SAFEGUARDING ADULTS

Multi agency policy and procedures for Safeguarding Adults a complete working guide

PLYMOUTH CITY COUNCIL

NHS Plymouth

DEVON & CORNWALL CONSTABULARY

Version 3 June 2011

READER INFORMATION

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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 Safeguarding Adults The Investigators Guide' Skinner, B. et al (1998) Mental Capacity Act 2005 Sexual Offences Act 2003 Health and Social Care Act 2008 National Assistance Act 1948 Mental Health Act 1983, 2007 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)
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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,** **K. Howard** **K. Anderson**	**Procedures and Policy change since March 2002**
	Updated	**October 2009**	**K. Todd**	**General changes, phone numbers etc and new DoLS appendix**
4	**Updated**	**June 2011**	**K. Todd** **K. Howard**	**Procedures will be reviewed every two years by the Board**

CONSULTATION AND REVIEW

The multi-agency 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 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 address:

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Plymouth City Council

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156 Mannamead Road

Plymouth PL3 5QL

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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 either of the following:

Customer Relations Team at Plymouth City Council 0800 0681249 or 01752 307304

The Complaints Department of Plymouth NHS 01752 314167

INTRODUCTION

This document is the third version of Plymouth's Multi-Agency policy and procedures and is intended to guide the safeguarding work of all those concerned with the welfare of adult at risk employed in the statutory, third (voluntary) and private sectors, in health, social care, the police and other services.

Safeguarding Adults work has developed significantly since Version 2 was published and everyone involved with Safeguarding is aware it will continue to do so. However, it is also expected that much of the document, which sets out our fundamental approach, i.e. the procedure, to Safeguarding Adults will not change.

This document provides more guidance in such areas as ensuring that alleged victims and/or their advocates are central to and are engaged fully in the process, specifying roles of agencies and workers, and on non-criminal investigations. The document sets out expectations which should be regarded as best practice and which signatory agencies will agree to work to achieve.

The document contains both policy and detailed Alerters' and Investigators guidance reflecting the complexity of adult safeguarding work. It is proposed that the documentation content is consistently adhered to by all adult practitioners involved in safeguarding. The final part of the document is number of appendix, offering guidance on the Vulnerable Adults Risk Management process, (VARM), Legal framework, The Independent Safeguarding Authority and Serious Case Reviews.

The document is supported and informed by a range of other documents of various kinds which are linked to it. This enables the practitioner who wishes to know more about a subject to look at government guidance, practice examples and other helpful material.

SECTION 1 - POLICY

1. PRINCIPLES, VALUES AND THE LEGAL CONTEXT

This chapter sets out the ethical and legal frameworks within which Safeguarding Adults operates.

1.1 Principles

- All adults have the right to live their lives free from coercion, intimidation, oppression and physical, sexual, emotional or mental harm.
- All adults have a right to confidentiality in respect of personal information, where this does not infringe the rights of other people except as denied by Public Interests Disclosure Act.
- All adults have the right to receive full and comprehensive information to allow them to make informed choices about their own circumstance and take decisions which involves an element of risk. Importantly adults at risk should be encouraged to state their desired outcome of any alert.
- All adults have the right to the protection of the law and full access to the judicial process and criminal justice system.
- Accordingly, adult safeguarding should operate in the context of fully engaged citizenship.

Putting these principles into practice in adult safeguarding means:

- Protecting an adult at risk should be everyone's paramount concern.
- All staff have an ethical and professional duty of care to act if they:

  - witness abuse

  - receive information about abuse, suspected abuse or concerns about the care or treatment of an adult at risk or

  - have concerns or suspicions about possible abuse or inappropriate care.
- Adults at risk have the right to be fully involved throughout the adult protection process and to make decisions about their safety and welfare, unless it has been assessed that they do not have the mental capacity to make any particular decision.
- The Plymouth Multi-Agency Policy and Procedures, including criminal investigations, override other organisational procedures, such as disciplinary and complaints investigations.

1.2 Values

The values and rights below underpin the way adults at risk should be supported and cared for in whatever settings or places they live in or use:

- **Independence**: to think, act and make decisions, even when this involves a level of risk.
- **Dignity**: recognition that everyone is unique, with intrinsic value as a person.
- **Respect**: for a person's needs, wishes, preferences, language, race, religion and culture.
- **Equality**: the right of people to be treated no less favourably than others because of their age, gender, disability, sexual orientation, religion, class, culture, language, race, ethnic origin or other relevant distinctions.
- **Privacy**: the right of the individual to be left alone or undisturbed and free from intrusion or public attention in their affairs.

- **Choice**: the right to make choices, and to have the alternatives and information that enable choices to be made.

1.3 Putting the principles and values into practice means

- Safeguarding Adults is everyone's concern.
- All staff, volunteers, paid or unpaid staff should understand the nature of abuse, how people might be at risk of harm and work to prevent it;
- When responding to alerts, the concerns raised must be taken seriously without judgement.
- Staff have a duty to report any concerns they have about the potential abuse of an adult at risk.
- Careful consideration and respect of an adult at risk's wishes and preferences are essential to the adult protection process.
- Adults at risk have the right to be supported and empowered when safeguarding adult procedures are used, and to have an independent advocate if they wish. For people assessed as lacking capacity to make decisions about how they could be protected, an Independent Mental Capacity Advocate (IMCA) must be considered and may be appointed.
- Adults at risk with capacity to understand abuse and risk of abuse have the right to refuse intervention even if this leaves them at risk of significant harm, but those working in Safeguarding Adults may need to act to protect other adults at risk from the same abuser.
- Adults at risk are entitled to the protection of the law and full access to all parts of the criminal justice system, in the same way as any other citizen.
- Adults at risk who are allegedly victims of abuse should have the highest priority for protection, assessment and support.
- Adults at risk have the right to full and timely information about their rights, services, what is being done on their behalf and why. This can be summarised as; nothing about us without us.
- Carers have the right to have their needs taken into account.
- Alleged perpetrators, including those who are carers, must have their rights taken into consideration.
- Alleged perpetrators who are also adults at risk have the right to be supported and to have an independent advocate if they wish.
- Staff, managers and professionals in all agencies must work actively and proactively with each other, with other agencies, and with the adult at risk and their family or carers, to ensure protection and prevention.
- Each agency must make a commitment to work actively to ensure the Plymouth Multi-agency policy and procedures are integral to working practices and staff training.

SIGN OFF SHEET – ALL STATUTORY ORGANISATIONS

Name	Organization	Signature/Date
MAUREEN GRIMLEY	PLYMOUTH SAFEGUARDING CHILDREN BOARD	8/7/11
PHILIP SMALE	CITY COLLEGE PLYMOUTH.	8/7/11
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KENNETH ANDERSON	DEVON AND SOMERSET FIRE AND RESCUE SERVICE	8/7/11
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CAROLE BURGOYNE	PLYMOUTH CITY COUNCIL	8/7/11
Karen Told	Plymouth City Council	K. Told.

2. INFORMATION-SHARING

The signatory agencies to these Policy and Procedures will agree a Pan Devon and Cornwall Information-Sharing Protocol. In the interim they agree the following:

- Information-sharing between agencies is of paramount importance in adult protection. Good communication, co-operation and liaison between agencies and disciplines are essential.
- Every worker, manager and professional, from whatever discipline, should communicate and co-operate with others to protect the adult at risk.
- Information must be shared lawfully between agencies on a 'need-to-know' basis. This should be explained to the adult at risk and, where possible, they should be told what information will be shared.
- Where Adult Social Care receive information about potential abuse, they should act, even if consent has not been given, in circumstances where:
  - it is believed the adult at risk may lack capacity to make an informed choice;
  - a criminal investigation may be required;
  - it appears there is a wider public interest.
- Staff must not guarantee confidentiality to anyone who discloses abuse:

  - it should be noted that in certain circumstances full disclosure may be ordered by a judge or ombudsman
- Professionals in attendance at any meetings held as part of the adult protection process should sign up to and adhere to the following confidentiality statement. This statement should be re-affirmed at the start of each meeting:

"This meeting/conference is held under the Plymouth Multi-Agency Procedures for the Protection of Adults at Risk. The issues discussed are confidential to the members of the meeting/conference and the agencies they represent. They will only be shared in the best interests of the adult at risk. Minutes of the meeting/conference are circulated on the strict understanding that they will be kept confidential and stored securely. In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, other local authority social workers or other professionals involved in the care of the adult at risk."

2.1 Legal Context

- People using the *Safeguarding Adults Policy and Procedures* must:
  - understand which bodies of law can be used to protect adult at risk
  - consider if legal action is necessary to protect an adult at risk; and
  - seek legal advice when required.
- The adult at risk's right to both self-determination and protection is a crucial consideration in deciding on legal intervention. The adult at risk must be given information about their rights and the remedies that may be open to them.
- Police officers, social workers and health professionals should facilitate the adult at risk, when relevant, to have access to legal advice.
- The Police must be involved in cases where a criminal act may have been committed.

- The involvement of legal professionals must be fully coordinated and integrated with all stages of the adult protection process.

3. ADULTS AT RISK AND ADULT ABUSE

This chapter defines the adult at risk who we are seeking to protect from abuse, together with issues of mental capacity and consent. It sets out the types of abuse and neglect from which adults at risk need protection. It identifies the role of risk assessment and risk management in adult protection.

3.1 Definition of an Adult at Risk

The No Secrets 2000 guidance refers to "vulnerable adults." This is defined as "a person over 18 years of age 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 himself or herself, or unable to protect himself or herself against significant harm or serious exploitation."

This definition may include a person who:

- has learning disabilities;
- has mental health problems, including dementia;
- is an older person with support/care needs;
- is physically frail or has a chronic illness;
- has a physical or sensory disability;
- misuses drugs or alcohol;
- has social or emotional problems;
- has an autistic spectrum disorder.

Adults at risk who are referred for Adult Safeguarding and are not previously known (for example to Adult Social Care) should have the benefit of Safeguarding Adult Services.

A person's vulnerability will depend on his/her circumstances. There are many predisposing factors which may increase the likelihood of abuse occurring.

3.2 Mental Capacity

Adults at Risk may have or may lack mental capacity to make specific decisions. Their vulnerability, as defined above, entitles them to protection from abuse and neglect but if they lack capacity they may be especially vulnerable.

The Mental Capacity Act specifies that "a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain".

