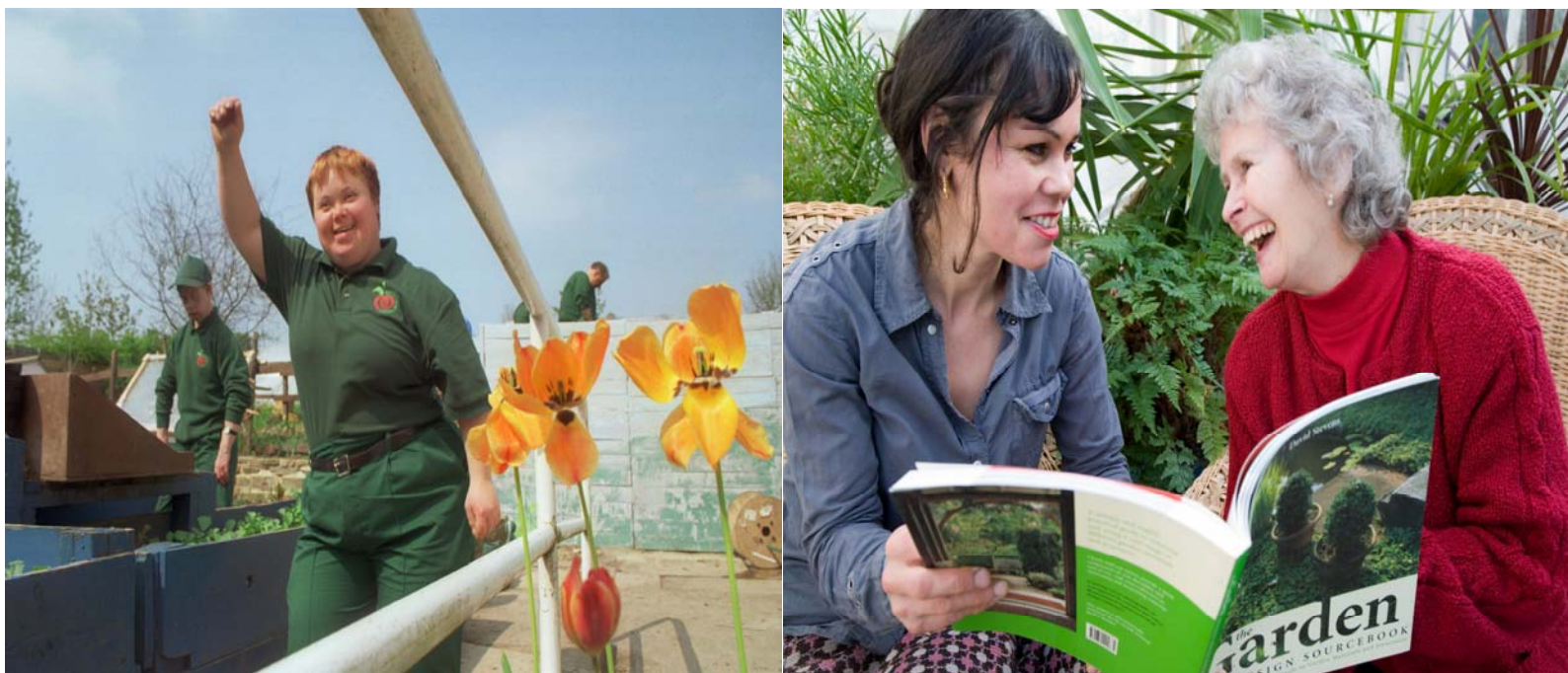


Safeguarding Adults

Protection in Practice



Safeguarding Adults Policy and Procedures 2008

INTRODUCTION

Welcome to this first Safeguarding Adults Policy and Procedures document. It is now four years since we published the Multi-Agency Adult Protection Policy and there have been many advances, which affect our work.

In October 2006 the multi-agency committee was renamed 'Wakefield & District Safeguarding Adults Partnership' and this revised policy and procedures aims to strengthen multi-agency collaboration and achieve best outcomes for adults who use these services.

The multi-agency Board's strategic responsibilities also encompass the wider preventative needs of all adults.

Organisational change has provided opportunities for new approaches and a greater emphasis on prevention.

In the period since the last policy was launched there have been several media campaigns and new legislation. There has been significant research and major investigations into standards of care.

It is the Boards position that there can be no excuses for not taking all reasonable action to protect vulnerable adults from abuse, exploitation or mistreatment.

No single agency can act in isolation to ensure the welfare and protection of vulnerable adults. All individuals and agencies have a role to play in protecting people from abuse, exploitation and mistreatment.

As in previous years the hard work and commitment of staff in many agencies and those service users, family carers and members of the public who have shown by their actions that the abuse is never acceptable must be commended.

Elaine McHale,
Corporate Director, Family Services and Chair of the Wakefield and District Safeguarding Adults Board.



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<http://www.adass.org.uk/publications/guidance/safeguarding.pdf>

FOREWORD

This **SAFEGUARDING ADULTS POLICY & PROCEDURES** document has three chapters.

- The first covers the Safeguarding Adults Board, the objectives, the Constitution and overarching principles, and to the way these link to “Safeguarding Adults” (the National Framework of Standards for good practice).
- The second gives an overview of the procedure for staff, service users and other citizens.
- The third chapter is a more detailed guide, and is written with the needs of “Safeguarding Managers” in mind. They have a clearly delegated responsibility for decisions under the Policy and Procedure and lead on co-ordinating the safeguarding assessments, plans and reviews.

Safeguarding Adults work enables an adult to retain independence, well being, dignity and choice, being able to live a life that is free from abuse and neglect. It is about promoting good practice for responding to concerns on a multi-agency basis. Safeguarding Adults work includes the involvement of a broader range of organisations, service areas and workers. All of these need to be aware of their role and responsibilities, on both an internal and multi-agency basis.

‘No Secrets (2000)’ states that the multi agency inter-agency administrative framework will

- identify role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of vulnerable adults;
- establish mechanisms for developing policies and strategies for protecting vulnerable adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of service users, families and carer representatives;
- develop procedures for identifying circumstances giving grounds for concern and directing referrals to a central point;
- formulate guidance about the arrangements for managing adult protection, and dealing with complaints, grievances and professional and administrative malpractice;
- implement equal opportunity policies and anti-discriminatory training with regard to issues of race, ethnicity, religion, gender, sexuality, age, disadvantage and disability;
- balance the requirements of confidentiality with the consideration that, to protect vulnerable adults, it may be necessary to share information on a ‘need-to-know basis’ (bearing in mind the provisions of the Public Interest Disclosure Act 1998); and

- identify mechanisms for monitoring and reviewing the implementation and impact of policy.

This document updates and supersedes Wakefield's Multi Agency Adult Protection Procedures published in 2004 and is based on the guidance contained within 'No Secrets' [DH 2000] and the Standards in 'Safeguarding Adults' [ADSS 2005] in essence setting out the process of a multi-agency agreement for Safeguarding Adults. Previous references to the 'Protection of Vulnerable Adults' and to 'Adult Protection' work will be replaced by the new term 'Safeguarding Adults'.

Although the responsibility for co-ordination of Safeguarding Adults arrangements rests with 'Councils with Social Services Responsibilities', the operation of procedures is a joint responsibility. The policy and procedures have been agreed and endorsed by the Directors of all partner agencies to the Safeguarding Board within the Wakefield District. They confirm the high priority given to safeguarding, in that partners agree to:

- Do everything within their power to ensure the Safeguarding of Adults within the context of 'No Secrets' [DH 2000] and the Standards contained within 'Safeguarding Adults' [ADSS 2005]
- Support staff and volunteers who raise concerns
- Commit to providing training and development opportunities for all staff to support them in their safeguarding responsibilities, as outlined in the inter-agency procedures.

It is vital for the successful safeguarding of adults that the procedures in this document are understood and applied consistently by all organisations. Effective work must be based on a multi-agency approach. It should be decided who is the most appropriate organisation to be the lead agency in the safeguarding assessment, and who the most appropriate person is to undertake the roles described.

Organisations working with vulnerable adults need to identify the roles and responsibilities for their own use of the procedures, and work with the specific guidance provided. This includes the referral of concerns of abuse or neglect into Safeguarding Adults processes.

This document is also published on the Wakefield Council website www.wakefield.gov.uk at:

<http://www.wakefield.gov.uk/HealthAndSocialCare/AdultsAndOlderPeople/SafeguardingAdults/default.htm>

It can also be made available in translated and Braille formats on request.

CHAPTER 1

The Safeguarding Board, Constitution and Principles.

1.1. The Safeguarding Board

“The Safeguarding Board will safeguard adults by the provision of statutory interagency leadership and governance at strategic, operational and promotional level.”

The Wakefield District Safeguarding Adults Board (WDSAB) was formed in October 2006 and monitors each partner agency’s responsibilities for safeguarding and promoting the welfare of adults.

The partners are;

- City of Wakefield Metropolitan District Council Family Services
- Independent Sector Liaison Group
- Mid Yorkshire Hospitals NHS Trust
- Representatives of the Private Domiciliary Sector
- South West Yorkshire Mental Health NHS Trust
- Wakefield District Primary Care Trust
- WDH (Wakefield and District Housing)
- West Yorkshire Police
- Advisors to the Board include the Commission for Social Care Inspection, Healthcare Commission, legal section, the Adult Protection Manager and the Chairs of the Sub Committees.

The overall objectives of the Board are to co-ordinate and ensure the effectiveness of the work of each partner in its safeguarding function. The main aim of the Board is to ensure the multi-disciplinary co-ordination of referral, investigation, assessment, planning, intervention and case review services to vulnerable adults, who have been or are at risk of being abused. The Board’s strategic responsibility includes the wider preventative needs of all adults. Such work is the responsibility of all agencies and cannot be undertaken in isolation. It must be effectively linked to other initiatives, as part of a network of measures aimed at enabling all citizens to live lives that are free from violence, harassment, humiliation and degradation.

1.2. The duty to safeguard adults

"Abuse is a violation of an individual’s human and civil rights by any other person or persons." ‘No Secrets’ (DH 2000)

Safeguarding Adults- National Framework of Standards for good practice and outcomes (ADSS October 2005) states:

“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. These rights include Article 2: ‘Right to life’; Article 3: ‘Freedom from torture’

(including humiliating and degrading treatment); and Article 8: 'Right to family life'. Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse. It follows that 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. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect."

The protective activity of the Board focuses on Adults over 18 who "*may be eligible for community care services*" whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. They include adults with physical, sensory impairments, mental health problems and learning disabilities, howsoever they have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury. They also include carers: family and friends who provide personal assistance and care to adults on an unpaid basis.

1.3. Shared Principles of safeguarding vulnerable adults

When safeguarding and promoting the welfare of individual adults, the following are key features of an effective system to be followed by all members of the Board and are taken into account, when each agency is carrying out its normal functions.

All Individuals have a right to;

- The protection of the law and to live their lives free from violence and abuse.
- Privacy.
- Be treated with dignity.
- Lead an independent life and be enabled to do so.
- Be able to exercise choice about how they lead their lives.
- Independent support and representation, particularly where there is an issue about mental capacity.
- Have their rights upheld regardless of ethnic origin, gender, sexuality, disability, age, religious or cultural background, beliefs.

- The needs of the individual who is being abused or is suspected of being abused will always be of paramount concern. Work with each vulnerable adult and family focuses on improving the well-being and life chances of that individual and family; vulnerable adults are listened to and what they have to say is taken seriously and acted on in an appropriate manner. The wishes and feelings of the vulnerable adult must be taken into account. Communication with the adult will be according to their needs e.g. another language, signing.

- Adults have the right to make informed decisions, including the taking of risks and to have maximum control over their own lives wherever possible

- A person is not to be treated as unable to make a decision just because they make an unwise decision. A person must be assumed to have capacity unless it is established that they lack capacity.¹
- A person is not to be treated as unable to make a decision unless all practicable (doable) steps to help them to do so have been taken without success.
- Any act done, or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
- Any act done or decision made, for or on behalf of a person who lacks capacity should be achieved in a way that is less restrictive of the person's rights and freedom of action.
- Interventions take place at an early point when difficulties or problems are identified.
- Racial heritage, language, religion, faith and disability are taken into account when working with a vulnerable adult and their family.
- Assessments of vulnerable adults and families are consistent with current best practice.
- People experiencing abuse and their representatives should be made aware of their rights to take action on their own behalf, for example in contacting West Yorkshire Police, speaking directly to the Commission for Social Care Inspection, obtaining their own legal advice, or using complaints procedures.
- Relevant services should be provided to respond to the identified needs of vulnerable adults and to support carers in effectively undertaking their roles. This may require referral to a colleague within the agency or to another agency to obtain the services. Where a particular service is not available or there is a delay in it being available, alternative services should be provided where possible to ensure the vulnerable adult's welfare is safeguarded.
- Where a number of professionals are involved in supporting a vulnerable adult and their family, a co-ordinated approach meeting their needs should be developed. In these cases, it may be appropriate for one practitioner among those involved to take on a lead role in co-ordinating the support.
- All staff have a responsibility to report all concerns regarding abuse or suspected abuse. All staff have the right to expect that their concerns are acted upon, treated seriously without fear of reprisals. Their anonymity will be protected as far as possible.
- A culture of intolerance to all abuse should be encouraged through staff training, cultural awareness and regular supervision; effective supervision and monitoring of work with individual vulnerable adults and their families is made available.
- Quality records are kept and information is appropriately shared on all work with individual vulnerable adults and their families in accordance with agency requirements.
- All agencies developing their own procedures will use the agreed definitions with a "Zero Tolerance" attitude. Everyone will follow the roles as specified and where the policy is not followed a clear record, with

¹ Mental Capacity Act 2005 Code of Practice
<http://www.dca.gov.uk/menincap/legis.htm#codeofpractice>

reasons, must be given. Agencies must be clear about which incidents will not require investigation under the multi-agency policy and comply with current regulations.

1.4 The Procedure

This is the agreed procedure of all the agencies that have agreed to adhere to this document. It establishes a framework for action, promoting good practice to protect adults at risk of abuse and provide a consistent effective response to any circumstances for concern. Within the framework of the policy organisations may develop local operational protocols. These will support employees and volunteers in carrying out their responsibilities.

1.5 Information Sharing Protocol

The exchange of information between agencies is critical to the successful implementation of any strategy to protect vulnerable adults. Where personal information is exchanged it will be maintained securely and in accordance with the Data Protection Act and the Caldicott principles. The Calderdale, Kirklees and Wakefield-wide Interagency Framework for Sharing Information underpins the shared approach. Each employing agency will take steps to ensure that any disclosure to other agencies of personal information is on a strict 'need to know basis', according to their own internal procedures and agreed protocols. Any action taken as a consequence of this information is entirely the responsibility of the employing agency. (See 3.15 for more detail)

CHAPTER 2

The “Safeguarding Adults Procedure”, for staff service users and all citizens.

This chapter gives an overview of the procedure.

