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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL (REVIEWS) – SAFEGUARDING ADULTS 'TABLED' REPORTS

DATE: **WEDNESDAY 27 JANUARY, 2010**
TIME: **3.00 P.M.**
PLACE: **WARSPITE ROOM, COUNCIL HOUSE**

Committee Members–
Councillor Mrs. Watkins, Chair.
Councillor Mrs. Aspinall, Vice-Chair.
Councillors Berrow, Browne, Delbridge, Gordon, Kerswell, Mrs. Nicholson and Stark.

Co-opted Representative-
Chris Boote, Local Involvement Network (LINk).

Members are invited to attend the above meeting to consider the items of business overleaf.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL (REVIEWS) – SAFEGUARDING ADULTS

3. CHAIR'S URGENT BUSINESS (Pages 1 - 10)

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. SAFEGUARDING ADULTS - COMPLETE WORKING GUIDE (Pages 11 - 228)

To consider the Safeguarding Adults – Complete Working Guide. A link to the guide is provided below -

http://www.plymouth.gov.uk/complete_ap_policy_and_procedures.pdf

6. CARE QUALITY COMMISSION - INSPECTION CRITERIA (Pages 229 - 288)

The panel will consider the inspection criteria against which the service's performance is measured which are as follows –

1. People are safeguarded
2. People have access to preventative services
3. People are involved

Agenda Item 3

Request for Scrutiny Work Programme Item

1	**Title of Work Programme Item**	Adult Protection / Safeguarding Adults
2	**Responsible Director (s)**	Director for Community Services, Carole Burgoyne
3	**Responsible Officer** **Tel No.**	Pam Marsden Assistant Director for Community Services (Adult Social Care) 307344
4	**Aim**	To ensure Plymouth City Council and its partners are both active and proactive in protecting vulnerable adults in order that all vulnerable adults are treated with dignity and respect and receive care appropriate to their needs within their eligibility criteria.
5	**Objectives**	To consider guidance and procedures to be assured that care services are protecting vulnerable adults. To examine multi-agency alerting procedures for reporting alleged case To determine the triggers for raising an alert To ascertain the follow up procedures once an alert has been raised. To ascertain how vulnerable adults are treated (dignity) once an alert has been raised. To implement widespread publicity campaign to continue raising awareness of the safeguarding adults issue – promoting recognition, reporting and prevention.
	Benefits	The review will raise awareness across the community of the process and triggers for reporting alleged cases of abuse and give assurances to the public that processes are being followed.
	Beneficiaries	Vulnerable adults and the elderly in the city of Plymouth General Public Plymouth City Council and its Partners
6	**Criteria for Choosing Topics**	B = Area of potential risk i.e. corporate responsibility C = Issue of service users, public concern and interest, service delivery i.e. Interest of the public D = level of impact, i.e. impact for specific communities (vulnerable)

7	**Scope**	Definition. A person who is or may be in need of community care services by reason of mental or other disability, age or illness; AND who is or may be unable to take care of him or her-self, or unable to protect him or her-self against significant harm or exploitation. *Department of Health and Home Office No Secrets Guidance (2000)* To review guidance and procedures in existence in the city and elsewhere to help develop and reassure the public that the authority and its partners are following procedures and protecting vulnerable adults		
	Exclusions	None identified		
8	**Programme Dates**			
	Timescales and Interdependices	**Milestones**	**Target Date for Achievement**	**Responsible Officer**
		TBA		
9	**Links to other projects or initiatives / plans**	Domestic Violence Preventative Strategy Safeguarding Children		
10	**Relevant Overview and Scrutiny Panel**	Health and Well-being (possible joint review with co-option of members from Safer Stronger Communities)		
11	**Lead Officer for Panel**	Karen Howard (PCT) / Kerry Todd, Adult Protection Co-ordinator, Adult Social Care (PCC)		
12	**Reporting arrangements**	Health OSP - Overview and Scrutiny Commission - Cabinet -		
13	**Resources**	Staff time Travel (Members)		
14	**Budget implications**			
15	**Risk analysis**	Not proceeding with this review would mean that the issues relating to adult protection would not be so quickly raised with the public.		
16	**Project Plan / Actions**	Project plan to be prepared by panel		

directors of adass
adult social services

Personalisation and Safeguarding

1. Background

The paper below was discussed at the ADASS Executive Council on 21 October 2008 the purpose being to clarify the options open to ADASS in promoting a framework for adult social care services which helps local authorities ensure that vulnerable people are safeguarded. Safeguarding will be necessary as people begin to have wider choice, and take greater control over, their care services, as outlined in *Putting People First.* This Government document published in December 2007 specifically encourages greater personalisation, individualised budgets and an increased use of personal assistants by those people eligible for local authority social care.

The recommendations outlined in 7 below were approved by the Executive Council.

2. Introduction

The DASS guidance (2006) defined new responsibilities to promote both individual and community wellbeing. This wider remit adds to our responsibilities to meet the needs of vulnerable people and requires us to continue with the move away from an organisational focus on those traditional care services which include residential, nursing and domiciliary care, towards a more universal scope encompassing safer communities, health, wellbeing, transport policies, public health, housing and preventative services. This new landscape coincides with the government's aim, recently emphasised in *Putting People First* (2007) to personalise public services, with personal budgets at the centre of the drive for reform.

As local authorities begin to transform services to meet the ideals of *Putting People First*, there is a need to review how safeguarding frameworks will ensure the safety and protection of vulnerable adults within this new context of greater personal choice and control.

3. Safeguarding Framework

The introduction of *No Secrets* Guidance in 2000 sits alongside a regulatory framework which responds to safeguarding vulnerable adults as defined by a set of national standards delivered by the regulated services they receive. Within this framework, services which are subject to regulation include: 24 hour care, domiciliary care and adult placement services (agency only - not individuals).

This has been supplemented by the advent of the Mental Capacity Act, which creates a new offence (Section 44: wilful neglect or deliberate ill-treatment of a person who lacks capacity). Additionally, the new Safeguarding Vulnerable Groups Act (2006) will introduce a vetting and barring scheme in October 2009 to protect vulnerable people. This will extend to include health, education, housing support and Supporting People services, as well as some transport services within its scope.

However, alongside these services is an increasing range of provision which falls outside both the existing system of care standards regulation, and is not within the ambit of the Safeguarding Vulnerable Groups Act 2006. This currently includes some types of day activities and resources, a wide range of lower level preventative services and also personal assistants who, in the context of *Putting People First*, will be more widely used in future.

Care and support purchased via a direct payment, individual budget or personal budget which does not make use of regulated services as defined by the Care Standards Act 2000 is also outside of the regulatory system. The Fraud Act 2006 also has a significant impact upon safeguarding of vulnerable adults who cannot manage their own financial affairs.

4. Strengthened legislation, not increased regulation

Early indications from personal budget pilots show that half the people, given the choice, opt to keep existing services; 35 per cent made some adjustments, such as mixing council contracted day services with their own personal assistants; while 15 per cent went for a complete change from their previous care package.

As personal budgets gain momentum it is likely that more people will choose to spend their council subsidy on personal assistants or non-traditional support as part of their support package.

As more people move away from statutory services, or even traditional voluntary services, towards a mix of support from universal resources, safeguarding - through increased regulation of the range of new types of support services that are emerging - becomes potentially very costly and would not be practicable. People opting to use such support will have the same recourse as other citizens to wider protection agencies such as trading standards, the Ombudsman and complaints systems. In this context, access to effective advocacy and good risk assessment and risk management becomes ever more crucial to support people through these systems and processes.

5. Safeguarding & Personalisation

Emerging issues include:

- Within the launch of the *No Secrets* refresh consultation, there is likely to be much debate about the effectiveness and extent of the existing safeguarding framework, not only as it currently operates, but also how it should move forward into the future, within the context of *Putting People First*.

- Potential gaps are already emerging regarding the fit between the current safeguarding framework and *Putting People First*, particularly for those eligible for LA social care subsidy/support, who choose to utilise their local authority funding to purchase personal assistants or other non-traditional or non-regulated forms of care.

- There is a need to consider where the contribution of accreditation / regulation may fit with enabling service users and carers to make informed choices about the role and appropriateness of personal assistants. Wider universal accessible services used by the general public are subject to safeguards such as trading standards and complaints processes. The experience of the use by other council services of accreditation (e.g. trading standards, housing and environmental health) demonstrates also the ability of such schemes to drive up standards and promote public confidence. Some authorities are already exploring 'Buy with Confidence' schemes with trading standards for care support.

- *Putting People First*, alongside the objective of placing social inclusion at the heart of modern government, also means that universal services are likely increasingly to become part of the support to social care clients,

identified as vulnerable. This raises questions about additional mechanisms which may need to be in place to ensure safeguarding issues are considered.

- In this context there is a need to establish transparency about the connections between the role and contribution of prevention, *Putting People First* principles and safeguarding duties and responsibilities currently vested in local authorities.

- There is currently an inconsistency in the definition of the term 'vulnerable adult' across a range of legislation, and any move to introduce consistency may lead to a broader definition. This would inevitably have resource consequences in that local authority safeguarding functions would apply to a larger pool of people. For example, currently, in the context of asylum, homelessness, domestic violence, forced marriages, carers, alcohol and drug related behaviours, only those who meet the existing *No Secrets* definition of a vulnerable adult have access to local authority safeguarding services.

- Within the new personalisation agenda there is recognition of the need significantly to expand and develop advocacy and brokerage. This raises questions about the potential contribution that accreditation/ regulation can make in safeguarding potential vulnerable adults who access these types of services independently.

- From the pilot sites there is evidence that risk assessment / risk management is a key step in the support planning process and is a tool for identifying not just current but potential safeguarding issues which need to be mitigated. This raises questions about the value of national standards or competencies for risk assessment.

- There is a need for consideration of the role of CRB/vetting and barring in relation to wider prevention and universal services which become or form part of support plans.

- There is a potential case for developing a national education / training programme which is accessible by users, support staff, providers and the wider public to inform and develop competencies to support the principle of choice and control and which can provide assurance on standards.

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6. ADASS 7 Point Plan

In September 2007 ADASS adopted a new 7 Point Plan in response to the future requirements to support safeguarding. This does provide a response to the new context of personalisation by calling for adult protection legislation,

which would ensure that the new freedoms to commission individual care and support is protected by effective legal safeguards. It would give essential powers to the local authority to intervene across the multiplicity of provision where there is suspected abuse and gives a right to intervene through its supports for:

1. **Powers** to enter domestic properties in circumstances of extreme risk

2. **A Duty** to share information between statutory agencies and regulators

3. **A Duty** to co-operate

4. **Clarification** of the futures and powers of other local authority departments and health agencies across geographical and organisation boundaries

5. **A Duty** to act to investigate complaints

6. **A Duty** to be laid upon regulatory bodies to work in partnership with local authorities in identifying and responding to instances of potential abuse and neglect including institutional abuse and neglect.

7. **Clarification** of terminology - currently there is a range of expressions to define abuse and inconsistency in language.

As a new framework this would complement existing public protection mechanisms currently in operation. Since its publication, ADASS has received widespread support from within the profession, although there have been a number of misgivings about the powers to enter domestic properties and this may require further investigation and consideration.

7. Recommendations

Having considered current context and issues, ADASS believes that personalisation and safeguarding can be reconciled by developing the recommendations outlined below.

There has been a strong consensus for legislation as set out in the ADASS 7 Point Plan. However, the timetable for delivering transformation and personalisation with the new elements of personal budgets - alongside an increasing demand for, and take up of, personal assistants which fall outside the existing regulatory and accreditation routes - means this may not be in place fast enough.

Local authorities have a statutory duty to ensure the most vulnerable of our communities are supported and safeguarded. While the 7 Point Plan and a strengthened legislative framework would support delivery, this is unlikely to be in place quickly enough, given the timetable of *Putting People First*.

The challenge to ADASS therefore, is to describe and support a framework that would enable our existing vulnerable users to have confidence in the services they purchase or arrange using their support plans and budgets, but without stifling the principles of independence choice and control. Recommendations to deliver this include:

1. Pursuing the development of a new accreditation scheme for personal assistants, based upon a series of key nationally agreed competencies with national learning and skills organisations. Careful consideration needs to be given as to how any accreditation system would be applied, maintained and funded without undermining an already fragile labour market or the flexible and more informal arrangements that some personal budget holders would choose to make.

2. Supporting every local authority in offering the option of vetting and barring or CRB checks being made available to all vulnerable adults who receive their support through a personal assistant.

3. Calling for Government to adopt the 7 Point Plan

4. Reviewing existing risk assessment and risk management tools that could be accredited or endorsed by ADASS for use in determining and managing existing or potential safeguarding risks in support planning with users. A risk-based approach allows a flexible system whilst at the same time supporting a robust and ethical approach to safeguarding and the appropriate sharing of risk.

5. Addressing the skills and development required to support both the public and staff in managing the interface between personalisation and safeguarding. ADASS is already working alongside the Social Care Institute for Excellence and talking to other partners about the development of training resources and toolkits to support managers and practitioners in their safeguarding work. These will be valuable elements in improving consistency, awareness and delivery against best practice.

In addition, the learning from the last 12 months of safeguarding inspections will be shared by the Commission for Social Care Inspection (CSCI) in November 2008. Work is underway to progress the development of a new framework for the Care Quality Commission that addresses safeguarding and it will be important to ensure that ADASS is strongly represented on, and part of, these processes.

In recognition of the scale and scope of the above, ADASS Executive has agreed the need to convene a DASS Network for Safeguarding to ensure high level representation and influence from across the membership as these areas are developed.

Penny Furness Smith
Teresa Bell
ADASS Safeguarding Leads
October 2008

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Information from:
Plymouth City Council Community Services
NHS Plymouth
Devon and Cornwall Constabulary

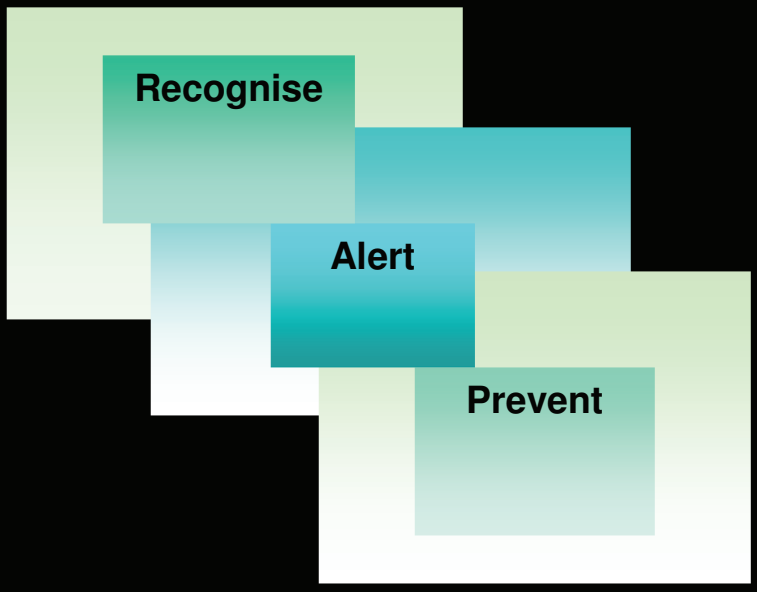
Safeguarding Adults Multi Agency Policy and Procedures

Version 3 October 2009

A complete working guide

Adult Protection / Safeguarding Adults

Multi-Agency Policy and Procedures



Version 3, October 2009

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3 Multi-Agency Procedures Adult Protection / Safeguarding Adults

4 Role & Responsibilities of Partner Organisations

5 Legal Framework

Appendices:

Appendix A **Principles and Legislation of Risk Assessment**
Appendix B **Risk Management Guidance, including Vulnerable Adult Risk Management Meeting Process (VARMM)**
Appendix C **Deprivation of Liberty Safeguards**

Reader Information

Type of Formal Paper	Procedures & Policy
Category	Clinical Mental Health and Learning Disabilities Older Adults Substance / Alcohol Misuse
Title	Adult Protection / Safeguarding Adults Multi-Agency Policy & Procedures
Document Purpose and Description	To assist professionals with managing alerts and risks to Vulnerable Adults from abuse from others.
Author(s)/Editor(s)	Kerrie Todd (PCC), Caroline Flynn (PCT), Sally Crombie (Devon SSD), DC Karen Anderson (Devon and Cornwall Constabulary)
Ratification Date and Group	29.09.06 by the Lead Officers Group (initial draft) June 07 – Cabinet approved Policy only (section 2)
Publication Date	July 2007
Review Date	July 2008
Job Title of Person Responsible for Review	Kerrie Todd, Adult Protection / Safeguarding Adults Co-ordinator (Adult Social Care) Caroline Flynn, Adult Protection Lead (PCT) Karen Anderson, Vulnerable Adults Co-ordinator (Police)
Target Audience	All Plymouth City Council Staff; All clinical staff in the Mental Health and Learning Disabilities Directorate; All Acute Trust Staff; All Primary Care Trust Staff; Independent and Voluntary Providers; All Devon & Cornwall Constabulary Staff; National Probation Service staff based in Devon and Cornwall area; Department of Works and Pensions for Plymouth area; Plymouth Coroner's Office and to increase the awareness of the general public.
Circulation List	Electronic: Via Healthnet Via PCT website (subject to Freedom of information exemptions) Via PCC website and Intranet Via email Written: Hard copies to all Lead Officers & Team Leaders. Upon request to the Public
Service User, Patient and Public Involvement	Via Service User Forums and Consultation Day, November 2006. Changes verified by Adult Protection Committee and Lead Officers Group December 2006.
References	**'Achieving Best Evidence in Criminal Proceedings' –** Home Office doc. **'No Secrets Guidance' –** Department of Health doc. **'Health and Local Authority Circulars HSC 2000/07: LAC'** [2000] 7 '**Safeguarding Adults**', ADSS October 2006 **'An A-Z of Community Care Law'** Mandelstam, M. (1998) **'Mental Incapacity'** Law Commission (LAW COM 231) (1995) **'AIMS for Adult Protection The Investigators Guide'** Skinner,

	B. et al (1998) **Mental Capacity Act 2005** **Sexual Offences Act 2003** **Care Standards Act 2000** **National Assistance Act 1948** **Mental Health Act 1983** **Domestic Violence, Crime and Victims Act 2004** **Family Law Act 1996, Part 4** **Carers Recognition and Services Act 1995** **Carers and Disabled Children Act 2000** **The Carers (equal opportunities) Act 2004** **Public Interest Disclosure Act 1999** **Freedom of Information Act 2000** **Data Protection Act 1998** **Crime and Disorder Act 1998 Section 115** **Human Rights Act 1998** **Public Health Act 1936** **The Health Services and Public Health Act 1968** **The National Health Service and Community Care Act 1990** **The Housing Act 1985, Part III (Homelessness)**
Supersedes Document	Plymouth City Council Multi Agency Adult Protection Policy and Procedures (July 2007)

Contact Details	Kerrie Todd Safeguarding Adults Manager Adult Social Care Ginkgo House, 156 Mannamead Road Plymouth PL3 5QL ☏Telephone Number 01752 306363

We wish to thank Kent County Council for their support in the re-writing of these procedures.

Document Version Control

Version Number	Details e.g. Updated or full review	Date	Author of Change	Description of Changes and reason for change
2	Updated	July 2007	K. Todd, C. Flynn, K. Anderson	Procedures and Policy change since March 2002
3	Updated	Oct 2009	K Todd	General changes to phone nos etc + new DoLS Appendix

Consultation and Review

The multi-agency Adult Protection / Safeguarding Adults policy, protocols and guidance will be reviewed bi-annually and everyone is invited to comment on them at any stage. Necessary updates will be made and published on the Adult Protection / Safeguarding Adults area of the Plymouth City Council website at **www.plymouth.gov.uk**. If changes to telephone numbers occur prior to the bi-annual review, they will be published on the website. People may forward their views in writing or by telephone to the following addresses:-

Safeguarding Adults Manager, Plymouth City Council, Ginkgo House, 156 Mannamead Road,
Plymouth PL3 5QL
Tel: 01752 **306363**

Complaints

If you have reason to believe that concerns about a Safeguarding Adults issue have not been appropriately addressed, you may make a formal complaint by contacting the Customer Care Department at Plymouth City Council (01752 307330) or the Complaints Department of Plymouth NHS (01752 314167).

Introduction

These policies and procedures have been developed in response to the ‘No Secrets’ Department of Health guidance, March 2000 and to assist good practice in Adult Protection / Safeguarding Adults. ‘No Secrets’ was issued under Section 7 of the Local Authority Social Services Act 1970 and thus places a responsibility upon Social Services to play a co-ordinating role in developing local guidance for the protection of vulnerable adults from abuse. ‘No Secrets’ places vital importance on multi-agency partnership working and while the lead agency for Adult Protection / Safeguarding Adults across Plymouth City is Adult Social Care, its role is rigorously supported by Plymouth Primary Care Trust, Devon and Cornwall Constabulary and the Plymouth Health Trust. This guidance is in 7 sections – each with its own detailed contents page for easy access.

The following policy, procedures and guidance are applicable to all adult client groups. The employees of all statutory organisations and the independent and voluntary sectors are expected to reorganise the policy and to work in accordance with the procedures.

STATEMENT OF COMMITMENT

As agencies that have worked to develop, adopt and implement the multi-agency procedures and guidance relating to the protection of vulnerable adults in Plymouth we agree that we will work to the following **principles**:

- All adults have the right to live their life free from violence, fear and abuse.
- All adults have the right to be protected from harm and exploitation.
- All adults have the right to independence, which involves a degree of risk.
- All adults have the right to be listened to, treated with respect and taken seriously. (this statement was put forward by Service Users at the Service User Consultation Day on 13th November 2006)

We are therefore committed to fully implementing the multi-agency procedures and guidance by:

- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosure of abuse.
- Supporting staff in reporting and investigating incidents of adult abuse.
- Promoting best practice to minimise abuse in our organisations.
- Ensuring all relevant staff have sufficient knowledge of, and fully understand the key issues related to Adult Protection / Safeguarding Adults and receive appropriate training to successfully implement these Adult Protection / Safeguarding Adults Procedures.
- Contributing towards Adult Protection / Safeguarding Adults' investigations, conferences and protection plans.
- Promoting the early recognition of abuse.
- Raising public awareness of the abuse of vulnerable adults and giving clear messages that this is everyone's responsibility.

Section 1

Full Alerter's Guidance

Section 1.1 Full Alerter's Guidance

What to do if you suspect a Vulnerable Adult is being abused

➘ did you know that you can find out about training, relevant documents/legislation and how to report abuse on our website?
➔ Check out the safeguarding adults page of the council's website: http://www.plymouth.gov.uk/homepage/

Plymouth City Council
National Health Service
Devon & Cornwall Constabulary
Devon County Council Social Services
Torbay Council

Further Copies available from:
www.plymouth.gov.uk/adultprotection

This is the Alerter's Guidance to assist in the identification and reporting of abuse.

As an alerter you are not asked to prove that information about abuse or suspected abuse is true.

You **are** being asked to log your concerns or disclosures made to you and then report them to Social Services, Health and Police. The Police have responsibility for establishing whether or not a criminal offence has been committed.

The role of an Alerter i.e. having an awareness of Adult Abuse and the reporting of that to the appropriate statutory agency is KEY to PROTECTING vulnerable adults from abuse.

This guidance was reviewed October 2009.

CONTENTS of FULL ALERTER'S GUIDANCE

The circumstances in which this guidance must be used

These procedures **must** be used where a referral has been made by anyone to any of the statutory agencies about **abuse** or **suspected abuse** of a vulnerable adult.

Some vulnerable adults are more at risk of abuse than others, for example:-

- Older people who are dependent on others
- People with mental health needs
- People with learning disabilities
- People with sensory / physical disabilities
- People who are socially isolated
- People with dementia.

In all cases clear and concise records must be kept.

Consistent and accurate record keeping as an integral part of professional practice is critical to the success of this process. It is not separate from the process and not an optional extra to be fitted in if time and circumstances allow.

The Government's guidance on abuse, 'No Secrets', recognises that there will be circumstances in which the sharing of confidential information will be necessary.

Confidentiality should never be confused with secrecy, and any information to be shared should be on a **need to know basis** only. All exchange or disclosure of personal information needs to be in accordance with the Data Protection Act 1998 where this applies. All decisions made in terms of withholding or sharing information must be recorded and always discussed with a senior manager and / or Legal Services Advisor.

Ordinary Residence

In the circumstances where a person lives outside Plymouth but where the Local Authority retains responsibility for their placement:-

- The procedures which operate within the Authority where the abuse occurred will apply.

- The Department for Social Services Contracts Section and Commissioners for Social Care Inspection both in Plymouth AND the host Authority, must be notified of any incidents of abuse / assault.

- Plymouth Department for Social Services must allocate a Social Worker to support the vulnerable adult.

In the circumstances where a person lives in Plymouth but where another Authority retains responsibility for their placement:-

- Plymouth's local Adult Protection / Safeguarding Adults procedures will apply

- The Department for Social Services Contracts Section and the Commissioners for Social Care Inspection both in Plymouth AND in the placing Authority, must be notified of any incidents of abuse / assault

- An Investigating Officer will be allocated from the relevant investigating agencies in Plymouth

A referral will be made to the relevant Social Work Team in the placing Authority for a Social Worker to provide support at the Case Conference and to support the Protection Plan.

For further information, see ADSS protocol below:

ADSS (Association of Directors for Social Services)

Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse

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

1. Introduction

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

2. Aims

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

This protocol should be read in conjunction with Section 3.8 of *'No Secrets'* (DoH 2000) and LAC (93) 7 *Ordinary Residence*- Which identifies these responsibilities in terms of:

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

3. Principles

- The authority where the abuse occurs will have overall responsibility for co-ordinating the Adult Protection / Safeguarding Adults arrangements (and, for the purposes of this protocol, be referred to as the host authority)

- The placing authority (i.e. the authority with funding / commissioning responsibility) will have a continuing duty of care to the vulnerable adult.

- The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link with local policy and procedures set out by the host authority.

- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.

- The host authority will make provision in service contracts, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any Adult Protection / Safeguarding Adults concern.

4. Responsibilities of Host Authorities

4.1 The authority where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.

4.2 The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies.

4.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.

4.4 The Care Quality Commission should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the protection of vulnerable adults.

4.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

5. Responsibilities of Placing Authorities

5.1 The placing authority will be responsible for providing support to the vulnerable adult and planning their future care needs.

5.2.1 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Safeguarding Adults strategy meeting and / or may be required to submit a written report.

6. Responsibilities of Provider Agencies

6.1 Provider agencies should have in place suitable Safeguarding Adults procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority.

6.2 Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and / or the Care Quality Commission in accordance with local inter-agency policy and procedures.

6.3 Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CQC area office of any allegations of abuse or any other significant incidents.

6.4 Provider agencies who have services registered in more than one local authority area will defer to the CQC area office relevant to the area in which the abuse took place.

Alerter's Guidance

ALERTER'S FLOW CHART

If you see something happen
or hear about something
which could be abuse
or
if someone tells you that
something has happened or
is happening to them which
could be abuse
contact:

If an emergency dial 999
i.e. a serious incident has just occurred and immediate assistance is required to protect the Vulnerable Adult
PLUS
Contact your Manager. You or your manager must report your concerns to the agency which is most involved with the client, i.e. Plymouth City Council Adult Social Care on 01752 668000 or the Primary Care Trust AND, where appropriate, the Care Quality Commission(CQC)

If no agency is involved, contact Plymouth City Council Adult Social Care on 01752 668000

See the Safeguarding Adults Investigation Process section for details on how the referral will progress

What is the Definition of a 'Vulnerable Adult'?
(Also refer to 'No Secrets' – Section 2)

This policy relates to adults of 18 years of age or over (see 'No Secrets' – Section 2.2) Children under the age of 18 years are protected by the Children Act 1989 and other relevant legislation and guidance, e.g. Protection of Children Act 1999, Care Standards Act 2000. A person is a 'child' until they reach 18 years of age or until they are married.

The broad definition of a 'Vulnerable Adult' is taken from the Government's Policy Statement "Making Decisions", issued in 1999. This followed the large response to the Consultation Paper – *'Who Decides?' Making Decisions on Behalf of Mentally Incapacitated Adults published in 1997* (See *'No Secrets*' – Section 2.3)

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

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

The term 'harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical). But also include the impairment of, or an avoidable deterioration in, physical or mental health. It should also be taken to include the impairment of physical, intellectual, emotional, social or behavioural development.

FORMS OF ABUSE

Abuse is defined in Plymouth's policy and procedures as follows:-

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

Abuse of a person often includes behaviour that is abusive in one or more of the categories outlined below. In addition, the majority of people who are experiencing abuse of any kind will also be experiencing emotional abuse.

Anyone can be an abuser.

General indicators of an abusive relationship often include the misuse of power by one person over another and are most likely to take place in situations where one person has power over another. For example,

- where one person is dependent on another for their physical care, or
- power relationships in society, i.e. between a professional worker and a service user,
- a man and a woman.
- a person belonging to the dominant race / culture and a person belonging to an ethnic minority.

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

Forms of Abuse including Signs & Signals of Abuse

While there is no comprehensive textbook list of triggers or indicators that abuse of any form is taking place, some basic guidance may be helpful

THERE ARE DIFFERENT FORMS OF ABUSE

Psychological abuse may include:

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

Emotional abuse will usually occur in conjunction with other forms of abuse.

Indicators of psychological abuse:

- Difficulty gaining access to the adult on their own or the adult gaining opportunities to contact you
- The adult not getting access to medical care or attending appointments with other agencies
- Low self-esteem
- Lack of confidence and anxiety
- Increased levels of confusion
- Increased urinary or faecal incontinence
- Sleep disturbance
- Person feeling / acting as if they are being watched all of the time
- Decreased ability to communicate
- Communication that sounds like (replicates) things the perpetrator would say or language being used that is not usual for the service user
- Deference / submission to the perpetrator.

Physical Abuse may include:

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

Indicators of physical abuse:

- Injuries that are consistent with physical abuse
- Injuries that are the shape of objects
- Presentation of several injuries at different stages of healing, e.g. different colouration of bruises
- Injuries that have not received medical attention
- A person being taken to many different places to receive medical attention
- Skin infections
- Dehydration
- Unexplained weight changes or medication being lost
- Behaviour that indicates that the person is afraid of the perpetrator
- Change of behaviour or avoiding the perpetrator.

Sexual Abuse may include:

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

Signs that sexual abuse may be taking place:

- Sexually transmitted diseases or pregnancy
- Tearing or bruising in genital / anal areas
- Soreness when sitting
- Signs that someone is trying to take control of their body image e.g. anorexia or bulimia, self-harm
- Inappropriate sexualised behaviour.

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

Neglects and Acts of Omission include:

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

Signs that neglect may be occurring:

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

If neglect is due to a carer being over-stretched or under-resourced the carer may seem very tired, anxious or apathetic.

Discriminatory Abuse may include:

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

Signs that this may be taking place include:

- Person overly concerned about race, sexual preference etc.
- Tries to be more like others
- Reacts angrily if any attention is paid to race, sex etc.
- Carer overly critical / anxious about these areas
- Disparaging remarks made
- Person made to dress differently.

Financial or Material Abuse may include:

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

Signs that financial abuse may be occurring include:

- Sudden loss of assets
- Unusual or inappropriate financial transactions
- Visitors whose visits always coincide with the day the person's benefits are cashed
- Insufficient food available
- Bills not being paid
- Person who is managing the finances overly concerned with money.

Sense that the person is being tolerated in the house due to the income they bring in, person not included in the activities the rest of the family enjoys.

Institutional Abuse may include:

- Neglect
- Poor practice

Basic Signs that institutional abuse may be occurring:

- Inflexible Unit structures / practices, i.e. limited visiting time, rigid bed times, aggressive attitudes.
- Lack of openness.
- Resistance to external input.
- High turn over of staff.
- Lack of staff training.

Detailed Examples of Institutionalised Abuse:

Staff attitudes: Staff may view clients negatively, treating them like children, not involving them in making choices as they seem too confused or disabled. Staff may think that if clients do not appear to understand then they can talk in front of them as if they are not there.

Routines: Routines can become too set and rigid and may be fixed around the needs of staff, e.g. bathing routines, bedtimes set around the staff rotas and not around the individual.

Lack of Choice and Consultation: about social needs, personal care needs, activities etc.

Lack of Personal Belongings: Lack of personal care items, shared toiletries, bulk-buying of personal care items, lack of personal clothing.

Task-Focused: where staff are focused on getting the job done rather than spending time with clients.

Staff Morale: Staff can feel undervalued, can lack supervision or training. Staff conditions can be poor. Staff can experience work-place stress which is not being addressed by colleagues and their manager. Low staff self-esteem can lead to an environment in which abuse becomes the norm.

Policies and Procedures: Care Plans cannot reflect the needs and wishes of the Clients where there is no evidence of implementation.

Patterns of Abuse / Abusing

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

- Serial abusing in which the perpetrator seeks out and 'grooms' vulnerable individuals. Sexual abuse usually falls 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.

- Opportunistic abuse such as theft occurring 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 vulnerable adult's needs because those around him or her are not able to be responsible for their care. This may be because the carer has difficulties attributable to issues such as debt, alcohol or mental health problems.

- Institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and insufficient knowledge base within the service.

- Unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restrain or over-medication.

- Failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice.

- Failure to access key services such as health care, dentistry, prostheses.

- Misappropriation of benefits and / or use of the vulnerable adult's money by other members of the household or service providers.

- Fraud or intimidation in connection with wills, property or other assets.

Predisposing factors which may lead to adult abuse

The following factors may be relevant to any vulnerable adult whether living in a domestic home, care home or receiving care, support or services in hospital or any community setting:

- An unequal power relationship, whether physical, emotional or financial, generally exists between the abused and the abuser.
- Vulnerable adults with learning disabilities, mental health problems, or chronic progressive disabling illness that create caring needs, which exceed the carer's ability to meet them.
- Adults living with other family members who are financially dependent on them.
- A personal or family history of violent behaviour, alcoholism, substance misuse or mental illness.
- The emotional and social isolation of the carer.
- Minimal or no communication between the dependent and the carer either through choice, incapacity or poor relationship.
- Financial difficulties often leading to substandard living conditions.
- Carers not in receipt of any practical and / or emotional support from other family members or professionals**.**

WHAT TO DO IF ONE VULNERABLE ADULT ABUSES ANOTHER

Abuse by one vulnerable adult of another within a service setting should be addressed as an Adult Protection / Safeguarding Adults issue.

Many organisations have become accustomed to responding internally to incidents of vulnerable service users who abuse other service users. This has meant that regulatory, contract and commissioning agencies for both victim and the perpetrator may not have been informed of the concerns, or been given an opportunity to engage in decision making around these issues. It has also resulted in the multi-agency Safeguarding Adults protocols being ignored and abuse which may have constituted a criminal offence not being addressed.

Organisations that aim to provide support to service users who have challenging behaviour need to have an understanding of the history and needs of the user to ensure that they are able to both protect them from abuse and prevent them from abusing other vulnerable adults within the service. The organisation must carry out a pre-placement assessment to ensure that they are able to meet the needs of the service user and to develop a care plan and risk assessment to meet those needs.

When vulnerable adults are subject to sections of the Mental Health Act 1983 or to the criminal justice system, they are still entitled to be both protected from abuse and prevented from abusing other vulnerable adults.

Zero tolerance. An acceptance by the service of low level abuse / bullying from whatever source will ultimately, if allowed to continue, lead to a culture that is damaging to all vulnerable adults and to staff.

It is important therefore that all instances of abuse are recognised and addressed in the most appropriate manner.

RECOGNISING SIGNS OF ABUSE

It would not be feasible to provide an all-inclusive list of the signs and signals which could indicate the threat of potential abuse or that it is occurring. However, being alert to abuse means:-

- Thinking about what you see and hear and analysing it in the context of social and health care values, principles and good practice and judging whether it is acceptable conduct

- Taking seriously what you are told and acting promptly when appropriate

- Taking the time to explore the issues behind frequent requests for help or other presenting problems

- Being alert to signals or non-verbal communication or challenging behaviour, and aware this could indicate unacceptable practice is being hidden or denied.

Responding to disclosure

Many incidents of abuse are identified when the abused person discloses the information themselves.

The abused person may not understand that they are being abused and so do not realise the significance of what they are telling you. Some disclosures happen many years after the abuse. There may be good reasons for this e.g. the person they were afraid of is no longer in contact or part of their daily life.