A person is not able to make a decision if he/she is **assessed** as unable to do any one of the following:

- understand the information relevant to the decision; or
- retain that information; or
- use or weigh that information as part of the process of making the decision; or
- communicate their decision (whether by talking, using sign language or any other means).

3.3 Principles

The principles of the Mental Capacity Act specify that:

- An adult is considered to have capacity unless proved otherwise.
- Assessing capacity is **decision-specific,** not condition-specific, that is, it asks the question, does this person have capacity to make **this decision, at this time**?
- Any question about whether a person lacks capacity is decided on the balance of probabilities.
- The adult at risk will be supported in decision-making. A person will not be treated as incapable of making a decision unless all practicable steps to help have been taken. Information will be given in ways that the person finds clear and easy to understand.
- People will not be treated as incapable of making a decision because their decision may seem unwise.
- Decisions for people without capacity will be taken in their best interests.

3.4 Best interests and Duty of Care

Where the adult at risk has been assessed as lacking capacity to ensure his/her own wellbeing, it may be necessary to take decisions on their behalf to protect them from further abuse. In these situations the appointment of an advocate, or in specific circumstances an Independent Mental Capacity Advocate (IMCA), should be considered, particularly when the person does not have friends or family who can represent them through the adult protection process.

The person taking such decisions must act in the best interests of the adult at risk and with regard to their duty of care. This means they must:

- act to promote the adult at risk's health and wellbeing or to prevent deterioration in their quality of life;
- make sure intervention is limited to maintain the safety of the adult at risk;
- take into account the known past and present wishes of the adult at risk;
- encourage and support the adult at risk to take part in decision-making that affects them;
- be satisfied that any expressed wishes of a person without capacity were not the result of undue influence; and
- make sure that any decision taken has regard for the due process of law.

3.5 Consent

Most adults are deemed, in law, capable of giving or withholding consent. In adult protection it is vital to consider if an adult at risk is capable of giving consent and, if so, their consent must be sought. This may be in relation to whether they gave or give consent to:

- an activity that may be abusive: if consent to abuse was given under duress, e.g., exploitation, pressure, fear or intimidation, this apparent consent should be disregarded;
- the sharing of their personal information;
- a Safeguarding Adult investigation going ahead: where an adult at risk with capacity has made a decision that they do not want action taken, the consequences and risks of this decision must be discussed fully with the person. If they remain clear that they do not want action taken, their view should be respected unless not acting will put other adults at risk or children at risk;

- a medical examination;
- an interview;
- certain decisions or actions being taken during the adult protection process;
- the recommendations of their Individual Protection Plan and actions being taken on its recommendations.

If the adult at risk seems able to make an informed decision and does not want action or intervention, their wishes should be respected, **unless**:

- there is a statutory duty to intervene (e.g. a crime may have been committed or may well be); or
- public interest e.g. another person or people are put at risk; or the risk of harm was considerable, the environment in which the abuse is alleged to have happened is one of increased risk;
- it is suspected the adult at risk may be under the undue influence of someone else.

3.6 Undue Influence

When an adult at risk has consented to an action or activity, e.g. giving away money, it is important to identify if there has been 'undue influence' leading them to do so. Consent should not simply be accepted at face value since some adults at risk need protection from emotional manipulation and exploitation.

3.7 The wishes of the adult at risk

Respect for the wishes of an adult at risk must not mean passive and uncritical compliance – the consequences of continuing risk should be explained together with the likely procedure to be adopted if the complaint is investigated and prosecuted. The future protection of that adult at risk, other adults at risk and the public should be safeguarded. Even where an adult at risk declines action under these Safeguarding Adult Policy and Procedures, **staff have an overriding duty to report abuse if that adult, or others, are at risk.**

If it is decided that adult protection procedures apply, in spite of lack of consent the reasons must be recorded on the Adult Protection Case Management Record.

3.8 Abuse

Abuse is defined as:

- A violation of an individual's human and civil rights by another person or persons which results in significant harm. (No Secrets Guidance March 2000)

Abuse may be:

- a single or repeated act, or multiple acts;
- a lack of appropriate action;
- perpetrated as a result of deliberate intent, negligence or ignorance; and/or
- an act of omission (failing to act) or neglect.

Abuse may involve the adult at risk being persuaded or forced to enter into a financial or sexual arrangement to which they have not, or could not, consent.

Abuse can occur in any relationship and fundamentally is an abuse of trust, including failure to meet a duty of care.

3.9 Significant harm

'Significant harm' refers to:

- ill-treatment (including sexual abuse and forms of ill-treatment that are not physical);
- impairment of, or an avoidable deterioration in, physical or mental health; and/or
- impairment of physical, emotional, social or behavioural development.

Significant harm may result from a series of incidents that, in isolation, may not seem significant but when repeated become serious.

The impact of abuse upon individuals is personal to them; the same type of incident may have different consequences for different victims. For example, seemingly trivial incidents may leave a victim afraid to leave their home. Relatively minor incidents can also become far more significant once they are not isolated events.

3.10 Categories of Abuse

There are many ways in which an adult at risk may be abused. It is not unusual for an abused adult to suffer more than one kind of abuse. Accordingly, the impact of abuse and its seriousness for the individual must be evaluated in every case.

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 adult at risk 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 disability, gender reassignment, race, religion or belief, sex and sexual orientation. 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)

Domestic abuse is another form of abuse which often has all or a combination of these categories with the exception of institution abuse.

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

3.11 Deprivation of Liberty

The Deprivation of Liberty Safeguards (DoLS) were introduced to provide a legal framework around the deprivation of liberty. Specifically, they were introduced to prevent breaches of the European Convention on Human Rights (ECHR). The safeguards should provide legal protection for those adults at risk who are, or may become, deprived of their liberty within the meaning of Article 5 of the ECHR in a hospital or care home, whether placed under public or private arrangements. They do not apply to people detained under the Mental Health Act 1983. They are there to stop the arbitrary detention of Adults at Risk.

Deprivations that are assessed under DoLS procedures and refused authorisation (i.e. there is an unlawful deprivation of liberty and inappropriate practice continues) should be dealt with under Safeguarding Adult procedures. Sometimes it may be necessary to take protective measures as part of an adult protection case that amount to a deprivation of liberty. Where this is necessary, the usual process to seek authorisation will be followed. The Designated Lead Manager will be responsible for ensuring the sharing with the supervisory body of all relevant information, including any risk assessments, to ensure that it is able to make an informed decision about whether to authorise the application or not.

3.12 Other Forms of Abuse

Abuse always falls into one of the seven categories above but important work has been undertaken into particular forms and contexts of abuse that can inform action taken both to prevent abuse and in response to abuse taking place.

Specific legislation to make harassment a criminal offence was passed in 1997 that made it an offence for a person to pursue a course of action which amounts to harassment of another individual that they know or ought to know amounts to harassment:

- Protection from Harassment Act 1997
- Living in Fear

Criminal neglect is contained in the following legislation:

- **Section 44 of the Mental Capacity Act 2005** states that a person who has the care of an individual who lacks capacity, or is reasonably believed to lack capacity, will be guilty of an offence if they ill-treat or willfully neglect the individual they have care of.
- **Section 127 Mental Health Act 1983** makes it an offence for a manager or person employed in a hospital or mental nursing home to ill-treat or wilfully neglect someone who is a patient there (someone who is either an in-patient or attending as an out-patient).
- More detail is provided in **Section 5 of The Crimes and Victims Act, '**Causing or allowing the death of a child or adult at risk sets out the circumstances under which a person is guilty of an offence of causing or allowing the death of a child or an adult at risk. It limits the offence to where the victim has died of an unlawful act, so it will not apply where the death was an accident, or where for example a child may have suffered a cot death. The offence only applies to members of the household who had frequent contact with the victim and could therefore be reasonably expected both to be aware of any risk to the victim, and to have a duty to protect him from harm. The victim must also have been at significant risk of serious physical harm. The risk is likely to be demonstrated by a history of violence towards the adult at risk, or towards others in the household. The Act also provides that a person who visits the household frequently and for long periods can be regarded as a member of the household for these purposes. This will apply whatever the formal relationship of the person to the victim.

- Wilful neglect is defined in Section 1 of The Children and Young Persons Act 1933 and the case of R v Shepard 1980: 'A parent cannot be guilty of wilful neglect unless he consciously allowed the neglect or was reckless i.e. did not care if the child was neglected or not'. These principles are mirrored in adult protection.
- 'Willful' has been defined as a result of case-law in the criminal courts as; 'deliberately doing something which is wrong, knowing it to be wrong, or with reckless indifference as to whether it is wrong or not'.
- Unintentional neglect includes the failure of a carer to fulfil their caring role or responsibilities because of inadequate knowledge or understanding of the need for services. One of the issues often raised in adult protection work is how bad does poor practice have to be before it is called abuse? It is the perspective of the adult at risk that is key.

Pressure Ulcers

One of the indicators of possible neglect is the adult at risk developing pressure ulcers.

NHS providers of care are required by the Serious Incident reporting process to assess if the pressure ulcer is a grade 3 or above and if there are concerns as to how the pressure damage occurred. If both grade and concern exists then this is a serious incident and a safeguarding alert. The investigation is looking at potential neglect by an individual or more corporate responsibility for procedural failings.

3.13 Vulnerable Adult Risk Management – Please see Appendix E for full details

3.14 Institutional abuse

Abuse can occur in **institutions** as a result of regimes, routines, practices and behaviours that occur in services that adults at risk live in or use and which violate their human rights. This may be part of the culture of a service to which staff are accustomed. Thus such practices may pass by unremarked upon by staff. They may be subtle, small and apparently insignificant, yet together may amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Individual victims, who may have experienced significant harm, must separately be considered in individual Strategy Meetings.

In addition, systemic and organisational concerns such as poor practice and low standards of care, whether or not they meet the threshold for Safeguarding Adults, should be referred to the Safeguarding Adults Team.

3.15 Discrimination and Hate Crime

Discrimination and hate crime may be features of any form of abuse of an adult at risk but can also be motivated because of their disability, race, religion and belief, sexual orientation and transgender.

3.16 Disability Hate Crime

In April 2005 the law changed to impose a duty upon courts to increase the sentence for any offence (for example, assault or criminal damage or offending by the use of offensive works or mocking behaviour) aggravated by hostility based on the victim's disability (or presumed disability).

Therefore, when an offender has pleaded guilty or been found guilty and the court is deciding on the sentence to be imposed, it must treat evidence of hostility based on disability as something that makes the offence more serious.

The court must also state that fact openly so that everyone knows that the offence is being treated more seriously because of this evidence of hostility based on disability.