2.1 Abuse of adults

This procedure is concerned with Adults over 18 who *"may be eligible for community care services"* whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. They include adults with physical, sensory impairments, mental health problems and learning disabilities, howsoever they have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury. They also include carers: family and friends who provide personal assistance and care to adults on an unpaid basis.

Forms of Abuse

“Abuse” is a violation of an individual’s human and civil rights by any other person or persons and takes many forms.

Physical Abuse.

This includes hitting, slapping, pushing, kicking, rough handling or unnecessary physical force either deliberate or unintentional, misuse of medication, restraint or inappropriate sanctions. ²

Street crime such as mugging and harassment should be reported to the police. It will be dealt with under this policy only if a plan to reduce risk is needed.’ No Secrets’ states that:-

“Stranger abuse will 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 inter-agency adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other vulnerable people.”

Sexual Abuse.

This includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent to, or was pressured into consenting. Sexual abuse can occur between people of the same sex and it can also occur within a marriage or any long-term relationship.

² Under s127 of the Mental Health Act 1983 it is an offence for any person who is an officer on the staff of or otherwise employed in, or who is one of the managers of, a hospital or mental nursing home to ill-treat or wilfully to neglect a patient

A relationship of trust should exist between any member of staff or a volunteer and the person for whom they are caring. It would be seen as a betrayal of that trust, and therefore abusive, for any member of staff or volunteer to have any sexual relationship with a person they are caring for.³

Psychological Abuse

This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or Material Abuse

This includes theft, fraud, exploitation, pressure in connection with wills, property, enduring power of attorney, or inheritance or financial transactions, or the inappropriate use, misuse or misappropriation of property, possessions or benefits. The donee of a lasting power of attorney or an enduring power of attorney who ill-treats or wilfully neglects a person without capacity in their care is guilty of an offence under S44 of the Mental Capacity Act 2005. Failure to pay contributions to the cost of a person's care, by a person with power of attorney or with access to their funds, is treated as financial abuse in Wakefield.

Doorstep crime involving bogus officials or "cowboy" traders should be reported to the police at once. Telephone Trading Standards on **08454 04 05 06** if you have concerns about a caller or to seek detailed advice.

Neglect and Acts of Omission.

This includes paying too little or no attention to a person, failure to take proper care of that person, ignoring or withholding medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, clothing and heating.

Discriminatory Abuse

This includes racist, ageist, sexist, or other forms that are based on a person's disability and other forms of harassment, or similar treatment.

Self Neglect

Is not a direct form of abuse but agencies need to be aware of it in the general context of risk assessment/ risk management and to be aware that they may owe a duty of care to a vulnerable individual who places him/herself at risk in this way.

Institutional Abuse

Institutional abuse refers to any care activity that is delivered in a way that suits the needs of the organisation and the staff rather than the needs of the

³ Section 3 of the Sexual Offences (Amendment) Act 2000 created an offence of abuse of position of trust with a term of imprisonment not exceeding five years on conviction.

service users. Institutional abuse occurs when the rituals and routines of a service result in the lifestyles and needs of individuals being sacrificed in favour of the needs of the institution. Institutional abuse includes individual acts or omissions and managerial failings, in which the regime of the institution itself may be abusive. Institutional abuse happens when the people who are working in a place or organisation:-

- do not value all people equally
- do not understand that different people have different needs
- do not change the way they deliver a service so that it meets different needs.

It often happens over a period of time, staff become used to it and may not realise it is wrong.

Some forms of abuse are also “Domestic Incidents”

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.

Both parties must be adults aged 18 years or over.

Family members include: Mother, father, sister, brother, son, daughter, in laws and step relationships.

The definition includes 'same sex' partners and ex-partners (irrespective of how long they have been apart)

(West Yorkshire Police)

In an emergency - you should always contact **999** - the Police take domestic violence seriously and will respond to all incidents

Safe at Home. Promoting Zero Tolerance to Domestic Abuse **0800 915 1561**

West Yorkshire Police Domestic Violence Unit **01977 601039** (not 24 hours)

West Yorkshire Police Vulnerable Victims unit **01977 601073**

Women's Aid National Domestic Violence Helpline **0808 2 000 247**

Social Care Direct **0845 8 503 503**
(for social care services in Wakefield)

2.2 The nature of abuse

Abuse may be a single event or repeated events, or, as in the case of neglect, it may be a process going on over time. Abuse may occur as a result of deliberate intent, negligence or ignorance or as a result of poor practice.

All incidents, no matter how isolated they may appear, must be recorded in order that patterns of abuse can be detected and acted upon. Sometimes

evidence of abuse will emerge slowly over time as different isolated incidents begin to form a pattern.

Poor practice and abuse may occur when the needs of an individual exceed their carer's capacity to cope. In such circumstances action must be taken to safeguard the person suffering abuse but at the same time urgent consideration will need to be given to services to support the carer such as respite care, day services, and/or support in the home. Abuse of a carer by a service user should be regarded as equally serious.

It is never acceptable to base responses on age or assumed lack of capacity; age and/or reduced ability does not remove rights. Most instances of abuse constitute a criminal offence and the vulnerable adult concerned has exactly the same rights as any other person to the protection of the law.

All staff have a responsibility to report all concerns of abuse or suspected abuse. All staff have the right to expect that their concerns are acted upon and treated seriously. Their anonymity will be protected as far as is possible.

Patterns of abuse

Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- Serial abuse - in which the perpetrator seeks out and 'grooms' vulnerable adults. Sexual abuse may fall into this pattern, as do some forms of financial abuse.
- Long term abuse - in the context of an ongoing family relationship such as domestic violence between spouses or generations.
- Opportunist abuse - such as theft happening because money has been left around.
- Situational abuse - which arises because pressures have built up and/or because of difficult or challenging behaviour.
- Neglect of a person's needs - because those around him or her are not able to be responsible for their care, for example if the carer has difficulties with issues such as debt, alcohol or mental health problems.
- Bullying –can include physical, financial, discriminatory and psychological abuse. *'Bullying' is where one person or group threatens, intimidates or victimises another person or group. It doesn't just mean doing these things physically, but can also mean using words or names to attack or hurt someone or behaving in a way that makes someone frightened or unhappy. (Thames Valley police)*

The Anti-Bullying Alliance defines bullying as *the intentional hurting of one person by another, where the relationship involves an imbalance of*

power. It is usually repetitive or persistent, although some one-off attacks can have a continuing harmful effect on the victim.

Bullying takes many forms, face to face or through third parties. The hurt can be either physical or emotional or both.

Some bullying is physical:

- kicking, hitting, pushing
- taking and damaging belongings.

Some bullying is verbal:

- name-calling
- taunting, mocking
- making offensive comments
- making threats.

Some bullying is relational:

- excluding people from groups
- deliberately ignoring
- gossiping, spreading rumours.

Some bullying uses modern technology such as mobile phones, or the internet. This 'cyber bullying' includes:

- text-message bullying
 - phone-call bullying
 - picture/video-clip bullying (via mobile phone cameras)
 - mail bullying
 - chat-room bullying
 - bullying through instant messaging
 - bullying via websites.
-
- Stranger Abuse- Vulnerable adults can be targeted by strangers; this may be an individual, a gang, or people offering services (e.g. the conman who tells the older person he will repair their roof, taking a large amount of money but actually doing nothing). Different forms of abuse can be inflicted in these situations e.g. financial, physical, and emotional.
 - Forced Marriage - is one in which one or both the spouses do not consent to the marriage and some element of duress is involved, including the use of physical and emotional pressure. Forced marriage is not sanctioned within any culture or religion.

2.3 Who may be the Abuser

Vulnerable adults may be abused by anyone, including relatives, carers, professional staff, care staff, volunteers, and other users of services, neighbours, friends or organisations which allow a culture of poor practice to

develop. Professional status or title does not guarantee safety. There are many recent examples of professionals being responsible for abuse.

More than one person may abuse a vulnerable adult and some perpetrators will abuse more than one victim.

Abuse does not always just involve the actions of one person towards another. Institutions and services can be guilty of abuse if they persistently fail to take account of the needs of the people using that service or provide inadequate staffing or equipment to enable people's needs to be met adequately and safely.

2.4 In What Circumstances may Abuse Occur

Abuse can occur in any setting and may involve any perpetrator, not just "hands on" care staff. Vigilance should be exercised with all who have reason to have contact with vulnerable adults, including for example, domestic/ancillary staff, drivers, escorts, contractors and people from voluntary or grant funded organisations.

Abuse may not be apparent to the person being abused if, for example, they lack capacity and are not aware of the value of money or property. Similarly a person may not know that they have been sexually abused if they do not understand what constitutes appropriate sexual behaviour. Where a person's capacity to understand that they have been or are being abused is impaired particular vigilance is required if they are to be protected.

Best Practice in Safeguarding Adults work is to:

- recognise those individuals to whom the procedures apply
- take matters of potential abuse seriously and to discuss concerns with line managers
- actively listen to and record concerns without asking leading questions
- be timely, sensitive and maintain confidentiality as appropriate to each situation
- work in a co-ordinated way between organisations
- apply the service principles and practice of each organisation and this policy consistently
- promote human rights and every citizen's access to the law
- support the rights of individuals by respecting self-determination and informed choice wherever possible
- acknowledge risk as an integral part of choice and decision-making
- any action taken by any organisation to safeguard an adult should be proportionate to the perceived level of risk and seriousness
- ensure that risk assessments are completed and that these assessments are recorded and reviewed in order that risk can be minimised
- be effective in providing or negotiating solutions that are as simple and practical as possible and aim to prevent the risk of abuse recurring
- be sensitive to every individual's identity including culture, beliefs and ethnic background, gender, disability, age and sexuality.

2.5 “The Alert”

What do we mean by an alert?

It is telling someone that you are aware or suspect that abuse has taken place, or that it may in the future. Everyone who works with vulnerable adults has a duty to share their concerns, even if the vulnerable adult asks them not to. It is always good practice to inform vulnerable adults of this duty.

Anyone can be the alerter: for example

- the victim
- police officer
- fire service staff
- council staff
- health service staff
- Department of Work and Pensions staff
- a paid or informal carer
- a volunteer
- a General Practitioner
- a member of the public

All alerts must be made immediately, service users, carers and the public should report any concerns to Social Care Direct 0845 8 503 503. Please be sure to stress that this is an Adult Abuse case and ask what will happen next and the name of a contact person. Wakefield Family Services is responsible for co-ordinating investigations in all cases where the alleged abuse occurred in Wakefield Metropolitan District Council area.

An ‘alerted’ person is any member of staff or volunteer in a care or health organisation in Wakefield who knows, suspects or has been told that abuse has been, or is, occurring towards an adult over 18 who it appears *“may be eligible for community care services” whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support.* Under the terms of these procedures that person has a professional duty to report the matter, usually to his or her own line manager. Any organisation that receives a report that an adult may be experiencing abuse or neglect must respond in a positive and proactive manner. Those alerting the abuse must be supported, and involved appropriately in all stages of the process. They will receive confirmation that their concerns are being considered.

Once this information is received it is deemed to be a ‘referral’.

Our priority will always be the safety of the vulnerable person and any others who may be at risk, and to ensure any potential evidence is not disturbed. If necessary, permission from the vulnerable person will be gained to report the incident onto other services. Where a report is made that an adult may be experiencing abuse or neglect, the person will be contacted before the end of the day, when an assessment of risk to their safety will be made. Where a

crime may have been committed this will be discussed with the police as soon as possible in line with the 'Safeguarding Adults' procedures. 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 person's previously expressed wishes into account. Other people or organisations may also need to be informed depending on the circumstances, or setting in which the abuse is alleged or suspected to have taken place. Often these are the Commission for Social Care Inspection and/or the employer of any member of staff implicated.

This multi-agency procedure sets out what is expected of staff working within any organisation that has contact with Vulnerable Adults. All staff must work within the framework of the law and know what their responsibilities are under the procedure and to whom they should report. Organisations should have internal guidance for their own staff that complements this multi-agency procedure. All staff need to be aware of their duty to behave in a professional manner, with particular respect for the rights, confidentiality and dignity both for the vulnerable adult and the alleged perpetrator.

- Staff have a responsibility to report all concerns regarding abuse or suspected abuse.
- Staff have the right to expect that their concerns are acted upon and treated seriously.
- If staff feel their supervisor is not taking the right action they should talk to another appropriate manager until they are assured that action will be taken.
- Staff who speak out will be supported and action will not be taken against them. This support may include help from Occupational Health departments.

Professional Responsibilities

Some workers implementing these procedures may be 'registered practitioners' with a relevant body and/or have their work and conduct governed by them. The principal organisations are the:

- General Social Care Council [www.gsccl.org.uk]
- Nursing and Midwifery Council [www.nmc-uk.org]
- Health Professions Council [www.hpc-uk.org]
- General Medical Council [www.gmc-uk.org]
- General Optical Society [www.optical.org]
- General Dental Society [www.gdc-uk.org]
- Royal Pharmaceutical Society of Great Britain [www.rpsgb.org.uk]

each of which:

- maintains a public register of qualified workers
- sets standards for conduct, performance and ethics

- considers allegations of misconduct, lack of competence or fitness to practise and
- makes decisions as to whether a registered worker should remain on the register.

These procedures have been written to complement existing codes of conduct, organisational and legislative requirements placed on workers and volunteers. Any Safeguarding Adults work undertaken should therefore be commensurate with these.

Receivers of alerts and referrals should respond by:

- ensuring that any emergency action needed has been taken
- remaining calm and not showing shock or disbelief
- listening carefully to what is being said
- not asking detailed or probing questions
- demonstrating a sympathetic approach by acknowledging regret and concern that what has been reported has happened
- confirming that the information will be treated seriously
- giving them information about the steps that will be taken
- informing them that they will receive feedback as to the result of the concerns they have raised and from whom
- giving the person contact details so that they can report any further issues or ask any questions that may arise
- not discussing the incident with anyone without agreeing this with your line manager. Any information given directly by the adult concerned should be listened to and recorded carefully, using the person's own words
- only clarifying the bare facts of the reported abuse or grounds for suspicion, do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it
- informing the person that you will respect their right to confidentiality as far as you are able to, but, that you are not able to keep the matter secret.
- not taking any actions which might alert the alleged perpetrator
- recording all factual evidence accurately and clearly in line with your organisation's requirements and policies
- not preventing or persuading another person from raising concerns, suspicions or presenting evidence.

When staff have no access to a supervisor.

Employees without access to a supervising manager, including those working outside office hours, will need to be aware of the circumstances under which the police should be called in an emergency.

Advice for Staff who do not have access to a Supervisor

When dealing with an incident that involves the abuse of a vulnerable adult, staff should call the police (dial 999) immediately if:

1. Someone is alleging that they have been sexually assaulted.
2. Someone has been injured as a result of a physical assault.
3. An allegation is made regarding a recent incident of theft.

