

ISLE of WIGHT

MULTI-AGENCY SAFEGUARDING ADULTS POLICY

FOR PROTECTING ADULTS FROM ABUSE

Section 1

October 2007



Isle of Wight **NHS**
Primary Care Trust

The Island's new unique NHS organisation

COS205/11.07

Key Agency Signatories

On behalf of Isle of Wight Council

A handwritten signature in black ink, appearing to be 'JAD', written over a light blue grid background.

Chief Executive Joe Duckworth, Isle of Wight Council

On behalf of Hampshire & Isle of Wight Constabulary

A handwritten signature in black ink, appearing to be 'DJ', written over a light blue grid background.

Chief Superintendent Dean Jones, Hampshire & Isle of Wight Constabulary

On behalf of Isle of Wight NHS PCT

A handwritten signature in black ink, appearing to be 'Ed Macalister-Smith', written over a light blue grid background.

Ed Macalister-Smith, Chief Executive, Isle of Wight NHS Primary Care Trust

'There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults'.

No Secrets DoH 2000

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1 Policy Statement

“There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults”

John Hutton (DoH), Charles Clarke (Home Office) No Secrets, 2000 DoH.

“All persons have the right to live their life free from violence and abuse...all citizens should have access to relevant services for addressing issues of abuse and neglect, including the civil and criminal justice system and victim support services.”

Safeguarding Adults, ADSS 2005

2 Introduction

The purpose of the Isle of Wight Safeguarding Adults Policy and Procedures is to enable those working with adults to be able to recognise instances of abuse and to address them effectively as part of their core business. This involves the prevention of abuse, early detection, protection and work with those adults following interventions to combat the abuse.

‘No Secrets’, DoH published in 2000, made clear the Government’s commitment to make the protection of vulnerable adults who are at risk of abuse a high priority. The document emphasised the need for local statutory agencies and other relevant agencies to work in partnership to develop a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.

The primary aim is to prevent abuse where possible, if the preventative strategy fails, agencies should ensure robust procedures are in place for dealing with incidents of abuse.

The Association of Directors of Social Services (ADSS) has published the first National Standards document, ‘Safeguarding Adults’ in partnership with the Commission for Social Care Inspection, Public Guardianship Office, Association of Chief of Police Officers, Department of Health, Practitioner Alliance against abuse of Vulnerable Adults, Ann Craft Trust, VOICE UK. This document, based on best practice and aspirations, is ‘a framework which – if implemented in every local authority area - will help prevent and address abuse across the country’.

The Policy and Procedure draws on the above documents in seeking to ensure that work undertaken in respect of safeguarding adults on the island is of the highest standard.

This document is divided into 3 sections:

- Section 1** **The Policy** – identifies the various aspects of abuse, the priority given to safeguarding adults and the overarching roles and responsibilities of agencies.
- Section 2** **The Procedures** – are a set of standards to support the roles and responsibilities of practitioners and managers.
- Section 3** **Practice Guidance** – provides information about good practice in safeguarding adults work.

3 Guiding Principles and Values

- 3.1 All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens.
- 3.2 The partners to this document expect their employees and their contracted agents, whether purchasers or providers, to conform to these policy principles, procedures and protocols for safeguarding adults.
- 3.3 The safeguarding adults policy and procedures should constitute an integral part of the philosophy and working practices of **all** agencies involved with adults and should not be seen in isolation.
- 3.4 Agencies will ensure that safeguarding adults work is informed by other relevant legislation and policy concerning domestic violence, safer communities, equal opportunities, safeguarding children, race relations, disability rights, health & safety and good employment practice.
- 3.5 All agencies will respect the rights and dignities of the individuals involved and not discriminate on the basis of race, culture, gender, disability, age or sexual orientation etc.
- 3.6 Priority should be given to the prevention of abuse by raising the awareness of safeguarding adults issues and by fostering a culture of good practice through support and care provision, commissioning and contracting.
- 3.7 It is the responsibility of all professionals to act on any concerns, suspicions or evidence of abuse.
- 3.8 Every reported incident of potential abuse must be given urgent priority.

- 3.9 Staff working with abuse will have the skills and the training to work in this often complex and highly sensitive area.
- 3.10 All staff must work within the framework of the law; behaviour which is unlawful must not be condoned or supported.
- 3.11 Immediately concerns are raised in respect of the possible abuse of an adult the primary concern must be the safety and interests of that individual.
- 3.12 Adults have the right to have their decisions respected, even if this involves the taking of risks. Careful assessment of whether individuals have or lack capacity in relation to specific issues is essential to the protection of their rights.
- 3.13 Adults have the right to independent support at any stage in the process if they so wish.
- 3.14 Where intervention is necessary by the statutory authorities this should be commensurate with the level of concern and the least restrictive and intrusive into peoples lives. Support should be aimed at enabling the person to achieve their highest level of independence.
- 3.15 Professionals undertaking safeguarding adults work have a duty and responsibility to do so in partnership with the individual and others involved in their life.
- 3.16 The need to provide support for carers will be taken into account when planning services for adults in need of or in receipt of a community care service and a carers assessment should be offered.
- 3.17 All citizens have the right to be made aware of policies and guidance which may provide help and support in relation to concerns about abuse.
- 3.18 The partners involved in developing this document are committed to supporting multi-agency training, education and information for everyone concerned, to create a climate in which adult abuse is regarded as unacceptable.
- 3.19 This document provides a framework for joint working, but is not a substitute for professional judgement.
- 3.20 This Policy, Procedures and Protocols should be followed in all circumstances and actioned in conjunction with the island's Multi-Agency Good Practice Guidance Documents for Safeguarding Adults.

4 What is Adult Abuse?

4.1 It is the violation of an individual's civil and human rights by others who have influence over them.

- Such violations may be intentional or unintentional and may be a single or repeated act(s) over a period of time.
- Abuse may occur in any context or environment.
- Abuse could be from one person or several people.
- Abuse could be from any person; professional staff, paid care workers, volunteers, other vulnerable adults, family, friends, neighbours or strangers.
- Some instances of abuse constitute a criminal offence and adults are entitled to the protection of the law.
- Abuse could occur as the result of 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. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as **institutional abuse**.
- It is important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm.

4.2 Stranger abuse may warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the locally agreed multi-agency safeguarding adult procedures to ensure that the person receives the services and support that they need.

4.3 Such procedures may also be used when the perpetrator is also a person who is in need of or in receipt of a community care service.

4.4 Some adults may not realise that they are being abused. For instance an older person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

- 4.5 It is important to understand that an adult in receipt of a community care service, may also be abused by another adult in receipt of a community care service. In some settings, ie care homes, day services, mental health inpatient settings, this behaviour may not have historically been considered to be abuse. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may experience mental ill health, low self esteem and may also become perpetrators of abuse against others. It is important to understand that a vulnerable adult may also be abused by another vulnerable adult. Adults who are subject to the Mental Health Act 1983 or the Criminal Justice System are still entitled to be protected from abuse and prevented from abusing others.
- 4.6 Some instances of abuse will constitute a criminal offence. Adults in need of or in receipt of community care services, are entitled to the protection of the law in the same way as any other member of the public. The responsibility for taking the lead on the investigation of a crime rests with the Police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service. The early involvement of the Police is essential when there is reason to believe that a crime has been committed.

5 Types of abuse

- 5.1 **Physical abuse** – Resulting from acts of omission or commission on the part of others causing pain, injury or impairment. Including hitting, pushing, shaking or withholding care or medication. It can be helpful to consider the following categories of physical abuse:
- **Bodily Assaults** – Resulting in injuries such as burns, bruises, abrasions, fractures, wounds, welts.
 - **Bodily Impairment** – Manifested in malnutrition, dehydration, emaciation, failure to thrive.
 - **Medical/Healthcare Maltreatment** – Over use or under use of medication, inappropriate methods of administration of medication. Provision of healthcare may be unavailable to an excessive degree or irregular, improper, inadequate or duplicated in some way.
- 5.2 **Sexual abuse** – Direct or indirect involvement in sexual activity to which the adult did not or could not consent or was coerced or pressured into consenting. Including inappropriate looking, sexual teasing, innuendo, use of pornographic material, being made to witness sexual acts, sexual harassment, inappropriate touching over or under clothing, penetration or attempted penetration.

- 5.3 **Psychological/Emotional abuse** – The use of threats, intimidation, harassment, control, coercion, swearing or other verbal conduct, persistent ignoring, isolation or withdrawal from social contact or supportive networks, emotional blackmail, offensive or belittling remarks or other behaviour that causes distress or concern to another person. It includes the denial of basic human and civil rights such as choice, self-expression, privacy and dignity.
- 5.4 **Financial or Material abuse** – The misuse or misappropriation of a persons funds, property, belongings or any other resources belonging to the individual. Including theft, fraud, deception, using the resources of the vulnerable person for their own advantage, this can range from not getting change from their shopping to property transfer, pressure in connection with wills, property or financial transactions.
- 5.5 **Neglect** – Resulting from acts of omission and commission resulting in a failure to provide access to appropriate health, social care or educational services. This results in risk to the independence, welfare and well being of the adult. This includes withholding intentionally or unintentionally the necessities of life, such as medication, nutrition, personal care, clothing, heating, activities to support daily living; the failure to intervene in behaviour which can be challenging and harmful to the adult or to others.
- 5.6 **Self neglect** - On the part of the adult, will not usually lead to the initiation of the Safeguarding Adults Procedures unless the situation involves a significant act of commission or omission by someone else. Other forms of multi-agency assessments and review procedures may be a more appropriate form of assessment and intervention.
- 5.7 **Discriminatory abuse** – When values, beliefs or culture result in a misuse of power that denies opportunities to some individuals or groups, resulting in repeated or pervasive treatment which excludes or denies them of opportunities in society, for health, education, justice, civil status and protection. This includes discrimination on the basis of race, gender, sexual orientation, age, disability or religion.

- 5.8 **Institutional abuse** – Although not a specific category of abuse in itself, it does require specific mention. Any type of abuse can occur in institutional settings, but the abuse is caused by an organisation imposing rigid and insensitive routines, systems and norms which subtly orientate people to accepting the lifestyle and culture of the institution which is more reflective of the needs of the institution and their staff. This includes intrusive or invasive interventions; environments which do not allow adequate privacy or physical comfort, bullying of staff, authoritarian staff attitudes, negative attitudes towards service users, low staffing levels, high staff turnover, lack of supervision and staff training, poor communication and written records, poor standards of the environment, no evidence of person centred thinking and planning.
- 5.9 **Professional abuse** – Although not a separate category of abuse in itself, this also requires specific mention. Any type of abuse which is the misuse of power and trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care or neglect in services, resource shortfalls or service pressure that leads to service failure and culpability as a result of poor management systems/structures. This could come in the form of entering into a sexual relationship with a patient/client, failure to refer disclosures of abuse, denying adults access to professional support and services, punitive responses to challenging behaviours.
- 5.10 **Multiple forms of abuse** – Multiple forms of abuse may occur to one person or to more than one person. It is important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm.
- 5.11 **Domestic Abuse** – It is important to recognise that vulnerable adults may be the victims of domestic abuse themselves or be affected by it occurring within their household. Domestic Abuse has been defined as *'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality'*. Incidents of domestic abuse involving vulnerable adults will be addressed under the Multi-Agency Safeguarding Adults Procedures and will dovetail with the Domestic Abuse protocols.

6 Who is in need of a safeguarding response under Safeguarding Adults Procedures?

6.1 A person aged 18 years or over who:

'is or may be in need of community care services by reasons 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'.

'Who decides?' Lord Chancellor's Office 1997 & 'No Secrets' 2000

Whose 'independence and well being would be at risk if they did not receive appropriate health and social care support'.

Safeguarding Adults 2005

6.2 'No Secrets' was based on the premise that some groups of adults experience a higher prevalence of abuse and neglect than the general population and that they are also not easily able to access services to enable them to live safer lives.

6.3 The groups of adults targeted by 'No Secrets' are those who *'were unable to protect themselves from significant harm'*. 'Fair Access to Care' DoH 2002 stresses *'risk to independence and wellbeing'* as the key criteria to determining eligibility for care services. Therefore the assessment of the risk posed to the adult by abuse and the impact upon their quality of life is crucial in determining who is in need of a community care service and what the risk are of significant harm.

6.4 Their need for additional support to protect themselves may be increased when complicated by additional factors, such as domestic abuse, physical frailty, illness, disability, mental ill health, social or emotional problems, poverty, alcohol or drug misuse, homelessness.

6.5 Some people are not normally considered as eligible for an assessment and possible community care services because despite mild disability, age or illness they have previously been able to manage without help. They may for example be accessing Supporting People provision. If they have been subjected to abuse their ability to deal with this and carry on with their normal lives might be reduced.

- 6.6 Some adults will not be in need of a community care service, but may be victims of abuse and might need signposting to a more suitable service e.g. Police, victim support, domestic abuse services or a refuge.
- 6.7 Allegations of abuse of 16 and 17 year olds will be dealt with under locally agreed Safeguarding Children Procedures and Child Care Legislation. Where safeguarding children services identify young people in transition from child to adult services, who are at risk of abuse, there must be a transition plan in place to ensure that any risks of abuse are identified and brought into the safeguarding adults framework.
- 6.8 It is the responsibility of the local authority where the abuse occurred to coordinate any Safeguarding Adults work.
- 6.9 It is the responsibility of the local authority where the abuse occurred to notify the sponsoring authority of the concerns.
- 6.10 The placing authority will be responsible for providing support to the adult/perpetrator and planning their future care needs.
- 6.11 Whilst not specifically covered by these procedures it is essential that all adults receive appropriate support, intervention and protective services if they are the recipient of abuse.
- 6.12 Safeguarding adults work must be linked to other initiatives and form part of a network of measures aimed at enabling all citizens to be free from violence, harassment, humiliation and degradation.