'Disability' means any physical or mental impairment.

There is no statutory definition of a disability-related incident. However, to help the Crown Prosecution Service deal with cases of disability hate crime they have adopted the following definition: 'Any incident, which is perceived to be based upon prejudice towards or hatred of the victim because of their disability or so perceived by the victim or any other person'. It also applies to relevant cases where the offender has assumed a person is disabled, whether or not that assumption is correct.

It is important to make a distinction between a disability hate crime and a crime committed against a disabled person because of his/her perceived vulnerability. Not all crimes committed against disabled people are disability hate crimes: some crimes are committed because the offender regards the disabled person as being vulnerable and not because the offender dislikes or hates disabled people. For example, the theft of a wallet from a person who is visually impaired: if the offender was preying on the victim's perceived vulnerability this will not be a disability hate crime.

Not all incidents that the victim or some other person has perceived to be a disability hate crime will actually be judged a disability hate crime in law. For this to apply, the prosecution must first have proved that the offender has committed a criminal offence and then have proved that that offence was aggravated by hostility based on the victim's disability.

3.17 Domestic Abuse

Domestic abuse differs from adult abuse only in respect of two features:

- It describes abuse in domestic relationships only, whilst Safeguarding Adults includes abuse in professional relationships;
- It relates to abuse of adults generally whilst Safeguarding Adults specifically concerns adults at risk as per the criteria in No Secrets.

Domestic abuse is a serious crime and has a traumatic and sometimes life-threatening effect on victims and families. Adults at risk suffering domestic abuse require a multi-agency response to ensure that positive action is taken in providing support for victims whilst at the same time dealing effectively with offenders.

These Policy and Procedures are applicable in cases of domestic abuse if victims are vulnerable according to the No Secrets definition.

Domestic Abuse MARAC

The Domestic Abuse MARAC (Multi-Agency Risk Assessment Conference) is a formal conference to facilitate the risk assessment process. Agencies share information with a view to identifying those at a very high level of risk and thereafter to work jointly to construct a management plan to provide professional support to those identified.

Where domestic abuse is identified, it requires victim care and support to be delivered in response to the level of risk.

3.18 Abuse by another Adult at Risk

These Policy and Procedures apply in situations where one adult at risk abuses another adult at risk.

In some settings, this behaviour may historically have been tolerated or ignored. This is not acceptable and must no longer happen.

Where abuse by another adult at risk is ignored, the abused adult may feel powerless or invisible, suffer low self-esteem, experience mental health problems, or may self-harm. It is vital that this behaviour is tackled and addressed. If it has become culturally or institutionally acceptable by virtue of being tolerated or ignored, this must be challenged and Safeguarding Adult procedures invoked. Failure by commissioners to respond and ensure that the abuse is addressed is also abuse.

Where the person suspected of committing abuse is an adult at risk and a criminal investigation is needed, the Police, whilst leading the investigation, should work in close collaboration with Adult Social Care and other partner agencies.

The needs of the alleged perpetrator who is adult at risk must be considered at all points during the adult protection process. In these situations separate case conferences which focus upon the support needs of the victim and the perpetrator will generally be required.

3.19 Abuse by Children

If a child or children (e.g. a young carer) is/are abusing an adult at risk (not a stranger) this **should be dealt with under these procedures** but will also require the involvement of the Plymouth City Children's Service to ensure that the needs of the child are assessed and met.

3.20 Child Protection

When investigating adult abuse referrals and working with adults at risk, agencies and staff must always consider the potential impact this may have on the welfare and safety of any children being cared for in the environment of concern.

Agencies and staff should always gather information on the basic details of children living in or visiting the environment and identify any concerns arising for the child's welfare or safety; i.e. if there is a child in need or at risk. If there are concerns that a child is at imminent risk of harm the Police should always be contacted. If they identify child protection concerns then they should pass this information immediately to Children's Services. All information must be recorded in accordance with individual agency policy.

Definitions taken from Children Act 1989

Child in Need:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him/her of services by a local authority.
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of services, or
- He/she is disabled.

At Risk:

- A child may also be at risk of significant harm and require compulsory intervention in family life in order to protect them from abuse.

Agencies must ensure that all staff are aware of and adhere to The Plymouth Child Protection Procedures.

Agencies and staff should also be aware of and adhere to the Plymouth City's Local Safeguarding Children Board procedures and protocols.

For further information and specialist advice, agencies/staff should consult the agency lead for safeguarding children or the child protection co-ordinator in Plymouth City's Children's Services.

If a child on the At Risk Register or otherwise considered to be at significant risk of harm from abuse reaches adulthood and is an adult at risk, he/she must be referred to adult care management, and if warranted should be referred on to adult protection. Children's Services must share information about the assessed risks and any risk strategies in place.

3.21 Consent and Capacity

Judgements about the mental capacity of the individual and their ability to make choices and be involved in the risk assessment management process are often of central importance. It is also important to consider whether the individual is under undue pressure from another individual to support a particular course of action/decision. There is a need therefore to determine whether the service user is making a decision of their own free will as well as assessing mental capacity.

3.22 Large-Scale/Service Level Concerns and Investigations

Where an allegation concerns a group of adults at risk, whether in an establishment or through involvement of a group of alleged abusers, special care and planning may be required. Where the information suggests that several adults at risk have suffered abuse or may suffer abuse, a large-scale investigation should be agreed. Within the Strategy Meetings, the needs and risks to each adult at risk must be considered so that no one is 'lost' in the midst of a large investigation and Individual Protection Plans are agreed. The Strategy Meeting will also consider wider, organisational issues and agree a general improvement plan if required.

If the large-scale investigation is criminal, it will be Police-led and the police will negotiate with other agencies the contribution and expertise they require from other agencies. Large-scale non-criminal investigations will generally be Adult Social Care-led and may necessitate additional resources to devote to adult protection work.

Agencies must work together and resource such investigations.

3.23 Multi-Agency Public Protection Arrangements (MAPPA)

Information shared at the strategy stage of the adult protection process may identify significant risk to the wider public from a known individual. It would be appropriate at this stage to consider a referral via the Police into the MAPPA process in order that these risks may be assessed and managed.

Likewise information shared during the MAPPA process may identify an adult at risk who is or is likely to be suffering significant harm as a result of abuse. It would be appropriate at this stage to consider a referral into the adult protection process to ensure that the risks to the adult at risk are assessed and managed.

What is MAPPA?

- The Multi-Agency Public Protection Arrangements are a set of arrangements to manage the risk posed by certain sexual and violent offenders. They bring together the Police, Probation and Prison services into what is known as the MAPPA Responsible Authority.
- A number of other agencies have a statutory obligation to co-operate with the Responsible Authority. These include: Children's Services, Adult Social Services, Health Boards and Authorities, Youth Offending Teams, local housing authorities and certain registered social landlords, Jobcentre Plus, and electronic monitoring providers.

The purposes of MAPPA are:

- to ensure that more comprehensive risk assessments are completed, taking advantage of co-ordinated information-sharing across the agencies; and
- to direct the available resources to best protect the public from serious harm.

How does MAPPA work?

- Offenders eligible for MAPPA are identified and information is gathered and shared across relevant agencies. The nature and level of the risk of harm they pose is assessed and a risk management plan is implemented to protect identified victims and the wider public.
- In most cases, the offender will be managed under the ordinary arrangements applied by the agency or agencies with supervisory responsibility. A number of offenders will require extensive multi-agency management and their risk management plans will be formulated and monitored via Multi Agency Public Protection Panels (MAPPA panels) attended by senior representatives of various agencies.

Full guidance on the use of MAPPA is provided in the following statutory guidance produced by the National MAPPA Team of the National Offender Management Service, Public Protection Unit:

- MAPPA Guidance 2009

A summary of MAPPA arrangements by the Ministry of Justice with links to other documents is available from the Ministry of Justice website.

3.24 Case Reviews and Serious Case Reviews

There is a fundamental duty for all agencies involved in the care, support and protection of adults at risk to ensure that the highest possible standards of care, support and protection are provided and maintained at all times. Part of this duty is a requirement to learn from mistakes. This is particularly important where serious shortfalls or breaches of practice occur, resulting in the death or serious injury of an adult at risk. There may have been a failure in health or community care. There may be a failure to invoke adult protection procedures, to implement them fully or a flaw in the procedures themselves.

Plymouth Guidance for conducting a Serious Case Review is set out in *Appendix H* and sets out in detail the circumstances under which a Serious Case Review should be considered and commissioned.

4. ROLES AND RESPONSIBILITIES

Whilst everyone in health and social care, public protection and related fields have professional and social responsibilities for Safeguarding Adult , this chapter details the more specific duties of those agencies, groups and individuals with more specific Safeguarding Adult responsibilities.

Everyone – Health and Social Care, Police and Other Signatory partners

Everyone, whatever their job, role, profession, status or place of work, paid or voluntary, has a responsibility under the Plymouth Policy and Procedures to:

- understand the nature of abuse, how people might be at risk of harm and work to prevent it;
- know what these Plymouth Policy and Procedures, and their own service's local operational arrangements to protect adults at risk, require of them;
- know how to make a safeguarding adult referral if they have concerns;
- report allegations or suspicions of adult abuse to their line manager, Social Care, Health or the Police. This includes suspicions about a colleague or manager, irrespective of their status, profession or authority. This includes **whistle-blowing**. Failure to report may be a breach of duty of care and may result in disciplinary sanctions.

  - Note: employees who make disclosures under the Public Interest Disclosures Act 1998 are protected from dismissal or victimisation by their employers.
- know what services, advice and support are available locally to adults at risk, and how to access help needed.

Responsibilities of all Agencies

While Adult Social Care are responsible for coordinating an adult abuse case, and the Police for leading an investigation into an alleged criminal offence, the identification, assessment, protection and care of adults at risk is an inter-agency responsibility.

Every agency must have effective processes for identifying possible abuse. Possible abuse can come to light in many ways, for example:

- Concerns and complaints made by patients, relatives, friends or visitors.
- Incident-reporting by staff relating to poor or abusive practice.
- Whistle-blowing.
- Reporting of professional misconduct.
- As a consequence of monitoring.
- Following a post mortem by coroners.

All agencies should:

- Ensure that staff have training to recognise and report abuse and neglect.
- 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 policy of support for staff who bring bad practice to light.
- Ensure that visitors and contractors are appropriately monitored.
- 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.

- 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 adults at risk, 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.