4. The alleged perpetrator needs to be removed.
5. The alleged perpetrator is still believed to be near the premises.
6. There is reason to believe that a crime is in progress.
7. There is likely to be evidence that needs to be preserved.
8. In the case of a physical or sexual assault the police will be able to arrange for medical evidence to be collected.

If you are unsure what to do, it is advisable to call the police. The police officers attending the incident will decide if a crime has been committed and whether their intervention is appropriate.

2.6 “The Decision“

A decision should always be made on the same day as to whether or not the multi-agency ‘Safeguarding Adults’ procedures are appropriate to address the concern. The ‘Alerter’ should receive confirmation whether or not their concerns raised are being considered.

Terminology

The following stages describe the process followed once a concern is referred to the multi-agency ‘Safeguarding Adults’ process. This section uses the terms found in ‘Safeguarding Adults’ and uses language that some readers may be unfamiliar with. You will find a Glossary at the end of this policy.

2.7 Strategy Meeting

Within five working days of the concern being raised, dependent on the level of risk, a multi-agency approach to assessing the risk and addressing any immediate protection needs will be implemented. Developing the ‘strategy’ is a multi-agency process involving all those agencies appropriate to the particular situation. Developing the ‘strategy’ will be carried out by discussion between agencies on the telephone or in a meeting. Responsibility for co-ordinating the strategy process is designated to a named Safeguarding Manager. Safeguarding Managers are responsible for monitoring and co-ordinating inquiries, with workers from a range of organisations involved in investigative processes.

Note to fellow professionals;

If you are asked to attend any Safeguarding Adults meeting you can speak to the chair of the meeting first to ask what is expected of you and who else will be there e.g. have the person and carer been informed that a meeting is taking place? If you think someone who has not been invited should be there say so. Ask colleagues if they want to have input. Check with your manager if there is anything you must not share/disclose although generally if we are considering the possibility that a crime might have been committed exemptions to the Data Protection Act apply.

It is possible that you may be asked to work alongside a Social Worker on the inquiry, especially if specialist knowledge is necessary. Be prepared for that to happen. Bring along all your files and contemporaneous notes. Keep to the facts and if you relate opinions or hearsay evidence, make sure the meeting recognises this. Participate in the planning. Ask to receive the minutes and to be kept informed of outcomes. If something is proposed which you do not agree with say so in the meeting and explain your reason. The outcome of a Case Conference will be a written Protection Plan to protect the alleged victim.

2.8 Safeguarding assessment

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. The safety of the adult is paramount. Their confidentiality will be respected, except where information needs to be shared to protect others. The purpose of the interview is to collect information about abuse or neglect that has occurred or might occur. The police or employers may conduct the interviews. Where the interview is conducted by Family Services this will usually involve two people. Each agency reports promptly to the Safeguarding Manager any information that could change the plan agreed in the strategy. The safeguarding assessment should be completed within 28 working days of the safeguarding referral.

2.9 Safeguarding Case Conference

Each agency that had a role in the inquiry/risk assessment makes a written report of that work, and these are considered on a multi-agency basis in a safeguarding planning meeting (Case Conference) within four weeks of the safeguarding assessment being completed. The reports of safeguarding assessment/inquiries are made accessible to the adult(s) concerned prior to the meeting, with the involvement of a family member or advocate if appropriate. Where abuse has taken place, or an ongoing risk of abuse is identified, a safeguarding plan will be agreed, with positive actions planned to safeguard the adult and to promote recovery from further abuse. The safeguarding plan is a multi-agency response to the risk of abuse that has been identified. Where abuse has taken place, there will be discussion with the police and legal services, about the potential use of relevant legislation. Positive actions will be planned and put in progress to prevent any perpetrator from abusing in the future.

2.10 Review

A timescale for the review of any safeguarding plan will be agreed. It will be recorded, agreed at the safeguarding planning meeting, and will take place within six months and thereafter yearly as part of routine reviews, until the safeguarding plan is completed. Any changes in circumstances will result in appropriate changes being made to the safeguarding plan.

2.11 Recording and monitoring the ‘Safeguarding Adults’ process and its outcomes

The Safeguarding Manager ensures that full minutes and other comprehensive records are kept of any multi agency processes and outcomes that they manage. This information is stored securely according to the current Data Protection procedures. The monitoring depends on the Adult Protection Manager receiving a form giving details of all ‘alerts’ and copies of meeting minutes (Strategy and Planning meetings). Statistics are published annually and submitted to the Department of Health.

Table 1 Safeguarding Adults Procedures Flowchart

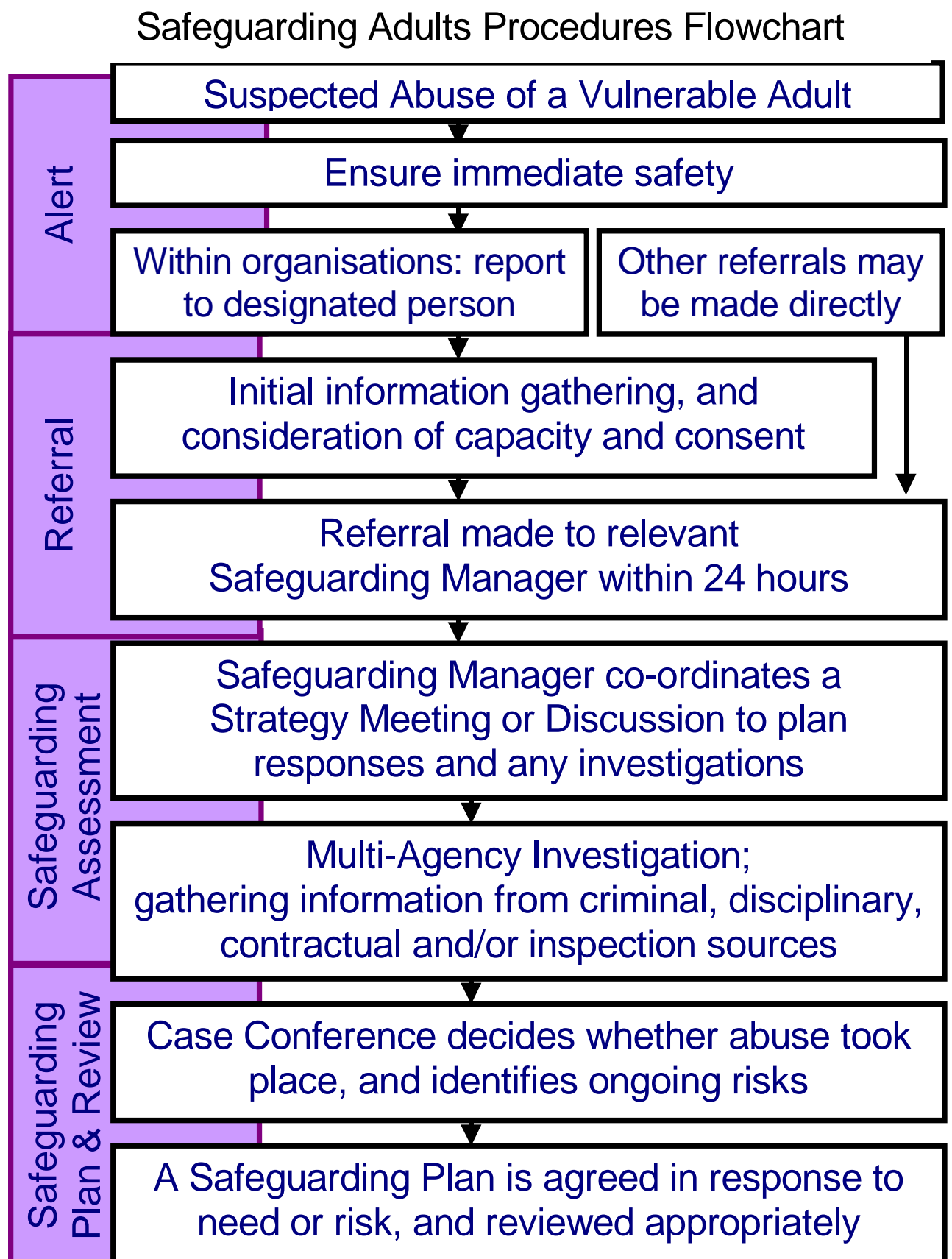


Table 2 Key Roles in Safeguarding Adults

Alerter	<p>Anyone who has contact with vulnerable adults and hears disclosures or allegations, or has concerns about potential abuse or neglect has a duty to pass them on appropriately. The alerter may also be the service user or a member of the public. The alerter also has a role in addressing any immediate safety or protection needs.</p>
Referrer	<p>Organisations will identify <i>people responsible for referring</i> concerns to either their own Safeguarding Managers or to referral agencies CSCI, police or Family Services via Social Care Direct.</p> <p>Referrals may also be made directly by the service user, family or friends, or by a member of the public.</p>
Safeguarding Manager	<p>A named person [usually Family Services or a joint team manager] who is responsible for overseeing the Safeguarding Assessment and its outcome, including:</p> <ul style="list-style-type: none"> • making decisions on the need to investigate, or identifying alternative responses • consulting the police regarding all safeguarding incidents, unless it is clear that no crime has been committed • convening and chairing Strategy Meetings, including the agreement of responsibilities, actions and timescales • co-ordinating and monitoring inquiries • overseeing the convening of Safeguarding Case Conferences • providing information about activity and outcomes to the Adult Protection Manager.
Investigator	<p>Relevant practitioners from Family Services or the police, will co-ordinate the collection of the information about the alleged abuse. This may also include the use of criminal and/or disciplinary inquiries.</p> <p>The investigator will form a view about whether abuse has taken place and what may be an effective safeguarding plan. This will be presented in a report to a safeguarding case conference.</p>
Adult Protection Manager	<p>A senior manager, accountable to the Safeguarding Adults Board for:</p> <ul style="list-style-type: none"> • supporting the safeguarding assessment process by giving advice and procedural guidance • keeping a central record of all safeguarding activity in line with national reporting requirements • identifying multi agency practice issues, to be addressed by the Safeguarding Adults Board members, including recommendations for education and training.

TO REPORT AN INCIDENT

Social Care Direct your first point of contact for any social care enquiries
0845 8 503 503 (the line is open 24 hours a day)
Fax 01924 303455
Mini Com 01924 303450

Contacting the police in an emergency

Always dial 999 in an emergency where there is a danger to life, or a crime is in progress.

This number is available 24 hours a day, 7 days a week.

From a mobile phone, please dial 999 or 112.

Non-Emergencies

Telephone 0845 6060606 24 hours a day, 7 days a week for non-emergencies where:

- police attendance is required
- to report a crime
- to report other incidents

FOR ADVICE

The **West Yorkshire Police** vulnerable victims' team of specialist police officers have expertise in supporting the vulnerable and in partnership working. Tel: 01977 601073

The Commission for Social Care Inspection is responsible for setting standards and inspecting care homes and care agencies. Any concerns about abuse in care homes or by social care agencies should be reported to them. Tel: 0191 233 3600

The Healthcare Commission is the independent inspection body for both the NHS and independent healthcare. The Healthcare Commission is responsible for reviewing complaints about the NHS or independent healthcare services in England that have not been resolved locally. Tel: 0207 448 8179

The General Social Care Council is the workforce regulator and guardian of standards for the social care workforce in England. All concerns will be looked at to see whether they relate to a registered social care worker and are about the conduct or behaviour of the worker. Tel: 020 7397 5120

The Nursing and Midwifery Council is an organisation set up by Parliament to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients. The Fitness to Practise directorate processes allegations of impairment of fitness to practise made against nurses, midwives and specialist community public health nurses on grounds including misconduct, lack of competence and ill health. Tel: 020 7462 5810/5811

Under the **Protection of Vulnerable Adults** scheme (from 2008 the Independent Safeguarding Authority), social care staff who have abused or neglected vulnerable adults or placed them at risk of harm are prohibited from working in care positions. Tel: 01325 391 328

Safe @ Home

Promoting zero tolerance to domestic abuse
0800 915 1561

Family Services complaints .Tel: 01924 306802

Adult Protection Manager.

Wakefield Family Services lead officer. Tel: 01924 302149

SUPPORTING ORGANISATIONS

COUNSEL AND CARE FOR THE ELDERLY

Tel. 020 7485 1566 and 0845 300 7585
Twyman House
16 Bonny Street
London NW1 9PG
The advice service operates from
10.00 am to 1.00 pm, Monday to
Friday.
www.counselandcare.org.uk

MENCAP

Tel: 020 7454 0454
123 Golden Lane
London EC1Y 0RT
A learning disability charity working with
people with a learning disability and their
families and carers
www.mencap.org.uk

ACTION ON ELDER ABUSE

Tel. 020 8765 7000
Astral House
1270 London Road
London
SW16 4ER
Action on Elder Abuse works to protect,
and prevent the abuse of, vulnerable
older adults. They were the first charity
to address these problems and are the
only charity in the UK and in Ireland
working exclusively on the issue today.
www.elderabuse.org.uk

VOICE UK

Tel. 01332 869311
The College Business Centre
Uttoxeter New Road
Derby DE22 3WZ
Support and action group for people with
learning difficulties who have been
abused and for their families.
www.voiceuk.org.uk

PRACTITIONER ALLIANCE AGAINST ABUSE OF VULNERABLE ADULTS

PO BOX 127
RYDE
PO33 9AE
PAVA strives through collaboration with
practitioners in the statutory, voluntary
and private sectors to develop practice-
based interventions and to generate
positive outcomes in working with the
abuse of vulnerable adults.
www.pavauk.org.uk

PUBLIC CONCERN AT WORK

Tel; 020 7404 6609
Public Concern at Work
Suite 301
16 Baldwins Gardens
London EC1N 7RJ
<mailto:helpline@pcaw.co.uk>
Public Concern at Work (PCaW) is an
independent authority on public interest
whistle blowing. Established as a charity
in 1993 following a series of scandals
and disasters, PCaW has played a
leading role in putting whistle blowing on
the governance agenda and in
influencing the content of legislation in
the UK and abroad.
www.pcaw.co.uk

SAMARITANS

Tel. 08457 90 90 90

jo@samaritans.org

Write to Chris, PO Box 9090, Stirling, FK8 2SA or if you are deaf or hard of hearing use the single national Mincom number 08457 90 01 92.