7 Prevention of abuse

7.1 In Section 7 of 'No Secrets' the DoH outline a number of measures which can be effective in contributing to the prevention of abuse; these include:

- Rigorous recruitment and selection procedures and practices.
- Internal guidelines for staff.
- Person centred approaches which empower and support vulnerable adults to enable them to protect themselves via person centred plans, advocacy and self-advocacy, personal safety programmes, skills training.
- Employers referring workers to POVA.
- Staff training and supervision.
- Information for carers, service users and the general public.
- Building in Safeguarding Adults into commissioning, contract management and monitoring.
- Attention to issues relating to protection in direct payments arrangements and individualised budgets.

8 Roles and responsibilities

8.1 The co-ordination of a response under Safeguarding Adults falls to Social Services departments and integrated teams in accordance with 'No Secrets' guidance under Section 7 of the Local Authority Social Services Act 1970.

8.2 In Mental Health and Substance Misuse this document should be read in conjunction with the Care Programme Approach, Serious Untoward Incidents Reporting Procedures, Investigating Patient Safety Incidents and Risk Assessment Procedures within the NHS Trust.

8.3 'All agencies will need to collaborate closely on developing their local code of practice so that they can deal effectively with incidents of adult abuse. In doing so they should whenever possible endeavour to prevent abuse from occurring in the first place'. *LAC (2000)*

8.4 'The Social Services Inspectorate will be monitoring these arrangements. We must emphasise that neither improved protection nor a more coherent response to adult abuse can be achieved without close liaison between various agencies, particularly health, social services and the Police'. *LAC (2000) 7*

- 8.5 An effective response to the abuse of adults in need of *a safeguarding response* requires not only effective inter-agency and inter-professional collaboration but also similar collaboration at all levels within agencies. *'No Secrets' DoH 2000*
- 8.6 '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 action is appropriate'. *'No Secrets' DoH 2000*
- 8.7 **All Agencies will:**
- Have in place internal Safeguarding Adults Procedures.
 - Ensure that all their staff are appropriately trained in all aspects of safeguarding adults work appropriate to their roles and responsibilities.
 - Make a referral to Adults and Community Care if information suggests that abuse is occurring.
 - Work in co-operation and collaboration with partner agencies in ensuring the safety and wellbeing of any person deemed to be a vulnerable adult.
 - Share information with other agencies in accordance with their information sharing protocols.
 - Attend Safeguarding Assessment Strategy meetings and Case Conferences where appropriate.
 - Take appropriate action in accordance with the Human Resource procedures to ensure the safety of the adult/s.
 - Be involved in strategic planning around implementation, dissemination and development of the policy and procedures.
 - Provide clear public information on the reporting mechanisms for concerns about adult abuse.
 - Support joint training initiatives on identification of abuse, responding to it and supporting investigative and assessment processes.
 - Identify specific expertise such as interpreting skills and/or clinical skills which can be used in the context of assessment/investigation such as speech and language therapy, victim support, counselling, community safety initiatives, group work etc and planning how this expertise can be promptly accessed.
 - Be involved in the development of specific working arrangements for areas of joint work within the policy and procedures.

- Identify an appropriate lead manager for safeguarding adults, to receive papers and documents and to comment on behalf of your agency/service. This manager should be nominated as the lead for safeguarding adults within the agency/service and should ensure training, support, advice and guidance is available to staff where safeguarding adults issues arise.
- Ensure there are specified measures to promote quality and minimise the risk of abuse in settings for which your agency/service is responsible.
- Support the development of services for adults who have been abused and/or extend existing services to adults at greater risk.
- Identify and mandate a representative to contribute to the Isle of Wight Multi-Agency Safeguarding Adults Board/Management Committee.

8.8 **All Staff will:**

- Comply with the Isle of Wight Multi-Agency Safeguarding Adults Procedures 2007.
- Follow guidance on responding to disclosures.
- Call emergency services if a vulnerable adult is in immediate danger or in need of urgent medical attention.
- Take action if they suspect abuse and report any concerns to a Manager who has responsibility to take action.
- Keep a written record of the nature and history of any incident (s) and concerns of abuse and maintain confidentiality of such records.
- Follow the guidelines within their own organisations 'whistleblowing' policy if they have reason to believe that someone is at risk of harm and that their concerns will not be taken seriously within their organisation.
- Co-operate fully with all safeguarding assessments and investigations, which may include attending strategy meetings and case conferences.
- Contribute to any monitoring arrangements and to future plans to safeguard the vulnerable adult from further harm.

8.9 In addition Community Social Services and integrated teams will:

- Co-ordinate the response relating to any suspicions, allegations or disclosures of abuse on the Isle of Wight in relation to adults defined as in need of community care services or in receipt of community care services.
- Identify a Lead Safeguarding Manager to co-ordinate the response.
- Where services are provided under contract, incidents of alleged abuse will be brought to the attention of the Commissioning Authority/ Commissioning Primary Care Trust/Supporting People Team.
- Collate and report to the Department of Health and other National policy makers all information monitored under this Policy.
- Produce an annual report.

Provide Care Managers, Care Co-ordinators and Social Workers to:

- Undertake assessments of need and risk of adults and carers who are or may be in need of community care services, which include concerns about abuse as a criteria for access to services, in accordance with the NHS and Community Care Act, other Community Care Legislation and in line with the governments Section 7 Guidance LASSA 1970, Fair Access to Care Services (AC 2002 13).
- Carry out actions identified through the planning, investigation and assessment process.
- Develop a care plan to respond to the needs and risks of the adult.
- Identify/provide services to address the eligible needs and risks to the adult.
- Undertake regular reviews, reassessment and monitoring of services.
- Offer Carers Assessments to carers and consider the need for services in situations of critical or substantial risks to carers as part of safeguarding adults work.

8.10 **The Police will:**

- Investigate allegations of crimes.
- Work with all relevant staff/agencies to ensure that a thorough investigation is carried out.
- Provide information to adults to help them protect themselves.
- Work in accordance with the Youth Justice and Criminal Evidence Act 1999 in relation to 'Vulnerable and Intimated Witnesses'.
- Pursue criminal proceedings when appropriate.
- Produce statistics relevant to the work of the Safeguarding Adults Board.

8.11 **Health will:**

- Provide suitably qualified and trained staff to undertake Safeguarding Adults assessments and investigations.
- Identify a Lead Safeguarding Manager in consultation with Social Services to co-ordinate the response where appropriate.
- Provide medical advice, guidance and other professional help that is within its overall remit in a timely, effective and appropriate manner.
- Ensure that Safeguarding Adults standards are met in all aspects of commissioning and service provision.
- Undertake evidential investigations or medical examinations, provided the person has given consent.

8.12 **The Commission for Social Care Inspection will:**

- Where a Safeguarding alert suggests serious risk to the welfare of people who use services then CSCI will consider what regulatory action is needed in parallel with the investigation by partner agencies or the care provider.
- Depending upon the nature of the concerns the Commission may undertake an inspection to look into possible breaches of the Care Standards Act regulations.
- In cases where there is no serious risk to people in the home, the commission may consider whether any further regulatory activity is needed based on the outcomes of the investigation or assessment.
- Share information with other agencies in accordance with their information sharing protocols.

- Work jointly with Social Services or Health where residents require a response under these procedures.
- Attend Safeguarding Assessment Strategy meetings and Case Conferences in respect of regulated services.
- Keep other agencies informed of any enforcement action taken by the Commission for Social Care Inspection on any regulated service.
- Participate in investigations where appropriate.
- Pursue statutory action where appropriate.

8.13 Voluntary Agencies/Independent and Private Providers of Care and Support will:

- Co-operate fully with an investigation under these procedures.
- Participate in assessments and investigations in accordance with their roles and responsibilities.
- Pursue action where appropriate in accordance with the regulatory/contractual requirements.

8.14 The Contracts Team will:

- Ensure that service contracts involving contact with vulnerable adults fully reflect the Safeguarding Adults Multi-Agency Policy and Procedures.
- Contracts will specify that all providers have their own internal policy and procedures, which require that any suspicion, allegation or disclosures of abuse are reported in line with the procedures.
- Ensure that contracts specify training requirements in relation to abuse for all staff and volunteers within the service appropriate to their level of involvement.
- Ensure that contracts specify that all providers have in place relevant Policies and Procedures to ensure the promotion of rights and protection from harm for all vulnerable adults.
- The contract will include a specific right for the relevant Contracts Monitoring Officer to audit any investigation of abuse.

ISLE of WIGHT

MULTI-AGENCY SAFEGUARDING ADULTS PROCEDURES

FOR PROTECTING ADULTS FROM ABUSE

Section 2

October 2007



Isle of Wight **NHS**
Primary Care Trust

The Island's new unique NHS organisation

COS205/11.07

Isle of Wight Safeguarding Adults Board Procedures

The Isle of Wight Safeguarding Adults Procedures are broken down into 7 Stages:

Stage 1 Alert

The recognition and reporting of concerns about abuse, which are received or noticed within any partner organisation.

Any immediate safety needs are addressed.

Alerts should be passed to the Line Manager the same day

Stage 2 Referral

A referral is made placing the information into a multi-agency context.

Any immediate safety needs are addressed.

Referral made to Social Services the same day

Stage 3 Decision

A decision is made as to whether the safeguarding adults procedures are the most appropriate way to address the concern.

By the end of the working day following the one on which the referral was made

Stage 4 Safeguarding Assessment Strategy

Formulating a multi-agency plan to assess the risk and address any protection needs. The safeguarding assessment strategy is planned by a multi-agency meeting/discussion.

Within 5 working days of the decision

Stage 5 Safeguarding Assessment

Co-ordinating the collection of information about abuse or neglect that has occurred or might occur. This may include different investigations e.g. criminal, disciplinary etc.

Within 4 weeks of the Safeguarding Referral

Stage 6 Safeguarding Plan

A plan is identified at a Case Conference and a response is co-ordinated as to if and how to reduce the risks of abuse and neglect.

Within 4 weeks of the Safeguarding Assessment being completed

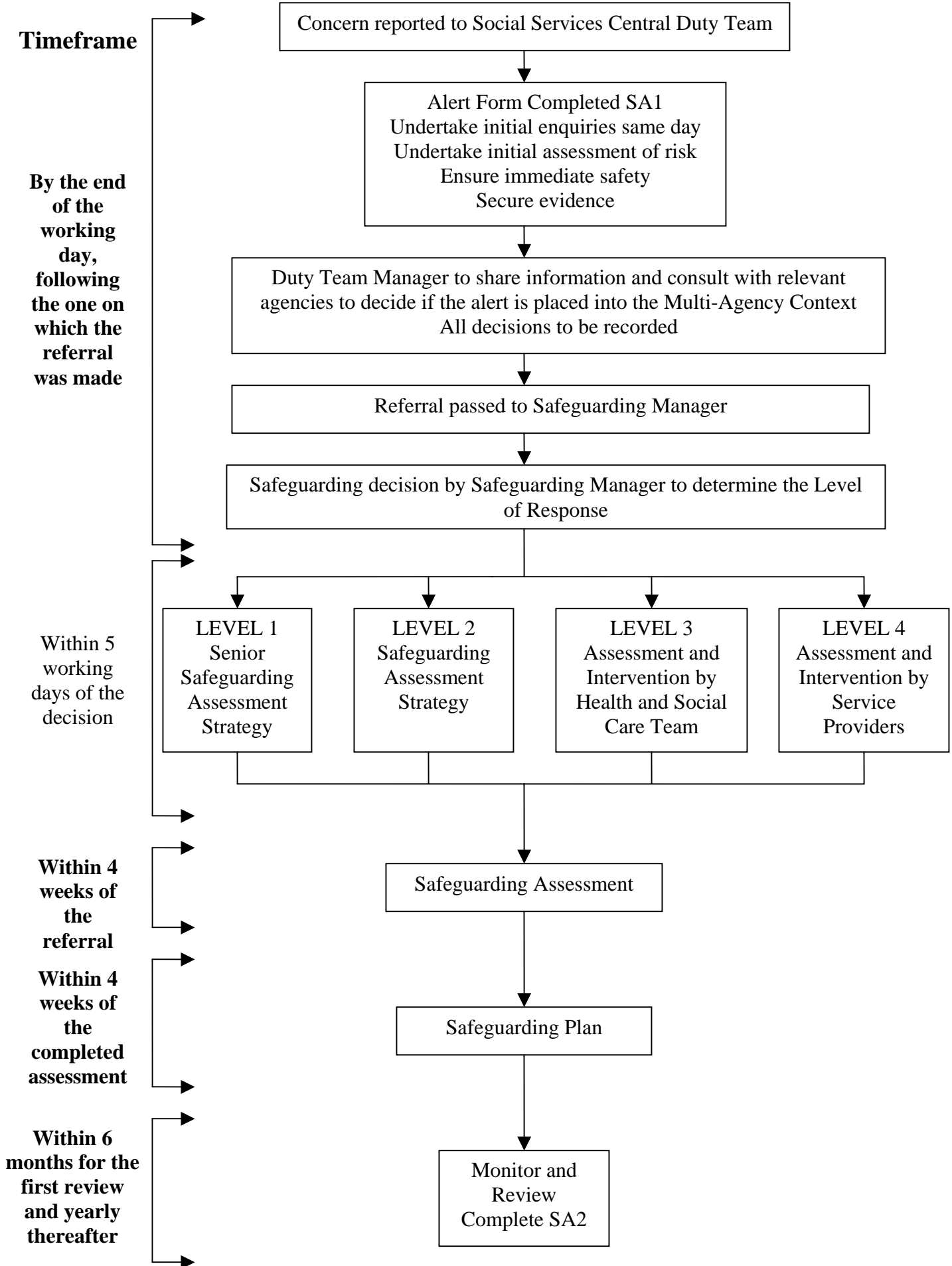
Stage 7 Monitor and Review

The plan is monitored as agreed and after an agreed time the plan is reviewed and any changes needed are made.