Health Commissioning Provider Board's responsibilities

Commissioners of health care must ensure safeguarding is managed across the commissioning cycle so that services are planned to meet the needs of adults at risk. Contracts are developed so that Safeguarding Adult monitoring arrangements are in place and decisive action is taken where quality fails.

NHS commissioners and provider boards have particular responsibilities to ensure that patients receive high quality care and that their rights are upheld including their right to be safe. There are five 'Must Do's'

1. NHS Commissioners must set Safeguarding Adults within their strategic objectives.
2. They must use integrated governance systems and processes to prevent abuse occurring and have effective responses where harm does occur.
3. They must actively engage with community partners and the local safeguarding board to safeguard the local population and patients in their care.
4. There must be Board level accountability for Safeguarding Adults and clinical and managerial leadership across the workforce and within commissioning and provider organizations.
5. NHS commissioners and provider boards must ensure that learning happens and is disseminated throughout its organization and shared with its partners.

- NHS commissioners and provider Boards are required to have safeguarding within their integrated Governance Systems.
- NHS must have integrated into their serious untoward incident processes the additional step of asking the question – Is this incident a safeguarding concern? Where this applies the Safeguarding Adults process must be completed before the incident is fed back into the SI process.
- NHS commissioners and provider boards must take into account the NPSA new thresholds for SI which now includes pressure ulcers grade 3 and above and follow the safeguarding process to establish if adult abuse/neglect was a factor.
- Performance and quality will be measured under the following framework:
    1. Prevention and early intervention
    2. Responsibility and accountability
    3. Access and involvement of service user

4. Responding to abuse and neglect
5. Training and professional development.

Such reports should always trigger the consideration of an adult protection referral as well as any internal procedure such as clinical-incident reporting, regulatory notice to Care Quality Commission or internal agency complaints process.

Every agency must have clear, agreed and publicised information for staff about who in their agency they should inform when an alert is raised. Agencies should make sure staff know what these arrangements are, and which members of staff refer alerts to Adult Social Care or the Police.

Every agency must have a whistle-blowing/raising concerns policy and procedure that are publicised, and through which concerns, complaints and representations can be raised. Whistle-blowing policies should identify how individuals who raise concerns will be supported by their employer.

If an allegation of abuse is made against a worker in a health or social care agency, statutory or independent sector, their employer must take action in line with their own disciplinary procedures. **A disciplinary investigation should follow upon the completion of the adult protection investigation and any related court proceedings (unless agreed otherwise at a Strategy Meeting).**

5. RECORD KEEPING

Good record keeping is integral to good practice in adult protection.

- Agencies, staff, managers, professionals and relevant others are responsible for keeping adult protection records that are clear, accurate, complete and up to date.
- Agencies must maintain files and records to assist the management of cases, ensuring that they are kept securely.
- Records of the adult protection process are official documents covered by rules of disclosure. This means they may be made available to the defence if legal proceedings are taken, whether criminal or civil.
- Handwritten, contemporaneous notes of an incident where an adult may have been abused should be retained in/on agency recording systems.
- All registered professionals have their own professional duty to ensure that accurate records are kept to evidence their practice and decision-making. Good record keeping is a mark of a skilled and safe practitioner
- Agencies must determine and specify how long they will retain adult protection records for.

Further detail about the principles of recording in adult protection can be found in appendix D.

6. ADVOCATES AND INDEPENDENT MENTAL CAPACITY ADVOCATES (IMCAS)

Statutory (e.g. IMCA) or non-statutory (including volunteer) advocates work with adults at risk in a variety of contexts. All adults at risk can receive the support of an advocate regardless of any issues or assessments related to their capacity to make particular decisions. However, they can only receive the support of an IMCA if they meet the criteria set out in the Mental Capacity Act and any subsequent Regulations made under the Act.

All advocates should:

- Undertake appropriate Safeguarding Adult awareness training and be fully conversant with the Policy and Procedures
- Report any concerns they have of possible abuse to Adult Social Care or to the Police if a crime may have been committed
- Co-operate fully to assist with any investigative procedures
- Continue in their advocacy role with the adult at risk throughout such process, supporting them and helping them to understand what is going on.
- Ensure that the voice of the adult at risk is heard.

Sometimes advocates are specifically appointed to support adults at risk because they may have been abused and may need the support of an advocate to understand and cope with the investigative process. Adult protection procedures should focus upon the victim and their needs and the involvement of an advocate can help to ensure that the procedures work in this way.

Independent Mental Capacity Advocates (IMCAs) can be appointed to support either the alleged victim or the alleged perpetrator of abuse if they are assessed to be adults at risk. This may include cases where there are disputes within families about the best interests of an adult at risk or between families and statutory agencies.

- SCIE Guide 32: IMCAs in Safeguarding Adults

7. PREVENTING ABUSE

The ultimate goal of any Safeguarding Adults strategy is to prevent abuse occurring in the first place. This section highlights the responsibilities of everyone to prevent abuse and minimise risk and is followed by a section on the general responsibilities of agencies and individuals in adult protection when prevention has failed.

All agencies signed up to the Plymouth Policy and Procedures are thereby committed to:

- Actions, processes and practices that seek to prevent abuse; and
- Informing staff, services, adults at risk, families and carers about how to minimise abuse.

Supporting Adults at Risk to Protect themselves from Abuse

Agencies, services, professionals, staff, families and carers should support adults at risk to protect themselves by:

- Supporting adults at risk in decisions that affect their lives.
- Supporting self-funders by providing care management and readily including them in adult protection procedures as required.
- Supporting user groups where adults at risk can talk about what concerns them and also get advice and information from others.
- Providing adults at risk with accessible, understandable information about abuse and protection. They should do so regularly and routinely, and in a variety of forms and formats.
- Involving adults at risk and their carers in courses and workshops to help them recognise and minimise risks to their wellbeing.
- Providing adults at risk with accessible, understandable information on protecting themselves in other ways, e.g. how the Police and trading standards officers can help deal

with rogue traders, bogus callers, unwanted and persistent doorstep salespeople and distraction burglars.

- Supporting self-advocacy services, and
- Providing or supporting advocacy schemes to advocate for and take up issues for adults at risk.

It is extremely important to empower adults at risk to protect themselves from abuse. There should be opportunities for potential victims to know:

- what they are at risk of
- who they are at risk from
- what they can do to make abuse less likely to happen to them
- what to do and who to tell if they are abused

Practice has suggested that different approaches are required for different at risk groups.

8. RECIPIENTS OF DIRECT PAYMENTS AND SELF-DIRECTED SUPPORT

Direct payments users can protect themselves by:

- asking the local direct payments support scheme for advice and support with recruitment, selection and employment of personal assistants;
- not employing someone before checking references.

The Adult Social Care department should not agree to a direct payment or arrangements for self-directed support if there are reasonable grounds to believe that the adult at risk will employ someone likely to abuse them. Reasonable grounds includes evidence of past criminal or non-criminal investigations relating to the alleged abuse of adults at risk or children that resulted in a conviction or police caution or a finding that the allegation was proved, admitted or likely on the balance of probability. It also includes other relevant criminal convictions (such as for theft or violence), disciplinary action (such as dismissal for gross misconduct) and removal of the person from the Social Care register or any other register of professional staff (such as the NMC or GMC).

Minimising risk

Everyone has a responsibility to minimise the risk of abuse. Those in specific organisations and positions have the following responsibilities:

Commissioners, service planners, regulators, contracts units, care managers and inspectors should:

- ensure that the service specification sets detailed standards with respect to the service provider's responsibilities in adult protection;
- ensure that care plans are in place and are individualised, contain a statement of needs, and that service delivery plans specify how needs will be met;
- ensure that the care plan is regularly reviewed with the adult at risk and their family and that the plan and services are adjusted to reflect any changes required;
- check that the service can meet the needs of people who use it;

- find out and listen to what adults at risk say about the service;
- review the standards of their care with the adult at risk;
- make sure the service has clear policies on adult protection, whistle-blowing, promoting safe care practices, etc;
- make sure the service recognises the need to train staff on abuse and whistle-blowing;
- record and report any concerns using the adult protection procedures.

Strategic Managers of Health and Social Care and their HR departments should:

- develop and use rigorous recruitment and selection procedures that include:

  - requiring job applicants to list all convictions and cautions;

  - taking up references (and following up by discussion if necessary);

  - checking with professional/workforce regulators, where relevant, that applicants hold current valid registration;

  - having Enhanced CRB Disclosures in place, as appropriate, for paid and unpaid staff (volunteers).
- establish a clear and strong focus on safeguarding and promoting the wellbeing of adults at risk;
- create workplace cultures that are open and fair, and which encourage self-questioning and reflection, openness, learning, and feedback from service users, carers, the public and staff;
- promote whistle-blowing /reporting of concerns;
- learn from, share and publicise safety lessons from incidents, 'near misses' and practice;
- develop systems, processes and people to assess and manage risks;
- design, organise and manage services to avoid, wherever possible, isolated or lone working by staff;
- **as a minimum,** train all staff and volunteers on: types of abuse, signs of abuse; duty to report; responding to abuse; risk management and assessment;
- develop and support staff effectively;
- ensure commissioned services meet and comply with high standards of care and protection;
- publish, update and disseminate public information, with and for adults at risk, on abuse and protection;
- ensure suitable specialist services are provided for adults at risk who abuse, both to help them and protect others;
- ensure carers are offered their own assessment and are supported to avoid reaching their breaking point;
- work actively to increase professional and public awareness of abuse;
- work to secure the prosecution of potentially criminal acts;
- refer to ISA and professional bodies anyone dismissed from employment or who otherwise should be referred;
- ensure allegations of abuse are investigated and dealt with in a sensitive, effective and prompt manner.

The websites of some agencies that have responsibilities for registering staff or ensuring their fitness to practice can be accessed here:

- Independent Safeguarding Authority
- NMC website
- Social Care Register

Staff and Volunteers should:

- understand what abuse is and know what to do if there are any concerns;
- listen actively to service users and be observant
- make sure the service recognises the need to train staff on abuse and whistle blowing
- record and report any concerns using the Safeguarding Adults procedures
- know that concerns may be low-level and minor, but cumulatively may add up to something serious;
- understand responsibilities and report any concerns;
- understand what the whistle-blowing policy is and what to do if concerns are not dealt with;
- understand ways in which service users may be at risk;
- contribute views and opinions about the service, and how it could be improved;
- undertake appropriate training, and use opportunities to learn and develop in the job.

