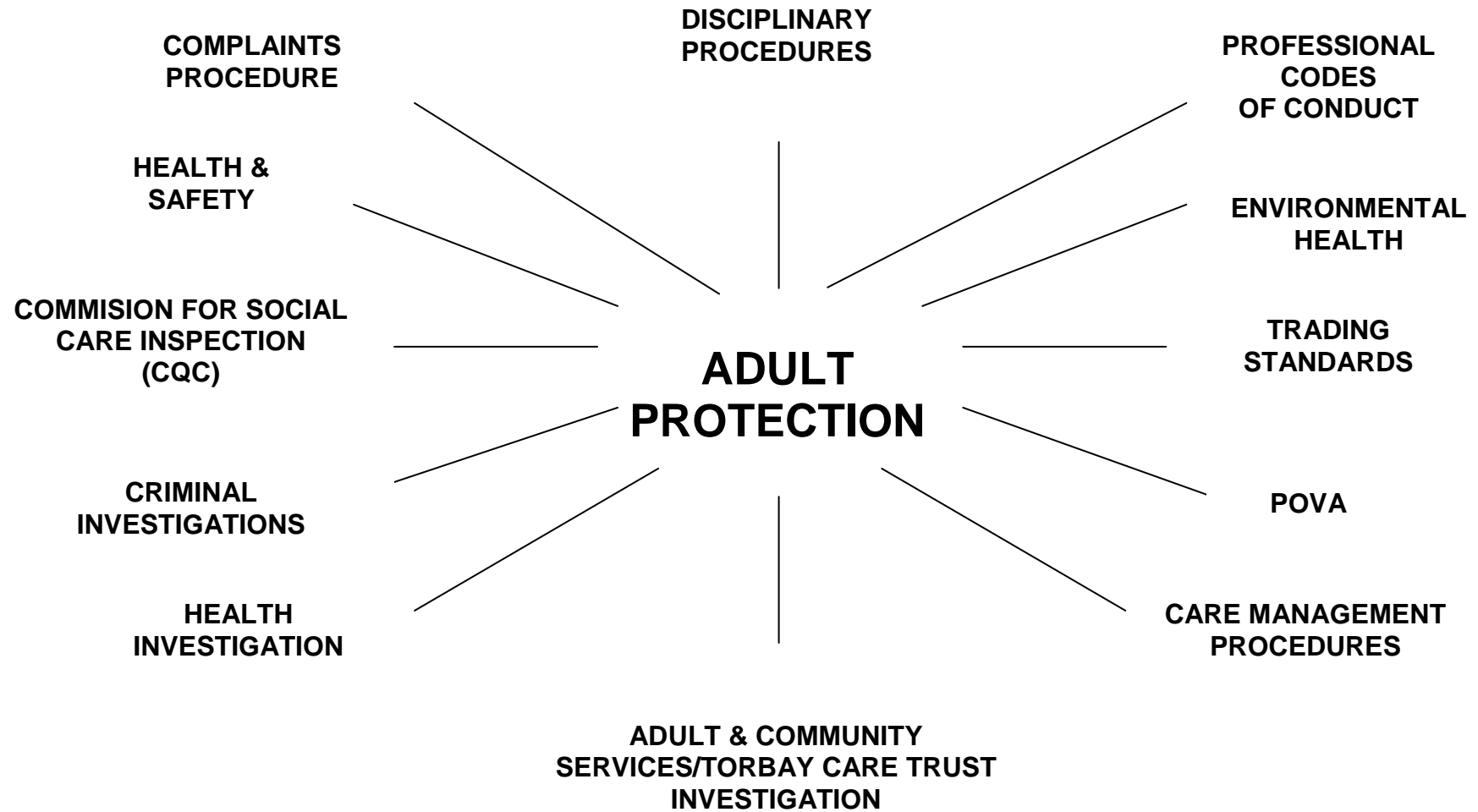
Issues that must be considered during any Strategy Meeting include:

- The wishes of the vulnerable adult
- Are there any doubts surrounding the vulnerable adult's mental capacity? If so, what are they and who has raised them?
- Is an assessment needed concerning the vulnerable adult's mental capacity in this situation? If so, who will arrange it and who will carry it out?
- Do you need to make a referral to the IMCA service?
- Have/will/can they give permission to involve agencies other than those represented at the meeting or in the discussions?
- How can the vulnerable adult's family or carers be involved if the vulnerable adult wants this? This includes such matters as:

- Who should be interviewed?
- When is the best time for the interviews?
- Will their involvement alert the alleged perpetrator and threaten the safety of the vulnerable adult and/or the collection of evidence?
- Where is the best place for the interviews?
- Does their current level of distress affect their involvement, and if so how?
- Should they be present at any of the meetings or are there more appropriate ways for them to contribute to the decision making?
- Support groups.
- Social work support.
- Carer representation.
- Is there a need to break confidentiality?
- Who is going to lead and therefore co-ordinate the investigations?
- Is the allocated key worker/care manager to take part in the investigation or will they have a support role only?
- Who will take responsibility for keeping the vulnerable adult, alerter, carers and so on informed of events?
- Have issues of gender, race, culture, language, communication been considered? Is an interpreter or signer needed?
- What practical assistance would facilitate the vulnerable adult's involvement? This includes:
 - Transport to medical appointments or interviews.
 - Assistance with child care arrangements.
 - Fully accessible interview venues.
 - Is the giving of video evidence appropriate?
- How can information about the vulnerable adult and the alleged incident(s) best be gathered?
- Are criminal proceedings a possible outcome?
 - Is there a need for co-ordinated interviews to avoid repeat interviewing?
 - Is there a need for a formal interview to take place with the involvement and under the direction of the Police?

- Is there a need for the vulnerable adult/perpetrator to undergo a medical examination? Who will carry out the examination(s) and what will be the necessary arrangements?
- Is it possible that there are other abused people?
- Are there children potentially at risk? Does a referral need to be made to Safeguarding Children?
- When, how and by whom is the alleged perpetrator to be informed about the allegations?
- Is the alleged perpetrator in need of community care services?
 - Will they need social work support?
 - Will they need an Appropriate Adult for Police interviews?
 - If they are in need of community care services, a separate Safeguarding Conference must be arranged specifically to consider their needs.
- Who will support the vulnerable adult after the investigation?
- Action plan
- Date, time and venue for the Safeguarding Conference.

Other Procedures That May Be Relevant



Safeguarding Adults Investigation Process

"A properly co-ordinated joint investigation will achieve more than a series of separate investigations. It will ensure that evidence is shared, repeat interviewing is avoided and will cause less distress for the person who may have suffered abuse. However, no individual agency's statutory responsibility can be delegated to another. Each agency must act in accordance with its duty when it is satisfied that the action is appropriate. Joint investigation there may be but the shared information flowing from that must be constantly evaluated and reviewed by each agency."

"No Secrets" (page 29)

Proceeding to an investigation

If an investigation is required then the terms of reference for the investigation/assessment must be jointly agreed at the strategy meeting. This meeting will decide the scope and nature of the investigation and agree who will lead the process.

If the alleged perpetrator is a member of staff, human resource advisors should be consulted. They should be informed of the progress of the investigation and where appropriate could be involved in the investigation, provided their involvement does not compromise any criminal investigation.

If a criminal act is suspected then the police investigation will take precedence. It is however, important to ensure that the protection of the vulnerable adult(s) is not unduly delayed by their investigation. Agreement will be required regarding actions to be taken by others while the police investigation is being carried out. Police action may be supported by care management, health or regulatory staff but if this is not the case, liaison over the progress of the police investigation should be carried out by the investigating officer.

When the police investigation has been completed other investigations may then be required. Where possible, joint interviews with police should be conducted with vulnerable victims and witnesses to avoid delays and duplication of investigation activities.

Discussions with other professionals will be required to ensure that appropriate support is made available to the vulnerable adult(s) taking into account their cognitive ability, comprehension and communication needs.

The purpose of an investigation is:

- To establish matters of fact about one or more incident(s) in which abuse is alleged or concerns have been raised.
- To assess the support and protection needs of the vulnerable adult(s).
- To determine who was responsible and/or culpable and what action should be recommended in relation to them.
- To review the management of the setting/service and any improvements required or sanctions to be recommended.

Who is responsible for what?

Investigations will always be led by one of the statutory agencies. In planning the investigation it should be clear which agency/individual is taking responsibility for each strand. Interviews with vulnerable victims or vulnerable witnesses should be carried out with the support of appropriate social or health care staff regardless of who has the lead responsibility for the investigation. The Adult and Community Services, Devon or Torbay Care Trust will take responsibility for overall co-ordination as part of the Safeguarding Adults strategy meeting.

- If the police are not involved the social services agency will take responsibility for A and B above, i.e. for finding out what happened and for taking action to protect the person.
- If the police are involved they will be fully responsible for any criminal investigation.

- Where the alleged abuse has taken place in a regulated service and formal statements are required under the Care Standards Act 2000, the regulatory authorities will take lead responsibility for ensuring that the investigation is conducted within the requirements of the Act.
- Where the alleged abuse has taken place in a non-regulated service but one which is contracted, e.g. supporting people, day care or work opportunity service, the social services agency should take the lead but be supported by other appropriate professionals. All interviews will be formally recorded.

Different agencies may take a lead in relation to perpetrators depending on their position and relationship to the client

- Family members who are carers may be assessed in terms of their own needs for support as an alternative to sanctions being taken.
- Other service users will warrant a parallel assessment by the social services agency with possible input from health, police probation, or other agencies.
- Staff members may require coordinated input by police, personnel, professional bodies, unions or legal services.
- Employees, service proprietors or managers are more likely to face disciplinary action or actions under the Care Standards Act 2000 or in relation to their professional bodies.
- Members of the public who abuse will probably be subject to police investigation. They may also be subject to action by housing authorities, race equality units etc. As they are outside the service or professional frameworks, action through civil or criminal courts may be considered.

Where an individual has potentially committed a criminal act they may be investigated by the police with a view to prosecution and this may take place in parallel with, and not instead of, these other actions.

The co-ordination role involves sharing information for these different arenas, planning any agreed joint interviews to avoid repeated and distressing rehearsal of the facts, and drawing up a timetable, which acknowledges the different time frames involved in taking these disparate forms of action.

Following the allocation of the case by the designated senior officer the investigating officer should start the formal investigation process within 48 hours, in conjunction with the other professionals. A timetable should be drawn up indicating the order in which tasks will be undertaken.

What are my responsibilities as the Investigating Officer?

The investigating officer assigned to co-ordinate the assessment and/or the investigation will be responsible for:

- Ensuring that an appropriate alert/referral form has been completed by the professional receiving the initial information.
- Ensuring the safety of the vulnerable adult(s) in liaison with the Responsible Manager (RM)
- Ensuring that the wider issues of communication, language, culture, religion and gender are taken into account when planning investigation/assessment.
- Ensuring that a complete record of contacts, meetings, phone calls, interviews and decisions is made and kept in the client's file.
- Carrying out an assessment/investigation with other agencies where appropriate and writing a summary of the findings to aid decision-making.
- Carrying out any other actions identified through the planning, investigation and assessment process.

A range of investigative actions

These might include any or all of the following:

- Joint visits with other agencies/departments (i.e. police, contracts staff, regulatory authorities). The designated senior officer will support the investigating officer to plan this action or it will be agreed during the formal planning meeting;
- Examination of documentary evidence such as files, accident and incident reports, daily logs, accounts, medical records etc;
- Interviews with witnesses and/or complainants and others who are able to set the scene;
- In cases of suspected sexual or physical abuse, a medical assessment should be made available to the individual. In cases where a person cannot give their consent or where consent is questionable, a responsible medical practitioner will have to make a judgment about whether such an examination (either for medical and/or evidential reasons) is likely to be in the person's best interests.

Accessing Legal Input on Behalf of the Vulnerable Adult

The legislative issues relating to Safeguarding Adults is complex and conflicting with the need to balance the issues of autonomy, individual rights and protection. The Law Commission has addressed these concerns in a series of consultative documents culminating in Law Commission Report No. 231 (March 1995) as the basis for law reform. A report "Making Decisions" (October 1999) outlines the government's approach to incapacity and provides a new legislative framework for substitute decision making. In April 2005 The Mental Capacity Act 2005 received Royal Assent, this will address a wide range of concerns for people who lack capacity when it is implemented in April 2007.

Managers are advised to seek specific individual advice from their legal advisors and/or the local police. The responsible managers may seek the support of an independent legal advocate to protect the interests of the vulnerable person where these may run counter to those of the host or purchasing authorities or provider services.

Investigation/Assessment Checklist

The role of the investigating officer is central to the safeguarding adults process. If you are asked to be an investigating officer for a case you should have an understanding of the multi-agency safeguarding adults policy and protocols and be appropriately trained and experienced to undertake the task. The AIMS for Adult Protection Guide (Pavilion Publishing) contains extensive checklists to support the investigative process. These can be copied and used to record information or to remind the investigator, in detail, of the issues that may need to be considered.

A summary of your responsibilities includes:

Completing, as necessary, the alert form and ensuring that it has been input onto the appropriate database.

- Liaising with the relevant manager if emergency action is required to protect the vulnerable adult(s) or children.
- Keeping a complete record of contacts, meetings, interviews, phone calls and any decisions taken and issues considered to be placed in the closed section of the client's file.
- Recording decisions taken as a result of meetings or consultations with other professionals or service providers.
- Carrying out an assessment/investigation with other agencies, where appropriate, and writing a summary of the findings that will support decision making.

This checklist may assist you to consider specific issues involved in investigation and assessment of cases of abuse or suspected abuse:

- 1 Do you have clear terms of reference for the investigation/assessment?
- 2 Consider both the detective and protective aspects of the investigation
- 3 Who will support you in the investigation/assessment process? You may carry out some tasks alone (checking through reports or files), but during all interviews and meetings you should have the support of another person. This person can be from:- police, health, regulatory authorities, voluntary organisation (e.g. Mencap or Age Concern, Racial Equality Council etc.), a funding authority representative or a colleague from your own team. Please consider the cultural religious and gender issues and seek appropriate support.
- 4 The 4 main strands of the investigation are:-
 - To establish matters of fact.
 - To assess what is needed to make and keep the vulnerable adult safe and to assist them to recover from any trauma.
 - To consider any action which may be taken against the alleged perpetrator.
 - To evaluate the services response to the case.

5. Map out your investigation

- What do you need to find out?
- Who might have this information?
- What legal powers do you have or need?
- Check out all necessary documentation.
- Do you need a psychological, psychiatric or speech therapy assessment of any of the vulnerable adults, prior to carrying out any interviews?
- Interview people, in the appropriate environment, taking into account any need for an independent advocate and/or any language, communication, gender or race issues.
- Plan interviews with your colleague prior to commencing the interview.
- Take statements and record interviews; (training in conducting interviews is essential).
- Collate the evidence.

6. Evaluate the evidence obtained:

- Medical or forensic evidence.
- Background reports, service records and previous histories.
- Witness statements from formal/joint interviews.
- Assess individuals' capacity and witness skills.
- Circumstantial evidence.
- Assess the extent and seriousness of the abuse and the effect it has had on the vulnerable adult and others in their network.

The evaluation of each piece of evidence should assist in:

- Proving the allegation.
- Supporting the allegation.
- Being neutral
- Throwing doubt on the allegation
- Actively disproving the allegation.

7. You should now be ready to compile your report to enable decisions to be

made. Your report does not have to be long or complicated, just clear and to the point, describing what your investigations/assessments have covered and reviewing the evidence in a dispassionate way. If you have worked closely with other professionals, the report can be written jointly and at the very least agreed as correct.

Compiling a report following investigation

At the end of the investigation, the investigating officer should compile a short report summarising all the information. Those involved may be asked to contribute to one or more sections of the report drawing on their personal or professional knowledge, judgment and/or on specific injuries carried out as part of the investigation.

The report should cover the following points:

- Details of the initial alert and of the incident or concern which triggered the referral.
- Outline of any previous related incidents or allegations.
- A pen picture of the vulnerable adult's circumstances.
- An assessment of the vulnerable adult's capacity in relation to consent and other legal issues.
- A sketch of the person's network and social supports.
- Any issue of discrimination identified.
- Information about the person alleged responsible for the abuse.
- A brief account of the investigation process and the input of other agencies.
- An evaluation of the evidence.
- An assessment of how serious the abuse has been and whether there is a risk of it escalating or being repeated.
- Recommendations about future action to support the person and/or manage any ongoing risk.
- Conclusions about culpability and responsibility for the abuse or harm.
- Other actions to be taken.
- Recommendations about when and in what circumstances the case should be revisited.

The completed report should be passed to the responsible officer for decision making. The report will be available to inform the safeguarding conference. It will be marked 'Confidential'. If a safeguarding conference is not held the information, the outcome and the recommendations for future care planning and monitoring will be shared at a review meeting. In cases where the employer is considering disciplinary action or referral to POVA, the Responsible Manager will make a copy of the report, or a summary, available to the employer.