Within 6 months for the first review and thereafter yearly

ADSS Safeguarding Adults National Framework 2005

Safeguarding Adults Flowchart



STANDARDS FOR THE SAFEGUARDING ADULTS PROCEDURES

Standards for the Alert

1. **All agencies** have an internal protocol for reporting and recording 'Safeguarding Adults' concerns.
2. The worker who first becomes aware of concerns of abuse ensures the immediate safety of the person and that emergency assistance, where required, is summoned immediately.
3. Where there is evidence that a crime has taken place the Police are contacted.
4. Forensic and other evidence is not contaminated.
5. Any information given directly by the adult concerned is listened to and recorded carefully. However, the person is not questioned at this stage, to avoid creating unnecessary stress, through repeatedly describing events or creating a perception that they are not believed. Such questioning can also risk the contamination of evidence.
6. The worker who first becomes aware of concerns of abuse reports them as soon as possible - and in any case within one working day - to the correct point within their own organisation.
7. A decision is made on that same day as to whether the situation should be referred to the multi-agency 'Safeguarding Adults' process.
8. There is an agreed multi-agency format used by all partners for recording concerns of abuse. This collates information needed for the identification of repeat victims and multiple perpetrators and data needed to meet the monitoring requirements of the partnership.
9. Details of the report are recorded on the day it is made. It should be legible and of a photocopiable quality. The person making the report prints their name clearly and signs and dates it. Any opinions are clearly noted as such, and separated from the facts.
10. Information about the concerns are shared only within the framework of the 'Safeguarding Adults' information-sharing protocol.
11. The alleged perpetrator should not be contacted until there is an agreed **safeguarding assessment strategy** - unless this is part of emergency action needed to safeguard the adult or others at risk (e.g. an employer suspending staff in response to allegations against them).
12. Those alerting the abuse are supported and involved appropriately in all stages of the process.

13. Those alerting abuse receive confirmation that the concerns raised are being considered.
14. All alerts should be passed to Social Services Adult and Community Care Central Duty Team or the Filtering Officer who can be contacted via Wightcare, out of hours.

Standards for the Referral

- 1 Alerts will be taken by professionals with appropriate levels of training and experience within the Central Duty Team.
- 2 The agreed multi-agency forms will be used for all safeguarding adults work (Forms SA1 & SA2).
- 3 Details of the alert will be recorded accurately on the day it is made.
- 4 Where there are concerns about the immediate safety of the adult, the duty worker will ensure that emergency assistance, where required, is summoned immediately.
- 5 Where a child may be at risk, a referral will be made to safeguarding children procedures.
- 6 Where the adult is not covered by the Policy, information will be given or a referral made to an appropriate agency and this action is recorded on the SA1.
- 7 Where an **alleged perpetrator** *'is or may be eligible for community care services'* (for example, if they are another service user or a carer) the procedures should include an assessment of the nature of the risk they cause and allow that any such assessment may result in the provision of community care services to the alleged perpetrator and/or signposting to appropriate mainstream services (e.g. anger management) as part of the safeguarding plan for the adult at risk.
- 8 Any information given directly by the referrer is listened to and recorded accurately.
- 9 The referrer is asked whether the adult is aware of the referral and has given their consent, this should be recorded.
- 10 Consent is gained for the referral from a person with capacity, who is thought to be experiencing abuse, unless there are overriding public duties to act, or gaining consent would put the person at further risk.
- 11 If there are overriding duties, the person is informed that the referral will take place, except where this could jeopardise the safety of others who may be at risk.

- 12 Where an adult does not have mental capacity to make decisions about protection from abuse action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the persons previously expressed wishes into account.
- 13 The alleged perpetrator should not be contacted until there is an agreed **Safeguarding Assessment Strategy** – unless this is part of emergency action needed to safeguard the adults or others at risk (e.g. an employer suspending a member of staff in response to allegations against them).
- 14 Those alerting the abuse are supported and involved appropriately in all stages of the process.
- 15 The referrer is made aware of the limits of confidentiality.
- 16 Referrers who are ‘whistleblowers’ are made aware of the Policy on ‘whistleblowing’.
- 17 The referrer receives confirmation that their concerns are being taken seriously and being considered.
- 18 If a report is made that a service being provided is not safe (e.g. where a member of staff may be abusing service users, one service user is abusing another(s) or the service is run in such a way as to cause neglect), immediate positive action is taken to assess any risk and to appropriately enhance the safety of all service users.
- 19 Where a crime has been alleged the Police will be contacted.
- 20 The Duty Officer will carry out checks to see if the alleged victim/perpetrator or other named adults are known.
- 21 The Duty Officer will carry out cross checks with other agencies and records within the public domain.
- 22 The Duty Officer will establish which Local Authority has responsibility for the adult in accordance with the ADSS Inter-Authority Protocol.
- 23 The Duty Team Manager will consult with key partner agencies to determine whether to place the alert within the Safeguarding Adults Procedures for further assessment/intervention. This decision must be recorded.
- 24 An initial Risk Assessment is completed and recorded on Swift.

- 25 The responsibility for assessing the alert within the context of the Safeguarding Adults Procedures and determining any immediate intervention rests with the Duty Team Manager **in consultation** with the Safeguarding Adults Leads from key partner agencies.
- 26 The Duty Team Manager and Safeguarding Adults Leads will receive specific training and support for this role.
- 27 Responsibility not to proceed further than the alert stage rests with the Duty Team Manager and Safeguarding Adults Leads and decisions should be clearly recorded.
- 28 The Duty Team Manager is responsible for the co-ordination and management of their own agencies response in relation to any immediate action necessary to secure the safety of all those at risk.
- 29 The Duty Team Manager will inform Senior Managers within Social Services if the level of risk reflects, at this stage, a **Level 1 Concern**. Safeguarding Adults Leads from partner agencies will inform Senior Managers within their own agencies.
- 30 The Duty Team Manager is accountable for ensuring that all SA1's are sent through to the appropriate Safeguarding Managers.
- 31 The Duty Team Manager is accountable for ensuring that there is accurate recording on Swift and a Contingency Plan is in place in the event of risks being highlighted out of hours.
- 32 Safeguarding Adults Leads from partner agencies are accountable for ensuring accurate record keeping within their own agencies and a Contingency Plan is in place.
- 33 Where alerts are received 'out of hours' the Filtering Officer will follow all appropriate standards for the referral necessary to ensure the safety of the adult, and others involved, and where possible ensure that any evidence is secured. Action taken will be recorded on Swift and the SA1 will be passed to the Central Duty Team Manager.

Standards for the Decision

- 1 The SA1 is received same day by the Safeguarding Manager within social care teams and integrated teams.
- 2 The Safeguarding Manager will identify a suitably qualified, experienced and trained Investigating Officer to carry out the safeguarding assessment.
- 3 The Investigating Officer carries out further checks with other available records/agencies to further establish the context of the concerns and the risks to the person and/or others.
- 4 The Safeguarding Manager will share information, in accordance with the information sharing protocol, and consult with and agree with the Safeguarding Adults Leads within key partner agencies to further determine the level of urgency and agree an initial response.
- 5 Partner agencies will share information in accordance with the information sharing protocol and contribute towards the assessment of risk and the decision making as to the level of response.
- 6 The Safeguarding Manager records the decisions and the initial level of response, using the 'framework for levels of response' as a tool to aid decision making.
- 7 The referrer should receive a clear response as to what level of response is being actioned, this response must be recorded.
- 8 The alleged perpetrator should not be contacted if there is reason to believe that they will put the adult at risk.
- 9 From the point of the referral, initial enquiries must be completed by the end of the working day following the one on which the referral was made.

Standards for the Safeguarding Assessment Strategy

- 1 It is the responsibility of the Safeguarding Manager to co-ordinate and develop the Safeguarding Assessment Strategy. The Strategy is a multi-agency process which will involve all those agencies who are appropriate to the particular situation.
- 2 A Safeguarding Assessment Strategy meeting/discussion should take place for all levels of concern (Levels 1-4).
- 3 The Safeguarding Manager will consult with Senior Managers to determine the need for a Level 1 Senior Safeguarding Meeting.

- 4 The Safeguarding Manager will formulate the Strategy via a meeting of key agencies with responsibility to act, those with key information to aid the decision making and any specialist advisors. A series of telephone conversations/e-mails may be appropriate to plan a strategy for **Level 3 and 4 Concerns**, however a meeting may be more effective than a series of conversations.
- 5 Responsibility for the co-ordination of the Strategy process is designated to the Safeguarding Manager.
- 6 Standard invitation letters will be used to invite partners to attend the Safeguarding Assessment Strategy Meeting.
- 7 Timing of the Strategy meeting/discussion will reflect the level of risk and is in any case completed **within 5 working days of the referral**.
- 8 Any shared decisions to work outside of the agreed timeframes will be made on the basis of the levels of risk and clearly recorded by the Safeguarding Manager.
- 9 A suitable qualified and trained Safeguarding Manager will chair the Safeguarding Assessment Strategy Meeting and will take responsibility for chairing all subsequent meetings throughout the safeguarding process.
- 10 The Safeguarding Manager will ensure that a suitably trained minute taker is available to take the minutes. Where there are Strategy discussions over phone/e-mail then the Safeguarding Manager is responsible for ensuring accurate notes are taken and circulated **within 5 working days of the strategy discussion** being completed.
- 11 Any variation in timescales must be recorded.
- 12 Adults with capacity are involved as partners in the Strategy (with the appropriate use of independent advocacy/victim support services).
- 13 Where such an adult with capacity cannot be involved as a full partner, the Safeguarding Manager should agree with them how their views are to be incorporated into the strategy making process.
- 14 Alleged perpetrators will not usually be part of the Strategy making process, except in very unusual circumstances and only with the agreement of the Safeguarding Manager.
- 15 Where a crime is alleged to have taken place the Police are involved as soon as possible and decide whether they will be taking action.

- 16 Where a service is implicated in abuse/neglect the Safeguarding Manager will always invite CSCI, Service Commissioners and Contracts. A decision will be made with these key agencies as to whether the Manager or the Proprietor is 'fit' to be involved in the strategy; this includes a judgment as to whether they are likely to be implicated in any criminal investigation, this will be the same for any provider manager, if they are implicated in the allegations and their involvement is likely to put the person or others at risk.
- 17 If the Manager or Proprietor is judged to be fit, they are included as a full partner in the strategy discussions.
- 18 The Investigating Officer will provide all relevant reports/paperwork for the Strategy meeting.
- 19 The Investigating Officer will undertake an initial assessment of risk for the strategy meeting.
- 20 During the discussion all information known about the situation is shared in accordance with the information sharing protocol.
- 21 Actions concerning people alleged to have perpetrated abuse are co-ordinated and action is planned to minimise risks to victims, witnesses and 'whistleblowers'.
- 22 Each partner agency is proactive in offering resources within their remit to enable the risk of abuse to be assessed.
- 23 Action agreed within the Strategy is designated to the appropriate agencies and workers.
- 24 The Strategy will aim for minimal interruption to the services being provided to an individual, or a group of people, during a safeguarding assessment.
- 25 The Strategy will include a plan for communication between agencies for the duration of the assessment.
- 26 The Safeguarding Manager will ensure that accurate minutes are made of the Strategy plan for all levels of response, and outcomes, which are circulated to everyone who has been invited to the Strategy and are circulated within **5 days of the Strategy being completed.**

Standards for the Safeguarding Assessment

- 1 Where the adult who may be at risk has mental capacity, they are usually the first person to be interviewed as part of the safeguarding assessment/investigation.
- 2 The Investigating Officer will ensure that a thorough assessment is made of the level of risks to the adult and to others including whether the alleged abuse has taken place.
- 3 The safety and the confidentiality of the adult is paramount, except where information needs to be shared to protect others.
- 4 The communication needs, wishes and decision making capacity of the alleged victim are properly assessed and taken into full account, with appropriate use of advocacy and victim support services.
- 5 Forensic and other evidence is collected and preserved. Relevant files and documents are secured using the appropriate powers of the partner agencies involved.
- 6 Alleged victims will be given protection and support through the criminal justice process and in line with the Youth Justice and Criminal Evidence Act 1999.
- 7 A decision will be made by the Police as soon as possible as to whether an Achieving Best Evidence (ABE) interview is needed and it is carried out **within 5 days of the referral.**
- 8 Individuals carrying out investigations on behalf of their organisation will receive specific training, supervision and support.
- 9 Each agency will carry out the actions as agreed in the Strategy discussion, and report back to the Safeguarding Manager any changes to that plan.
- 10 A decision will be made by the Police and the Safeguarding Manager to use Police Officers/Social Workers trained in interviewing 'Vulnerable Witnesses.'
- 11 Each agency will maintain comprehensive records of their work and the findings of their assessment/investigations.
- 12 Each agency will make accurate records of their ongoing support and care of the adult/s concerned.
- 13 The Safeguarding Manager will co-ordinate any further update Strategy discussions/meetings if required.

- 14 The Safeguarding Manager will ensure that the safeguarding assessments and investigations are co-ordinated in a timely manner proportionate with the level of concern.