Such a delay in the reporting of incidents of abuse by an individual is not in itself, sufficient reason to doubt its truthfulness or significance.

When someone discloses to you, remember you are NOT investigating:-

Do:

- Stay calm and try not to react in such a way as to cause anxiety to the individual, i.e. shocked, appalled, hesitant

- Tell the person that:-
  - They did a good / right thing in telling you
  - You are treating the information seriously
  - It was not their fault

- Listen very carefully

- Be empathetic

- Be **aware** of the possibility that medical evidence might be needed

- Explain that you must tell your Manager and with their consent the Manager will contact Social Services, Health and Police. The Manager will, in specific circumstances, be required to contact Social Services without their consent but their wishes will be made clear throughout

- If a referral is made but the vulnerable adult is reluctant to continue with an investigation, record this and notify the Safeguarding Adults Co-ordinator so a discussion of how best to support and protect the vulnerable adult can take place – a professional case discussion still needs to take place and should be recorded appropriately.

Do not

- Press the person for more details
- Promise to keep secrets (you can never keep this kind of information confidential)
- Pass on the information to anyone other than those with a legitimate "need to know", most likely to be your Line Manager
- Make promises you cannot keep (such as I will never let this happen to you again)
- Contact the alleged abuser
- Be judgmental (e.g. "Why didn't you run away?")
- Gossip about abuse
- Stop someone when they are telling you what has happened to them as they may never tell you again.

You must:-

- Tell your manager regardless of what the person says
- Note what the person actually said using their own words and phrases
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When appropriate use a body map to indicate the location of cuts, bruises and abrasions, noting in particular the colour of any bruising
- Make sure the information you write is factual. You may wish to indicate your own opinion or a third party's information. If you do, ensure the separation is made very clear
- Use a pen or biro with black ink so that the report can be photocopied and try to keep your writing clear
- Sign and date the report, noting the time and location

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

- Your manager will contact the Department for Adult Social Care, or the local Primary Care or Acute Trust for Health and / or the police.
- If you are unhappy reporting this to your manager, report to another appropriate person, (see Safeguarding Adults summary at front of Guidance).

ALERTING

Protecting Vulnerable Adults is everyone's responsibility

Everyone could potentially be an alerter

Alerting or, in other words, raising a concern about abuse, or potential abuse involves:-

- Recognising signs and signals of adult abuse
- Responding appropriately and sensitively to disclosures
- Taking action, when necessary, to protect an adult and preserve evidence
- Reporting a concern, disclosure, or allegation.
- **A CONCERN of abuse is where a person or agency suspects that a person(s) is / are being abused**
- **An ALLEGATION of abuse is where a person or agency states that a person(s) is / are being abused**
- **A DISCLOSURE of abuse is where a person(s) states that they are being abused**

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

It is the responsibility of the statutory authority to then instigate the Adult Protection / Safeguarding Adults process, and you will be kept informed about this.

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

IMMEDIATE ACTION

If you or a Vulnerable Adult are in a violent or threatening situation and feel in immediate danger, call the Police on 999. If the Vulnerable Adult is injured call for an ambulance.

If you suspect a serious sexual assault has happened, the Police will assume responsibility of this situation.

In some circumstances the alleged abuser may also need support and possibly immediate social care services to make the situation safe for both parties. In these cases it may be necessary to arrange additional support to manage these arrangements effectively, i.e. appoint / allocate another worker.

Following any abusive incident, remember there are 4 basic rules:-

1. **Ensure safety** – look after the victim and keep them safe. Protect other potentially Vulnerable Adults. If the perpetrator is also a service user, support them but also consider how to prevent / manage any possible further risk.

2. **Preserve forensic evidence** – see Preserving & Protecting Evidence Guidance, page 40.

3. **Contact your Line Manager** / **Senior Manager** as soon as possible and tell them what has happened. Discuss with them whether the incident, allegation or disclosure is to be reported to the Police for investigation.

4. **Write a report** of what happened (keeping any hand written notes) in the order in which it happened as soon as practicable – use anything on which to write the report (e.g. scrap paper if necessary) and keep it safe.

When the situation does not present as an emergency but you are informing Social Services, Police or Health, be prepared to give as much of the following information as you can:

- Name(s) by which the person is known, date of birth, address, language spoken and method of communication, racial origin and current whereabouts of the vulnerable adult
- Your name and your involvement
- What happened, where and when
- Details of the alleged abuser, i.e. name, date of birth, address, language spoken / method of communication, current whereabouts and their relationship to the person being referred
- Whether there are any other people, including CHILDREN who may be at risk
- Details of other agencies involved with the vulnerable adult, especially GP
- Whether the person being referred, and any significant others including carers and alleged abuser are aware of and consent to your making the referral. It is important to share how the abused person feels about you making this referral
- The likely movements of the person being referred and the alleged abuser within the next 24 hours.

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

The opinion of the abused person should always be sought where possible when deciding to inform Social Services or the Police. There may be circumstances where you need to overrule their wishes / views. The decision to overrule the views of the individual would normally be the responsibility of your Line Manager.

Should you suspect that your Manager or Senior Manager could be involved in the abuse, contact the Police or / and Social Services directly.

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

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

Remember

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

WHAT HAPPENS TO THE REFERRAL?

It is vital to acknowledge how important the recognition and reporting of adult abuse plays in the overall protection of vulnerable adults.

CONFIDENTIAL ALERTERS

If your Manager or their Manager is the abuser, or is colluding in the abuse, you may need to find someone you can trust outside your immediate agency.

The Vulnerable Adult's best interests are paramount and the common law 'duty of care' requires that each employee has a responsibility to:-

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

SUPPORT FOR ALERTERS – THE PUBLIC INTEREST DISCLOSURE ACT 1998

People have in the past often been deterred from 'whistle blowing' about abuse or neglect by duties of confidentiality and / or fear of the consequences of speaking out.

The Public Interest Disclosure Act seeks to protect disclosure of the following:-

- criminal offence (past, ongoing or prospective)
- failure to meet a legal obligation
- a miscarriage of justice
- health and safety being endangered
- risk of environmental damage.

OR deliberate concealment of any of the above.

The Act envisages that disclosure about such malpractice will generally be made in the first instance to the person's employer, or another person or body who appears responsible for the malpractice (e.g. a relative of a resident reporting matters to the manager(s) of a home).

The Act envisages employers establishing procedures, so that staff who have justified concerns about breaches of practice or the law can pass on these concerns to be investigated.

Confidential Alerters are only protected by the Act if they are acting in good faith, and reasonably believe that their allegations are true. Allegations made for financial gain are not protected, even if they are true.

Staff making disclosures to people other than their employer are likely to be protected if:-

- they reasonably believe that they will be treated detrimentally for disclosing to the employer; or

- they reasonable believe that the evidence will be destroyed or hidden if the employer is 'tipped off'; or

- the employer has been told, but has not taken appropriate action.

Disclosure to third parties has to be a 'reasonable' step in all the circumstances, including:-

- who one tells (e.g. disclosure to a statutory inspectorate in preference to the Press);
- how serious the concern is, and whether it is a continuing problem;
- whether the employer has a whistle-blowing procedure and if so, whether the employee has followed it.

In addition, if the failure is 'exceptionally serious' (a term not defined in the Act), it may be justified for the whistle-blower to disclose to a third party in the first instance, rather than their employer.

A disclosure made in accordance with the Act's expectations will mean that:-

- No confidentiality clause in an employment contract can be used to prevent one from disclosing relevant breaches of the law or practice. This means that confidentiality terms in employment contracts cannot be used by employers who are responsible for breaking a law, or for abuse or neglect or other malpractice
- Dismissal on grounds of disclosure within the terms of the act is automatically unfair, and can be challenged through an Employment Tribunal

Someone who is treated detrimentally at work because of making a disclosure, which is protected by the Act, can claim compensation through the Employment Tribunal.

CONFIDENTIAL ALERTERS WILL ALWAYS BE:-

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

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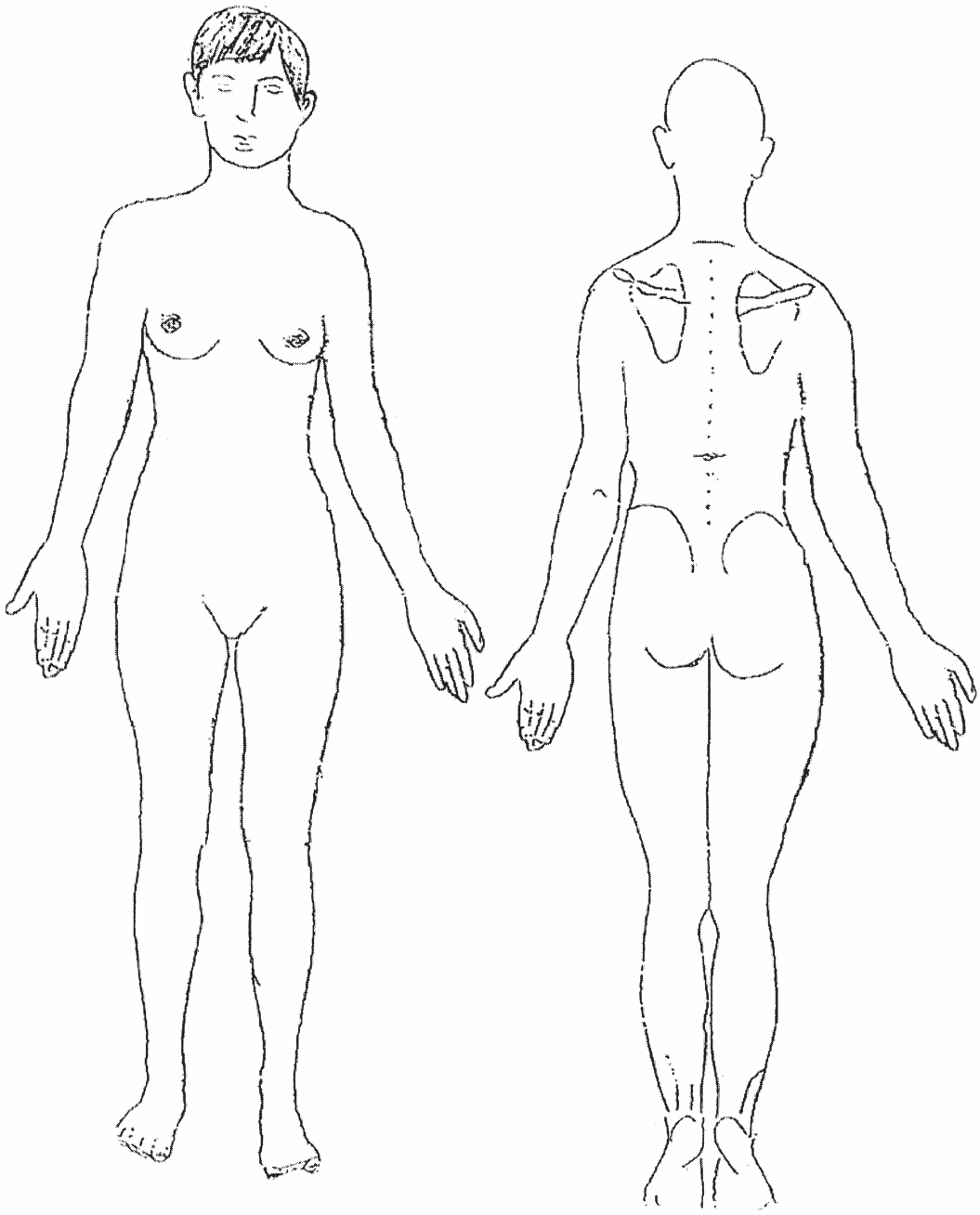
Body Maps

These body maps may be photocopied as required. Please note on the body map copies any bruising, scars, injuries, red marks or similar abrasions, giving as much detail possible as to size, colour and so on.

Try to remember to sign and date the maps.
In difficult circumstances do the best you can.

Body Maps

Front and Back Views - Female



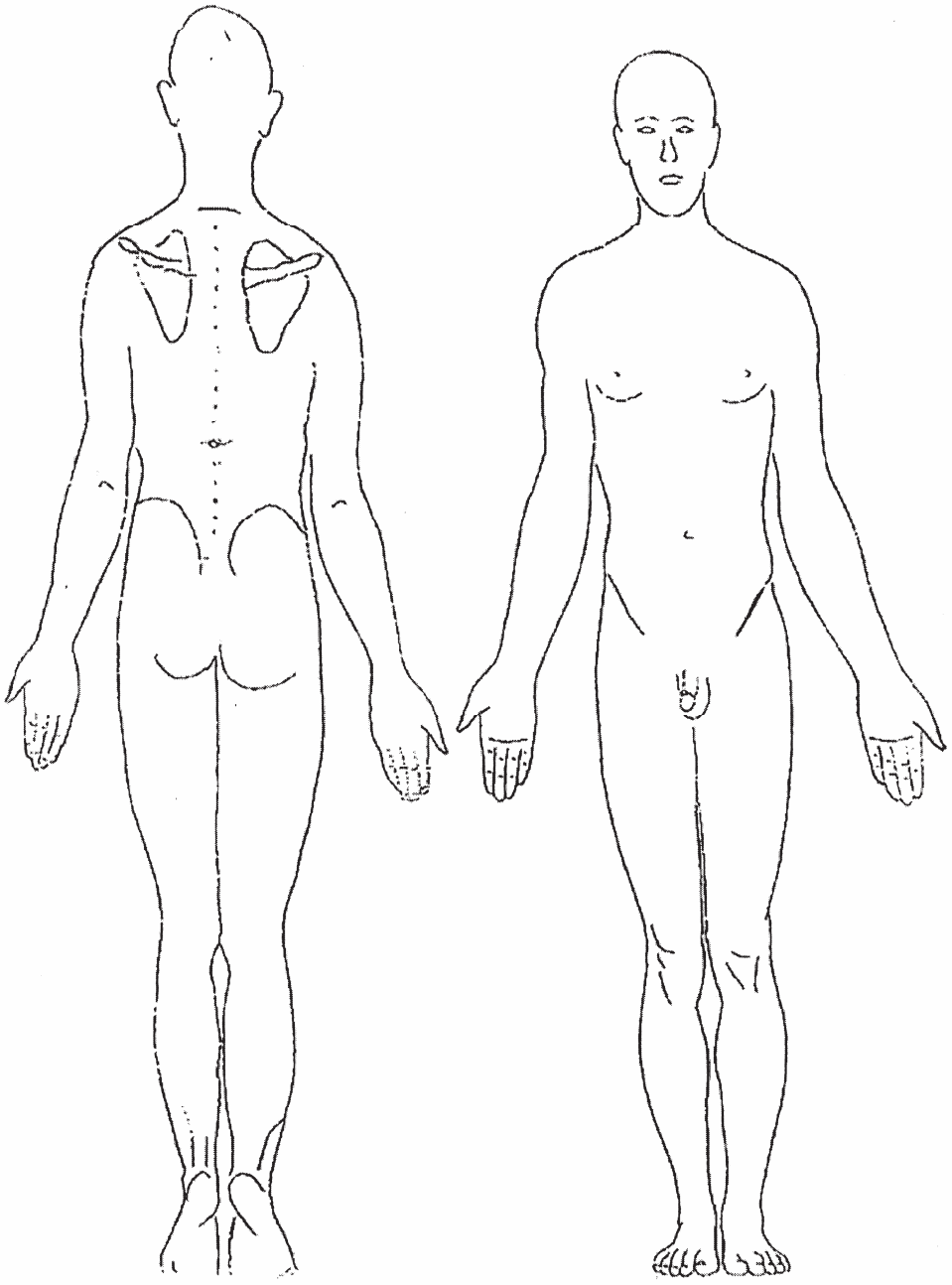
Completed by

Name:

Designation:

Date:

Front and Back Views - Male



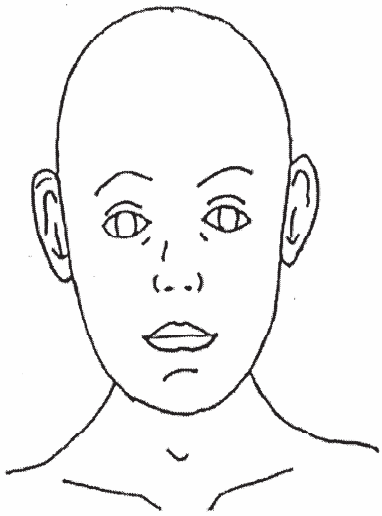
Completed by

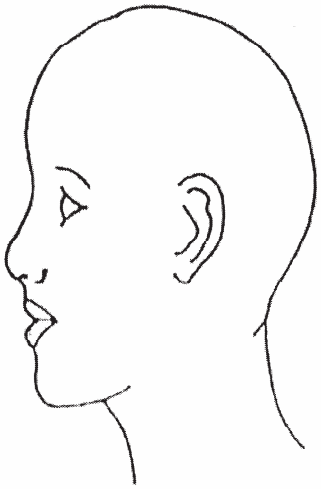
Name:

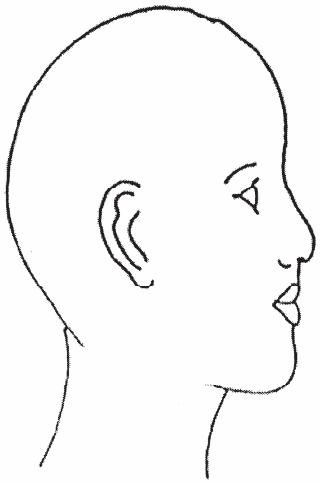
Designation:

Date:

Front and Side Views - Head







Completed by

Name:

Designation:

Date:

Guidance on Preserving and Protecting Evidence

PROTECTING AND PRESERVING EVIDENCE

1. Consider your own personal safety and any risks

2. Consider the safety and welfare of the abused person

PHYSICAL AND SEXUAL ABUSE

YOU ARE STRONGLY ADVISED NOT TO TOUCH, REMOVE, DESTROY OR CLEAN ANYTHING.

In Cases of sexual assault forensic evidence may still to be found on the body up to 10 days after an incident.

Forensic evidence may still be present on clothing, bedding and other items until the time the item is washed.

If possible the room in which the abuse is alleged to have occurred should be secured and no-one allowed to enter. If people need to enter keep a record of who enters room.

Should the incident have just occurred then the abused person should be advised not to wash or remove clothing.
If clothing has to be removed so that urgent medical treatment be administered then ensure the clothing is put in a safe place for police to collect ideally into a clean bag.

Following allegations of sexual or physical abuse consideration will be given to arranging a medical examination. The abused person will need to consent to any medical examination.

If possible make note of any visible injuries, including time and date that the injuries were seen.

The investigating agencies may need to obtain photographs of any injuries. Again this will be with the consent of the abused person.

DO NOT TOUCH ITEMS OR WEAPONS UNLESS YOU HAVE TO IN ORDER TO PREVENT FURTHER HARM TO THE ABUSED PERSON OR OTHERS.

THEFT AND FINANCIAL ABUSE

Secure all receipts, bankbooks, bank statements, benefit books or other documents. Seek consent from the abused person.

In traumatic situations it may not be possible to follow the guidance exactly.

Do the best you can.

LOCAL ORGANISATIONS SPECIFIC TO ADULT PROTECTION / SAFEGUARDING ADULTS

Alzheimer's Disease Society
Plymouth and District Branch
The Willam & Patricia Venton Centre, Astor Drive, Mount Gould, Plymouth PL4 9RD
01752 255399
Helpline 0845 300 0336
Email helpline@alzheimers.org.uk
Website www.alzheimers.org.uk

Suicide & Self-Harm
Samaritans
20 Oxford Place, Western Approach, Plymouth
01752 221666
***National Helpline 0845 790 9090* (24 hours)**

Alcoholics Anonymous
Helpline 0845 769 7555

MIND
8 Woodside, Greenbank, Plymouth
01752 254 004
Information Line 0845 766 0163

Plymouth Women's Aid
12 Oxford Avenue, Hyde Park, Plymouth PL3 4SQ
Helpline 01752 252033

Plymouth Age Concern
Elspeth Sitters House, Hoegate Street, Plymouth PL1 2JB
01752 665424

Headway, National Head Injuries Association
Park Avenue, Devonport, Plymouth PL1 4RJ
01752 550559
Fax 01752 550559 (Out of hours)
Email enquiries@headway.org.uk
Website www.headway.org.uk

Crown Court Witness Service & Magistrates Court Witness Service
Plymouth Crown Court /Magistrates Court
01752 225849 01752 313225

Rape and Sexual Abuse Help Line
Plymouth 01752 223584

Adfam National (families, drugs & alcohol)
25 Corsham Street, London N1 6DR
Tel: 020 7553 7640
Website www.adfam.org.uk

Refuge Domestic Violence Helpline
2 - 8 Maltravers Street, London WC2R 3EE
Helpline (Freephone) 0808 2000 247 (24hrs)
Website www.refuge.org.uk

Alcohol Concern
64 Leman Street, London E1 8EU
020 7264 0510
Website www.alcoholconcern.org.uk

Voice UK
Rooms 100-106 Kelvin House, RTC Business Centre, London Road, Derby DE24 8UP
Helpline: 0845 122 8695
Tel: 01332 291042
Helpline text number: 07797 800 642
Email helpline@voiceuk.org.uk
Website www.voiceuk.org.uk

Drugscope
Waterbridge House, 32 -36 Loman Street, London SE1 0EE
0207 928 1211
Fax 0207 928 1771
Email info@drugscope.org.uk
Website www.drugscope.org.uk

Narcotics Anonymous
National Helpline 0845 373 3366
Email helpline@ukna.org

Counsel and Care (Advice & Help for Older Adults)
Twyman House, 16 Bonny Street, London NW1 9PG
Advice Line 0845 300 7585
Fax 0207 267 6877
Website **www.counselandcare.org.uk**
Email advice@counselandcare.org.uk

Action on Elder Abuse
Astral House, 1268 London Road, London SW16 4ER
Admin. 0208 765 7000
Elder Abuse Response Helpline
0808 808 8141
Fax 0208 679 4074
Email enquiries@elderabuse.org.uk
Website www.elderabuse.org.uk

Ann Craft Trust
Formerly known as The National Association for the Protection from Sexual Abuse of Adults & Children with Learning Disabilities (NAPSAC)
Centre for Social Work
University Park, Nottingham NG7 2RD
Tel 0115 9515400
Fax 0115 951 5232
Email ann-craft-trust@nottingham.ac.uk
Website www.anncrafttrust.org

These contact details were correct of time of publication, please inform the Adult Protection / Safeguarding Adults Team if you have any amendments.

Section 1.2

Guidance on the ISA Vetting and Barring Scheme

From October 2009, the Independent Safeguarding Authority (ISA) vetting and barring scheme replaces the Department of Health's Protection of Vulnerable Adults Scheme (PoVA).

The ISA vetting and barring scheme was introduced as part of the Safeguarding Vulnerable Groups Act 2006 to help prevent unsuitable people from undertaking paid or voluntary work with children or vulnerable adults.

When the scheme is fully implemented (July 2015) everyone who works with children or vulnerable adults will need to be vetted by the ISA and included on the ISA register to indicate their suitability before undertaking the work. The ISA will keep two lists. One is for work with vulnerable adults, which replaces the PoVA list. The other is for work with children, which replaces PoCA and list 99.

People need only apply once to have their name included on the ISA register. The ISA will then monitor any convictions, and consider any referrals of concern. If the ISA considers that a person becomes unsuitable to work with vulnerable adults, they will be barred. It is a criminal offence for a person who is on the barred list to work - whether paid, voluntary, or domestic - with vulnerable adults. It is a criminal offence for an employer to take on a barred person or someone not yet registered with the ISA.

It will also be a criminal offence for an employer to take on an employee or volunteer without checking whether they are listed on the ISA register. Checking the ISA register will be achieved via a free website which is set to be available in July 2010. Employers can also register an interest in their current employees via the same website and be notified if an employee is barred from the list.

Checking a person's ISA registration status must be carried out by employers **in addition** to the CRB check. This is because the CRB disclosure provides more information about whether a person is suitable for a particular post such as convictions for theft or fraud.
From October 2009, the Independent Safeguarding Authority will make all decisions about who should be barred from working with vulnerable adults. The ISA is a non-departmental public body.

Employers have a legal duty to refer concerns to the Independent Safeguarding Authority. A referral MUST be made when an employee or volunteer is removed from working with children or vulnerable adults (even temporarily) because the employer thinks the person has engaged in relevant conduct*. *Relevant conduct is when a person has harmed or may have harmed a child or vulnerable adult. Inciting or encouraging another person to harm a child or vulnerable adult is also relevant conduct.

If an employee is suspended without prejudice prior to a disciplinary investigation, employers are not bound to refer the information to the ISA. However, as you proceed to gather information, at the point you have reason to believe the employee has engaged in relevant conduct, you should refer to the ISA.

If the employee left the post prior to the conclusion of information gathering or disciplinary action, you MUST refer to the ISA.

The Plymouth Safeguarding Adults service MUST also refer concerns to the ISA whenever they become aware that:

- an individual who is working closely with vulnerable groups has harmed, or may harm, a child or vulnerable adult;

- an individual who might in the future work closely with vulnerable groups has harmed, or may harm, a child or vulnerable adult; OR

- the local authority/social services think the ISA may consider it appropriate to bar the individual.

All groups, including employers, are welcome to share information of concern with the ISA even if concerns cannot be proven locally.

When new information about a person on the register becomes known to the ISA (such as a conviction, caution, or referral from an employer) the ISA will review that person's registration.
There will not be "provisional listing" under the ISA vetting and barring scheme. Employers will be notified of information passed to the ISA only if/when the ISA decide that they are "minded to bar" the person from the register. This may be up to 8 weeks before a final decision to bar the person has been reached. The information can be used by employers to inform HR decisions such as suspension, increased supervision, or limited duties.

More information about the duties of employers under this scheme can be found at http://www.isa-gov.org/

Queries about referrals should be directed to:

isadispatchteam@homeoffice.gsi.gov.uk

Or Telephone: 01325 953795

Following this summary guidance is a referral form requesting that the Independent Safeguarding Authority consider whether a person should be placed on the vulnerable adult's barred list.

All referrals should be sent to:

Independent Safeguarding Authority
PO Box 181
Darlington
DL1 9FA

The referral form is available to download from

http://www.isa-gov.org/pdf/SVGA_referral_form_final.pdf

It may also be removed and photocopied from this guidance.

This guidance is not intended to replace the official guidance for making referrals to the ISA which has been produced by the Independent Safeguarding Authority. Please read the ISA Referral Guidance which includes step-by-step instructions on completing each section of the form. It is available from http://www.isa-gov.org/Docs/SVGA2006_ISA_Referral_guidance_19-09-2009.pdf

Further information on the Vetting and Barring Scheme can be found at http://www.isa-gov.org/ or by phoning 0300 123 1111.

Independent Safeguarding Authority

ISA Referral Form

This form is for use when making a referral (i.e. providing information) to the Independent Safeguarding Authority. A referral is made when there is harm or risk of harm to children or vulnerable adults in the work place (paid or voluntary), *relevant conduct* has occurred or an individual has received a caution or conviction for a *relevant offence*.

Please read the accompanying *ISA Referral Guidance* to understand your duty in relation to making a referral to the ISA and in providing information requested by the ISA.

All information provided to the ISA will be handled in accordance with the Data Protection Act 1998.

Detailed information on the ISA and the Vetting and Barring Scheme can be found on the ISA website www.isa-gov.org.uk

Please download or print out this form and complete in black ink making sure that all information is clearly legible. All documents provided with the Referral Form should be originals or clearly legible copies. If you do not hold the information requested, please leave the section blank. If more space is needed please attach additional sheets at the back of the Referral Form.

Referral Form Information

Part 1: The individual being referred and their job or role

Part 2: The referring party

Part 3: The harm (*relevant conduct*) or risk of harm

Part 4: Documentation - investigations, information & evidence

Part 5: Referral documentation checklist

Part 6: Declaration by referring party

Part 7: Checking and posting the ISA Referral Form

Part 8: Data Protection Statement

Independent Safeguarding Authority

Part 1: The Individual being referred and their job role

The following documents are relevant for Part 1 and should be sent to the ISA with the completed Referral Form if you have them.

- **Job Description / Role Statement / Person Specification**
- **Application for employment**
- **References**
- **Interview report**
- **Letter of employment**
- **Documentation on any past disciplinary action or complaints**
- **Dismissal / resignation letters**
- **File notes concerning conduct, behaviour or attitude**

Part 1: The Individual being referred

ISA Registration Number

Surname

Forename(s)

Title

Other names 1: aliases

Other names 2: maiden names

Gender (please indicate) - Male ☐ Female ☐

Date of Birth (DD/MM/YYYY)

Nationality

National Insurance Number

Teachers Pension Number
England and Wales (if applicable) /

Northern Ireland Teacher Reference Number
(if applicable)

Independent Safeguarding Authority

Part 1: The Individual being referred and their job role Continued

Professional Membership

Professional Regulator	
Registration Number	
Date of first Registration (DD/MM/YYYY)	

Last Known Home Address

Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

Current Postal Address (if different from home address)

Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

Previous Home Addresses (if at last known address less than 3 years)

Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

Contact Telephone Numbers

Work	
Home	
Mobile	

Independent Safeguarding Authority

Part 1: The Individual being referred and their job role Continued

The Individual being Referred's Job or Role

Title of Position Held

Date Appointed to the Position Held (DD/MM/YYYY)

Main Duties/Responsibilities

Qualifications held by Individual

Training Undertaken by Individual in Current Post

Training Undertaken by Individual in Previous Posts (if known)

Previous Employment / Volunteering History (if known)

Organisation	Job Title/Role	From (DD/MM/YY)	To (DD/MM/YY)

History of any Misconduct, Disciplinary Action or Complaints (if known)

If Still Employed / Volunteering – Current Job, Role and Duties

If No Longer Employed / Volunteering – Date Employment Ceased (DD/MM/YYYY)

Reason for Employment / Volunteering Ceasing (please tick one)

☐ Dismissed ☐ Resigned ☐ Retired

Part 2: The Referring Party

Name of Referring Organisation/Person

Type of Organisation eg, School, Care Home etc
(if school what category or type of school).

Address

Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

Primary Contact Officer

Name	
Position	
Telephone Number	
Mobile Number	
Email Address	

Alternative Contact Officer

Name	
Position	
Telephone Number	
Mobile Number	
Email Address	

Part 3: The Harm *(Relevant Conduct)* or Why You Think there is a Risk of Harm

The following documents are relevant for Part 3 and should be sent to the ISA with the Referral Form if you have them.

- **Statement by the Referred Individual about what happened**
- **Harm Assessment Report**

Please provide a brief summary of the *relevant conduct*, harm or risk of harm.

Please provide details of the harm caused (or risk of harm) to the child or vulnerable adult and how this harm was assessed.

Independent Safeguarding Authority

Part 3: The Harm (Relevant Conduct) or Why You Think there is a Risk of Harm Continued

Has the referred person admitted or accepted responsibility for the *relevant conduct*, harm or risk of harm?

☐ Yes ☐ No

Please provide details of the child or vulnerable adult harmed

Name

Date of Birth (DD/MM/YYYY) | | | | Or approx. age if DOB unknown | |

Gender (please indicate) - Male ☐ Female ☐

Details of any vulnerability, eg, emotional, behavioural, medical or physical

Relationship between referred person and person harmed

Please attach additional sheets if more than one child or vulnerable adult harmed.

Part 3: The Harm (Relevant Conduct) or Why You Think there is a Risk of Harm Continued

Please provide a chronology of events in relation to the harm *(relevant conduct)* or why you think the person you are referring may pose a risk of harm.

The chronology should provide in date and time order, a complete, clear and accurate description of what happened, what action has been taken and why. You need to be specific on details - dates, times, locations, what happened, who was involved who witnessed the event(s), who did what and who said what. When providing a chronology of events please refer to the ISA Referral Guidance for further information and see the example below.

Example

Date (DD/MM/YYYY)	Events	Relevant Documents	Persons Involved
01/01/2009	Allegation made against member of staff by colleague	Written allegation	Member of staff, Senior Manager
02/01/2009	Allegation put to individual	Individuals statement/ denied allegation	Individual, Senior Manager

Chronology of Events

Date (DD/MM/YYYY)	Events	Relevant Documents	Persons Involved

Part 4: Investigations, Information and Evidence

In this section you are not required to provide any information other than the documents requested if you have them. The documents listed below are representative of the information required by the ISA in order to process your referral. If you have additional documentation you believe is relevant please include it and complete section 5 accordingly.

The following documents are relevant for Part 4 and should be sent to the ISA with the completed Referral Form if you have them.

- **Witness Statement(s)**
- **Harmed person's care plan (where appropriate)**
- **Details of internal investigations and outcome**
- **Details of internal disciplinary action and outcome**
- **Police investigations and reports**
- **Local Authority / Health and Social Care Trust investigations and reports including Adult Social Care and Children's Services reports and minutes of Strategy Meetings**
- **Investigations and reports of any other regulatory bodies**
- **Investigations and reports of any other agencies or bodies**
- **Victim Impact Report or statement(s) including details of who made the assessment and their position or qualifications to make the assessment**
- **Any other information either listed in the chronology or relevant to decision making by the ISA**

Part 5: Referral Document Checklist

The following documents should be provided with the Referral Form if you have them.

Please tick all the documents (originals or clearly legible copies) that you are providing with this referral:

- ☐ Job Description / Role Statement / Person Specification
- ☐ Application for employment
- ☐ References
- ☐ Interview Report
- ☐ Letter of Employment
- ☐ Documentation on any past disciplinary action or complaints
- ☐ Dismissal / resignation letters
- ☐ File notes concerning conduct, behaviour or attitude
- ☐ Statement by Referred Individual about what happened
- ☐ Witness Statements
- ☐ Harmed person(s) Care Plan
- ☐ Details of internal investigations and outcome
- ☐ Details of internal disciplinary action and outcome
- ☐ Police investigations and reports
- ☐ Local Authority investigations / Health and Social Care Trust Investigations and reports including Adult Social Care or Children's Services reports and minutes of Strategy Meetings
- ☐ Investigations and reports of any regulatory bodies
- ☐ Investigations and reports of any other agencies or bodies
- ☐ Victim impact report or statement(s)

Independent Safeguarding Authority

Part 5: Referral Document Checklist Continued

Please list any other relevant document(s) you are providing with the referral.

Please list any relevant documents that you have/ or are aware of others having, but you are **not** providing with this referral. Please outline the reasons why you are **not** providing the document(s) and who has the document if it is not in your possession.

Relevant Document	Reason the document is not provided with this referral	Who holds this document

Part 6: Declaration

I confirm to the best of my knowledge that the information contained in this form is complete and accurate and that all relevant documents that I hold are either provided with the Referral Form or recorded in Part 5.

Signature	
Name (in print)	
Position	
Organisation	
Relation to individual being referred	
Date (DD/MM/YYYY)	

Part 7: Checking and Posting the ISA Referral Form

Please check that you have answered all the questions that you can on the ISA Referral Form, signed the Declaration and enclosed the documentary evidence you have listed in Part 5.

Post the completed ISA Referral Form and documentary evidence, suitably secured and marked CONFIDENTIAL to:

Independent Safeguarding Authority
PO Box 181
Darlington
DL1 9FA

Part 8: Data Protection Statement

The Independent Safeguarding Authority respects individual privacy and has notified (registered with) the Information Commissioner, who is responsible for the administration of the Data Protection Act 1998.

The Independent Safeguarding Authority obtains and processes "*personal data*" (as defined by the Act) for the purpose of administering its statutory functions under the Safeguarding Vulnerable Groups Act 2006 and associated legislation. In addition, the Independent Safeguarding Authority may use information for the purpose of fulfilling its statutory responsibilities under the Data Protection Act 1998.

Information will be kept secure and confidential, and will only be disclosed to those parties who have a legal and legitimate need to know.

Section 2

Multi-Agency Policy
Adult Protection / Safeguarding Adults

Section 2

ADULT PROTECTION /
SAFEGUARDING ADULTS

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

Devon Social Services
Torbay Care Trust
Plymouth City Council Community Services
NHS
Devon & Cornwall Constabulary

May 2007

Contents

Section 2.1

Section 2.2

Section 2.3

Section 2.4

Safeguarding Adults from abuse Policy

Introduction

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

In addition, we now have The 'Safeguarding Adults' Document published by the Association of Directors of Social Services (ADSS) in October 2005. This introduces 11 standards for all authorities and partner agencies to aspire to in terms of best practice. It also changes some of the language, hence the new policy title of 'Safeguarding Adults'.