Guidance on Interviewing

Planning and Conducting the Interview(s) - Context

Interviewers must have received relevant training.

It will be decided at the Strategy Meeting level:

- Who will be interviewed?
- When they will be interviewed.
- Who will conduct the interview?

If there is a possibility of criminal proceedings, it is important that repeat interviews are avoided as evidence may become contaminated.

Conducting interviews is an integral part of the investigation of suspected or actual abuse.

The information and evidence gathered during the course of an interview may be required in criminal and/or civil proceedings.

It is therefore imperative that any interview conducted complies with the legal and procedural requirements to ensure its integrity.

Failure to comply may render information or evidence obtained during that and future interviews inadmissible.

For these reasons, interviews **must only** be conducted by those who have received the appropriate training.

The 'interview strategy' will be decided upon at the Strategy Meeting.

Interviewing

Joint Police Interviews - Police and Criminal Evidence Act 1984 (PACE)

PACE provides a comprehensive code for the arrest, detention and interviewing of people suspected of crime. What follows here is only a summary of some of the salient provisions about interviewing, as they may apply where vulnerable adults are accused of, or the victims of, crime. Those using this guide should refer to the actual provisions of PACE for full details of what is required.

Code C

Annexed to PACE are four Codes of Practice. Of these, Code C deals with the detention, treatment and questioning of persons in custody by Police officers. It applies whether or not the person has been arrested for an offence, and it also applies to people who have been removed to a Police Station as a place of safety under Sections 135 or 136 of the Mental Health Act 1983.

All the provisions of the Code apply to vulnerable adults as they do to anyone else, but there are additional protections for people who have mental, sensory or physical difficulties, are drunk or drugged, cannot understand written or spoken English, or are under 17 (but juveniles are outside the scope of this Guide).

Code C provides that people in custody should:

- ◆ Be dealt with expeditiously.
- Have their time in custody accurately recorded.
- Be informed of their rights (to have someone informed of their arrest, to consult privately with a solicitor, and consult the Codes).
- Have their property looked after.
- Not be held incommunicado.
- Be held in decent conditions (heat, cleanliness, toilet facilities, and food).

It is the responsibility of the Police - usually the Custody Officer - to consider whether a person may be mentally disordered, have a learning disability, or be unable to understand the questions to be put to him or her. Where that is the case, an appropriate adult must be called to participate in the interview. If there is any doubt about the detainee's capacity, an appropriate adult should be called.

Appropriate Adult

For an adult detainee with mental health issues or a learning disability, an "appropriate adult" may be:

- A relative, guardian or other person responsible for his or her care or custody.
- A person who has experience of dealing with mentally disordered or mentally handicapped people, but is not a Police Officer or employed by the Police, such as an Approved Social Worker or a Specialist Social Worker.¹
- Failing either of the above, some other responsible adult aged 18 years or over who is not a Police Officer or employed by the Police.

Note: An adult with experience may be better than an inexperienced relative, but the wishes of the person detained must be taken into account. If they say that a particular person should or should not be with them, then those wishes should be respected if practicable.

A solicitor who is acting in that capacity may not be an appropriate adult. The detainee must be allowed to see a solicitor in private, that is without the appropriate adult, if they so wish.

Duties of the Appropriate Adult (AA)

¹ Note that the person does not have to be a qualified Social Worker so long as they have the relevant experience

General

- To attend the Police Station and establish the grounds of detention and the whereabouts of the detained person.
- To ensure, where the person has been detained under the Mental Health Act, that an ASW and a Registered Medical Practitioner are called to interview and examine him or her, and make suitable arrangements for their treatment and care. Once this has happened, the person should be released.
- To hear the detainee being informed of their rights.
- To consider whether legal advice is required, and if so, that it is obtained.
- If the detainee cannot read (for whatever reason), to help with any documentation. The AA may sign to signify the person's consent, so long as it is genuine.
- To check the record of what has happened to any property of the detainee that has been removed, and the reasons for removing it.
- To ensure that the arrested person has had one other person (or up to two alternatives) informed of his or her whereabouts.
- To complain (if necessary) about any aspect of the detainee's treatment since arrest. Any complaint should be recorded and referred to a senior officer.
- To consider the detainee's physical condition, including requirements for medication, and whether a Police Surgeon should be called. Medication should generally be administered under the personal supervision of a Police Surgeon.

At Police Interviews

- To be present when a caution ² is given (and if not, it should be repeated in their presence) and to ensure that the interviewee understands it and that it is recorded.
- To advise the interviewee during the interview and to consider whether the interview is being conducted properly and fairly, without being oppressive, and that proper breaks are taken.
- If required, to aid communication with the interviewee. People who are deaf or have a speaking disability should have an interpreter.
- To receive any notice of charge on behalf of a mentally disordered person.
- To attend intimate ³ or strip searches⁴, or ensure that any other person that the person being searched wants to be there, can attend.

² The caution should be in this form: "You do not have to say anything. But it may harm your defence if you do not mention when questioned something you later rely on in court. Anything you do say may be given in evidence."

³ An intimate search is a physical examination of a body orifice other than the mouth.

⁴ A strip search involves the removal of more than just the outer layer of clothing.

Planning and Conducting the Interview(s)

Note: If there is a possibility of criminal proceedings the Police will direct any disclosure interviews(s).

Because of the dual nature of safeguarding adults investigations, a social worker should always be present at the interview. There are two procedures, one for victims and one for suspects (even when suspects are themselves vulnerable).

Practice Guidelines for All Interviews not Involving the Police

Planning the Interview

Interviewers must have received appropriate training.

The interview needs to be planned and a record made of the plan.

Before the interview, you need to think about:

- The Person
 - The vulnerable adult's right to self-determination. They must be consulted at every stage.
 - The available options should be put to the adult for consideration.
 - Know something about the person's history.
 - Check if the person has a sensory impairment (if this is not already known).
 - Establish if spoken English is their first language.
 - Establish if the person can communicate without specific assistance.
 - Always watch for signs of discomfort or distress.
- Preparing the Person

Note: Preparing does not mean coaching, that is, telling someone what to say.

- The vulnerable adult should be told the purpose of the interview.
- The interviewer(s) should introduce themselves and colleague(s) fully and clearly.
- State who you are and where you are from.
- Show your identity card.
- Speak clearly.

- Be honest and up-front - abused people have spoken about "*feeling tricked*" as Investigating Officers have engaged in general conversation and then suddenly gone into very direct questioning about alleged abuse (Pritchard, J. 1999).
- Explain the boundaries of **confidentiality**. This should be done at the outset of any investigation.
- The issue of **confidentiality** should be borne in mind throughout an interview as the person may disclose incidents of abuse other than those being investigated.
- They should know who will be present at the interview.
- They should be taken to the interview venue if it is in an unfamiliar setting.

• **Communication**

- It is **essential** to gain an understanding of how the person communicates.
- It may be appropriate for the interview to be facilitated by someone who knows the person well.
- It should not be assumed that a family member, carer would be the most appropriate person to facilitate the meeting. It can be distressing and embarrassing to discuss details of the abuse that has occurred with family members and/or carers present.
- **The investigating officer(s) would need to be satisfied that the facilitator was not involved directly with the situation.**
- Establish if there is a need for translation/interpretation/ communication boards/a sign language interpreter/Makaton. **If so, who will be responsible for organising these things?**
- In some instances, a speech and language therapist may be able to assist in assessment/communication.
- Someone will need to take responsibility for organising transport for the vulnerable adult.
- The building needs to be accessible.
- The room needs to be comfortable.
- An interview room may not always be the most appropriate setting. **If it has been decided that audio/visual recording will be used, this will take precedence.**
- Responsibility needs to be taken for checking any equipment to be used.
- If the vulnerable adult has sensory impairment(s) adjustable lighting and a loop system may be necessary.
- The position of the seating should allow direct eye contact to be made between all those present at the interview.

The Interview(s)

General Issues

- It must be decided in advance, amongst all participants, how long the interview will last and how many breaks there will be.
- Always interview in private.
- Create an atmosphere in which the person can relax.
- Always proceed at the person's pace.
- The more clearly the account is seen to be in the person's words the more compelling and reliable it will be - **do not put words into the person's mouth.**
- Notice non-verbal signals such as facial expressions, gestures, body language, fidgeting, tense posture, and poor eye contact.

Preparing Yourself

- Be respectful towards the person.
- Speak in a clear, neutral tone of voice.
- Logic and reasoning may not always work.
- Always speak directly to the person and not to the interpreter/supporter or advocate who may be present.
- Remember the person may have low self-confidence and poor self-esteem.
- Ensure a non-judgmental attitude.

Listening to the Person

- Be aware of similar themes.
- Look for repetition of words or phrases.
- The information may be disjointed.
- Repeat the person's answers to aid recall and to allow them to confirm (or correct) their initial response.

Interviewing Skills

- Speak to the person as an adult.

- Ensure you have the person's attention.
- Use their/your name.
- Speak slowly and clearly.
- Use short sentences.
- Avoid abstract ideas.
- Avoid comparative/either/or questions.
- Break interview into small slots.
- Do not ask more than one question at a time.
- Do not incorporate more than one idea per question.
- Use statements.
- Avoid jargon.
- Do not ask open-ended questions.
- Summarise what has been understood.
- Do not ask 'why' questions, ask instead who, what, where, when.
- Stick to the issues.
- Give one piece of information at a time.

After the Interview(s)

It is important that the vulnerable adult is supported throughout the investigation and interview stages. However, it is **essential** that they be supported after the investigation. The most appropriate person to provide support should be decided at the Strategy Meeting or Case Conference (needs an identified individual to do this).

It is essential that the vulnerable adult is involved as much as possible in the subsequent decision making process.

If the investigation leads to criminal proceedings the vulnerable adult will need to be informed at each stage as to what will happen next.

The vulnerable adult will still need support even if there is no further action in terms of the perpetrator.

Whatever the outcome of the investigation, the vulnerable adult's wishes must be taken into account.

The vulnerable adult may experience feelings of:

- Powerlessness.
- Self-blame.
- Guilt.
- Fear.
- Depression.
- Low self-esteem.
- Anger.
- An inability to trust.

The Safeguarding Adults Plan must address the issue of ongoing support.

The Safeguarding Conference

Context

The decision to call Safeguarding Conferences is usually taken at Strategy Meetings. Occasionally a Safeguarding Conference may take place without a Strategy Meeting being held.

The Safeguarding Conference enables inter-agency, multi-disciplinary discussions to clarify the following:

- The details of the case.
- Legal intervention.
- Different professionals' roles and responsibilities.
- Development of a Safeguarding Plan.
- Individual responsibilities for actioning the recommendations.
- Reviewing and monitoring the case.

The Procedure

Safeguarding Conferences will normally be held within 20 working days from the initial alert but this may depend upon decisions taken at Strategy Meetings.

Planning

- Appropriate location.
- Arrange for suitably experienced person to chair.
- Communication needs of all those attending.
- The vulnerable adult's needs - for example, an interpreter, transport or an advocate need careful planning.

Information to the Vulnerable Adult and Other Relevant People

Inform the vulnerable adult:

- Exactly what the meeting is about.
- Who is going to be at the meeting?
- What will be discussed - the agenda.
- They have a right to speak.

- They can sit where they choose.
- They can have a break at any time.
- They can have support and legal advice.
- They can bring an advocate.
- They can send an advocate on their behalf if they do not want to attend the meeting.

Who is Invited

- The vulnerable adult and/or their representative advocate.
- The investigating officers.
- Adult & Community Services Practice Manager
- GP.
- Local Authority solicitor (who would need the investigator's report in advance).
- Any other appropriate or useful agencies.

The Conference Process

- Everyone attending states his or her name, agency and what their involvement is in the case.
- The investigating officer(s) must give a report outlining the details of the case and the action taken to date.
- Representatives from other agencies will inform the conference of their previous involvement with the individual or case and of any action being undertaken or planned.
- Availability of statutory powers of intervention must be discussed.
- A protection plan should be agreed stating the responsibility of each agency.
- The protection plan should be completed (if possible) at the conference, signed by all involved and a photocopy given to all those attending.
- Where a mental health need is identified, the Safeguarding Adults plan should be incorporated into a Care Programme Approach (CPA).
- If appropriate, arrangements for reviewing progress must be made
- If it is decided that a protection plan is not necessary, or that no further action is to be taken, the reasons why must be detailed in the minutes.

Minutes

A **detailed** set of minutes must be taken at the Case Conference. The Chair will be responsible for ensuring a dedicated minute taker is present.

The Chair, will ensure that minutes are sent to all those who were invited to attend the conference within 10 working days.

Any questions or clarification about the content of the minutes must be made to the Chair of the meeting within five working days of receipt. **Only the Chair can agree any changes to the content of the minutes.**

The minutes of the Case Conference are confidential and should only be distributed to those agency members who attended or were invited to attend the conference. **They must not be reproduced without permission of the Chair.**

Ideally the Chair should ensure the minutes are produced in a manner that makes them understandable to the service user or nominated person for example Braille, large print, total communication and so on.

An adult protection outcomes form (SS30) will be completed by the Chair after the Conference detailing the safeguarding plan or reasons for no further action.

The role of the vulnerable adult

The following steps should be followed

The protection of the vulnerable adult is paramount at the Case Conference. The rights of other parties will be respected.

The vulnerable adult should always be invited to attend.

If the vulnerable adult agrees, their carer(s) can be invited. If the vulnerable adult is unable to give consent, the Chair will make this decision.

When an allegation of abuse has been made against a service user a separate Case Conference should be held but with the same Chair.

Only invite those people who are relevant to the individual or case, or who can be helpful in formulating the protection/care plan.

Sharing Reports

The investigating officers should share any reports they have written with the relevant individuals, prior to the conference.

This will:

- Encourage an open atmosphere at the Case Conference.
- Reduce areas of conflict at the Case Conference.

Safeguarding Plans

These should be specific and detailed. They should be agreed in Safeguarding Conferences but more detail can be added after the Conference.

Include objectives of the plan:

- What are you going to try to achieve?
- List the people involved and their responsibilities and tasks.
- How to monitor and review the plan.

Long-Term Work

Reviewing and monitoring should be ongoing. The Plan should be reviewed every six months.

Refer to the Guidance for more information about Safeguarding Adults reviews.

Remember to keep the service user's wishes central to the process.

Safeguarding Review Meetings

- The Safeguarding Plan must be reviewed within 6 months from the date it was produced. In practice a review tends to happen much sooner than this, and may be more than one meeting
- The Review should be managed in the same way as Strategy Meetings and Safeguarding Conferences, by the Responsible Manager.
- The purpose of the review is to:
 - assess the current level of risk to the vulnerable person.
 - to look at the continued necessity and appropriateness of the Safeguarding Plan.
 - to decide whether work needs to continue under the Safeguarding Adults process or if the case can return to normal procedures (e.g. CPA, care management).
 - to revise the Safeguarding Plan as appropriate.

All participating agencies will be consulted and written reports may be requested

The views and wishes of the vulnerable person will always be sought

The Responsible Manager will ensure a full record of the meeting is made and shared with the participants

The Review outcome will be one or more of the following:

- a revised safeguarding plan
- agreed monitoring and reporting arrangements
- the identification of any weaknesses in the process and recommendations for improvement sent to the Safeguarding Adults Coordinator
- the identification of any strategic policy issues
- no further action under Safeguarding Adults procedures
- Responsible Manager always completes a SS30 outcomes form when a process is concluded

Record Keeping

Practice Guidance

All records should be:

Timely

Records should be made as soon as possible.

Accurate

If mistakes in information have been recorded, they are unlikely to be questioned by a new worker. The inaccurate information will be perpetuated inadvertently.

At times, information may be gathered in a stressful situation. However, every effort must be made to ensure accuracy. It may be advisable to check the information recorded at a later date.

Factual

It is essential to record the nature and the source of the information.

- ◆ What is said and by whom.
- ◆ What was observed and by whom.

Hearsay and third party information must be clearly recorded as such.

Ethical

All records should be non-judgmental and non-discriminatory. It may be a useful guide to record information with an assumption that the person you are writing about will read it.

The importance of good record keeping is essential for all agencies and not just Local Authorities.

“Good record keeping is essential for Local Authorities so that when they are challenged – as is increasingly likely – they are able to demonstrate that decisions were not taken unlawfully or with maladministration...Defensive record keeping can easily become poor record keeping...This renders decision making opaque and difficult to defend against challenge.”
(Mandelstam, M., 1998, page 163)

From a legal perspective, the Human Rights Act 1998, which came into effect 1st October 2000, brings into English law a distinct and different approach to thinking about rights, responsibilities and remedies. Additionally, courts appear increasingly willing to hold Local Authorities, and individual practitioners, to legal account. In the light of this, it is important to keep detailed records.