Standards for the Safeguarding Plan

- 1 The Safeguarding Manager is responsible for the co-ordination of the Safeguarding Plan via a Case Conference.
- 2 Standard invitation letters will be used to invite partners to attend the Safeguarding Case Conference.
- 3 Each agency invited to the Case Conference will make a written report of their work; the report will be submitted to the Safeguarding Manager prior to the Case Conference. These reports will be considered on a multi-agency basis within the Case Conference.
- 4 It is the responsibility of the Safeguarding Manager to ensure that adult/s with mental capacity, reported to be at risk, and/or their advocates are included in the Case Conference.
- 5 It is the responsibility of the Safeguarding Manager to ensure that reports are available in an accessible format to the vulnerable adult/s, and/or their advocates prior to the meeting if appropriate.
- 6 The Safeguarding Manager will ensure that a suitably trained minute taker is available to take the minutes.
- 7 Where an adult does not have the mental capacity to be included, a person acting in their best interests, e.g. a friend, advocate, IMCA, keyworker etc is nominated to take part in the Case Conference.
- 8 It is the responsibility of the multi-agency conference to decide on the outcome of the assessments/investigations. This will include whether abuse or neglect did take place, that it didn't or that it is still not known and whether there is thought to be ongoing risk of abuse or neglect.
- 9 Where abuse has taken place, or an ongoing risk of abuse is identified a safeguarding plan is agreed with proactive steps to prevent the risk of further abuse or to minimise the risk of further abuse.
- 10 Where abuse has taken place there is active consideration in consultation with the Police, Legal Services Regulatory Body and other partner agencies as to the potential use of legislation to intervene.
- 11 Any person who is entitled to 'Special Measures' under 'Achieving Best Evidence' is identified as soon as possible and a referral is made to Witness Support Services.

- 12 Positive actions are planned to safeguard the vulnerable adult and to promote their recovery from further abuse/neglect.
- 13 Positive actions are planned to prevent the perpetrator from abusing or neglecting in the future.
- 14 The multi-agency conference will ensure that appropriate feedback is given to those who report abuse concerning the outcome of their alert.
- 15 The multi-agency conference will decide which situations should be considered for a Serious Case Review and the Safeguarding Manager will report this to the Safeguarding Adults Board.
- 16 The Safeguarding Manager will ensure that the minutes of the Case Conference are circulated **within 10 working days**.

Standards for Review and Monitoring

- 1 The Safeguarding Manager will ensure that a timescale for the review of the effectiveness of any safeguarding plan is agreed and recorded at the Case Conference and will take place in any case **within 6 months**.
- 2 The Safeguarding Manager will ensure the involvement of the adult/s and/or their advocates in reviews.
- 3 The Safeguarding Manager will ensure that information about repeat victimisation is monitored and reported to the Safeguarding Adults Board.
- 4 Each agency will report any particular issues or difficulties and examples of good practice to the Safeguarding Adults Board.
- 5 The Safeguarding Manager will ensure that comprehensive records are kept of any multi-agency processes and outcomes that they manage.
- 6 The Safeguarding Manager is responsible for ensuring that the SA2 is completed at the end of the Safeguarding Adults process.
- 7 Monitoring information is collected and processed by the Safeguarding Manager and reported to the Safeguarding Adults Board.

Standards for Review and Monitoring by the Safeguarding Adults Board

The Safeguarding Adults Board will:

- 1 Produce an annual report and statement of priorities in accordance with 'No Secrets' DoH 2000 3.18.
- 2 Ensure an effective response to the abuse of vulnerable adults across operational, supervisory line management, senior management, corporate/cross authority, chief officers/chief executives and local authority members in accordance with 'No Secrets' DoH 2000 3.9.
- 3 Produce joint protocols and practice guides to assist safeguarding adults work.
- 4 Produce a Dissemination Plan and Communication Strategy which will be reviewed yearly.
- 5 Produce a service user/carer strategy.
- 6 Gather information about safeguarding adults referrals in accordance with 'No Secrets' DoH 2000 3.19 and Action on Elder Abuse.
- 7 Produce terms of reference and procedures for Multi-Agency Case Audit.
- 8 Produce a strategy and framework for training staff and volunteers at all levels across agencies in accordance with 'No Secrets' DoH 2000, 5.1, 5.2 and 5.3.
- 9 Review annually the Multi-Agency Policy and Procedures.
- 10 Produce a protocol and procedures for Serious Case Reviews which is endorsed by the Coroner's Office.

ISLE OF WIGHT

MULTI-AGENCY SAFEGUARDING ADULTS PRACTICE GUIDANCE

FOR PROTECTING ADULTS FROM ABUSE

Section 3

October 2007



Isle of Wight **NHS**
Primary Care Trust

The Island's new unique NHS organisation

COS205/11.07

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Practice Guidance

The Stages of the Safeguarding Adults Procedures

Introduction

- The primary responsibility of 'Safeguarding Adults' work is to enable all adults *"who may be eligible for community care services"* to access appropriate services if they need support to live a life that is free from abuse and neglect. The framework for enabling adults to access such support is referred to as the **'Safeguarding Adults' Procedures**.
- These procedures should be used to provide a consistent framework to ensure that those adults *"who may be eligible for community care services"*, and who may be experiencing abuse receive an assessment of the risk they are facing.
- Where they face a critical or substantial risk to their independence and wellbeing, community care services should be considered as part of a safeguarding plan. Where the assessment does not lead to community care services being provided or purchased other appropriate services should be signposted.
- The procedures should be based on the presumption of mental capacity (Mental Capacity Act 2005) and on the consequent right of such adults to make their own choices in relation to safety from abuse and neglect - except where the rights of others would be compromised. The specific choices available to a person will depend on the eligibility criteria for each service, but the baseline is that all people are supported to access information about the options that are open to them.
- The most relevant aspect of mental capacity is that of understanding and making decisions about safety from abuse. Making this decision includes having information about what is taking place, the harm that it may cause and the options that are open to stop abuse or to reduce harm. It includes weighing up that information and communicating the decision. Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse the safeguarding plan should include access to services that help to minimise the risk.

- It is clear that any safeguarding action should usually be taken in consultation with the adults concerned, and that it should be taken in a manner that does not usurp their own choices or decision-making. It is also important that decisions made at any one time are not taken to be irrevocable and non-negotiable. Action must ensure that when adults with mental capacity take decisions to remain in abusive situations, they do so without undue pressure or intimidation, with an understanding of the risks involved and have access to appropriate services if they should they change their mind.
- For '*people who are eligible for community care services*' and who have mental capacity to make a decision to remain in an abusive situation, 'Safeguarding Adults' procedures should enable them to access mainstream services that will support them to live safer lives - as well as providing specific services to meet additional needs. For example, some adults have impairments which mean that they need assistance to overcome current barriers to existing services, in order to choose how to achieve a safer life.
- For some adults, their impairments mean they need proactive support to understand that they have a choice to live a safer life; to understand the options open to them; and to choose which, if any, services they want to access in order to do so.
- For other adults, even with support, their impairments mean that they do not have mental capacity to make such decisions. The capacity of some adults may fluctuate and they may not be able to make a decision about how to pursue their safety at the time it is needed. In such situations organisations must take positive action to ensure that such decisions are made on the person's behalf.
- This must be by a person or an organisation, acting in the 'best interests' of the adult concerned (and, if appropriate, on what is known of their wishes prior to losing capacity) in accordance with the Mental Capacity Act 2005 and the Code of Practice. However, statutory agencies must act to uphold the human rights of all citizens and where others are at risk this duty will take precedence.
- Any action taken by an organisation to safeguard an adult should meet Human Rights standards. It should be proportionate to the perceived level of risk and seriousness.
- Intervention should not be arbitrary or unfair. It must have a basis in law: e.g. acting with the consent of the adult or, under duty of care, acting in the best interest of the adult; undertaken to secure a legitimate aim (i.e. to prevent a crime or protect the public) and be necessary to fulfil a pressing social need.

- Raising concerns about abuse nearly always involves sharing information about an individual that is both personal and sensitive (Data Protection Act 1998). Such information about an adult with mental capacity should be shared only with their informed consent, unless there is an overriding duty such as a danger to life or limb, or risk to others. These exceptions are described in the Data Protection Act (1998) and 'Caldicott guidance' (DH 1997), and case law in relation to human rights legislation. Information about an adult who may be at risk of abuse or neglect must be shared only within the framework of an appropriate information sharing protocol.
- Information about a potential perpetrator of abuse must also be shared under an appropriate information-sharing protocol. Local provisions such as MAPPA meetings and national provisions such as the POVA and POCA lists should be used.
Safeguarding Adults ADSS 2005

Stage 1 Alert

Reporting concerns about abuse is everyone's business and the duty rests with the person who becomes initially aware of the concerns to report these to the person identified within their own internal procedures. All internal procedures must comply with the Isle of Wight Safeguarding Adults Procedures.

Abuse may consist of a single or repeated act. It may be physical, verbal or psychological; it may be an act of neglect or an omission to act. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (No Secrets 2000)

Abuse can occur in any setting:

- **Institutional** – i.e. hospitals, residential homes, nursing homes, day centres.
- **Community** - the person's own home or in public places.
- **Domestic** – in the person's own home.

The Government's response to the recommendations and conclusion of the Health Select Committee's inquiry into Elder Abuse, June 2004 states:

'Abuse in Domiciliary settings is the commonest type of abuse, but the most difficult to combat. Contact between victims of abuse and statutory services may be limited, and those abused will often feel under threat, or obligation, to those abusing them. The only measures likely to have much impact here would be ones which increased the climate of awareness of the problem, making health and social care professionals more aware of the issue, and those which empowered older people to report abuse more easily, recognising the reasons for their reluctance to do so.'

It can be perpetrated by anyone:

- Care staff
- Professionals
- Volunteers
- Relatives
- Friends and neighbours
- Strangers

Abuse is rarely obvious and sometimes people may be unaware that it is happening. Even when people are aware they may not want to recognise it and there can be many potential barriers to recognition.

Remember all staff have a professional, moral and legal duty to report any suspected abuse.

Within your organisation it is your responsibility to:

- Ensure that your practice promotes the human and civil rights of the person.
- Ensure the immediate safety of the person (unless this puts yourself or others at risk).
- Tell your line-manager immediately (unless the allegation is about your line-manager in which case tell their line-manager or refer to your procedures on 'Whistleblowing').
- Report concerns using the reporting procedures laid down within your own service if you are disclosed to or witness alleged abuse in respect of a vulnerable person.
- Write a report about what you have witnessed or what has been disclosed to you.
- Seek support from your line-manager.

Any suspicions, allegations or disclosures of abuse or neglect must be reported the same day.

The Line Manager must make sure that they have all the relevant information to hand when contacting Social Services. Where the abuse is of a criminal nature the Manager must report the matter to the Police. Where the vulnerable adult is a resident in a care home or care home with nursing, the Manager must also report their concerns to the Commission for Social Care Inspection (CSCI).

Recording is crucial and information should be factual and chronological, and any opinions and third party information should be identified as such. All recordings should be undertaken as soon as possible and must be legible, signed and dated giving time and location.

A more detailed Practice Guide is available. The Basic Awareness Training and the 'Alerters' Training provides further opportunities to explore recognition, responding, reporting and recording.

Doing nothing is not an option!

During working hours the Central Duty Team for Adult Social Care should be contacted:

Tel: **01983 823340**

Out of office hours the Emergency Duty Team should be contacted via Wightcare Services and ask to speak to the Filtering Officer on:

Tel: **01983 821105**

Stage 2 Referral

Alerts can come from a variety of different sources and may describe a range of different safeguarding adult situations. They can include difficulties between individual service users, tensions and conflict between the vulnerable adult and their carers, failures in a service to provide care to an acceptable standard, individual cruelty, negligence or neglect, as well as attempts to deliberately exploit or harm more vulnerable individuals in society.

Alerters should try to provide as much information as possible about the extent and nature of the alleged abuse and the context in which they believe that it has occurred. In some instances alerters are not always clear about the nature of their concerns and wish to consult with the Duty Officer about the concerns, the Duty Officers must gather as much information as possible and record these consultation contacts with a record of the advice given.

The Duty Officer will need to determine from the information given whether the concerns raised constitute a suspicion, allegation or disclosure of adult abuse and if the alleged victim is in need of or in receipt of a community care service.

Where it is evident that immediate action is required because of a life threatening or other emergency situation, in accordance with Fair Access to Care Services, an immediate response will be necessary to ensure the safety of the person or others. The seriousness and the type of abuse will also be a factor in determining who is to be involved. Where there is a medical emergency medical assistance must be sought immediately. Adults with capacity have the right to make their own decisions about participating in a medical examination.

The initial information gathering stage is crucial; the Duty Officer should carry out cross checks with other relevant agencies and check all accessible records.

In assessing each alert and determining the level of response, the following principles should be used as a guide:

- Reports of incidents or allegations of abuse should be approached with an open mind.
- The seriousness or extent of abuse and its effect on the adult may not be clear initially. The needs and risks to the adult and the appropriateness of interventions should be assessed in light of the situation that has led to contact with the social services agency.
- The seriousness and the extent of the concerns may not always be clear when anxiety is first expressed.