This year, a staged implementation of the Mental Capacity Act (2005) will occur. The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. The Act received Royal Assent on 7 April 2005 and will come into force during 2007. The Act will impact on Adult Protection/Safeguarding Adults work and is covered in detail in Section 5 of the full Procedures.

This policy describes how organisations should respond if abuse is identified or disclosed.

All agencies must take account of the fact that abuse of vulnerable adults does occur. It is essential that the response to all allegations must be in line with this policy and guidance.

This policy was reviewed in May 2007 and will be reviewed again in May 2009.

Policy Framework

1.1 Context

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

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

1.2 Aims

To provide a framework for statutory agencies and those in the private and voluntary sectors to work together preventatively and in partnership in order to improve and modernise the quality of service delivery to vulnerable adults, their carers and local communities. (See *"No Secrets"* - Section 1.3.)

To provide guidance to local agencies that have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. (See *"No Secrets"* - Section 1.5.)

The primary aim for all agencies shall be to prevent abuse. Where preventative strategies fail, agencies should ensure that robust procedures are in place for dealing with incidents of abuse. (See *"No Secrets"* - Section 1.2 and Health and Local Authority Circulars HSC 2000/07: LAC [2000] 7, and 'Safeguarding Adults, ADSS October 2006).

1.3 Objectives

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

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

Standard 1 Each local authority has established a multi agency partnership to lead 'Safeguarding Adults' work

Standard 2 Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.

Standard 3 The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership,

the 'Safeguarding Adults Partnership, and its member organisations.

Standard 4 Each partner agency has a clear, well-publicised policy of Zero Tolerance of abuse within the organisation.

Standard 5 The 'Safeguarding Adults' partnership oversees a multi agency workforce development / training sub-group. The partnership has a workforce development / training strategy and ensures that it is appropriately resourced.

Standard 6 All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.

Standard 7 There is a local multi agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults 'who is or may be eligible for community care services' ***and*** who may be at risk of abuse or neglect.

Standard 8 Each partner agency has a set of internal guidelines, consistent with the local multi agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.

Standard 9 The multi agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.

Standard 10 The safeguarding procedures are accessible to all adults covered by the policy.

Standard 11 The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service user participation into it's: membership, monitoring, development and implementation of its work; training strategy and planning and implementation of their individual safeguarding assessment and plans.

2. Defining Who is at Risk

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

This policy relates to adults of 18 years of age or over (see *"No Secrets"* - Section 2.2) Children under the age of 18 years are protected by the Children Act 1989. A person is a "child" until they reach 18 years of age or until they get married.

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

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

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

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

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

2.2 What Constitutes Abuse?

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

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

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

3. The Categories of Abuse

3.1 The following definitions are covered by this policy:

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

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

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

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

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

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

Institutional abuse, **neglect and poor professional practice**. This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. (See *"No Secrets"* - Sections 2.9)

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

3.2 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time. This makes it important to look beyond the single incident or breach of standards to underlying dynamics and patterns of harm. Some instances of abuse will constitute a criminal offence. In this respect, vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. When complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the Police as a matter of urgency. Criminal investigation by the Police takes priority over all other lines of enquiry. (See *"No Secrets"* - Section 2.8)

4. Who Can be the Abuser?

4.1 Vulnerable adults can be abused by anybody.

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

5. In What Circumstances Can Abuse Occur?

5.1 Abuse can take place in any context. (See *"No Secrets"* - Section 2.14)

5.2 **What degree of abuse justifies intervention** Building on the concept of 'significant harm' introduced in the Children Act 1989, the Law Commission suggested that:

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

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

- The **vulnerability** of the individual.
- The **nature and extent** of the abuse.
- The **length of time** it has been occurring.
- The **impact** on the individual.

and

- The risk of **repeated or increasingly serious** acts involving this or other vulnerable adults. (See *"No Secrets"* - Section 2.19)

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

6.1 A vulnerable adult will be considered under this procedure where they are unable to provide adequate care for themselves **and** one or more of the following situations apply:

- They are unable to obtain necessary care to meet their needs.
- They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury
- They are unable to protect themselves adequately against potential exploitation or abuse.
- They have refused essential services without which their health and safety needs cannot be met.

6.2 Often, the cases which give rise to the most concern are those where a vulnerable adult refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the vulnerable adult has the capacity to make an informed decision, then that person has the right to refuse services.

6.3 In these circumstances, agencies must discuss their concerns at a Vulnerable Adult Risk Management Meeting (VARMM – Plymouth City Council process only) convened under this procedure where information can be shared with the vulnerable adult. Exclusion of the vulnerable adult from this process is to be the exception, and then only with good reason.

6.4 Where the vulnerable adult continues to refuse all assistance, this decision, together with any reasons, should be fully recorded and maintained on the person's file, with a full record of the efforts and actions taken by the agencies to assist the vulnerable adult.

6.5 Appropriate communication should be forwarded to the vulnerable adult concerned setting out what services were offered and why and the fact of the person's refusal to accept them. This needs to make clear that the person can contact the relevant agency at any time in the future for services. In cases of high risk, consideration should be given to arrangements for monitoring the case to ensure that circumstances do not deteriorate to an unacceptable degree.

7. Confidentiality and Information Sharing

7.1 General

7.1.1 Vulnerable adult enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information. That information must be treated as confidential at all times and staff will be bound by the ethical and statutory codes that cover confidentiality and data protection.

7.1.2 Disclosure of confidential personal information without the consent of the person providing it may take place under exceptional circumstances, which must be capable of justification. Problems around the disclosure of information can be avoided if the consent of the individual is obtained, preferably in writing.

7.1.3 Concerns may arise within an agency as information comes to light about a person with whom the service is already in contact. Whilst professionals should seek in general to discuss any concerns with the individual and their carers and seek agreement to share the knowledge with other relevant agencies, this should not be done where such discussion and agreement-seeking will jeopardise the safety of the individual.

7.1.4 All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by evidence.

7.1.5 Disclosure may be necessary in the public interest where a failure to disclose information may expose another to risk of death or serious harm.

7.1.6 Information must be adequate, relevant and not excessive in relation to the purpose for which it is held and must be held no longer than is necessary for that purpose.

7.1.7 Each agency is responsible for maintaining their own records on work with vulnerable Adult Protection/Safeguarding Adults cases. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.

7.2 Protocols for Inter-Agency Information Sharing

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

7.2.2 The protocols will adhere to the principles within:

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

(further guidance can be found in the legal framework section 5)

8. Recording Information

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

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

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

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

9. Unlawful Acts

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

9.2 It is therefore essential that Police involvement should be considered as soon as any allegation or suspicion of abuse is made where there is an indication that a criminal offence has taken or is likely to take place. In these circumstances, no further investigation should be undertaken without consultation with the Police.

9.3 Criminal offences are dealt with by the State - the Police investigate and make the initial decisions whether or not to prosecute. The Crown Prosecution Service then receives the papers from the Police in order to progress the case. The Crown Prosecution Service has to apply two tests - whether there is a realistic prospect of conviction, and if so, whether it is in the public interest to proceed. If it does proceed then the case may be heard in the Magistrates Court or, if it is more serious, in the Crown Court. The Court decides on sentence.

9.4 The Police and the Crown Prosecution Service have a number of policies and standards relating to the prosecution of offences, and some of these have some bearing on the prosecution of offences to vulnerable adults.

9.5 Alleged criminal offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action rests with the State in the form of the Police and Crown Prosecution Services (private prosecutions are possible, but rare). When complaints about alleged abuse suggest that a criminal offence may have been committed, it is important that reference is made to the Police as a matter of urgency.

9.6 The Police will advise on the necessary further action, level of urgency and the process for undertaking any subsequent investigation.

9.7 Where the Police conclude that there is no requirement for a formal criminal investigation, the local operational procedures should continue to be followed.

10. Framework for Agencies to Develop Procedures When Dealing with the Protection of Vulnerable Adults from Abuse

10.1 Introduction

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

In Plymouth, we have developed the following structure:

- Alerters
- Alerting Managers
- Team Leaders (Social Services Department) / Lead Officers (Primary Care Trust & Acute Trust)
- Lead Officer Group (L.O.G.)
- Adult Protection / Safeguarding Adults Committee (Safeguarding Adult Partnership)

10.2 Alerters

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

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

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

The vulnerable adult should be informed of the intention to report this information.

10.3 Alerting Managers

Alerting Managers will receive alerts from members of staff regarding concerns of abuse. They will follow the 'Full Alerter's Guidance' (see Section 1). If the Vulnerable Adult is known to Social Services, they will contact the Vulnerable Adults' Care Manager. If not, they will contact the Social Services Contact Centre.

10.4 Team Leader (Social Services) or Lead Officer (Primary Care Trust or Acute Trust)

The Team Leader or Lead Officer has overall responsibility for ensuring that the correct procedures are followed, according to the multi-agency policy and procedures.

They are responsible for undertaking an initial risk assessment to identify the level of urgency or risk and response. They will direct their staff to gather all appropriate information.

They will, in discussion with the Adult Protection / Safeguarding Adults Co-ordinator, decide whether or not to continue with the Adult Protection / Safeguarding Adults process.

If so, they will take action to co-ordinate an appropriate response. This may include convening and chairing a strategy meeting either in person, by phone or by e:mail.

11. Investigators

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

12. The Role of the Adult Protection/Safeguarding Adults Committee / Safeguarding Adults Partnership

12.1 Multi-agency Adult Protection / Safeguarding Adults Committees have been established coterminous with Local Authority boundaries. (See *"No Secrets"* - Section 3.18) This policy refers to three areas, Devon, Torbay and Plymouth. These Adult Protection / Safeguarding Adults Committees will form the basis of the new Safeguarding Adults Partnerships.

12.2 The Committee / Partnership should undertake an annual audit to monitor and evaluate whether the policies, procedures and practice for the protection of vulnerable adults are working in a consistent manner. For this purpose, agencies must work together.

12.3 The audit process must provide feedback to all relevant agencies.

12.4 In determining the content of the audit process, the Partnership / Committee must incorporate the following core elements:

- To evaluate community understanding - the extent to which there is an awareness of the policy and procedures for protecting vulnerable adults.
- Establish links with other systems for protecting those at risk - for example, child protection, domestic violence, and victim support and community safety.
- To evaluate how agencies are working together and how far the policies continue to be

appropriate.

- Review the appropriateness of local operational guidance, particularly in light of reported cases of abuse.
- Review training available to staff of all agencies.
- The performance and quality of services for the protection of vulnerable adults
- The conduct of investigations in individuals' cases.
- The development of services to respond to the needs of adults who have been abused.
- The implementation of the national monitoring system.
- Outcome measures will be developed by both commissioners and providers of services to monitor and evaluate service provision.

13. The Role of the Strategy Meeting

The strategy meeting is a professional's planning meeting. Those invited to attend have a responsibility to produce or procure reports for the meeting so that a decision can be reached regarding the next step. It is important that this decision is based on all pertinent information available.
The outcome may be:
more information still needs to be gathered (b) an investigation needs to be undertaken or (c) A Case Conference needs to be called or (b) no further action required under Adult Protection / Safeguarding Adult's procedures

14. The Role of the Multi-Agency Adult Protection / Safeguarding Adults Case Conference

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

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

Detailed guidance about Case Conferences can be found in Section 3.

15. Action Plan Review

15.1 A review of the safeguarding action plan should take place within a maximum of six months from the initial strategy meeting/discussion and will be arranged and co-ordinated by the Team Leader or Lead Officer.

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

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

Detailed guidance about Review meetings can be found in Section 3.

16. Agencies' Roles and Responsibilities

16.1 Lead Agency Responsibilities

This is set out in detail in Standard 2 of Safeguarding Adults 'Partner Organisations' (ADSS October 2005). The key tasks are to identify a lead at senior management level and a senior representative for the

16.2 General Responsibilities of Statutory Agencies

- Rigorous recruitment practices in relation to both employing staff and in the selection of volunteers.
- Supervision and monitoring of staff working with vulnerable adults.
- Internal guidelines for all staff relating to this multi-agency policy that set out the responsibilities of all staff within which they must operate.
- Adult Protection / Safeguarding Adults awareness and procedure training for all staff and volunteers. This will include all roles within the procedures.
- Keep clear and accurate records.
- Undertake risk assessments.
- Share information on a need-to-know basis when it is in the best interest of the vulnerable adult.
- Participate in the joint working arrangements as defined in this policy and in' Safeguarding Adults'.
- Implement preventative and / or supportive action to vulnerable adults.
- Contribute to investigations acknowledging the requirements of confidentiality and data protection.
- Attend the Safeguarding Adults Partnership / Adult Protection Committee meetings.
- Provide an annual report to their own management Board and to the Safeguarding Adult' Partnership.

16.3 In addition, Social Services will:

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

16.4 In addition, the Police will:

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

16.5 All appropriate professionals in Health will:

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

16.6 The Commission for Social Care Inspection will:

- Inform Social Services when reports are received that one or more service users may be or are at risk of abuse or neglect within registered establishments or their own homes.
- Work jointly with Social Services or Health where residents require a response under these procedures.
- Attend Strategy Meetings and Case Conferences in respect of regulated services.
- Keep other agencies informed of any enforcement action taken by the Commission on any regulated service.
- Participate in investigations where appropriate.
- Pursue statutory action where appropriate.

A Code of Practice has been developed between the Commission and Social Services which is currently being updated (March 2006).

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

- Establish procedures for the protection of vulnerable adults in line with those outlined in the appropriate Care Standards Act Regulations and National Minimum Standards.
- Report incidents of abuse to the appropriate Commission for Social Care Inspection (CQC) Office or to Social Services.
- Provide information and assistance to investigating officers.
- Participate in the joint working arrangements as defined in this procedure.

16.8 Other Groups and Providers (for example, Luncheon Clubs) will:

- Report incidents of actual / suspected abuse or self-neglect to Social Services and where appropriate to the Police.

  Participate in the joint working arrangements as defined in this procedure when requested.

2.2 Plymouth Adult Protection/Safeguarding Adults Structure

In Plymouth, the Executive **Adult Protection** / **Safeguarding Adults Committee** (A.P.C) is supported by the **Lead Officer Group** (L.O.G). This model enables Executive Members of the A.P.C to commission the L.O.G to action the decisions made at Committee and conversely allows the L.O.G to inform and advise the A.P.C.

The L.O.G is an operational group made up of individual champions from all the statutory agencies across Plymouth. Many Lead Officers from a variety of agencies have specific Adult Protection / Safeguarding Adults responsibilities written into their Job Descriptions. These Lead Officers manage Adult Protection / Safeguarding Adults alerts and provide Adult Protection / Safeguarding Adults guidance within each discipline and jointly enable consistency of practice. The Group also assists in training development and quality, provides multi-disciplinary responses to consultation papers, e.g. P.O.V.A. and other national Adult Protection / Safeguarding Adults developments, is a forum for case reviews and discussions and gives access to all service user and carer groups.

2.3 Adult Protection/Safeguarding Adults Committee (as at July 2007)

Pam Marsden (Chair)	Assistant Director, Community Services (Adult Social Care), **Plymouth City Council**
Kerrie Todd	Adult Protection / Safeguarding Adults Co-ordinator, **Plymouth City Council**
Caroline Flynn	Adult Protection / Safeguarding Adults Lead, **Primary Care Trust**
Councillor David Salter	**Plymouth City Council**
Steve Waite	Director of Operations, **Primary Care Trust**
DI Steve Parker	**Devon & Cornwall Constabulary**
DC Karen Anderson	Vulnerable Adults Co-ordinator, **Devon & Cornwall Constabulary**
Suzanne Wixey	Adult Social Care Service Manager, **Plymouth City Council**
Madeleine Jephcott	Deputy Director of Nursing, **Plymouth Hospitals Trust**
Paul Locket	Senior Probation Officer, **Probation Service**
Mike French	Principal Crown Prosecutor, **Crown Prosecution Service**
Bridget Spear	Locality Manager, **Commission for Social Care Inspection**
Jim Van Deijl	Director, **Residential Care Homes Trust** (Devon based Trust)
Bronwyn Prosser	Equalities and Community Cohesion Officer, **Plymouth City Council**
Wendy Round	Skills Development Section Manager, **City College Plymouth**

2.4 Lead Officer Group (as at July 2007)

Kerrie Todd (Chair)	Adult Protection / Safeguarding Adults Co-ordinator, **Plymouth City Council**
Caroline Flynn	Adult Protection / Safeguarding Adults Lead, **Primary Care Trust**
DC Karen Anderson	Vulnerable Adults Co-ordinator, **Devon & Cornwall Constabulary**
Michelle Thomas	District Nurse Service Manager, **Primary Care Trust**
Anne Prue	Deputy Head of Mental Health Services for Older People, Waterfront Sector, **Primary Care Trust**
Carol Green	Associate Director, Local Care Centre, Mount Gould Hospital **Primary Care Trust**
Ian Stevenson	Service Manager, Learning Disability Partnership, **Primary Care Trust**
Karen Howard	Deputy Head of Mental Health Services, **Primary Care Trust**
Sue Binding	Adult Social Care Team Leader, Learning Disability Team, **Plymouth City Council**
Kerry Dodd	Adult Social Care Team Leader, Riverside Sector, **Plymouth City Council**
Claire-Louise Journeaux	Team Leader, Mental Health Services for Older People, **Plymouth City Council**
Carol Moles	Adult Social Care Team Leader, Review Team, **Plymouth City Council**
Simon Smeardon	Adult Social Care Team Leader, Waterfront Sector, **Plymouth City Council**
Liz Reeby	Adult Social Care Team Leader, Hospitals, **Plymouth City Council**
Roger Prowse	Adult Social Care Team Leader, First Response Team, **Plymouth City Council**
Bridget Spear	Locality Manager, **Commission for Social Care Inspection**
Matt Garrett	Housing Needs Manager, **Plymouth City Council**
Mark Bamsey	Client Finance Services Manager, **Plymouth City Council**

Section 3

Multi-Agency Procedures
Adult Protection / Safeguarding Adults

Contents

Section 3

3.1
Introduction

These procedures describe the response that should be made to any situation where there is knowledge or concern that an adult covered by the adult protection policy is at risk of abuse or neglect.

The aim of these procedures is, in co-operation with the adult concerned, to assess the risk to any adult/s of abuse or neglect and to make a protection plan that decreases that risk.

The procedures are summarised in flow chart form on page 8

These procedures have been agreed by all partner organisations of the Adult Protection Committee (APC). Registered care providers and organizations contracted by any of the partner organisations to offer care services to adults in Plymouth are also expected to follow these procedures.

In implementing all parts of these procedures the following good practice principles should be followed.

Principles of good practice

- Protection from abuse should be made available to all people covered by this policy.
- Services provided should be appropriate to the individual including their communication needs, physical needs, mental abilities, culture, religion, gender and sexual orientation.
- Organisations working to protect an adult from the risk of abuse will make the dignity, safety, and well-being of that individual a priority in their actions.
- All Adult Protection/Safeguarding Adults work should aim to achieve the maximum decision-making capacity of adults who are experiencing abuse.
- Those who have experienced abuse will be offered the choice and support to participate, or otherwise have their views included, in all forums that are making decisions about their lives.
- Where communication aids, interpretation or personal assistance are necessary for a person to participate, then these must be provided.
- The wishes of the person who may be experiencing abuse will be respected, unless there is a responsibility to override them.

An individual's wishes cannot undermine an organisation's legal duty to act.

- Where an adult does not have the mental capacity to decide how to protect themselves from abuse, organisations will actively use existing legislative frameworks to protect that person and an independent advocate (IMCA) should be sought to represent their Best Interests during Adult Protection/Safeguarding Adults procedures (see Section 6.2)
- All decisions taken by professionals about a person's life must be reasonable, justified and proportionate. Where organisations have a duty to intervene to reduce risk, then that intervention should be proportionate to the risk facing the person.
- Any intervention in a person's life, including immediate protection and its result, should match the wishes, where known, of that person as closely as possible.
- Information shared between organisations for the purposes of protecting an adult will be done so according to the information sharing

protocol. This means that information will only be shared with the person's consent or where there is an over riding justification (for example, to protect a person without mental capacity from harm) and on a need to know basis.

Adult Protection / Safeguarding Adults Investigation Process

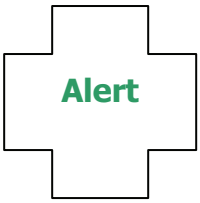
‘A properly co-ordinated joint investigation will achieve more than a series of separate investigations. It will ensure that evidence is shared; repeat interviewing is avoided and will cause less distress for the person who may have suffered abuse… ‘However, no individual agency’s statutory responsibility can be delegated to another. Each agency must act in accordance with its duty when it’s satisfied that the action is appropriate. Joint investigation there may be but the shared information flowing from that must be constantly evaluated and reviewed by each agency.’
No Secrets (p.29)

3.2

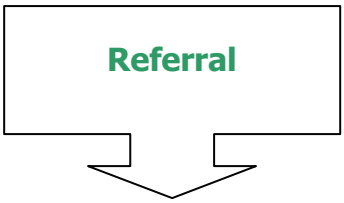
Summary of Adult Protection/Safeguarding Adults Procedures

The Adult Protection / Safeguarding Adults procedures have 8 basic steps.

Each is described in detail in the following pages:-

1) 

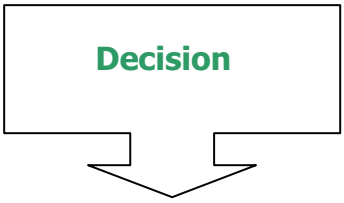
1) Someone reports a concern that an adult may be experiencing abuse by a 3rd party (see page 9 for details)

2) 

2) A referral is made to Adult Social Care (see page 19 for details).

3) 

*3) Assessing the Alert and gathering information is **VITAL** before moving on (see page 21 for details)*

4) 

4) A decision is made as to whether the Adult Protection / Safeguarding Adults process is appropriate (see page 23 for details)

5) 

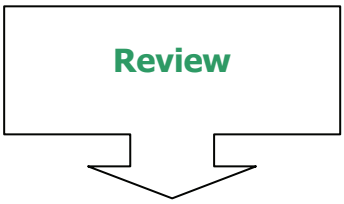
5) This is to plan the Adult Protection / Safeguarding Adults process (see page 24 for details)

6) 

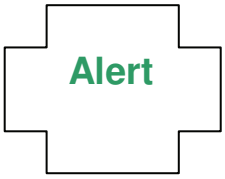
6) Investigation. The nature of the abuse and options for protection are determined or arrived at (see page 33 for details)

7) 

7) Case Conference / Risk Management Plan. A Plan is agreed to protect or manage the risk (see page 37 for details)

8) 

8) At an agreed time, the plan is reviewed and any changes needed are made (see page 41 for details).

1) 

An alert can be made by anyone. Adult Social Care is the lead agency for the coordinating. Adult Protection / Safeguarding Adults procedures should be followed when the suspected abuse or neglect is by a 3rd party. The Vulnerable Adult Risk Management process should be followed when self-neglect or harm is suspected (see appendices A and B for Risk Management Guidance).

See the "Full Alerter's Guidance" for detailed information of how to alert in Section 1.

The Role of Responsible Managers Receiving Alerts from Staff or Service Users

These managers will be the Line Managers of staff working with Vulnerable Adults. They will manage units, service areas and teams. They will work within the independent and voluntary sector, the PCT, acute hospitals, housing departments and providers, Probation, Police and Adult Social Care.

When they receive an alert they will:

- Take immediate action to safeguard the Vulnerable Adult, staff and others, i.e. using their own internal procedures suspend staff or increase supervision of any Service User who may be acting abusively.

- Contact the police without delay if it appears a crime has been committed (it is the Police's role to decide if the concern is a crime, if in any doubt contact them on 01752 284558).

- Inform Adult Social Care Advice and Assessment Team without delay if a child is thought to be at risk.

- Preserve evidence (– see section in Alerter's guidance, Section 1)

- Ensure any action taken by the manager or their organisation as part of the immediate response does not jeopardise any future investigation by the Police, CQC, or the Public Guardianship Office (the old Court of Protection).

- Consider the views and wishes of the Vulnerable Adult and if you believe they have capacity or not.

Follow the Alerter's Guidance and refer the alert to Adult Social Care.

Plymouth Adult Protection / Safeguarding Adults

Adult Social Care

Alerting Process

&

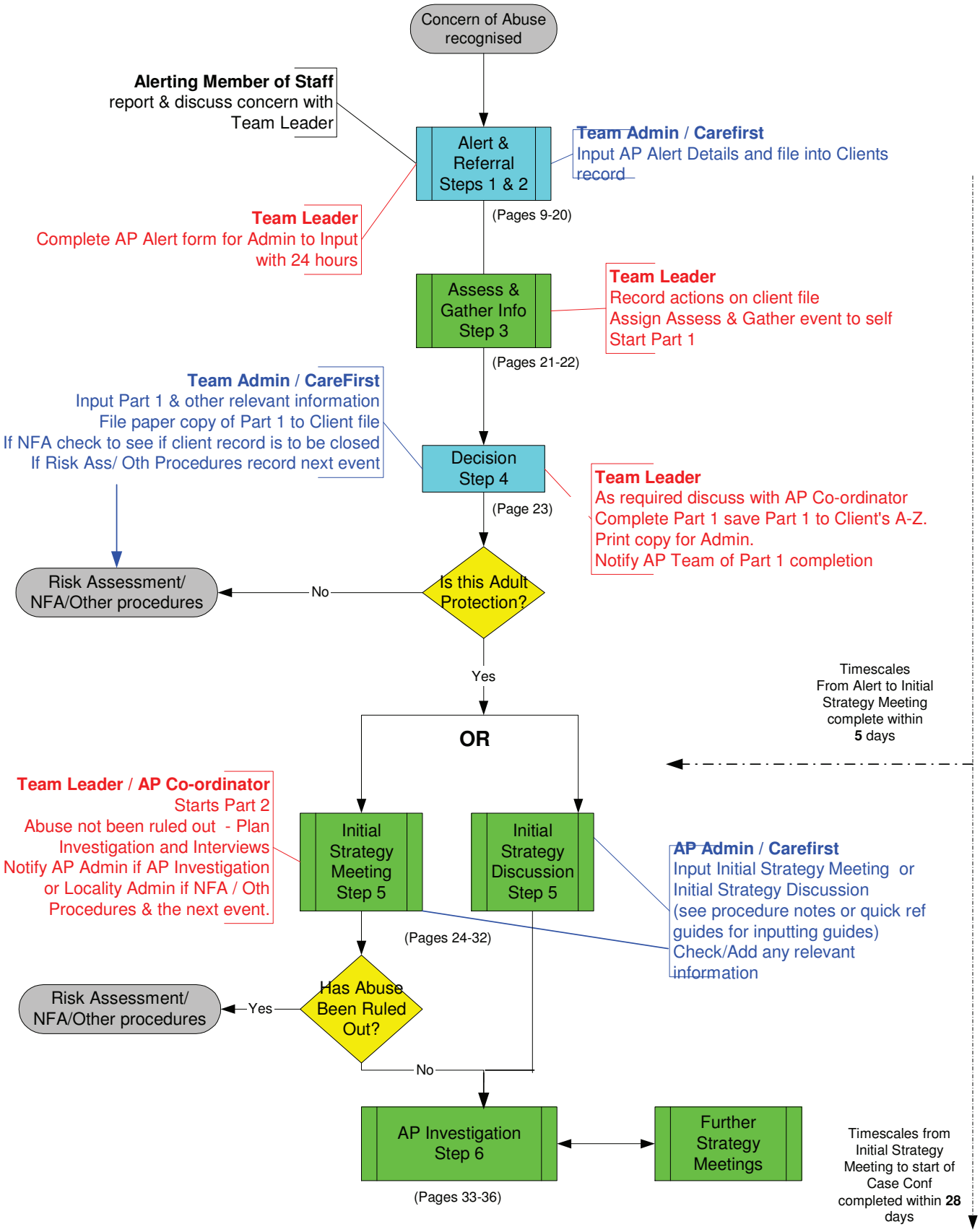
Full Investigation Process

Adult Protection Adult Social Care Process
Alert to Investigation (Step 1 - Step 5)

Doc. Ref:Issue
04-07-2007
V. 2.1
Pages:**1 of 1**

City of Plymouth
Community Services
Adult Social Care

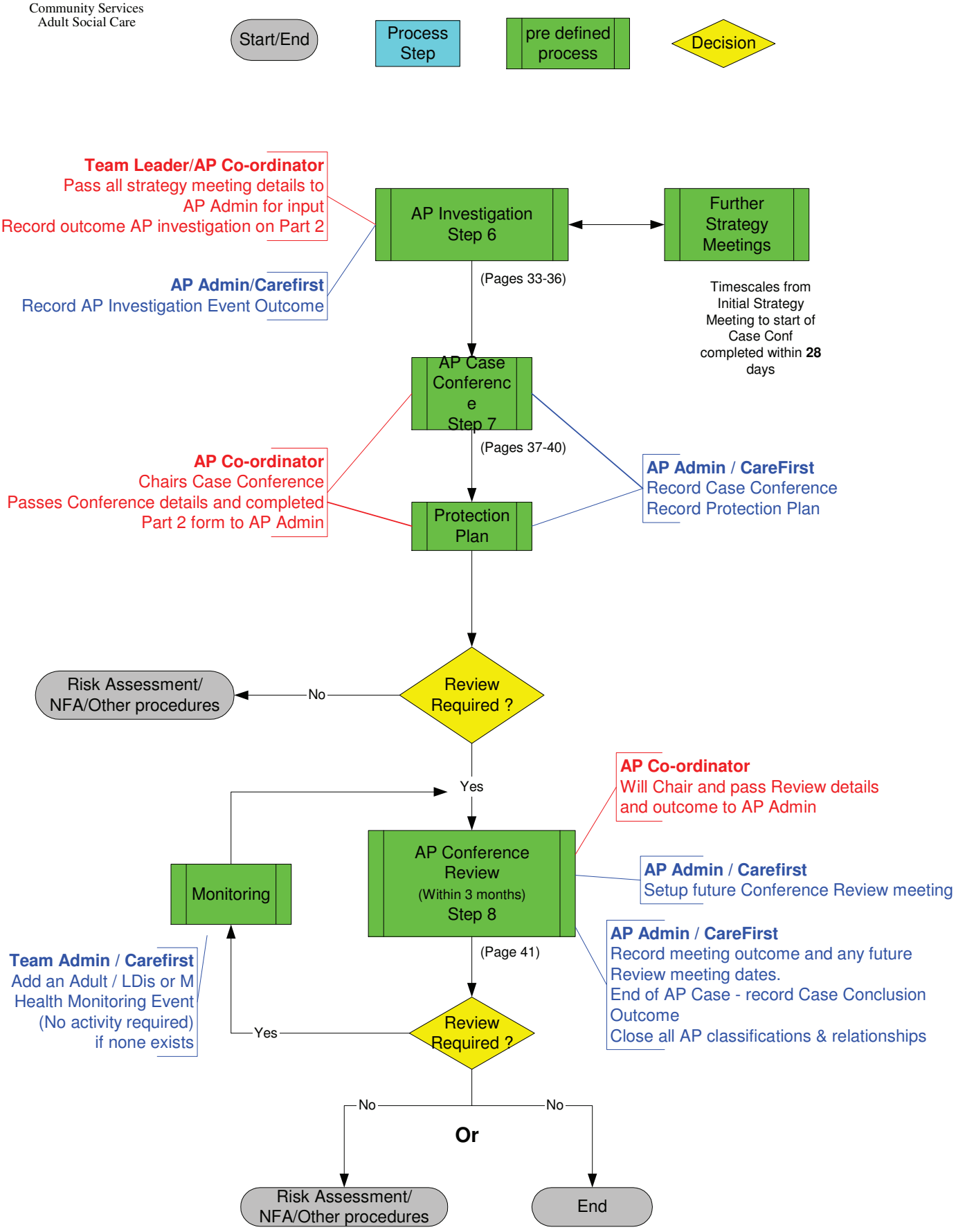
Start/End | Process | Pre defined Process | Decision



Community Services
Adult Social Care

Adult Protection Adult Social Care Process Investigation/Conference/Review (Step 6 - Step 8)

Doc. Ref:Issue
04-07-2007
V. 2.1
Pages:**1 of 1**



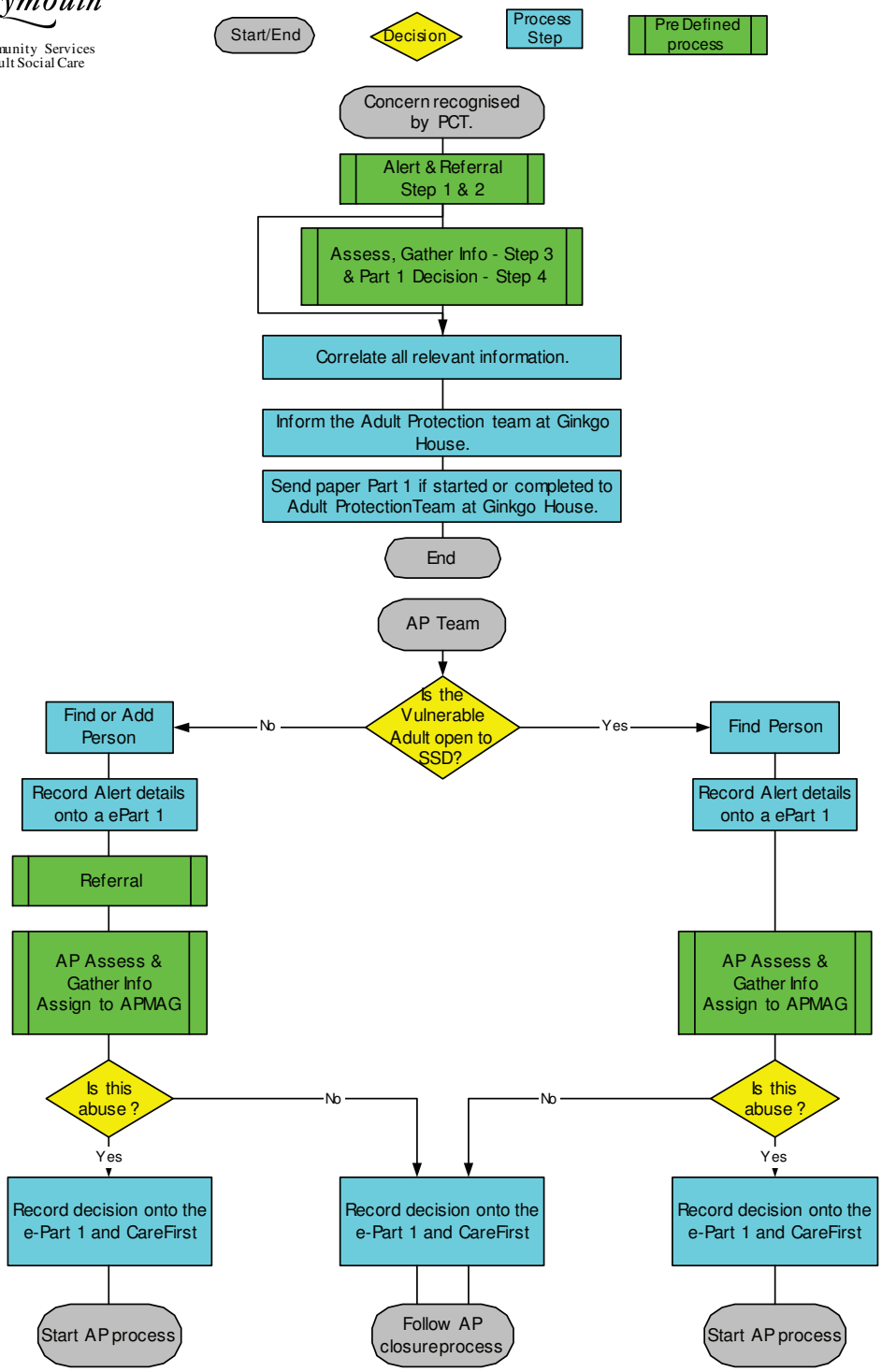
Plymouth Adult Protection/Safeguarding Adults