Record keeping is an integral part of the professional practice and should assist the process. It is not separate from the process and not an optional extra to be fitted in if time and circumstances allow.

Practitioners must be aware of the Human Rights articles and if they feel that they are possibly contravening any Human Rights article, they must refer to this in written records, including a justification.

For more information regarding the Human Rights Act, refer to the "*Code of Practice*".

Procedure

Whenever a complaint or allegation of abuse is made all agencies should keep clear and accurate records and each agency should identify procedures for incorporating all relevant agency and vulnerable adult's records into a file to record all actions taken. In the case of providers of services these should be available to the commissioners of services and to the Care Quality Commission.

When Should Information be recorded?

- Records must be kept from the time that a concern, allegation or disclosure is made.
- Each entry must be dated and timed.
- The name of the person recording the information must be written in full. **Do not use initials.**

What to Record

- All entries must provide factual information, for example, times, dates, names of people contacted.
- Avoid expressions of opinion (remember that the person you are writing about may have the right to read what you have said).
- All contact with the vulnerable adult and alleged perpetrator must be recorded.
- Record the exact words the vulnerable adult and alleged perpetrator used.
- Use body maps to illustrate any physical injuries.
- All consultation with a Manager and/or Senior Manager must be recorded.
- When contacting other agencies the questions asked and information received must be recorded.
- If a decision is made not to contact the Police, the details of why this decision was made and on whose authority it was made must be recorded.
- All telephone calls, those received and made in relation to the abuse, must be recorded even if there was no reply to outgoing calls.
- Those who attend Safeguarding Strategy Meetings must be named.

- The decisions taken at all meetings must be recorded.
- It is essential to demonstrate how an assessment of risk, responsibility, rights, autonomy and protection of the vulnerable adult was undertaken.
- If no investigation is to take place, the reasons why and on whose authority this decision was taken must be recorded.

How to Record Information

- All records should be typed.
- If this is not possible, they **must** be written in black ink.
- Any alteration to records must be made by drawing a single line through the word(s).
- Correction fluid must not be used.

Other Documentation

- Any rough notes made during the investigation must be kept with the record.
- Minutes from Safeguarding Strategy Meetings must be kept with the record.
- Minutes from the Case Conference must be kept with the record.
- All Safeguarding plans and reviews must be kept with the record.

Legal Requirements

- Records should not breach a person's legal rights
- All agencies should identify arrangements, consistent with principles of fairness, for making records available to those affected by and subject to the investigation. (See "*No Secrets*" - Section 6.17.)

Service User as Perpetrator

- If the alleged perpetrator is a service user then information about his/her involvement in an Safeguarding Adults investigation, including the outcome of the investigation, should be included on his/her case records. (See "*No Secrets*" - Section 6.18.)

Storing of Information

- All records must be stored in accordance with your own agency's policies with regard to the Data Protection Act 1998.

Standards of Recording

- Best practice in recording is based on key principles of partnership, openness and accuracy. Effective recording is part of the total service to the user.

ADULT PROTECTION ALERT/REFERRAL FORM

To be completed by responsible manager. Please complete all appropriate boxes

(Please complete for all Adult Protection Alerts and Referrals)

Part 1: Vulnerable Adult's Details

Alert/Referral Date:

Name:

CareFirst No.:

Date of Birth:

Age: Gender:

Usual Address:

Postcode:

Telephone No.:

GP's or Surgery Name:

Ethnic Origin:

Client Group:

Has a referral been made for this person in the last year as a victim of abuse? No

Is the person known to any other agencies (including statutory, non statutory and voluntary sector)? No

Current place of residence (select one from list):

Is the person from another Local Authority area? No

Part 2: Source of Alert/Referral

Please select one from drop-down list:

If other, please give details:

Part 3: Information about Alleged Perpetrator

Name of the alleged perpetrator:

Is the alleged perpetrator a current or previous Social Services client? No

If Yes, please give CareFirst No.:

Alleged Perpetrator's Gender:

Alleged Perpetrator's Age:

Alleged Perpetrator's Ethnic Origin:

Has a referral been made for this person in the last year as an alleged perpetrator? No

Does the Alleged Perpetrator live with the Vulnerable Adult? No

Relationship of Alleged Perpetrator to Vulnerable Adult (select one from drop-down list):

Part 4: Incidents Details and Referral Outcome

Type of alleged abuse (tick all that apply):

Physical Neglect Domestic* Psychological
Sexual Financial Institutional Discriminatory
Multiple Abuse**

**Domestic abuse is the misuse of power and control in a close or intimate relationship (including financial and emotional abuse and social isolation).*

*** Multiple Abuse should be selected in all cases where more than one type of abuse is present.*

Location of Abuse (select one from drop-down list):

If other, please specify:

If Sheltered or Supported, is the property regulated by Supporting People? No

Team Responsible for Referral (use Team Code):

Practice Manager:

Did this referral progress to an investigation? No

If Yes, proceed to Part 6

If No, please complete Part 5.

Part 5: Decision Not to Refer for Investigation

If a decision has been made not to refer an alleged incident for an investigation (including any planning action/strategy meeting or Safeguarding Adults assessment), please provide the following:

A brief reason for not referring for a planning/strategy meeting and investigation:

Has the referrer been informed of the decision not to investigate? No

If No, please give brief reason:

Date Referral Closed:

Outcome Authorised by:

Part 6: Information about Investigation

Has the vulnerable adult agreed to investigation proceeding? Yes

Has the vulnerable adult agreed to participate in the investigation? Yes

Name of Investigation Worker:

Telephone No:

Form completed by:

Date completed (dd/mm/yyyy):

ADULT PROTECTION OUTCOMES FORM

To be completed by responsible manager. Please complete all appropriate boxes

Part 1: Client Details

Referral Date:

Client's Name:

CareFirst No.:

Date of Birth:

Gender:

Client's Ethnic Origin (select one from drop-down list):

Client Group (select one from drop-down list):

Part 2: Referral Details

For further details on this referral, please refer to the appropriate Adult Protection Alert/Referral form for this client.

Part 3: Organisations involved in the investigation (click all that apply):

- | | | | |
|----------------------------|--------------------------|-------------------------|--------------------------|
| Adult & Community Services | <input type="checkbox"/> | Residential Home | <input type="checkbox"/> |
| Other Local Authority | <input type="checkbox"/> | Nursing Home | <input type="checkbox"/> |
| CQC | <input type="checkbox"/> | Mental Health Services | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> | Domiciliary Care Agency | <input type="checkbox"/> |
| NHS Trust | <input type="checkbox"/> | Provider Agency | <input type="checkbox"/> |
| Police | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Court of Protection | <input type="checkbox"/> | | |

If "Other", please give brief details:

Part 4: Consent

Has the client been deemed to have the capacity to consent to the investigation? Yes

If Yes, did the client

Agree to the investigation proceeding? No

Agree to participate in the investigation? No

If No,

Has the client refused to proceed with investigations before this referral? No

Part 5: Investigation Outcome (select from drop-down list):

Part 6: Outcome for Client/Protection Plan (click all that apply):

- | | | | |
|--|--------------------------|-----------------------------------|--------------------------|
| Increased Monitoring | <input type="checkbox"/> | Advocacy | <input type="checkbox"/> |
| Removed from Property/Service | <input type="checkbox"/> | Counselling/Support | <input type="checkbox"/> |
| Community Care Assessment and Services | <input type="checkbox"/> | Moved to increased/different care | <input type="checkbox"/> |
| Civil Action | <input type="checkbox"/> | Management of Access to Finances | <input type="checkbox"/> |
| Management of Access to
Alleged Perpetrator | <input type="checkbox"/> | Action under Mental Health Act | <input type="checkbox"/> |
| Court of Protection | <input type="checkbox"/> | Referred to Complaints Procedure | <input type="checkbox"/> |
| Application to change appointee-ship | <input type="checkbox"/> | Guardianship | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | No Further Action | <input type="checkbox"/> |

If "Other", please give brief details:

Part 7: Was Protection Plan accepted by the vulnerable adult? Yes

Part 8: Outcomes for the Alleged Perpetrator/Organisation/Service (click all that apply):

- | | | | |
|--|--------------------------|---|---|
| Criminal Prosecution | <input type="checkbox"/> | Action by CQC | <input type="checkbox"/> |
| Police Action | <input type="checkbox"/> | | <input type="checkbox"/> |
| Community Care Assessment Services | <input type="checkbox"/> | Continued Monitoring of Alleged Perpetrator | <input type="checkbox"/> and <input type="checkbox"/> |
| Removed from Property/Service | <input type="checkbox"/> | Action by Commissioning/Placing Authority | <input type="checkbox"/> |
| Action under Mental Health Act | <input type="checkbox"/> | Carers Assessment Offered | <input type="checkbox"/> |
| Management of Access to Vulnerable Adult | <input type="checkbox"/> | Management Action (supervision/training) | <input type="checkbox"/> |
| Referred to POVA List | <input type="checkbox"/> | Counselling/Support | <input type="checkbox"/> |
| Referral to Registration Body | <input type="checkbox"/> | No Further Action | <input type="checkbox"/> |
| Disciplinary Action | <input type="checkbox"/> | Case Review | <input type="checkbox"/> |
| Not Known | <input type="checkbox"/> | | |

Part 9: Strategy Meetings and Case Conferences (please monitor the number of the following per case)

Number of Safeguarding Adults Strategy Meetings:

Target: Was there a strategy meeting held within five days of the alert/referral? No

Number of Safeguarding Adults Case Conferences:

Number of Safeguarding Adults Reviews:

Target: Was there a review within six months of the initial meeting? No

Number of Serious Concerns about an Establishment Meeting/
Concerns about Serial Abuse:

What type of establishment?

Part 10: Date of Final Safeguarding Adults Review (dd/mm/yyyy):

Click if not applicable:

Part 11: Date Adult Protection Case Closed (dd/mm/yyyy):

Form completed by:

Date completed (dd/mm/yyyy) :

Adult Protection Data Monitoring Forms – Guidance Notes

Introduction

Devon County Council is required to supply performance monitoring data on the Protection of Vulnerable Adults to central government on a regular basis. The Management Information Team, which is part of Performance Review based at County Hall, is responsible for collecting and reporting the data.

The following forms, which should be completed by responsible managers whenever an Adult Protection alert or referral is received, are required to provide the necessary information for monitoring performance.

Form SS29 – Adult Protection Alert/Referral Form

This should be completed by the responsible manager for all Adult Protection alerts or referrals received. The form should be completed and e-mailed to the Management Information Team Mailbox within 5 working days of receiving the alert/referral (maninftm@devon.gov.uk).

Form SS30 (revised June 2006) – Adult Protection Monitoring Form

If an Adult Protection alert/referral proceeds to investigation, then form SS30 should be completed by the responsible manager and e-mailed to the Management Information Team (maninftm@devon.gov.uk) mailbox within 3 working days of the Adult Protection Case Closure.

These two forms are e-forms. This means that the forms are Word document templates which should be completed on the computer, saved as a Word .doc file and e-mailed to the Management Information Team. The manager who completes the form should also keep a copy of the form and save it as a .doc file for your reference. Guidance is given in this document as to completion of the forms but should any difficulties arise, please contact Pam Mealing or Deborah Bingham in the Management Information Team, Room AG08, County Hall Annexe (phone 01392 382333 or e-mail maninftm@devon.gov.uk)

Guidance on completing form SS29 Adult Protection Alert/Referral Form

To be completed for each Adult Protection alert/referral received.

Part 1: Vulnerable Adult's Details

Alert/Referral Date	Enter date alert/referral received as dd/mm/yyyy
Vulnerable Adult's Name	Type in name as Title First Name Family Name
CareFirst No:	Enter Client's ID Number as recorded on CareFirst
Date of Birth:	Enter vulnerable adult's date of birth as dd/mm/yyyy
Age (dropdown list)	Select appropriate age range from dropdown list
Gender (dropdown list)	Select gender from dropdown list
Vulnerable Adult's usual address/postcode/telephone:	Type in address, postcode and telephone number
GP's or Surgery Name	Type either the GP's Name or the surgery name and address
Vulnerable Adult's ethnic origin (dropdown list – see appendix 1 for choices)	Select the appropriate ethnic origin from the dropdown list

Client Group (dropdown list – see appendix 1 for choices)	Select appropriate primary client group from dropdown list
Has a referral been made for this person in the last year as a victim of abuse (only include Adult Protection Referrals)	Select “Yes” or “No” from dropdown list
Is the person known to any other agencies	Select “Yes” or “No” from dropdown list
Vulnerable Adult’s current place of residence (dropdown list – see Appendix 1 for choices)	Select appropriate type of residence from dropdown list
Is the vulnerable adult from another Local Authority area	Select “Yes” or “No” from dropdown list

Part 2: Source of Alert/Referral

Select the appropriate source of alert/referral from the dropdown list.

Contents of dropdown list:

- Self (vulnerable adult)
- Main Family Carer
- Vulnerable Adult’s Family
- Neighbour/Friend
- Member of Public
- Paid Carer
- Housing
- Service Provider
- Voluntary Agency/Volunteer
- Other Service User
- GP
- Hospital
- PCT
- Independent Health Care Provider (non NHS)
- CQC
- Social Services
- Police
- Prison/Probation
- Counselling/Therapy
- Customer Services
- Not Known
- Other

If “other” is selected, please type in brief details.

Part 3: Information about Alleged Perpetrator

Name of alleged perpetrator	Type in alleged perpetrator’s name as Title First Name Family Name
Is the alleged perpetrator a current or previous Social Services client	Select “Yes” or “No” from dropdown list
If Yes, please give CareFirst number	Enter alleged perpetrator’s CareFirst Client ID
Alleged Perpetrator’s gender (dropdown list)	Select gender from dropdown list
Alleged Perpetrator’s age (dropdown list)	Select appropriate age range from dropdown list

Alleged Perpetrator's ethnic origin (dropdown list – see appendix 1 for choices)	Select the appropriate ethnic origin from the dropdown list
Has a referral been made for this person in the last year as an alleged perpetrator	Select “Yes” or “No” from dropdown list
Does the alleged perpetrator live with the vulnerable adult	Select “Yes” or “No” from dropdown list
Relationship of alleged perpetrator to vulnerable adult (dropdown list – see appendix 1 for choices)	Select appropriate relationship from dropdown list

Part 4: Incidents Details and Referral Outcome

Type of alleged abuse: Each type of abuse on the form has a “check-box” to the right of it. Click on the check-box for each type of abuse that applies. If you click on more than one type of abuse then you should also click on the “multiple abuse” box.

Location of abuse (dropdown list – see Appendix 1 for choices)	Select appropriate location from dropdown list
If other, please specify	If you select “other” please give brief details
If Sheltered or Supported, is the property regulated by Supporting People	Select “Yes” or “No” from dropdown list
Team responsible for referral	Type in the appropriate Team Code
Practice Manager	Type in the name of the responsible manager
Did this referral proceed to an investigation	Select “Yes” or “No” from dropdown list

If the referral did not proceed to an investigation, then Part 5 should be completed

If the referral did proceed to an investigation, then omit Part 5 and complete Part 6. In this case, Adult Protection Monitoring Form SS30 (revised June 2006) should be completed as the case progresses and e-mailed to the Management Information Team mailbox once the Adult Protection case is closed.

Part 5: Decision not to refer for investigation

If a decision has been made not to refer an alleged Adult Protection incident for an investigation, then Part 5 should be completed as follows:

Type in a brief reason for not referring for a planning/strategy meeting and investigation

Has the referrer been informed of the decision not to investigate	Select “Yes” or “No” from dropdown list
If no, please give brief reason	Type in brief reasons for not informing referrer
Date referral closed	Enter date referral closed as recorded on CareFirst (dd/mm/yyyy)
Outcome authorised by	Type in name of responsible manager

If the referral is not to proceed to investigation, go to the end of the form:

Form completed by:	Type the name of the person who completed the form
Date completed:	Type the date the form was completed

	(dd/mm/yyyy)
--	--------------

Once the form is completed, save it as a Word .doc file with an appropriate name and then e-mail a copy of this file to the Management Information Team Mailbox. Keep an electronic copy of the form for you records.

The form should be completed and e-mailed to the Management Information Team within 5 working days of the receipt of the Alert/Referral.

Part 6: Information about Investigation

If the Adult Protection Alert/Referral is to proceed to an Investigation, this part of the form should be completed

Has the vulnerable adult agreed to investigation proceeding	Select "Yes" or "No" from dropdown list
Has the vulnerable adult agreed to participate in the investigation	Select "Yes" or "No" from dropdown list
Name of investigation worker	Type the name of the worker
Telephone number	Type the worker's phone number

Complete the details at the end of the form as regards the person completing the form and the date the form was completed.

Once the form is completed, save it as a Word .doc file with an appropriate name and then e-mail a copy of this file to the Management Information Team Mailbox. Keep an electronic copy of the form for you records.