- Information should be considered in the context of the situation that has led to the alert being made or concerns being expressed.
- Every adult has the right to live free from harm. *'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. These latter categories may be very important to an individuals ability to recover from an illness or have the best possible quality of life.'* (Making Decisions 1999)
- Article 3 of The Human Rights Act 1998 places an obligation on the state to ensure that no one suffers inhuman or degrading treatment. In effect there is a positive duty on public bodies to take all **possible** actions to ensure that citizens do not suffer degrading treatment.
- Every alert must receive a clear response even if it is that the agency is not able to act on the referral. In these situations reasons for not acting should be explained and advice provided as to whom else may assist.
- The needs of adults who are alleged perpetrators may also need to be assessed for a response in line with the multi-agency procedures.
- The primary purpose of any response should be to ensure the adult (and other adults whose independence and wellbeing is at risk) will be best protected from the risk of abuse occurring or recurring.
- The level of response should be 'proportionate' to the perceived level of risk and 'seriousness'. The Human Rights Act (1998) requires public authorities to intervene in people's lives in a way that is proportionate to the presenting concern. This means that interventions should not be arbitrary or unfair.
- All interventions must have a basis in law; must be undertaken to secure a legitimate aim i.e. to prevent a crime or protect the public; or where it is necessary to fulfil a pressing social need and is proportionate to the aims being pursued.

- The response should actively seek to involve the adult and not erode their rights to make choices and decisions for themselves. This is not to say autonomy equals non-involvement by the agency. Where there are concerns about abuse or exploitation the Government's guidance makes it clear that action must be taken in consultation with the adult and not in a manner that:
 1. Usurps their own choices or decision making or;
 2. Accepts matters of choice as irrevocable and non-negotiable, irrespective of the consequences.

In addition, the assessment of 'serious harm or exploitation' will need to consider:

- **The nature, degree and extent of the alleged abuse.**
- **The duration, frequency and risk of escalation of the alleged abuse.**
- **The extent of premeditation, threat or coercion.**
- **The impact of the alleged abuse on the physical, emotional and psychological well being of the adult.**
- **The context in which the alleged abuse takes place.**
- **The degree of 'risk to the person's independence, choice and wellbeing' or 'support' needed by the adult.**
- **Any breach of trust or duty of care within a relationship.**
- **Any breach in the law, (Criminal, Civil, Care, Family Law)**
- **The risk to others/public from the same abusive individual or service.**
- **It is also important to remember that sometimes a single event may lead to 'serious harm or exploitation'.**

A SA1 form should be completed for all Alerts

Stage 3 Decision

The framework below should be used by Safeguarding Managers and Practitioners across the key agencies to help determine the most appropriate level of response to an initial safeguarding adult 'alert'.

It is designed as a tool to assist in the promotion of consistent decision making when an alert has been raised. It is not exhaustive and should be used as a prompt to help effective decision making, not as a checklist or scorecard.

It is important that the level of response is kept under constant review as additional information becomes available. This information may suggest that an alternative level of response is indicated because the perceived level of seriousness or risk has either increased or reduced. For example the decision to review the care package may result in further evidence that abuse is, or may be taking place.

The framework identifies 4 Levels of Response.

Level 1	Senior Safeguarding Assessment Strategy
Level 2	Safeguarding Assessment Strategy
Level 3	Assessment and Intervention by Health and Social Care Team
Level 4	Assessment and Intervention by Service Providers

All levels sit within the framework of the Multi-Agency Procedures and the standards should be applied in all levels of safeguarding adults work.

SA1's and SA2's must be completed for all safeguarding adults work.

A framework for responding to concerns about adults in need of a Safeguarding Adults Response

Safeguarding Responses	Presenting information	Action and Outcomes
<p>Level 1</p> <p>Senior Safeguarding Assessment Strategy</p>	<ul style="list-style-type: none"> • The risk of significant harm to one or more adult that have adversely affected their health and wellbeing. • A serious criminal offence or a number of offences may have been committed. • Breach of Professional Codes of Conduct. • The 'alert' forms part of a pattern of abuse against a particular individual. • The 'alert' forms part of a pattern of institutional abuse against a number of vulnerable adults within a specific service setting. • Where one or more adult may lack the capacity to protect themselves from significant harm, abuse or exploitation. • There is a significant breach of regulations of the Care Standards Act 2000. • Where public interest issues outweigh the wishes of the adult. • Where the allegations are against member/s of staff of the IOW Council or NHS Trust. • Where there is a likelihood of media attention. 	<ul style="list-style-type: none"> • A Senior Safeguarding Manager to convene and chair a Senior Safeguarding Assessment Strategy Meeting no later than 5 working days from the point of referral. • Notify Senior Managers within all partner agencies. • Allocate resources to undertake and co-ordinate the investigation and any resources to keep people safe. • Follow standards and practice guidance for Senior Safeguarding Assessment Strategy Meetings. • Investigation Plan. • Follow up Senior Strategy Meetings if required. • Evaluation of investigation activity and evidence gathered. • Safeguarding Conference to develop a 'Safeguarding Plan'. • Determine if abuse has taken place. • Monitor Plan. • Review Plan.

Safeguarding Responses	Presenting information	Action and Outcomes
<p>Level 2</p> <p>Safeguarding Assessment Strategy</p>	<ul style="list-style-type: none"> • The risk of significant harm to one or more adult that have adversely affected their health and wellbeing. • The concerns are 'one off' but may have adversely affected the health and wellbeing of the vulnerable adult. • The concerns reflect a criminal offence. • The concerns reflect a deliberate intent to exploit and/or harm one or more adult(s). • The 'alert' forms part of a pattern of abuse against a particular individual. • There is a significant breach in a 'duty of care' • The concerns reflect on-going issues about poor practice within an institutional or domestic setting. 	<ul style="list-style-type: none"> • A Safeguarding Assessment Strategy Meeting takes place chaired by a Safeguarding Manager no later than 5 working days from the point of referral. • Allocate resources to undertake and co-ordinate the investigation and any resources to keep people safe. • Follow standards and practice guidance for Safeguarding Assessment Strategy Meetings. • Investigation Plan. • Follow up Strategy Meetings if required. • Evaluation of investigation activity and evidence gathered. • Safeguarding Conference to develop a 'Safeguarding Plan'. • Determine if abuse has taken place. • Monitor Plan. • Review Plan.

Safeguarding Responses	Presenting information	Action and Outcomes
<p>Level 3</p> <p>Assessment and Intervention by Health and Social Care Team</p>	<ul style="list-style-type: none"> • The concerns have occurred in the past but are infrequent and less serious in their nature. • The concerns reflect difficulties, tensions and inadequacies within the network of informal support provided to the adult. • Where the adult may lack capacity to protect themselves from significant harm, abuse or exploitation. 	<ul style="list-style-type: none"> • Safeguarding Manager to hold a Strategy discussion with key agencies to decide on the most appropriate form of intervention i.e. Review, Re-Assessment of Needs and Risks, Carers Assessment. • The Safeguarding Manager will allocate a suitably trained and experienced practitioner to co-ordinate the assessment and safeguarding plan. • Allocate resources to undertake and co-ordinate the investigation and any resources to keep people safe. • The practitioner will ensure that all relevant agencies are involved to assess the level of risk, identify likelihood of further harm and develop a 'Safeguarding Plan' resulting from the assessment to protect the adult from harm and to safeguard their rights and choices in accordance with their wishes. • Outcomes of the assessment and plan should be agreed by the Safeguarding Manager. • Monitor Plan. • Review Plan.

Safeguarding Responses	Presenting information	Action and Outcomes
<p>Level 4</p> <p>Assessment and Intervention by Service Providers</p>	<ul style="list-style-type: none"> • The 'alert' is a 'one off' isolated incident that has not adversely affected the health and wellbeing of the adult. • There is no previous history of similar incidents recorded for the service provider. • There is no previous history of past patterns of abuse. • There is no clear criminal offence described at the 'alert' stage or identified in the initial assessment of risk stage. 	<ul style="list-style-type: none"> • The Safeguarding Manager to have a strategy discussion with key agencies to determine what action should be taken by the Service Provider to address the concerns and report outcomes to the Safeguarding Manager. • Practitioner to review action taken by Service Provider and ensure plan is in place. • Actions may result in risk assessments and revised risk management plans and care plans. • Actions may lead to minor alterations in the way in which the service is provided. • All actions should be regularly monitored and reviewed under the Multi-Agency Safeguarding Adults Framework.

Stage 4 Safeguarding Assessment Strategy

The primary responsibility for the **co-ordination** of the assessment and investigation process rests with:

The Safeguarding Manager

Safeguarding Managers are responsible for ensuring that all appropriate agencies are involved in the assessment and investigation of the concerns; that support is provided, resources are available, good standards of practice in place and effective working relationships maintained.

The Safeguarding Manager has specific responsibilities to:

- Ensure a co-ordinated response in line with the procedures.
- Consider the alert and any perceived risks.
- Decide on the level of response appropriate and continue to review the level of response.
- Ensure that Investigating Officer/s are identified to undertake assessments/investigations.
- Ensure that the Police have been informed and consulted with if there is reason to believe a crime has been committed.
- Ensure that any joint investigations are effectively co-ordinated to minimise the risk of assessment and investigation work being repeated unnecessarily. To ensure that such work is least restrictive and intrusive into the life of the person.
- Communicate with key partner agencies and ensure shared decision making.
- Ensure that sponsoring authorities have been notified where the vulnerable adults or the alleged perpetrator is funded by them.
- Chair Safeguarding Assessment Strategy Meetings and Case Conferences.
- Ensure outcomes of meetings are appropriately shared.
- Ensure action is followed up from Safeguarding Assessment Strategy Meetings, Case Conferences and Safeguarding Plans.
- Ensure effective reviewing and monitoring.
- Close a Safeguarding Adults Investigation.

Investigating Officers

Investigating Officers are responsible for undertaking specific assessment and/or investigation activities. In any safeguarding assessment there may be one or more investigating officers from partner agencies who must work together to ensure a seamless approach.

The Investigating Officer has specific responsibilities to:

- Collate information about the type, nature and the context of the alleged abuse, including the identification of factors which may have caused/contributed to the alleged abuse.
- Ensure the safety of the person and/or others who may be at risk of significant harm.
- Ensure that the vulnerable adult and others vulnerable adults needs and risks are assessed.
- Ensure that the Line Manager or human resource department has been informed where the alleged perpetrator is an employee.
- Make contact with the adult/s to ascertain their wishes and ensure they are aware of their human and civil rights. Contact will not be made if there is reason to believe that by doing so will pose greater risk to the person or others.
- Assess the degree of risk and likelihood of further harm.
- Ensure the involvement of the person/relatives/carers/advocate in the safeguarding process.
- Intervene in accordance with their statutory responsibilities, to safeguard the adult or others at risk.
- Produce a written report to the Safeguarding Manager, this report will be shared at Safeguarding Assessment Strategy Meetings.
- Attend Safeguarding Assessment Strategy Meetings.
- Contribute towards the multi-agency decision making process.
- Undertake assessment and investigation activities allocated by the Safeguarding Manager and/or at the Safeguarding Assessment Strategy Meeting.
- Undertake single agency or joint agency interviews as agreed at the Safeguarding Assessment Strategy Meeting.
- Produce a written report to Case Conference or Review meetings.

An assessment and investigation has 4 main strands, they include:

1. To establish the facts about one or more incident(s) in which abuse is alleged or concerns have been raised.
2. To assess the support and protection needs of the adult(s) and work with the person and or their advocates to plan an effective safeguarding response
3. To determine who was responsible and or/culpable and what action should be recommended in relation to them.
4. To review the management of the setting/service and any improvements required or sanctions to be recommended.

The Safeguarding Assessment Strategy Meeting/Discussion

These are a crucial aspect of **all** levels of response; it is an opportunity for those agencies with a responsibility to act to share relevant and potentially sensitive information which may have a bearing on the investigation. It is an opportunity to plan the assessment/investigation, clarify the different roles and responsibilities of agencies and agree timescales.

There are circumstances where some action will be necessary prior to more detailed discussions and planning, e.g. when it is necessary to secure the safety of the vulnerable adult, however shared decision making will ensure a more effective co-ordinated response than a series of separate activities.

Assessments and investigations into concerns of abuse should not be delayed whilst waiting to convene a Safeguarding Assessment Strategy Meeting or Senior Safeguarding Assessment Strategy Meeting. Every effort should be made to agree with key agencies any immediate action necessary and clarify roles and responsibilities.

In cases where the nature of the concerns is so vague, a Safeguarding Assessment Strategy Meeting may be more helpful than a phone conversation or a series of phone conversations.

In planning the assessment and investigation it should be clear which agency/individual is taking responsibility for each strand. Different agencies may take a lead in relation to perpetrators depending on their position and relationship to the client.

A Safeguarding Assessment Strategy Meeting/Discussion may include in its membership:

- The Chair – The Safeguarding Manager.
- The person and/or their advocates.
- Representative/s from the agency who raised the initial alert.
- The Investigating Officer, who will have the responsibility to carry out any further assessment work under the NHS and Community Care Act 1990.
- The Police, where a criminal offence may have been committed.
- Members of the relevant Primary Care Trust.
- An Inspector from the Commission for Social Care Inspection where a regulated provider is involved.
- Any other professional who is involved with the vulnerable adult who has key information to share.
- Specialist advisors.

All agencies who have a duty to act must receive an invitation to the meeting.

Whether a meeting or a series of phone conversations, there are a number of key areas for discussion:

- The extent and nature of the concerns.
- Key risk indicators.
- Involving the vulnerable adult/advocates.
- The views and wishes of the vulnerable adult and/or their representatives/advocates.
- Protection issues in respect of the adult or the alleged perpetrator (if an adult also in need of a response under Safeguarding Adults).

- Securing evidence, ABE interviews, witness support.
- Sharing information.
- Confidentiality.
- Capacity and consent.
- Legal implications.
- Commissioning and Contracting issues.
- The plan for what should happen next – clarifying roles and responsibilities, who does what, when, where and how.
- Appropriate support.
- Record keeping.
- Timescales and date for case conference or further review meetings.
- Recording and monitoring the 'Safeguarding Adults' process and its outcomes.