Primary Care Trust Alerting Process

Plymouth
City of
Community Services
Adult Social Care

PCT Notification to Adult Protection team

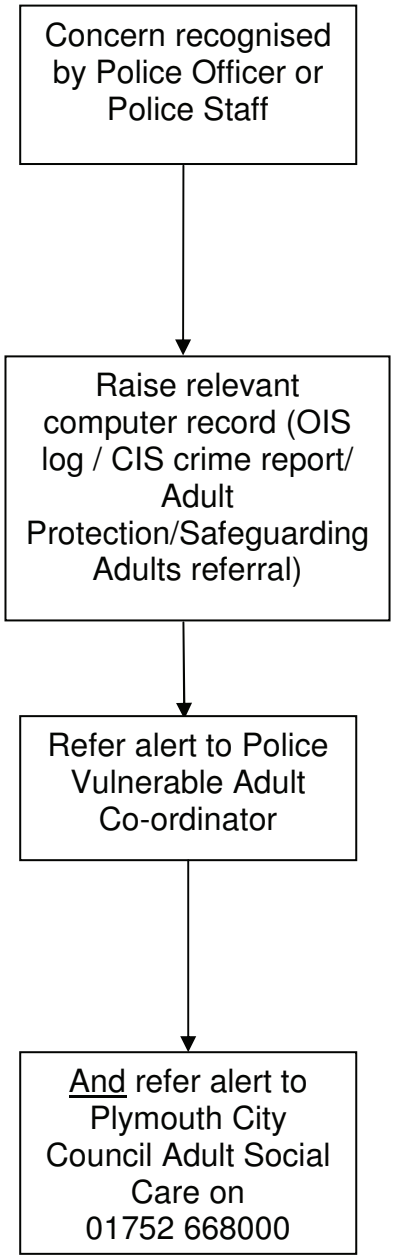
Doc. Ref Issue:
30-01-2006
Pages:1 of 1



Plymouth Adult Protection / Safeguarding Adults

Devon and Cornwall Constabulary Alerting Process

Process for Police to make Adult Protection / Safeguarding Adults Alert

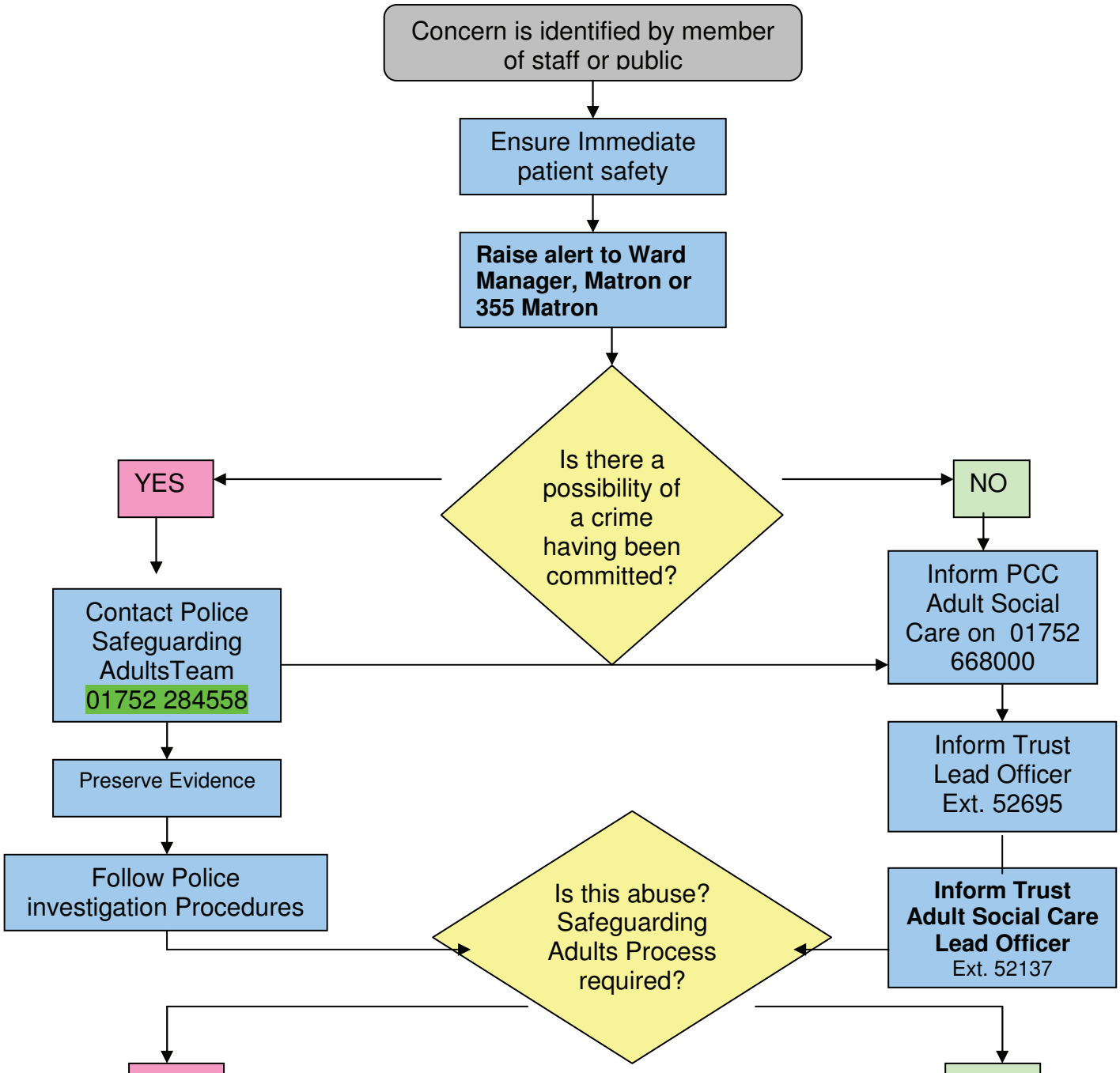


Plymouth Adult Protection / Safeguarding Adults

Plymouth Hospitals Trust
Alerting Process

Plymouth Hospitals NHS Trust

PHNT Notification to Adult Protection Team



Things to Consider:

- ***Is there a child involved / at risk? – Inform Child Protection Team***
- ***Have concerns been clearly documented?***
- ***Have photographs been organised if necessary?***
- ***Does the patient have mental capacity? – If unclear arrange assessment***
- ***Consider the views of the person at risk of abuse***
- ***Are the action taken likely to jeopardise any investigation?***
- ***Consider professional accountability***

2) **Referral**

Please contact the Adult Protection Team if you require a **Part 1 or a Part 2** form and do not work for Adult Social Care.

From Alerting Managers:-

Primary Care Trust

- When the Alerter and the Alerting Manager work within the PCT, they will refer their concerns to the Lead Officer for their sector of the PCT within one working day. The Lead Officer will record the alert information on a Part One Form and post a copy to the Adult Protection / Safeguarding Adults Team, who will make a record of the alert. The Lead Officer will also alert Adult Social Care via the Plymouth City Council Adult Social Care (01752 668000) or if the Lead Officer is aware that the Vulnerable Adult has a Care Manager, they should refer directly to that Care Manager.

Adult Social Care

- When the Alerter and the Alerting Manager work within Adult Social Care, they will refer their concerns to the appropriate Team Leader within one working day. The Team Leader will record the alert information electronically on a Part One Form and will put the details onto the Carefirst database. A copy of the Part One will be sent via email to the Adult Protection/Safeguarding Adults Team for monitoring.

Acute Trust

- When there is concern regarding a vulnerable adult in hospital - whether this is on admission to the hospital from a community setting or regarding the treatment of a patient within the hospital - the alert should be raised to the ward manager and/or Modern Matron (or duty matron 355). The Matron will consider the information gleaned by the alert and any Adult Protection concern will be referred to the Plymouth City Council Adult Social Care (01752 668000). In addition, the concern will be discussed with the Hospital Social Work team - in order to agree actions to be taken within the hospital. The Matron raising the alert should also inform the Trust Strategic Lead Officer for adult protection of any case requiring formal adult protection action (Ext 52695).

Housing and Probation

- When the Alerter and the Alerting Manager work within Housing or Probation they should contact Adult Social Care via Plymouth City Council Adult Social Care (01752 668000).

Police

Police Officers or police staff working within Devon and Cornwall Constabulary should:-

- Raise the relevant computer record.
- Refer their concerns to the Police Vulnerable Adults Coordinator, based within the Community Support Unit
- Refer their concerns within one working day to the Adult Social Care via Adult Social Care Contact Centre. For incidents that occur outside of office hours, the referral should be made to Adult Social Care out of hours service.

Independent and Voluntary Sector

- When the Alerter and the Alerting Manager work within the Independent or Voluntary Sector they should contact Plymouth City Council Adult Social Care (01752 668000).

  The Alerting Manager should also contact their Inspector from CQC.

Commission of Social Care Inspection (C.S.C.I)

- When the Alerter and Alerting Manager work within the CQC they should follow the same guidance as the Independent and Voluntary Sector. They should also inform their own Lead Officer and the Adult Protection / Safeguarding Adults Team.

Remember!
Alerters are not asked to investigate or prove the alert.

3) Assessing the Alert and Gathering Information

Introduction

Once the Adult Protection / Safeguarding Adults alert has been received by the Contact Centre, they will pass the referral to the appropriate Team Leader who will initiate immediate enquiries to collate what is already known by different individuals, agencies or services about relevant background information, what is known about this situation, or anything that has a bearing on the assessment of risk.

There are three purposes to be served in these initial enquiries:

1. To pool available information;
2. To evaluate the information;
3. To decide how to proceed and how to co-ordinate input to any assessment / investigation deemed appropriate

These enquiries may be made over the telephone and **recorded**. Where the issues are complex and / or more than one agency is involved, a formal strategy meeting of all appropriate agency and service representatives might be preferred to ensure that all the issues are fully explored. These enquiries form the assessing and gathering information stage. Whether they are carried out by phone or during a strategy meeting, they should be initiated as a matter of urgency within 48 hours of the initial allegation being received by the Adult Social Care agency.

The Team Leaders must arrange to allocate an appropriately trained and experienced practitioner to become involved in the case and to take any actions that may be required. The Team Leader will need to consider the communication, language, cultural, religious and gender factors when allocating the case.

Assessing the Alert

Questions to consider:-

- Is the person in immediate danger?
- Are other vulnerable people at risk?
- Is there a child involved who is at risk? If yes, inform Child Advice and Assessment Team at Adult Social Care
- Is this an Adult Protection / Safeguarding Adults or a Risk Management Issue? I.e., is the Vulnerable Adult being abused or neglected by another person or is the Vulnerable Adult self-neglecting or self-abusing?
- Is the person known to Adult Social Care?
- Have there been previous allegations? (Check the Adult Protection / Safeguarding Adults database)
- Is this a crime or a breach of the Care Standards Act?

Initial Information Gathering

- Check with the appropriate agencies:

❑ Police
❑ PCT / GP
❑ Acute Trust
❑ CQC
❑ Housing
❑ Probation
❑ Voluntary organisations and/or providers Etc...

- **Initial discussion with the Vulnerable Adult:**

⇒ Their views
⇒ Their capacity Assessment (refer to the Capacity and Consent Guidance)

- Is there more than one Vulnerable Adult at risk?
- Is the person safe?

- Vulnerable Adult's level of communication
- Cultural and racial identity
- Names of Carer
- What is known about the alleged perpetrator?

In cases where the alleged perpetrator is an employee of a partner agency, the Adult Protection / Safeguarding Adults Process must take precedence over the Human Resources disciplinary process.

4)

Decision

- Referral from Alerters and Alerting Managers will be made to a Team Leader or Lead Officer.

Managers should ALWAYS check:

- Is the Vulnerable Adult at immediate risk?
- Are other Vulnerable Adults at risk?
- Is there a child or children at risk? If yes, inform Child Advice and Assessment Team at Adult Social Care
- Before the decision can be taken, the Team Leader or Lead Officer will instruct a member of staff to gather information and liaise with other agencies.

In cases where there is serious risk of harm or a criminal offence, the Team Leader or Lead Officer will ensure that they contact the Police immediately if the Alerting Manager has not already done so.

- The decision to continue with the Adult Protection / Safeguarding Adults process will be made by the Team Leader or the Lead Officer with the support the Adult Protection / Safeguarding Adults Team, if appropriate. The Part One will then be completed and signed (entering onto Care First) and a copy sent to the Adult Protection / Safeguarding Adults Team for monitoring.

- If the decision is made not to continue with the Adult Protection / Safeguarding Adults process the Part One should still be completed and a copy sent to the Adult Protection / Safeguarding Adults Team for monitoring.

! DECISIONS REGARDING ADULT PROTECTION/SAFEGUARDING ADULTS ISSUES SHOULD NEVER BE TAKEN WITHOUT SUPPORT OR IN ISOLATION!

The Adult Protection / Safeguarding Adults process must be followed when concerns have been raised that abuse has occurred within the Plymouth City Area and:-

A. The Vulnerable Adult does not have the mental capacity to decide whether the process should continue.

B. In cases where the Vulnerable Adult is experiencing abuse but does have the mental capacity and does not consent for the Adult Protection / Safeguarding Adults process, then a Strategy Meeting should still be called, to share information and formulate a plan.

C. The Vulnerable Adult or the alleged perpetrator is under the legal care of Adult Social Care Department or PCT or PGO i.e. guardianship, Mental Health Act, etc.

D. The alleged abuse has happened in a regulated situation i.e. care home or care home with nursing, sheltered housing.

E. The alleged perpetrator(s) is / are a member of staff (paid or unpaid) or another Vulnerable Adult.

F. Other vulnerable people (adults or children) could be at risk.

The Adult Protection / Safeguarding Adults Process MUST be followed until Abuse can be either ruled out or a strategy agreed.

5)

Strategy

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

Strategy Discussion

- A strategy discussion should occur with the Police where there is any concern or suspicion that a crime has occurred.
- Where the issues are straightforward or where there is a need to act quickly in an urgent situation, the planning can take place over the telephone.
- All conversations must be recorded appropriately.

Strategy Meeting

- A Strategy Meeting is an inter-agency forum to plan the process of the investigation.
- The strategy meeting is not to gather information. Information should be gathered at Step 3.
- Service Users and their carers will not be invited to Strategy Meetings.
- There will be no limit to the number of Strategy Meetings convened to consider any one case.
- The first Strategy Meeting must take place as soon as possible and definitely within 5 working days of the initial alert, or discussion.

Who should co-ordinate the meeting and who should Chair it?

The Team Leader (SSD) and some Lead Officers (PCT) will normally co-ordinate the strategy or planning process.

The Strategy Meetings will normally be chaired by a Team Leader or other appropriate trained senior staff from within the Adult Protection / Safeguarding Adults Partnership

In cases involving paid or unpaid members of staff, the Adult Protection / Safeguarding Adults Co-ordinator or Service Manager should chair the strategy meeting.

There should be a discussion with the Adult Protection / Safeguarding Adults Co-ordinator regarding who should chair very complex strategy meetings.

Attendee List Guide

You should only invite those people who are relevant to the case / planning the investigation

- Alerter – if appropriate, from statutory agency only
- Managers from Investigating Agencies
- Police Supervisor / Officer(s)
- Social Worker
- Social Work Team Manager
- Community Nurse
- Community Psychiatric Nurse
- Environmental Health Officer
- Health Visitor
- CQC

- Human Resources
- Housing Officer
- Occupational Therapist
- Probation Officer
- Senior Health / Adult Social Care Manager
- General Practitioner
- Legal Practitioner(s).

n.b. It may be VITAL to invite a Provider (Home / Agency Manager etc) to the strategy. Seek advice from the Adult Protection / Safeguarding Adults Co-ordinator in such cases.

AGENDA:

Guidance on Agenda for Adult Protection / Safeguarding Adults Meetings

1. Statement of Confidentiality, Equal Opportunities and Conduct & Courtesy

    - Read out to all attendees and agree:

Statement of Confidentiality

This meeting / conference is held under the Adult Protection / Safeguarding Adults multi-agency policy and procedures for Plymouth City. The matters raised are confidential to the members of the meeting/conference and the agencies they represent and will only be shared in the best interests of the vulnerable adult and with their consent, when it is appropriate to obtain it.

Minutes of the meeting / conference are distributed with the strict understanding that they will be kept confidential and in a secure place. In certain circumstances it may be necessary to make the minutes of this meeting available to solicitors, the civil and criminal courts, the Secretary of State in relation to the Independent Safeguarding Authority (ISA), Psychiatrists, professional staff employed by other Adult Social Care agencies or other professionals involved in the welfare of the vulnerable adult(s). Any such disclosure must be reported to and recorded by the Adult Protection / Safeguarding Adults Co-ordinator / Safeguarding Adults Manager.

Equal Opportunities Statement

The Plymouth City Adult Protection / Safeguarding Adults policy and procedures recognise that certain people are the subject of discrimination and disadvantage. Comments that contribute to this discrimination are not acceptable and will be challenged by the Chair and other meeting / conference members.

Conduct and Courtesy

The Plymouth City Adult Protection / Safeguarding Adults multi-agency policy and procedures acknowledge that meetings and conferences are sometimes dealing with challenging and upsetting information. Discourtesy within the meeting or conference will not be tolerated.

- Send around the attendance sheet which should be headed by the three statements.

2. Introduction of Attendees
3. Apologies
4. Reasons for not inviting / exclusion of any one
5. Clarify Allegation / Concern, i.e. reason for meeting
6. Pen Picture
    - ⇒ Consider risks / rights of Vulnerable Adult consent to interview
    - ⇒ Capacity and communication issues
7. Share evidence and information

8. Establish purpose of enquiries
   ⇒ Criminal investigation? Other? E.g. single agency

9. Obtain legal advice

10. Time scale

11. SSD will lead investigation

12. Specify roles of all involved:
    - Who will conduct interview, who will support?
    - Do you need a second interviewer?

13. Medical (other forensic evidence)

14. Role of family and carers

15. Consider need to interview possible victims

16. Consequences of investigation - future implication of safety and protection

17. Risk Management

18. Action Plan

19. Date of next meeting

A Strategy Meeting will consider the following:-

- What the concern is or what has been alleged / disclosed and how the concern / allegation/disclosure came to light
- What is known about the situation to date
- What the roles are and will be of each agency
- **Who** will be responsible for carrying out **what** actions and **when**
- Can this Vulnerable Adult give consent?
- The continuing safety of the Vulnerable Adult whilst enquiries are made
  - is the person currently safe?
  - is there a need for immediate protective action either on a voluntary basis or through the courts?
  - is it likely to happen again?
- The wishes of the Vulnerable Adult
- Have / will / can they give permission to involve agencies other than those represented at the meeting or in the discussions?
- Is there a need to break confidentiality?
- Who is going to lead and therefore co-ordinate the investigations?
- Is the allocated practitioner to take part in the investigation or will they have a support role only?
- Who will take responsibility for keeping the Vulnerable Adult, alerter, carers, etc. informed of events?
- How can the Vulnerable Adult's family or carers be involved?
  - who should be interviewed?
  - when is the best time for the interviews?
  - will their involvement alert the alleged perpetrator and threaten the safety of the Vulnerable Adult and / or the collection of evidence?
  - where is the best place for the interviews?
  - does their current level of distress affect their involvement, and if so how?
  - should they be present at any of the meetings or are there more appropriate ways for them to contribute to the decision making?
  - support groups
  - social work support
  - carer representation

- Are there any doubts surrounding the Vulnerable Adult's mental capacity? This may have been dealt with in Step 3 of the 8 steps?

- Is an assessment needed concerning the Vulnerable Adult's mental capacity in this situation? If so, who will arrange it and who will carry it out?

- Have issues of gender, race, culture, language, communication been considered? Is an interpreter or signer needed?

- What practical assistance would facilitate the Vulnerable Adult's involvement? (normally, Vulnerable Adult will only attend Case Conferences)
  - transport to medical appointments or interviews
  - assistance with child care arrangements
  - fully accessible interview venues
  - is the giving of video evidence appropriate?

- How can information about the Vulnerable Adult and the alleged incident(s) best be gathered?

- Are criminal proceedings a possible outcome?
  - is there a need for co-ordinated interviews to avoid repeat interviewing?

  - is there a need for a formal interview to take place with the involvement and under the direction of the police?

- Is there a need for the Vulnerable Adult / perpetrator to undergo a medical examination? Who will carry out the examination(s) and what will be the necessary arrangements?

- Is it possible that there are other abused people?

- Are there children potentially at risk?

- When, how and by whom is the alleged perpetrator to be informed about the allegations?

- Is the alleged perpetrator in need of community care services?
  - will they need social work support?
  - if they are in need of community care services, a separate Strategy Meeting must be arranged specifically to consider their needs

- Who will support the Vulnerable Adult after the investigation?

- Venue and time of the first Adult Protection / Safeguarding Adults Case Conference, including arrangements for it to be chaired by a Manager / Police Supervisor who is independent of the investigations

- Action Plan?

Strategy Meeting about an Establishment:

If the information gathering has revealed problems related to the general standards of care and / or abusive practices within a service, an establishment strategy meeting may be held. This will be chaired by an independent chair but there is an expectation that managers from contract services and regulatory authorities play a significant role within the meeting.

In a large scale investigation a core group of staff will be established, who will work together consistently, use an agreed set of questions and meet and support each other through the investigation. This core group will provide a written report to inform a case conference.

Outcomes of this meeting may result in ongoing auditing, request to the Service not to take new placement for the duration of any investigations, monitoring, enforcement notices or cancellation of the existing registration and the contract. Consideration will be given to the support required to remedy and identified problem areas. Effective communication and

collaboration between the police, the Adult Social Care agency and other relevant agencies are essential.

Reports to be brought to the Strategy Meeting

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

Reports should be brought by all attendees to Strategy Meetings, if possible in writing (at least verbal) even if only a list of bullet points to back up an oral statement.

Reports should cover:

- Details of the initial alert
- Outline of this and any other previous related allegations / concerns
- A pen-picture of the Vulnerable Adult(s) and their circumstances
- An assessment of the Vulnerable Adult(s) in terms of consent, capacity and / or other legal issues
- Social situation / network of the Vulnerable Adult(s)
- Any information you have about an alleged perpetrator
- A description of the information gathering process to date, what and who has been involved, the level of inter-agency co-operation
- An evaluation of any evidence to date
- Your assessment of the seriousness of the alleged abuse or concern
- Recommendations for future action / risk, including risk assessment
- Location of the cause(s) of the alleged abuse or concern
- Your conclusions.

(Please see suggested report format overleaf)

SUGGESTED REPORT FORMAT

FOR A REPORT THAT WILL BE PRESENTED AT AN ADULT PROTECTION / SAFEGUARDING ADULTS STRATEGY MEETING

Clients Name: ID NO:

1 Information required before Strategy Meeting (Demo)

2 Allegations / Concerns

There have been allegations of financial and physical abuse from the domiciliary care provider. Large sums of money have disappeared from the house and reports of a relative hitting the client- when refusing to give them money.

2.1 Alerted by whom and when

2.1.1 Domiciliary Care Agency on the 22/12/05

3 Background / Social History – short chronology pertinent to the case

Mrs. E. lives alone in privately owned house. Third alert received – previous made by neighbours on the 12.1.05, 23.5.05 and 29.7.05. Mrs. E did not want to take matter any further.

Contributions from other agencies e. g. Police, GP, SW, DN, Consultant – including reports (what information has been gathered). This will be shared in the meeting on a need to know basis.

GP also have concerns in relation to the relative whom Mrs. E states she is afraid of.
DN stating Mrs. E. often tearful following visits from the relative
Police – Check on the said person – 2 previous offences – deception
Dom Care Agency – Very concerned for her wellbeing.

3.1 Service users' views?

Mrs. E. states that she is now fed up with being bullied and harassed by this relative and wishes it to stop.

3.2 Are they aware of alert?

Yes, but very concerned that relative might find out.

3.3 Does this client have Capacity (this must be ascertained prior to Strategy Meeting)

3.3.1 Client has full capacity - this has been confirmed by the GP

3.4 Family Composition and others in the household. Significant others.

Grandson 19 – lives in next road and visits regularly
Son-in-Law 45 – as above – visits occasionally – Mrs. E. fearful of him
Daughter 42 – visits everyday – volatile relationship according to Mrs. E with her husband. Daughter will not say a bad thing against him.
Jo next door neighbour – very supportive try to protect Mrs. E. from grandson and son-in-law – putting himself at risk.

Completed by:
Date:

A copy of the Adult Protection / Safeguarding Adults Part One to be brought to ALL strategy meetings

AT THE END OF THE MEETING

The Chair will complete a Part Two Form and forward a copy to the Adult Protection / Safeguarding Adults Team for monitoring.

Consideration must be given regarding the feedback for the Carer(s) or alleged perpetrator(s).

Guidance on Minute Taking

Recording the meeting and conversation is vital. The meeting must be minuted.

The minutes are the responsibility of the Chair of the meeting and should be produced and circulated within ten working days.

In some cases the Chair may wish to produce a hand written action plan and circulate at the end of the strategy meeting.

The Chair's Responsibilities to the Minute Taker

- Give as much notice as possible for Adult Protection / Safeguarding Adults meetings.
- Explain if there are any whistleblowers or other persons who wish to remain anonymous.
- If there is time, discuss the agenda with the Minute Taker prior to the meeting, or let them have a copy of the file / previous meetings to read.
- Ensure the Minute Taker sits next to the Chair and that they are properly introduced as part of the meeting.
- Make sure that only one person speaks at a time and try to keep to the agreed agenda.
- Make it clear that the Minute Taker can ask for clarification at any time during the meeting.
- Clarify any particular points you want minuted.
- If the meeting is lengthy, ensure that breaks are taken.
- Summarise the agreed actions at the end of the meeting.
- Check with the Minute Taker that any issues that need clarifying by attendees are addressed before the end of the meeting.
- When further meetings are agreed, it is helpful for the same Minute Taker to minute these meetings.

The Minute Taker's Responsibilities

- Prepare the attendance sheet with the confidentiality, equal opportunities and conduct statement at the top.
- Advise reception staff of the meeting and the names of those attending (if all are known).
- Sit next to the Chair of the meeting.
- Ensure that everyone signs the attendance sheet on arrival.
- The formal minutes should be written in the past tense and ALL names should be typed in full.
- Anyone needing to remain anonymous at this stage should have their name anonymised.
- If any reports are provided during the meeting, ensure that you have a copy.
- Listen carefully and record essential / factual information.

- Separate facts from opinion.
- Write down key words; don't try to write down everything being said.
- The Chair will advise you if an essential point needs to be noted.
- A lot of information will be repeated or not relevant to the minutes.
- Remember to ask for clarification if you need to. If it does not make sense in the meeting, it is unlikely to when you come to write up the minutes. If it really does not feel appropriate to interrupt the meeting, ensure you note who was speaking and ask to talk to them after the meeting for clarification. If they do not have time for you at the end of the meeting, call them as soon as possible and ask for clarification.
- Ensure that no papers related to the meeting are left in the meeting room.
- It is vital that the minutes accurately reflect the facts, concerns, risks, recommendations and action points.
- Putting a complex conversation between many people from different agencies into a clear set of minutes can be challenging. If you are not sure how to go about this, the following process may be helpful:

  Put your minutes away, sit somewhere where there are few distractions with a pad and a pen and ask yourself the following questions:

  1. What was the meeting trying to achieve? i.e. what was its purpose?
  2. What was the conclusion of the meeting?
  3. What were the agreed actions?

  Once you understand this, the minutes will hopefully be a lot easier to write. In between questions 1 & 2 will be all of the reports/information you have gathered from the attendees – you need to evidence the discussion that lead to the final conclusion.

- Aim to produce draft minutes as soon as possible after the meeting and pass them to the Chair for amendments. Do not send them via email to the Chair if the Chair does not work for your agency; you will need to fax them and ensure they are next to the fax to receive them.
- The responsibility for the content of the minutes rests with the Chair of the meeting and they rely upon you to produce the draft and then the final versions within 10 working days. They then need to be sent out by 1st class post, marked 'Private and Confidential – Addressee Only' with a return address attached to the back of the envelope. You can send out minutes via email if they are to people who work at your agency. The others will have to go by post.
- Ensure that you know exactly who should have the minutes or part of the minutes and any additional papers that should be attached.
- If a future meeting has been discussed, ensure that it is booked into the meeting diary.

6) **The Investigation**

INTERVIEWING GUIDANCE

This is specific guidance for **police joint investigations.** They may be used as a Good Practice for any other type of interview.

Planning and Conducting the interview(s) – The Context

- Interviewers must have received training.

It will be decided at the Strategy Meeting level:

- Who will be interviewed
- When they will be interviewed
- Who will conduct the interviews

- If there is a possibility of criminal proceedings it is important that repeat interviews are avoided as evidence may become contaminated.
- Conducting interviews is a central part of investigating adult abuse.
- The information and evidence gathered during the course of an interview may be required in criminal and / or civil proceedings.
  It is therefore imperative that any interview conducted complies with the legal and procedural requirements to ensure its integrity.
  Failure to comply may render information or evidence obtained during that and future interviews inadmissible.
- For these reasons interviews MUST ONLY be conducted by those who have received the appropriate training.
- The 'interview strategy' will be decided upon at the Strategy Meeting. Separate pre-interview planning may be needed.

Planning and conducting interviews of Vulnerable Adults who are victims and witnesses

- The evidence and information gathered during the course of an interview may be required in criminal and or civil proceedings.
- The interview should be conducted following the guidance outlined in achieving best evidence and be conducted by suitably trained persons.
- If a criminal offence is alleged to have taken place the police will be involved in any investigation interview.
- The Vulnerable Adult will need to consent to any interview.
- The interview must be planned and a record made of the plan.
- The interview strategy will be decided at a strategy meeting or strategy discussion. It should be based on the following:

  a) Pre interview assessment
  b) Type of interview required
  c) Where the interview should be conducted
  d) Who will be present
  e) Post interview support
  f) Pre-interview assessment

a) A pre-interview assessment of the Vulnerable Adult should be conducted. This should assess the Vulnerable Adult's views and needs and the abilities and disabilities of the witness.

- A record should be kept in respect of the interview assessment.

- Will the witness require support during or after the interview?

- Should the witness have any communication needs then the use of communications aids, intermediaries and interpreters should be considered.

- Should an intermediary be required at the interview then an early meeting with the Crown Prosecution and Investigating Officers may need to be convened prior to the investigative interview taking place.

b) Type of interview required

- A witness should be interviewed in the language of their choice.

- All decisions should take into account the Vulnerable Adult's own preferences as to the form of their statement, and that the method used will ensure that the best evidence is achieved.

- Video recorded evidence may be used as evidence in chief in criminal trials.

c) Where the interview should be conducted

Consider:-

- Accessibility of building
- Private comfortable room
- Transport arrangements
- Medical requirements

Many Vulnerable Adults will be unable to give their evidence in one long interview; therefore several shorter interviews may be required.

d) Who will be present during the interview?

- If there is a possibility of criminal proceedings the police will direct any disclosure interview.

- All interviewers must have received the relevant training in respect of achieving best evidence.

- Suitably trained interpreters should be used when required.

- The use of an intermediary should be considered.

- Support worker may be requested by witness.

e) Post-interview support

- The witness should be thanked for their time and effort and an explanation of what will happen next should be given. The witness should be provided with the relevant contact details of investigating officers and victim support.

- The full guidance as outlined in achieving best evidence (see section 1) should be consulted by any persons conducting investigative interview.

Interviewing Vulnerable Adults suspected of criminal offences

Any interviewing of Vulnerable Adults who are suspected of criminal offences should be conducted within the guidelines laid down within the Police and Criminal Evidence Act 1984 (PACE)

THE INTERVIEWS

(a) General Issues

- It must be decided in advance, amongst all participants, how long the interview will last and how many breaks there will be

- Always interview in private

- Create an atmosphere in which the person can relax

- Always proceed at the person's pace

- The more clearly the account is seen to be in the person's words the more compelling and reliable it will be – **do not put words into the person's mouth**

- Notice non-verbal signals such as facial expressions, gestures, body language, fidgeting, tense posture, poor eye contact.

(b) Preparing Yourself

- Be respectful towards the person

- Speak in a clear, neutral tone of voice

- Logic and reasoning may not always work

- Always speak directly to the person and not to the interpreter / supporter or advocate who may be present

- Remember the person may have low self-confidence and poor self-esteem

- Ensure a non-judgmental attitude.

(c) Listening to the Person

- Be aware of similar themes

- Look for repetition of words or phrases

- The information may be disjointed

- Act as a memory back up by repeating.

(d) Basic Interviewing Skills

- Speak to the person as an adult

- Ensure you have the person's attention

- Use their / your name

- Speak slowly and clearly

- Use short sentences

- Avoid abstract ideas

- Avoid comparative/either/or questions

- Break interview into small slots

- Do not ask more than one question at a time

- Do not incorporate more than one idea per question

- Use statements

- Avoid jargon

- Do not ask open ended questions

- Summarise what has been understood

- Do not ask 'why' questions, ask instead who, what, where, when

- Stick to the issues

- Give one piece of information at a time.

Remember T.E.D.

- **Tell me**
- **Explain to me**
- **Describe to me**

AFTER THE INTERVIEWS

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

- It is essential that the Vulnerable Adult is involved as much as possible in the subsequent decision making process.

- If the investigation leads to criminal proceedings the Vulnerable Adult will

need to be informed at each stage as to what will happen next.

- The Vulnerable Adult will still need support even if there is no further action in terms of the perpetrator.

- Whatever the outcome of the investigation the Vulnerable Adult's wishes must be taken into account.

The Vulnerable Adult may experience feelings of:-

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

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

Reference:

Achieving Best Evidence.

7) **Case Conference or Risk Management Plan**

The Context

The decision to call Case Conferences is usually taken at Strategy Meetings. Occasionally a Case Conference may take place without a Strategy Meeting being held in the case of when a strategy discussion has taken place.

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

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

If the individual is thought to have mental capacity

- The Protection Planning / Case Conference should be chaired by the Adult Protection / Safeguarding Adults Coordinator, Service Manager or other individual with the appropriate level of skills, experience and impartiality.

If the individual is not thought to have mental capacity, a Case Conference will be held and the following guidance applies:

Professionals must work with the support of Carers, friends and if possible, the Vulnerable Adult to formulate a plan which is in the Vulnerable Adult's 'best interests'.

The Procedure

Case Conferences will normally be held within 28 working days from the initial alert but this may depend upon decisions taken at Strategy Meetings.

Planning

- Appropriate location
- Arrange for appropriate independent person to chair
- Communication needs of all those attending
- The Vulnerable Adult's needs - e.g. interpreter, transport, advocate need particularly careful planning, if they are attending.

Who is invited?

Attendance of the Vulnerable Adult at their Case Conference

The Vulnerable Adult is central to the Adult Protection / Safeguarding Adults process. Many people, not just Vulnerable Adults, experience difficulties in being part of large meetings.

If the Vulnerable Adult does not feel able to attend their case conference then alternative plans must be made such as:

- They can ask for their representative / advocate to attend on their behalf and present their views and wishes
- A smaller meeting, made up of people known to the Vulnerable Adult can take place after the main Case Conference to discuss the proposed plan with the Vulnerable Adult.

Information to the Vulnerable Adult and other relevant people prior to the Case Conference

Inform the Vulnerable Adult:

- Exactly what the meeting is about
- Who is going to be at the meeting
- What will be discussed - the agenda
- They have a right to speak
- They can sit where they choose
- They can have a break at any time
- They can have support and legal advice
- They can bring an advocate
- They can send an advocate on their behalf if they do not want to attend the meeting.

Other Invitees

- The Vulnerable Adult and / or their representative advocate
- The Investigating Officers
- Adult Social Care Team Manager
- GP
- Local Authority solicitor (who would need the investigator's report in advance)
- Any other appropriate or useful agencies.