362 New Cross Road

London SE14 6AG

Samaritans is a confidential emotional support service for anyone in the UK and Ireland. The service is available 24 hours a day for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

www.samaritans.org/default.aspx

HELP THE AGED

Tel; 020 7278 1114

207-221 Pentonville Road

London N1 9UZ

Help the Aged is an international charity fighting to free disadvantaged older people from poverty, isolation and neglect.

www.helptheaged.org.uk/en-gb

RESPOND

Tel. 07383 07003rd Floor, 24-32

Stephenson Way

London NW1 2HD

Helpline: 0808 808 0700

(1.30 pm to 5pm Mon.- Fri)

A service for people with learning disabilities who have been sexually abused.

www.respond.org.uk

POWERHOUSE

Tel: 020 7366 6336

St Luke's Centre

85 Tarling Road

Canning Town London, E16 1HN

info@thepowerhouse.org.uk

A charity that aims to challenge discrimination against, and abuse of, women with learning difficulties by raising awareness of key issues; providing training, advice and support services; accessing information and working with other agencies to promote the inclusion of people with learning difficulties.

www.thepowerhouse.org.uk

PAPYRUS

Tel: 01282 432555

Fax: 01282 432777

e-mail: www.mailto:admin@papyrus-uk.org admin@papyrus-uk.org

PAPYRUS

Lodge House, Thompson Park

Ormerod Road

Burnley Lancashire

BB11 2RU

A voluntary UK organisation committed to the prevention of young suicide and the promotion of mental health and emotional wellbeing.

www.papyrus-uk.org/index

REFUGE for women and children experiencing domestic violence

Tel 0808 2000 247

Free phone 24-hour National Domestic Violence Helpline (run in partnership between Women's Aid and Refuge)

www.refuge.org.uk

ANN CRAFT TRUST

Tel: 0115 9515400

The Ann Craft Trust is a UK based organisation working with staff in the statutory, independent and voluntary sectors to protect people with learning disabilities who may be at risk from abuse. We also provide advice and information to parents and carers who may have concerns about someone that they are supporting.

Centre for Social Work
University of Nottingham
University Park
Nottingham NG7 2RD

www.anncrafttrust.org

VALUES INTO ACTION

Tel: 020 7729 5436

Email - general@viauk.org

Derbyshire Street, London E2 6HG
Values Into Action (VIA) is the UK-wide campaign with people with learning difficulties. We have been working since 1971 to support and promote the right of people with learning difficulties to enjoy, and to be treated with the same respect due to all citizens.

www.viauk.org

VICTIM SUPPORT

Tel: 0845 30 30 900

If you have hearing difficulties, please call using our Text Direct access number: 18001 0845 30 30 90, or you can call our Minicom (or text telephone) number on 020 7896 3776

supportline@victimsupport.org.uk

*Victim Support Wakefield and Kirklees
The Gaslight*

Lower Warrengate

Wakefield

West Yorkshire

WF1 1SA

Tel: 01924 369 107

Fax: 01924 376 291

Email: info@vswestyorkshire.org.uk

Victim Support is the national charity which helps people affected by crime. We provide free and confidential support to help you deal with your experience, whether or not you report the crime.

www.victimsupport.org.uk

THE CAMPAIGN AGAINST LIVING

MISERABLY is targeted at young men aged between 15-35. The campaign offers help, information and advice via a phone and web service. Anyone, regardless of age, gender or geographic location can call the line.

www.thecalmzone.net

CHAPTER 3

The responsibilities of the “Safeguarding Manager”

Chapter 2 of this policy, “Safeguarding Adults Procedure- for all staff, service users and citizens” gives an outline of the procedure.

This chapter for **Safeguarding Managers** advises on the policy, procedure and their role. It also contains advice on best practice. This policy and procedures must not be viewed in isolation and must be seen in the wider context of other legislation and policies, designed to protect individuals and those designed to promote and ensure high standards in care services. Included are extensive introductory passages to related areas such as the Mental Capacity Act and other legislation, protocols and agreements. This policy and procedure is a guide and does not replace the detailed knowledge of these, which can only be achieved through study. Different agencies will have internal procedures, which link to this policy document.

All the information contained in this document was correct at the time of writing. Updates will be posted on the Wakefield.gov website and notification given in the Safeguarding Adults quarterly newsletter.

A professional with appropriate levels of experience, training and skill takes the responsibility of being ‘Safeguarding Manager’, to co-ordinate multi-agency working together. They may be employed by any of the partner organisations. It is the ‘Safeguarding Managers’ role to manage the ‘Safeguarding Adults’ process in relation to a safeguarding referral. Safeguarding Managers are responsible for the monitoring and co-ordination of inquiries, with workers from a range of organisations involved in the process. Whilst carrying out the role and duties of Safeguarding Managers, people are acting on behalf of the local Safeguarding Adults’ Partnership and are accountable to it via their organisation and the Safeguarding Adults Board. The procedures clearly delegate responsibility for the decision and for co-ordinating the safeguarding assessments, plans and reviews

All phone numbers and contact details were correct at the time of writing (April 2008)

A note on terminology.

This section uses the terms found in ‘Safeguarding Adults’ and uses language that some readers may be unfamiliar with. You will find a Glossary at the end of this policy.

3.1

The Wakefield & District Safeguarding Adults policy and procedures is based on the principles in “Safeguarding Adults”. This document is recommended to all Safeguarding Managers who will find that it contains useful practice guidance. It collects best practice and aspirations together into a set of eleven standards.

Read Safeguarding Adults on-line at
<http://www.adss.org.uk/publications/guidance/safeguarding.pdf>

Safeguarding Adults Maximum time frame

Alert - Immediate action to safeguard anyone at imminent risk

Referral - Within the same working day

Decision - A decision is always made on that same day as to whether the situation should be referred to the multi-agency 'Safeguarding Adults' process

Strategy Meeting/discussion - Within five working days

Safeguarding assessment - Within 28 calendar days of the safeguarding referral

Safeguarding plan - Within four weeks of the safeguarding assessment being completed

Review - Within six months for first review and thereafter yearly

3.2 The alert

Allegations or suspicion of abuse must be taken seriously and responded to quickly and appropriately. Where a report is made that an adult may be experiencing abuse or neglect, the person must be contacted before the end of the next day and an assessment of risk to their safety is made, unless this would place them at greater risk. The aims of an initial visit are to protect the individual and prevent any further abuse.

The top priority must always be the safety of the vulnerable person and any others who may be at risk, and not to disturb evidence.

On receiving information that abuse may have occurred, ensure that a referral is made to Social Care Direct (0845 8 503 530). CSCI should pass on any alerts to Social Care Direct a "Safeguarding adult's alert form" has been designed for this purpose.

In the absence of the team manager the social worker/care co-ordinator who becomes aware of a concern must consult with another team manager, the Adult Protection Manager or a Service Manager. No actions, interviews or inquiries should be undertaken until sanctioned by one of the above, other than emergency or first aid responses. The team manager receiving the concern will, if necessary, in consultation with another team manager, the Adult Protection Manager or a Service Manager, decide on immediate safeguarding actions and which other agencies need to be informed. Family Services have the lead role in all inquiries but other agencies should always be involved as appropriate.

Staff in other agencies may have an internal document and follow certain reporting paths, but they all require that all concerns should be brought to the attention of Family Services via Social Care Direct 0845 8 503 503 (the line is open 24 hours a day).

The Safeguarding Manager will:

Always ensure the person is safe and take steps to protect them and other vulnerable people.

Many actions to protect vulnerable people without their consent can be justified under the “Doctrine of Necessity”, “Best Interests” or the “Duty of Care”. Consult your legal section if in doubt - but always act if someone is at risk.

Always notify the police if there is a suspicion that a crime has been, or may be committed.

In most cases staff would obtain the consent of an individual before calling the police, but consent can be overridden depending on:

- The seriousness of the incident.
- The risk to other people.
- The capacity of the individual to make that decision.
- Or an assessment as to what would be in the best interests of that individual or any other vulnerable person likely to be affected.

The circumstances under which agencies have a duty to share information include:-

- *Where a crime may have been committed.*
- *Where the alleged perpetrator is a member of staff or volunteer employed by a care agency.*
- *Where the care of the person allegedly being abused is the legal responsibility of an individual or agency.*
- *Where the care of the alleged perpetrator is the legal responsibility of an individual or agency.*
- *Where abuse is alleged to have happened on property owned, or managed by a care agency, providing services to that person or to the alleged perpetrator.*
- *Where other service users are at risk from the alleged perpetrator.*

In order to cope with exchanges of information which might otherwise have infringed Data Protection legislation, Section 115 of the Crime and Disorder Act 1998 provides an explicit power, where none previously existed, for people to disclose information to a number of agencies if the disclosure is necessary or expedient for any of the purposes of the Act, including the 'Crime and Disorder Reduction Partnerships' (another name used for the Community Safety Partnership Groups).

- 1 Always notify that person's employer if the alleged perpetrator is an employee or volunteer, unless this would place the abused adult at greater risk.
- 2 Always notify the Commission for Social Care Inspection where a safeguarding referral about a service regulated by them is accepted.
- 3 Always inform a Service Manager in serious cases e.g. *“an incident or*

series of incidents (in which one or more service users are involved) which are likely to produce significant legal, media or other interest or give rise to large scale public concern and which, if not properly managed, may result in significant loss of the Council's reputation and/or assets".

- 4 There are 3 key processes which are the responsibility of the Safeguarding Manager:

A – Decision to investigate – i.e. whether the referral meets the criteria for a Safeguarding Adults inquiry, or identifying other appropriate responses. A decision is always made on that same day as to whether the situation should be referred to the multi-agency 'Safeguarding Adults' process. A manager at Social Care Direct may make this decision.

B - Developing a safeguarding strategy – reaching agreements on how any inquiry is to be carried out via a multi-agency meeting or discussion.

C - Inquiry – the collection of the information about abuse or neglect that has happened or might happen. This may also include co-ordination of the use of criminal or disciplinary inquiries alongside Safeguarding Adults processes.

3.3 The decision

A decision should always be made within the working day as to whether the situation should be dealt with under the multi-agency 'Safeguarding Adults' process. Any social worker, care co-ordinator, or member of a joint team, on receiving information about abuse, will consult with their team manager, who will decide whether these procedures should be followed. The team manager must decide whether a vulnerable person appears to have been abused and co-ordinate action in accordance with the policy. When a referral concerning possible abuse is received, confirm that the person appears to be an Adult over 18 who "*may be eligible for community care services*"⁴ whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. This includes adults with physical, sensory and mental impairments and learning disabilities, however those impairments have arisen, e.g. whether present from birth or due to advancing age, chronic illness or injury. Also included are carers, those family and friends who provide personal assistance and care to adults on an unpaid basis.

⁴ The Fair Access to Care Services, guidance on eligibility criteria for adult social care (LAC (2002)13. 28 May 2002), states the eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed.

The four bands include:

Critical – when serious abuse or neglect has occurred or will occur; and/or life is, or will be, threatened;

Substantial – when abuse or neglect has occurred or will occur

Where immediate action is needed to protect the safety of one or more adults, information must be passed at once to the appropriate person in the organisation(s) best able to implement those safeguards. This must happen the same day that the referral is received and the action is recorded by the Safeguarding Manager and by the partner organisation(s). A strategy discussion may take place at this time or a Strategy Meeting arranged to take place within five working days.

It is essential that where interim protective measures are needed they never wait until a meeting has taken place.

- Referral information should be clarified, ideally by a discussion with the referrer.
- Check previous records re - the alleged victim and alleged perpetrator.
- Consider risks to the alleged victim or other vulnerable adults or carers. It is important to remember that an accumulation of events [as opposed to a single act] may increase the severity of the concern.
- Consider whether a crime may have been committed and consult with the police if you feel that they may hold pertinent information.
- Consider whether capacity and consent issues have been considered within the referral process.
- The team manager becomes the 'Safeguarding Manager' once it is agreed to implement the procedure and until it is agreed at a review that the procedures no longer apply, i.e. that the person's safety cannot be improved. Responsibility for co-ordinating the strategy process is designated to that Safeguarding Manager.
- All Safeguarding Adults inquiries and meetings must be conducted with an absolute degree of objectivity, disregarding any previous incidents until such time as the meeting agrees that abuse has occurred.
- Where the adult is not covered by the policy, information should be given to the alerter or a referral made to an appropriate service and that action recorded. The protocol agreed with CSCI states 'where the local council's decision is not to accept the alert as safeguarding adults' referral the local council will inform the original source. The information will be reviewed by a Regulation Manager to determine whether any further action is warranted by CSCI.'

Table 3 Process and timescales

Stage of procedure		Role	Responsibility	Maximum time frame
Alert		Reporting and recording any allegation or concerns about potential abuse or neglect and addressing any immediate protection issues.	Everyone	Immediate action to safeguard; concerns to be reported on the same day
Referral		Referring safeguarding concerns on to the Safeguarding Manager or to a referral agency [police or Family Services via Social Care Direct]	Designated staff within organisations	Within the same working day
Safeguarding Assessment	A Decision to investigate	Deciding whether 'Safeguarding Adults' procedures are appropriate to address the concern, or where not identifying alternative responses	Safeguarding Managers	A decision is always made on that same day
	B Strategy	Formulating a multi-agency plan for investigating, assessing risk and addressing any protection needs	Safeguarding Managers	Within five working days
	C Inquiry	Co-ordinating and collecting information about the safeguarding concern and the context in which it happened. This may also include the use of criminal and/or disciplinary inquiries	Relevant practitioners from Health, Family Services and the Police, with the involvement of others	As decided through the Safeguarding Assessment Strategy
Plan		Analysis of the concern raised, the inquiry and the context in which it happened is undertaken at a multi-agency Safeguarding Case Conference. The safeguarding plan is developed at the Safeguarding Case Conference to address any ongoing risks to the vulnerable adult.	Safeguarding Partners	On the same day as the safeguarding case conference

Review	At review case conferences the safeguarding plan is reviewed and adapted to meet the ongoing protection needs of the vulnerable adult until it is agreed on a multi-agency basis that there are no ongoing protection issues.	Safeguarding Partners	The first review must be held within three months of the initial safeguarding case conference. Subsequent reviews must be held within six monthly intervals
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3.4 Safeguarding strategy

Within five working days of the concern being raised, dependent on the level of risk, a multi-agency approach to assess the risk and address any immediate protection needs will be implemented. Developing the strategy is a multi-agency process involving all those agencies appropriate to the particular situation. Family Services and joint team managers may negotiate regarding the most appropriate team to undertake the inquiry, but this must not be allowed to delay the process. In some cases a joint approach across two or more teams will be the most appropriate method of inquiry.

A Safeguarding Strategy Meeting (or recorded Strategy discussion formulating the initial strategy through a series of telephone conversations or e-mails) should take place within five working days of the concern being raised whenever abuse appears to have occurred or there is risk of abuse. All cases benefit from strategy discussions to co-ordinate inquiries.

The Strategy Meeting is the prime forum for sharing information and concerns, analysing risks, recommending responsibilities for action and agreeing on the inquiry approach.

Under the procedure the subject of the meetings and risk assessments will always be the person who has been abused and their needs will always be considered first.

The team manager with case responsibility should chair the Strategy Meeting and take on the responsibilities of Safeguarding, until it is agreed at a review that the procedures no longer apply, i.e. that the person's safety can no longer be improved.

The team's administration staff will take the minutes.

It has been agreed that minutes are returned to the chair for signing within 3 days and distributed within 5 days (*Including a copy to the Adult Protection Manager*).

Minutes sent by mail must be marked 'personal, private and confidential' and those sent electronically must be password protected.

Who else needs to be involved?