Safeguarding Adults Board (SAB)

The roles of SAB in prevention are:

- ensuring that there are robust mechanisms, processes and outcomes to prevent abuse;
- promoting public, service user, family and carer awareness of adult protection and what to do if they are concerned;
- ensuring that all health and social care and other appropriate staff and volunteers are receiving awareness training, and that this is updated regularly;
- linking closely with domestic violence and child protection services and the Community Safety Partnership;
- monitoring adult protection data, and setting up a monitoring sub-group for this;
- analysing data – routinely and regularly – to identify trends, adult protection 'hot spots', 'cold spots', i.e. settings where there is more or less abuse reported than is typical.
- feeding back good and poor practice to promote continuous improvement.
- commissioning Serious Case Reviews and case reviews when this is necessary.

9. EDUCATION AND TRAINING

Effective adult protection work needs to be underpinned by education and training that promotes clarity and consistency.

Training for Staff

Signatories to the Plymouth Policy and Procedures must be committed to ensuring managers, staff and volunteers receive appropriate adult protection training.

Training is provided on an inter-agency basis to develop and promote joint work and shared undertaking across agencies.

Induction training for new entrants to any post in a health or social care agency must be trained on the Plymouth Policy and Procedures, and on recognising and responding to abuse.

Alerter's Training on Plymouth Policy and Procedures should be provided for all appropriate health and social care staff and a wide range of groups that include:

- Police officers.
- Local authority elected members and health executive board members.
- Service commissioners.
- Ambulance and Fire service.
- All health and social care staff including those working in Children's Services.
- Service regulators.
- RSPCA.
- National Probation Service.
- Volunteers.
- Administrative staff.
- Further and higher education.

Responsible Manager: appropriate training should be provided for that co-ordinating and managing the adult protection process.

Investigating officers must receive inter-agency, specialist training, appropriate to that role, including interview skills training.

Provider managers, e.g. of care homes, hospital wards, day services, domiciliary services, should receive training on Plymouth's Policy and Procedures and on their responsibilities under them.

Refresher and update training should be undertaken by all staff listed above at intervals of no more than three years. This training should draw on findings from new research, best practice and learning from experience, locally and nationally. It should be adapted according to the role responsibilities of the particular groups of staff. It is anticipated that staff undertaking the key roles of Responsible Manager and Investigator will benefit from annual refresher and update training.

Training for Service users

The Plymouth SAB supports the training of service users in order to provide them knowledge about abuse and to encourage them to develop the confidences to speak up and protect themselves. Service users have also been trained as trainers and co-deliver most of the training days.

10. SUPPORT FOR VICTIMS, FAMILIES AND ALLEGED PERPETRATORS IN THE ADULT PROTECTION PROCESS

This chapter identifies the importance of providing effective support for victims, families and for those who allegedly have perpetrated abuse. It identifies agencies which provide support.

10.1 Supporting Victims of Abuse throughout the Safeguarding Adults Process

Throughout the Safeguarding Adults process the victim and others affected should be supported, but this must be without jeopardising any investigation or criminal prosecution.

The Responsible Manager is responsible for ensuring appropriate arrangements are made to meet these needs. Adults at risk may require support during the Safeguarding Adults process, even if they have supportive relatives, service staff and/or a care manager. If so, the support of an advocate should be arranged. In some cases a specialist advocate, an IMCA, may be required (see below).

Support needs that cannot be met should be recorded in line with agencies' procedures for recording unmet need.

Support available to Adults at risk includes:

10.2 Independent Mental Capacity Advocate (IMCA)

Independent Mental Capacity Advocates have a specific adult protection role. In Safeguarding Adults cases, access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity who have family and friends can still have an IMCA to support them through the adult protection process.

The role of the IMCA in adult protection is set out in the *Mental Capacity Act 2005,* which specifies that local authorities and NHS bodies have powers to instruct an IMCA under the following circumstances:

a) where it is alleged that the person is being or has been abused or neglected; or

b) where it is alleged that the person is abusing or has abused another person; and

c) where they propose to take **protective measures** in relation to a person who lacks capacity to agree to one or more of the measures.

A protective measure is any action taken to minimise the risk of abuse or neglect continuing, whether the person is the alleged victim or the alleged perpetrator.

The IMCA's role and their powers in relation to decisions about protective measures are the same as those in other cases where they are involved and are set out in the Mental Capacity Act Code of Practice.

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

The Regulations covering the involvement of an IMCA in adult protection can be accessed via the link below:

- SCIE Guide 32: IMCAs in Safeguarding Adults

10.3 Independent Mental Health Advocate (IMHA)

Independent Mental Health Advocates provide an important safeguard for certain patients treated under the compulsory powers of the Mental Health Act. The IMHA provides support to qualifying patients to ensure they understand the Act and their own rights and safeguards. If an adult protection concern arises, consideration should be given for a referral to an IMHA if necessary.

The IMHA service is not a substitute for independent advocacy as practised in the health and social care sectors. IMHAs specifically provide specialist advocacy within the framework of mental health legislation.

10.3.1 Victim Support

Victim Support is a national charity for victims and witnesses of crime in England and Wales.

The service provides free and confidential help to victims of crime, their family, friends and anyone else affected. They issue information, emotional support and practical help. Anyone affected by crime can use this service, either direct from local branches or through the Victim Support line. If a crime is reported to the police via the adult protection process, contact will be made from Victim Support automatically within a couple of days (unless the Police are advised not to pass on the adult at risks' details).

The services are free and available to everyone, whether or not the crime has been reported and regardless of when it happened. Victim Support is an independent charity - not part of the police, courts or any other criminal justice agency.

They are innocent unless and until proven guilty, BUT because there is a possibility that they may have abused and adult at risk and could continue to abuse, this risk has to be managed. If appropriate and possible, they should be provided with support throughout the adult protection process, as should others involved.

10.4 Responsibilities to Whistle-blowers

The term 'whistle-blower' is unattractive and perhaps unhelpful, but it is widely used to describe those people who are bold and brave enough to report concerns about practices in services which appear to be wrong and, often, seem to be ignored by others. Whistle-blowers can perform an invaluable service by bringing to light abuse and neglect of adults at risk, but they are also at risk of being singled out and punished by their employers and colleagues. Good employers have whistle-blowing policies which help to afford protection to those raising concerns. Advice and support is also available nationally for whistle-blowers form the national charity Public Concern at Work. In addition, there are legal safeguards that can afford some protection for whistle-blowers form vengeful employers.

The legal framework covering whistle-blowing is set out in:

- Public Disclosures Act 1998

Public Concern at Work can be contacted on 020 7404 6609 or via their website:

- Public Concern at Work

SECTION 2 - 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 Plymouth City Council's website.
- Check out the safeguarding adult's page of the council's website: www.plymouth.gov.uk/adultprotection.
- Further Copies of the guidance are available to download.

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 June 2011 and agreed by the Plymouth Safeguarding Adults Board on 8th July 2011.

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1. 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 where significant harm has occurred or is suspected (See page 12 for a definition of significant harm).

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

- Adults of any age who are dependent on others and, in particular, older persons
- 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 sharing of information in Safeguarding is vital and a consistent recommendation in a number of high profile Serious Case reviews.

Staff will be supported for sharing information as long as all exchanges or a disclosure of personal information is in accordance with the Data Protection Act 1998 where this applies. Any decisions made in terms of withholding or sharing information must be recorded and always discussed with a senior manager and / or Legal Services Advisor.

2. DEFINITION OF 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 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 ADASS protocol below:

ADASS (Association of Directors of Adult Social Services)

Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse

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

An up dated protocol is expected to be published by CQC at the end of 2010

2.1 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

2.2 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 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.

2.3 Principles

- The authority where the abuse occurs will have overall responsibility for co-ordinating the 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 Safeguarding Adults concern.

2.4 Responsibilities of Host Authorities

2.4.1 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.

2.4.2 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.

2.4.3 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.

2.4.4 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.

2.4.5 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.

2.5 Responsibilities of Placing Authorities

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

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

2.6 Responsibilities of Provider Agencies

2.6.1 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.

2.6.2 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.

2.6.3 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.

2.6.4 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.

3. ALERTER'S GUIDANCE - ALERTER'S FLOW CHART

4. 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)

5. WHAT IS THE DEFINITION OF A 'SIGNIFICANT HARM'?

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. 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/psychological abuse.

Anyone can be an abuser.

General indicators of an abusive relationship often include the misuse of power by one person over another and are most likely to take place in situations where one person has power/control/authority 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/psychological 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 or abuse based on ethnicity or perceived ethnicity
- Sexist slurs or any discrimination on the basis of gender
- Slurs or harassment on the basis of gender identity or transphobia
- 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
- Discrimination on the basis of religion or belief 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 turnover of staff or NO turnover 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.

Staffing

Staffing levels are insufficient to provide appropriate and timely intervention required to meet the complete range of physical and social needs.

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. Lack of staff training, staff do not have the required knowledge/skills to provide care. No training has been provided.

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 do not reflect the needs and wishes of the Clients. Care plans evaluation and record keeping does not contain evidence of implementation of care. Poor recruitment procedures leading to inappropriate appointments i.e.: convictions for theft.

Environment

The care environment is not suited to care is unsafe, i.e.: during building works rendering the area not compliant with Health and Safety Legislation.

The environment is dirty and does not comply with hygiene/control and infection standards.

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 abuse 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.
- Inadequate commissioning arrangements which lack quality monitoring/control.

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.
- Policies/procedures/organisational structures which have an unexpected/unintended consequence on service ability to deliver appropriate safe care i.e. financial reductions in budgets/staffing.

7. WHEN ONE VULNERABLE ADULT ABUSES ANOTHER

Abuse by one vulnerable adult of another within a service setting should be addressed as a 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.

Providers of care and organisations making placements must give consideration to compatibility of clients living together.

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 of Service User on Service User assault. 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. All such incidents need to be reported as safeguarding adult's alerts.

8. 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.

9. 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 the Manager will contact Social Services, Health and Police.

The Manager will, in specific circumstances, be required to contact Adult Social Care without their consent but the service user's wishes will be made clear throughout.

The manager may be required to contact Social Services without consent where the level of risk to the vulnerable adult is considered to be very high, a crime has been committed or where other vulnerable adults are also at risk.

- There may be circumstances where the alerter believes it would be safer not to tell the vulnerable adult that you will be informing your manager about the information disclosed, i.e.: where you believe it may place the vulnerable adult at more risk. An example of this would be when the vulnerable adult is very anxious and the alleged abuser is in a position to insist the persons tells them what is wrong.