The form should be completed and e-mailed to the Management Information Team within 5 working days of the receipt of the Alert/Referral.

In this case, where the Adult Protection Alert/Referral proceeds to investigation, the Adult Protection Monitoring Form SS30 (revised June 2006) should be completed as the investigation progresses and should be e-mailed to the Management Information Team mailbox once the Adult Protection case has been closed.

Guidance on completing form SS30 Adult Protection Monitoring Form (revised June 2006)

This form should be completed for every Adult Protection Alert/Referral which proceeds to an investigation.

Part 1: Vulnerable Adult's Details

Referral Date	Enter date alert/referral received as dd/mm/yyyy
Vulnerable Adult's Name	Type in name as Title First Name Family Name
CareFirst No:	Enter Client's ID Number as recorded on CareFirst
Date of Birth:	Enter vulnerable adult's date of birth as dd/mm/yyyy
Gender (dropdown list)	Select gender from dropdown list
Vulnerable Adult's ethnic origin (dropdown list – see appendix 1 for choices)	Select the appropriate ethnic origin from the dropdown list
Client Group (dropdown list – see appendix 1 for choices)	Select appropriate primary client group from dropdown list

Part 2: Referral Details

An Adult Protection Alert/Referral Form (SS29) should already have been completed for this referral. All the details for Part 1 above should be available from this form. The minimum input for part 1 of this form is the Vulnerable Person's CareFirst ID and the date of the referral.

Part 3: Organisations involved in the Investigation

A list of the organisations who may have been involved in the investigation is given in Part 3 of the form. They each have a "check-box" to the right of them. Select whichever organisation(s) you require by clicking on the appropriate check-box(es). If "other" is selected, please type brief details of the organisation type.

Part 4: Consent

Has the client been deemed to have the capacity to consent to the investigation	Select "Yes" or "No" from dropdown list
If yes, did the client agree to the investigation proceeding	Select "Yes" or "No" from dropdown list
Did the client agree to participate in the investigation	Select "Yes" or "No" from dropdown list
If no, has the client refused to proceed before	Select "Yes" or "No" from dropdown list

Part 5: Investigation outcome

This consists of a dropdown list:

- Concerns substantiated
- Partly substantiated
- Concerns not substantiated
- Inconclusive

Select the appropriate outcome from the dropdown list

Part 6: Outcome for Client/Protection Plan

A list of possible outcomes for the vulnerable adult is given in Part 6. A “check-box” appears to the right of each outcome. To select the appropriate outcome(s) for the client, click on the appropriate check-box(es). If “other” is selected, please type brief details.

Part 7: Was Protection Plan accepted by the vulnerable adult.

Select “Yes” or “No” from dropdown list

Part 8: Outcomes for Alleged Perpetrator/Organisation/Service

A list of possible outcomes for the alleged perpetrator is given in Part 7. A “check-box” appears to the right of each outcome. To select the appropriate outcome(s) for the alleged perpetrator/organisation/service, click on the appropriate check-box(es). If “other” is selected, please type brief details.

Part 9: Strategy Meetings and Case Conferences

Please keep a count of the number and types of meeting/conferences/reviews which take place for each case and complete Part 9 as follows:

Number of Adult Protection Strategy Meetings	Enter the number of AP Strategy Meetings connected with this case
Was there a strategy meeting held within 5 days of the alert-referral (target)	Select “Yes” or “No” from dropdown list
Number of AP Case conferences	Enter the number of AP case conferences connected with this case
Number of AP Reviews	Enter the number of AP reviews connected with this case
Was there a review held within 6 months of the initial meeting (target)	Select “Yes” or “No” from dropdown list
Number of Serious concerns about an Establishment Meetings/Concerns about Serial Abuse Meetings	Enter the number of such meetings connected with this case

Part 10: Date of Final Adult Protection Review

Type in the date that the last Adult Protection Review was held before the AP case was closed (dd/mm/yyyy). If this is not applicable, click the check-box

Part 11: Date Adult Protection Case Closed

Type in the date that the Adult Protection case was closed (dd/mm/yyyy)

Once the form as been completed, type in the name of the person who completed the form and the date the form was completed.

Adult Protection Monitoring Form SS30 (revised June 2006) should be completed as the investigation progresses and should be e-mailed to the Management Information Team mailbox within 3 working days of closure of the Adult Protection case.

ADULT PROTECTION DATA MONITORING

APPENDIX 1

Contents of drop-down lists on form SS29 (June 2006)

Vulnerable Adult's age

18-64
65-74
75-84
85+

Ethnic Origin

White British	Black African	Other Mixed ethnic origin
White Irish	Black Caribbean	Chinese
Other White	Other Black	Other Ethnic origin
Indian	White and Black African	Declined to answer
Pakistani	White and Black Caribbean	
Bangladeshi	White and Asian	
Other Asian	White and Chinese	

Client Group

Physical Disability	Substance Misuse
Frailty/Temp Illness	HIV/AIDS
Sensory Impairment	Other Vulnerable People
Mental Health	
Older Person Mental Health	
Learning Disability	

Vulnerable Adult's Current Place of Residence

Own Home	Parents/Relatives Home	Not Known
Residential Home	Adult Placement Scheme	Other
Nursing Home	Respite Home	
Supported Housing	Homeless	

Alleged Perpetrator's Age

18-40
41-50
51-60
61-70
71-80
80+

Relationship of Alleged Perpetrator to Vulnerable Adult

Partner	Stranger
Other Family Member	Paid Carer
Main Carer	Professional (nurse, GP, etc)
Neighbour/Friend	Other Vulnerable Adult
Volunteer/Befriender	Not Known
Institution/Service	Other
Other Service User	

Location of Abuse

Vulnerable Adult's Home	Sheltered Accommodation	
Vulnerable Adult's Relative's Home	Extra Care Sheltered Accommodation	
Residential Home	Supported Accommodation	Other
Respite Home	Day Centre/Service	
Nursing Home	Public Place	
Alleged Perpetrator's Home	Adult Placement Scheme	
Hospital	College/Adult Education/Work	
Other health setting	Not Known	

ADULT PROTECTION DATA MONITORING APPENDIX 2

Proposed Performance Indicators for Adult Protection

Total number of AP referrals during year (by gender, age, ethnicity and Locality)

AP Referrals by client group (County, Locality, PCT)

AP Referrals by type of abuse (County, Locality, PCT)

AP Referrals by location of abuse

AP Referrals by perpetrator

AP Referrals by source of referral

No of AP Referrals from each PCT (6)

No of domestic violence cases

By age range per 1000 population

Learning disabilities AP Referrals

Outcomes for vulnerable adult

Outcomes for alleged perpetrator

Previous referrals for vulnerable adult/perpetrator/service provider

Strategy meeting/case conferences/reviews/serious concerns meeting

Timescales for above meetings

Case conclusions

Capacity and Consent Guidance

In every situation it will be assumed that a person can make their own decisions unless it is proved that they are unable to do so. There will be a presumption against lack of capacity.

The Law Commission proposed three definitions to ascertain whether a person lacks capacity.

- A person is without capacity if, at the time that a decision needs to be taken, he or she is ***"unable by reason of mental disability to make a decision on the matter in question; or unable to communicate a decision on that matter because he or she is unconscious or for other reason."***
- Mental disability is *"any disability or disorder of the mind or brain, whether permanent or temporary, which results in an impairment or disturbance of mental functioning."*
- A person is to be regarded as unable to make a decision by reason of mental disability if the disability is such that, at the time when the decision needs to be made, the person is *"unable to understand or retain the information relevant to the decision, or unable to make a decision based on that information."*

Law Commission, pages 32-48, 1995

Issues of capacity and consent are central both in deciding whether an act or transaction was abusive and in deciding to what extent the adult can, and should, be asked to take decisions about how best to deal with the situation.

During the investigation process, it is essential that you are certain that the vulnerable adult fully understands the nature of the concerns and the choices facing them.

In cases in which the investigating officer(s) feel that the adult is unable to give informed consent, it will be necessary to commission a multi-disciplinary assessment. Consideration should be given to calling a speech therapist.

Capacity should be assessed in relation to the specific activity or issue that is being considered.

It should not be assumed that capacity or lack of capacity in respect to one area equates directly to another situation. For example, the ability to consent to medical treatment may not mean that an adult is able to give their consent to sexual activity. This approach to the assessment of capacity can be regarded as a "functional approach".

This approach focuses on the decision itself and the capability of the person concerned to understand, at the time it is made, the nature of the decision required and its implications. This approach is very specific and avoids generalisations that may involve unnecessary intrusions into the affairs of the person.

An assessment in respect of capacity should:

- Relate to the timing and nature of a particular situation, such as a particular treatment or decision.
- Be undertaken by a person with expertise relevant to the vulnerable adult's situation.

- This person should consult other relevant people who know the vulnerable adult
- Consider whether the vulnerable adult is able to understand and retain the information relevant to the decision to be made.
- Consider whether the vulnerable adult is able to make a decision based on that information.
- Be fully recorded in the case file.

Circumstances where the vulnerable adult is considered to lack capacity might include those:

- Where the vulnerable adult does not know that they have a decision to make.
- Where the vulnerable adult does not understand the choices available or the consequences of those choices.
- Where the vulnerable adult cannot communicate their decision. However, in these and other circumstances they can only be deemed incapable of making a decision where every reasonable effort has been made to assist their understanding of the situation and the communication of their wishes. This will include arranging an advocate and/or interpreter where necessary and possible.
- It is important to start from the assumption that the vulnerable adult is trying to find some way of communicating their wishes rather than that they cannot do so.
- There may be situations where the vulnerable adult seems able, in terms of their knowledge and understanding, to make their own decisions. However, they may be subject to undue pressure to support a particular course of action, perhaps pressure from, or fear of, a professional or relative.
- See guidance on the Mental Capacity Act 2005

Workers will need to determine whether the vulnerable adult is making the decision of their own free will or whether they are being subjected to coercion or intimidation.

If it is believed that the vulnerable adult is exposed to intimidation or coercion, efforts should be made to offer the adult “distance” from the situation in order to facilitate decision making.

Situations where the vulnerable adult does have capacity.

If it is decided that the vulnerable adult does have capacity, has taken an informed decision and so is placing him or herself at risk, staff should consult with:

- The vulnerable adult themselves.
- Their carer - with the person’s consent.
- Their community supports.
- Any other relevant agency, service or individual to ensure that the vulnerable adult understands the risk that they are taking and the choices available to them to remove or

reduce the risk.

- If you cannot offer the vulnerable adult anything better than the situation they are enduring, they may well choose to remain in an abusive situation.

Situations where the vulnerable adult does *not* have capacity.

If it is decided that the vulnerable adult does not have capacity then staff should act in the best interests of the vulnerable adult, and do, what is necessary to promote health or wellbeing or prevent deterioration.

Note: An adult can only be compulsorily removed from an abusive situation through the use of either the National Assistance Act 1948 or the Mental Health Act 1983. Both of these pieces of legislation involve what may be regarded as sanctions against the vulnerable adult *not* the alleged perpetrator. Seek advice from your agency or organisation's legal section/department in relation to compulsory removal.

Where appropriate, consultation with or appointment of a legal or other independent advocate may help make the best decisions on the person's behalf.

Independent Mental Capacity Advocates (IMCA)

It is a mandatory requirement of the Mental Capacity Act (2005) that adults who lack capacity have the services of an IMCA case worker when: i) they are without family and friends (although there are exceptions to this – see local guidance), and ii) are faced with a decision about serious medical treatment or a change in accommodation.

The new regulations to the MCA (October 2006) also give Local Authorities and the NHS the power to instruct IMCAs in certain cases of accommodation reviews and safeguarding adults cases. It would be unlawful not to consider the exercise of these powers to instruct IMCAs for accommodation reviews and safeguarding adults where the qualifying criteria are met.

Devon Adult and Community Services and Torbay Care Trust have jointly commissioned an IMCA service to cover both authorities from April 2007. Full information can be found on the Mental Capacity Act page of the Devon website (<http://www.devon.gov.uk/mentalcapacityact>), the Living Options website (http://www.livingoptions.org/division.php?division=IMCA_Service) and Age Concern Devon website (<http://www.ageconcerndevon.co.uk/imca.htm>)

Medical Examinations

Based on case law, the **capacity to give informed consent to medical treatment** has been defined as containing three essential stages:

- The ability to comprehend and remember information about treatment.
- Believing the information.
- Balancing the information and arriving at a decision.
- An adult will be assessed as having capacity if they are able to:
 - Understand what the treatment is.
 - Understand why the treatment is being proposed.
 - Understand the nature of the proposed treatment.
 - Understand the benefits and risks of the treatment.
 - Balance the information and arrive at a decision.

Confidentiality Guidance

The Government Guidance Document, *"No Secrets"*, recognises that there are circumstances in which it will be necessary to share confidential information.

- Information will only be shared on a "need-to-know basis" when it is in the best interest of the service user.
- Confidentiality must never be confused with secrecy.
- Informed consent should be obtained but, if this is not possible and others are at risk, it may be necessary to override this requirement.
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in situations when other people may be at risk.

("No Secrets" - Section 5.6)

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis.

("No Secrets" - Section 5.7)

"No Secrets" states that the principles of confidentiality designed to protect the management interests of an organisation must never be allowed to conflict with those designed to promote the interest of the service user. "If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adults then a duty arises to make full disclosure in the public interest".

("No Secrets" - Section 5.8)

In certain circumstances it will be necessary to exchange or disclose personal information, which will need to be done in accordance with the Data Protection Act 1998 where this applies.

("No Secrets" - Section 5.9)

Procedure

Decisions about sharing information need to be taken on a case-by-case basis. Therefore, before you share information you need to ask yourself the following questions:

- Do I have the permission of the vulnerable adult to disclose personal information?

If not:

- Do I have the legal power to disclose this information?
- Is there a duty to protect the wider public interest; are other people at risk?
- Am I proposing to share information with due regard to both common and statute law?
- Do I have the correct level of seniority to disclose this information?

The sharing of information **must** always be discussed with a senior manager and/or Legal Services Advisor.

All decisions made in terms of withholding or sharing information **must** be recorded.

Service User as Perpetrator

If it is assessed that the service user continues to pose a threat to other service users then this should be included in any information that is passed on to service providers.

("No Secrets" - Section 6.18)

Practice Guidelines

While papers and records belong to the agency, the information belongs to the vulnerable adult. The views and wishes of the vulnerable adult will normally be respected when sharing the information they give.

There will be circumstances when a duty to protect the wider public will outweigh the responsibility to any one individual.

Decisions to share information about the vulnerable adult **must** be made by the agency and not any member of staff acting on their own.

Agencies should ensure they have clear guidelines for when the duty to protect the wider public outweighs their responsibility to protect the vulnerable adult's right to confidentiality.

Staff must never confuse confidentiality with secrecy.

Information given to an individual member of staff, or agency representative, belongs to the agency, **not** that member of staff.

The vulnerable adult, and when relevant their carers, must be advised why and with whom information will be shared.

Information must be shared on a **need-to-know basis** only.

Information will be shared **only** for the purpose of providing care or for the protection of the vulnerable adult.

Information given to an agency must **only** be used for the purpose for which it was intended.

If confidentiality is broken, **who decided** and **why the decision was taken** should be recorded on the file.

All exchange or disclosure of personal information needs to be in accordance with the Data Protection Act 1998, where this applies.