Guidance on Agenda for Adult Protection / Safeguarding Adults Meetings

1. Statement of Confidentiality, Equal Opportunities and Conduct & Courtesy (see step 5 for full details)
   - Read out to all attendees and agree.
   - Send around the attendance sheet which should be headed by the three statements.
2. Introduction of Attendees
3. Apologies
4. Reasons for not inviting / exclusion of any one Introduction
   - Remind participants of the subject and date that the original concern(s) were raised.
   - Chair to explain briefly the purpose of the meeting, e.g.: Case Conference, Review etc
   - Explain the structure of the meeting
   - Chair to hand out prepared agenda, asking for any additional points if necessary
   - Clarify with participants their role in this meeting
   - **IF possible: circulate relevant information to participants in advance, marked 'highly confidential'.** This will encourage an open atmosphere at the Case Conference and reduce areas of conflict at the Case Conference.
5. Outline the Alert
6. Report from investigating persons
7. Summary of information exchanged using separate headings for professionals' input:

a. Care Management: history, current status, action undertaken
b. CQC: previous inspections, current knowledge
c. Contracts and Commissions: any relevant information
d. Out of Hours
e. Health: who in health is the Key Worker, current information, historic information
f. Police Involvement: Do the Police consider that a Criminal Offence may have been committed?, clear indication as to what can be communicated and to whom, try to establish time-scale for any investigation.
g. Housing
h. Provider (if present): Have the necessary steps been taken to protect Vulnerable Adults?
i. Other Placing Authorities (see ADSS Host-Authority Protocol in 'Full Alerter's Guidance – Ordinary Residence): L.A.s, PCTs or Mental Health Trusts etc

Representatives from other agencies who are not in attendance will inform the conference, via the Chair, of their previous involvement with the individual or case and of any action being undertaken or planned

8. Consider outcome of the Adult Protection / Safeguarding Adults alert (complete a part 2)

9. Availability of statutory powers of intervention must be discussed.

10. Consider a referral via employer or CQC to the ISA barred list and any other professional bodies, i.e. Nursing and Midwifery Council or General Social Care Council.

11. Ensure protection plans are agreed for the vulnerable adult(s), service provider and that any matter which may trigger urgent recall of Adult Protection / Safeguarding Adults procedures are identified.

Protection Plans should be specific and detailed. They should be agreed in Case Conferences but more detail can be added after the Conference.

Include objectives of the Plan:

- What are you going to try to achieve?
- List the people involved and their responsibilities and tasks

Where a mental health need is identified, the Adult Protection / Safeguarding Adults Plan should be incorporated into a Care Programme Approach (CPA)

12. Conclusion

- Summarise again the Protection Plan.
- Agree what will be fed back to the alerter / referrer and by whom.
- Ask meeting attendees to be clear if anything has been omitted that needs to be added.
- Ask meeting attendees to be clear if anyone disagrees with the content or the decisions made.
- If appropriate, arrangements for reviewing progress must be made.
- If it is decided that a Protection Plan is not necessary, or that no further action is to be taken, the reasons why must be detailed in the minutes.
- **Any disagreement regarding the conclusion / protection plan from the conference should be recorded and discussed with a Senior Manager as a matter of urgency.**

Attendees should be strongly advised to make their views / disagreements known at the time of the meeting.

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

  [Remember to keep the Vulnerable Adult's wishes central to the process.]

Minutes

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

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

- Any questions or clarification about the content of the minutes must be made to the Adult Protection / Safeguarding Adults Co-ordinator within five working days of receipt. ***Only*** *the Chair can agree any changes to the content of the minutes*.

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

- Ideally the Chair should ensure the minutes are produced in a manner that makes them understandable to the service user or nominated person e.g. Braille, large print, total communication etc.

  (please refer to step 5 in this process for full guidance on Minutes)

- A Part Two monitoring form will be completed by the Chair after the Case Conference detailing the Protection Plan or reasons for no further action.

8)

Review

A date for reviewing the Protection or Risk Management Plan should be set at the Case Conference or Risk Management Meeting.

- The responsibility for commencing the meeting is the Chair's. The review will normally be within 3 or 6 months, depending on the nature of the case, but it can be reconvened earlier if necessary.

- The purpose of the review is to check the agreed action if the Protection or Risk Management plans have taken place and whether any further action is needed.

- If new concerns arise, these should be considered as a new alert, but the previous investigation should be taken into account.

- As with the original plan, the review plan should decide responsibility for ongoing management.

3.3 Checklists for Practitioners

Adult Protection Referral Checklist

The following points will assist staff to manage the adult protection referral/alert process:

- Complete the alert form (part one) as fully as possible.
- If the initial alert refers to more than one named vulnerable adult, then alert forms should be completed for all those named as victims.
- If at any time during the process of consultation, inquiry, evaluation of information, planning, investigation, or assessment, it becomes apparent that other named service users may be at risk or have suffered abuse then alert forms must be completed for all those named.
- Determine of the vulnerable adult is aware that the adult protection alert has been raised and that investigation/assessment will follow. Ensure that issues of consent are recorded?
- Is emergency action required? If there is any possibility that a criminal offence may have been committed ensure the police are contacted and/or consulted before action is taken, unless to do so would cause undue delay and result in significant harm to the vulnerable adult(s).
- The Team Leader and Care Manager will carry out contact inquires with other professionals, agencies or services to gather and **record** information already known about the vulnerable adult, the alleged perpetrator and the service setting. This is not an investigation of the issues that caused the alert to be raised but an opportunity to gather information to allow a full evaluation and assessment of the adult protection concerns.
- Where adult protection concerns are raised around the rime of death of a vulnerable adult, the coroner's office must be informed of the adult protection issues as a matter of urgency. The police will normally do this.
- If either the victim or alleged perpetrator is a service user funded by an authority other than Plymouth City Council, the funding authority must be informed of the issue as a matter of urgency.
- If the issues of concern involve a service accommodating users placed by authorities from outside Plymouth City Council and at this point it appears there may be risks to other vulnerable service users, consideration must be given regarding the need to inform all of the placing authorities of the issues.
- If the issue(s) of concern appear to be serious and it is believed that other service users may have been abused or are at risk of abuse, all placing authorities must be informed and given the opportunity to attend the planning meeting. This decision should be taken by the Team Leader, or Adult Protection Coordinator, based on an evaluation of the information available.

Team Leader/Service Manager/Adult Protection Coordinator/Safeguarding Adults Manager's Checklist

As the Team Leader/Service Manager/Adult Protection Coordinator/Safeguarding Adults Manager (TL/SM/APC/SAM) you are responsible for the overall co-ordination and management of an adult protection case and chairing any meetings which may be necessary.

You should delegate the task of investigation/assessment to an appropriately trained and experienced staff member who will report back to you.

The person will be referred to as the investigating officer. You will need to be available to provide support, supervision and advice to the investigating officer and ensure that they have the resources necessary to carry out their task. (Resources include time, clerical support and another person with whom to share the task of interviewing).

Your overall responsibilities include:

- Receiving initial adult protection documentation, carrying out (or supervising) necessary checks with other agencies and authorising emergency action to protect the vulnerable adult(s) if this is indicated from the information available.
- Ensuring a formal referral is made to children and families where any possible risk to children is identified.
- Ensuring that there is a completed alert form (part one) on the file and that it has been input onto the AP (Adult Protection) database.
- Liaising with the contracts service, where appropriate, regarding the status of the contact and deciding with them whether any action is needed in relation to the contact, either before, during or after the investigation or case conference has taken place.
- Charing planning meeting, case conferences and reviews.
- Ensuring that any discriminatory issues are addressed.
- Ensuring that, where appropriate, placing authorities are informed of adult protection issues of concern in a care home or day care setting that might affect their clients. This will enable them to be involved in meetings and assessments as necessary.
- You may, at any time in the adult protection process, decide that the issues have been addressed and abuse can now be ruled out. You must ensure that all relevant people and/or agencies are made aware of this decision, including the vulnerable adult, family, carer(s) and the referrer. The reasons for their decision must be recorded on the part one form.
- Ensuring that decisions taken as a result of consultations with other agencies or departments or during a formal planning meeting or informal planning discussions are recorded.
- Ensuring that any assessment/investigation carried out with or without the support of other agencies is fully recorded and that there is a written summary of findings on which to base decisions (in minutes, etc.).
- Ensuring decisions taken, at planning meetings or case conferences, are appropriately minuted including decisions about: the vulnerable adult(s); the person responsible; the service setting/agency.
- Ensuring that the minutes of meetings are circulated to those participating in or invited to the meeting. Deciding what information will be made available to the employer or other agencies to enable them to carry out their statutory obligations.
- Ensuring that a protection plan is agreed and recorded in the vulnerable adult's life.
- Ensuring that any disagreement with recommendations taken at meetings is recorded and discussed with a senior manager as a matter of urgency.
- Ensuring that a named staff member is delegated to monitor and review the protection plan.
- Ensuring appropriate feedback is given to all relevant people and agencies, including the alerter.
- Ensuring that any innocent 'whistle-blowers' are not inappropriately penalised by their act(s). If necessary writing a brief letter, to give to future employers, to record their action in supporting the protection of vulnerable adult(s).
- To review individual/audit cases from time to time to determine if any lessons can be learnt.
- Ensuring that appropriate multi-agency debriefing takes place or staff who have worked with complex and distressing cases.

Investigation/Assessment Checklist

The role of the investigating officer is central to the adult protection process. If you are asked to be an investigating officer for a case you should have an understanding of the multi-agency adult protection policy and protocols and be appropriately trained and experienced to undertake the task.

A summary of your responsibilities includes:

- Completing, as necessary, the Part One form and ensuring that it has been input onto the appropriate database
- Liaising with the TL/SM/APC/SAM if emergency action is required to protect the vulnerable adult(s) or children.
- Keeping a complete record of contracts, meetings, interviews, phone calls and any decisions taken and issues considered to be placed in the closed section of the client's file.
- Recording decisions taken as a result of meetings or consultations with other professionals or service providers.
- Carrying out an assessment/investigation with other agencies, where appropriate, and writing a summary of the findings that will support decision making.

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

1. Are you clear on what you are being asked to do?
2. Consider both the investigative and protective aspects of the investigation
3. Who will support you in the investigation/assessment process? You may carry out some tasks alone (checking through reports or files), but during all interviews and meetings you should have the support of another person. This person can be from: - police, health, regulatory authorities, voluntary organisation, a funding authority representative or a colleague from your own team. Please consider the cultural religious and gender issues and seek appropriate support.

4. The 4 main strands of the investigation are:-

   - To establish matters of fact.
   - To assess what is needed to make and keep the vulnerable adult safe and to assist them to recover from any trauma.
   - To consider any action which may be taken against the alleged perpetrator.
   - To evaluate the services response to the case.

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

6. Evaluate the evidence obtained:

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

The evaluation of each piece of evidence should assist in:

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

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

The following points should assist you in compiling your report:

- Details of the initial alert.
- Outline of this and any other previous related allegations.
- A pen-picture of the vulnerable adult, relating to consent and any other legal issues.
- Social situation/network(s) of the vulnerable adult.
- Information about the person alleged responsible (if applicable).
- A description of the investigative process (what was involved) and the level of cooperation you received from the various people involved.
- An evaluation of the evidence.
- Your assessment of the seriousness of the alleged abuse.
- Recommendations about future action(s)/risk(s).
- Locations of the cause(s) of the abuse.
- Your opinion and conclusions. Ensure that there is evidence available, in the closed section of the clients file, to support these.

8. Discuss the content of your report with the TL/SM/APC/SAM to enable a decision to be taken regarding the need for a case conference or how the outcome of the investigation/assessment may be appropriately disseminated.

3.4

Learning from Adult Protection / Safeguarding Adults Cases in order to reduce further abuse

Monitoring

It is essential that systematic monitoring of various aspects of Adult Protection / Safeguarding Adults be conducted on a regular basis in each district and at a county level. Different agencies will be able to contribute to the information by making sure that they keep information in compatible systems and access their own data sets for the purpose of planning protective services. Knowledge in your area can draw on a number of sources:

- Numbers of referrals received under Adult Protection / Safeguarding Adults.
- Vulnerable victims of crime where these are identified in generic crime statistics and / or analyzed within community safety initiatives.
- Cancellations and enforcement actions taken by the regulatory bodies.
- Disciplinary or professional misconduct hearings.

Aggregation and analysis of quantitative and qualitative information relating to adult abuse should assist in several ways:

a) To raise the profile of Adult Protection / Safeguarding Adults.

b) To inform senior managers and elected members.

c) To monitor the workloads of staff in social services, police, health and voluntary organisations.

d) To ascertain possible resource implications in managing Adult Protection / Safeguarding Adults effectively and bidding for additional resources.

e) For pro-active planning and development of Adult Protection / Safeguarding Adults training and services in conjunction with other agencies.

Case review

From time to time it is important to review individual cases to learn about the process of investigation and to revisit these procedures in the light of experience. This process could act as a debriefing for all staff involved in a particularly difficult or stressful case. Where there are serious concerns about the way a case has been addressed, any agency or person may request that the case be referred to the Lead Officers Group.

The following template (adapted from Brown, Flynn and Maugham 2000) provides an agenda for such a reflective review.

Twelve questions to ask when reviewing cases reported under Adult Protection / Safeguarding Adults policies.

1) Was the policy triggered appropriately, at the right time, through the appropriate channels and to the right person / agency?

2) Did the proper person at a proper level, which is by someone with sufficient seniority, impartiality and authority carry out the investigation?

3) Was the input of each agency properly coordinated?

4) Was the vulnerable adult appropriately safeguarded throughout the investigation process?

5) Were the rights of other people – staff, relatives and other service users – properly respected throughout the investigation. For example, where a member of staff was suspended, were the proper procedures used?

6) Were appropriate inquiries / assessments made and was sufficient background information collated according to an agreed timetable and within appropriate deadlines?

7) Were sound decisions made and recorded at a case conference or other forum concerning;
- A finding of fact, such as the substance of allegations and whether the evidence supported was insufficient or disproved the allegations?
- The ongoing protection of the vulnerable adult?
- Appropriate sanctions and support for the person alleged responsible?
- Action in relation to the service for example using the powers within the Care Standards Act 2000 or revised contracts?
- Reviewing management and practice in terms of the failure to prevent abuse and changes needed to protect vulnerable people in the future? And
- At organisational level in terms of strategic service development and management?

8) Was the case followed through at all these levels? Did the case conference set out indicators, which should trigger further concern or action? Were dates set for review and further action planning?

9) Has there been any further abuse of this person, by this person or in this service since the case conference?

10) Have any good things come out of the case for any of these people or at any of these levels?

11) Were investigators / assessors properly supported throughout the process?

12) What have we learnt and what would we do differently next time?

Section 4

Role & Responsibilities of Partner Organisations

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Section 4

4 Role & Responsibilities of Partner Organisations

Each organisation providing services to the people covered by this policy and procedures has a responsibility to develop the safety framework.

4.1 Prevention of abuse

Each organisation will:

- Ensure that Service Users have information about their rights and their responsibilities whilst using the service
- Make an explicit agreement with all Service Users about codes of conduct which protect the rights of all service users whilst using the service, and take appropriate action if the agreement is breached.
- However, where a Service User does not have capacity to consent to such codes of behavior, a Care Plan that includes how any inappropriate behavior will be dealt with must be agreed with service commissioners, and reviewed on a regular basis.
- Ensure that staff, Service Users and visitors to the service have easy access to information on how to voice concerns or complaints about the service, both internally and to external bodies.
- Have a “whistle-blowing” policy of support for staff who bring bad practice to light.
- Give clear guidance to Service Users, staff, volunteers and visitors on its reporting mechanism for concerns about adult abuse.
- Ensure that visitors and contractors are appropriately monitored.
- Ensure that staff have training to recognise abuse and neglect.
- Ensure that recruitment and selection procedures minimise potential risk to Service Users from abusive employees including appropriate checks of employment history, references, criminal records, professional regulators and the Department of Health’s ISA (Independent Safeguarding Authority) barred list.
- Ensure that staff are supervised, trained and able to provide services within good practice guidelines, such as the Care Standards Act 2000.
- Ensure that, in co-operation with any multi-agency Adult Protection / Safeguarding Adults actions, appropriate disciplinary investigation and action is taken. This might be in response to any concerns that a member of staff may be neglecting a person’s care, or may be acting abusively.
- Ensure that the details of any member of staff who is dismissed, due to misconduct that makes them unsuitable to work with Vulnerable Adults, is referred to the ISA list.
- Ensure that staff resources are sufficient to provide appropriate levels of care, safety and choice of gender of workers providing personal care.
- Ensure that services contracted by the organisation meet the same standards in relation to the prevention of adult abuse and have procedures that enable them to respond to any alerts of abuse within the framework of the multi-agency Adult Protection / Safeguarding Adults procedures.

4.2 Responding to concerns of abuse or neglect

Organisations must effectively address any concerns that an adult may be experiencing abuse. Actions taken must be compatible with the multi-agency procedures.

Each organisation will:

- Enable staff to be clear about their roles and responsibilities in adult protection work. E.g.: by having an in-house procedure outlining reporting responsibilities.
- Designate alerting manager(s) responsible for immediate decision-making in response to such concerns.
- Have an agreed structure for any member of staff, volunteer, service user or visitor to respond to concerns about abuse and report them to the Alerting Manager/s.
- An outline structure of such a reporting mechanism and the responsibilities of staff involved in the alert is given on page 124.
- Identify the organisation's Lead Officer (Adult Protection / Safeguarding Adults) and their contact details.
- Work actively with partner organisations to develop an adult protection strategy and make an appropriate contribution to its implementation.
- Work actively with partner organisations to develop an adult protection plan and make an appropriate contribution to its implementation.
- Have arrangements to support staff who work with people who are experiencing or who have experienced abuse.

4.3 Development of the Safety Framework

Each partner organisation will:

- Promote awareness and knowledge of Adult Protection / Safeguarding Adults procedures.
- Enable visitors and Service Users to receive information about adult abuse and Adult Protection / Safeguarding Adults work.
- Enable Service Users and staff at all levels to receive appropriate training about Adult Protection / Safeguarding Adults work.
- Make arrangements for monitoring the quantity and quality of adult protection work taking place within the organisation and reporting of any issues that limit the implementation of this work to the Lead Manager.
- Promote service developments within their organisation, and on a multi-agency basis, that support and extend the net of safety.

4.4 Responsibilities of the Lead Officers

The Lead Officers will lead the development of Adult Protection / Safeguarding Adults work in their organisation through promoting all aspects of the net of safety.

They will: Represent their organisation at the Adult Protection / Safeguarding Adults Committee and Lead Officer Group. Have a good understanding of the Plymouth Multi-Agency Adult Protection / Safeguarding Adults Procedures, and the role of their organisation and partner organisations within them.

- Act as a source of information and advice to other staff about adult protection work.
- Promote awareness of the problem of adult abuse and champion the development of Adult Protection / Safeguarding Adults work within the organisation.
- Monitor the quantity and quality of Adult Protection / Safeguarding Adults work in their organisation. Give reports within the organisation and to the Adult Protection Committee and raise issues of good and bad practice.
- Liaise with other Lead Officers and the Adult Protection / Safeguarding Adults Coordinator to resolve issues that arise in Adult Protection / Safeguarding Adults work relating to individual cases.

Section 5

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Section 5

5 Legal Framework

5.1
Legal Framework

INTRODUCTION

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

CRIMINAL LAW

Vulnerable adults may be the subject of criminal acts e.g. Physical assaults, theft, sexual offences. Where they are witnesses to crimes, many will fit the definitions in "Achieving Best Evidence in Criminal Proceedings" and may be offered special measures. This can affect the course of the investigation and joint work with the Police becomes even more important. The Police have prime responsibility to investigate criminal offences and should lead criminal investigations but this does not preclude good multi-agency work. Evidence can be lost if referral to the Police is delayed and advice should be sought early. As potential witnesses to a crime, staff must take careful contemporaneous records.

CRIMINAL INVESTIGATION

- In situations where legal action or separation of a person and their carer may be appropriate close co-operation with the police can be important.

- The police have general powers to keep the peace and safeguard the public, these include:
    a. Powers of entry to a property for the purpose of saving life or limb or to prevent serious damage to property.
    b. Powers of arrest where a person is suspected of committing or is about to commit an offence.

The police should be informed of situations where a criminal investigation is warranted under criminal law. The standard of evidence required for a prosecution will be "proof beyond reasonable doubt". The police have the statutory duty to obtain evidence in criminal investigations; this will include statements from witnesses and the victim.

The ultimate decision whether to prosecute lies with the Crown Prosecution Service.

Vulnerable adults may be subject to criminal Acts such as Physical Assaults, Theft and Sexual offences which are subject to current legislation.
New legislation is in place which gives added protection to Vulnerable adults, as follows:-

1. The Police and Criminal Evidence Act 1984

2. Serious Organised Crime and Police Act 2005

3. Sexual Offences Act 2003

4. Domestic Violence Crime and Victims Act 2004

5. Protection From Harassment Act 1997

6. Youth Justice and Criminal Evidence Act 1999

1. THE POLICE AND CRIMINAL EVIDENCE ACT 1984

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

2. SERIOUS ORGANISED CRIME AND POLICE ACT 2005

Gives the police power to arrest for any offence in order to:-

1. Protect a Child or vulnerable person
2. Prevent injury to self or others
3. Prevent loss or damage to property
4. To ensure an effective and prompt investigation.

3. THE SEXUAL OFFENCES ACT 2003

The Sexual Offences act 2003 came into force in April 2004.

In Adult protection investigations the offences can be split into two categories These are:-

- non consensual offences
- those offences where the victim may have appeared to consent to the sexual activity due to a mental disorder.

NON CONSENSUAL OFFENCES

<u>These are cases in which the suspect engages in sexual activity without the consent of the victim</u>

1 RAPE
SECTION 1 – makes it an offence for a person to intentionally penetrate the mouth, anus or vagina, with the penis, without that persons consent

2 ASSAULT BY PENETRATION
SECTION 2 – makes it an offence for a person to intentionally penetrate the vagina or anus of another with another part of the body or an object

3 SEXUAL ASSAULT
SECTION 3 – makes it an offence for a person to intentionally touch sexually another person, without that persons consent

4 CAUSING A PERSON TO ENGAGE IN SEXUAL ACTIVITY WITHOUT CONSENT
SECTION 4 – makes it an offence for a person to intentionally cause another person to engage in sexual activity without their consent

OFFENCES AGAINST PERSONS WITH A MENTAL DISORDER

There is now legislation that deals with offences against persons with a mental disorder.

These offences apply in cases where the victim is unable to agree to the sexual activity because of a mental disorder that impedes choice;
Or
It may appear that the person has agreed to the sexual activity because of a mental disorder that makes them vulnerable to threats, inducements or deception;
Or
Their consent could not be deemed to be freely given due to there being a relationship of care.

In these offences “mental disorder” is defined as mental illness, arrested or incomplete development of mind, and includes learning disability.

The sexual activity described in these offences includes

1. Engaging in sexual activity with a person with a mental disorder

2. Engaging in sexual activity in the presence of someone with a mental disorder

3. Causing a person with a mental disorder to watch a sexual act.

4. A care worker engaging in sexual activity with a person with a mental disorder

It is important to note that where a person with a mental disorder is able to consent freely to sexual activity that they have the same rights to engage in sexual activity as anyone else.

4. DOMESTIC VIOLENCE CRIME AND VICTIMS ACT 2004

This Act broadens the relationships covered by domestic violence legislation to include same sex and couples who have never lived together. It makes common assault an arrestable offence. There are significant new Police powers including making it an arrestable, criminal offence to breach a non-molestation order. There is stronger legal protection for victims by enabling courts to impose restraining orders when sentencing for any offence or on acquittal for any offence if it is necessary to protect the victim from harassment. The Act creates a new offence of causing or allowing the death of a child or vulnerable adult.

SECTION 5
Creates the offence of causing or allowing the death of a child or a vulnerable adult by means of an unlawful act.

This offence will apply where the death is caused by a member of the household. It will apply to the person who caused the death and to other members of the household who stood by and did not take reasonable steps to protect the victim.

The offence carries a maximum penalty of 14 years imprisonment

UNLAWFUL ACT
Includes a course of conduct and also includes omission

HOUSEHOLD
This term will be given its ordinary meaning by the courts.
It is not likely to include care homes
A paid or voluntary domiciliary carer may fall under the offence.
Only those who are aged 16years or over may be guilty of the offence unless they are the mother or father of the victim

5. PROTECTION OF HARASSMENT ACT 1997

This legislation can be used when matters fall short of a physical attack but where the vulnerable adult is being intimidated or harassed by an abuser.

6. YOUTH JUSTICE AND CRIMINAL EVIDENCE ACT 1999

This Act gives the police and the courts the ability to offer “Special Measures to Vulnerable victims and witnesses to crime
The Special Measures are:-

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

CIVIL LAW

MENTAL CAPACITY

In a day-to-day context, mental capacity means the ability to make decisions or take actions affecting daily life.

In a legal context, it refers to a persons ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The issue of mental capacity is critical in deciding action in Adult Protection / Safeguarding Adults issues. People must be assumed to have capacity unless it is proved otherwise.

In undertaking investigations, capacity to consent is a key issue. There are two key capacity issues and the first is the capacity of the adult to consent to a sexual act or other act about which there is concern. If the adult has capacity and consented to the "abusive" act, it is unlikely that any prosecution can take place although the Police should still be consulted. A vulnerable adult's capacity may fluctuate over time. This can be critical in determining whether an act is abusive or consenting.

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

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

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

The Mental Capacity Act 2005

www.dca.gov.uk/capacity
The Act sets out fundamental legal rules that apply to everyone working with and/or caring for adults who lack capacity, including family members, professionals and other carers. The rules also apply to people appointed in a formal capacity to act as an attorney or deputy for a person lacking capacity. The Act provides mechanisms for resolving disputes or difficulties which are important for all family members, carers and professionals using the Act, as well as for people who are considered to lack capacity themselves.

- A person must be assumed to have capacity unless it is established he lacks capacity.
- A person is not to be treated as unable to make decisions unless all practicable steps to help him to do so have been taken without success.

- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done or made in his best interests.
- Before the action is taken, or the decision made, regard must be given as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Someone is unable to make a decision for himself if they are unable:

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

The following provides a summary of the key factors which should be taken into account in determining the best interests of a person lacking capacity.

- Don't make assumptions about someone's best interests merely on the basis of the person's age or appearance, condition or aspect of his/her behaviour.
- Try to identify all the issues and circumstances relating to the decision in question which are most relevant to the person who lacks capacity.
- Consider whether the person is likely to regain capacity (e.g. after receiving medical treatment). If so, can the decision wait until then?
- Do whatever is possible to permit and encourage the person to participate, or to improve his/her ability to participate as fully as possible in making the decision.
- If the decision concerns the provision or withdrawal of life-sustaining treatment, you must not be motivated by a desire to bring about the person's death. Don't make assumptions about the person's quality of life.
- Try to find out the views of the person lacking capacity, including:
  - The person's past and present wishes and feelings – both his/her current views and whether the person has expressed any relevant views in the past, either verbally, in writing or through behaviour or habits
  - Any beliefs and values (e.g. religious, cultural or moral) that would be likely to influence the decision in question
  - Any other factors the person would be likely to consider if able to do so

- Consult other people, if it is practicable and appropriate to do so, for their views about the person's wishes, feelings, beliefs or values. But be aware of the person's right to confidentiality – not everyone needs to know everything. In particular, try to consult:

  - Anyone previously named by the person lacking capacity as someone to be consulted
  - Carers, close relatives or friends who take an interest in the person's welfare
  - Any attorney of a Lasting Power of Attorney made by the person
  - Any deputy appointed by the Court of Protection to make decisions for the person

  or,

  - For decisions about major medical treatment or a change of residence and where there is no-one who fits into any of the above categories, an IMCA

- Weigh up all of the above factors in order to determine what decision or course of action is in the person's best interests.

The Act has extended the Court of Protection's role to cover welfare matters not just financial matters. After implementation, a Lasting Power of

Attorney will replace the Enduring Power of Attorney but can specify other decisions on wider welfare matters as well as finance. Most day-to-day informal decisions will be able to be taken without interference of the court with a general authority resting on the carer. The Court can appoint deputies who will help with welfare and financial decisions where the person lost capacity without appointing a Lasting Power of Attorney. This replaces the system of receivership covering financial decision making and extends it to include health and welfare. There will be a new Public Guardian and a new style Court of Protection. The Act has created Independent Mental Capacity Advocates to support those lacking capacity who have no one else to speak for them when decisions are taken about serious medical treatment or long term residential care.

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

The timing of implementation of the Mental Capacity Act is currently 1st April 2007, with secondary implementation on 1st October 2007.

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

LOCAL AUTHORITY ADULT SOCIAL SERVICES

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

The Health Services and Public Health Act 1968

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

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

The National Health Service and Community Care Act 1990

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

The Housing Act 1985 Part III (Homelessness)

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

home or who are at risk of further violence if they return home".

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

RESIDENTIAL CARE AND THE LAW

Care Standards Act 2000

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

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

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

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

The Protection of Vulnerable Adults (POVA) list was set out in the Care Standards Act and implemented in July 2004. Through referrals to and checks against the list, care workers who harmed a vulnerable adult or placed a vulnerable adult at risk of harm were banned from working in a care position with vulnerable adults. Employers and the Commission for Social Care Inspection could refer people to POVA and checks were made on it for relevant posts as part of CRB checks.

From 12 October 2009, the ISA (Independent Safeguarding Authority) barred list will replaced the Protection of Vulnerable Adults (PoVA) list. The ISA makes all decisions over who should be legally barred from working with vulnerable people. The ISA was introduced by the Safeguarding Vulnerable Groups Act 2006 Employers or organisations using volunteers working with vulnerable adults now have a legal duty to refer any concerns about their employees to the ISA. A referral must be made when an employee or volunteer is removed (even temporarily) because the employer thinks the person has harmed or may have harmed a child or vulnerable adult.

POWERS TO ACT WITHOUT CONSENT

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

The National Assistance Act 1948, Section 47

Whenever you consider the use of the above Section, seek legal advice as you will need to consider Article 5 of the European Convention of Human Rights, which states that
"Everyone has the right to liberty and security of the person. No one shall be deprived of his liberty save in the following cases and in accordance with the procedure prescribed by law:
but also allows for
(e) “the lawful detention of persons for the prevention of the spreading of infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants; ".

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

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

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

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

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

Public Health Act 1936

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

FINANCIAL PROTECTION

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

Receivership

Where someone is incapable of managing their property and affairs, an application can currently be made to the Court of Protection for the appointment of a Receiver to manage the adult’s financial affairs. The person to be appointed can be a relative, a friend, an officer from the local authority, a solicitor, the Public

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

Power of Attorney

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

Enduring Power of Attorney

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

Appointee

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

Agent

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

MENTAL HEALTH

The Mental Health Act (MHA) 1983

This Act provides for the detention and treatment of mentally disordered individuals and an Approved Social Worker should be contacted if it is considered detention under the Mental Health Act may be necessary.

Section 115: Powers of Entry and Inspection.
An Approved Social Worker may at all reasonable times enter and inspect any premises in which a mentally disordered adult is living, if she / he has reasonable cause to believe that the patient is not under proper care.
Section 115 does not allow an approved social worker to force entry, although obstruction may be an offence under Section 129, and the approved social worker can apply for a warrant under Section 135. The adult need not be named in this warrant, so this allows for investigation of suspected mistreatment of people whose identity is unknown but whose whereabouts are known. The evidence used to obtain the warrant can be about mistreatment in the past and therefore allows for accumulation of evidence over a period of time.
Section 135 allows an Approved Social Worker to apply for a warrant to search for and remove adults where there is a reasonable cause to suspect that an adult believed to be suffering from a mental disorder has been, or is being, ill-treated or neglected and not kept under proper control, or is unable to care for himself or herself and is living alone.
Section 136 allows for a Police Officer to intervene if the adult is in a public place appears to be suffering a mental disorder and is in need of care or control.
Section 13 (4): Duty to consider making application for admission. This places a duty on the Social Services Department to direct an approved social worker to consider making an application for admission under the Act, if requested to do so by the nearest relative. This power could be used if the nearest relative of a mentally disordered adult complains of mistreatment by a third party, provided grounds exist under the MHA.

Section 2 and 3: Admission to hospital. These sections give power to an Approved Social Worker based on the recommendation of two doctors to authorise the admission to hospital of a mentally disordered adult, if she/he is satisfied the criteria for compulsory admission are met as per the provisions of the MHA.
Section 4: This requires one medical recommendation and can be used if there is an urgent need to admit someone into hospital.
Section 7: Guardianship. A vulnerable adult can be received into guardianship by the local authority if she / he has a mental illness, severe mental impairment or mental impairment associated with "abnormally aggressive or seriously irresponsible conduct" or a psychopathic disorder, which results in "abnormally aggressive, or seriously irresponsible conduct". The Guardianship must also be "necessary in the interests of the welfare of the adult or for the protection of other persons". The "welfare of the patient" is interpreted broadly. Guardianship gives the guardian 3 basic powers: -

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

There is a necessity to consult the nearest relative when considering guardianship. If the nearest relative is the perpetrator of mistreatment then consideration should be given to whether the circumstances would allow an application to be made to a County Court to displace the nearest relative.
Section 127: Ill-treatment of patients. This section makes it an offence for an officer on the staff or otherwise an employee, or a manager of a mental nursing home or hospital, to "ill-treat or wilfully neglect" a patient who is either:

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

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

THE RIGHTS OF THE VULNERABLE ADULT

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

Human Rights Act 1998

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

- Article 2 Right to Life
- Article 3 Prohibition of Torture and Inhuman or Degrading Treatment
- Article 5 Right to Liberty and Security
- Article 6 Right to a Fair Trial and Determination of Civil Rights
- Article 8 Right to Respect for Private and Family Life including home and correspondence
- Article 9 Freedom of Thought, Conscience and Religion
- Article 10 Freedom of Expression
- Article 11 Freedom of Assembly and Association
- Article 14 Prohibition of Discrimination (this only prevents discrimination in relation to the other rights and applies to grounds such as sex, race, colour, language, etc or other status)
- First Protocol Article 1 Protection of Property
- First Protocol Article 2 Right to Education

Disability Discrimination Act 1995

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

PRINCIPLES FOR DISCLOSURE OF PERSONAL INFORMATION

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

Principles in information sharing

- The Local Authority Social Services Department has the power to disclose to a 3rd party and where appropriate the vulnerable adult information relating to an individual if it genuinely and reasonably believes that it is desirable to protect vulnerable adults.
- Each case must be decided on its own facts

- Disclosure without consent should only be made if there is a pressing need and should be the exception not the rule.
- In deciding whether there is a pressing need, the following factors will be considered –
    - the Local Authority's own belief about the truth of the allegations will be a factor. The greater the conviction the allegation is true, the more pressing the need.
    - The level of involvement of the 3rd party to whom the information would be disclosed
    - The degree of risk posed if disclosure is not made. – previous history of allegations, level of continuing contact with vulnerable adult, seriousness of alleged abuse.

Crime and Disorder Act 1998 Section 115

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

Data Protection Act 1998

The Data Protection Act sets up suitable safeguards in sharing information and these need to be abided by. E.g. fairly and lawfully processed, not kept longer than necessary, rights of access. However, there are specific conditions in relation to access and sharing of information where there are situations of serious risk of physical harm or to mental health. Information can be disclosed without consent if it is for the protection of the "vital interests of the subject" or prevention or detection of serious crime or for legal purposes. Where information is shared without consent, it is essential for advice to be sought and a careful recording of the reasons for this decision.

Freedom of Information Act 2000

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

Public Interest Disclosure Act 1999

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

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

LEGISLATION RELEVANT TO CARERS

Carers Recognition and Services Act 1995

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

Carers and Disabled Children Act 2000

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

The Carers (equal opportunities) Act 2004

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

DOMESTIC VIOLENCE LEGISLATION

Family Law Act 1996 Part 4

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

OTHER CIVIL REMEDIES

The Law of Tort

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

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

Common Law

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

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

5.4
Financial Abuse

Financial abuse as identified in 'No Secrets' includes 'theft, fraud, pressure around wills, property or inheritance, misuse or mis-appropriation of benefits'.

This guidance particularly focuses upon the abuse of vulnerable adults' personal funds (whether in their possession or held on their behalf), their savings and their possessions.

General principles

- Where a vulnerable adult is able to make informed decisions and is able to handle their own financial affairs they should be encouraged and supported in doing so.

- The financial assets and possessions belonging to vulnerable adults are for their benefit. Their use by others without the vulnerable adult's full knowledge and informed consent, or the knowledge and agreement of someone appointed to act on their behalf, can sometimes constitute financial abuse, e.g. theft or misappropriation of property and may well be a criminal act.

- The arrangements for providing support and assistance to a vulnerable adult in managing their financial resources must be open and transparent. However, vulnerable adults are also entitled to privacy about their financial circumstances.

- Health and social care workers must behave in a professional manner with any vulnerable adult for whom they provide care, support or treatment. All practitioners supporting vulnerable adults hold a position of trust and their actions in respect of the client's financial / material affairs must at all times be transparent.