If a safeguarding adult alert and referral is made but the vulnerable adult is reluctant to continue with an investigation this will be recorded in the Strategy Discussion meeting minutes.

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 and keep the first hand written notes of the account
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else who was there at the time
- Consider the need to preserve physical evidence (see page 42.)
- 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 record 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 police in an emergency.

- If you are unhappy reporting this to your manager, report to another appropriate person such as the Safeguarding Adults Teams. You could also contact your line manager's manager, the commissioner of the person's care, another senior person in your organisation who you trust who can support you or CQC on their national number.

10. MAKING AN ALERT

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 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.

11. TAKING 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 be a vulnerable adult and in need of 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 42.

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.

12. WHAT HAPPENS TO YOUR ALERT/REFERRAL?

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

Alerters will be given appropriate feedback following Strategy Meetings.

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

13. PROTECTION FOR ALERTERS – THE PUBLIC INTEREST DISCLOSURE ACT 1998 (WHISTLE BLOWING)

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 staff making 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 reasonably 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.

14. 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.

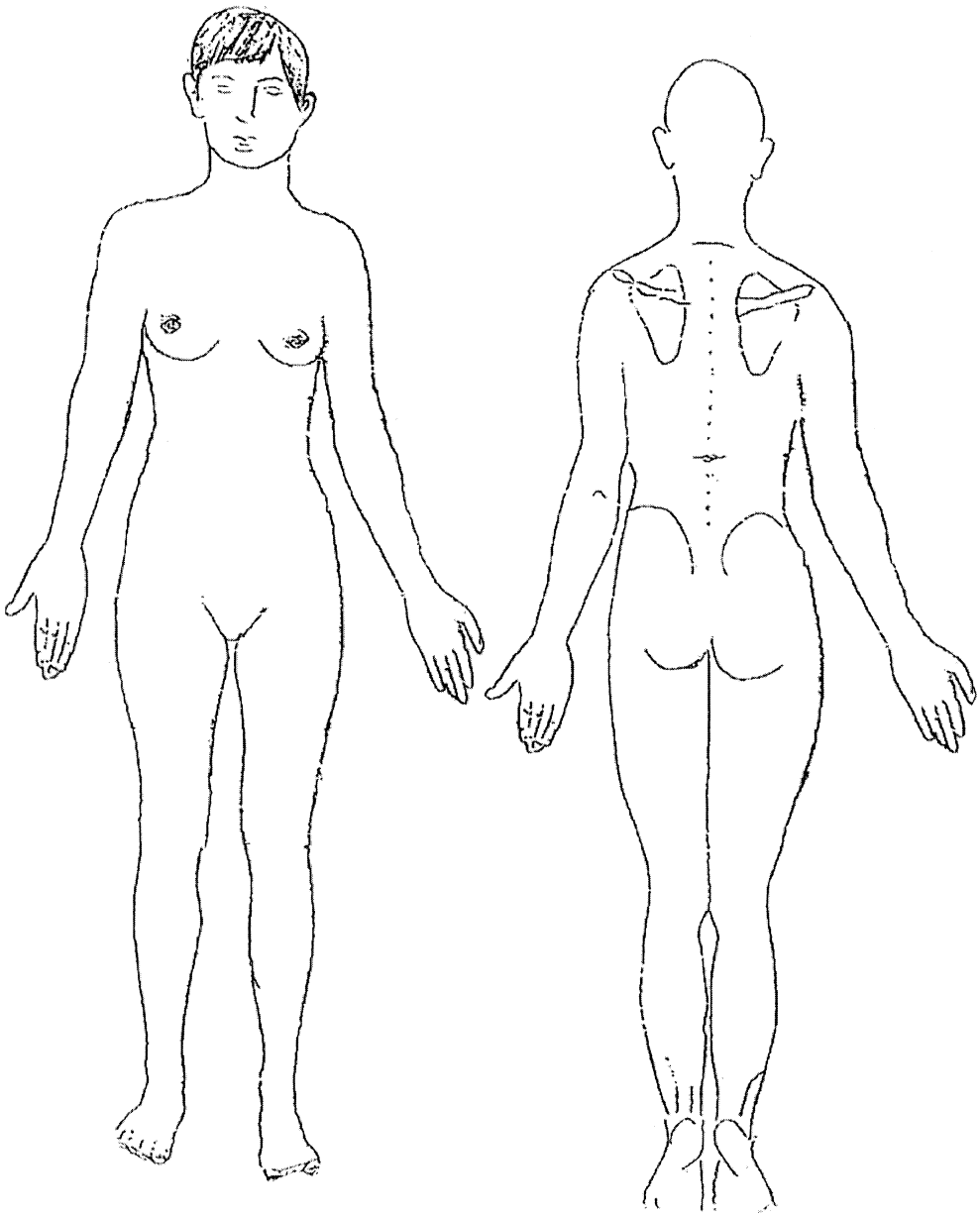
Try to remember to sign and date the maps. In difficult circumstances do the best you can.

All body maps should include the following information:

- Date injury noted/observed and any witnesses
- Name of person being mapped and their date of birth
- Any NHS or Adult Social Care number

Body Maps

Front and Back Views - Female



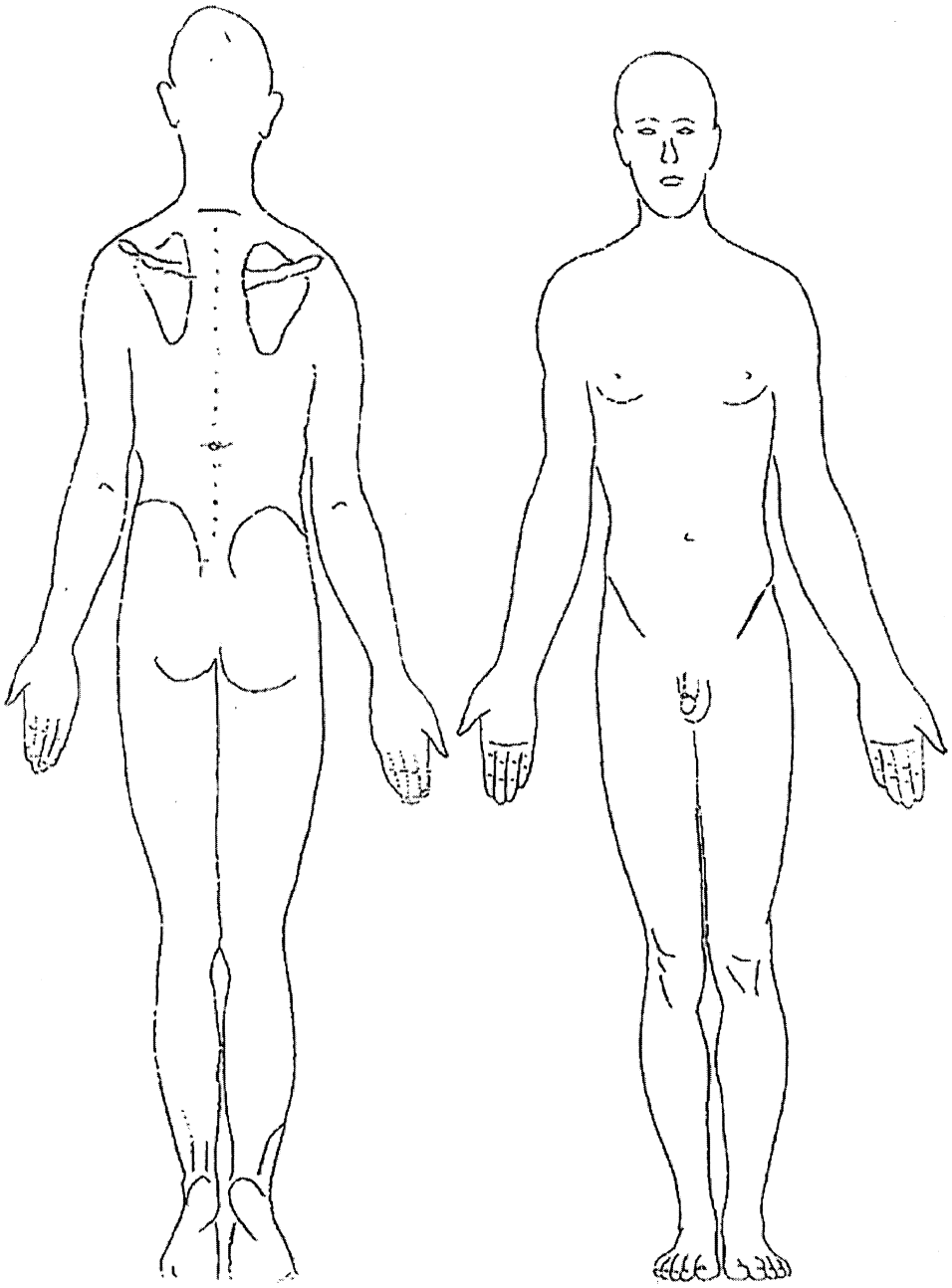
Completed by

Name:

Designation:

Date:

Front and Back Views - Male



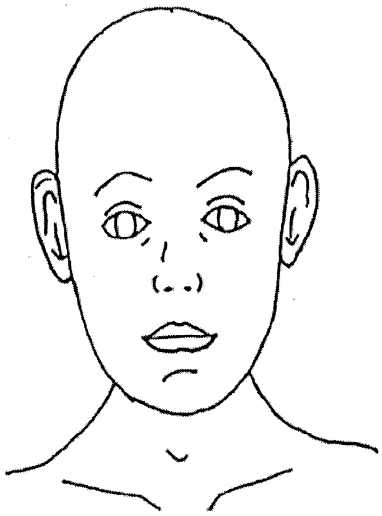
Completed by

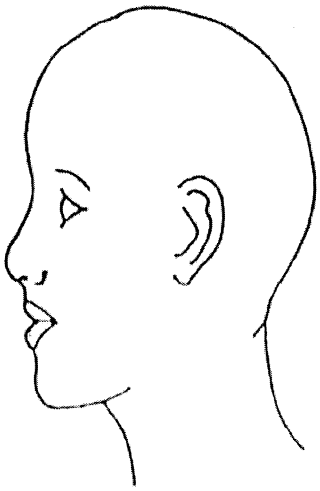
Name:

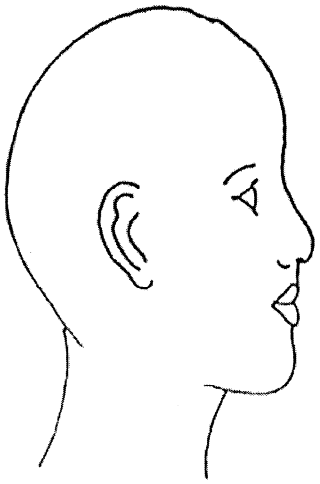
Designation:

Date:

Front and Side Views - Head







Completed by

Name:

Designation:

Date:

15. PRESERVING AND PROTECTING 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 7 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.