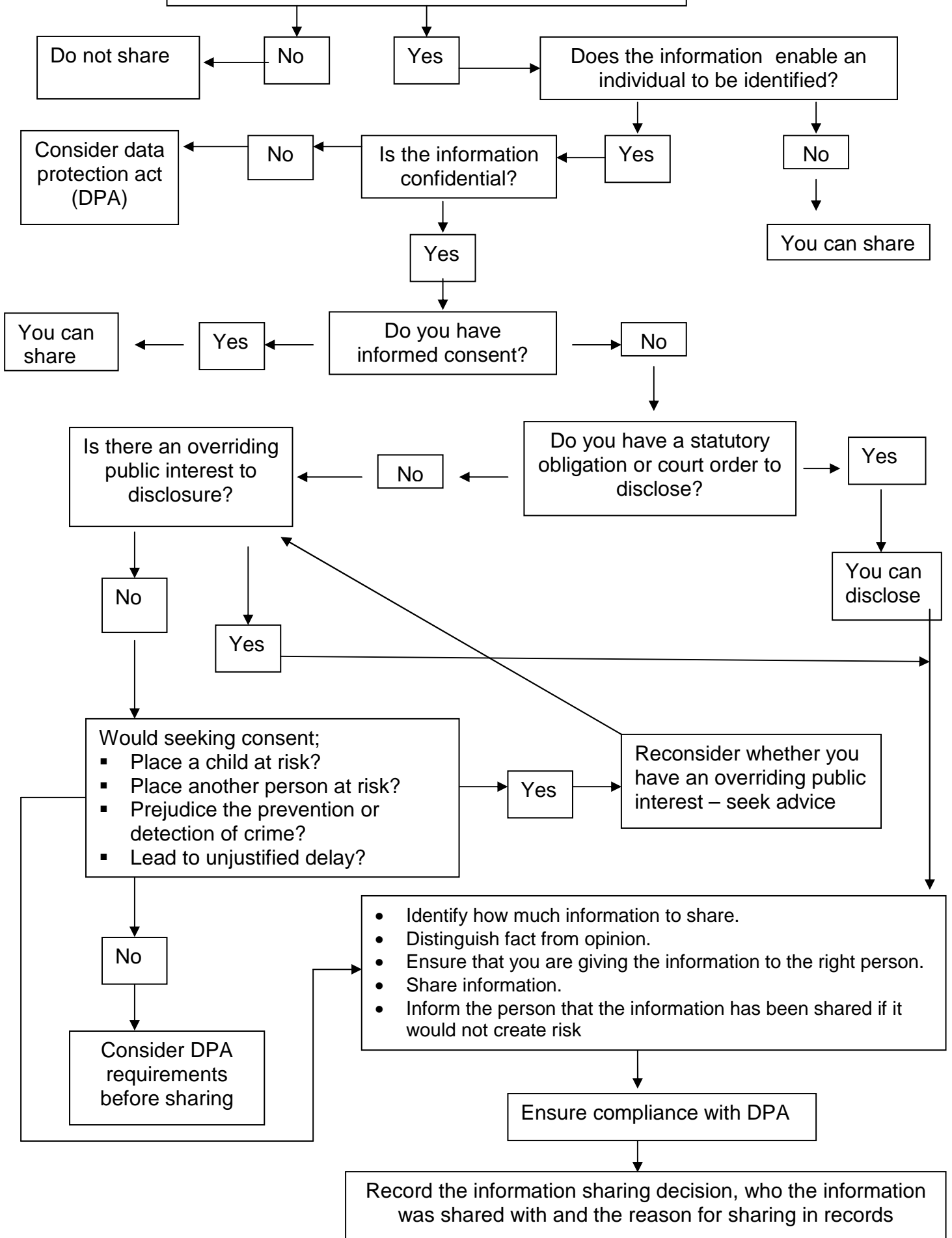
("No Secrets" - Section 5.9)

Safeguarding Adults Meeting Minutes and Confidentiality

- Q** I've had a request from a third party under the Freedom of Information Act asking to see the minutes of a strategy meeting about one of my clients. Do I have to share them?
- A.** Probably not. The minutes will contain personal information about the client. Access to personal information by a third party is a qualified exemption under FOI and must be dealt with in accordance with the Data Protection Act. These minutes are confidential so releasing them may breach Principle One of the Data Protection Act – 'Information must be processed fairly and lawfully'. This means that you may only share the minutes if the vulnerable adult they are about gives written permission for this to happen (and is able to understand any implications of this). You must also take into account whether the vulnerable adult is likely to be caused any unnecessary or unjustified distress or damage. It would be good practice to consult those who were present at the meeting for permission for any information identifying them to be disclosed.

The golden rule is to consult either the Freedom of Information or Data Protection Act coordinators in Adult & Community Services if you ever have a request of this nature. They will ensure the request is logged and dealt with in accordance with the FOI Act and will provide access to expertise when difficult issues arise.

Do you have a legal basis and legitimate purpose for sharing



Case Law - Maddock V Devon County Council (13 AUGUST 2003) (QBD)

M was a single mother. Social Services had been involved in the upbringing of her son, A, almost since his birth. A's name had been placed on the child protection register under the category of emotional abuse. He spent much of his childhood in the care of foster parents. In 1996, when A was 14, M started work, employed by the council through its social services department, as an enabler in a Unit supporting people with physical and/or sensory disabilities and mental health issues. A year later, M obtained a place on a course leading to a Diploma in Social Work.

When the council became aware of M's acceptance on the course it raised its' concerns with the university about M's suitability to qualify to become a social worker. In particular, the council was concerned that M had refused to accept any responsibility for the considerable signs of disturbance which A had exhibited during his childhood. A report containing information from M's family social work files was sent to the university under cover of letter. As a result of the council's disclosure, the university removed M from the course after conducting its own inquiry and giving M an opportunity to put her case.

M sued the council, claiming damages for breach of confidentiality, negligent misstatements which she said gave an unfair and misleading impression of her parenting skills and her fitness to be a social worker, and infringement of her article 8 rights under the European Convention. She alleged that as result of the council's disclosures she was removed from the course and so deprived of the chance of earning a living as a social worker.

The council accepted that there was an obligation of confidentiality in respect of the files but argued that the disclosure of the information was necessary in the public interest.

The court held that the report and letters sent to the university by the council were neither negligent nor unfair. In making its disclosure to the university, the council owed a duty of care to M to ensure the accuracy of the matters disclosed. It was just and reasonable to impose such a duty on the council given that it was aware that the university might act on the information disclosed to it and that the result could well be M's exclusion from her course. There was no reason why a public duty to make a disclosure should be inconsistent with a private duty to the subject of the disclosure to ensure the accuracy of the matters disclosed. The fact that the report on M's involvement with social services which was sent to the university was not negligent or unfair was irrelevant to whether the council had breached its duty of confidence to M. It was no defence to a breach of confidence claim that the information disclosed was true.

The court's analysis of the duty of confidentiality owed was that the primary obligation lay on the council to decide whether or not to make the disclosure and there was no requirement for it to obtain a ruling from the court before doing so. In this case, the council's disclosure was not a disproportionate reaction to the perceived problem. It was proper for the council to draw the university's attention to its concerns so that the university could make its own decision. It was a matter of public interest that unsuitable persons should not become social workers. The council had properly considered whether to make disclosure of the information and there was no breach of confidence in making the disclosures contained in the report and its cover letter. It followed that there was no infringement of M's rights under article 8 of the Convention.

The court added that, in general, as a matter of good practice, before making a disclosure in a

case such as this, a party in the council's position should inform the subject of the disclosure of that intention in enough time to enable that person to seek an injunction from the courts. A failure to do so, however, even if it did breach good practice, did not of itself create a breach of the duty of confidence

Legal Framework

INTRODUCTION

At present, the legal framework surrounding adult abuse is fragmented, but it should **NOT** be assumed that Social Services have no legal powers to intervene in a case of adult abuse. This section provides information about supportive legislation that has been built up over many years. It is suggested that staff seek advice from their respective legal departments when considering action in the following ways. Legal action may provide a solution to problems being encountered when working with vulnerable adults. The nature of that intervention will depend on the circumstances of each case and the type of abuse.

CRIMINAL LAW

Vulnerable adults may be the subject of criminal acts e.g. Physical assaults, theft, sexual offences. Where they are witnesses to crimes, many will fit the definitions in “Achieving Best Evidence in Criminal Proceedings” and may be offered special measures. These measures offer assistance to vulnerable witnesses giving evidence in court and include a screen between themselves and the accused; giving evidence by live link or by a recorded video; giving evidence in private; removal of wigs and gowns; the use of an intermediary (where available); a supporter in court and a range of communication aids. This can affect the course of the investigation and joint work with the Police becomes even more important. The Police have prime responsibility to investigate criminal offences and should lead criminal investigations but this does not preclude good multi-agency work. Evidence can be lost if referral to the Police is delayed and advice should be sought early. As potential witnesses to a crime, staff must make careful contemporaneous records.

Police Powers and Criminal Investigation

- In situations where legal action or separation of a person from their carer may be appropriate close co-operation with the police can be important.
- The police have general powers to keep the peace and safeguard the public, these include:
 - a. Powers of entry to a property for the purpose of saving life or limb or to prevent serious damage to property.
 - b. Powers of arrest where a person is suspected of committing or is about to commit an arrestable offence.
- The police should be informed of situations where a criminal investigation is warranted under criminal law. The standard of evidence required for a successful prosecution will be “proof beyond reasonable doubt”, therefore the police will need to obtain all possible evidence and include statements from both the victim and witnesses if available.
- The ultimate decision whether to prosecute lies with the Crown Prosecution Service. They will have to take into account the weight of the evidence and the potential for a prosecution going ahead.

The Police and Criminal Evidence Act 1984

Section 17: Allows a police officer to search and enter any premises without a warrant for the purpose of saving life or limb or preventing serious damage to property.

Section 24: Allows a police officer to arrest any person who is suspected of having committed, or is about to commit an arrestable offence.

Section 25: Allows a police officer, where there are reasonable grounds, to make an arrest of someone to prevent them causing physical injury to another person, or to protect a child or other vulnerable person.

Youth Justice and Criminal Evidence Act 1999

This Act gives the police and the courts the ability to offer 'Special Measures' to vulnerable victims and witnesses to crime.

The special measures are:

1. Video recorded evidence
2. Evidence presented to court by live link
3. Evidence in private
4. Screening witness from the accused
5. Removal of wigs and gowns
6. Aides to communication
7. Support from an intermediary

Sexual Offences Act 2003

www.legislation.hmsso.gov.uk

This Act repeals all previous legislation on sexual offences. Consent is a key issue in the Act and the freedom to make choices. The main sexual offences are rape (now including penile penetration of the mouth, anus or vagina), assault by penetration, and sexual assault by touching and causing sexual activity without consent. Sexual relations with certain adult relatives have been clarified. There are a set of offences in relation to mentally disordered adults where choice is impeded. This includes adults with mental health problems or learning disability. There is specific protection from the misuse of a position of trust. It is an offence for someone who is in a relationship of care to have a sexual relationship with the mentally disordered adult.

Protection from Harassment 1997

www.hmsso.gov.uk

This legislation can be used when matters fall short of a physical attack but the vulnerable adult is being intimidated or harassed by an abuser. Injunctions can be sought. This is a civil law but creates the offence of harassment.

Mental Capacity

The Issue of mental capacity is critical in deciding action in safeguarding adults. There is a presumption in English law that everyone has mental capacity until the contrary is proved. In undertaking investigations, capacity to consent is a key issue. There are two key capacity issues and the first is the capacity of the adult to consent to the sexual act or other act about which there is concern. If the adult has capacity and consented to the “abusive” act, it is unlikely that any prosecution can take place although the Police should still be consulted. A vulnerable adult’s capacity may fluctuate over time. This can be critical in determining whether an act is abusive or consensual.

The second key area where capacity is significant is consent to the process of the investigation – active involvement of the Police, interviews, and medical assessment. If the vulnerable adult lacks capacity for this function, it is inappropriate for their consent to the process to be sought. However, they should be engaged with the process in any way possible. If the adult has capacity and declines assistance and refuses an investigation, actions will be limited. Such situations should be discussed at a Safeguarding / Adult Protection Conference to ensure all agencies are aware of the risks and the danger signals.

In assessing capacity, it is important to distinguish between capacity to make the decision and the ability to communicate the decision. The Mental Capacity Act 2005 makes clear that a functional approach to capacity must be taken and the adult must be assessed in relation to their capacity for this specific decision, not a general assessment. The test is whether the person is capable of understanding the particular decision. If a particular decision is trivial, a low degree of understanding will suffice. The more complex the decision the greater understanding is needed.

If an adult lacks capacity, professionals involved need to act in the vulnerable adult’s best interests. Capacity must have been carefully assessed and recorded. Legal advice should be sought. In the context of medical decisions, best interests is defined as where medical treatment is: *“necessary to save life or prevent a deterioration or ensure an improvement in the patient’s physical or mental health; in accordance with a practice accepted at the time by a responsible body of medical opinion skilled in the particular form of treatment in question.”*
Code of Practice: Mental Health Act 1983

The Mental Capacity Act 2005

www.dca.gov.uk/capacity

This Act has set five key principles which make it clear that a person should be seen as having capacity unless proven otherwise. These are –

- A person must be assumed to have capacity unless it is established he lacks capacity.
- A person is not to be treated as unable to make decisions unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done or made in his best interests.
- Before the act is done, or the decision made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

Someone is unable to make a decision for himself if he is unable

- To understand the information relevant to the decision
- To retain the information
- To use or weigh that information as part of the process of making the decision
- To communicate his decision by any means.

There is a best interests checklist for people acting on behalf of others. This includes the following-

- Consider whether it is likely that the person will at some time have capacity in relation to the matter in question and if so, when
- Must permit and encourage the person to participate as fully as possible in any act and decision
- Must consider the person's past and present wishes and feelings, the beliefs and values that would be likely to influence his decision if he had capacity and the other factors he would be likely to consider if he were able to do so.
- He must take account if it is practical and appropriate to consult them, the views of anyone named by the person for consultation, carers, donees of lasting power of attorney or court appointed deputies.

Restraint is only permitted if the person using it reasonably believes it is necessary to prevent harm to the incapacitated person and if the restraint is proportionate to the likelihood and seriousness of harm.

The Act has extended the Court of Protection's role to cover welfare matters not just financial matters. After implementation, a Lasting Power of Attorney will replace the Enduring Power of Attorney but can specify other decisions on wider welfare matters as well as finance. Most day to day informal decisions will be able to be taken without interference of the court with a general authority resting on the carer. The Court can appoint deputies who would help with welfare and financial decisions where the person lost capacity without appointing a Lasting Power of Attorney. This replaces the current system of receivership covering financial decision making and extends it to include health and welfare. There will be a new Public Guardian and a new style Court of Protection. The Act has created Independent Mental Capacity Advocates to support those lacking capacity who have no one else to speak for them when decisions are taken about serious medical treatment or long term residential care. See page 113.

The Mental Capacity Act creates new criminal offences of ill treatment or neglect of an adult who lacks mental capacity.

The Mental Capacity Act was partly implemented in April 2007, with the rest being implemented in October 2007.

Inherent Jurisdiction: The High Court may use its inherent jurisdiction to make a declaration as to whether action which is proposed to be taken is in the best interests for a person or is unlawful. The High Court can make decisions as to appropriate place of residence with someone who does not have capacity to make decisions by themselves and can also make injunctions to back up any residents and to stop removal.

Local Authority Adult Social Services

Local authorities have placed on them a number of statutory powers and duties to provide services for adults who need them. Some of the important powers and duties are covered in the legislation below –

The Health Services and Public Health Act 1968

Section 45 (1) allows local authorities with a Social Services responsibility to promote the welfare of old people (subject to the approvals and directions contained in Circular LAC (93) (10). This legislation is underpinned by Section 29 of the National Assistance Act 1948 (local authority provision of services other than residential accommodation for a defined class of disabled adult) as extended by Section 2 of the Chronically Sick and Disabled Persons Act 1970 (provision of welfare services).

The National Assistance Act 1948

Residential accommodation and other services may be provided under Sections 21, 24, 26 and 29 of the **National Assistance Act 1948**. Section 1 places a duty on local authorities to provide residential accommodation to those over 18 “who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them.” The relevant approvals and directions under those sections are contained in LAC (93) (10).

The National Health Service and Community Care Act 1990

Section 47 requires local authorities with a Social Services responsibility to carry out an assessment of need where people appear to them to be in need of community care services.

The Housing Act 1985 Part III (Homelessness)

Local authorities have a preventative duty (under Section 66) to take reasonable steps to ensure that accommodation does not cease to become available for people threatened with homelessness (para 10.1 Code of Guidance). The Code of Guidance stresses that much can be done to prevent homelessness. It mentions special reasons for considering people as a priority, one is “Men and women without children who have suffered violence at home or who are at risk of further violence if they return home”.

Section 72 of the Act says that a housing authority may seek help from another authority (Housing Association, Housing Authority or Social Services Department) to discharge their duties. The authority asked for help shall co-operate as is reasonable in the circumstances. This will help, for example, a woman fleeing violence who cannot be referred because of having a local connection with an area but feels she would not be safe living in the area.

RESIDENTIAL CARE AND THE LAW

Care Standards Act 2000

The Care Standards Act sets national minimum standards for care settings and set up new inspection arrangements. The Act requires homes providing personal care and accommodation to be registered and brought in registration and inspection requirements for domiciliary care, day care and nursing agencies. The Act created the General Social Care Council and the requirements for registration. The quality of residential provision is assured through this Act.

The Care Standards Act requires people and organisations providing care to be registered as “fit”, running services according to regulations and standards. Regulation 13 (6) requires the registered person to “make arrangements by training of staff or other measure to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse”. The standards state that homes must have robust procedures for responding to suspicion or evidence of abuse and neglect and ensure the safety and protection of service users. All allegations and incidents of abuse and action taken must be recorded. Section 31 of the Act empowers inspectors to enter a home at any time and interview the manager, staff or persons accommodated, to inspect and take copies of documents.

Regulation 13 (7) requires no physical restraint unless “restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances”

There are restrictions on acting for service users and Regulation 20 states a registered person cannot pay money belonging to a service user into a bank account unless the account is in the name of the service user. There is a requirement for a clear complaint policy and Regulation 37 requires the registered person to notify the Commission without delay of any event which adversely affects the well being of a service user and any allegation of misconduct by the registered person or staff. Failure to notify is an offence.