Senior Safeguarding Assessment Strategy Meeting

A Senior Strategy Meeting will be held if one or more of the following issues are present:

- The death or serious harm of an adult.
- Where there are serious allegations of a criminal nature.
- Where there are multiple victims or perpetrators.
- Where the allegations are against member/s of staff of the IOW Council or NHS Trust.
- Large scale institutional abuse.
- Where there is a likelihood of media attention

Where a situation arises that indicates the possibility of large scale or complex abuse, it is the responsibility of the Safeguarding Manager to notify their Line Manager and the Safeguarding Adults Service Manager of the need for a Senior Strategy Meeting.

Senior Safeguarding Managers will decide in consultation with other key agencies the need for a Senior Strategy Meeting. All decisions will be clearly recorded.

The Senior Strategy Meeting will be chaired by a Senior Safeguarding Manager (who has no involvement in the case and no line management responsibility for the case). The Chair should identify the key people to attend. Senior Strategy Meetings should be attended by those with a responsibility to investigate and assess the concerns, those who can provide legal advice, those who can provide Personnel advice and those who can allocate resources if required and take appropriate action within their own organisations.

A Senior Safeguarding Assessment Strategy Meeting should also consider:

- The resource issues, e.g. the number of investigators required, gathering evidence, securing forensic evidence, facilities for conducting interviews, need for place/s of safety for the adult.
- The need for a Communications Strategy and notification of elected members of the County Council on a need to know basis.
- How to deal with media enquiries.
- Involvement of relatives.
- The roles and involvement of other authorities who have adults placed on the Isle of Wight.
- Requirements relating to confidentiality and access to records.
- Who holds management responsibility if the investigation crosses boundaries.
- The need for advocacy for adults.
- The need for a referral to an Independent Mental Capacity Advocate (IMCA).
- Support, consultation and supervision to staff.

Initial Assessment Contact with the Vulnerable Adult

In some instances it will be necessary to have contact with the adult/s prior to the strategy meeting. The decision to have initial contact with the adult should be made if possible by the Team Manager, with other key agencies who have a statutory responsibility to act.

The Assessor should gather and collate information to enable an assessment of the following:

- The ability of the adult to communicate.
- Their preferred means of communication.
- Any immediate risk to the persons health and wellbeing.
- Issues of capacity and consent.
- Their views and wishes.
- Immediate needs for support/advocacy/Police involvement etc.
- The details of the alleged incident, what, where, who and when.
- The need to secure forensic evidence.

The Assessors primary concern is to recognise the rights and choices of the adult and ensure their safety. The Assessor has a duty to ensure that the vulnerable adult understands the process and what will happen next. Care should be taken not to interview the adult in relation to the details of the concerns.

Record Keeping

Throughout the investigation detailed factual records should be kept by all agencies to include:

- The date.
- Time.
- Circumstances in which conversations or interviews are held.
- If possible contemporaneous notes should be taken and retained.
- If possible handwritten notes should be in black ink and easily photocopied.
- All records should be signed and the authors name printed.
- Records maintained on **Swift** and other agencies databases and should be kept in accordance with the agencies recording Policies and Procedures.

Safeguarding Adults investigation reports should be kept in the confidential section of the service users case file. These records are subject to the same confidentiality protocols as are operated by the agency and compliant with the Human Rights Act 1998 and Data Protection Act 1998.

A summary of the information gathered should be recorded in the form of a report which should be compiled by the Investigating Officer. Those involved may be asked to contribute towards the report. The report should cover the following points:

- Details of the initial alert.
- Factors which may have contributed to the abuse.
- Previous allegations or concerns.
- A brief social history of the person.
- The person social networks.
- An assessment of the persons capacity.
- Issues of discrimination.
- Information about the alleged perpetrator.
- Likelihood of further harm.
- Legal framework.
- A brief account of the assessment investigation process so far.
- An evaluation of the evidence.
- Recommendations.

Confidentiality and sharing of information

Issues about confidentiality and sharing of information can often present dilemmas for practitioners when assessing and managing risk. All staff should familiarise themselves with their organisations policy and procedure in respect of confidentiality and information sharing, if possible, before making judgments about risks, and need to know that complete confidentiality cannot be offered, any information given to an individual staff member belongs to the agency and not to the staff member alone and should be shared on a 'need to know' basis with line managers and other agency colleagues.

Decisions about information sharing will be concerned with:

- The individuals right/ability to make decisions.
- The seriousness of the situation.
- How many people are potentially affected.
- The degree to which they are affected.
- The need for others to know to maximise opportunities and minimise harm and losses.
- The ability of others to make a positive contribution, e.g. social services, health, housing, employment, education, carers, friends, members of the local community, Police etc.
- These decisions about information sharing must be clearly recorded and should be openly and explicitly discussed at every stage.

Information should be shared with others on the basis of:

- The need to know.
- Informing the service user from the beginning, of the limits of confidentiality.
- As far as possible, sharing with service users the extent to which the information about him/her is shared with others (SSI 1995)

Confidentiality must not be confused with secrecy

Key Principles

1. The view and wishes of service users will normally be respected; however agencies cannot guarantee a fully confidential service. There will always be circumstances when a duty to protect the person or the wider public will outweigh the responsibility to any one individual.
2. Information given to an agency should only be used for the purpose for which it was intended.
3. Service users should be advised why and with whom information should be shared with.
4. Information given to any staff member belongs to the agency and not to the individual.
5. Staff have a clear duty to report any concerns they may have relating to the service user or other vulnerable adults or children.
6. Decisions to share information without the consent of the service user should be made by the agency and not the individual worker.

Capacity and Consent

If an adult has capacity to make a decision in respect of the specific issue and they are not being unduly pressurised or intimidated, they may request no further intervention. The wishes of the person should be respected but this does not remove agencies statutory responsibilities to both report concerns and where appropriate to undertake an assessment and investigation in situations where the risks to the person are significant, there are risks to other vulnerable adults or children or where there is an over-riding public interest issue. Please refer to more detailed practice guide on capacity and consent.

Medical Examinations & Medical Treatment

There are two reasons for considering the need for a medical examination. The first is to ascertain the need for any immediate or ongoing medical treatment; the second is to help provide forensic evidence which could be used in a criminal prosecution.

If there is a possibility that forensic evidence can be obtained, the Investigating Officer should seek the vulnerable adults permission to involve the Police in order that they can arrange for a Police medical examination to take place. If the vulnerable adult is unable to give consent (see below) the Investigating Officer should seek the advice of a Police doctor and/or relevant GP.

Under Common Law, an adult must give informed consent before either a medical examination or medical treatment can be provided. The adult has the right to accept or refuse an examination or treatment even if their decision appears unreasonable. In order to give informed consent the adult must:

- Possess an understanding of the basic information, which is relevant to the decision about the proposed medical treatment.
- Possess the capacity to make the decision and understand the consequences.
- Be able to make the decision voluntarily, free from coercion.

Whether an individual has capacity to make a particular decision is ultimately a question for a court to decide. However, the court cannot give consent to treatment; it can only determine that treatment will not be unlawful. In practice, it is the personal responsibility of any doctor proposing treatment to judge whether an individual has the capacity to give valid consent.

In order to be capable of agreeing to medical treatment, the adult must 'sufficiently understand the nature, purpose and effects' of the proposed treatment (Case Law: re C, 1994).

In situations where the adult does not have the capacity to consent to medical treatment either because of a mental disability or they are unconscious and unable to communicate their decision, no one else can consent to their treatment on their behalf. However, treatment providers are allowed (and sometimes are under a duty) to provide care for the adult under the principle of necessity, provided this is done in the best interests of the adult concerned. Treatment is seen to be in the adults best interest if it is:

- 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 (Bolam Principle).

- Necessary to preserve life, health or wellbeing of the patient or if it prevents a deterioration of their condition. In many cases it is not only lawful to treat a patient on the grounds of necessity; it is a doctor's common law to do so. In effect the doctor acts as a proxy for the patient and determines best interests for him/her.

Stage 5 Safeguarding Assessment

The main aims of any Safeguarding Adults assessment and investigation is to:

- Ascertain the nature, extent and source of the risks to the adult/s.
- Ascertain the views and the wishes of the adult/s.
- Ensure the safety of the adult/s.
- Assess the options for a protection plan.

All assessments should be person centred and holistic whilst carefully and sensitively focusing on the allegations of abuse.

If in the process of the assessment and investigation any information comes to light that a child's health and welfare is at risk, then an immediate referral must be made to Children's Services.

It is important to recognise that the adult who has capacity has a right to self-determination and make choices for him or herself.

Interviewing the adult

Where a criminal offence is identified or suspected then the case details must be reviewed and discussed with the Police, prior to any interview. Such interviews will be led by the Police. See Practice Guide on 'Interviewing Vulnerable Witnesses'.

Effective assessment interviewing requires careful planning based upon good knowledge of the vulnerable person, their means of communication, physical needs etc. There will also inevitably be circumstances in which it will not be appropriate to interview a person because of the extent of their mental impairment or, because the person does not wish to be interviewed.

The person should if at all possible, not be interviewed alone or in the presence of the alleged perpetrator after their initial disclosure, especially if there is any possibility that a crime may have been committed. In such cases a joint interview is preferable.

The Assessment Interview aims to:

- Ensure that the person is aware of any concerns held about them and the purpose of the interview is made clear.
- Ensure that the person is aware of their rights and choices.
- Make the person aware of the limits to confidentiality.
- Establish, following an initial concern or alert, whether or not the person has something to disclose.
- Establish the wishes of the person.
- Identify any presenting injury and the explanation given as to the cause of the injury.
- Assess the physical, psychological, and mental health needs of the person.
- Agree any immediate intervention.
- Ensure that there are support networks in place for the person.
- When the adult has already made a disclosure and indicated what they would like to happen, there would be no need to cover this again during an assessment interview. However the interview may still need to be conducted to establish communication needs, best form of recording etc.

Ending the Assessment Interview

The Investigating Officer should make clear at the end of the interview the following:

- A clear review of what has happened.
- A statement that the Investigating Officer is required to consult with the Safeguarding Manager in order to make decisions.
- Clear information about any agencies who will be involved at this stage.
- Any support being provided and by whom.

Stage 6 Safeguarding Plan

Once all the information generated from the assessment and investigation activities has been gathered it is an opportunity to evaluate the evidence. This is done at a **Safeguarding Adults Case Conference**, this is a pivotal point in the process as it informs what must be done about what has happened and also what should happen next; it is both retrospective and prospective in its scope.

There is a common misconception that the case conference is unnecessary and indeed there may be times when it is not needed; if a formal investigation is not required then the Safeguarding Manager can make a decision to close the investigation at any stage:

- If abuse appears to be unfounded, but there are continuing concerns that adult abuse may be occurring, an Adult Protection Conference should be convened.
- Any decision not to proceed to a Case Conference should be clearly recorded, and discussed with a Senior Manager and shared with key people in other agencies.
- An Adult Protection plan should be completed even when a decision is made to close the investigation without a Conference.

If a decision is made not to hold a Case Conference then the manager should:

- Inform the Safeguarding Adults Service Manager.
- Consider the need for a health and social care assessment or alternative.
- Ensure a monitoring process is agreed.
- Ensure that the referrer, service users and others who need to know are informed.
- Complete the form SA2.

Where there may still be confusion and/or where a number of service interventions need to be dovetailed, it is vital that cross agency agreements are made together and that there is a high level of commitment to the ongoing sharing of information and co-ordination. The case conference is also a key stage in the process for service users/their advocates, as their involvement (wherever possible) is crucial to the effectiveness of decision making and protection planning.

The role of the Case Conference Chair

Wherever possible the Chair should be independent and not the person with line management responsibility for the case or had any previous involvement with the referral.

In the case of large scale investigations the Conference must be chaired by a Service Manager or equivalent.

The Conference Chair should:

- Ensure the meeting is properly conducted.
- Ensure the full participation of the adult/advocates (this may require meeting them in advance to discuss expectations/needs etc).
- Bring impartiality and objectivity.
- Ensure anti-oppressive practice.
- Ensure confidentiality.
- Ensure principles of data protection.
- Ensure that the right people attend and contribute.
- Ensure that there is a clear structure.
- Facilitate decision making and recommendations.
- Summarise the action plan.
- Agree review mechanism.
- Ensure accuracy of minutes.
- Ensure distribution of minutes (in accordance with timeframes).
- Ensure completion of relevant paperwork.

Provision of information for Conferences

- Participating agencies should provide written reports.
- Reports should be sent to the conference chair before the conference.
- Decisions should be made beforehand to agree sharing of information.
- Reports by practitioners should be shared with the service user before the conference and their views/comments sought

Case Conference Tasks

- Ascertain the level of risk.
- To consider the wishes of the vulnerable adult.
- Develop and agree an Adult Protection Plan.
- Nominate a worker with responsibility to co-ordinate and monitor the plan.
- Agree on information sharing.
- Make arrangements for further reviews.
- Make recommendations.
- To share and evaluate information from the investigation.
- To consider new information.
- To ascertain the level of risk.
- To make recommendations.
- To consider the legal context.
- To consider and plan for the possibility of media interest.
- To identify key personnel.
- To agree framework for multi agency working.
- To clarify roles and responsibilities.
- To agree arrangements for monitoring and review.