SECTION 3 - MULTI-AGENCY PROCEDURES SAFEGUARDING ADULTS

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 Safeguarding Adults 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 56.

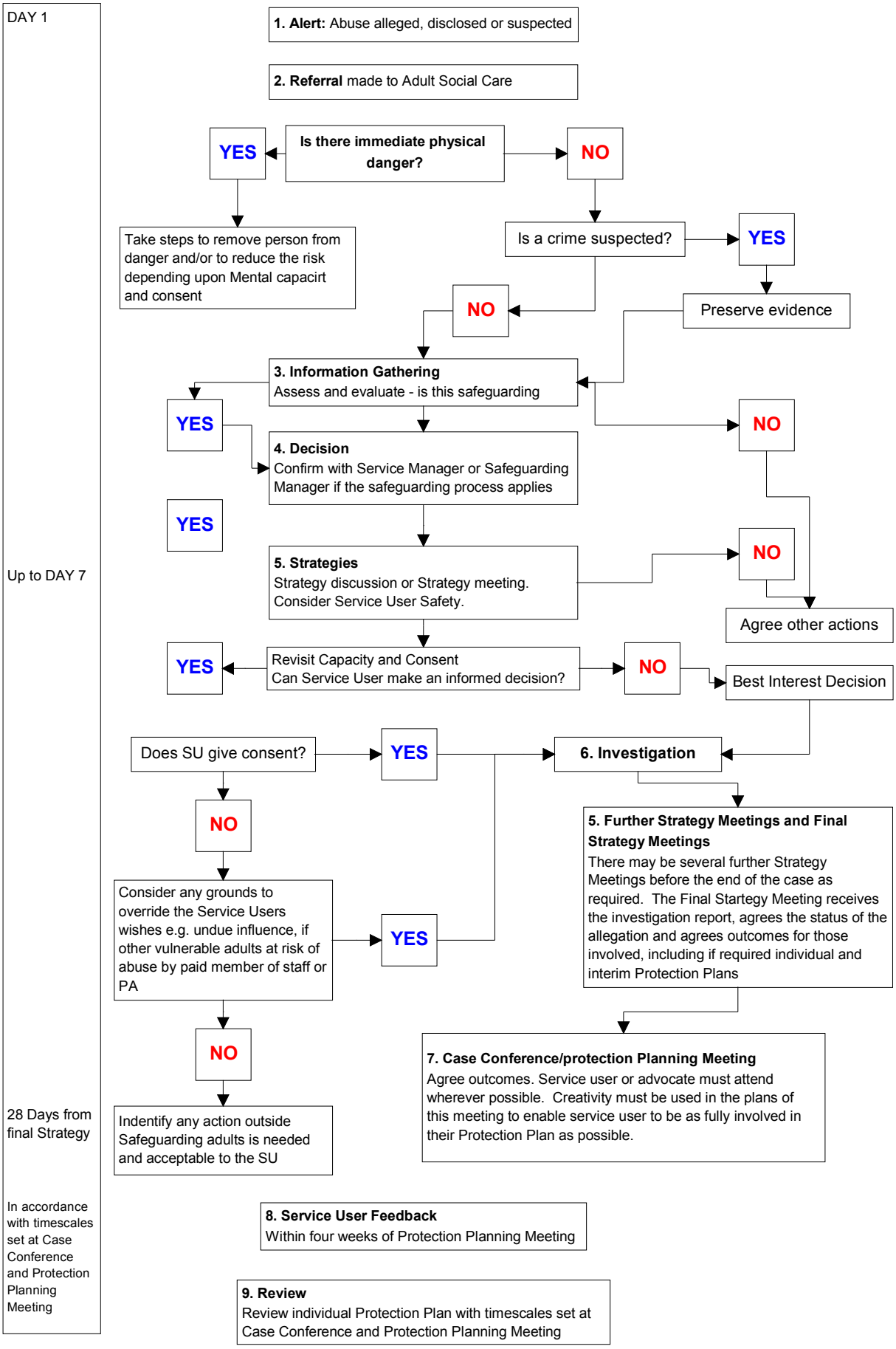
These procedures have been agreed by all partner organisations of the Safeguarding Adults Board. Registered care providers and organisations contracted by any of the partner organisations to offer care services to adults in Plymouth are also expected to follow these procedures.

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

An individual's wishes cannot undermine an organisations 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 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.

The Nine stages and Timescales for Safeguarding Adults



Stage	Activity	Timescale
Stage 1 Alert (abuse alleged, disclosed, suspected)	Evaluate risk Make decision Take action to protect Make referral	Take immediate/emergency action if necessary ⇨ Referral to be completed within one working day
Stage 2 Referral received	Referral received by Adult Social Care The threshold is: **Is the referral about a person who is or could be an adult at risk under the definition of 'No Secrets'?** Evaluate risk	⇨ Initial evaluation of risk on the day the referral is received
Stage 3 Gather information and assess risk	Gather information from all statutory agencies about the individual and their circumstances	⇨ If more risks appear adjust risk assessment and management
Stage 4 Decision	Initial information gathered will provide information to decide if abuse can be ruled out Interim Protection Plans if risk identified Police will decide if a criminal investigation is required Record decision once discussed with Service Manager or safeguarding team Refer for alternative actions/services if abuse can be ruled out Record	
Stage 5 Strategy Meeting or Discussion	Evaluate risk Plan investigation Amend or extend Interim Protection Plans as required Responsible Manager to provide feedback to Alerter If adult at risk lacks mental capacity then involve IMCA Action Plan to be produced and sent out within 24 hours of meeting by minute taker and agreed by Chair	
Stage 6 Investigation	Investigation conducted, including further evaluation of risk	⇨ Complete as soon as possible and within timescale agreed at Strategy Meeting
Stage 5 repeated (In same case more than one strategy meeting will be needed) Reconvened Strategy Meeting	Receive investigation report, agree actions Decide if further investigations are needed Review risk and formulate Individual and General Protection Plan whenever necessary	⇨ Within timescales set at initial strategy meeting

Stage 7 Case Conference	Feedback to Service User or their representative Agree Protection Plan Evaluate risk Agree if feedback from service user is appropriate i.e. will not cause distress Agree any review dates	⇨ Within 28 days of final strategy meeting
Stage 8 Service User Feedback	Face to Face interview with service user to take feedback if appropriate; if not then visit to their representative	⇨ Within 4 weeks of Case Conference
Stage 9 Review	Reviews of individual Protection Plan and risk	⇨ As agreed at Case Conference and thereafter as agreed if risk continues

NB: Working days exclude weekends and bank holidays

Risk Assessment Procedures for Responsible Managers

Risk Assessment is a fundamental imperative in safeguarding.

A risk assessment should be completed for all referrals but additional, specialist risk assessments may also be required in some cases

As soon as the Responsible Manager (RM) receives the referral, he/she should begin completing the initial Risk Assessment Recording Sheet for the adult protection case. The RM should use this form at the time of referral and should review it at the Strategy Discussion stage and thereafter, recording their initial discussions with the Police and other agencies/individuals. This demonstrates that the RM has identified risks that the current situation presents and has determined what measures need to be put in place to minimise these risks. These and any other further risks must be reviewed at the initial and at each subsequent Strategy Meeting and a new form completed identifying the risk factors and risk reduction measures agreed. This will provide a continuing evidence record.

The details of the discussion that led to the assessment and actions taken must be recorded in the record of the Strategy Discussion or the minutes of Strategy Meetings. If it is necessary to revise an assessment between meetings, the reason for this and for any revisions should be recorded in the case record.

The allocated care manager/care co-ordinator may have more information which can assist this process. The details of everyone consulted should be recorded. For the initial risk assessment it may not be necessary to consult with anyone as the risks may be evident from the referral, although best practice suggests that consultation may produce a more robust risk assessment.

How to complete the risk assessment form – see Appendix A

The Responsible Manager is responsible for ensuring that all parts of the form are correctly completed. This guidance sets out how to complete each section of the Risk Assessment Forms.

1. **In column 1** number each risk.
2. **In column 2** describe the risk as precisely as possible. These are the risks that are apparent from the referral and from consultation with other professionals/agencies (Strategy Discussion) that have involvement with the adult at risk and from subsequent information/evidence gathered through the investigation or provided at Strategy Meetings. It

is also important to include identified 'risk benefits'. For example, the grandson visits every Thursday and asks for money. The grandmother accepts this as she enjoys his company.

3. **In column 3** record whether or not the alleged victim has the mental capacity to make decisions in relation to each of the risks identified and to consent to any proposed risk reduction strategies. If the person has capacity to make these decisions, his/her consent must be obtained for any risk reduction strategy in relation to that risk. If the person does not have capacity to make these decisions and to give consent to the risk reduction strategies, the guidance in the Mental Capacity Act and Mental Capacity Act Code of Practice must be followed in making a Best Interest Decision. This includes seeking the views of someone able to represent the person. This may be the person's relative or an Independent Mental Capacity Advocate (remember that in adult protection a referral may be made to an IMCA even if the person has a relative).

4. **In column 4** record the views of the adult at risk with regard to the risk. This should be completed whether or not the person has been assessed to have mental capacity in relation to the risk and reduction strategies. Where the person is assessed not to have capacity, the Mental Capacity Act still requires that their wishes should be taken into account in making a Best Interest Decision.

5. **In column 5** record the initial risk rating. The risk assessment matrix should be used to assist in defining the level of risk by identifying the harm and the likelihood of harm (L). Determine whether risk is high, medium or low. Look at the examples in the accompanying matrix.

6. **In column 6** record the risk reduction strategies that are/need to be in place to safeguard the adult at risk from further harm. There may already be strategies in place that are identified on the referral and these should be included in the risk reduction strategies and Individual Protection Plan. Risk reduction strategies agreed during this process should be transferred to the Individual Adult Protection Plan.

7. **In column 7** record the reassessed risk rating anticipated on implementation of agreed risk reduction strategies. Look at the examples of harm and the likelihood criteria to assist you here.