The Protection of Vulnerable Adults (POVA) list was set out in the Care Standards Act but implemented partially on 26 July 2004. Through referrals to and checks against the list, care workers who have harmed a vulnerable adult or placed a vulnerable adult at risk of harm will be banned from working in a care position with vulnerable adults. The scheme is currently implemented within care homes and domiciliary care but will be extended in the future. Employers and the Care Quality Commission can refer people to POVA and checks are made on it for relevant posts as part of CRB checks.

POWERS TO ACT WITHOUT CONSENT

A person with mental capacity is entitled to refuse the provision of services even though the professional opinion is that this will cause deterioration or abuse or neglect. In such situations, a multi-agency conference is recommended. There is one situation that allows for intervention without consent where the Mental Capacity Act and the Mental Health Act are not relevant or helpful.

The National Assistance Act 1948, Section 47

Whenever you consider the use of the above Section, seek legal advice as you will need to consider Article 5 of the European Convention of Human Rights, which states that "Everyone has the right to liberty and security of the person. No one shall be deprived of his liberty save in the following cases and in accordance with the procedure prescribed by law: but also allows for

(e) “the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants; ”.

Therefore, not only do you have to fulfil the requirements of Section 47 of the 1948 Act, you also have to fulfil the requirements of Article 5(e) of the Human Rights Act. This means you have to show that in some sense there is a risk of infectious disease, or the person is of unsound mind (this is not a medical definition but a broader legal definition), or an alcoholic or drug addict or vagrant within the broad meaning of those terms.

Section 47 of the 1948 Act gives power to a district council to apply to a Magistrates Court to remove a person from his/her home on the grounds:

- that the person is suffering from grave chronic disease or, being aged, infirm or physically incapacitated, is living in unsanitary conditions; **and**
- that the person is unable to devote to himself, and is not receiving from other persons, proper care and attention; **and**
- that his/her removal from home is necessary, either in his own interests or for preventing injury to the health of, or serious nuisance to, other persons.

In practice, this section of the National Assistance Act is rarely used. However, its use could be considered if there is no alternative and the risk is considered to be very grave. An order will last for up to three months depending on the circumstances in which it is obtained.

A modification of the Section 47 procedure is provided by the National Assistance (Amendment) Act 1951 to deal with situations in which it is necessary to remove the adult without delay. An order can be made which lasts for up to 21 days.

Public Health Act 1936

District councils have powers under this Act to give notice to owners or occupiers if those premises are “in such a filthy or unwholesome condition as to be prejudicial to health”. The notice can require the owner or occupier to clean the premises or the Council can carry out the work itself.

FINANCIAL PROTECTION

The prevention of financial abuse can be difficult, with evidence difficult to glean and issues about consent complex. It is important to remember that such abuse may be a crime and consult the Police. Many of the provisions below will change once the Mental Capacity Act is fully implemented.

Receivership

Where someone is incapable of managing their property and affairs, an application can currently be made to the Court of Protection for the appointment of a Receiver to manage the adult's financial affairs. The person to be appointed can be a relative, a friend, an officer from the local authority, a solicitor, the Public Trustee or any other suitable person. Where the adult's capital exceeds £5,000 or receives an occupational pension or the adult has an interest in a property then a Receivership application should be made. If however, the adult's resources are limited it might be possible for the Court to issue a Short Order. All applications submitted to the Court must be accompanied by a statement confirming that the adult is currently “incapable by reason of mental disorder of managing and administering his property and affairs”. The medical certificate will have to be completed by the adult's doctor or consultant, and must be in the approved Court of Protection form called a CP3. Legal advice should always be obtained. Social Services can make the application to the Court and in appropriate cases can be appointed as the receiver.

Power of Attorney

The adult can, through a legal process, empower someone else to act on their behalf in relation to all their financial affairs. Unless any restrictions or conditions are placed on the Attorney this person will be able to do almost anything that the adult would have done, for example sign cheques, or withdraw money from savings accounts. The adult granting the Power of Attorney must be mentally capable at the time and can appoint almost anyone who is over 18 years of age. Anyone who is thinking of making a Power of Attorney should consider making this an Enduring Power of Attorney. An ordinary Power of Attorney lasts only so long as the person who grants it is mentally capable whereas an Enduring Power of Attorney allows for incapacity.

Enduring Power of Attorney

An enduring Power of Attorney is a Power of Attorney which continues after the adult becomes mentally incapable of managing their own affairs. When the Attorney believes that the adult is or is becoming mentally incapable, the Attorney must apply to register the Enduring Power of Attorney with the Court of Protection before they can act or continue to act under it.

Appointee

The Benefits Agency can appoint someone else to receive the adult's benefits and to use that money to pay expenses such as household bills, food and personal items. An appointee should be a close relative or friend or someone who is regularly in contact with the adult. The person who is willing to act as the appointee must contact the local Benefits Agency office, who will arrange to interview the adult to decide whether they are mentally or physically incapable of acting on their own behalf. Where an adult has no one who can take this on, it is technically possible for someone from the Council to do so but is not generally considered appropriate.

Agent

If the adult cannot go to the Post Office because of a physical disability or incapacity they could either fill in the back of the payment order or they could arrange for a suitable person to be made their Agent. The adult will need to contact the local Benefits Agency office and the adult can cancel this arrangement at any time they see fit. The Attorney and Agent assume that the adult is able to make the decision. An attorney is in fact under a legal duty not to misuse the power granted to them. If they do so, they can be sued in the Civil Courts.

MENTAL HEALTH

The Mental Health Act (MHA) 1983

This Act provides for the detention and treatment of mentally disordered individuals and if use is being considered an Approved Social Worker should advise.

Section 115: Powers of Entry and Inspection.

An Approved Social Worker may at all reasonable times enter and inspect any premises in which a mentally disordered adult is living, if she/he has reasonable cause to believe that the patient is not under proper care.

Section 115 does not allow an approved social worker to force entry, although obstruction may be an offence under Section 129, and the approved social worker can apply for a warrant under Section 135. The adult need not be named in this warrant, so this allows for investigation of suspected mistreatment of people whose identity is unknown but whose whereabouts are known. The evidence used to obtain the warrant can be about mistreatment in the past and therefore allows for accumulation of evidence over a period of time.

Section 135 allows an Approved Social Worker to apply for a warrant to search for and remove adults where there is a reasonable cause to suspect that an adult believed to be suffering from a mental disorder has been, or is being, ill-treated or neglected and not kept under proper control, or is unable to care for himself or herself and is living alone.

Section 136 allows for a Police Officer to intervene if the adult is in a public place appears to be suffering a mental disorder and is in need of care and control.

Section 13 (4): Duty to consider making application for admission. This places a duty on the Social Services Department to direct an approved social worker to consider making an application for admission under the Act, if requested to do so by the nearest relative. This power could be used if the nearest relative of a mentally disordered adult complains of mistreatment by a third party, provided grounds exist under the MHA.

Section 2, 3 and 4: Admission to hospital. These sections give power to an Approved Social Worker based on the recommendation of one or two doctors to authorise the admission to hospital of a mentally disordered adult, if she/he is satisfied the criteria for compulsory admission are met as per the provisions of the MHA.

Section 7: Guardianship. A vulnerable adult can be received into guardianship by the local authority if she/he has a mental illness, severe mental impairment or mental impairment associated with “abnormally aggressive or seriously irresponsible conduct” or a psychopathic disorder, which results in “abnormally aggressive or seriously irresponsible conduct”. The Guardianship must also be “necessary in the interests of the welfare of the adult or for the protection of other persons”. The “welfare of the patient” is interpreted broadly. Guardianship gives the guardian 3 basic powers: -

- Accommodation: to say where someone is to live;
- Attendance: to require the adult to attend somewhere for the purpose of medical treatment, occupation, education or housing;
- Access: to gain access to the patient at the place where they are living.

There is a necessity to consult the nearest relative when considering guardianship. Consideration to displacing the requested relative should be given if any of the statutory grounds set out in Section 29(3) are met. Legal advice must be sought.

Section 127: Ill-treatment of patients. This section makes it an offence for an officer on the staff or otherwise an employee or a manager of a mental nursing home or hospital, to “ill-treat or wilfully neglect” a patient who is either:

- currently receiving treatment for mental disorder as an in-patient in that hospital or home;
- a patient receiving treatment as an out-patient.

Furthermore, under sub-section (2) “*It shall be an offence for any individual to ill-treat or wilfully neglect a mentally disordered patient who is for the time being subject to his guardianship under this Act or otherwise in his custody or care (whether by virtue of any legal or moral obligation or otherwise)*”. This sub-section has rarely been used but potentially could include the mistreatment of a mentally disordered adult by any carer-informal or otherwise.

THE RIGHTS OF THE VULNERABLE ADULT

The vulnerable adult who is being abused is very likely to have their own legal remedy and should seek their own legal advice where possible. The worker should support this.

Human Rights Act 1998

All public authorities have to comply with the Act which gives legal force to the rights enshrined in the European Convention of Human Rights. There is a positive duty on local authorities, approved social workers; health authorities, NHS, Primary Care Trusts and the Police to uphold these rights. It is not enough for public authorities not to go against these rights; they also have a positive duty for example, a duty to ensure that someone is not subject to torture or inhuman or degrading treatment. These rights can be limited but the limit on these rights must be proportional.

The main rights that apply include -

- Article 2 Right to Life
- Article 3 Prohibition of Torture and Inhuman or Degrading Treatment

- Article 5 Right to Liberty and Security
- Article 6 Right to a Fair Trial and Determination of Civil Rights
- Article 8 Right to Respect for Private and Family Life including home and correspondence
- Article 9 Freedom of Thought, Conscience and Religion
- Article 10 Freedom of Expression
- Article 11 Freedom of Assembly and Association
- Article 14 Prohibition of Discrimination (this only prevents discrimination in relation to the other rights and applies to grounds such as sex, race, colour, language, etc or other status)
- First Protocol Article 1 Protection of Property
- First Protocol Article 2 Right to Education

Disability Discrimination Act 1995

This Act provides positive protection for disabled people from discrimination in relation to services and employment.

DISCLOSURE OF PERSONAL INFORMATION

The Local Authority will hold a lot of personal information about individuals and some of that information will relate to risk posed to vulnerable adults. This may indicate the likely risk of abuse as a result of allegations made. It may include information of a sensitive nature about alleged and actual incidents of abuse. Legal advice should be sought if there is any uncertainty about the sharing of information. Generally, if consent is given by the vulnerable adult there is no difficulty. The challenges arise in situations where seeking consent would put the adult at increased risk of harm or where consent is not given.

Principles in information sharing

- The Local Authority Social Services Department has the power to disclose to a 3rd party and where appropriate the vulnerable adult information relating to an individual if it genuinely and reasonably believes that it is desirable to protect vulnerable adults.
- Each case must be decided on its own facts
- Disclosure without consent should only be made if there is a pressing need and should be the exception not the rule.
- In deciding whether there is a pressing need, the following factors will be considered –
 - The Local Authority's own belief about the truth of the allegations will be a factor. The greater the conviction that the allegation is true, the more pressing the need.
 - The level of involvement of the 3rd party to whom the information would be disclosed
 - The degree of risk posed if disclosure is not made – previous history of allegations, level of continuing contact with vulnerable adult, seriousness of alleged abuse.

Crime and Disorder Act 1998 Section 115

This legislation allows for the sharing of information between agencies to prevent a crime being committed. This is relevant to the many abuse situations which constitute a crime.

Data Protection Act 1998

The Data Protection Act sets up suitable safeguards in sharing information and these need to be abided by. E.g. fairly and lawfully processed, not kept longer than necessary, rights of access. However, there are specific conditions in relation to access and sharing of information where there are situations of serious risk of physical harm or to mental health. Information can be disclosed without consent if it is for the protection of the "vital interests of the subject" or

prevention or detection of serious crime or for legal purposes. Where information is shared without consent, it is essential for advice to be sought and a careful recording of the reasons for this decision.

Freedom of Information Act 2000

This Act has changed the way public authorities approach openness and manage their records. The Information Commissioner is now responsible for implementation and enforcement of this Act and the Data Protection Act. The Freedom of Information Act only applies to public authorities. The Act establishes the right of any person making a request to a public authority to be informed in writing whether or not the authority holds the information sought and if so to be supplied with the information subject to certain exemptions.

Public Interest Disclosure Act 1999

This is the legal protection for the whistleblower. It sets out a clear and simple framework for raising concerns about malpractice guaranteeing full protection for the worker. The Act enables employees who make a protected disclosure to disclose information, confidential or otherwise, - internally, to prescribed regulators or to a wider audience. A “protected disclosure” is a disclosure of information which, in the reasonable belief of the worker, tends to show one of the following has occurred or is likely to occur –

- a criminal offence has been committed
- a person has failed to comply with a legal obligation
- a miscarriage of justice has occurred
- health or safety of an individual endangered
- environment has been damaged
- Information about any of these has been concealed.

LEGISLATION RELEVANT TO CARERS

Carers Recognition and Services Act 1995

Act places a duty on local authority Social Services Departments to assess, on request, the ability of a carer to provide and continue to provide care and a duty for them to take this into account when deciding which services to provide to the person in need of care.

Carers and Disabled Children Act 2000

This Act gives carers the right to services in their own right.

The Carers (Equal Opportunities) Act 2004

This Act aims to ensure that work, life-long learning and leisure are considered when a carer is assessed. It gives local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers. The Act aims to ensure carers are informed of their rights – with a duty to inform the carer they are entitled to an assessment.

DOMESTIC VIOLENCE LEGISLATION

Family Law Act 1996 Part 4

In domestic violence, there are several relevant parts of criminal law in relation to assaults. Generally the Police will take a proactive approach to domestic violence between partners and will sometimes arrest even where the victim has not decided to press charges. The Family Law Act provides for the making of non-molestation and occupation orders and these can include powers of arrest. These can be obtained against “associated persons” which includes cohabitants, spouses and persons who live together in the same household and relatives. It does not include employees, tenants, lodgers and boarders.

Domestic Violence, Crime and Victims Act 2004

This Act broadens the relationships covered by domestic violence legislation to include same sex and couples who have never lived together. It makes common assault an arrestable offence. There are significant new Police powers including making it an arrestable, criminal offence to breach a non-molestation order. There is stronger legal protection for victims by enabling courts to impose restraining orders when sentencing for any offence or on acquittal for any offence if it is necessary to protect the victim from harassment. The Act creates a new offence of causing or allowing the death of a child or vulnerable adult. This places a new criminal responsibility on members of a household where they know a child or vulnerable adult is at significant risk of serious harm. The Act set up an independent Commissioner for Victims to give them a voice nationally.

OTHER CIVIL REMEDIES

The Law of Tort

This is the civil law which allows one person to sue another complaining about a wrong that the other has committed vis-à-vis the complainant.

- Trespass to the person (assault and battery) and false imprisonment, i.e.: covering much of the same area as criminal law.
- Negligence -if a person is owed a duty of care by another, breach of that duty lays that other potentially open to a civil action. A person who takes on board the care of another owes her/him a duty of care. If the carer fails to act as a reasonable carer would have done, she/he has broken that duty of care. If this breach causes the injury of which the person is complaining, the negligence action has been established.

Common Law

Common Law allows for intervention, without consent, to save life or avoid serious physical harm based upon the principle that the action is reasonable and can be professionally justified as immediately necessary for the purpose of saving life or serious physical harm. Conversely, not to act under circumstances of the utmost gravity could be deemed negligent.

In high risk situations where both physical and mental disorders may be present (e.g.: drug overdose, serious injury), if there is doubt concerning which of the two takes precedence, then the Physical Disorder should be given priority. The relevant action would then be a Common Law intervention e.g.: removing the individual to a Casualty Department. When it is physically safe to do so, the adult should then be assessed for treatment/admission under the Mental Health Act 1983 with respect to Sections 135/136.

Declaratory relief is a common law remedy, which can be obtained in high court proceedings in the family division. It is a kind of wardship for adults who are mentally incapable of making or communicating a decision about specific issues. It results in a declaration that to do x, y or z in respect of an incapacitated person would not be lawful, since it has been found, on the

evidence, by the judge, to be in the best interests of the person concerned. It derives from the jurisdiction which the courts have always claimed in respect of medical intervention, when doctors or Trust Hospitals were uncomfortable, as to whether they could properly act or cease to treat someone, whose capacity or condition was such as to make their wishes or confirmed consent unclear.

The Court of Appeal in *Re F* (2000) removed any doubts as to the use of this jurisdiction by local authorities and emphasised that it may be the duty, and not merely the power, of the local authority, in some cases, to take the step of going to court. When considering whether to apply to the High Court for declaratory relief the following needs to be established:

That it is believed that the adult lacks mental capacity in relation to the particular decision at the particular time. (Wherever possible this should be supported by professional evidence).