Reports to Conference

The report will need to be put together by the practitioner/s and should cover the following areas:

- Details of the initial alert.
- Outline of the current allegations and any previous allegations.
- An assessment of the seriousness of the alleged abuse.
- Location of the abuse.
- Possible causes of the abuse.
- Background information about the adult.
- Issues and opinions relating to consent and capacity.
- Social situation/network of the vulnerable adult.
- Information about the person alleged responsible (if applicable) a description of the investigation process (what was involved) and the level of co-operation received from the various people involved.
- Summary of information gathered from interviews.
- Presentation and evaluation of the evidence.
- A view about future risks.
- Recommendations about current and/or future safeguarding needs.

Safeguarding Plans

In many situations initial assessment and decision-making will not eliminate risk. Often service users remain in situations of risk over long periods of time.

Effective safeguarding plans are, in part, about risk management and may rely on a clear framework for:

- Monitoring
- Reviewing

These plans must be made with clear reference to the risk factors identified in the assessment process. Efforts must continue to focus over the longer term on increasing the potential benefits to the service user and on reducing the likelihood of potential harm occurring.

Safeguarding Plans should:

- Agree with the adult what needs to be in place to ensure that they are protected from future harm and that their rights are promoted.
- Agree on objectives – what are we trying to achieve.
- Agree the benefits and gains for the person.
- Identify any potential further harms and losses.
- Agree on roles, responsibilities and timescales.
- Agree on tasks for each person involved, i.e. volunteers, advocates family, friends, professionals etc.
- Agree on monitoring arrangements and recording mechanisms.
- Set a date for review of the plan (this could be still within the adult protection process due to the level of concerns or as part of CPA or Care Management Review etc).

Case Conference Minutes

Good Practice Principles (*Taken from A Pocket Guide to Note Taking – Vic Brown and Making Connections 2006*)

- Minutes should be as brief as possible but should include sufficient information to enable readers to understand the information that led the meeting to its decisions, recommendations or conclusions.
- The main purpose of minutes is that they will be a record for future reference.
- People who read them must be able to understand what led to the outcomes.
- The council is accountable for its decisions and must be able to substantiate them. The minutes should enable them to do so.
- Decisions, recommendations or conclusions must be explicit and must be clear about any action that is agreed, who is responsible for carrying it out and when it must be completed. There must be no ambiguity or doubt.

- Minutes should be a record of the relevant information that is presented to the meeting not the dialogue.
- Minutes should not attempt to record the dialogue or the process of the meeting.
- It is not possible for a note-taker to achieve either of these things but, more importantly, it isn't necessary.
- People in the meeting should understand that they are collectively responsible for the decisions, recommendations or conclusions and the information on which they are based. It is not, therefore, necessary to continually attribute. What should be recorded are the names of the people who disagree and their reasons for disagreeing. If no dissent or disagreement is expressed it should be presumed that everybody in the meeting was in agreement.

Circulation of Minutes

The Chairperson should ensure that minutes are sent to all those invited to attend.

The minutes should be produced in a manner that ensures the vulnerable adult is able to understand their content, language, large print, Braille, easy read and free of jargon.

Confidentiality

The contents of the minutes are confidential and as such should only be distributed to those with a need to know. If an individual(s) only participated in part of the conference they should only receive minutes relating to that part of the conference. Minutes that are circulated should be kept in the confidential section of a persons file.

Stage 7 Monitor and Review

Following the implementation of the Safeguarding Plan there must be a formal process for review and monitoring. There should be an allocated Care Manager/Care Co-ordinator until all outstanding issues have been resolved. The first review will need to take place no more than a month from the implementation of the Safeguarding Plan. Follow up reviews, if needed will take place at between 3 months and 6 months of the first review. Should concerns be outstanding then the review cycle should be reviewed.

At the point in which the Safeguarding Adults issues are resolved, the case, if still open will be reviewed under Care Management/Care Co-ordination. Agreement to discontinue formal monitoring/review must be sought and confirmed in writing from all agencies involved.

Safeguarding Protection Plan Review Meeting

- Review of Protection Plan.
- A Safeguarding Protection Plan Review Meeting should be called if subsequent reviews of the plan raise serious concerns about the effectiveness of the plan, or there has been a change of circumstances placing the vulnerable person at risk.
- A Review Meeting can also be requested as an outcome of a Case Conference.
- The format should follow that of the Case Conference with key agencies and individuals being invited to attend and the outcome should be a revised Protection Plan.

Recording

From alert to closure full records should be maintained by all agencies involved in the Safeguarding process. The SA1 and SA2 and copies of Safeguarding Assessment Strategy Meetings and Case Conference Minutes should be sent to the Service Manager Lead for Safeguarding Adults.

Prior to closing the investigation, the Safeguarding Manager should ensure that:

- The Safeguarding Protection Plan is completed and that all agencies involved in the plan are aware of their responsibilities.
- The review date has been agreed, **within 6 weeks** of the conference and recorded.
- All case recording and reports have been completed.
- All decisions and supporting evidence are clearly documented.
- The person who originally reported or identified the abuse has been appropriately advised of the outcome.
- The Monitoring Form has been completed.

Glossary of Terms

Safeguarding Adults - This term is used to describe any work which involves safeguarding adults from abuse.

Alert – The raising of concerns about suspicions, allegations or disclosures of abuse.

Safeguarding Manager – This term is used to describe the Manager with responsibility for the co-ordination of the of the Safeguarding Adults process. This responsibility is carried by: Service Manager or Team Manager within Social Services, Service Manager or Team Manager within Community Mental Health Teams.

Investigating Officer – This term is used to describe the assessment and investigation work undertaken by a Care Manager, Care Co-ordinator or Social Worker in accordance with the Isle of Wight Safeguarding Adults Procedures.

ROLES AND RESPONSIBILITIES OF THE LOCAL AUTHORITY COMPLAINTS TEAM

Concerns of abuse can be presented through the local authority's complaints procedure. The complaint may include comments from the complainant about a current or past concern of abuse to themselves or others.

The complainant may complain that:

- the local authority has failed to provide a service to themselves or others which has left them at risk of harm from another person or organisation
- they or another person is in receipt of a poor standard of service from a health or social care provider in the statutory, private or voluntary sector
- they or another vulnerable adult has been the victim of a crime

The Complaints manager will ensure that any complaint which includes an element of concern of abuse will immediately be brought to the attention of the Social Services Duty Team. All concerns about abuse of children will be referred to the Children's Services Centre.

The complaints process will not be started until a decision has been made by the Duty Team Manager as to the appropriate action to safeguard the person.

The complainant will be informed as to when and how the matter will be addressed following the safeguarding strategy meeting or strategy discussion. The Complaints Manager must always be part of the strategy discussion and must always be invited to Strategy Meetings.

Once there is a clear strategy in place to safeguard the vulnerable adult/s and an agreed strategy to address the nature of the complaint the Complaints Manager will get back to the complainant to ensure that any further complaint elements are addressed through the complaints procedures.

The Complaints Manager will maintain contact with the Safeguarding Manager to ensure that information is shared on a need to know basis.

The Complaints Manager will be invited to the Case Conference if deemed necessary; the decision will be made by the Complaints Manager and the Safeguarding Manager.

Concerns of abuse may also include a complaint element. The alert may contain comments that the local authority has:

- done something wrong
- failed to something it should have done
- done something it should not do
- provided a poor standard of service

The Duty Team Manager or Safeguarding Manager will ensure that the Complaints Manager is notified immediately in order that the matter can be recorded in line with legislation, policies and procedures.

In such situations the Complaints Manager will liaise on a case by case basis to determine the appropriate level of intervention and decide on the appropriateness of attending Strategy Meetings and Case Conferences.

Where the complaint or abuse referral relates to concerns within a NHS Trust setting then there should be liaison with the Complaints Section of the NHS Trust.

Where the complaint or abuse referral relates to standards of care in a regulated setting then reference should be made to the Commission for Social Care Inspection Protocol on Safeguarding Adults which can be found on the CSCI Website.

ROLES AND RESPONSIBILITIES OF THE LOCAL AUTHORITY CONTRACTS TEAM

Contract monitoring processes must include safeguarding issues. Any concerns regarding contract compliance should be communicated to the relevant Registration and Inspection Authority, and the Commissioning Manager, all compliance concerns which reflect actual or potential harm to a vulnerable adult must also be referred as an alert to the Duty Team.

The SA1 collates information about alerts where a contracted provider is involved with delivery of services to vulnerable adults. The Duty Team are responsible for ensuring that this information is gathered and detailed on the SA1.

All SA1's are sent to:

- The Team Manager (Safeguarding Manager) responsible for co-ordinating any further assessment and investigation work.
- The Safeguarding Administrator (based at Headquarters) responsible for collating all safeguarding data.

The Safeguarding Administrator will copy all SA1's where a contracted provider has been identified, to the Contracts Team.

The Team Manager (Safeguarding Manager) will:

- Ensure that the Contracts Team are always invited to Level 1 and Level 2 Strategy Meetings and Case Conferences where contracted providers are part of the subject matter of the assessment and investigation.
- Ensure that the Contracts Team are informed and involved in strategy discussions and outcome discussions in safeguarding work at Level 3 and 4.
- Ensure that relevant reports are sent to the Contracts Team.
- Ensure that minutes are circulated to the named person/s in the Contracts Team.
- Ensure that any evidence of non-compliance with the contract is immediately reported to the Contracts.

The Contracts Team will:

- Log all reports received by Service Providers.
- Notify the Duty Team of all safeguarding concerns in Service Provider Services.
- Monitor all safeguarding concerns in Provider Services to establish any trends and contractual compliance.
- All safeguarding concerns will be followed by the Contracts Team as part of the auditing process.
- The Contracts Team will identify as part of the safeguarding process, their roles and responsibilities to address concerns via contractual compliance.
- The Contracts Team will assist with the assessment and investigation process, as agreed and recorded in the strategy discussion/meeting.
- The Contracts Team will produce, on completion of their work, a report to the Chair of Safeguarding Meetings.
- The Contracts Team will follow through actions from safeguarding discussions/meetings.

Safeguarding Adults – Protocol for the use of IMCA's

Introduction

The Mental Capacity Act 2005 enshrines in statute common law and current best practice principles concerning people who lack mental capacity and those who take decisions on their behalf.

The Act sets out core principles and methods for making decisions and carrying out actions in relation to personal welfare, healthcare and financial matters affecting people who lack capacity to make specific decisions about these issues for themselves.

The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a "decision - specific" and time specific test.

The Act introduces the Independent Mental Capacity Advocacy Service to assist people who lack capacity in making serious medical decisions, decisions about care home moves, and in care home reviews and safeguarding adults cases.

This protocol aims to give guidance on which eligible individuals receiving safeguarding adults measures would most benefit from having the involvement of an IMCA and to ensure that the available resources are targeted to those in most need.

This protocol should be read in conjunction with the Isle of Wight Safeguarding Adults Multi-Agency Procedures.

Who is Eligible?

In relation to safeguarding adults issues the IMCA regulations specify that Local Authorities and the NHS have powers to instruct an IMCA if the following two requirements are met:

- Where protective measures are being put in place in relation to the protection of vulnerable adults from abuse;

and

- Where the person lacks capacity

In these circumstances the Local Authority or NHS body may instruct an IMCA to represent the person concerned if it is satisfied that it would be of benefit to the person to do so. It would be unlawful not to consider the exercise of these powers where qualifying criteria are met.

The regulations do not require the person in a safeguarding adults enquiry to have no family or friends to consult.

The regulations apply equally to:

- A person who may have been abused
- Who has been abused
- A person who is alleged to be the abuser.

Assessing Capacity in relation to Safeguarding Adults cases

Someone is said to lack capacity if they are unable to make a particular decision. This inability must be caused by an impediment or disturbance of the mind or brain whether temporary or permanent.

In order to make a decision, the person needs to be able to:-

- Absorb basic information about the pros and cons of the issue.
- Retain the information for long enough to process it.
- Weigh up the pros and cons against their own value system and arrive at a decision.
- Communicate that decision.

To be eligible for the IMCA service a person must lack capacity in relation to the specific issue or decisions in question.

For example:

A person may not be able to absorb and weigh up the pros and cons of continuing to live with an abusive family member.

What is an IMCA?

An independent Mental Capacity Advocate is someone who is instructed to support and represent a person who lacks capacity to make certain decisions. Their role is to gather information, provide support to the person concerned and make representation about that person's wishes, feelings, beliefs and values and at the same time bring to the attention of the decision maker all factors that are relevant to the decision. They will also be able to challenge the decision maker.

At what point in the process should an IMCA become involved

The IMCA service is a limited resource, it is important that the use of IMCA's focuses on the cases where non IMCA arrangements are not robust enough to support the necessary decision making. Discussions should be held with a line manager about the use of the IMCA service and discussed as part of the strategy discussion/meeting. All referrals to the IMCA service should be made on the standard referral form.

To contact an IMCA please phone: 023 8020 8942

Please remember that the IMCA service is not an emergency service.

Advocacy Services

When the person is already supported by a recognised advocacy service, there may be no need to involve the IMCA Service. In many cases a person will be best served having an 'ordinary' advocate who can cover all issues and not have strict time limits on their involvement.

In order to ensure that the IMCA service is targeted to those in most need it is recommended that, in relation to safeguarding adults, referrals to the IMCA service are made in cases where one of the following applies: -

For someone who may have been abused:

Where there is a serious exposure to risk:

- risk of death,
- risk of serious physical injury or illness,
- risk of serious deterioration in physical and/or mental health,
- risk of serious emotional distress,

- Where a life changing decision is involved
- Where consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart
- Where there is a potential conflict of interest by the decision makers

For someone who is alleged to be the abuser and who lacks capacity:

- Where a life changing decision is involved
- Where there is a potential conflict of interest by the decision makers
- Where consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart

When to Instruct an IMCA

Consideration should be given as to the most appropriate time to instruct an IMCA in safeguarding adults cases. This will be dependent on the decisions to be made and the risks to those involved.