Where a crime appears to have taken place the police must be involved as soon as possible and invited to decide whether they will be taking action. Where the police are to be involved a discussion must take place with them before anyone is interviewed. Any person who is entitled to 'special measures' under 'Achieving Best Evidence' is identified as soon as possible and a referral made ⁵

Where the allegation concerns a regulated agency or setting a representative of the Commission for Social Care Inspection should always be made aware. The agreed Safeguarding Adults Protocol and Guidance states "*CSCI has an important information-sharing role, in relation to regulated services as described in our information sharing guidance. Whilst CSCI should always be made aware of any Safeguarding Adults concern within a regulated service, it is not necessary or appropriate for CSCI to attend all Safeguarding Strategy Meetings. However, attendance (or other means of participation such as teleconferences) must occur where one or more of the following criteria are apparent:*

- *One or more registered people are directly implicated.*
- *Urgent or complex regulatory action is indicated.*
- *If any form of enforcement action has commenced or is under consideration in relation to the service involved.*

CSCI would generally expect that relevant agencies and other relevant stakeholders such as registered providers and managers, people who use the service and/or their representatives, are invited to attend the meeting/participate in the discussion or be otherwise involved in the process. The general assumption is that where registered providers and managers are judged to be fit and not implicated in the alleged abuse then they will be pro-actively involved as partners in tackling the abuse. Where the allegation is against a member of staff and the police have decided that they will be taking no further action, the employer should interview the alleged perpetrator as part of a management investigation putting the allegations to them. Their responses should inform future action with regard to disciplinary action and/or barring. If the alleged perpetrator is not involved in the investigation they could argue that the process is flawed and is unreasonable and could challenge (potentially legally) any conclusions drawn. The only justification in not involving the alleged perpetrator in the investigation process and putting the allegations to them is when this would place the vulnerable adult at greater or further risk of harm. In some cases, particularly where allegations are made against a registered person, it may not be appropriate for the registered person to be involved. Information supplied by CSCI can assist the

⁵ Speaking Up for Justice [Home Office 1998] recommended extending the existing special measures introduced for child witnesses to vulnerable or intimidated adults, together with a range of other measures from the inquiry stage, through to the trial and beyond. Provisions to implement those recommendations requiring legislation were included in Part II of the 1999 Youth Justice and Criminal Evidence Act. Not all adults with disabilities will necessarily be vulnerable as witnesses and would not wish to be treated as such. This is recognised in the definitions and criteria contained in the Act.

Chair in determining whether registered persons are included as a full partner in the strategy discussion. The relevant agencies will decide at the beginning of the strategy process whether it would be appropriate for the registered provider or manager to conduct an inquiry. Factors that should be considered include:

- Current CSCI service quality rating, including judgements about the management of the service.
- Previous history of effective concerns and complaint inquiry.
- Implications for the registered person in terms of the focus of the allegation, inquiry required and possible outcome.
- Agreement of all agencies.

The following must be supplied by CSCI to the chairs of all Safeguarding Strategy Meetings, convened in relation to regulated services whether CSCI staff will be attending or not:

- Name, address, telephone number of service.
- Name of registered provider/company (if applicable).
- Name of registered manager (if applicable).
- Type of registration.
- Number of places registered (if applicable).
- Category(ies) of registration, with number of places.
- Conditions of registration.
- Enforcement action underway or pending.
- Complaints inquiries underway or pending.
- Most recent inspection report.
- Quality rating (when implemented).
- Any direct information relating to the allegation obtained through the inspection process.

A form has been developed for this purpose – Safeguarding Adults Assessment Strategy Meeting Information form.'

ALLEGED PERPETRATORS EMPLOYED BY THE LOCAL AUTHORITY OR NHS

Where the alleged perpetrator is an employee of the Council, notify the Adult Protection Manager or your Service Manager at once. Allegations against people who work with children must be reported to the Local Authority Designated Officer (LADO, currently Jayne Robinson, 01924 306817) for dealing with allegations. This person has oversight of all referrals and ensures they are dealt with in a timely and just manner.

Family Services contracts team, HR team, solicitor and/or court of protection officer must be included in strategies where appropriate. Where a concern comes to light in the form of a complaint or management inquiry it is essential

that full communication with HR and the Complaints Officer is maintained. Equally where an inquiry indicates that a complaint may be made or that a member of staff may have been responsible, full communication is required.

The PCT or NHS trust will need to be involved in respect to all incidents in a hospital, clinic, surgery or other premises or involving a member of NHS staff as alerter, perpetrator or witness. The Adult Protection Manager will advise on all cases where an NHS staff member is implicated as each Trust has statutory Serious Untoward Incident procedures, which must be followed. Responses to suspected abuse arising in hospital, or where the concern is raised in a hospital, must be undertaken in adherence with this Policy. Each Trust has its own reporting lines on each site. Normally the Matron is the person designated. Each Trust has a named lead on Safeguarding Adults and they should be advised as a courtesy and for advice before commencing an assessment of risk.

Currently (April 2008) they are:

The Mid Yorkshire Hospitals NHS Trust

Head of Patient Safety & Experience
Directorate of Nursing & Practice Development

South West Yorkshire Mental Health NHS Trust

Specialist Advisor Vulnerable Adults

Wakefield District PCT

Head of Unscheduled Services and Long Term Conditions

A referral may be made to the Healthcare Commission and/or Strategic Health Authority in serious or recurrent cases. *The Healthcare Commission will commence an inquiry where it possesses credible information, that suggests that there may have been, or there may be, a serious failing in the provision of healthcare by or for an NHS body that has resulted, or is resulting, in an adverse impact on the safety of patients, clinical effectiveness, or responsiveness to patients.*

ROLE OF THE CORONER

The Coroner's Service in England and Wales carries out a legal process of inquiry to find out the cause and circumstances of a death. The Registrar of Births and Deaths must report deaths to the Coroner in certain circumstances. For example: if a doctor cannot give a proper certificate of a cause of death; if the death occurred during an operation; if the death was due to industrial disease; or if the death was unnatural or due to violence, or in other suspicious circumstances. Consult the Adult Protection Manager if the Coroner becomes involved in a case, or if you believe that the Coroner should be informed. Contact details- H M Coroner's Office, 71 Northgate, Wakefield, WF1 3BS. Tel: 01924 302180 Fax: 01924 302184.
E-mail: hmcoroner@wakefield.gov.uk

STRATEGY DISCUSSIONS AND MEETINGS

Care will need to be taken whenever possible to ensure that no one is invited to give information to Safeguarding Strategy Meetings, who may later be called upon to provide a statement in court or disciplinary hearing.

Adults with mental capacity, who may be at risk, should be involved as partners in the strategy discussion (with appropriate use of independent advocacy and victim support services), unless prevented by other considerations, (their safety; the safety and rights of others; including the rights of an alleged perpetrator or the potential contamination of evidence). If they do not attend, all or part of the Strategy Meeting they must be consulted and kept informed. Where an adult with mental capacity cannot be included as a full partner, the Safeguarding Manager should agree with them or their representative how their views are to be incorporated into the strategy-making process.

The Strategy Meeting or discussion will:

- Address immediate risk. Always ensure the person is safe, taking appropriate steps to protect them and other vulnerable people. Many actions to protect vulnerable people without their consent can be justified under the “Doctrine of Necessity”, “Best Interests” or the “Duty of Care”. Consult your legal section if in doubt - but always act if someone is at risk. Under the procedure the subject of the meetings and risk assessments, will always be the person who has been abused and their needs will always be considered first.
- Agree support for alleged victims and relevant family/carers.
- Agree the wider communication strategy, where required, including considering whether a media or public relations strategy is needed.

Plan the safeguarding assessment.

1. The Strategy Meeting/discussion will decide who will interview the alleged victim, where the interview will take place, what key questions will need to be asked and who else will need to be interviewed. Care should be taken to select an appropriate person to interview the alleged victim and be responsible for keeping them informed.
2. Decide who else needs to be interviewed and who will do this.
3. Ensure consideration is given to whether a joint inquiry with another agency should be undertaken.
4. If a meeting considers that it is appropriate to review residents other than the named victim, the meeting must be very clear about the reason for this and it must be minuted.

5. Set out the specific roles of named staff in different agencies. In any action plan arising from a Safeguarding Adults meeting goals should be SMART - specific, measurable, agreed upon, realistic and time-based. Members should be asked to agree their individual responsibility for their actions, as part of the collective responsibility of the meeting.⁶
6. Decide who will keep the “alerter” informed of progress.
7. Ensure consideration is given to the security of the alleged perpetrator and any whistleblower.
8. The strategy will include a plan for communication between agencies during any safeguarding assessment.
9. Staff support must be promoted, maintained and monitored by the team manager throughout.
10. People with poor or no communication skills are also particularly vulnerable, because they may not be able to make others understand what has happened, or is happening to them.
11. People from ethnic minorities may be particularly vulnerable, especially if their ability to communicate in English is limited, or the cultural meaning of an activity is not understood. The interview should be conducted in the language best understood by the alleged victim.
12. The gender of the person conducting the interview may be crucial. Allow the person the opportunity to disclose to a person of the same gender.
13. If the alleged victim has communication difficulties, someone with the necessary skills to facilitate communication should be chosen.
14. If an advocate is requested one should be provided.
15. It is not appropriate for social workers to interview employees. If the manager of a registered service is deemed to be unfit or implicated in the alleged abuse, for example where the alleged perpetrator is a registered manager or proprietor (registered person) of a service the Adult Protection Manager, in conjunction with CSCI will advise on the most appropriate way to conduct the interviews. Whether or not CSCI staff attend the Strategy Meeting, CSCI must be supplied with copies of the minutes and agreed strategies formally by the chair of the meeting, as must all those attending, sending apologies and involved in the plan
16. Clarify roles responsibilities and timescales. The safeguarding assessment should be completed within four weeks of the safeguarding referral. Use the skills and knowledge of fellow professionals

⁶ **SMART Goals**

From- <http://www.projectsmart.co.uk/smart-goals.html>

appropriately and do not 'cut corners' by asking people to act outside their role. Actions agreed within the strategy will be designated to named workers in the appropriate agency.

17. Respect for the rights, wellbeing and safety of people who may be at risk. The needs of the individual who is being abused or is suspected of being abused, will always be of paramount concern. The individual must be informed of their right to self-determination. People experiencing abuse should be made aware of their rights to take action on their own behalf, for example in contacting West Yorkshire Police, speaking directly to the Commission for Social Care Inspection, obtaining their own legal advice, or using complaints procedures.
18. Action must be included in the safeguarding assessment strategy plan to consider the needs of others at risk at the present time, in the past and in the future.
19. Family Services departments also have a duty to make inquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer significant harm. Where there is a child at risk in the household the Safeguarding Manager will notify the appropriate team, to enable the inquiry to be conducted jointly and consider the need to apply domestic violence policies.

SAFEGUARDING THE RIGHTS OF 'WHISTLEBLOWERS'

All staff have a responsibility to report all concerns regarding abuse or suspected abuse. All staff have the right to expect that their concerns are acted upon and treated seriously.

"If you think your supervisor is not taking the right action then talk to their manager! When you do speak out you will be supported and action will not be taken against you."

Professional agencies employ their staff under codes of conduct or practice laid down by governing or registering bodies. These include The General Social Care Council, Nursing and Midwifery Council, British Psychological Society, General Medical Council, Code of Conduct for NHS Managers etc. All of these codes are clear about the duty not to abuse and the duty to report concerns.

However, it has become clear that staff may be reluctant to come forward for many reasons and the Safeguarding Manager should take the needs of the alerter into account and actively consider the 'whistle-blowers' need for feedback.

For further information:-

Public Concern at Work (PCaW) was established as a charity in 1993 following a series of scandals and disasters; PCaW has played a leading role in putting whistle blowing on the governance agenda and in influencing the

content of legislation in the UK and abroad. Visit their website <http://www.pcaw.co.uk/>

WITNESS is the only charity in the UK working exclusively on abuse by health and care workers. WITNESS runs a helpline, a support and advocacy service, provides training and develops new policy approaches to the prevention of abuse. www.popan.org.uk

3.5 Safeguarding assessment (“risk assessment”)

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. The purpose of this is to collect information about abuse that has occurred or might occur. Where the interview is conducted by Family Services this will usually involve two people. The police or employers may conduct interviews but the number of interviews carried out with service users should be kept to a minimum. Each agency reports promptly to the Safeguarding Manager any information that could change the plan agreed in the strategy.

The assessment should be completed within four weeks of the safeguarding referral. It is the responsibility of the Safeguarding Manager to oversee the Safeguarding Adults process and ensure that it culminates in an independently chaired Safeguarding Case Conference.

The Strategy Meeting/discussion will have decided who will interview the alleged victim, where the interview will take place, what key questions will need to be asked and who else will need to be interviewed, assigning two workers to conduct the inquiry, one of whom will be a qualified social worker and wherever possible one of the workers should be known to the individual.

Guidance for staff carrying out a Safeguarding Assessment:- .

- If the person is injured consent should be sought to obtain medical support for the person from their general practitioner or hospital. The persons general practitioner should be consulted regarding the persons medical history and to organise a medical examination or treatment, if required.
- If it becomes apparent the police should be involved, consent should be sought for this and the social worker/care co-ordinator must take care not to jeopardise any action the police may wish to take.
- The social worker must make an initial assessment of the mental capacity of the individual.
- The individual should be asked if they want anyone present during the interview. The involvement of an advocate or interpreter should be considered.
- The individual should not be interviewed in the presence of the alleged abuser.

- Explain the purpose of the interview and outline possible future action.
- Ascertain the facts to enable an assessment of the allegations to take place.
- Identify the wishes and needs of the individual.
- The interview will be conducted at the individuals pace and may involve more than one interview.
- The workers will regularly check that the individual understands what is taking place.
- Carry out a risk assessment using the format currently regarded as constituting best practice with that service user group - for examples see Best Practice in Managing Risk *Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services* document prepared for the National Mental Health Risk Management Programme June 2007.
- The workers will take signed and dated notes and explain the purpose of these. Contemporaneous notes should be kept. Record everything fully within 24 hours.
- The individual will always be informed of possible options to deal with the situation to help them decide what they wish to happen.
- Ensure that care is taken to ensure that the victim is not subjected to multiple interviews about the same incident. The person should never be interviewed in the presence of, and wherever possible, with the knowledge of an alleged perpetrator.
- Remember that all types of abuse are serious - of short duration or long, recent or in the distant past.
- Advise the person of the circumstances under which you have a professional duty to share information. This may require that information is shared without the consent of the person.

If it appears that any one of the following apply then an inquiry will be pursued:-

- a crime may have been committed
- the alleged perpetrator is a member of staff or volunteer employed by a care agency
- the care of the person allegedly being abused is the legal responsibility of an individual or agency
- the care of the alleged perpetrator is the legal responsibility of an individual or agency

- abuse is alleged to have happened on property owned or managed by a care agency providing services to that person or to the alleged perpetrator
- other service users are at risk from the alleged perpetrator.