The issue is of a “serious justifiable nature” relating to welfare e.g. sterilisation or placement and contact arrangements including supervised contact, where there are strong concerns/evidence of abuse, ill-treatment or neglect and lack of care.

What is in the adult’s ‘best interests’ (as opposed to their carers, relatives etc.) which includes medical, emotional or all other welfare issues. This has to be determined by balancing all relevant factors and obtaining professional evidence e.g. consultant psychiatrist and social worker. (If in doubt the judge will decide).

That determined efforts have been made to agree what is in the best interests by working in partnership with relatives, carers and recording evidence of this on file.

Contract Guidance Note

Author:

John Wilkin/Angela O'Reilly

Date:

July 2008

Note:

08-003

Subject:

**Concerns About Care and Support Providers
(To be read in conjunction with Safeguarding Adults Policy and Guidance)**

This CGN replaces Contract Guidance Note 08-001 dated January 2008

1. Introduction and Glossary

1.1 The purpose of this Contract Guidance Note is to set out the procedure to be followed in the event of concerns being raised about a care or support provider, either where an alert has been made through the Devon Safeguarding Adults Multi Agency Alerts Pathway or where the Care Quality Commission (CQC) has informed Devon County Council's Adult & Community Services Directorate (ACS) or Devon (DPCT) that a service provider has been rated as "poor".

2. The Multi Agency Strategy Meeting

2.1 When such concerns are raised a Multi Agency Safeguarding Adults Strategy Meeting will be convened, which will be chaired either by the lead agency (ACS, DPCT) or by the Safeguarding Adults team. Each agency will be represented by a manager (the Responsible Manager) who is authorised to make decisions on behalf of their organisation and to instigate any necessary actions arising from the meeting.

2.2 Any response made by the lead agency has to be proportionate to the concerns that are being raised and therefore one of the functions of the Strategy Meeting will be to ensure good liaison and communication between ACS, DPCT, CQC and any other agencies to ensure that all relevant information is efficiently gathered and presented and that any actions agreed are properly understood and co-ordinated.

2.3 In any situation where there are concerns as to the well-being or safety of vulnerable people the primary consideration must always be for the welfare of those people. However, it is also important to ensure that the action taken does not have the effect of financially damaging a provider in circumstances where further investigation reveals the concerns to have been unwarranted.

2.4 Before the Strategy Meeting the ACS Responsible Manager will:

- Obtain a list of ACS-funded service users placed with the service provider from the CareFirst system;
- Inform the Adult & Community Services Procurement and Contracts (P&C) Team that issues of concern have been raised about the service provider. (However, P&C Officers will not routinely attend Strategy Meetings.)

Contract Guidance Note Continued

- 2.5 On receipt of the notification from the Responsible Manager, the P&C Team will inform the Responsible Manager of any relevant hard or soft information that the P&C Team holds regarding the service provider.
- 2.6 From the evidence presented at the Strategy Meeting it should become apparent whether the issue of concern relates to one incident which has been properly responded to by the service provider (in which case it is unlikely that any further action will need to be taken) or whether there is evidence of more widespread failings in leadership, service delivery or quality within the service (in which case the actions set out in section 3 below should be undertaken).
- 2.7 An electronic copy of the Minutes will be sent to the P&C Team for filing against the provider concerned.

3. “Whole Provider” Concerns

- 3.1 Where it is apparent from the Strategy Meeting that there is evidence of failings in leadership, service delivery or quality within the service the following actions may be undertaken:
- 3.2 The ACS Responsible Manager will provide to the P&C Team a summary of the evidence that supports the concern about the provider. This must be factually accurate and include details of the service users affected, any service provider staff involved, dates, times, and the details and statements of any witnesses. Based on this summary, the P&C Team will determine whether contractual action is warranted (see section 4 below), or will inform the Responsible Manager and the Chair of the Strategy Meeting if it is considered that the evidence is insufficient. The summary of evidence will also be provided to the Chair of the Strategy Meeting, who will inform the service provider that an ongoing Safeguarding Adults investigation is being undertaken and that the P&C Team and CQC have been made aware.
- 3.3. Based on the summary of evidence, the ACS Responsible Manager and P&C Officer may agree that the P&C Team will circulate by email an instruction, either:
 - That any member of ACS staff considering making a placement with the service provider must contact the Responsible Manager before doing so, in order to ascertain whether the service provider is able to meet the assessed needs of the service user, or
 - That no placements should be made with the service provider.

This email will be sent to ACS Cluster Managers, Practice Managers and the Emergency Duty Team. It may be copied to relevant PCT Managers for information, if appropriate.

Because of the sensitive nature of this issue details of concerns about providers must **not** be routinely broadcast to all ACS staff.

Contract Guidance Note Continued

- 3.4 Where the nature of the concerns merits it the ACS Responsible Manager will arrange for reviews to be undertaken on any ACS-funded service users already receiving the service from the service provider, including a risk assessment to establish whether the service is able to safely meet their needs. ACS-funded service users and their relatives (or other representatives) should be informed that an investigation is in progress. Legal advice is that they are entitled to know what we know, in general terms, although this should be balanced against the nature of the allegation, the impact releasing any information may have on any CQC or police activity and the response of the service provider – for example, if the service provider has promptly suspended a care worker against whom an allegation has been made it would be disproportionate to inform all service users receiving a service from that service provider, particularly in a domiciliary care service. Where the concern has arisen through the CQC inspection process service users seeking more detailed information about the concerns should be directed to CQC. It is not the role of ACS to inform privately funded service users that an investigation of this nature is taking place – this responsibility rests with CQC.
- 3.5 As well as determining whether ACS should place new service users with the service provider, the review will determine whether existing service users should continue to receive a service from the service provider concerned (see section 5 below).

4. Breach of Contract

- 4.1 From the evidence provided following the Strategy Meeting, the relevant P&C Officer will determine whether action is warranted under the Agreement for Provision of the Service (the overarching set of terms and conditions which underpins the placement of service users through Individual Contracts).

- 4.2 Such action may take the following forms:

Issuing a **Default Notice**. This is a notice which sets out the nature of the default. It might tell the service provider what they must do to put matters right, and set a timescale for this; or it might require the service provider to provide a written response (usually within 14 days) as to how they are going to put matters right.

Issuing a **Persistent Default Notice**. This is a notice which is issued when the service provider has failed to put matters right following the issuing of a Default Notice, or if the service provider has committed another default within six months of the first default. The issuing of a Persistent Default Notice gives Devon County Council the right to immediately terminate the Agreement for Provision of the Service. However, the matter might be such that it is considered more appropriate to require the service provider to provide a written response (usually within 14 days) as to how they are going to put matters right.

Issuing a **Serious Default Notice**. This is a notice which is issued when it is considered that the default materially prejudices the health safety or welfare of a service user(s). The issuing of a Serious Default Notice gives Devon County Council the right to immediately terminate the Agreement for Provision of the Service. However, the matter might be such that it is considered more appropriate to require the service provider to provide a written response (usually within 14 days) as to how they are going to put matters right.

- 4.3 A copy of the Notice will also be sent to the Responsible Manager and to the Chair of the Strategy Meeting, and they will be informed of the written response of the service provider (where this has been required). Following receipt of the written response from the service provider the Responsible Manager and the P&C Officer may meet with the provider to discuss their response and ensure that it is appropriate and realistic. The outcome of such a meeting will be fed back to the Chair of the Strategy Meeting.
- 4.4 Responsibility for ensuring that the service provider has put matters right, either as required in the Default Notice or as set out in the service provider's response, rests with the Responsible Manager.

5. Removing Service Users from the Service

- 5.1 Decisions about whether service users should remain in a care home where there are serious concerns and/or a Serious Default Notice has been issued or the Agreement terminated will need to be taken between the relevant Cluster Manager (as a minimum), the P&C Team and the service users, bearing in mind the severity of the risks identified.
- 5.2 Where it is considered that it is not safe for DCC-funded service users to remain in the service, alternative placements will need to be found which meet each service user's assessed needs as closely as possible.
- 5.3 In these circumstances the relevant Assistant Director should be informed, and the Press Office should be briefed.
- 5.4 Whilst there may be financial considerations in the case of block-contracted services the welfare of service users will always take precedence.

6. Concerns re DCC-Placed Service Users in Care Homes Outside Devon

- 6.1 If information is received from another local authority that a Safeguarding Adults Strategy Meeting is being convened regarding a care home where Devon County Council has placed a service user, the Cluster Manager for the cluster area from which the service user originated should be notified. It is the Cluster Manager's responsibility to ensure that contact is made with relevant staff in the other local authority and that appropriate actions are undertaken, such as attendance at the Strategy Meeting.

Feedback about the Safeguarding Adults process to all relevant people

This can be an emotional and distressing time for the people concerned. It is essential to keep people informed in a way that is suitable to their role.

The person who **alerts** one of the agencies to concerns about actual or suspected abuse should have their referral acknowledged, preferably in writing, with a summary of the action likely to be taken.

The **vulnerable adult** should be central to the whole process and be aware of, and participating in, any action taken or planned.

The **informal carer** will normally be kept informed of progress but how much and the type of information they get may depend on the wishes of the vulnerable adult and whether or not they are the alleged perpetrator.

The **alleged perpetrator** will need to be informed of the allegation and how this is done will be guided by the strategy meeting. For example, the Police will want to manage this if there is a criminal investigation. The alleged perpetrator also needs to be informed of the outcome of an investigation and again this should be agreed by the multi agency meeting.

Quality Assurance

How do we know the process has been helpful?

There are a range of methods for looking at the quality of actions taken under the Safeguarding Adults process. Some are happening now; others are in the planning stage.

The referral and monitoring information collected tells us what type of abuse is happening, who it is happening to and where it is happening. It will also tell us what the outcome of a process was.

A file audit will show how well a process was followed and recorded.

Feedback from service users will tell us what the experience was like and how it could be improved.

Involvement of service users, carers and paid staff in the development and review of every aspect of the Safeguarding Adults process will help to make sure it is an experience that makes a positive change to people's lives.

Learning from Experience

Serious Case Reviews

A serious case review will be held in the event of a death, where abuse is known or suspected, and will be considered where a vulnerable adult has sustained a potentially life threatening injury through abuse or neglect, serious sexual assault, or sustained serious and permanent impairment of health or wellbeing through abuse or neglect.

A serious case review protocol has been produced in order to

- Learn from past experience
- Improve future practice by acting on the learning
- Improve multi agency working
- Review safeguarding adults procedures

This will normally be initiated by the Safeguarding Adults Coordinator and passed to the Chair of the Safeguarding Adults Committee/Safeguarding Adults Board for a decision. The review will engage all relevant agencies, and will be included in the annual report.

De-brief after a completed Safeguarding Adults process

These can be lengthy and stressful processes and things do not always go according to plan. A de-brief, ideally chaired by someone who was not involved in the process, can be a useful way of unpicking what happened and looking at what might have helped. The aim is to improve inter agency working relationships and to learn from practice.

Any agency can request a de-brief and this would normally be chaired by a member of the Safeguarding Adults team.

Domestic violence homicide reviews

These are due to be implemented as part 9 (3) of the Domestic Violence, Crime and Victims Act 2004 and could involve a vulnerable adult. The Home Office website should be checked for the up to date position www.homeoffice.gov.uk

Young People and Transition from Children's Services

Safeguarding Adults applies to anyone aged 18 years or over.

There may be some exceptions to this but this would need to be negotiated locally.

Where a vulnerable young person is known or suspected to be at risk of abuse, and is receiving services, they should have a transition plan to move from children's to adult services. In this instance, a Safeguarding Adults process should be initiated as part of that transition.

Teams from any agency that work with children and young people with special needs should receive training and awareness about Safeguarding Adults.

Advocacy

An adult who has been abused, or who is at risk of abuse can consider different types of advocacy.

1. Formal advocacy – provided by a solicitor, for example
2. Self advocacy, perhaps with the support of a group of people with similar issues e.g. MIND
3. A paid advocate from a specialist advocacy organisation e.g. VOCAL
4. An informal advocate such as a friend or relative
5. From April 2007 an Independent Mental Capacity Advocate for people who lack capacity when specific decisions need to be made, where no suitable informal advocate is available (see Mental Capacity Act in the legal update)
6. Advocacy from the person's key worker e.g. social worker, nurse

It is not always easy to find advocacy for a vulnerable adult and so it is important to consider all aspects of a person's life to see if there is someone who knows them, who could help in this particular instance. The adult themselves should be in control of who this is, wherever possible.

Work is underway in Devon & Torbay to scope current advocacy provision and look at future commissioning.

Domestic Abuse and Violence

Devon is well served in the area of domestic abuse and violence by the ADVA (Against Domestic Violence and Abuse) Partnership. Governance for this sits in the Chief Executives Directorate of the County Council, under the umbrella of the Safer Devon Partnership.

It oversees all related activities in the voluntary sector and coordinates the local forums. It has achieved great progress in attracting funding to provide services and training.

ADVA and the Safeguarding Adults Board have been liaising closely for a number of years to recognise the areas of overlap and try to open services and training to those that need it, not determined by how they have been categorised. Success has been limited, with criminal services being most flexible in their approach. MAPPA (Multi Agency Public Protection Arrangements) and MARAC (Multi Agency Risk Assessment Conference) both include vulnerable people where appropriate. However, there is still no service such as a refuge or outreach specifically for older or disabled people in Devon and this is an area which needs to be addressed.

Domestic violence and abuse can begin at any stage in a relationship and is essentially about the abuse of power and control by one person over another within that relationship. This power and control may include physical violence, emotional or psychological abuse, sexual violence and abuse, financial control and social isolation. Anyone can be subjected to domestic violence in a variety of close family or intimate relationships. It cuts across all boundaries of social class, age, race, disability, sexuality and lifestyle.

It must be recognised that some forms of adult abuse fall into what we describe as domestic violence. It may be that a relationship has always experienced some domestic violence, but what has changed is the health or ability of the 'victim' meaning they can no longer protect themselves. In other cases the 'victim' may be put in the position of caring for the 'perpetrator' after a stroke or some illness debilitates them. They may not be able or willing to provide the best care and the partner may be at risk of abuse. The significant difference when intervening on behalf of a vulnerable adult is that they cannot protect themselves because of physical or mental frailty.

They do not lose their right, if they have the capacity to make the decision, to decide for themselves what to do.

In scenarios of domestic abuse and violence for vulnerable adults, as with all other types of abuse, professionals need to take great care when including family members and carers in care plans. The needs and wishes of the vulnerable adult must remain paramount. This becomes more complex where the vulnerable person appears to be under duress from the alleged perpetrator to conform to their wishes and is unable, through fear, to make an independent decision. This is common in all types of abuse.

Domestic Violence and Abuse services should be enlisted where it is felt they can offer an 'ordinary' service to empower the victim.

The involvement of Adults who use services in developing and improving safeguarding adults work

A real commitment to begin to involve people in developing and improving safeguarding procedures has been made by the Adult Protection Committee (soon to become the Safeguarding Adults Board) and the Safeguarding Adults Team.

This commitment will be put in to the work programme of both, with timescales for achievements set.

Member of Living Options have been very helpful via a small focus group in contributing to the user perspective of safeguarding issues.

POVA – The Protection of Vulnerable Adults Scheme in England and Wales for Care Homes and Domiciliary Agencies

The POVA list is a list of people who are banned from working in a care position in a registered care home (whether employed by the home or an agency), or with a domiciliary care agency. It is a criminal offence for someone on the list to apply for this type of work.

Providers cannot employ people either provisionally listed or confirmed on the POVA list.

Since July 26 2004 there has been a statutory duty for providers to refer care workers that fit the criteria, to the Secretary of State for possible inclusion on the list. In some circumstances CQC can make referrals.

The criteria for a care worker to be referred to POVA are where the provider believes the care worker has been guilty of misconduct which harmed or placed at risk of harm a vulnerable adult.

It is essential that reference be made to the full information if such a referral is being made. The application form, practical guide and additional guidance on making referrals can be found on the Department of Health website www.dh.gov.uk

Any instance where a worker is likely to be referred to POVA should have been referred to the local Safeguarding Adults process.

Safeguarding Adults Teams can offer advice and information as can the POVA team based in Darlington. Their contact details are:

Email: POVA.mail@dfes.gsi.gov.uk

Advice line: 01325 391328

Trading Standards and Vulnerable Persons

WHAT CAN HAPPEN TO VULNERABLE CONSUMERS?

Who is a vulnerable person? They are usually considered to be someone who has a health problem affecting mobility, eyesight, hearing or frailty due to old age and the like. Vulnerable persons can also include those with learning difficulties.