In some cases it will be appropriate to involve an IMCA at the Strategy Discussion/Meeting stage. This would need to happen for cases where the wishes/decisions made by the individual would have a significant impact on the investigative process or where immediate actions need to be taken to safeguard the individual prior to further investigation taking place. If an assessment of the individual's mental capacity has not been undertaken at this stage, then this must be completed before making the referral. A written report of the case history and relevant issues, including chronology and a mental capacity assessment, must be provided with a referral that is going to be taken up by the IMCA service.

The IMCA will need to see minutes of the strategy discussion/meeting and this should be made clear, and recorded, during the meeting.

In other cases, it may be more appropriate for an IMCA to become involved at the case conference stage so that they can provide input into the safeguarding plan. This would be more appropriate in cases where decisions need to be made as a result of findings of the investigation.

Where an IMCA has been involved at any stage of the safeguarding process, they should be invited to attend Safeguarding Adults Meetings, as appropriate, including any subsequent reviews. The involvement of the IMCA should be reviewed once the specific decisions that prompted the referral have been resolved.

In some situations, a case may start out as a safeguarding adults case, where consideration is given whether or not to involve an IMCA under the set criteria – but this subsequently becomes a case where the allegations or evidence give rise to the question of whether the person should be moved in their best interests. The case then becomes one where an IMCA must be involved if there is no one else appropriate to support and represent the person in this decision.

In those cases involving Lasting Powers of Attorney, where there is reasonable belief that the person holding the LPA is not acting in the best interests of the person lacking capacity, an application should be made to the Court of Protection for either a best interest decision or to displace the LPA before an IMCA is considered.

Safeguarding Adults Referral to IMCA Process

Safeguarding Strategy Meeting/Discussion

Mental Capacity Assessment

Referral to IMCA Service

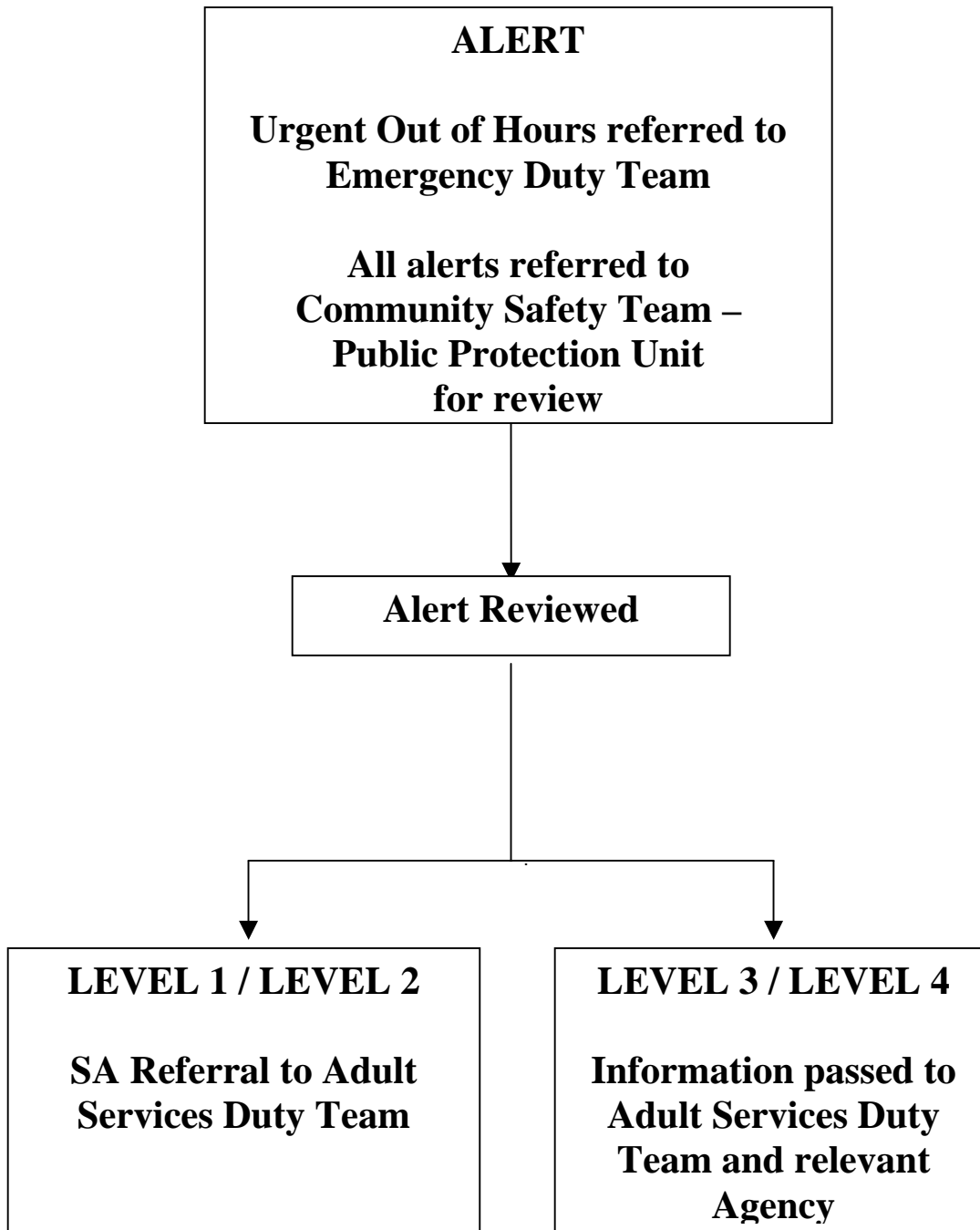
Pre-decision report given to decision maker

Case Conference

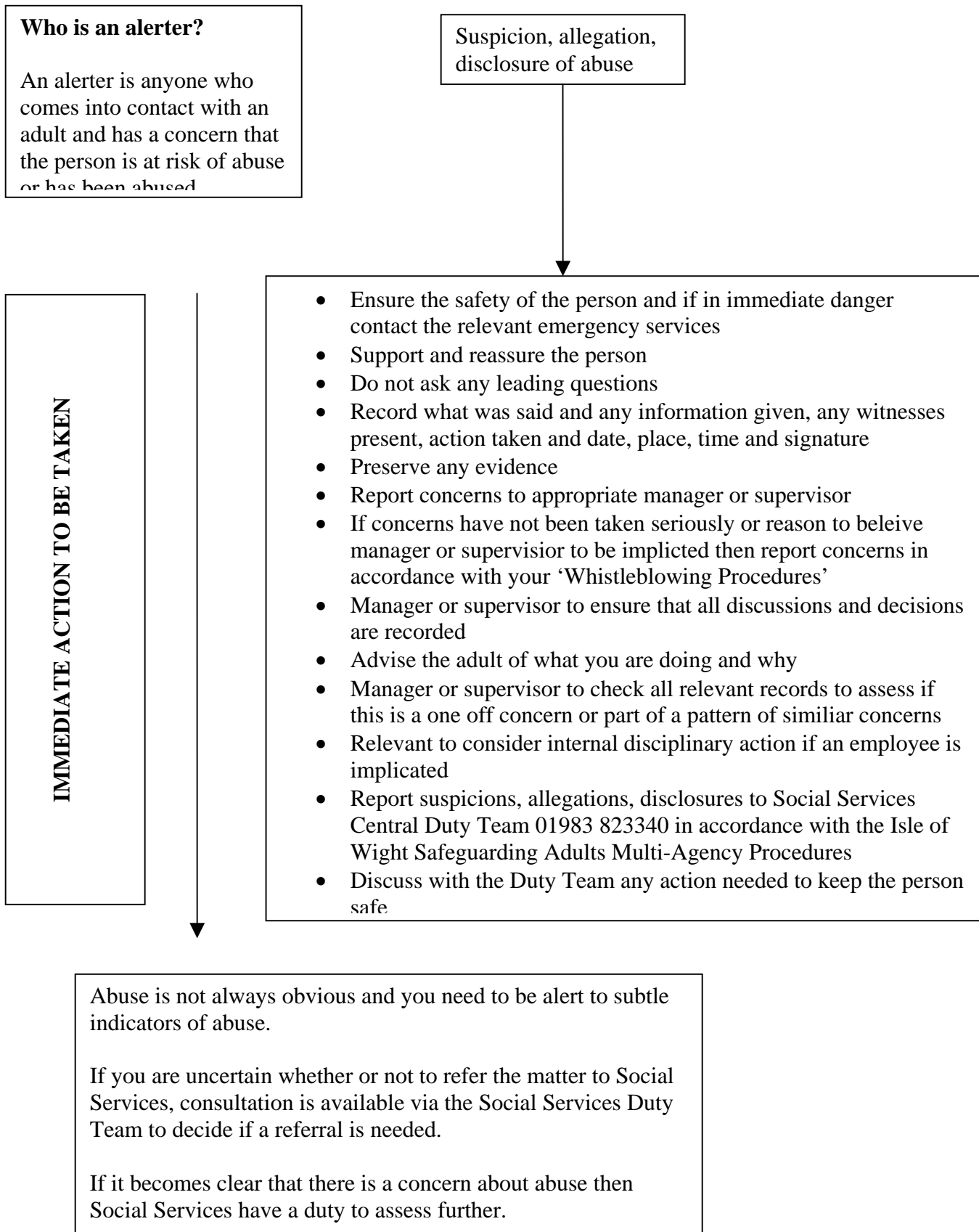
Decision

Safeguarding Review

Hampshire & Isle of Wight Police

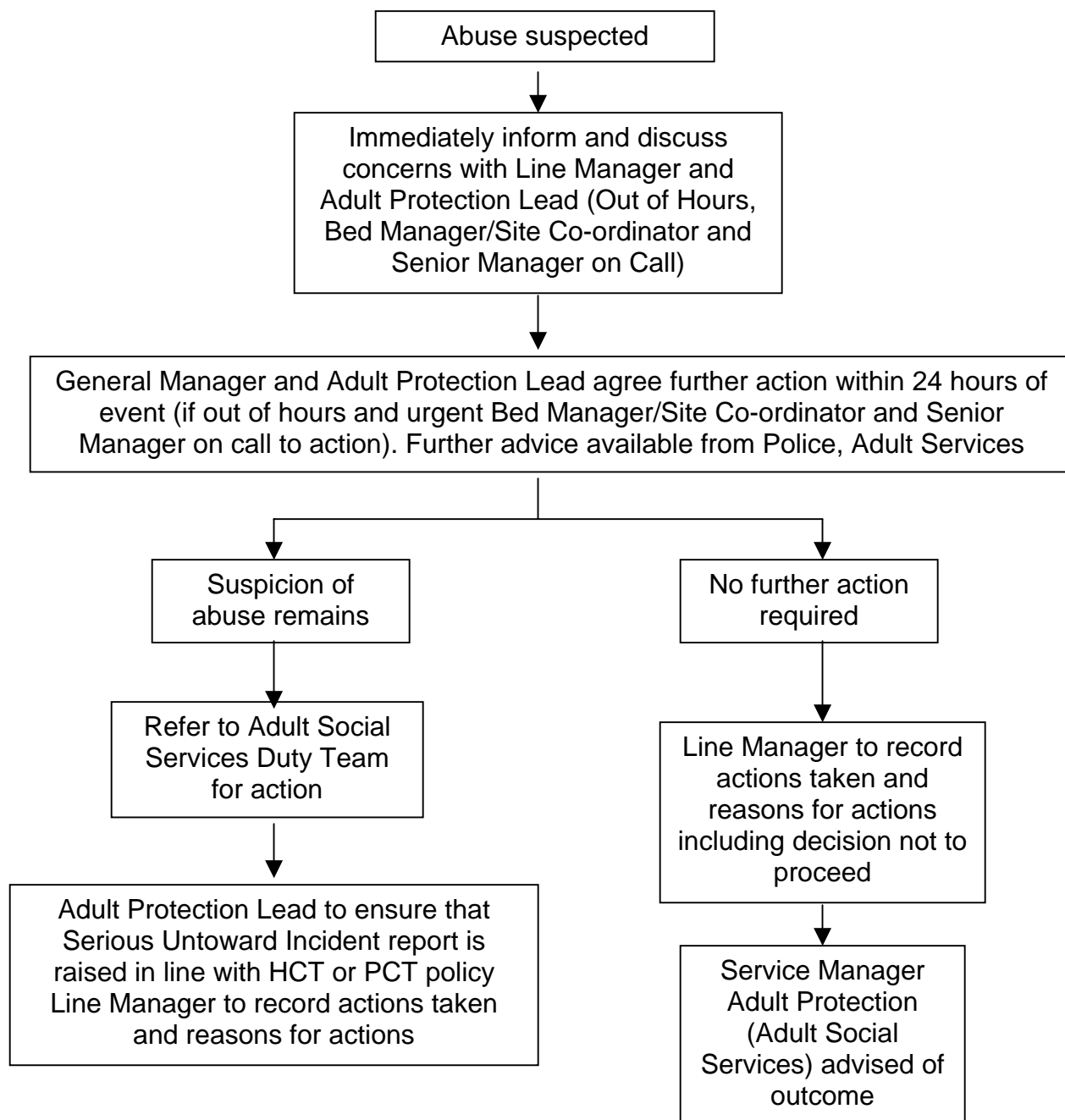


Isle of Wight Safeguarding Adults Multi-Agency Procedures Alerters Flow Chart



What to do in the case of suspected abuse of a vulnerable adult within any healthcare setting (inpatient, outpatient or community)

(Not involving staff employed by the PCT)



What to do in the case of suspected abuse of a vulnerable adult by a member of PCT staff