Be sensitive:

Abuse victims may have very low self-esteem. Avoid questions such as "Why didn't you tell someone?" which implies that they could have and should have told someone, and were at fault for not doing so. Adults who have been abused as children have been manipulated and are not to blame. The perpetrator may be a family member who is still important to the alleged victim.

- How vulnerable is the victim?
- What level of abuse is alleged?
- Does it look likely to continue or escalate?
- What is the impact on the individual?
- Is it one incident or part of a series?
- Is there more than one victim?
- Does it appear that a crime may have been committed?
- Does it appear that the person was deliberately "targeted" because of their vulnerability?
- Respect personal boundaries:
Only touch the person to offer comfort if they give permission. The victim may be fearful of physical contact. Do not press for specific details about any physical acts involved.
- Support: Acknowledge that disclosing is a traumatic experience accompanied by strong emotions.
- Offer support for the next few days.
- Offer therapeutic help or assistance to find alternative help.
- Encourage the individual to explore their feelings about disclosure.

Staff support must be promoted, maintained and monitored by the team manager throughout

It needs to be acknowledged that operating in the area of adult abuse can be a very demanding and difficult task. Staff need to be provided with quality support, during and after the work. This support could include help from Occupational Health teams. The alerted person's manager has the responsibility to assist them to deal with their anxieties and concerns at work. The manager must discuss the initial visit with the workers concerned. They must be readily available to give support and advice either by remaining at the office or by being contactable by mobile phone. This is particularly important if the visit is likely to go on beyond office hours. Workers need to be able to report that they have concluded the interview and that they are safe. The manager must debrief the staff after each interview and together they will plan the next stage. Managers also require support from their managers and this should be provided outside scheduled supervision sessions if required.

It is particularly difficult for staff to deal with leaving people in situations where they are at risk of further abuse and in some cases risk of serious injury or even death.

Checklist for Assessing Risk (see page 72 for Case Conference Report & Risk Assessment)

- What risks have been identified? (To the individual, other vulnerable adults, carers, others).
- How was the risk identified and by whom?
- What supporting evidence is there?
Past events or concerns relating to the alleged victim or perpetrator e.g. complaints, disciplinarys, convictions.
Observation.
Physical evidence.
Professionals report.
- Is an assessment of capacity required?
- What are the wishes of the individual involved in relation to the process used to investigate, and to the outcome?
- What standards and measures are currently in place to reduce the risk?
- What are the predisposing factors or triggers?
- What actions can be taken to diminish the risk?

3.6 The Safeguarding Case Conference

All safeguarding inquiries must culminate in a Safeguarding Case Conference. The only exceptions to this are when:

- the inquiry concludes that the allegation was malicious and unfounded
- the inquiry concludes that the alleged abuse could not possibly have taken place or,
- the Strategy Meeting concludes that it is the care of the perpetrator rather than the victim, which requires review.

The conference is an independently chaired, multi-agency meeting to:

1. consider the outcome of the inquiry
2. exchange information in a multi-disciplinary forum
3. assess the individual's situation and risks
4. assess ongoing risk factors, decide if there is ongoing risk and if so devise a safeguarding plan, identifying actions, roles and timescales
5. state whether on a balance of probabilities abuse has been substantiated or not substantiated and identify the category or categories in which the abuse has taken place
6. set a date to review the safeguarding plan
7. make recommendations to care plans where ongoing risk is not identified.

The case conference will have an independent chair from another Family Services or joint team to offer objective, impartial oversight and advice. A rota will be prepared to assist in the allocation of this role. A member of administration staff from the team with case responsibility will take the minutes.

Within four weeks of the safeguarding assessment being completed a safeguarding plan will be written following a case conference. The safeguarding plan is a multi-agency response to the risk of abuse that has been identified, which addresses ongoing risk factors and includes allocation of tasks, realistic timescales to manage risks.

- When convening a Case Conference, agree a convenient time and date, giving reasonable consideration to people's wishes e.g. accessible venue, time of day to suit health needs or caring responsibilities.
- A conference, which is larger than it needs to be, can inhibit discussion and intimidate vulnerable adults and families. Those attending conferences should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the vulnerable adult involved, or of the services available.
- A consistent chair and consistent membership of appropriate seniority enhances the decision making of the meeting.
- The alleged victim and perpetrator's views should be heard wherever possible.
- We need to ensure that as part of our processes we have involved the perpetrator and put allegations to them either directly or in a satisfactorily indirect way (via the employer) and taken on board their responses before we reach our conclusion in our investigation.
- An awareness of any history of violence or threats that may endanger any conference member is essential.
- The chair's role is to raise issues, ask questions and give procedural guidance, which will facilitate a consensus being reached.
- A conference does not use the same burden of proof as a criminal court [beyond reasonable doubt]. Decisions will be based on the balance of probability.
- Minutes of the meeting will be circulated to all attendees, and others as agreed by the chair.
- Safeguarding Plans should:
 - Take account of the wishes of the individual.
 - Relate to a specific time-scale and setting.
 - Detail arrangements for monitoring and review.
 - Identify factors that might increase the identified risk and give contingency plans in such circumstances.

Participants

Wherever possible the vulnerable adult should attend the case conference and be included in developing the safeguarding plan. The vulnerable adult concerned must be invited, and may be accompanied by a person of their choice. If the individual concerned does not wish to attend, their representative or advocate may attend on their behalf. The chairperson should meet the person or their representative, if attending, prior to the conference to explain the process. If this is not possible the reason should be recorded at the conference and their views represented in a format agreed with them beforehand. Where an adult does not have the mental capacity to be included, a person acting in their best interests should be nominated to take part in the case conference risk assessment and safeguarding plan and have their views represented in a format chosen by them. Consideration should be given to the involvement of an Independent Mental Capacity Advocate, should the criteria be met.

Attendees should include:

- The investigating social worker.
- Other relevant professionals, e.g. The Commission for Social Care Inspection representative (CSCI), general practitioner, police, primary nurse, community psychiatric nurse, legal representative from the local authority, contract section representatives.
- Carers, advocates, interpreters and family as appropriate.
- Where ever possible the alleged perpetrator should be invited to the case conference but only with the permission of the service user and following careful consideration of the likely consequences. If this is not possible their views must be represented. The investigating professional, in consultation with the Independent Chair and Safeguarding Manager, will decide if the alleged perpetrator should attend the conference. The alleged victim's wish to attend must always override the wishes of the alleged perpetrator.

Some members of the conference may need to be excluded during parts of the conference, where details of the alleged victim's disclosure and/or evidence, which form part of an ongoing criminal inquiry, are shared; or when details of relevant criminal histories or sensitive medical histories are shared.

HELPFUL GROUND RULES FOR THE CONFERENCE

Mobile phones, pagers and beepers must be turned off.

The content of the meeting is strictly confidential and can only be shared on a need to know basis.

It is the intention that the meeting should not last more than 1½ hours. It is important for all conference members to contribute to the development of the protection or action plan. Every effort should be made to stay until the end of the meeting.

Responsibility to speak out.

Everyone needs to be open and honest in their contribution to the meeting.

Respect for each other's views.

It is everyone's responsibility to actively listen to the views of others and not interrupt. Everyone will be given the opportunity to speak.

Family members will not be subject to direct questioning.

Aggressive and/or disruptive language and behaviour will not be tolerated and will result in exclusion from the meeting and possibly from future meetings.

The Chair will:

- Welcome those attending, then open the meeting by stating that it takes place under the Safeguarding Adults policy, name the subject of the meeting and the nature of the abuse indicated to avoid any misunderstanding at a later stage. There should be sufficient information and expertise available, through personal representation and written reports, to enable the conference to make an informed decision about what action is needed to safeguard the vulnerable adult involved, and to make realistic and workable proposals for taking all actions forward.
- Ask the investigating worker to present their report. The report presented by the investigating social worker should contain:
 - a description of the alleged victim, including their level of disability and vulnerability and their ability to protect themselves from abuse in the future
 - an outline of the current concerns and how they came to light
 - reference to any previous concerns
 - relevant information regarding the nature and extent of the abuse.
 - an assessment of the impact the abuse has had
 - the wishes of the alleged victim
 - relevant information regarding the alleged perpetrator(s)
 - relevant information regarding other people who may have been abused by this perpetrator(s).
- Reports of safeguarding assessment inquiries should be shared with the vulnerable adult/s concerned prior to the meeting, at least 5 days before the case conference, with the involvement of a family member or advocate if appropriate. Each organisation that had a role in the inquiry/assessment will submit a written report to the Case Conference Chair at least 2 days prior to the meeting. Reports should be free from jargon and be available in a format that the vulnerable adult can understand. In some cases the police may consider that a written report may prejudice a criminal case and will therefore give verbal feedback.
- State or ask the views and wishes of individuals concerned.
- Obtain relevant information from other participants.
- Chair a full discussion of risk and oversee the formulation of Protection Plan. A multi-agency decision is taken as to the outcome of the safeguarding assessment. This includes whether abuse took place, that it didn't, or that this is still not known and whether or not there is thought to be ongoing risk of abuse. Where abuse has taken place, there should be discussion with the police and legal services to consider any further action. Where abuse has taken place, or an ongoing risk of abuse is identified, a safeguarding plan will be agreed with positive actions planned to safeguard the adult and to promote recovery. The Protection Plan must be drawn up with the involvement of the individual concerned. This is a plan agreed at the Case Conference to determine the needs of the vulnerable adult(s) and to protect them from abuse. The desired outcome of an inquiry into abuse is to ensure that the risk of that adult and any other

vulnerable adult being exposed to abuse in the future is reduced as far as possible.

It is essential that the Protection Plan tries to develop ways of protecting the person who uses services from future harm by:-

- complementing the Care Plan and specifying desired outcomes
 - allocating tasks to identified people with areas of action and responsibilities for these
 - identifying services, which help the victim, recover from his/her experiences or planning to introduce the victim to services or support
 - planning positive actions which are put in progress to prevent the perpetrator from abusing in the future, ensuring that attempts are made to work with the abuser to change his/her behaviour if they remain in contact with the abused
 - monitoring and reviewing the situation
 - agreeing dates for review of the Protection Plan.
- Finally the Chairperson will summarise the discussion, confirm the decisions made under the Protection Plan and the arrangements for monitoring and review.
 - Ensure that the minutes of the case conference and the Protection Plan are sent to the participants and the Adult Protection Manager. Professionals should record any actions for themselves pending arrival of the conference minutes, which will be circulated as soon as possible after the meeting. Ensuring the accuracy of the minutes is everyone's responsibility. Send any important omissions or corrections to the Chair of the conference within 7 days of receipt. Whether or not CSCI staff attend the meeting, they must be supplied with copies of the minutes and agreed strategies where relevant, as must all those attending, sending apologies and involved in the plan. Minutes sent by mail must be marked 'Personal, Private and Confidential' and those sent electronically must be password protected.

Actions to prevent repeat abuse or neglect

Actions to prevent repeat abuse or neglect by a person or an organization

- Criminal prosecution.
- Enforcement action by the Commission for Social Care Inspection.
- Cancellation of registration of a care provider.
- Application for a court order e.g. restraining contact or an anti-social behaviour order.
- Application to the Court of Protection to change a Continuing or Enduring or Lasting Power of Attorney or Receivership.
- Application to the Department of Work and Pensions to change appointeeship or agency.

- Civil Law remedies e.g. suing for damages.
- Prosecution by Trading Standards.
- Disciplinary procedures by an employer.
- Referral to the POVA list (currently) or for barring from the Independent Safeguarding Authority list (from a date to be announced in 2008).
- Referral to registration body (e.g. NMC, GSCC, BMA).
- Training needs assessment and supervision (of employee/volunteer).

Actions to promote the safety of an adult and for recovery from abuse or neglect

- Security measures e.g. door locks, and entry devices, personal alarms, telephone or pager, CCTV.
- Activities that increase a persons capacity to protect themselves.
- Activities that increase self esteem and confidence.
- Activities that increase health and well-being.
- Support to give Best Evidence in Court.
- Advocacy services.
- Victim support services.
- Counselling and therapeutic services.
- Application to the Court of Protection for an appropriate person to make decisions on behalf of a mentally incapacitated adult.
- Application for Criminal Injuries Compensation.
- Application to the Court of Protection for an appropriate person to act as a receiver and manage the person's finances.

Table 4 Responding to abuse and neglect Lead role responsibility for inquiries/assessments as part of 'Safeguarding Adults' procedures

Type of inquiry/risk assessment	Agency responsible
Criminal (including, assault, theft, fraud, hate-crime and domestic violence)	Police
Fitness of a registered service provider/manager	Commission for Social Care Inspection
Breach of Care Standards Act	Commission for Social Care Inspection
Unresolved serious complaint in a health care setting	Health Care Commission
Breach of rights of person detained under the Mental Health Act	Health Care Commission (Mental Health Act Commissioner)
Breach of terms of employment /disciplinary procedures	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of Health and Safety Legislation	Health and Safety Executive
Complaint regarding failure of service provision by a service provider (including neglect of provision of care and failure of provision of care and failure to protect a service user from the actions of another)	Service provider i.e. Manager/proprietor of service/complaints department
Breach of contract to provide care (e.g. Family Services, Primary Care Trust, Supporting People)	Service Commissioner
Bogus callers or rogue traders	Trading Standards Officers
Misuse of public money	Local authority audit
Anti-social behaviour (e.g. harassment and nuisance by neighbours)	Anti-social behaviour team
Breach of tenancy agreement (e.g. harassment and nuisance by neighbours)	Landlord/Registered Social Landlord/Housing Trust
Misuse of Power of Attorney	Public Guardianship Office/Court of Protection
Misuse of appointeeship or agency	Department of Work and Pensions
Inappropriate person or persons making decisions about the care and well-being of an adult without mental capacity which are not in the adult's best interests	Court of Protection
Assessment of need for health and social care provision (service users and carers)	Family Services/Primary Care Trust/Care Trust

3.7 Review

- A timescale for the review of any safeguarding plan will be agreed and recorded as agreed at the safeguarding planning meeting, and take place within six months and thereafter yearly, as part of scheduled reviews, until the Safeguarding Manager decides that the procedures no longer apply, i.e. that the person's safety cannot be improved. Any changes in circumstances will result in appropriate changes being made to the safeguarding plan.
- The first review will be chaired by the person who chaired the Case Conference. The team manager of the team, which holds the case, will chair all other reviews.

3.8 Recording and monitoring the 'Safeguarding Adults' process and its outcomes

The Safeguarding Manager ensures that full minutes of any safeguarding assessments and plans that they manage, and other comprehensive records are kept of any multi agency processes. This information is stored securely according to the current Data Protection policies.

The Adult Protection Manager will receive a monitoring form giving details of all 'alerts' and copies of all strategy and planning meetings. Templates are available for meeting minutes and for reports (Pages 70-77). Statistics are published monthly, annually and also submitted to Cabinet and the Department of Health. The form and content of data collected will be subject to alteration, as systems and requirements change.