- The need for a vulnerable adult to have assistance in managing their financial affairs should be identified during the assessment and review process. This should include assessment of the service user's ability, risk and suggestibility to undue influence. The specific requirements should be clearly defined. They may, for example, be described generally in a service specification document and specifically in the vulnerable adult's care plan. They may vary according to need and could range from the need for assistance or advocacy to receivership. Even where an individual lacks capacity they should be engaged as much as possible in decisions about spending their money. Service users with mental capacity should be encouraged to consider planning ahead by seeking legal advice about, for example, making wills and / or to give Enduring Powers of Attorney.

- Accountability for the provision of such financial support and assistance must be specified i.e. clearly attributed to named individuals within agencies providing health and social care.

- Those who work with vulnerable adults have a duty to protect them from financial abuse and to report any concerns or irregularities. The ethos of care services should be both to prevent abuse and to encourage and enable open reporting ('whistle-blowing'). This includes the provision of effective support to whistle-blower's.

THE ROLE OF ASSESSMENT, COMMISSIONING AND INSPECTION

Roles and Responsibilities

Effective prevention and detection of financial abuse is the responsibility of all parts of the health and social care system. All staff, whether they are assessors, commissioners, regulators or providers, have a part to play. Effective co-ordination and communication between each of these elements is essential to ensure that vulnerable people are as well protected as possible.

Assessors

The NHS and Community Care Act 1990 states that a local authority must assess a person's needs for community care services if it appears to the authority that he/she may be in need of such services. The assessment of a vulnerable adult should include recognition of their present and likely future needs in respect of the management of their financial affairs, their money and other assets.

Vulnerable adults may, or may not, have mental capacity and their condition may be stable, improving or deteriorating. Depending on the person's capacity various options for managing a person's money or property exist. The assessor should ensure that responsibility for this function is addressed at the care planning stage.

The functions may be fulfilled by relatives, professionals, or statutory agencies and consideration of who should undertake this role should be part of the risk and wider assessment process. If an applicant for care has substantial financial assets, they or their representative should be advised to seek guidance from a professional advisor who is covered by the financial services authority.

Where legal provisions are already in place the assessor must see evidence of Power of Attorney, Enduring Power of Attorney or Receivership during the assessment. Provision of services to help with money management vary across districts and authorities. Where services are not provided in-house the local authority should at the very least advise the service user or his/her representative of how they can obtain appropriate advice and assistance. (See also: sec 29. National Assistance Act 1948).

The Secretary of State directed that local authorities provide such advice and support as may be needed to people [to whom sec 29 applies] in their own homes and elsewhere.

Where this advice includes advice on welfare benefits it should be provided by workers specially trained for such work and with direct access to up to date information on welfare benefits. The review process provides an opportunity to see if safe arrangements have been made and, if not, if further action is required.

Commissioners and Contract Officers

Commissioners should have regard to the need for appropriate services to be available to assist service users with the management of their money and other assets and of the need to prevent and protect service users from financial abuse.

Service specifications should set appropriate high standards for the safe keeping and management of service users' money and assets. For care homes and supported accommodation these should be at least in accordance with the National Minimum Standards for Care Services.

The contract monitoring process should measure performance against these standards and any additional standards within the service contract.

Regulators/inspectors (CQC and C.H.A.I.)

National minimum standards for all client groups were issued under the Care Standards Act 2000. These standards provide requirements to enable service users to control their own money except where they do not wish to or they lack capacity to do so. Providers are also required to protect service users from financial abuse.

Minimum Financial and Accounting Standards / Controls in Care Homes and Supported Living

This section relates to personal funds and monies collected on behalf of, or held for the personal use of, service users who need assistance in administering their financial affairs and who live (or are temporarily resident) in care homes or supported living settings. The level and type of assistance provided should be proportionate to the needs and risk assessment of the individual. The term 'funds and monies' is wide ranging and includes sums payable by way of earnings, welfare benefits such as the personal allowance or disability living allowance (mobility element), donations, bequests and gifts from families, and any allowances paid by a local authority for the personal use only of individual service users.

Separate, detailed, records should be kept of all such sums received, collected or expended on behalf of the respective service user.

Safe Keeping and Banking

A separate, designated, bank, building society or post office account should be maintained by or for each service user. Advice received from the British Banking Association (BBA) states that, although there is not yet an agreed common approach, a bank may generally base the decision on whether to accept the risk of a third party running an account without obtaining a Court of Protection Order on two factors. These are whether the third party is able to provide evidence of both:

i vulnerability / incapacity and
ii their relationship to the vulnerable person.

BBA advice is that evidence of (i) vulnerability / incapacity might include:

- a letter addressed to the bank from the customer's medical practitioner clearly specifying that the customer is unable to manage their financial affairs;
- a letter from the court of protection, public guardianship office or solicitors acting for a proposed receiver / registered power of attorney advising the bank that an application to the court is being made;
- a letter from social services or the local authority advising that the customer is unable to manage their financial affairs.
-

Example of (ii) relationship to the vulnerable person might include:

if the third party has been granted the authority by the Department of Work and Pensions (DWP) to collect benefits on behalf of the vulnerable / incapacitated individual as evidenced by:

- a letter from the DWP
- a DWP form

BBA advice is that when opening a bank account on behalf of a mentally incapacitated person, both the third party and the individual for whom the account is being opened will need to be identified and verified according to the bank's usual procedures.

The practice of 'pooling' funds belonging to more than one service user, within one composite current account is not acceptable or prudent.

Neither is the resident's account to be used by the home in connection with the carrying on or management of the home.

Where the service user has accumulated large sums of cash in their current bank, building society or post office account(s), the service provider should formally notify the respective care manager/social worker of this situation (if the service user has capacity their permission should first be sought). Where a Receiver has been appointed by the Public Guardianship Office for a service user, it is imperative that the views of the Receiver be obtained at the earliest opportunity. What constitutes a large sum of money will depend on individual perspective and setting. For the purposes of this guidance a figure of £3000 is considered to be appropriate. Where service users have several accounts this figure should be cumulative.

The care manager / social worker, after discussion with the service provider about the service user's anticipated personal expenditure needs, should give consideration to the appropriateness of establishing a separate deposit account in the service user's name.

The signatories authorised to make payments by cheque, or withdraw cash from the bank, should be determined by a senior level of management in the service provider organisation.

In situations where the service provider organisation does not have different management tiers, e.g. a small home, the determination should be made by the owner/manager.

Maximum financial limits should be set regarding the amount of any single cash withdrawal; and the amount for which cheques may be issued by a single authorised signatory.

Cheque payments above the specified maximum limit should require two authorised signatories.

Particular vigilance should be exercised by all parties with an interest in, or responsibility for, protecting the service user, to ensure financial limits are not evaded by splitting a single transaction into two or more smaller amounts.

The practice of using pre-signed, blank, cheques is extremely imprudent and should be forbidden.

At least once a month, a statement should be prepared reconciling the recorded balance(s) on each service user's Personal Cash and Bank Record with the Actual Total amounts held at the service user's residence and at their bank. This reconciliation should be formally certified, as correct, by an officer responsible for administering service users' personal finances; and verified, at least quarterly, by a separate designated more senior manager.

In situations where no separate senior management level exists an appropriate alternative arrangement should be agreed as part of the commissioning and contracting process.

Cash or cheques held at the service user's residence should be kept under secure conditions.

This should involve a separate, lockable box for each service user's monies. Responsibility for the physical custody of, and access to such boxes should be specified by senior management.

Record Keeping

It is important that all information is recorded clearly, concisely, accurately and promptly.

- An accounting record should be maintained of all transactions involving the service user's personal banking account including cheque payments made through the account together with any cash withdrawals from, or deposits into, the account. This personal banking record should also incorporate provision for a signature by the officer responsible for initiating transactions of any nature on

the service user's bank account; and include balances brought/carried forward. These records should be verified against banking statements or pass-books.

- A separate basic accounting record (i.e. cash account) should be maintained for each service user recording all cash received, or spent, on their behalf. Each account should normally cover a period of one month and incorporate balances brought / carried forward to the next month.

- The format of the cash account should provide for, among other things, a clear 'audit trail' regarding cash paid into, or withdrawn from, the service user's bank account; and the signature of the officer responsible for initiating the respective transaction(s). This cash record should reflect a clear picture of monies spent / collected on behalf of the service user.

- Receipt and payment entries should be supported by relevant, verifiable, documentation. Minimum financial limits should be set above which invoices / expenditure vouchers must be obtained; and below which supporting documentation may not be considered practicable or of material financial significance.

- Manual deletion or erasure of entries on accounting records (including details on invoices supporting service user personal expenditure) should not be permitted, especially by use of tippex`. All transaction entries on service users' financial records should be in ink. Where, occasionally, it might be necessary to alter or amend, for example, recorded totals (for instance on discovering an arithmetical error) the following approach should be adopted: a short line should be drawn through the incorrect figure; the correct figure written next to it; and the amending entry clearly initialled by the originating officer.

- Financial and accounting records relating to service users personal expenditure should be retained for the current financial year and the preceding five years (total six). This includes situations where the service user moves or dies. (NB This guidance should be cross referenced with local authority practice and procedures for when a service user dies).

Expenditure

- Clear guidance should be issued by service providers regarding what they (and the service commissioner) consider proper professional practice where the personal funds of vulnerable adults are being spent. This could comprise a list of ‘dos’ and ‘don'ts; and cover contentious areas (such as the costs and expenses of care staff accompanying service users on holiday) where monies might be removed from the service user's account to meet expenditure from which the service provider / staff may directly or indirectly benefit.

- Clear guidance should also be issued regarding the policy on care staff accepting (or otherwise) cash, personal gifts or hospitality from service users or from their families and friends.

Inventory of Personal Possessions

A simple basic inventory should be constructed, and kept up to date, of valuable personal property belonging to each service user. By way of a non-exhaustive list for illustrative purposes only, this could include items such as portable TVs, cassette players, music centres, personal jewelry, and leather handbags. The inventory should be updated and certified as correct, at least 6 monthly, by an officer responsible for administering service users' financial affairs; and verified, annually, by a more

senior manager. Any missing items should be fully investigated in accordance with local Adult Protection / Safeguarding Adults procedures where necessary, and a proper explanation recorded on the service user's personal file. The inventory should also be formally amended, as necessary, and a brief explanatory note added to the inventory (and cross referenced to the service user's personal file / records). Instances of suspected theft must be reported immediately in accordance with local Adult Protection / Safeguarding Adults procedures.

Personal Credit Cards

The use of staff members' personal credit, debit or loyalty card(s) to process the private expenditure of a service user should not be permitted.

Joint purchases

- Whilst people in residential accommodation, who have full mental capacity, may opt for shared purchases / ownership e.g. purchase of a car with their disability living allowance, (mobility component), they should not be placed under any pressure to engage in joint purchases or partake in such arrangements. Providers and / or care managers/social workers should offer advice and support to ensure that any such agreements will facilitate proportionate benefit and be in the best interest of the service user and fit for purpose in the short, medium and long term.

- In the case of people who are assessed not to have mental capacity to manage their finance, consent to any proposed joint purchase on behalf of the service user should be obtained in writing from the person who holds Power of Attorney / Receivership. The best interest of the service user should be paramount and any purchases must be fit for purpose in the short, medium and long term facilitating proportionate benefit to the service users.

- Any such joint purchases should be confined to use by the service users and should not be available for use by staff only, without the service users. A written agreement should be provided to each service user, confirming their continuing ownership rights of any joint purchases. Staff must ensure the proper care and servicing of any (joint) property, such as a vehicle, which is used by staff for the benefit of service users.

Monitoring and Periodic Professional Audit

- Regular checks should be undertaken by both the service provider and service commissioner to ensure the service user's interests are being protected. These checks may be undertaken by, for example, a contract monitoring section or line management staff in either the service provider or local social services. Whatever types of monitoring mechanism are adopted, the checks conducted should, as a minimum, seek to verify that:

- expenditure is well documented.

- it has been incurred for the service user's benefit, and

- the recorded balance of monies on the service user's cash account and personal bank record can be clearly corroborated by physical verification and independent documentation e.g. proper statements for the service user's bank, building society or post office account(s).

- Each care provider should also ensure that the personal funds of vulnerable adults for whom they have day-to-day responsibility are subjected to periodic, in-depth,

professional audit at intervals not less than once every 4 years. If the service provider or care commissioner operates an established, suitably experienced, internal audit function the necessary review might, alternatively, be conducted through this mechanism.

Transparency and Information Sharing

- Where a service user possesses capacity and does not wish details of their financial affairs to be disclosed to any other party (except those expressly authorised in law), the service user's wishes should be respected.

- Where, however, the service user does not possess the mental capacity and for example, there is a Public Guardianship Office appointed Receiver, then any such Receiver should be afforded full access to information concerning the service user's financial affairs. It is noted that some service providers already provide the facility of making such records available, on demand, to DWP inspectors, social services departments, health authorities and the advocate of the respective resident. Whilst it is impossible to prescribe for the circumstances surrounding every service user, transparency of practice should help minimise the possibility or risk of any misappropriation remaining undetected.

5.5
Direct Payments

Helping direct payments scheme users to protect themselves from abuse

Government guidance

The 'No Secrets' guidance for the protection of vulnerable adults from abuse includes specific instructions concerning the users of direct payments schemes, which recognises the possibility of increased risk of abuse that exists for these people:

"Anyone who is purchasing his or her own services through the direct payments system and the relatives of such a person should be made aware of the arrangements for the management of Adult Protection / Safeguarding Adults in their area so that they may access help and advice through the appropriate channels. Care managers, who play a role in direct payments, could be asked to help users who are at risk of abuse." (No Secrets DOH 2000:7.9)

Personal Assistants employed directly by service users through the Direct Payments scheme are not subject to regulation by the Commission for Social Care Inspection (CQC). As a result, the responsibility for monitoring care standards rests with the employer with the support of direct payment scheme staff and Care Manager. Direct payments recipients should be advised that the contracts they have with their own directly employed staff should include reference to the Plymouth Adult Protection / Safeguarding Adults Policy and Protocols. Staff directly employed should be made aware of Adult Protection / Safeguarding Adults issues and that any issues of abuse will be reported to social services and / or to the police. It is possible for local authorities to place reasonable conditions on any agreement to make direct payments, and conditions might be introduced to protect an individual with an identified vulnerability. Such conditions need to be proportionate to the risk involved and must not defeat the principal purpose of the direct payment, which is to give people more choice and control over services.

The following information identifies particular areas of risk and makes some suggestions about how these risks may be minimised.

Factors that increase the risk of abuse for vulnerable adults using Direct Payments Schemes, and how the risks may be minimised.

Area of Risk	Description of Risks	How to minimize the risks
Access to the vulnerable adult's home and personal Telephone number by strangers	Vulnerable adults may be unable to protect themselves. The risk of abuse is likely to be increased through the recruitment and selection process, if this is carried out independently by the vulnerable adult. Non-bona fide strangers will have access to the vulnerable adult's home and personal telephone numbers.	Direct payments users are recommended not to carry out the recruitment and selection process from their home but to use a box number, dedicated telephone line for job applications and a room for the interviewing process, both of which, with sufficient notice, are available from Plymouth Social Services. Those who are unable or unwilling to use this facility are advised to be accompanied by a third party such as a friend, advocate, agent or direct payments support worker during the interviewing process. The direct payments support service advises service users to carefully scrutinize candidates' details and references. Direct payments users are informed that they can purchase services through home care agencies that vet their employees and are regulated by SCSI.
Unfamiliarity with the recruitment and selection process	Vulnerable adults may have little understanding of recruitment, selection and employment procedures. This could potentially result in the unwise selection of personal assistants.	The direct payments support service provides guidance and support to service users regarding employment issues. This decreases the risk of unwise selection of personal assistants.
The lack of requirement for police checks through the Criminal Record Bureau	Care workers employed by vulnerable adults through the Direct Payments Scheme are not required by law to be police checked through the Criminal Records Bureau. It is not possible for service users to undertake these checks themselves.	Service users are encouraged to ask social services to carry out enhanced CRB checks for personal assistants they have interviewed and wish to employ. Service users are strongly recommended to await the outcome of the CRB check, wherever possible before employing a personal assistant.
The lack of regulation	Care workers employed through Direct Payments Schemes are not subject to regulation by the CQC so there is no monitoring of care standards. This could increase the risk of abuse to the vulnerable adult during, for	When carrying out care plan reviews, care managers enquire about the standard of care of care workers employed under the direct payments scheme. DP users are given information regarding risk, both at

	example, moving and handling operations, financial transactions or as a result of badly prepared or non nutritious meals. Direct abuse has been experienced or is suspected.	the outset of the process and at reviews, so that they may make informed decisions. Reviews of finances are also undertaken by the care manager as part of the review process. Care Managers should ensure that they have an opportunity to speak with the DP user on their own, in private. Users should contact their care manager or direct payment support staff if they have any concerns about the quality of the care or how it is being provided. Users or other concerned adults have access to advice and support through social services in all cases where abuse is suspected.

Plymouth City Council will ensure that users of the Direct Payments Scheme and their relatives are made aware of the arrangements for the management of Adult Protection / Safeguarding Adults and how to access help and advice by:

- Direct payments support service staff will give new users of the direct payments scheme an Adult Protection / Safeguarding Adults Information leaflet with their direct payments information pack. This leaflet raises awareness of adult abuse and provides instructions for reporting concerns and accessing help and advice. It will be available on request in formats that makes it accessible to people with learning disabilities, to people with sensory impairments and to people for whom English is not their first language.

- All care managers and direct payments staff will receive training to raise and maintain their awareness of abuse and to understand and use Plymouth's multi-agency Adult Protection / Safeguarding Adults policy and protocols. Training will be made available to vulnerable adults using the scheme and to the care workers they employ.

The abuse of vulnerable adults will continue to be a challenge to professionals and to society in general. Raising awareness of issues that constitute abuse and responding appropriately when concerns about possible abuse are reported will give a message that it is not acceptable.

Section 6

Practice Guidance

Record Keeping
Capacity & Consent
Information Sharing
and Confidentiality

Contents
Section 6

6.1
RECORD KEEPING GUIDANCE

- *All professionals should refer to their own professional guidance on record keeping.*

All Records should be:-

Timely

- As soon as possible

Accurate

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

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

Factual

- It is essential to record the nature and the source of the information.
- What is said and by whom.
- What was observed and by whom.
- Hearsay and third party information must be clearly recorded as such.

Ethical

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

RECORD KEEPING

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

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

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

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

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

For more information regarding the Human Rights Act, and other legislation, refer to Legal Framework sections.

RECORD KEEPING – The Procedure

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

When should Information be Recorded?

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

What to Record

- All entries must provide factual information, e.g. times, dates, names of people contacted
- Avoid expressions of opinion (remember that the person you are writing about may have the right to read what you have said)
- All contact with the Vulnerable Adult and alleged perpetrator must be recorded
- Record the exact words the Vulnerable Adult and alleged perpetrator used
- Use body maps to illustrate any physical injuries
- All consultation with a Manager and / or Senior Manager must be recorded
- When contacting other agencies the questions asked and information received must be recorded
- If a decision is made not to contact the Police, the details of why this decision was made and on whose authority it was made must be recorded
- All telephone calls, those received and made in relation to the abuse, must be recorded even if there was no reply to outgoing calls
- Those who attend Strategy Meetings must be named
- The decisions taken at all meetings must be recorded
- It is essential to demonstrate how an assessment of risk, responsibility, rights, autonomy and protection of the Vulnerable Adult was undertaken
- If no investigation is to take place, the reasons why and on whose authority this decision was taken must be recorded.

How to Record Information

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

Other Documentation

- Any rough notes made during the investigation must be kept with the record
- Minutes from Strategy Meetings must be kept with the record

- Minutes from the Case Conference must be kept with the record

- All protection plans and reviews must be kept with the record.

Legal Requirements

- Records should not breach a person's legal rights

- All agencies should identify arrangements, consistent with principles of fairness, for making records available to those affected by and subject to the investigation.

Service User as Perpetrator

- If the alleged perpetrator is a service user then information about his/her involvement in an Adult Protection/Safeguarding Adults investigation, including the outcome of the investigation, should be included on his/her case records (*No Secrets,* 6.18, page 30).

Storing of Information

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

Standards of Recording

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

References

Mandelstam, M. (1998) *An A-Z of Community Care Law,* page 163, Jessica Kingsley Publishers Ltd.

Data Protection Act, 1998, Guidance to Social Services, page 14, Department of Health

6.2
CAPACITY & CONSENT GUIDANCE

A fundamental principal of Common Law is that every adult has the right to make his/her own decisions and is assumed to have capacity to do so unless it is proved otherwise.

The Mental Capacity Act sets out clearly in statute that individuals have the right to make choices and decisions for themselves, unless it has been shown that they lack capacity to make these particular choices and decisions.

A person's decision making capacity is the pivotal issue that determines whether or not his/her right to make decisions must be respected – balancing the right to autonomy and self-determination against the right to safeguards and protection from harm where the person lacks capacity to make decisions to protect him/herself.

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

During an Adult Protection/Safeguarding Adults investigation process, it is essential that professionals are certain that the Vulnerable Adult fully understands the nature of the concerns and choices facing them.

Section 1 of the Mental Capacity Act sets out 5 key principles, designed to emphasize the fundamental concepts and underlying ethos of the Act and to provide a benchmark for decision makers and carers acting under the Act's provisions.

The statutory principles can be summarised as follows:-

- The presumption of capacity – every adult has the right to make his/her own decisions and must be assumed to have capacity to do so, unless it is proved otherwise;

- 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;

- Individuals must retain the right to make what might seem as an eccentric or unwise decision;

- Best Interests – anything done for or on behalf of people without capacity must in their best interests; and

- Least restrictive alternative – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

The message conveyed by the Act, which must be reflected in all Adult Protection/Safeguarding Adults proceedings, is the intention to be enabling and supportive of people lacking capacity, not restricting or controlling of their lives. All actions taken with the intention of protecting people who lack capacity, should aim to maximise their autonomy and ability to participate in decision making.

The statutory principles apply to all actions and decisions taken under the Act. Following the principles and applying them to the Act's framework will help to ensure not only that appropriate action is taken in individual cases, but also point the way to solutions in difficult or uncertain situations.

Assessments in Respect of Capacity

Doubts about a person's capacity may arise for a number of reasons. Any doubts must be considered specifically in relation to the particular decision that needs to be made.

In cases in which the investigating officer believes the adult is unable to give informed consent, it will be necessary to commission a multi-disciplinary assessment, involving all appropriate professionals.

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

Stage 1: Impairment or Disturbance

In order to decide whether an individual has capacity to make a particular decision, a 2 stage test must be applied:

- Is there an impairment of, or disturbance in the functioning of, the person's mind or brain? If so:
- Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision?

An impairment or disturbance of the brain may occur in a wide range of situations..

Stage 2: Inability to Make a Decision

If Stage 1 of the test of capacity is met, the second stage requires it to be shown that the impairment or disturbance causes the person to be unable to make the decision in question.

Section 3 of the Mental Capacity Act sets out the test for determining whether a person is unable to make a decision for him/herself and therefore lacks capacity. This is a 'functional' test focussing on how the decision is made, rather than the outcome or consequence of the decision.

Section 3 (1) provides 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 his/her decision by any means.

The following provides a summary of the key factors which should be taken into account in determining the best interests of a person lacking capacity.

- Don't make assumptions about someone's best interests merely on the basis of the person's age or appearance, condition or aspect of his/her behaviour.
- Try to identify all the issues and circumstances relating to the decision in question which are most relevant to the person who lacks capacity.
- Consider whether the person is likely to regain capacity (e.g. after receiving medical treatment). If so, can the decision wait until then?
- Do whatever is possible to permit and encourage the person to participate, or to improve his/her ability to participate as fully as possible in making the decision.
- If the decision concerns the provision or withdrawal of life-sustaining treatment, you must not be motivated by a desire to bring about the person's death. Don't make assumptions about the person's quality of life.
- Try to find out the views of the person lacking capacity, including:
  - The person's past and present wishes and feelings – both his/her current views and whether the person has expressed any relevant views in the past, either verbally, in writing or through behaviour or habits
  - Any beliefs and values (e.g. religious, cultural or moral) that would be likely to influence the decision in question

- Any other factors the person would be likely to consider if able to do so

- Consult other people, if it is practicable and appropriate to do so, for their views about the person's wishes, feelings, beliefs or values. But be aware of the person's right to confidentiality – not everyone needs to know everything. In particular, try to consult:

  - Anyone previously named by the person lacking capacity as someone to be consulted
  - Carers, close relatives or friends who take an interest in the person's welfare
  - Any attorney of a Lasting Power of Attorney made by the person
  - Any deputy appointed by the Court of Protection to make decisions for the person

or,

  - For decisions about major medical treatment or a change of residence and where there is no-one who fits into any of the above categories, an Independent Mental Capacity Advocate (IMCA) should be appointed.

<u>An Assessment in respect of Capacity should:-</u>

- Weigh up all of the above factors in order to determine what decision or course of action is in the person's best interests.

- Relate to the timing and nature of a particular situation, i.e. a particular treatment or a particular decision

- Be undertaken by a person with expertise relevant to the Vulnerable Adult's situation

- Consider whether the Vulnerable Adult is able to understand or retain the information relevant to the decision to be made

- Consider whether the Vulnerable Adult is able to make a decision based on that information

- Be fully recorded in the case file.

Circumstances where the Vulnerable Adult is considered to lack capacity might include those:

- Where the Vulnerable Adult does not know that they have a decision to make

- Where the Vulnerable Adult does not understand the choices available or the consequences of those choices

- Where the Vulnerable Adult cannot communicate their decision.

However, in these and other circumstances they can only be deemed incapable of making a decision where every reasonable effort has been made to assist their understanding of the situation and the communication of their wishes. This will include arranging an advocate and/or interpreter where necessary and possible

It is important to start from the assumption that the Vulnerable Adult is trying to find some way of communicating their wishes rather than that they cannot do so.
There may be situations where the Vulnerable Adult seems able, in terms of their knowledge and understanding, to make their own decisions. However, they may be subject to undue pressure to support a particular course of action, perhaps pressure from, or fear of, a professional or relative.

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

If it is believed that the Vulnerable Adult is exposed to intimidation or coercion efforts

should be made to offer the adult "distance" from the situation in order to facilitate decision making.

Situations where the Vulnerable Adult does have Capacity

If it is decided that the Vulnerable Adult does have capacity, has taken an informed decision and by that action is placing him or herself at risk, staff should consult with:-

- The Vulnerable Adult themselves
- Their carer/relatives – with the person's consent
- Their community supports
- Any other relevant agency service or individual to ensure that the Vulnerable Adult understands the risks that they are taking and the choices available to them to remove or reduce the risk.

A Risk Management Meeting should be held to ensure the following:-

- Establish capacity and record when where and by whom the assessment was carried out;
- Agree a Care Plan, and discuss with the network of involved professionals alternative options for encouraging engagement with the Vulnerable Adults
- Having agreed a Care Plan, the Vulnerable Adult's resistance to engagement should be tested by reintroduction of the new plan;
- If the plan is still rejected, the meeting should reconvene to discuss and review the plan;
- Consideration should be given to referring the case to the Vulnerable Adult Risk Management Meeting process (VARMM);

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

Situations where the Vulnerable Adult does NOT have capacity

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

Remember: an adult can only be compulsorily removed from an abusive situation through the use of either the National Assistance Act 1948 or the Mental Health act 1983. Both of these pieces of legislation involve what may be regarded as sanctions against the Vulnerable Adult NOT the alleged perpetrator. You should seek advice from your agency or organisation's legal section / department in relation to compulsory removal.

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

MEDICAL EXAMINATIONS

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

1. The ability to comprehend and remember information about treatment

2. Believing the information

3. Balancing the information and arriving at a decision.

An adult will be assessed as having capacity if they are able to:-

- Understand what the treatment is
- Understand why the treatment is being proposed
- Understand the nature of the proposed treatment

- Understand the benefits and risks of the treatment

- Balance the information and arrive at a decision.

References

Law Commission (LAW COM 231) (1995) *Mental Incapacity,* HMSO

Skinner, B. et al (1998) *AIMS for Adult Protection The Investigators Guide, Pavilion Publishing,* Brighton

The Lord Chancellor's Department, (1997) *Who Decides?* The Stationery Office, London

BMA/Law Society (1995), Assessing Mental Capacity - A Guide for Doctors and Lawyers

Mental Capacity Act (2005) – Code of Practice

6.3
INFORMATION SHARING / CONFIDENTIALITY GUIDANCE

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

- Information will only be shared on a "need-to-know basis" when it is in the best interest of the service user
- Confidentiality must never be confused with secrecy
- Informed consent should be obtained but if this is not possible and others are at risk it may be necessary to override this requirement
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in situations when other people may be at risk.
  [*No Secrets*, 5.6, page 24]
- Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis.
  [*No Secrets*, 5.7, page 24]
- 'No Secrets' states that the principles of confidentiality designed to protect the management interests of an organisation must never be allowed to conflict with those designed to promote the interest of the service user. "If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adults then a duty arises to make full disclosure in the public interest".
  [*No Secrets*, 5.8, page 24]
- In certain circumstances it will be necessary to exchange or disclose personal information, which will need to be done in accordance with the Data Protection Act 1998 where this applies.
  [*No Secrets*, 5.9, page 24]

The Procedure

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

a) Do I have the permission of the Vulnerable Adult to disclose personal information?

if not

b) Do I have the legal power to disclose this information?

c) Is there a duty to protect the wider public interest; are other people at risk?

d) Am I proposing to share information with due regard to both common and statute law?

e) Do I have the correct level of seniority to disclose this information?

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

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

Service User as perpetrator

If it is assessed that the service user continues to pose a threat to other service users then this should be included in any information that is passed on to service providers.
[*No Secrets* 6.18, page 30]

Practice Guidelines

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

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

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

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

Staff must never confuse confidentiality with secrecy.

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

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

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

Information will be shared **only** for the purpose of providing care or for the protection of the Vulnerable Adult.

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

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

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

[*No Secrets,* 5.9, page 24]

References

No Secrets: Guidance on Developing Multi-agency Policies and Procedures to protect Vulnerable Adults from Abuse (March 2000) Department of Health.

Section 7

Process of Transition for vulnerable young people at risk of significant harm or exploitation, from Children's Social Care, to the Adult Protection / Safeguarding Adults Process

Process of transition for vulnerable young people at risk of significant harm or exploitation from a third party or neglect, from children's social care to adult protection / safeguarding adults process.

1) **Young people who remain on the Child Protection Register at age seventeen and a half**. They should be referred by the designated Manager to the Adult Protection / Safeguarding Adults Co-ordinator. Appropriate assessments will then take place.

2) **Young People in the Care Leaver's Service**. Team Manager will make a referral to Adult Social Care when the Young Person is 17 and a half if there is continuing risk of abuse or neglect from a third party.

3) **Child in Need, including any child / Young Person with a disability**. Team Manager will make a referral to Adult Social Care or the Learning Disabilities Partnership or Adult Mental Health using the Transition Policy.

The Adult Protection / Safeguarding Adults Co-ordinator will call an Adult Protection / Safeguarding Adults Case Conference when appropriate. This conference will allow a full and detailed discussion of the individual's needs, their views regarding capacity and consent issues and current presenting risk levels.

APPENDIX A

PRINCIPLES AND LEGISLATION OF RISK ASSESSMENT

1. INTRODUCTION

None of us can live in a risk free environment. The promotion of personal choice, independence and dignity may involve risk-taking and potential benefits to the user will need to be considered alongside the possibility of any negative result.

2. LEGISLATION

There is no law of "risk" or "risk-taking". The key legal concepts are "negligence" and "recklessness". "It is essential to appreciate that the law at best, provides checklists, procedures and frameworks. It provides a foundation for professionals to work within and to utilise to justify their risks; it rarely provides direct answers". (Carson). In some circumstances it may be necessary to clarify the legal position and therefore appropriate legal advice should be sought. See Plymouth's "Adult Protection Policy & Procedures", Section 5 for a list of relevant legislation.

LEGAL RESPONSIBILITIES SUMMARY

Has Plymouth City Council acted reasonably?

- The council, like all public bodies and individuals, owes a general duty of care to those in receipt of services and equipment provided to others who may be affected by its actions and defaults. A breach of this duty of care may give rise to an action in negligence where injury or damage has been sustained as a direct result of the breach.
- This duty of care is not an absolute duty to ensure the safety of all service users. This would be impossible to comply with in practice since the Council cannot have ultimate control in relation to personal choice or what people do in their own homes.
- The duty of care is to take the actions, which a reasonable person would take in the light of all circumstances. This is governed by the;
    - Level of understanding possessed by the service user
    - Service User's awareness of the risk and all of its implications
    - Service User's desire to remain in a situation in which they are at risk.

Recognise that there may be situations where the council will have no legislative power to reduce/alleviate risk

Does any other national legislation or guidance apply?

- Department of Health Guidance on risk assessment
- National Assistance Act 1948. Section 47 of the act enables a Local Authority to make an application to the Magistrate's Court to remove a person from his/her home
- Mental Health Act 1983. Sections 2, 3 and 4 deal with the compulsory admission of persons to hospitals on grounds of mental disorder. Section 7 (Guardianship) deals with the placement and supervision of people in the community. Part 7 of the Act is concerned with the powers of the court of Protection over the management of the property and affairs of people incapable, by reason

of mental disorder, of managing their own affairs. Section 135 gives an approved Social worker the power to apply for a Warrant from a JP, for the Police to enter any premises (other than a hospital) in which a mentally disordered person is believed to be living and where he/she as reasonable cause to believe that the person is not under proper care.

- Patients in the Community Act 1995
- National Health Services and Community Care Act 1990
- Health and Safety at Work Act 1974. All managers have a responsibility for maintaining a safe working environment for employee's and third parties, for example, service users.
- Occupiers Liability Act 1957. Section 2 details the 'common duty of care' of an occupier to visitors to a premises and is important in relation to Council establishments, to ensure the safety of somebody who is classified as vulnerable.
- Carers (Service and Recognition) Act 1995
- Human rights Act 1998

It is the assessor and line manager/service manager's responsibility to seek legal advice from Legal Services if they are unfamiliar with or unclear about duties under the above legislation.

3. WHO IS THE PROCEDURE FOR?

- All users of community care services and their families.
- All Plymouth City Council staff involved in assessing need and providing services for adults.

4. WHEN SHOULD THIS PROCEDURE BE USED?

When an assessor decides that:

- there is uncertainty about whether the service user, or others, are at risk of serious mental or physical injury, serious emotional or physical neglect or death.
- there is the potential to apply legislative measures to restrict liberty or freedom of choice.
- previous experience indicates the probability of any of the above occurring.

The decision to undertake a risk assessment may be made:

- during a full assessment of need
- following a call on duty
- following case discussion as part of supervision
- within a multi-disciplinary meeting, including discharge planning
- within a strategy meeting as part of an Adult Protection investigation
- when significant changes within the service users' situation are noted
- when reviewing a care plan where significant risk has previously been noted

This list is not intended to be exhaustive, and it should be recognised that an assessor may decide to complete a risk assessment at any stage if it seems appropriate.

5. PRINCIPLES

- Eliminating all risk is neither possible nor desirable. The aim is to identify and minimise risk.
- All service users have rights to take risks in their lives and Plymouth Social Services is committed to promoting independence.
- Service users' own wishes must be adhered to where possible.
- At all times staff should be sensitive to the needs of the service user, care givers and others as appropriate, in terms of racial and cultural background, religious preference, medical conditions, age, sexual orientation, ability and gender. All interventions, assessments and risk management plans must address and consider these issues.
- Staff should give consideration to their own safety and rights and those of other service providers with regard to risk management.
- The assessment and opinion of a wide number of other professionals, service users and carers are essential elements to facilitate effective assessments and care management decisions.
- Service users must remain at the centre of assessments
- Staff should have sufficient training, supervision, support and time to effectively identify, assess and manage risk.
- Relevant staff should be given enough information on a "need to know" basis to ensure that they can carry out their work safely.

6. GLOSSARY OF TERMS

Risk

Is the possibility that a negative consequence may result from an action or inaction.

Risk Taking

Is inherent in our work.

Is the process of balancing likely benefits with likely dangers.

Involves professional judgement based upon a number of factors including: the extent of dangers, the likelihood of dangers occurring, the consequences and benefits to the service user and people near to them of taking risk, the service users ability to make an informed choice, the strengths inherent in the situation.