The Trading Standards Service receives many thousands of complaints each year. The consumer is offered civil advice over the telephone. However, when it is evident that the complainant is an elderly person or someone else who may be vulnerable, they are visited by a Fair Trading Officer. This often reassures the elderly person that they are not alone in trying to tackle their problem. Quite often, after discussing the matter, it can become evident that there may be a criminal element to their problem. These persons often give valuable information that can lead to a trader being prosecuted by the Service. Not only have they been “ripped” off, often paying an extortionate amount for goods or a service, but their confidence in human nature has been shattered. They have welcomed a salesman into their home, as they cannot shop like the more able bodied person. They have believed in him/her and they have placed their trust in them. They usually pay “up front”, often in requested cash. They do not query this as their generation was brought up that if you can’t pay, you don’t buy, so they willingly hand over the total amount before they have seen the goods or had the service carried out. They were told it is not right to owe money. High pressure selling techniques are employed, securing the deal regardless of whether the product is suitable for the consumer. The client’s inability to pay is often ignored. Salesmen may doorstep sell or enter the person’s home to such a variety of goods such as: - wheelchairs, vacuum cleaners, fire/burglar alarms, solar heating, electric beds/chairs. Doorstep sellers can also promote utility services such as gas or electricity. The vulnerable person does not like to delay the representative by stopping to read the document and sign the small uncovered portion believing it is merely a request form to obtain more information. It is not until they receive letters welcoming them to a new supplier and another stating the original supplier is sorry to lose their custom, that they realise they have been duped into signing a contract to change suppliers.

When the salesman fails to deliver the goods, supplies a second hand item instead of a new one or supplies faulty goods or a shoddy service, the vulnerable person feels ashamed that they have been conned. The majority do not report the matter and are often afraid even to divulge their dilemma to their immediate family. Quite often, the Trading Standards Service only hears of the problem if the relatives do discover what has happened and they contact us on behalf of their relative.

Under the Consumer Protection (Cancellation of Contracts Concluded away from Business Premises) regulations 1987, if a salesman’s visit is unsolicited – i.e. he knocks on the door, phones for an appointment or leaves a flyer at the house, then the consumer must have a written document explaining their cancellation rights and how to exercise them. They should have seven days in which to cancel in writing. If these details are not supplied, the consumer should not lose their cancellation rights.

We work closely with the Police using the Litotes scheme. This comes into place when a complaint is made to either agency, the Police or the Trading Standards Service and they inform each other, often meeting up at the scene of the possible offence. Tarmacers, roofers and recently, an influx of immigrant builders have caused concern over the years. The vulnerable person is advised their drive is in need of repair or that they have a cracked slate on the roof etc. Quite often, there is no need for the work. If they are convincing, they will be

believed. If there is a gang of heavily built workmen, the vulnerable person could be intimidated and agree to the work. Sometimes the work is still carried out if the consumer declines the trader's offer. Frequently there is nothing in writing and the vulnerable person is asked to pay a vast amount more than was first mentioned. If they cannot pay (and cash is often preferred) it is not unknown for them to be driven to the bank to withdraw the money. If they insist on paying by cheque, the trader will often ask the consumer to make the cheque out to cash. They head immediately to the bank and the money is withdrawn. These are usually itinerants and move rapidly to another area, so they cannot be traced. Usually, they do not offer a receipt and frequently when asked for one, get the consumer to write what they are telling them to put down. It may be that they are illiterate or crafty, knowing that if they have not supplied the document it is worthless. White vehicles are used often, some with magnetic name plates that can be changed. Since we have worked with the Police, the traders tend to move from the area, but the system notifies other Police Forces and Trading Standards authorities, so that a national record is held on computer of the various traders.

Some vulnerable people are housebound or virtually housebound and need stair lifts. It has come to our attention that some stair lift installers/repairers see these persons as an easy market. Often, they are encouraged to purchase a reconditioned or new stair lift, rather than have their existing one repaired. Not only is the person parting with more money than they expected to, but it is not unknown for their existing stair lift to be removed in readiness for the installation of the reconditioned or new stair lift. It is not hard to imagine the difficulty experienced when the disabled person is stranded downstairs and their expected stair lift never materialises. The trader has obtained the money and frequently, cannot be readily traced. When they actually supply a lift, it is frequently installed badly and seem reluctant to return to resolve the situation. Some stair lifts have been proven to have been installed in a dangerous condition.

Despite, media warnings, the vulnerable person is easy prey to mail shot scams. They think they have won a prize, despite the term 'award' being used and there are often terms and conditions included in the text that fully outline how many awards are to be made. These can number thousands and sometimes state the worldwide countries that have been sent such documents in the promotion. Quite often, the details will explain that the promotion is over a very lengthy duration. Despite this, the vulnerable person believes they will be the absolute "winner" and send off the money. Once they are proven to be a responsive customer, they become inundated with such post, sending off more money as they are convinced this time will be their lucky one. The only winner is the person receiving the money.

Clairvoyants send out mail shots, requesting money for personal readings. The vulnerable person can believe that if they do not comply, something terrible will happen to them. Will making companies often target the vulnerable who part with their money and may not receive the legal documents they had expected.

Sometimes there is clear evidence of deception. In such cases it is rather more common for no goods or service to be provided, or if they have been supplied, they are obviously unsatisfactory.

It should be noted that in a few cases there may be indications that there is no case to pursue, since the consumer cannot provide sufficient evidence to prove he/she has been the victim of unfair trading. They may be in their situation simply because they have made an unwise purchase.

HOW CAN SOCIAL SERVICES AND THE TRADING STANDARDS SERVICE HELP EACH OTHER?

1. Trading Standards have no ability to assess persons and offer them counselling should it be required. However, should we discover such a person through a consumer complaint, we can gain their permission to contact another agency who may be able to offer them assistance. We can then inform the Vulnerable Persons' Team of DCC Social Services who can assess the situation.
2. Social Services may become aware through their clients that they are vulnerable to rogue traders. For example, there may be many records of non-supply of stair lifts and with the clients' permission, the details can be passed to the Trading Standards Service. Social Services could prove to be a very valuable source of information for the Trading Standards Service. They may well report a trader to us of whom we are aware to be trading badly, but we have insufficient cases against him/her to enforce the Enterprise Act to prevent him/her from trading in the future.

Contact numbers for reporting traders who have caused distress to Vulnerable Persons are:-

Jo Willcocks, Fair Trading Officer,
Tel: 01392 386703/22

jo.willcocks@devon.gov.uk

Nick Cotton, Fair Trading Team Leader
Tel: 01392 386703/36

nick.cotton@devon.gov.uk

21 Devon Square, Newton Abbot TQ12 2HR

Fax 01392 386715

Charity Commission regulator of Charities for Children and Vulnerable Adults

The commission regulates charities to ensure that they comply with their legal obligations and deliver effective services for the causes and beneficiaries they serve.

The commission is concerned to ensure that vulnerable groups are looked after by charities in a safe environment. It actively promotes the need for charities working with vulnerable groups to undertake rigorous checks including Criminal Records Bureau checks where appropriate, on prospective trustees, employees and volunteers.

Any concerns should be brought to the attention of:

Jane McDonald
Head of Compliance and Support
Charity Commission
Harmsworth House
12 – 15 Bouverie Street
London EC4Y 2371

020 7674 2371

jane.mcdonald@charitycommssion.gsi.org.uk

Further information about the Commission can be found on the website
www.charitycommission.gov.uk

Organisations Related to Safeguarding Adults

Rape Crisis

This website aims to provide the basic information that survivors of sexual violence, friends and family need to access the services they need.

General E-mail info@rapecrisis.org.uk

Sexual Abuse Line (S.A.L)

PO Box 325

Exeter EX1 1WQ

Tel: 0808 800 0188

Tues/Wed/Thurs: 7pm – 10pm

Plymouth Rape Crisis

Provides help through counselling, support or information for individuals or friends and family.

C/o PO Box 227

Plymouth PL4 0YX

Tel: 01752 223584 (Helpline: Mod, Wed, Fri: 7.00pm – 9.30pm)

Respond

Provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.

3rd Floor

24-32 Stephenson Way

London NW1 2HD

Tel: 020 7383 0700

Tel: 0808 8080700 (Helpline)

Fax: 020 7387 1222

Email: services@respond.org.uk

Website: www.respond.org.uk/

Women's Aid England

A domestic violence helpline that gives support, help and information over the telephone for the cost of a local call.

PO Box 391

Bristol BS99 7WS

Tel: 0117 944 441

Tel: 08457 023 468 (Helpline)

Fax: 0117 924 1703

Email: web@womensaid.org.uk

Website: www.womensaid.org.uk/

Exeter Women's Aid

Refuge:

Telephone: 01392 667144

Opening Times: 24hr

Helpline:

Telephone: 0800 328 3070

Opening Times: 24hr

Exeter Outreach:

Telephone: 01392 426483
Opening Times: Mon-Fri 9am-5pm

Mid Devon Outreach:

Telephone: 01392 426521
Opening Times: Mon-Fri 9am-5pm

Safe Project:

Telephone: 01392 667147
Opening Times: Mon-Fri 9am-5pm

East Devon Safe House**Refuge:**

Telephone: 01404 44772
Opening Times: Mon-Fri 9am-5pm

North Devon Women's Aid**Refuge & floating support (for ex-residents only):**

Telephone: 01271 321946
Opening Times: Mon-Fri 9am-5.30pm

Outreach and drop-in centre:

Telephone: 01271 370079
Opening Times: Mon-Fri 9.30am-4.30pm

South Devon Women's Aid**South Devon refuge and advice line:**

Telephone: 01803 524594
Opening Times: Mon-Fri 9am-9pm, Sat-Sun 9am-1pm

South Devon refuge and advice line:

Telephone: 01803 524594
Opening Times: Mon-Fri 9am-9pm, Sat-Sun 9am-1pm

South Devon outreach:

Telephone: 01364 643866
Opening Times: Mon-Fri 9am-4pm

Muslim Women's Helpline**Helpline:**

Telephone: 020 8904 8193
Opening Times: Mon-Fri 10am-4pm

Helpline:

Telephone: 020 8908 6715
Opening Times: Mon-Fri 10am-4pm

Victim Support

A national charity for people affected by crime. An independent organisation that offers a free and confidential service, irrespective of whether or not a crime has been reported.

0845 30 30 900

Victim Support Devon

Oak Place

Newton Abbot

Devon

TQ12 2EX

tel: 0845 676 10 20

fax: 01626 369 033

email: info@victimsupportdevon.org.uk

Action on Elder Abuse

Provides a national information and advice service and guidance for the prevention of, and action on, the abuse of older people.

Astral House

1268 London Road

London SW16 4ER

Tel: 020 8765 7000 (Admin)

Tel: 0800 - 808 8141 (Elder Abuse Response Helpline) Mon – Fri: 10am – 4.30pm

Fax: 020 8679 4074

Email: enquiries@elderabuse.org.uk

Website: www.elderabuse.org.uk

Ann Craft Trust

Formerly known as The National Association for the Protection from Sexual Abuse of Adults and Children with Learning Disabilities (NAPSAC)

Works with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

Centre for Social Work

University of Nottingham

University Park

Nottingham NG7 2RD

Tel: 0115 - 951 5400

Email: Ann-Craft-Trust@nottingham.ac.uk

Website: www.anncrafttrust.org

Voice UK

Helps anyone with learning disabilities who has experienced abuse or been subject of a crime via support, assistance and information. Available to people with learning disabilities, their families, carers and supporters.

The College Business Centre

Helpline number: **0845 122 8695** (Mon – Fri 10am – 4pm) (also for staff supporting a vulnerable person who has been abused)

Email: voice@voiceuk.org.uk

Website: www.voiceuk.org.uk

Public Guardianship Office

0845 330 2900

Email: custserv@guardianship.gsi.gov.uk

Website: www.guardianship.gov.uk/

Alzheimer's Disease Society

Has expertise in information and education for carers and professionals. Provides help lines and support for carers, quality day and home care and funding for medical and scientific research. Also gives financial help to families in need. Campaigns for improved health and social services and greater public understanding of all aspects of dementia.

Gordon House

10 Greencoat Place

London SW1P 1PH

Email enquiries@alzheimers.org.uk

Tel: 020 7306 0606

Tel: 0845 - 300 0336 (Helpline) Mon – Fri: 8.30am – 6.30pm

Website: www.alzheimers.org.uk

MIND

A mental health charity. Campaigning, community development, training, publishing and a comprehensive information service.

15 - 19 Broadway

London E15 4BQ

Tel: 020 8519 2122

Tel: 0845 766 0163 (Information Line)

Fax: 020 8522 1725

Exeter Age Concern

138 Cowick Street

Exeter

Devon

Tel: 01392 - 202092

Fax: 01392 – 204113

Email: reception@ageconcernexeter.org.uk

Age Concern Torbay

Sandwell House

4 Dendy Road

Paignton TQ4 5BD

<http://www.ac-communities.org.uk/torbay/>

Counsel and Care

Provides and information and advice service for older people (60 and over) living in the UK, their carers, friends, relatives and professionals on a wide range of subjects. Free and confidential.

Twyman House

16 Bonny Street

London NW1 9PG

Tel: 0845 300 7585

Fax: 020 7267 6877

Email: advice@counselandcare.org.uk

Website: counselandcare.org.uk

Adfam National

A helpline for the families and friends of drug users offering confidential support and information. Also provides training to people and projects wishing to work with families of drug users. Provides direct support to families of drug using prisoners and produce publications.

Waterbridge House
32 -36 Loman Street
London SE1 0EH
Tel: 020 7928 8898
Fax: 020 7928 8923
Email: admin@adfam.org.uk
Website: www.adfam.org.uk

Alcohol Concern

Holds information on a wide range of alcohol-related subjects.

First Floor
8 Shelton St
London WC2JH 9JR
Tel: 0297 3954000 (Mon – Fri afternoons only)
Tel: 0800 917 8282 (Drinkline)
Website: www.alcoholconcern.org.uk/

DrugScope

Provides information on a wide range of drug related issues.

Waterbridge House
32 -36 Loman Street
London SE1 0EE
Tel: 020 7928 1211
Fax: 0171 - 7928 1771
Email: info@drugscope.org.uk
Website: www.drugscope.org.uk

Samaritans

South Devon
21 Warren Road
Torquay TQ2 5TQ
Tel: 01803 299999
Drop in Callers, normally 9.00am – 10.00pm

Exeter
10 Richmond Road
Exeter EX4 4JA
Tel: 01392 411711
Drop in Callers, normally 8.30am – 9.30pm
Tel: 08457 90 90 90 (National Helpline - 24 hours)
National Email: jo@smaritans.org.uk

National Self-Harm Network

Offers information on local groups. Has a particular interest in improving the rights of those who self harm.

PO Box 7264
Nottingham
NG1 6WJ
Email: info@nshn.co.uk
Website: www.nshn.co.uk

Headway, National Head Injuries Association

Promotes understanding of all aspects of head injury and provides information, support and services to people with head injury, their families and carers.

4 King Edward Court

King Edward Street

Nottingham NG1 1EW

Tel: 0115 - 924 0800 (Admin)

Fax: 0115 - 958 4446

Email: enquiries@headway.org.uk

Website: www.headway.org.uk

Family Matters

Supports victims of sexual abuse.

13 Wrotham Road

Gravesend

Kent DA11 0PA

Tel: 01474 536661

Tel: 01474 537392 (Helpline)

Website: www.charitynet.org/~family-matters/

Email: admin@familymatters.force9.co.uk

Safeline

Support for adults abused as children.

King Tom House

39b High Street

Warwick CV34 4AX

Tel: 01926 496911 (Helpline)

Website: www.safelinewarwick.co.uk/

Email: safeline@bigfoot.com

Survivors (UK)

Support for men who have been sexually abused or raped.

PO Box 2470

London SW9 6WQ

Tel: 020 7357 6677

0845 122 1201 (Helpline)

Email: info@survivorsuk.org.uk

Website: www.survivorsuk.org.uk/

Intercom Trust

South West support/information and advocacy for lesbian, gay, bisexual and transgender people, including homophobic bullying.

PO Box 285

Exeter EX4 3ZT

Tel: 01392 201015

Tel: 08456 020818

Website: www.intercomtrust.org.uk/

Margaret Jackson Centre

Provides help, information and counselling for women, including abuse and violence, in the South West.

1st Floor
Margaret Jackson House
4 Barnfield Hill
Exeter EX1 1SR
Tel: 01392 256 711
Email: info@margaretjackson.org.uk
Website: www.margaretjackson.org.uk

Threshold

A national support line for women who are emotionally distressed/have mental health problems.

14 St Georges Place
Brighton BN1 4GB
Tel: **0808 808 6000**
Email: infoline@thresholdwomen.org.uk
Website: www.thresholdwomen.org.uk/

Bristol Crisis Centre for Women

A national helpline for women in emotional distress.
PO Box 654
Bristol BS99 1XH
Tel: 0117 925 1119 (Fri/Sat 9pm – 12.30am, Sun 6pm – 9pm)
Email: bcsw@womens.crisis
Website: www.thresholdwomen.org.uk/

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