The evaluation of the Safeguarding Adults process will be undertaken by the "Quality and Performance Sub Group", using both statistical analysis and regular audits.

3.9 Role of Commission for Social Care Inspection and Family Services Contracts team

The CSCI 'Safeguarding Adults; protocol and guidance' can be read in full at http://www.csci.org.uk/professional/care_providers/all_services/guidance/safeguarding_adults_protocol.aspx

Some of the key sections are included earlier in this procedure.

CSCI's function in response to safeguarding adults concerns is primarily as a regulator, contributing knowledge of the service, regulations and standards to the multi-agency assessment.

Where a safeguarding alert suggests breaches of regulations or lack of fitness of registered persons, CSCI will consider what regulatory action is needed by the Commission and undertake the work in partnership with other agencies. CSCI's "concerns, complaints and allegations" methodology will assist their staff in separating out safeguarding adults issues, from other information that can be pursued outside of the safeguarding adults' procedures.

The Commission for Social Care Inspection will obtain as much information as possible on receiving an allegation and pass this to Social Care Direct immediately.

The National Minimum Standards for Care Homes states:-

- Care home managers, staff and premises must be 'fit for their purpose'.
- Competent, well-trained managers and staff are fundamental to achieving good quality care for service users.
- A person is not fit to manage a care home unless -
 - (a) he is of integrity and good character;
 - (b) having regard to the size of the care home, has the qualifications, skills and experience necessary for managing the care home; and is physically and mentally fit to manage the care home.
- The registered person shall, having regard to the size of the care home, the statement of purpose and the number and needs of service users ensure that at all times suitably qualified, competent and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users.
- The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.
- The registered manager communicates a clear sense of direction and leadership, which staff and service users understand and are able to relate to the aims and purpose of the home.
- The registered person complies with any Code of Practice published by the General Social Care Council, setting out standards expected of persons employing social care workers, insofar as the code is relevant to the management of a care home.

This means the person in charge must satisfy CSCI that their "fitness" can be demonstrated by an ability to recruit, induct, train and supervise staff able to support the establishment in meeting its objectives. Where a staff member accused of abuse is employed in a home, the manager of that home needs to demonstrate that appropriate steps are taken to protect all residents. It is expected that a manager will co-operate with a Safeguarding Adult assessment, by making information available to ensure the protection of service users, whilst also acting as a good employer.

Wakefield Family Services Contracts team - has the same expectation as the Commission, but, for funded services users, is empowered in line with contractual terms and conditions to suspend placements where deemed appropriate.

Upon commencement of an inquiry the Local Authority will consider all of the circumstances regarding the complaint or allegation and form a decision as to whether to suspend further placements being made at the home by this Authority. If this occurs, the contracts section will inform the care provider of this in writing. Suspension of placements means that the home will be temporarily removed from the Providers List and Vacancy Bureau and until the suspension is lifted, this Authority will make no additional placements in the home. Existing residents will continue to be funded by the Authority during the period of suspension.

During and on completion of the investigation, the Care Provider will be required to take all necessary action to protect residents or the investigation processes. Failure to do this as agreed with the Authority and in a timely manner will allow the Authority to terminate this contract immediately, remove all existing residents from the home and recover any losses resulting from the termination.

The Authority will not reinstate the home onto the Providers List and Vacancy Bureau until a contract monitoring visit has been undertaken which determines that the home in question complies with the contract requirements. Regulations require that the CSCI are informed, or a recording made as required by regulations for care homes or agencies.

It is therefore essential that both the Contracts Team and CSCI are made aware of inquiries at an early stage and that they are invited to Strategy and Planning meetings in line with Safeguarding Adult procedures.

3.10 Mental Capacity Act & IMCAs

Capacity, Consent and Decision Making

The consideration of capacity is crucial at all stages of Safeguarding Adults procedures. For example, determining the ability of a vulnerable adult, to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive, or consensual; or determining how much a vulnerable adult can be involved in making decisions in a given situation.

The key development affecting this area of work is the implementation of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect vulnerable people, who may not be able to make their own decisions. It makes it clear who can take decisions in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.

Guidance on the Act is provided in a statutory Code of Practice, and training provided as part of its implementation, see www.justice.gov.uk/guidance/mca-code-of-practice.htm further information on local arrangements can be found in this document.

The whole Act is underpinned by a set of five key principles:

1. **A presumption of capacity** - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. The right for individuals to be **supported to make their own decisions** - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
3. That individuals must retain the right to make what might be seen as eccentric or **unwise decisions**.
4. **Best interests** - anything done for or on behalf of people without capacity must be in their best interests.
5. **Least restrictive intervention** - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

Mental Capacity Act **section 2** (1), Code of Practice 4.11 – 4.13

Section 2 states that a person lacks capacity in relation to a matter, if at the material time he/she is unable to make a decision for himself or herself in relation to the matter, because of an impairment of or a functioning of the mind or brain.

Mental Capacity Act 2005 **section 3**, Code of Practice 4.49 – 4.54

Section 3 states that a person is unable to make a decision if he/she is unable

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

Every assessment of capacity must be undertaken in accordance with the Act and provisions of the Code of Practice. Where there is a reasonable belief that a person lacks capacity there is a statutory best interests checklist for people acting on behalf of others. The decision maker must work through the factors when deciding what is in the best interests of the individual.

The Act deals with two situations where a designated decision-maker can act on behalf of someone who lacks capacity:

- **Lasting Powers of Attorney (LPA)** - The Act allows a person to appoint an attorney to act on their behalf if they should lose capacity in the future. This is similar to previously available Enduring Power of Attorney, but the Act also allows people to let an attorney make health and welfare decisions.
- **Court appointed deputies** - The Act provides for a system of court appointed deputies to replace the current system of receivership in the Court of Protection. Deputies will be able to take decisions on welfare, healthcare and financial matters as authorised by the court but will not be able to refuse consent to life-sustaining treatment. They will only be appointed if the court cannot make a one-off decision to resolve the issues.

The Act creates two new public bodies to support the statutory framework, both of which will be designed around the needs of those who lack capacity

- **A new Court of Protection** - The new Court has jurisdiction relating to the whole Act and will be the final arbiter for capacity matters. It has its own procedures and nominated judges.
- **A new Public Guardian** - The Public Guardian and his/her staff are the registering authority for LPAs and deputies. They supervise deputies appointed by the Court and provide information to help the Court make decisions. They also work together with other agencies, such as the police and social services, to respond to any concerns raised about the way in which an attorney or deputy is operating

The Act also includes further key provisions to protect vulnerable people

- **Advance decisions to refuse treatment**
Statutory rules with clear safeguards confirm that people may make a decision in advance to refuse treatment if they should lose capacity in the future. It is made clear in the Act that an advance decision will have no application to any treatment, which a doctor considers necessary to sustain life unless strict formalities have been complied with. These formalities are that the decision must be in writing, signed and witnessed. In addition, there must be an express statement that the decision stands "even if life is at risk".
- **A criminal offence**
The Act introduces a new criminal offence of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.
- **Independent Mental Capacity Advocate (IMCA)**
The purpose of the Independent Mental Capacity Advocacy Service, is to help those who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends to consult about those decisions. The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity, and represent their views to those who are working out their best interests.

The Department of Health has extended the Act to cover circumstances where a safeguarding adults allegation has been made. In relation to safeguarding adults cases, the Regulations specify that Local Authorities and the NHS have powers to instruct an IMCA, if the following requirements are met:

- where safeguarding measures are being put in place in relation to the protection of vulnerable adults from abuse
- 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 for the person to do so.

In safeguarding adults cases, access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity who have family and friends, can still have an IMCA to support them through the safeguarding process.

The regulations equally apply to a person who may have been abused, or neglected and a person who is alleged to be the perpetrator.

Where the qualifying criteria are met, it would be unlawful for the Local Authority or the NHS, not to consider the exercise of their power to instruct an IMCA for safeguarding adults cases.

Restraint:

Section 5 of the Act permits the use of restraint, if the person using it reasonably believes that it is necessary to prevent harm to the incapacitated person and if the restraint is proportionate to the likelihood and seriousness of harm. However, section 6(5) confirms that there is no protection under the Act for actions that result in someone being deprived of their liberty, as defined by Article 5 (1) HRA 1998.

3.11 The POVA list and the Independent Safeguarding Board

From 26 July 2004 the CSCI registered person, is required to refer to the Department of Health Protection of Vulnerable Adult register (POVA), any member of staff who resigns, is suspended or dismissed in circumstances that require referral.

In response to recommendation 19 of the Bichard Inquiry, under the Safeguarding Vulnerable Groups Act 2006 the Government has introduced a new vetting and barring scheme, for people who work with children and vulnerable adults. The aim of the vetting and barring scheme is to reduce the incidence of harm to children and vulnerable adults, by helping to ensure that:

- employers benefit from an improved vetting service
- those who are known to be unsuitable are barred at the earliest possible opportunity.

The new scheme will:

- build on the existing lists of those barred from work with children and vulnerable adults, including the Protection of Vulnerable Adults (POVA) list
- be more comprehensive in coverage, with a wider workforce eligible for checks
- enable a barring decision to be made on the basis of an individual's criminal record history, as well as following a referral from an employer or another body

- update barring decisions, as soon as any new information is made available and notify employers if an employee is deemed unsuitable
- enable employers to make secure, instant online checks of an applicant's status in relation to the scheme.

The Safeguarding Vulnerable Groups Bill, received Royal Assent on 8 November 2006. The ISA was established as an expert body in January 2008. The scheme will go live on **12 October 2009**.

The Independent Safeguarding Authority will provide an independent body of expertise, to take discretionary decisions to include individuals on barred lists, or to exclude them from working with children and vulnerable adults. ISA will prevent those who are deemed unsuitable to work with children and/or vulnerable adults, from gaining access to them through their work. Anyone wishing to work with children or vulnerable adults in regulated activity will be covered, and an employee will not be allowed to enter the workforce until their ISA check has been completed. The new authority will work alongside the Criminal Records Bureau, which will continue to issue criminal records disclosures, to inform employers' recruitment decisions.

3.12 Serious Case Reviews

The Wakefield and District Safeguarding Adults Board is currently operating the ADASS Serious Case Review Protocol.

<http://www.adss.org.uk/publications/guidance/vulnerableadult.pdf>. The purpose of having a case review, is not to re-investigate or to apportion blame, it is to establish whether there are lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard vulnerable adults.

A serious case review should be considered when:

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known, or suspected to be a factor in their death. In such circumstances, the Board should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development, through abuse or neglect, and the case gives rise to concern about the way in which local professionals and services work together, to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The Safeguarding Adults Board will be the only body which commissions a serious case review. Applications must attract the support of the quorum of the Board and be made in writing. In the event of an application being turned down, the reasons will be recorded in writing and shared with the applicant.

3.13 Legislative framework-at time of writing

Abuse which is a crime

- Crime and Disorder Act 1998
- Criminal Justice Act 1967
- Domestic Violence Crime and Victims Act 2004
- Family Law Act 1996
- Fraud Act 2006
- Offences Against the Person Act 1861
- Police and Criminal Evidence Act 1970
- Protection from Harassment Act 1997
- Public Order Act 1986
- Sexual Offences Act 1956
- Sexual Offences Act 1967
- Sexual Offences Act 2003
- Theft Acts 1968 and 1978
- Youth Justice and Criminal Evidence Act 1999

Provision of health and social care services

- Carer's (Recognition and Services) Act 1995
- Carers and Disabled Children Act (2000)
- Care Standards Act 2000
- Chronically Sick and Disabled Persons Act 1970
- Community Care (Direct Payments) Act 1996
- Disabled Persons (Service Consultation and Representation) Act 1986
- Employments Rights Act 1996
- Health and Social Care Act 2001
- Health Service and Public Health Act 1968
- Health Act 1999
- Housing Act 1985
- Housing Act 1996
- Housing Act 2004
- Local Authority Social Services Act 1970
- Mental Capacity Act 2005
- Mental Health Act 1983
- National Assistance Act 1948
- National Assistance (Amendment) Act 1951
- National Health Service Act 1977
- National Health Service and Community Care Act 1990
- Public Health Act 1936 and Public Health Act 1961
- Registered Homes (Amendment) Act 1991

Other relevant statutes & statutory instruments

- Court of Protection Rules 1994
- Data Protection Act 1998
- Disability Discrimination Acts 1995 & 2005

- Enduring Power of Attorney Act 1985
- Health & Safety at Work Act, 1974
- Human Rights Act 1998
- Mental Capacity Act 2005
- Power of Attorney Act 1971
- Public Interest Disclosure Act 1998
- Race Relations (Amendment) Act 2000
- Safeguarding Vulnerable Groups Act 2006
- Social Security (Claims and Payments) Regulations 1987

3.14 Cross-border agreement

The increased risk to vulnerable adults whose care arrangements are complicated by cross-boundary considerations must be recognised. The Authority where the abuse happened [host Authority] should always take the initial lead on responding to the referral. (In accordance with the [ADSS cross boundary protocol](#))

This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed. Where care arrangements exist across boundaries, it is the responsibility of the host Authority to co-ordinate any inquiry. The host Authority will also co-ordinate initial information gathering, background checks and ensure prompt notification to the placing Authority and other relevant agencies. If the alleged abuse takes place in a residential or nursing home, other people could potentially be at risk and inquiries should be carried out with this in mind. The placing Authority will be responsible for providing support to the vulnerable adult and planning their future care needs, either as an alleged victim or alleged perpetrator. The placing Authority should nominate a link person for liaison purposes during the inquiry. They will be invited to attend any Safeguarding Adults Strategy Meeting and/or may be required to submit a written report.

3.15 Information sharing

The exchange of information between agencies is critical to the successful implementation of any strategy to protect vulnerable adults. Where personal information is exchanged it will be maintained securely and in accordance with the Data Protection Act and the Caldicott principles. The Calderdale, Kirklees and Wakefield-wide Interagency Protocol for Sharing Information underpins this shared approach. Each employing agency will take steps to ensure that any disclosure to other agencies of personally-identifiable information is on a strict “need to know only basis” according to their own internal procedures and agreed protocols. Any action taken as a consequence of this information is entirely the responsibility of the employing agency.

In order to make soundly-based decisions practitioners need to understand the general principles of sharing information and (*in the light of*) the Integrated Children’s System and the Single Assessment Process there is a need to develop good practice throughout the Authority. When sharing information both internally and externally we need to be satisfied that: -

- The safety and welfare of a child, young person or vulnerable adult is the first consideration.
- There is a legal basis for sharing information and a legitimate purpose for doing so.
- There is a statutory obligation to disclose or, explicit or implied consent has been obtained or there is a statutory power which enables the Local authority to share the information and in respect of confidential information there must be an overriding public interest in disclosing the information.
- Information is being shared on a 'need to know basis'.
- Staff can be honest and open with the service user and their family about the reason why information needs to be shared, unless to do so would adversely affect the purpose for which the information is being shared.
- If consent has not been gained it is because it is not safe or possible to do so or it would undermine the prevention or detection of crime.
- The information is accurate and up-to-date.