Involves recognising service users' rights to self-determination.

Involves enabling service users to take appropriate risks.

Involves enabling service users to maintain their independence without unnecessarily removing them from all potential risky situations.

Risk Identification

Is the part of the process of assessment where a consideration has to be made about whether the service user, or others, are at risk of serious injury, serious neglect or death. Where there is the potential to apply legislative measures to restrict liberty or freedom of choice or where previous experience indicates the probability of any of the above occurring.

Risk Assessment

Is a separate part of a general needs assessment which focuses purely on risk. It is influenced by and contributes to the general needs assessment.

Risk Management

Is a plan arising from a risk assessment, which minimises dangers and enhances strengths thereby reducing risk. It is influenced by and contributes to the general care plan.

Risk Management Meeting

Is a multi-agency formal meeting (which may include service users and their carers as appropriate) which considers the facts, analyses the risk and formulates a plan of action. The meeting must be minuted.

Danger

The event that you are hoping to avoid.

Hazards – Predisposing

Factors which are deep rooted and make the danger more likely to happen.

Hazards – Situational

Social factors that make the danger more likely.

Strengths

Factors which make the danger less likely.

With thanks to:-

Bromley Social Services Department

Kingston Social Services Department

Kent Social Services Department

Plymouth Social Services Managers

Reconstruct Ltd

Paul Brearley “Risk and Social Work”.

David Carson “Risking Legal Repercussions”

APPENDIX B

Vulnerable Adult Risk Management Meeting (VARMM) Process

Capacity, or lack of capacity is a vital element in care planning with, or for, vulnerable adults at risk of self-neglect.

Once established, planning can then follow one of two routes, either

i) in the case of lack of capacity, a decision to follow Adult Protection Guidance to work in the individual's 'best interests', or

ii) in the case of capacity, to follow the Adult Protection Risk Management Process.

If the Client is assessed and as having the capacity to understand the consequences of refusing services, then a Risk Management meeting should be called to ensure the following:-

1. Establish capacity and record when, where and by whom the assessment was carried out.

2. Critique the Care Plan and discuss with a network of professionals alternative options for encouraging engagement with the Vulnerable Adult, i.e. consider which professional is best placed to successfully engage, - would the vulnerable adult respond more positively to a health or a voluntary agency professional? (the Serious Case Review written following the murder of 'F' revealed a lifelong history of negative involvement from both the Mental Health services and from the Social Services Children and Families department. She had been held under Section on several occasions and all her children had been removed from her care. In planning an approach towards 'F', this information would have been vital as she would have been unlikely to engage positively with either the Mental Health Services or Social Services in the first instance)

3. Having established an alternative / holistic Care Plan, the vulnerable adult's resistance to engagement should be tested by the re-introduction of the new plan by the person or the agency most likely to succeed (this would be decided at the Risk Management meeting).

4. If the plan is still rejected, the meeting should reconvene to discuss a review plan. The case should not be closed just because the vulnerable adult is refusing to accept the plan. Legal advice must be taken as to a reasonable review plan, including time scales.

In summary, the following formulae / process should be applied:-

- Test capacity
- Alternative Care Plan
- Test Resistance
- Review

This process will not affect an individual's human rights but it will ensure the department extends its duty to care in a robust manner and as far as is reasonable.

The dilemma of managing the balance between protecting vulnerable adults from self-neglect against their right to self-determination is a serious challenge for the Community Care Services.

Applying this robust formulae should ensure all reasonable steps are taken to ensure safety; ideally by a multi-disciplinary group of professionals.

This model has been discussed with H.M. Coroner and has received a positive response. His comment was that this model, applied robustly, appears to be a positive development. He also acknowledged that there will be occasions when individuals make

capacitated lifestyle choices with tragic consequences.

Capacity

The Mental Capacity Act 2005 is to be implemented April 2007. The existing law relating to mental capacity and decision making pertains until the Act is brought into force.

The following principles are set out in Section 1 of the Act and will be a future Best Practice for Plymouth City Council and Plymouth Primary Care Trust:-

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

Section 2 of the New Act provides that a person lacks capacity if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or a disturbance in, the functioning of the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary. This is a diagnostic test which the notes to the Bill explain 'could cover a range of problems, such as psychiatric

illness, learning disability, dementia, brain damage or even a toxic confusional state, as long as it has the necessary affect on the functioning of the mind or brain, which causes the person to be unable to make a decision'. Each decision must be considered separately. General assessments of capacity are not accepted. The question of whether a person lacks capacity must be decided on the balance of probabilities i.e. more likely than not.

In section 3, being 'unable to make a decision' is explained:-

- The person is unable to understand the information relevant to the decision,
- Unable to retain the information,
- Unable to use the information as part of the process of making the decision,
- Unable to communicate the decision

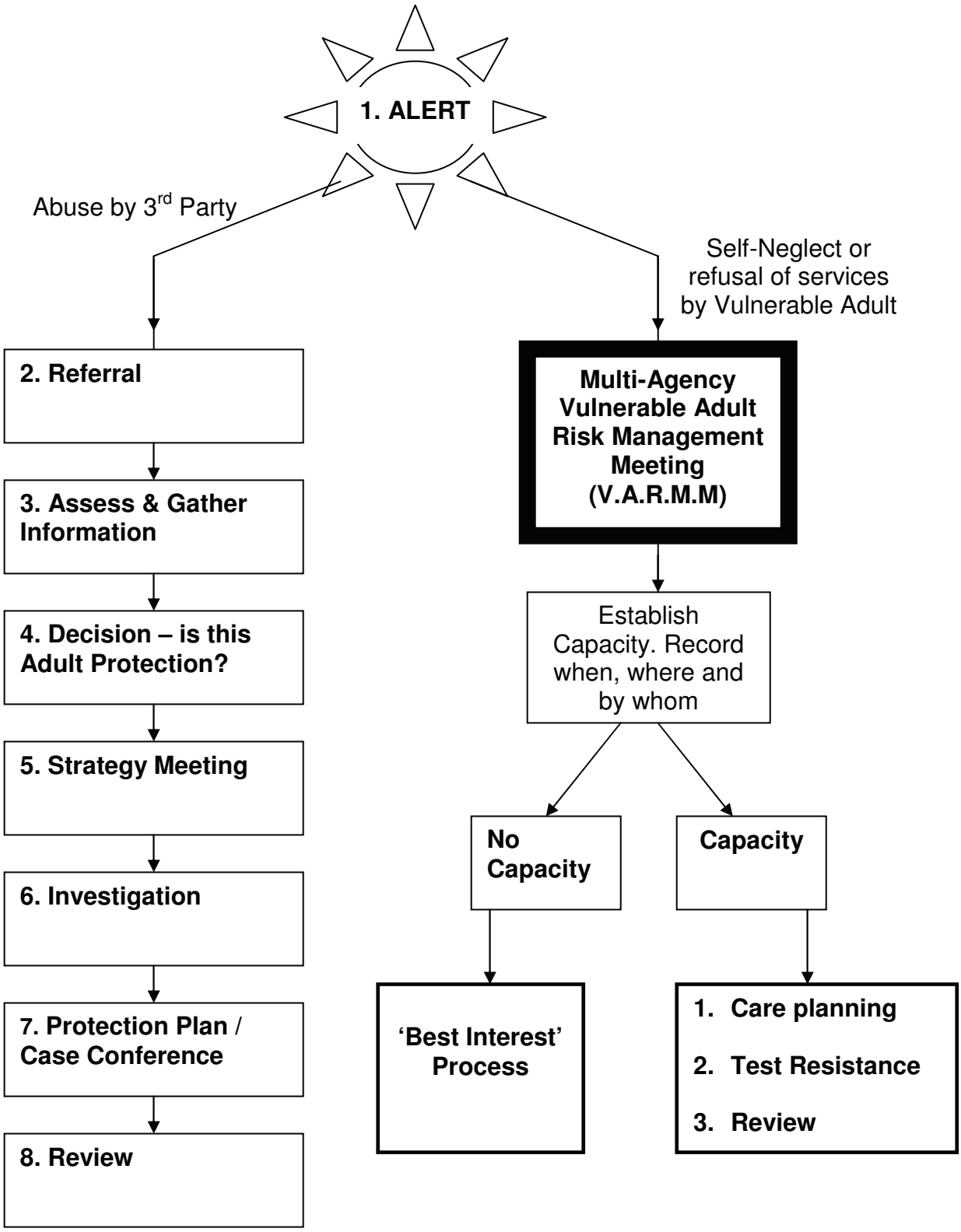
Best Interests

All circumstances must be considered in deciding whether something is in a person's 'best interests'. The new Act gives further guidance on particular factors to be taken into account in section 4. None of the factors carry any more weight or priority than another; the list is not exhaustive but should enable an objective assessment of what is in the person's best interest to be made. Consideration as to whether the person is likely to have capacity at some time and if so, when, must be given. This suggests the non-urgent decisions can be left if there is a likelihood of the person regaining capacity. The person in question should also be as fully involved as possible.

Factors to be considered:-

- The ascertainable past and present wishes and feelings of the person (including relevant written statements)
- The benefits and values that would be likely to influence his/her decision if he/she had capacity (religious beliefs and cultural values)

- Other factors the individual would be likely to consider if able to do so (this might include a sense of family obligation)
- The views of others if it is considered appropriate to consult them, including anyone so named, carers, and other appropriately 'interested' people. Whilst this list should help to structure decision making, the concept of 'best interests' is likely to remain very difficult to apply in many cases.


1. ALERT
Abuse by 3rd Party
Self-Neglect or refusal of services by Vulnerable Adult
2. Referral
3. Assess & Gather Information
4. Decision – is this Adult Protection?
5. Strategy Meeting
6. Investigation
7. Protection Plan / Case Conference
8. Review
Multi-Agency Vulnerable Adult Risk Management Meeting (V.A.R.M.M)
Establish Capacity. Record when, where and by whom
No Capacity
Capacity
'Best Interest' Process
1. Care planning
2. Test Resistance
3. Review

APPENDIX C

Deprivation of Liberty Safeguards (DoLS)

This is a summary of the Deprivation of Liberty Safeguards and its implications for health and social care professionals. It is not intended to be a replacement for the DOLS code of practice. Professionals MUST refer to the Mental Capacity Act and DoLS codes of practice (CoP) for guidance on specific cases and to inform decisions.

The code of practice can be downloaded at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

DH has also published a brief DoLS guide for care homes and hospitals: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094348

The deprivation of liberty safeguards were introduced to protect the Human Rights (article 5 right to liberty and security) of vulnerable people who lack capacity to consent to care or treatment in a hospital or registered care home when their own best interests involve receiving care that amounts to deprivation of liberty as defined by the European Court of Human Rights.

The safeguards (formerly known as Bournewood safeguards) were introduced into the Mental Capacity Act 2005 by the 2007 amendments to the Mental Health Act.

Care homes and hospital wards have responsibilities under the safeguards to ensure that none of their residents/patients are unlawfully deprived of their liberty; that is, without the appropriate authorisation.

DoLS authorisations will be issued, where appropriate following statutory assessments by the Plymouth DoLS office on behalf of Plymouth PCT or the Local Authority.

Local Authorities and Primary Care Trusts have responsibilities under the safeguards to carry out the functions of the Supervisory Body as detailed in the code of practice. This includes receiving requests for authorisations from care homes and hospitals, commissioning statutory assessments, and granting deprivation of liberty authorisations where appropriate.

Local Authorities and Primary Care Trusts have further responsibilities as commissioners to take steps to prevent deprivation of liberty wherever possible. They will need to commission care in a way that makes it possible for care homes to comply with the safeguards.

The safeguards also apply to privately arranged care, i.e. self-funded residential care. Local Authorities have a responsibility to protect the human rights of all vulnerable people within Plymouth, particularly in reference to these safeguards, those who may be at risk of deprivation of liberty, i.e. people who have variable or no capacity to decide where they should live and also require substantial restraint/restrictions as part of their care plan.

Identifying Deprivation of Liberty

See chapter 2 of the DoLS code of practice

There is a difference between deprivation of liberty (which is unlawful, unless authorised) and restrictions on an individual's freedom of movement.

Restrictions of movement (if in accordance with the principles and guidance of the Mental Capacity Act) can be lawfully carried out in someone's best interest to prevent harm. This includes use of physical restraint where that is proportionate to the risk of harm to the person and in line with best practice. Neither the Mental Capacity Act nor DoLS can be used to justify the use of restraint for the protection of members of staff or other service users or patients.

The difference between restriction of movement and deprivation of liberty is based on degree and intensity.
According to the European court of Human Rights, to decide whether a care plan involves deprivation of liberty, "the starting-point must be the specific situation of the individual concerned and account must be taken of a whole range of factors arising in a particular case such as the type, duration, effects and manner of implementation of the [restrictions] in question.' (EctHR, October 2004, *HL v the United Kingdom*)

Chapter 2 of the DoLS code of practice provides two lists of factors which are relevant to consider. It also gives several examples of cases which have been decided by the European Courts that have contributed to developing case law.

It is the responsibility of the care home manager or hospital to decide whether the care required amounts to deprivation of liberty. If so, they must apply for an authorisation or reduce the restrictions so that deprivation of liberty is avoided.

DoLS authorisations will only be granted if:

- It is in a person's own best interests to protect them from harm
- It is a proportionate response to the likelihood and seriousness of the harm, AND
- There is no less restrictive alternative.

Requesting an Authorisation

Care Homes and Hospital Wards should request an authorisation when appropriate using the standard forms available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089772

They may also grant themselves an Urgent Authorisations for up to 7 days, but MUST notify the DoLS office and apply for a standard authorisation at the same time.

See chapter 6 of the DoLS code of practice
DOLS Assessment Process

Before the PCT or Local Authority can grant an authorisation at least two separate assessors must carry out the following:

A **mental health assessment** to confirm whether the person has an impairment/ disturbance in the mind or brain
.
An **eligibility assessment** confirms the person's existing or potential status under the Mental Health Act, and whether it would conflict with a DoLS authorisation.

A **mental capacity** assessment carried out by either the Mental Health or Best Interest Assessor to determine the person's capacity to consent to the care proposed.

A **best interest assessment** will confirm whether deprivation of liberty is occurring, whether it could be avoided, and whether it is in the person's best interest. They will also recommend, how long the authorisation should last and who should act as a person's representative throughout the period of authorisation.

An **Age assessment** to confirm the person is at least 18 years of age.

A **No Refusals assessment** to confirm whether there is any valid advanced decision which would conflict with the authorisation OR a person with a valid and registered lasting power of attorney with authority over welfare decisions.

An **IMCA (Independent Mental Capacity Advocate)** may also be appointed during the assessment process if required.

If any of the qualifying requirements are not met, the authorisation cannot be granted.

An authorisation can be granted for a maximum of 12 months, but will usually be agreed for a shorter time period as appropriate for the individual concerned.

Role of the Person's Representative

See chapter 7 of the code of practice.

See also Plymouth's Protocol for appointing a representative, which will be made available online at www.plymouth.gov.uk.

Everyone who is subject to an authorisation will be appointed a representative. They must maintain face to face contact with the person and represent and support them in all matters relating to the deprivation of liberty safeguards, including, if appropriate, requesting a review, or applying to the Court of Protection to present a challenge.

The representative has the right to request the advice and support of an Independent Mental Capacity Advocate.

If there is no family member, friend, or informal carer suitable to be the person's representative, the DoLS office will appoint a paid representative through its contract with Plymouth Highbury Trust.

The name of the person's representative should be recorded in the person's health and social care records.

Reviews

It is the responsibility of the care home / hospital ward to monitor and review the person's care needs on a regular basis and report any change in need or circumstances that would affect the deprivation of liberty authorisation, or any attached conditions.

There care home or hospital MUST request a DoLS review if:

- The relevant person no longer meets any qualifying requirements
- The reasons the person meets the qualifying requirements have changed
- Because of a change in the person's situation, it would be appropriate to add, amend or delete a condition placed on the authorisation.

There person or their representative may also request a DoLS review at any time.

The DoLS service will commission assessors to carry out a review of an authorisation when statutory conditions are met. Statutory DoLS reviews will not replace health or social care reviews.

Alerting unlawful Deprivation of Liberty

If a person (professional or otherwise) suspects unauthorised deprivation of liberty, they should discuss it with the care home manager/ hospital ward manager.

If the care home/hospital agrees that the care plan involves deprivation of liberty, they should be encouraged to make a request for authorisation.

All parties should be satisfied that the care plan is the least restrictive option available to keep the person safe, and that it is in the person's best interest.

If the care home does not agree to make a request for a DoLS authorisation, the care manager / coordinator can then approach the DoLS office to discuss the situation and report the unlawful deprivation.

DOLS and Adult Protection Alerts

Deprivation of liberty can be in a person's best interest if it is necessary to protect the person from harm and proportionate to the risk of harm. To be lawful, it needs to be authorised so that the person has access to the safeguards and is appropriately represented throughout the authorisation.

If a third party (i.e. not the care provider) contacts the DoLS office to report unlawful deprivation of liberty, it is NOT necessary to also make a Safeguarding Alert.

An Adult Protection/Safeguarding alert may be appropriate if there is also an allegation or concern of abuse, harm or neglect. If so, the Safeguarding Adults Multi-Agency Policy and Procedures must be followed.

S2

Inspection of adult social care {insert formal title of the council}

Inspection Assessment Framework

Safeguarding

{Insert Outcome}

{Insert Outcome}

Safeguarding[1]

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods.[2]

People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.[3]

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'adequate'**	**Excellent Incorporates almost all the characteristics of 'performing well'**
Does not display the characteristics of 'Performing Adequately'.	People can expect the adult social care service (or any other member of the safeguarding partnership) to help them to live free from abuse. People who use services and their carers are helped to stay in control by social care workers who maintain their personal safety and take action to reduce risks. Social care workers act at an early stage to prevent harm and manage risks. People who use services and their carers are confident that incidents of abuse, are investigated promptly and action is taken to	People are protected because organisations in the local partnership are committed to a single safeguarding plan and procedures for the area. They follow the agreed procedures and it is clear who is responsible for action. People who are in vulnerable circumstances are carefully tracked so that no-one at risk is left without support. Information and records of incidents and risks of abuse of adults in the area are carefully managed and monitored. People who use services and their carers are satisfied that most	Many local people know what to do if they are concerned about adult abuse or neglect in the community. Many people who use services and their carers have increased personal control of their support arrangements, and this reduces risks to their safety. The quality of protection and personal care in regulated homes in the area is high. Care and health workers work closely together to improve care practices and routines. People who use services and their carers are

[1] The outcome framework for 2009 has retained key safeguarding elements but not as a discrete or separate outcome. The relevant key performance summaries and characteristics for safeguarding are in the main spread across outcomes 5 and 6

[2] Taken from outcome 5 – Freedom from discrimination and harassment

[3] Taken from outcome 7 – Maintaining personal dignity and respect

	prevent further harm. People who use services and their carers are supported by care workers who are recruited safely, in line with legal requirements and policy guidance. They are trained and supervised. People who use services and their carers are confident that personal information is treated with sensitivity, respect and confidentiality is maintained. The quality of safeguarding in regulated services is high. Commissioners take action where quality is low. Advice and help are available if personal support does not meet adequate standards, or if abuse or mistreatment takes place. The outcomes of safeguarding incidents are monitored and evaluated. People who use services and their carers have personal care in all settings that is usually respectful, and maintains dignity. The quality of personal care and the environment in care	investigations lead to clear outcomes within reasonable timescales. They are told about the outcome and changes to policy and procedure that have been made. Social care workers treat carers and families as partners in care activities. People who use services and their carers are asked to give their views about their personal care The quality of personal care and the environment in care homes and home care services is higher than average when compared with similar areas. High standards of prevention of discrimination and harassment are achieved.	confident that the quality of care homes and home care services is high. Monitoring evidence shows that risks and incidents of discrimination and harassment is reducing. Wider council action improves community safety and reduces risks from harassment.

	homes and home care services are about average in comparison with similar areas. People who use services and their carers are supported by policies and good practice that aim to eliminate discrimination and harassment. Care workers are trained and accountable.		

Performance Characteristics

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'adequate'**	**Excellent Incorporates almost all the characteristics of 'performing well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers benefit form social workers who have been trained to apply equality standards in their work. They are supervised and accountable for meeting the standards. Policies and practices to prevent discrimination or harassment are applied in all services. This includes services commissioned from independent service providers, whether in care homes, in people's	Most targets for reducing discrimination or harassment are achieved and progress is monitored with reliable information. Standards of good practice are well established through training and supervision. Commissioning and workforce training are well developed for all service providers in all sectors. The council takes action to improve safety	People who use services, carers and other local people who may be vulnerable benefit form council action to deal with root causes where harassment occurs. Adult social care contributes advice and support to improvements. Monitoring and communications equipment improve the security of people who use services and carers living in their own homes or in care homes.

	own homes or elsewhere. When incidents do occur, people who use services and their carers report that action is taken quickly, and there are clear procedures with timescales for action.	and protect individuals who maybe vulnerable from harassment in neighbourhoods.	

People are safeguarded from abuse, neglect and self-harm.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'adequate'**	**Excellent Incorporates almost all the characteristics of 'performing well'**
Does not display the characteristics of 'Performing Adequately'.	People find it easy to contact any of the organisations in the Safeguarding Partnership for help. Alerts are investigated promptly and action is taken to prevent or manage risks. Social care workers in all sectors and services have had awareness training. They know how to recognise signs of abuse and risks; and how to use the safeguarding procedures. Neglect and mistreatment in any service are not tolerated. Action is taken to prevent or stop infringement of human rights.	Risks are reduced through raised public awareness. Monitoring and evaluation shows that improved levels of protection are being achieved. Good levels of protection are achieved in all areas and across sectors. Incidents of suspected abuse are investigated and acted upon in accordance with legal requirements and policy guidance. Many care workers in all sectors and services have had training for safeguarding people, which is above basic	Public awareness of risks is high and reporting levels reflect appropriate thresholds of concern. Care workers are well trained in safeguarding. There is good supervision and support in this work.

	The outcomes of Safeguarding incidents are monitored and reviewed through the partnership board.	awareness level. Organisations in the local partnership demonstrate consistent learning from experience which results in changes in practice and procedures and improved outcomes.	

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'adequate'**	**Excellent Incorporates almost all the characteristics of 'performing well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers see that their personal support preferences are clearly shown in their support plans. People who use services and their carers report that personal care in all settings is usually respectful, and sensitive to their dignity and preferences. People using services and their carers are confident that their privacy is protected by care workers, and that confidential matters are handled with care and sensitivity. Care workers are recruited safely in line	Support planning actively helps people to express their needs and preferences. Social care workers treat carers and families as partners. They have skills and knowledge to do this, even where needs are complex. Communication needs are met by suitable methods and assistive technology. People who use services and their carers are asked to give their views about the standards of personal care when their service is reviewed. The quality of personal care and of the	The views of people who use services and their carers are monitored systematically. Action is taken to improve. Care and health workers work closely together to improve care practice routines. Training and development opportunities for staff and carers are well developed and contribute to continuous improvement of care practice. The quality of personal care and of the environment in care homes and home care services is high.

	with legal requirements and policy guidance, they are trained and supervised. The quality of personal care and the environment in care homes and home care services are about average for similar areas. Contracts with service providers specify that that care workers in all sectors and services adopt good practice in maintaining dignity, privacy and treating people with respect.	environment in care homes and home care services is higher than average for similar areas. Contract monitoring with service providers includes assessment of the quality of personal care they provide. Carers are provided with training opportunities to promote their skills and knowledge.	

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'adequate'**	**Excellent Incorporates almost all the characteristics of 'performing well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers report that preferences in maintaining their living environment are respected, and meet levels of safety and cleanliness, which are acceptable to them. In most care homes, a single room is always offered. The quality of the environment in regulated services is	The quality of the environment in regulated services is higher than average compared with similar areas.	People who use services and carers are able to manage their support so that they keep control of their living environment.

	average when compared with similar areas.		

IMPROVED HEALTH AND WELLBEING
People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People in the area receive helpful information and advice about physical and mental health and well-being in a format that meets their needs. The number of people who have preventable illnesses, accidents and long-term conditions is reducing and comparable to other similar areas. The number of people who use services and carers who have to go into hospital, care homes, or who need long-term support, is around average when compared with similar authorities. People who use services and carers have a say in planning and organising their support and treatment plans People who use services and carers see health	People in the area take notice of information, advice and campaigns about particular health and well-being needs in the area. Information and advice is targeted to help specific areas or groups of people. Evidence of improvement from this is gathered systematically. The number of people who use services and carers who go into hospitals and care homes, or who need long-term care in the area, is lower than average. People who use services and carers, including those who have complex needs, have choice and control in planning their support at home, or when leaving hospital. People who use services and carers are helped to stay independent	Where there are inequalities of health and well-being amongst people in the council area, these are being reduced. The number of people who use services and carers who need to go into hospitals or care homes is low and stable. All people who use services and carers are helped to remain independent. They are helped to plan personal support for independent living. They can choose to manage these through individual budgets if they wish with ongoing support available. The number of people who use services who need long-term care is reducing, as skilled rehabilitation is readily available. People who do need long-term support, including people with more complex conditions

	and care workers working smoothly together to help them live independently. People leaving hospital or who have a long-term condition are able to return home promptly. They and their carers are not disadvantaged by a lack of suitable support or rehabilitation at home or in the area. People who use services and carers feel support helps them to achieve an acceptable quality of life. People who use regulated services and carers find that the quality of healthcare is adequate. People who use services can expect individually planned meals that support their recovery from ill health. At the end of life, people who use services and their carers are supported, able to make choices, treated with dignity and their wishes are respected. At the end of life, people who use services and their carers receive support and palliative care in care homes or hospices in the majority of cases.	through support for recovery and rehabilitation. This has resulted in a higher than average number of people staying independent. People who use services and carers have consistent and well-coordinated support from health and social care workers. People who use services and carers can expect good quality and nutritious food limiting risks of malnutrition and promoting health through personalised care planning. Carer's report that their health and wellbeing needs and wishes are carefully taken into account. At the end of life, people who use services and their carers receive support and palliative care at home, in care homes or in hospices.	and their carers,, find that local services can meet most needs and preferences. Carers are treated with respect, and their health and well-being needs are addressed in support plans. Health care quality standards are met in most care homes. People who use services can expect nutritious meals that meet health and cultural requirements. People who use services at the end of their life and their carers receive skilled palliative care, which is available to all at home, in care homes, at hospices or elsewhere in the area.

S2

Performance Characteristics

1.1 People are well informed and advised about physical and mental health and well-being. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People in the council area can get useful information and advice on physical and mental health and wellbeing from social care offices, GP surgeries and hospitals. Information is in formats they find helpful. Health campaigns are beginning to show evidence of positive results. The number of people who use services and carers who have preventable illnesses, accidents and long-term conditions is reducing, and comparable to other similar areas. This applies also to the number of people who have to go into hospitals or care homes, or need long-term support.	Full and detailed information and advice on physical and mental health and wellbeing are widely available. Campaigns are based on careful analysis of needs in the area. They are well established, and can be shown to be making a difference. They use varied media, languages and assistive technology to meet people's needs. The number of people who use services and carers who have preventable illnesses, accidents and long-term conditions is reducing, and is lower than those in similar areas. This also applies to the number of people who have to go into hospitals or care homes, or need long- term support.	People can get information and advice on a wider range of related issues, such as housing and money management. This is often available in one place, and by telephone or on-line, as well as face-to-face. Campaigns are shown to be successful in reducing health and well-being inequalities across all communities. The number of people who use services and carers who have to go into hospital (including for emergencies), or into care homes, is low, stable and can be maintained.

1.2 People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	The number of people who use services and carers who have to go into hospital for preventable reasons is comparable with other similar areas. The number of people whose hospital discharge is delayed due to social care not being available is low and improving, but may fluctuate. Where there are delays due to lack of suitable reablement or other social care support, the reasons are identified and improvements are being made. The number of people who go into care homes for long term care is are around average and reducing.	The number of people who have to go into hospital for preventable reasons is lower than those in similar areas. The number of people whose hospital discharge is delayed due to social care not being available, is lower than in similar areas, and improving. The availability and skills of rehabilitation services are reducing the need for further medical and social care intervention and for permanent care home placements.	The numbers of people who use services and carers who have to go into hospital for preventable reasons are consistently low when compared with similar areas. The number of people who use services and carers whose hospital discharge is delayed due to social care not being available is consistently low and stable. Services to prevent avoidable admissions and support for independent living are well developed and meeting most needs. Rehabilitation services are well developed across the area. Levels of permanent care home placement are low.

1.3 People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Meals are prepared or provided to meet nutritional requirements for promoting health. Meals meet special dietary requirements for health or cultural reasons on request. Any risks of malnutrition and dehydration are minimised through planning and monitoring. People who need support with their meals are helped in a respectful and dignified way.	Meals and food quality are high, and offer variety and choice. Personalised planning and monitoring prevents the risks of dehydration and malnutrition.	Meals and food quality are carefully planned and monitored for individuals. Meals support recovery from illness and help to improve some long-term conditions. Menu choices meet a wide variety of preferences, cultural and religious requirements.

1.4 At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'	At the end of life, people who use services and carers are supported sensitively, and treated	People who use services at the end of their life and carers receive palliative care at home or in hospital, or in	People who are at the end of their life and carers find that palliative care is well developed and available across the area.

	with dignity and respect. People who use services and carers are supported by primary and social care workers who work together to support the individual, family and other carers, respecting individual wishes. People who use services and carers are supported by palliative care, which is available locally, but may have limited capacity to care for people at home or in a hospice.	hospices. Palliative care at home is widely available in many areas.	Palliative care and support at home is available at home for all people who use services who are at the end of their life and their carers. This is well coordinated with other health and social care workers.

IMPROVED QUALITY OF LIFE
People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People and carers can get advice and support when needed to prevent loss of independence, and maintain their quality of life. Children are supported so that they do not have to take on inappropriate caring roles in families. Adult carers are supported so that they can balance caring with a life of their own. People who are lonely, isolated or at risk can contact social care workers and/ or third sector organisations, who help maintain their quality of life. People who use services and carers feel safer at home, in care homes or other supported accommodation, because risks to personal safety are	People who need support and their carers are helped quickly. Skilled advice and personal support meet the needs of all, including people who have complex or intensive support needs. Carers have well-developed support and a greater than average range of options to choose from. The quality of life for people who use services and their carers is supported by organisations in all sectors working in partnership and this reduces the need for long-term care. Housing options and environmental improvements improve the safety and independence of people who use services and their carers	People who have complex or intensive support needs and their carers benefit from highly personalised support. They have choice and control over the way this is organised Skilled teams support people who use services and their carers in their family and social life. They are flexible and can adapt support as needs and preferences change. People who use services and their carers find that neighbourhood improvements help to make their environment safer, improve access to services, and improve their quality of life. The number of care homes in the area meeting quality of life standards is high

	minimised. People who use services and their carers are helped by local transport and mobility schemes to have a social life and to use local services.	The number of care homes in the area meeting quality of life standards is above average. The quality rating in a number of care homes in the area is above average. People who use services and carers find that local services **are** organised, helpful and well adapted in helping people to use them.	

Performance Characteristics

2.1 People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately	Excellent Incorporates almost all the characteristics of 'Performing Well'
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers are helped to maintain their independence and quality of life with prompt, skilled advice and support. Some still have to choose care home placements due to lack of suitable local support for independent living. Children and young people are supported so that their education and development do not suffer as a result of caring responsibilities.	People who have complex needs and their carers can get skilled advice and local support at an early stage. Communication needs are met by the use of appropriate support and accessible technology. People who use services and their carers are helped to maintain independence through a wide range of support for independent living. The number of people who are supported in independent	People who use services and their carers are able to influence or manage support in the way they find improves their quality of life. Levels of support for independent living and quality of life are high, varied and stable. This includes people from diverse communities, and in all parts of the council area.

	Equipment is supplied, and adaptations to the home are carried out promptly to support independence and reduce risks to safety.	living is above average. Carers are treated as expert partners and their quality of life is supported equally to those they care for. A high number of people who use services are cared for and treated in their own homes by skilled health and social care workers. This has reduced the need for care in hospital or care homes. People who use services and carers are kept safe and independent for longer by extensive adaptations to their homes. Delays for adaptations are lower than average.	

2.2 People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, health care, leisure, shops and colleges, adapt services to make them easier to use.

Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers are supported to use local services and to have a social life. People who use services and their carers find that transport and access to services is improving to meet their needs, but choices maybe limited.	People who use services and their carers are confident that they can use many local services for social activity, leisure and learning. Most people who use services and their carers have the choice and opportunity to use local services because of good transport and access.	Local services make social, leisure and learning opportunities widely accessible to all. Most are well adapted to meet the diverse needs of people who use services and their carers in the area. Many people who use services and their carers find transport and mobility support services are flexible and convenient. This helps

	Support plans recognise needs for a social life, leisure and learning. Social care workers have skills and time to support people who use services and their carers who want to use local services for social activity, leisure and learning. Mainstream local services encourage people who use services and carers to use them, adapting their services and access to achieve this if necessary. They do not discriminate against people who use social care services or their carers. People living in care homes have social, leisure and learning opportunities that are appropriate to their interests, ages and backgrounds.	People living in care homes find that social, leisure and learning opportunities offer choice and variety, including access to local services.	to give access to most local services to support a good quality of life. Social care workers are highly skilled in supporting people who use services and their carers to use local services and there is a reduced need for specialised or separate services.

2.3 People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who have complex support needs and their carers find that these can usually be met locally. People who use services and their cares have some choices in	Local services for independent living for people with complex or specialised needs are well developed. This includes a growing range of supported and extra care housing. A lower than average number of people	People who use services and their carers find they have good access to support for independent living. This benefits people from diverse communities, and in all parts of the council area.

	being supported at home but these may be limited. Housing and care options may also be limited. Some specialist care home placements are still at an inconvenient distance from home, due to lack of local capacity to maintain independent living or to support carers. People who use services and their carers receive support from health and social care workers who have the skills and knowledge required to support independence. They work closely with carers to provide support at all times, including in emergencies outside day-time hours Commissioning ensures that the range of skills and facilities in local care homes is sufficient to meet demand for specialised support needs.	are placed in distant specialist care homes. Some choices are offered. People who use services and their carers receive support from teams who work well together and from the specialist skills and knowledge of health and social care workers. People who use services and their carers are not disadvantaged by gaps in the capacity of local care homes to meet complex or specialised care needs.	People who use services and their carers are rarely forced to choose a care home placement due to lack of local services, or support for carers because of good partnership working and a high level of specialist skills and knowledge available to them. People who use services and their carers are able to organise their support and treatment with some flexibility and in ways that suit them best. There are no gaps in the range of skills and facilities in local care homes to meet demand for full time or specialised care.

MAKING A POSITIVE CONTRIBUTION
People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers are supported and encouraged to take part in community life and activities. People who use services and their carers are supported to express their views on services and this contributes to improvements. Voluntary groups are active and encourage people who use services and their carers to join them.	There are widespread opportunities and support to take part in community life. Feedback from people who use services and their carers is systematic and clearly linked with improvements.	Organisations led by people who use services and carers are encouraged, active and strongly supported. The contributions of people who use services and their carers are integral to the way social care services are run and improved.

Performance Characteristics

3.1 People who use services and their carers are supported to take part in community life.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the	People who use services and carers are	People who use services and carers are actively	People who use services and carers, including those

characteristics of 'Performing Adequately'.	supported in a range of roles within their community.	encouraged and supported in a wide range of roles within all communities.	from minority and hard to reach groups, are appropriately represented on public bodies.

3.2 Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Excellent Incorporates almost all the characteristics of 'Performing Well'
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers are supported in joining voluntary organisations and contributing to them. Voluntary groups provide and help shape services. Voluntary groups are supported by the council which works with them to ensure their stability and development.	The range of voluntary groups is varied and inclusive. Organisations led by people who use services and their carers are well supported and their views make a difference.	Volunteers are an established part of the network of support for people in most communities and areas. Organisations led by people who use services and their carers are active in most communities and are able to influence improvement.

3.3 People who use services and carers contribute their experience and views about social care. Their experience and views help to shape service improvements.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Excellent Incorporates almost all the characteristics of '.Performing Well'
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers take part periodically in consultations with social care commissioners and service providers. This contributes to improvements. The	People who use services and their carers are a part of consultation that is regular and kept up to date. People from diverse communities are fully involved.	People who use services and their carers take part systematically in consultation and feedback. This is integral to the planning and monitoring of social care services.

	range of people taking part may not include all parts of the community.	Carers have specific opportunity to contribute and influence services.	People who use services and their carers give feedback, which is used to continuously improves services.

INCREASED CHOICE AND CONTROL

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately.'	All local people can get published information and advice about support, including those who assess their own needs and pay for their own care. Trained advocates are available to support people who are unable to take their own decisions. Many people who use services and their carers are helped to plan and arrange their own support. Service providers are adapting services to personalise support and widen choices. People who use services and their carers can contact services easily. Everyone contacting the council receives information about how to complain and access records. Complaints are well managed and lead to	All local people are helped to consider support options and choices through full and detailed advice and information. Assessment and support plans are clear about outcomes for people who use services and their carers. They bring together the full range of support needed for independent living and include carers' support. Personal budgets are being introduced for all and already help some people to exercise more choice and control. Support options from social care, health and housing are widening, and are well co-ordinated. This promotes independent living.	Advice and information are full, detailed and personalised to people who use services and their carers. This includes information and advice on support options, costs and funding. Sources of information and advice are varied, including by telephone and through websites. Personal budgets are available to all. Many service providers are able to offer personalised support.

	satisfactory outcomes.		

Performance Characteristics

4.1 All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	All local people can get published information and face- to-face advice about support, including those who assess their own needs and pay for their own care. Information and advice on support needs and services is published, readily available in public offices and accessible in suitable different formats. It signposts further sources of information. Trained advocates are available to give advice and support people who are unable to take their own decisions.	Advice and information are comprehensive and help people who use services and their carers to consider support options and choices. Most information is also available online. Information includes access to published reports on the quality of local services, such as home care agencies or care homes.	People who use services and their carers are supported by a full range of information and advice. Advice is personalised and available separately to carers. Information and advice are provided quickly, and at convenient times.

4.2 People who use services and their carers are helped to assess their needs and plan personalised support. .			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Assessments and support plans focus on the whole person's needs, those of their carers and the family.	All people who use services and their carers have a copy of their support plan with a review date and contact.	Individual and personal budgets help most people who use services and their carers to plan their support in a personal way, and to

	They are sensitive to different cultural backgrounds and support communication needs through the use of assistive technology. Support plans are clear about outcomes and risks, and written in plain language. They show how support from different organisations will contribute to the whole package. Eligibility for financial support, costs and charges are made clear. Assessments and support plans are provided promptly. Time taken to begin service delivery after an assessment is of average duration. Trained advocates are available where people using services are unable to take a decision for themselves. Personal Budgets are becoming available to all and are about average when compared with similar areas. Direct Payments are available to many.	Support plans are personalised to meet individual needs, and this includes support plans in care homes Trained advocates are available to help people who have communication difficulties. They ensure that no individual is disadvantaged in expressing their views and preferences. Communication is effectively supported through assistive technology. The number of personal budgets is above average when compared with similar areas. People who use services and their carers are not unnecessarily delayed in completing assessments and support plans. These rarely hold up discharge from hospital. The time taken to complete assessments and to begin to deliver support is better than average.	stay in control. The number of personal budgets is high when compared with similar areas. Support enables a high proportion of people who use services and their carers to maintain independent living, including people who have complex or intensive support and communication needs. Care home placements reflect informed choices. The home's support closely matches individual care needs and helps people to retain control over daily living.

4.3 People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Excellent Incorporates almost all the characteristics of 'Performing Well'
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers benefit from a growing range of support options. Support is sensitive to cultural differences. The proportion of people who are supported in independent living is average when compared with similar areas. Rates of admission to care homes are about average when compared with similar areas. Support at home includes health care and support for the activities of daily living. This helps people who use services to improve or regain their health and independence, confidence and skills. Carers are supported to balance care with a life of their own. Alternatives to care homes are increasing. In addition to adaptations and equipment in people's	A higher than average number of people who use services and their carers are supported to live independently when compared with similar areas. Rates of admission to care homes are lower than average for similar areas. Support for carers is well developed. Service providers are culturally varied and can meet the needs of people from diverse communities. Assistive technology is well developed and can form part of a wider support package. Assistance with employment is more focused on support within open employment, enabling people who use services and their carers who are disadvantaged, to have a fuller range of employment options.	A high number of people who use services and their carers are supported in independent living. Rates of admission to care homes are low. People who use services and their carers benefit from personalised support, such as personal assistants. Support for independent living is available to all people who use services and their carers, and is coordinated with health partners to maximise choices.

	own homes, housing options such as supported accommodation and extra-care support are increasing. Support during the day at local centres has flexible arrangements and offers more personal choices. Help with employment for people who use services of working age can offer choices between support in open employment and more traditional sheltered employment.		

4.4 People who use services and their carers can contact service providers when they need to. Complaints are well managed.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers have a clear point of contact in their support plans. All people who use services and their carers can easily contact someone who can help with their support during office hours. Reviews are carried out regularly and usually when they are planned. People who use services and their	Contact can be made in emergencies outside office hours. Reviews are available on request when they are needed. People who use services and their carers are treated with respect and sensitivity when their needs change, or if something goes wrong with their support arrangements. People who use services and their carers are confident that making a	A single point of contact for services is mostly available. Help is readily available in emergencies outside office hours.

	carers know how to make a complaint. These are handled promptly and lead to satisfactory outcomes within expected timescales. Advocacy support is available to people to make complaints Complaints are dealt with quickly.	complaint will not prejudice the support they receive. Complaints are reviewed and contribute to the organisation's learning.	

FREEDOM FROM DISCRIMINATION AND HARASSMENT

People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighbourhoods.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers have clear information about their entitlement to social care and continuing health care. Health and social care organisations apply the rules fairly. People in the area are signposted to a limited range of services where care falls outside of the FACS criteria. Advice about support is freely available to all. Trained advocates support people who are unable to make their own decisions. People with complex communication needs are supported by trained advocates and have the use of assistive technology. People who use services and their carers are supported by policies and good practice that aim to	Personal advice about entitlements and support options is available. People are encouraged to use services to which they are entitled. Take up of services is monitored. Where care falls outside of the FACS criteria, people in the area are signposted to a range of services, which meet their cultural, and other needs. High standards of prevention of discrimination and harassment are achieved. The organisation has clear equality objectives and progress is monitored. Standards of good practice in promoting equality and preventing discrimination are well established through training and supervision.	Customer care service is well developed and helps people to work out the best options for their support. Monitoring information shows that the rules about entitlement are being applied fairly to all across all services in the council area. There is easy access to services that fall outside of the FACS criteria; people are signposted to services that match their needs and choices. Monitoring evidence shows that risks and incidents of discrimination and harassment is reducing. Wider council action improves community safety and reduces risks from harassment.

	eliminate discrimination and harassment. Care workers are trained and accountable.		

Performance Characteristics

5.1 People who use services and their carers have fair access to services. They can get advice about entitlements and options for support. Their entitlements (eligibility) for social care and continuing health care are upheld. The take-up of services is monitored and organisations supporting people who use services and carers have opportunities to discuss the results.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Excellent Incorporates almost all the characteristics of 'Performing Well'
Does not display the characteristics of 'Performing Adequately'.	People and carers understand the criteria for entitlement to health and social care. Information is published in suitable formats and is freely available on request. Advice about support options is freely available. The criteria for entitlement are up to date, meet legal requirements and are applied fairly. People and their carers in the area are signposted to a limited range of services where care falls outside of the FACs (Fair access to Care) criteria. There is little evidence of how satisfied those who do access the services are with the care on offer as	People and carers can get personal advice about support options, and what the criteria on entitlement means for them. Organisations monitor access to their services. This shows that fair access is being achieved and has reduced the number of disputes about eligibility. Where care falls outside of the FACS criteria, people in the area are signposted to a range of services, which meet their needs. People who use these services are generally satisfied with the care on offer and the council can evidence good outcomes from these services.	Monitoring is carried out with partners, and is published. Organisations for people who use services and their carers have opportunities to discuss the outcomes. Disputes about eligibility are rare. There is easy access to services that fall outside of the FACS criteria; people and carers are signposted to services that match their needs and choices. People who use these services and their carers are satisfied with the care on offer and the council can evidence good outcomes from these services.

	monitoring is limited. Advocates are available to support the best interests of people who have difficulty in taking their own decisions.		

5.2 People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers benefit from social care workers who have been trained to apply equality standards in their work. They are supervised and accountable for meeting the standards. Policies and practices to prevent discrimination or harassment are applied in all services. This includes services commissioned from independent service providers, whether in care homes, in people's own homes or elsewhere. When incidents do occur, people who use services and their carers report that action is taken quickly, and there are clear procedures with timescales for action.	Most targets for reducing discrimination or harassment are achieved and progress is monitored with reliable information. Standards of good practice are well established through training and supervision. Commissioning and workforce training are well developed for all service providers in all sectors. The council takes action to improve safety and protect individuals and their families who may be vulnerable from harassment in neighbourhoods.	People who use services, carers and other local people who may be vulnerable benefit from council action to deal with root causes where harassment occurs. Adult social care contributes advice and support to improvements. Monitoring and communications equipment improve the security of people who use services and carers living in their own homes or in care homes.

ECONOMIC WELL-BEING
People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Advice and information on costs and funding for support are available to people who need services and their carers. They are able to manage their income to meet support costs and to avoid financial insecurity, regardless of whether they intend to fund their own support. Help is available to people who use services and carers who opt for Direct Payments to manage support. People who use services who are unable to manage their own financial affairs and decisions are supported by trained advocates including the Independent Mental Capacity Advocacy service (IMCA), and this meets legal requirements. For people of working age, training, preparation and support in open or sheltered employment helps them achieve financial	Advice and information on income and debt are widely available. Schemes are being developed to support the widespread introduction of individual or personal budgets. Training and support in finding and retaining employment are well developed, and can support people with more complex needs in employment, and their carers. Where they choose it, carers have opportunities to combine work with their caring responsibilities. Many local employers recognise their needs and have flexible working conditions.	Advice and information on income management is accessible to all. This service is skilled and knowledgeable about social care as well as about more general money management concerns. Support, advice and brokerage for managing Direct Payments, individual or personal budgets are established and available. Training and employment are open to all people of working age who choose it, regardless of disability. The level and flexibility of carers' services enable many to maintain or seek employment where they choose to do so.

	security and independence. Carers are supported to have choice and opportunity where they wish to maintain employment. In care homes, the financial interests of the people who use the service are safeguarded, and there is a good standard of accounting and financial procedures.		

Performance Characteristics

6.1 People who use services and their carers are helped through readily available information and advice to manage income to meet support costs and to be financially secure.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Excellent Incorporates almost all the characteristics of 'Performing Well'
Does not display the characteristics of 'Performing Adequately'.	Advice and information about support costs and charges, welfare benefits, other income sources and debt are available and free. This may be provided in a number of different ways or by different organisations. People who cannot manage their own financial affairs are supported promptly and decisions are taken in their best interest. In care homes, the financial interests of	Advice and support are available in one place, and are skilled in helping people to meet care costs from all sources, as well as providing more general help with money management. Support and advice on managing individual or personal budgets for social care are available. Social care charges are easy to understand. Methods of payment are simple and convenient.	Integrated information and advice are widely available. They help people to maximise income to meet support costs and to achieve financial security and independence. Brokerage support is becoming available. This helps people who use services and their carers to find and manage their support independently, and to get fair value for money. Support from the IMCA service is well developed,

	people who use the service are safeguarded. Contracts are monitored and action is taken where financial procedures are poor or are not met.		and 'best interests' decisions are monitored and evaluated.

6.2 People of working age who use services and their carers are assisted in preparing for, and finding employment.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Services help with training and preparation for employment and people who use services and carers benefit from coordination with health workers. Support for employment can offer some choice through open or sheltered employment schemes. The council acts as a good employer in providing employment opportunities for people who have disabilities or long-term conditions and encourages other local employers to do so.	Training, pre-employment preparation, and on-the-job support are able to prepare and support people with more complex needs in employment. Partnership with local employers supports and encourages a high proportion of supported placements in open employment.	Training and employment opportunities are open to all people of working age who choose it, regardless of disability. The council sets an example to other employers in supporting the employment of people with a disability, innovating and demonstrating best practice.

6.3 Carers are able to continue in employment or return to work where they choose to do so.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Carers' needs for income and employment are recognised in planning support. They are offered skilled advice to help reduce financial hardship caused by their caring role. Carers are offered choices about breaks, and these help some carers to balance their caring role with employment. The council's own employment conditions are supportive to employees who are also carers.	Skilled advice helps many carers to maximise income available to them to reduce financial hardship caused by their caring role. Support schemes are flexible and help carers to work around individual employment and family needs and preferences	Levels of support for carers are high and are delivered through carers' own assessments and plans. Schemes are more self-directed and flexible, allowing carers to manage employment and social life alongside their care commitments. The council's own approach to carers' employment is supportive, flexible and innovative. It sets an example to other local employers.

MAINTAINING PERSONAL DIGNITY AND RESPECT
People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People can expect the adult social care service (or any other member of the safeguarding partnership) to help them to live free from abuse. People who use services and their carers are helped to stay in control by social care workers who maintain their personal safety and take action to reduce risks. Social care workers act at an early stage to prevent harm and manage risks. People who use services and their carers are confident that incidents of abuse are investigated promptly and action is taken to prevent further harm. People who use services and their carers are supported by care workers who are recruited safely, in line with legal requirements	People are protected because organisations in the local partnership are committed to a single safeguarding plan and procedures for the area. They follow the agreed procedures and it is clear who is responsible for action. People who are in vulnerable circumstances are carefully tracked so that no-one at risk is left without support. Information and records of incidents and risks of abuse of adults in the area are carefully managed and monitored. People who use services and their carers are satisfied that most investigations lead to clear outcomes within reasonable timescales. They are told about the	Many people in the local community know what to do if they are concerned about adult abuse or neglect in the community. Many people who use services and their carers have increased personal control of their support arrangements, and this reduces risks to their safety. The quality of protection and personal care in regulated homes in the area is high. Social care and health workers work closely together to improve care practices and routines. People who use services and their carers are confident that the quality of care homes and home care services is high.

	and policy guidance. They are trained and supervised. People who use services and carers are confident that personal information is treated with sensitivity, respect and confidentiality is maintained. The quality of safeguarding in regulated services is high. Commissioners take action where quality is low. Advice and help are available if personal support does not meet adequate standards, or if abuse or mistreatment takes place. The outcomes of safeguarding incidents are monitored and evaluated. People who use services and carers have personal care in all settings that is usually respectful, and maintains dignity. The quality of personal care and the environment in care homes and home care services are about average when compared with similar areas.	outcome and changes to policy and procedure that have been made. Social care workers treat carers and families as partners in care activities. People who use services and their carers are asked to give their views about their personal care The quality of personal care and the environment in care homes and home care services are higher than average when compared with similar areas.	

Performance Characteristics

7.1 People who use services and their carers are safeguarded from abuse, neglect and self-harm.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People find it easy to contact any of the organisations in the safeguarding partnership for help. Alerts are investigated promptly and action is taken to prevent or manage risks. Social care workers in all sectors and services have had awareness training. They know how to recognise signs of abuse and risks; and how to use the safeguarding procedures. Neglect and mistreatment in any service are not tolerated. Action is taken to prevent or stop infringement of human rights. The outcomes of Safeguarding incidents are monitored and reviewed through the partnership board.	Risks are reduced through raised public awareness. Monitoring and evaluation shows that improved levels of protection are being achieved. Good levels of protection are achieved in all areas and across sectors. Incidents of suspected abuse are investigated and acted upon in accordance with legal requirements and policy guidance. Many care workers in all sectors and services have had training for safeguarding people, which is above basic awareness level. Organisations in the local partnership demonstrate consistent learning from experience which results in changes in practice and procedures and improved outcomes	Public awareness of risks is high and reporting levels reflect appropriate thresholds of concern. Care workers are well trained in safeguarding. There is good supervision and support in this work.

7.2 People who use services and their carers find that personal care respects their dignity, privacy and personal preferences.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers see that their personal support preferences are clearly shown in their support plans. People who use services and their carers report that personal care in all settings is usually respectful, and sensitive to their dignity and preferences. People who use services and their carers are confident that their privacy is protected by social care workers, and that confidential matters are handled with care and sensitivity. Care workers are recruited safely in line with legal requirements and policy guidance, they are trained and supervised. The quality of personal care and the environment in care homes and home care services are about	Support planning actively helps people to express their needs and preferences. Social care workers treat carers and families as partners. They have skills and knowledge to do this, even where needs are complex. Communication needs are met by suitable methods and assistive technology. People who use services and their carers are asked to give their views about the standards of personal care when their service is reviewed. The quality of personal care and of the environment in care homes and home care services is higher than average when compared with similar areas. Contract monitoring with service providers includes assessment of the quality of personal care they provide. Carers are provided with training opportunities to promote their skills and	The views of people who use services and their carers are monitored systematically. Action is taken to improve. Care and health workers work closely together to improve care practice routines. Training and development opportunities for staff and carers are well developed and contribute to continuous improvement of care practice. The quality of personal care and of the environment in care homes and home care services is high.

	average when compared with similar areas. Contracts with service providers specify that care workers in all sectors and services adopt good practice in maintaining dignity, privacy and treating people with respect.	knowledge.	

7.3 Social care workers respect the individual preferences of people who use services and their carers in maintaining their own living space to acceptable standards.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers report that preferences in maintaining their living environment are respected, and meet levels of safety and cleanliness, which are acceptable to them. In most care homes, a single room is always offered. The quality of the environment in regulated services is average when compared with similar areas.	The quality of the environment in regulated services is higher than average compared with similar areas.	People who use services and carers are able to manage their support so that they keep control of their living environment.

7.4 Family members and carers are supported and treated as experts and care partners.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Families and carers have support that is based on partnership. Social care workers support choice and control by the person using services and where these conflict with family views, work to resolve the issue. Carers can ask for assistance and are supported at times of crisis.	People who use services and their carers find that care and health workers are skilled in helping families who support people with more complex or intensive needs.	Skilled teamwork helps families to resolve difficult family issues resulting from illness or disability, and to maintain independence. Support for carers is well developed.

LEADERSHIP
People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

Outcome Performance Summary			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Councillors and senior managers engage with communities, develop a clear vision for transforming adult social care, and communicate this effectively. Benefits and risks are identified. Social care transformation forms part of the agreed improvement strategy for the area, and meets local and national priorities. Senior managers can give evidence of improving outcomes for local people, and how resources are being invested to achieve these. The capabilities and supply of people in the workforce are being developed to achieve better service quality and outcomes. Performance in the previous year shows that councillors and	Transformation plans and commitments are well developed, and link closely with those of their partners in local area agreements. Priorities are set and risks are managed. Plans show how priorities can be achieved over several years, including changes in the use of resources. The skills of care workers are being improved to meet the transformation requirements. Performance in the previous year suggests that councillors and senior managers have the ability and resources to achieve continuous improvement and manage change.	Transformation plans cover the whole service, and are set within challenging but achievable timescales. Many changes and improvement are carried out jointly with partners in other organisations. Financial planning shows how resources will be invested and disinvested to achieve transformation goals. Service providers and people across the workforce are developing the knowledge and skills they need to deliver more personalised services, and to work in partnership with others. Performance in previous years suggests that councillors and senior managers have the ability and resources to manage transformational change.

	senior manager have been able to achieve objectives with the resources available.		

Performance Characteristics

8.1 People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Excellent Incorporates almost all the characteristics of 'Performing Well'
Does not display the characteristics of 'Performing Adequately'.	A vision for social care has been developed and published. This reflects national and local priorities and improves outcomes. It draws on consultation with local people, people who use services and their carers, partners in other organisations, and the workforce. Capacity to achieve improvement towards long-term aims has been demonstrated in the last year, and delivered within budget.	The vision for social care is ambitious, and reflects a high degree of engagement with all communities and stakeholders. The pace of improvement of outcomes is challenging but realistic. Partnership is delivering better outcomes and value. Leaders and managers have demonstrated their ability to manage significant change in the last year.	The vision aims for widespread transformation. Strategies are supported by expert knowledge to deliver the outcomes that people want. They are widely communicated and understood. Capacity to deliver complex or ambitious changes has been demonstrated over at least the previous year, and there is evidence of the effect of this on improved outcomes.

8.2 People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Excellent Incorporates almost all the characteristics of 'Performing Well'
D Does not	A joint strategic needs	Planning reflects feedback	Strategic planning for

display the characteristics of 'Performing Adequately'.	assessment has been carried out and its findings are reflected in strategic plans for the medium term. Indicative changes in levels and areas for investment / disinvestment have been outlined to match local priorities. Health and social care changes have been considered and planned in partnership.	from people who use services and their carers, and partner organisations. Information about strategic plans for the whole population are realistic and ambitious. They include a clear link to finance and budgeting. Implications for market development are identified and planned in partnership, and include budgeting implications.	improved outcomes is comprehensively informed by population needs assessment and customer feedback. The priorities and resource implications have been jointly considered and agreed in partnership with health organisations.

8.3 he social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Recruitment, retention and skill levels of social care workers in all sectors are adequate to maintain acceptable standards of care and outcomes for people who use services and their carers. All sectors collaborate to achieve this. Leaders and managers have the capacity and competencies needed to manage service improvement. Knowledge and information systems are adequate to deliver implementation plans: this includes working with health partners.	Recruitment, retention and skill levels of care workers in all sectors and services are higher than average and achieve good standards of care and outcomes for people who use services and their carers. Workforce planning is carried out across sectors and organisations. Knowledge and information management and systems are well developed, including collaboration with health partners.	Retention rates are high and the skills levels of care workers in all sectors and services are consistently higher than average. Multi- agency and cross- sector workforce planning is delivering changes to meet future needs and expectations for improved outcomes for all sectors of the local population. Knowledge and information management makes effective use of up-to-date knowledge and information technology.

8.4 Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

Poor	Performing Adequately	Performing Well Incorporates almost all the characteristics of 'Performing Adequately'	Performing Excellently Incorporates almost all the characteristics of 'Performing Well'
Does not display the characteristics of 'Performing Adequately'.	Strategic plans are implemented. Year-on-year progress is charted and evaluated. Risks are identified and monitored. Performance reports are produced regularly and provide reliable data that are relevant to the changes taking place. Responsibilities for leadership and risks are clear; milestones are identified, and resources are committed to achieve planned outcomes.	Performance management is supported by reliable information and data about the outcomes of change. Innovation is encouraged and the organisation is not averse to risks calculated to bring benefits to people who use services.	Performance management information is well developed and used by managers at all levels. Reports can track changes in service delivery and outcomes quickly, and this helps in managing risks. Staff at most levels understand the performance data system and relate it to their own roles and contributions in delivering improved services and outcomes.

Domain 9: COMMISSIONING AND USE OF RESOURCES

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

Outcome Performance Level			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Commissioners engage with people who use services and their carers, local people, partners and service providers, and respond to their views. Analysis of current and future population needs informs commissioning. Commissioning improves outcomes for local people. Resources are invested to achieve local priorities, stimulate innovation, quality and value. In some cases, investment is made jointly with partners. Procurement ensures that contracts are viable and achieve fair value. Commissioners have implementation plans for the introduction of individual budgets for all. Direct payments are available to most people.	Local knowledge is well managed and systematic, bringing together learning and knowledge from different sources to inform commissioning. Needs analysis is up to date and comprehensive. Partnership agreements are widely used and improve outcomes. Individual budgets enable some people who use services to commission the services they need and want from trusted providers. Procurement is well informed. Commissioners have a sound and up-to-date knowledge of the quality and capabilities of service providers.	Commissioners are leading the transformation of services, and shaping the local economy to deliver personalised services that will meet future needs. Knowledge management is well developed, and supported by good database management, performance information and data-sharing with partner organisations. Commissioners work closely with service providers to innovate, improve quality and achieve excellent value. Commissioning by people who use services and their carers is enabled through widespread use of individual budgets and supported by brokers.

Performance Characteristics

9.1 The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	People who use services and their carers are consulted about services, and feedback informs commissioning. Practitioners and service providers contribute to this process. Information and planning consultation takes place with partner organisations. Joint commissioning is carried out for some services.	People who use services and their carers are systematically engaged and feedback is evaluated. Practitioners and service providers contribute to the planning of service changes. Joint commissioning builds open knowledge and understanding of local needs and commissioning intentions. This improves outcomes and value for money.	Partnerships lead to joint action to tackle agreed local priorities and improve outcomes Knowledge, data and commissioning intentions are shared openly using effective communications technology.

9.2 Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.			
Poor	**Performing Adequately**	**Performing Well Incorporates almost all the characteristics of 'Performing Adequately'**	**Excellent Incorporates almost all the characteristics of 'Performing Well'**
Does not display the characteristics of 'Performing Adequately'.	Population needs analysis informs most commissioning plans, showing where change is needed now and in the longer term. This is carried out with partners.	Knowledge of population needs and the views of people who use services and their carers is comprehensive, and up to date.	Commissioners are implementing an ambitious transformation to personalise all services, improve outcomes, and reduce inequalities over time.

	Knowledge about inequalities, current resources invested and the local care economy is developing. This is being used to inform commissioning. Commissioning is planned with partners and achieves continuous improvement to personalise services, improve outcomes and achieve value. Contracts are viable and achieve fair value. Compliance is managed effectively and service providers achieve continuous improvement. Action is taken promptly to improve poor service quality.	Performance information for most services shows accurately what they achieve and how well resources are used. Action priorities are clear and agreed with partners. They show how well resources are used to personalise support for most, reduce inequalities and achieve value. Procurement is informed by up-to-date knowledge of the quality and capabilities of service providers. Risks to safety or quality of care are anticipated. Costs and value for money are monitored and evaluated.	Commissioners have the skills, resources and commitment needed to carry through transformation plans successfully. Procurement anticipates changing service requirements. Processes to procure new service changes are carefully based on up- to-date knowledge of the potential and capabilities of service providers.

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CareQuality Commission

SERVICE INSPECTION

SERVICE INSPECTION GROUP

INSPECTION OF ADULT SOCIAL CARE

An Introduction For Councils

April 2009

We continuously and routinely review our approach to inspection. While the contents of this introductory guide are accurate at the time of publication they are subject to change.

Purpose

The purpose of this guide is to provide general information for councils about the inspection of Adult Social Care (IASC) introduced in 2009. IASC inspections are an integral part of wider performance assessment of councils. More detailed information is given to councils that we inspect.

What is the assessment framework that we use for this inspection?

Service inspections of adult social care use the CQC Adult Social Care Outcomes Framework including domains relating to capacity for improvement.[1] Evidence is assembled and reported against outcomes and constituent performance characteristics for the areas selected for an individual inspection.

IASC inspections look at safeguarding and up to two outcomes drawn from the Adult Social Care Outcomes Framework. They are set out in the box below. The areas for an individual inspection will have been identified by the CQC Area Manager linked to the council and will have been selected on the basis of councils' individual circumstances. As Comprehensive Area Assessment develops, proposals for IASC inspections will be considered in the context of the wider performance assessment of the council.

Focus Areas for IASC Inspections
All Inspections
People Are Safeguarded
Leadership
Commissioning and Use of Resources
Outcome Areas
1. Improved Health and Wellbeing
2. Improved Quality of Life
3. Making a Positive Contribution
4. Increased Choice and Control
5. Freedom from Discrimination and Harassment
6. Economic Wellbeing
7. Maintaining Personal Dignity and Respect

We inspect safeguarding across all adult groups in recognition of the particular importance of this area of performance and policy. In other areas, we look at one selected user group, identified with the Area Manager.

We make rated judgements on a council's performance for:

- safeguarding;
- each selected outcome in the table above;
- capacity (Leadership/Commissioning and Use of Resources), across the inspection areas as a whole.

[1] Performance assessment handbook

What will an IASC inspection look like?

Each IASC inspection involves a team of two Service Inspectors and an Expert by Experience.[2]

The team gathers evidence before 'fieldwork', which is what we call the on-site visit. This evidence shapes the team's activities during fieldwork, when inspectors meet a range of people using local services, frontline staff, managers, politicians and partner agency representatives.

The team then uses the information gathered to evaluate the council's performance, provide verbal and written feedback and produce a written report. The council has the opportunity to comment on the feedback and the report before it is finalised.

The report contains recommendations for improvement and the council is required to produce an action plan to meet these recommendations.

The inspection report and action plan are presented to elected members of the council in a public meeting. Progress on the action plan is monitored by the local CQC region and reviewed by them with the inspection team.

What happens before fieldwork?

We agree the exact focus of the inspection

The lead inspector agrees the inspection focus with the CQC Area Manager, who links to the council. As part of the Annual Performance Assessment process Area Managers review the available evidence about the council and how well it is meeting the social care needs of local people. They consider whether there is a need for a service inspection and if so which outcome areas and which service group/s may be most appropriate. This is then agreed with the allocated lead service inspector. The Area Manager ensures that the lead service inspector has a thorough knowledge of the performance context and history of the council as well as any current external improvement initiatives.

We notify the council

We send the council confirmation of the dates for fieldwork in writing 12 weeks before the start of fieldwork. This is by a letter to the Director of Adult Social Services that includes:

- an explanation of the purpose and focus of the inspection
- the broad shape of the inspection and what the council needs to do
- how the findings will be reported
- how the inspection findings contribute to the council's overall performance assessment rating
- proposals for a 'set up' meeting between the council and the lead inspector
- request for the council to identify a contact officer who will act as the liaison officer with the inspection team.

[2] Experts by Experience are people who have experienced the service area that is the focus of an inspection as a user but not in the council where the inspection is taking place

We agree the inspection arrangements

The lead inspector provides the identified liaison officer with detailed guidance to support inspection planning. Key elements include:

- What pre-fieldwork information is needed when
- Agreeing the detail of the fieldwork programme, and who will be involved
- Planning the dates for feedback and other reporting.

We survey people using the service/s and 'case track' individuals

The liaison officer provides details of 200 people who use services for the selected service area. This list is used to conduct a postal survey and to select cases for 'case tracking'. 'Case tracking' involves inspectors reading the case records of a selected number of people and visiting them to get their views of how their needs and wishes are met by the services they use..

The liaison officer also provides details of the most recent 100 completed safeguarding cases referred. From this list, we also select a number of cases for 'case tracking' and sample case records involving safeguarding across all major groups of people.

Self Assessment

Councils are expected to submit a self-assessment. There is a format for this, to reflect the areas for inspection. It supplements the evidence already available to CQC as part of the council's Annual Performance Assessment.

We ask for selected documents

We identify key documents we wish to see and ask the council to send these – or the nearest equivalent – to us. The council may also supply limited additional material it considers key to the areas being inspected.

We write to partner and provider organisations

We write to a limited number of statutory and non-statutory organisations who have an interest in the area to be inspected and ask for their written views of the council's performance. We always write to the host organisation for the local LINks (Local Involvement Network) and ask them to be involved in the inspection.

We make an initial assessment

We make an initial assessment of local performance in the selected inspection areas. This is drawn from our reading and understanding of performance information, the council's self assessment, responses to our survey and letters to partner and provider agencies. We share this with the council several weeks before fieldwork at a meeting held for this purpose. We will identify areas where there is a particular shortage of consistent information. This is to help shape and refine areas of focus for inspection fieldwork.

What is Fieldwork?

Fieldwork is a set of on site activities which helps inspectors make judgements about the quality of local services and commissioning arrangements. It will reflect the circumstances of the inspected council, how services are organised, the nature and range of local services and the specific needs of the area.

A minimum of 40% of total fieldwork time will be spent getting the direct views and experiences of people who use services and carers.

The mix of local fieldwork activity will include:

- focus groups for people who use services and their carers;
- case record reading;
- visits to people whose case records we have read ('case tracking')
- meetings with frontline staff;
- an advertised Open Public Forum at which anyone using local services, or caring for someone who does, can talk with the inspection team;
- meeting senior managers;
- meeting independent sector provider organisations;
- meeting independent advocacy agencies;
- meeting councillors;
- meeting other key organisations and staff who work with the council

How will we report what we find?

Following fieldwork the team pull together all the evidence in a process known as 'collation'. During this time the evidence is checked and evaluated and provisional rated judgements are made. This is done against each outcome area and safeguarding, with inspectors considering performance against each performance characteristic.

Councils are given 'headline' feedback both in writing and in person within seven days of the completion of fieldwork. Councils can comment on this, but any further evidence they wish to submit must be provided immediately.

The council is sent a draft report within four weeks after fieldwork was completed. Reports contain:

- Key findings
- A separate rated judgement (score) for each individual outcome area and one capacity judgement (score) across all selected outcome areas
- Recommendations for improving outcomes for local people.

Reports aim to inform local people about the quality of services and help senior social care managers make improvements. Councils are expected to develop an action plan setting out how they will implement the report's recommendations. This needs to be agreed with CQC.

Councils have two weeks to respond to any issues of factual accuracy within reports. Inspection teams will consider responses of councils, and amend reports where this is justified.

Final reports are presented to elected members of the council in a public meeting. The report is then officially published. CQC will supply an agreed number of copies of the report to the council, so that people involved in the inspection and others who are interested can have their own copies. The council is expected to make the inspection report, and its response to it, known to local people. The report will also be placed on CQC's website, for anyone to read.

The Area Manager linked with the council monitors progress on the council's action plan and this will be a focus for a meeting with the council about six months after the reports' publication, which the lead inspector will attend.

Summary outcomes and related performance characteristics are set out in the following Annexe.

Annexe

SAFEGUARDING[1]
People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods.[2] People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.[3]
People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.
People are safeguarded from abuse, neglect and self-harm.
People who use services and carers find that personal care respects their dignity, privacy and personal preferences.
People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

IMPROVED HEALTH AND WELLBEING	
People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support.	
1.1	People are well informed and advised about physical and mental health and well-being. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.
1.2	People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.
1.3	People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.
1.4	At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.

IMPROVED QUALITY OF LIFE	
People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighbourhood. They are able to have a social life and to use leisure, learning and other local services.	
2.1	People who use services and carers get advice and support at an early stage. Support services take account of the needs of individuals, carers and families. This helps to prevent loss of independence and isolation, and maintains their quality of life.
2.2	People who use services and their carers are able to have a social life and to use mainstream local services. Local service providers, including transport, health care, leisure, shops and colleges, adapt services to make them easier to use.
2.3	People who have complex, intensive, or specialised support needs and their carers are supported. They have a choice in how and where they are supported.

[2] Taken from outcome 5 – Freedom from discrimination and harassment

[3] Taken from outcome 7 – Maintaining personal dignity and respect

MAKING A POSITIVE CONTRIBUTION People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported.	
3.1	People who use services and their carers are supported to take part in community life.
3.2	Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work.
3.3	People who use services and carers contribute their experience and views about social care. Their experience and views help to shape service improvements.

INCREASED CHOICE AND CONTROL People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.	
4.1	All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.
4.2	People who use services and their carers are helped to assess their needs and plan personalised support.
4.3	People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.
4.4	People who use services and their carers can contact service providers when they need to. Complaints are well managed.

FREEDOM FROM DISCRIMINATION AND HARASSMENT People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighbourhoods.	
5.1	People who use services and their carers have fair access to services. They can get advice about entitlements and options for support. Their entitlements (eligibility) for social care and continuing health care are upheld. The take-up of services is monitored and organisations supporting people who use services and carers have opportunities to discuss the results.
5.2	People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

ECONOMIC WELL-BEING People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment.	
6.1`	People who use services and their carers are helped through readily available information and advice to manage income to meet support costs and to be financially secure.
6.2	People of working age who use services and their carers are assisted in preparing for, and finding employment.
6.3	Carers are able to continue in employment or return to work where they choose to do so.

MAINTAINING PERSONAL DIGNITY AND RESPECT People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.	
7.1	People who use services and their carers are safeguarded from abuse, neglect and self-harm.
7.2	People who use services and their carers find that personal care respects their dignity, privacy and personal preferences.
7.3	Social care workers respect the individual preferences of people who use services and their carers in maintaining their own living space to acceptable standards.

7.4	Family members and carers are supported and treated as experts and care partners.

LEADERSHIP People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.	
8.1	People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.
8.2	People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.
8.3	The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.
8.4	Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

Domain 9: COMMISSIONING AND USE OF RESOURCES People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.	
9.1	9.1 The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.
9.2	9.2 Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

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