All decisions to share information both with, or without consent and when, how, with whom and for what purpose, is recorded. Similarly if a decision is taken not to share information, this must also be recorded.

3.16 Body charts

Body Charts (available on the internet at:- [www.wakefield.gov.uk/Health and Social Care/Adults and Older People Care Services/Safeguarding Adults/Adult Protection Policy](http://www.wakefield.gov.uk/Health%20and%20Social%20Care/Adults%20and%20Older%20People%20Care%20Services/Safeguarding%20Adults/Adult%20Protection%20Policy))

Guidance

Body charts are a useful means of recording injuries, and a simple way of recording injuries as an aid to later diagnosis. It is better to record what is actually observed, than to speculate on the cause of the injuries at this stage.

If the body chart is to serve as a monitoring tool for minor injuries observed over a period of weeks (or even months), a new body chart should be used on each occasion. It is therefore very important to be consistent in the method of recording injuries, so that comparisons can be made with earlier charts. Where several different staff may be completing the monitoring forms, managers should ensure they understand what is required of them.

The following points should be covered:

- describe any marks, swelling, lacerations or other injuries carefully (cuts, bruises scratches)
- describe the colour (brown/yellow/blue), size and shape of any bruises and indicate their location on the body chart; also describe any pattern if there are several bruises close together
- briefly list any relevant circumstances witnessed, such as anger or aggression by the victim, or by anyone in contact with the victim
- also record any explanations of injuries given immediately by the victim and any other witnesses
- ensure that for each chart completed the date and time of examination are clearly entered along with the name of the person completing the chart.

Photography

There are **only two** situations in which photographs may be taken.

If appropriate when a criminal inquiry is being carried out. Under this circumstance it must be carried out by the **police** in accordance with procedures.

In the **NHS** photography is used to record injuries and monitor progress. Under this circumstance a qualified medical photographer will carry out this task.

3.17 Glossary

Abuse – “Abuse is a violation of an individual’s human and civil rights by any other person or persons”. *‘No Secrets’ (DH 2000)*

ADASS – A membership organisation which represents all the directors of Adults social services and leaders of social care in England, Wales and Northern Ireland.

Adult Protection – that part of Safeguarding Adults which is concerned with responding to concerns and protecting people who have been abused or are at risk of abuse.

Bullying – is where one person or group threatens, intimidates or victimises another person or group. It doesn’t just mean doing these things physically, but can also mean using words or names to attack or hurt someone or behaving in a way that makes someone frightened or unhappy. (*Thames Valley Police*).

Carers - people such as family, friends or neighbours who provide unpaid support and care to another person.

Case Conference – the conference is an independently chaired, multi-agency meeting to:-

- consider the outcome of the inquiry
- exchange information in a multi-disciplinary forum
- assess the individual’s situation and risks state whether on a balance of probabilities abuse has been substantiated or not substantiated and identify the category or categories in which the abuse has taken place
- assess ongoing risk factors, decide if there is ongoing risk and if so devise a safeguarding plan, identifying actions, roles and timescales
- make decisions and recommendations about monitoring the Protection Plan, set a date to review the Safeguarding Plan
- make recommendations to care plans where ongoing risk is not identified.

Cross Border Agreement – an agreement designed to support vulnerable adults whose care arrangements are complicated by cross boundary considerations recognising the increased risk which they face. <http://www.adass.org.uk/publications/guidance/adultabuse.shtml>

CSCI – regulate, inspect and review all adult social care services in the public, private and voluntary sectors in England. http://www.csci.org.uk/about_csci.aspx

IMCA – IMCA stands for Independent Mental Capacity Advocate. IMCA is a new type of statutory advocacy introduced by the Mental Capacity Act 2005 (the Act). The Act gives some people who lack capacity the right to receive

support from an IMCA. <http://www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet06.pdf>

Information Sharing - The Protocol is the high level document setting out the general reasons and principles for sharing data. The Protocol will show that all signatory agencies are committed to maintaining agreed standards on handling information and will publish a list of senior signatories. It should be underpinned by information sharing agreements between the organisations who are actually sharing the information “is or may be eligible for services” – “is or may be eligible for community care services”. In general, councils may provide community care services to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairment, or from mental health difficulties. In this regard, councils’ responsibilities to provide such services are principally set out in the:-

National Assistance Act 1948.

Health Services and Public Health Act 1968.

Chronically Sick and Disabled Persons Act 1970.

Nation Health Service Act 1977.

Mental Health Act 1983.

Disabled Person (Services, Consultation and Representation) Act 1986.

ISA – the Independent Safeguarding Authority (ISA) has been created to help prevent unsuitable people from working with children and vulnerable adults. <http://www.isa-gove.org.uk>

MCA – the Mental Capacity Act came fully into force on 1 October 2007. It aims to protect people who cannot make decisions for themselves due a learning disability or a mental health condition, for example Alzheimer’s disease, or for any other reason. It provides clear guidelines for carers and professionals about who can take decisions in which situations.

“No Secrets” – guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074544.pdf

PCT – the local health organisations responsible for managing local health services. PCT’s work with Local Authorities and other agencies that provide health and social care locally, to make sure the community’s needs are being met.

PQSW Post Qualification Social Work – the framework for post-qualifying awards for social workers.

POVA Protection of Vulnerable Adults – a list of those registered as being unsuitable to provide care to ‘vulnerable adults’. Through referrals to, and checks against the list, care workers who have harmed a vulnerable adult, or placed a vulnerable adult at risk of harm.

RCA Root Cause Analysis – a retrospective review of a patient’s safety after an incident, undertaken in order to identify what, how, and why it happened. The analysis is then used to identify areas for change, recommendations and

sustainable solutions, to help minimise the re-occurrence of the incident type in the future. This approach is equally applicable to complaints and claims. Supporting People – a working partnership of local government, service users and support agencies which provides high quality and strategically planned housing related services.

Safeguarding Adults – safeguarding adults work enables an adult to retain independence, well-being, dignity and choice, being able to live a life that is free from abuse and neglect. It is about promoting good practice for responding to concerns on a multi-agency basis. Safeguarding Adults work includes the involvement of a broader range of organisations, service areas and workers. All of these need to be aware of their role and responsibilities, on both an internal and multi-agency basis.

Safeguarding Manager – the manager responsible for dealing with the response to any referral.

Service user – a person who is a customer/consumer of a service (particularly used in relation to those using social care services).

Staff – people employed on a paid or unpaid (voluntary) basis by an organisation to organise and deliver its services/product.

Strategy Meeting – the Strategy Meeting is the prime forum for sharing information and concerns, analysing risks, recommending responsibilities for action and agreeing on the inquiry approach. All Safeguarding Adults inquiries and meetings must be conducted with an absolute degree of objectivity, disregarding any previous incidents until such time as the meeting agrees that abuse has occurred.

Zero Tolerance – Non-acceptance of anti-social and especially criminal behaviour, with an emphasis on dealing effectively with every manifestation of the behaviour however large or small.

3.18 Monitoring and reporting forms



Family Services Safeguarding Adults Strategy Meeting Date: Private and Confidential

Service User:

Date of birth:

Address:

Present:	Chairperson: Investigating Social Worker:
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Apologies:	
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The Strategy Meeting is the prime forum for sharing information and concerns, analysing risks, recommending responsibilities for action and agreeing on the inquiry approach. All Safeguarding Adults inquiries and meetings must be conducted with an absolute degree of objectivity, disregarding any previous incidents until such time as the meeting agrees that abuse has occurred

No	Item	Action
1	Purpose of meeting (including details of allegation/concern)	
2	Information regarding service user and family (where relevant). (Are they aware of meeting?) Has this person been subjected to abuse previously?	
3	Actions taken since allegation made/concern raised.	
4	Present situation.	

No	Item	Action
5	Information regarding alleged perpetrator I (Where relevant) Has this person been suspected of carrying out abuse previously?	
6	Legal /contracts/registration/employment issues. If relevant.	
7	Others who need to be involved/informed/consulted. E.g. Police, HR, Legal, CSCI, Court of Protection, DWP	
8	Actions requiring inquiry. In any action plan arising from a Safeguarding Adults meeting Goals should be SMART - specific, measurable, agreed upon, realistic and time-based. Members should be asked to agree their individual responsibility for their actions as part of the collective responsibility of the meeting. .	
9	Action required to ensure safety of service user and other vulnerable people (Protection Plan). Name of responsible person and timescale.	
10	Any other comments.	
11	Date Time Venue of next meeting.	

A Copy of these minutes must be sent to the Adult Protection Manager

Signed..... (Chairperson)

Dated.....

**Family Services
Safeguarding Adults
Case Conference Report & Risk Assessment**

Name of Service User...
Date of Birth...
Address...

Pen Picture of service user...
e.g. Include, physical and mental health, capacity, (only where appropriate and in relation to specific, relevant decisions) behaviour, strengths
Housing
Relationships
Ethnicity, language & literacy

RISK FACTOR ASSESSMENT
Copyright of Jacki Pritchard.

Description of concern,
e.g. alerter & witnesses, times, dates, locations, impact on service user and others

Define the Risk (s)
(What is the risk-taking?)

Benefits
(What does the service user get out of taking the risks?)

Hazards
(Those things which hinder positive outcomes (benefits) /cause dangers)

Dangers
(State the worst possible outcomes)

Probability & Likelihood
(How likely is it that the danger(s) will occur? Include other people's opinions/reports; what criteria has been used to make these predictions?)

Actions to be taken.

Option Appraisal	Date considered.
Change of location for service user	
Change of location for perpetrator	
Physical changes to environment	
Target hardening	
Police action against perpetrator	
Employer action against perpetrator	
Treatment for perpetrator	
Treatment for service user	
Mental Health Act	
National Assistance Act 1948-ss47-48	
Removal to suitable premises of persons in need of care and attention	
Court of Protection	
Appointeeship	

Monitoring
(How and who is going to monitor? Where will this be recorded? What will be monitored?)

Review Procedures

Date of next meeting:

Time:

Venue:

Chair:

Signed...
Name...

Service User

Signed...
Name...

Social Worker

Date...

**Family Services
Safeguarding Adults
Case Conference**

Date:

Private and Confidential

Service User:

Date of birth:

Address:

Present:	Chairperson: Investigating Social Worker:
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Apologies:	
Also Invited:	

The conference is an independently chaired, multi-agency meeting to:

- consider the outcome of the inquiry
- exchange information in a multidisciplinary forum.
- assess the individual's situation and risks
- state whether on a balance of probabilities abuse has been substantiated or not substantiated and identify the category or categories in which the abuse has taken place
- assess ongoing risk factors, decide if there is ongoing risk and if so devise a safeguarding plan, identifying actions, roles and timescales
- make decisions and recommendations about monitoring the Protection Plan set a date to review the safeguarding plan
- make recommendations to care plans where ongoing risk is not identified

No	Item	Action
1	Purpose of meeting (Details of allegation/concern and outcome of any Strategy Meeting)	
2	Information regarding service user and family (where relevant). (If they are not present are they aware of meeting?) Has this person been subjected to abuse previously?	
3	Actions taken since allegation made/concern arose (Report of investigating Social Worker)	
4	Present situation.	
5	Contributions of others involved/informed/consulted E.g. Police, HR, Legal, CSCI, Court of Protection, DWP	
6	Information regarding alleged perpetrator (Where relevant) Has this person been suspected of carrying out abuse previously?	
7	Legal/contracts/registration/employment issues. (Where relevant)	
8	Is it the conclusion of the meeting that “on the balance of probabilities” abuse occurred, did not occur, there is an ongoing risk, or it is not known if abuse occurred? (For each type of abuse referred and those discovered during the risk assessment - so it may be that financial abuse reported did not occur but that physical abuse did....)	
9	Actions required. Name of responsible person and timescale	

No	Item	Action
10	Safeguarding Plan Action required ensuring safety of service user and other vulnerable people based on an up to date assessment of risk. Name of responsible person and timescale. Review date	
11	Any other comments	
12	Date Time Venue of next meeting	

A Copy of these minutes must be sent to the Adult Protection Manager

Signed..... (Chairperson)

Dated.....

TO REPORT AN INCIDENT

Social Care Direct your first point of contact for any social care enquiries
0845 8 503 503 (the line is open 24 hours a day)
Fax 01924 303455
Mini Com 01924 303450

Contacting the police in an emergency

Always dial 999 in an emergency where there is a danger to life, or a crime is in progress. This number is available 24 hours a day, 7 days a week. From a mobile phone, please dial 999 or 112.

Non-Emergencies

Telephone 0845 6060606 24 hours a day, 7 days a week for non-emergencies where:

- police attendance is required
- to report a crime
- to report other incidents

This is a local rate telephone number.

FOR ADVICE

The **West Yorkshire Police** vulnerable victims' team of specialist police officers have expertise in supporting the vulnerable and in partnership working
Tel: 01977 601073

The Commission for Social Care Inspection (CSCI) is responsible for setting standards and inspecting care homes and care agencies. Any concerns about abuse in care homes or by social care agencies should be reported to them Tel: 0191 233 3600

The Healthcare Commission is the independent inspection body for both the NHS and independent healthcare. The Healthcare Commission is responsible for reviewing complaints about the NHS or independent healthcare services in England that have not been resolved locally. The Healthcare Commission may complete an inquiry into safeguarding issues that affect NHS patients in accordance with their published criteria

<http://www.healthcarecommission.org.uk/serviceproviderinformation/inquiries/inquiriescriteria.cfm>

The Healthcare Commission may also conduct enquiries or initiate an inspection where the allegation suggests breaches of regulations and standards and take appropriate regulatory action. The Healthcare Commission, will only commence an investigation where it possesses credible information, that suggests that there may have been, or there may be, a serious failing in the provision of healthcare by or for an NHS body that has resulted, or is resulting, in an adverse impact on the safety of patients, clinical effectiveness, or responsiveness to patients. Tel: 020 7448 8179.

The General Social Care Council is the workforce regulator and guardian of standards for the social care workforce in England. All concerns will be looked at, to see whether they relate to a registered social care worker and are about the conduct or behaviour of the worker. Tel: 020 7397 5120

The Nursing and Midwifery Council is an organisation set up by Parliament, to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients. The Fitness to Practise directorate processes allegations of impairment of fitness to practice made against nurses, midwives and specialist community public health nurses, on grounds including misconduct, lack of competence and ill health.
Tel: 020 7462 5810/5811

Under the **Protection of Vulnerable Adults** scheme (from 2008 the Independent Safeguarding Authority), social care staff who have abused or neglected vulnerable adults or placed them at risk of harm are prohibited from working in care positions. Tel: 01325 391 328

Family Services complaints Tel: 01924 302840

H M Coroner's Office 71 Northgate, Wakefield, WF1 3BS

Tel: 01924 302180

Fax: 01924 302184

E-mail: hmcoroner@wakefield.gov.uk

Adult Protection Manager .Wakefield Family Services lead officer Tel: 01924 302149