8. In the box **'Rationale for risk rating**' specify the reasons for the initial and reassessed risk ratings that have been agreed.

9. In the box **'General concerns/issues'** record any factors that may pose a risk to other vulnerable people. These may relate to the actions or employment of the alleged perpetrator or to possible weaknesses in organisational systems and policies. These risks should be used to develop a General Protection Plan if necessary.

10. This initial risk assessment must be reviewed at any subsequent meeting or if there are significant developments between meetings. These reviews must be recorded on the Safeguarding Adults Risk Assessment Review Form. When the risk assessment is reviewed, the Individual Protection Plan should also be reviewed and updated as required.

11. At the end of the Safeguarding Adults process, risk assessments should be considered and used to inform all future care and service delivery. Care managers and care co-ordinators should ensure that these are considered within care plan/service plan reviews.

2. 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)

2.1 Step 1: Alert

An alert can be made by anyone. Adult Social Care is the lead agency for the coordinating. 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 or refusal to accept services where risk of 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 adults at risk. 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 adult at risk, 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 the central referral unit.
- Inform Advice and Assessment (Child Protection) 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.
- Consider the views and wishes of the adult at risk and if you believe they have capacity or not.

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

2.2 Step 2: Referral

From Alerting Managers:

NHS Plymouth

- When the Alerter and the Alerting Manager work within the NHS, they will refer their concerns to the Lead Officer for their Service Area/Directorate within one working day (having taken immediate action to protect the adult at risk). The Alerting Manager will refer to Adult Social Care via the Plymouth City Council Contact Centre (01752 668000) to ensure that the person's details are recorded. The Contact Centre will ensure the details of the alert are passed on to the Safeguarding Team.

Adult Social Care

- When the Alerter and the Alerting Manager work within Adult Social Care, they will refer their concerns to the appropriate Responsible Manager within one working day. The worker will also notify the Safeguarding Team who will ensure that the details of the alert are recorded on the system.

Acute Trust

- When there is concern regarding and adult at risk 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 Safeguarding Adults concern will be referred to the Plymouth City Council Adult Social Care (01752 668000) who will also notify the Safeguarding Team**.**

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.

Care Quality Commission (CQC)

- 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 Safeguarding Adults Team.

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

2.3 Step 3: Assessing the Alert and Gathering information

Introduction

Once the Safeguarding Adults alert has been received by the Contact Centre, they will pass the referral to the Safeguarding Team who will record the details and pass them to the appropriate Responsible Manager. The Responsible Manager 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. This is general information and does not involve asking about the allegation or concern directly which will form part of the investigation.

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

1. Check whether the adult at risk is at immediate risk of harm. If so, take immediate protective action.
2. To pool available information;
3. To evaluate the information;
4. 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 must be **recorded**. These enquiries form the assessing and gathering information stage.

The Responsible Manager 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 Responsible Manager will need to consider the communication, language, cultural, religious and gender factors when allocating the case.

Assessing the Alert and Risk

Questions to consider:

Is the person in immediate danger? If so, the Responsible Manager **must ensure immediate action is taken to safeguard the person.** The action should be taken within 24 hours of the alert. The action should be noted on the Safeguarding Recording form.

- 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 a Safeguarding Adults or a Risk Management Issue? I.e., is the adult at risk being abused or neglected by another person or is the adult at risk self-neglecting or self-abusing?
- Is the person known to Adult Social Care?
- Have there been previous allegations? (Check the 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 adult at risk:

This should include:

- Is the person safe?
- How do you know?
- What action has been taken to ensure the person is safe or reduce the risk of further abuse?
- Their views
- Their mental capacity to consent or refuse safeguarding intervention.
- Does a Best Interest Decision need to be made?
- Is there more than one adult at risk?
- The adult at risks' level of communication
- Cultural and racial identity
- Names of Carer

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

2.4 Step 4: Decision

- Referral from Alerters and Alerting Managers will be made to a Responsible Manager via the safeguarding team.

The Responsible Manager should ALWAYS check:

- Is there an immediate risk to the persons safety?
- Are other people 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 Responsible Manager will instruct a member of staff to gather information and liaise with other agencies.
- After gathering information, the Responsible Manager must make a decision about whether to continue with the Safeguarding Adults process. They should discuss this with a Safeguarding Manager, an Independent Chair or a Service Manager.
- The process may not be followed if third party abuse or neglect can be clearly ruled out following information gathering Step 3.
- If the decision is made not to continue with the Safeguarding Adults process the Recording Form should still be completed and a copy sent to the Safeguarding Adults Team for monitoring.

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

The Safeguarding Adults process must be followed when concerns have been raised that abuse has occurred within the Plymouth City Area and: In cases where the adult at risk is experiencing abuse but does have the mental capacity and does not consent for the Safeguarding Adults process, then a Strategy Meeting should still be called, to share information and formulate a protection plan.

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

- The alleged perpetrator(s) is / are a member of staff (paid or unpaid) or a Personal Assistant in the employment of the adult at risk or another adult at risk.
- Other vulnerable people (adults or children) could be at risk.

The Safeguarding Adults Process MUST be followed until Abuse can be ruled out.

2.5 Step 5: Strategy Discussions and Meetings

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 and brought to the meeting in written form wherever possible.
- 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. However, it is important to consider the purpose of the meeting and whether in fact a conference to devise a Protection Plan is more appropriate at a later stage.
- The first Strategy Meeting must take place as soon as possible and definitely within 7 working days of the initial alert, or discussion or 5 working days where urgent and the person at immediate risk.

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

The Responsible Manager will normally co-ordinate the strategy.

The Strategy Meetings will normally be chaired by a Responsible Manager, Service Managers or other appropriate trained senior staff.

In cases involving paid or unpaid members of staff including staff funded by direct payments and where there are child protection concerns or other complex issues, the Safeguarding Adults Manager, Independent Chair or Service Manager should chair the strategy meeting.

Attendee List Guide

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

- 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 (if a regulated service)
- Human Resources (if concerns relate to member of PCC or health staff)
- Housing Officer
- Occupational Therapist
- Probation Officer
- Senior Health / Adult Social Care Manager
- General Practitioner
- Legal Practitioner(s).

Agenda:

Guidance on Agenda for Safeguarding Adults Meetings.

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 adult at risk give consent?
- The continuing safety of the adult at risk 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 adult at risk
- 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 adult at risk, alerter, carers, etc. informed of events?
- How can the adult at risk'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 adult at risk 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 adult at risk's mental capacity? This may have been dealt with in Step 3 of the process.
- Is an assessment needed concerning the adult at risk'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 adult at risk's involvement? (normally, an adult at risk 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 adult at risk 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 adult at risk / 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? If so, refer to A & A.
- 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 adult at risk after the investigation?
- Venue and time of the first Safeguarding Adults Case Conference, including arrangements for it to be chaired by a Manager / Police Supervisor who is independent of the investigations
- Action Plan?

2.5.1 Establishment Strategy Meeting

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 commissioning services and regulatory authorities play a significant role within the meeting.

In a large scale investigation a team 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 team 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).

Written reports should be brought by all attendees to Strategy Meetings.

Reports should cover:

- Details of the initial alert
- Outline of this and any other previous related allegations / concerns
- A pen-picture of the adult(s) at risk and their circumstances
- An assessment of the adult(s) at risk in terms of consent, capacity and / or other legal issues
- Social situation / network of the adult at risk.
- 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.

At the end of the meeting

The Chair will complete a Strategy Meeting Input Form and forward a copy to the Safeguarding Adults Team for monitoring.

People to be contacted following the meeting:

- The alerter
- The adult at risk
- Family or carers (as appropriate)

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 seven 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.

2.6 Step 6: The Investigation

Interviewing Guidance

This is specific guidance for **police joint investigations.** This is also 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.
- The 'interview strategy' will be decided upon at the Strategy Meeting. Separate pre-interview planning may be needed.

Planning and conducting interviews of adult(s) at risk who are victims and witnesses

- The adult at risk will need to consent to any interview.
- 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 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:

1. Pre interview assessment
2. Type of interview required
3. Where the interview should be conducted

4. Who will be present
5. Post-interview support

1. Pre interview assessment

- A pre-interview assessment of the adult at risk should be conducted. This should assist the adult at risks' views and assess needs and the abilities and disabilities of the witness.
- A record should be kept in respect of the interview assessment.
- Should the witness require support during or after the interview? They may choose to have someone with them during the interview. This person does not necessarily need to be a trained interviewer, but this person is present to support the adult at risk not as a joint interviewer.
- 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.

2. Type of interview required

- A witness should be interviewed in the language of their choice.
- All decisions should take into account the adult at risk'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.

3. Where the interview should be conducted

Consider:

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

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

4. 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. (ABE.)
- Suitably trained interpreters should be used when required.
- The use of an intermediary should be considered.
- Support worker may be requested by witness.

5. 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 interview may have been difficult and quality support must be offered at this time.
- The full guidance as outlined in achieving best evidence (see section 1) should be consulted by any persons conducting investigative interview.

Interviewing an adult at risk suspected of criminal offences

Any interviewing of an adult at risk who is suspected of criminal offences should be conducted within the guidelines laid down within the Police and Criminal Evidence Act 1984 (PACE)

The Interview

1. 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 clear 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.
2. 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.
3. 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.
4. 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
- Use open questions
- Do not ask closed questions
- Summarise what has been understood
- Remember to use who, what, where, when questions.
- 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 adult at risk 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 (a named individual should be appointed to do this).
- It is essential that the adult at risk is involved as much as possible in the subsequent decision making process.
- If the investigation leads to criminal proceedings the adult at risk will need to be informed at each stage as to what will happen next.
- The adult at risk will still need support even if there is no further action in terms of the perpetrator.
- Whatever the outcome of the investigation the adult at risks' wishes must be taken into account.

The adult at risk may experience feelings of:

- Powerlessness
- Self-blame
- Guilt
- Fear

- Depression
- Low self-esteem
- Anger
- An inability to trust.

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

Reference:

- Achieving Best Evidence

2.7 Step 7: Case Conference or Protection Planning Meeting

The Context

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

The Case Conference is a multi-agency meeting including the adult at risk and their carer or advocate where a protection plan is developed. It also enables inter-agency, multi-disciplinary discussions to clarify the following:

- The details of the case
- Legal intervention
- Different professionals' roles and responsibilities in the protection plan
- Individual responsibilities for actioning the recommendations
- Arrangements to reviewing and monitoring the case.
- If the person does not have mental capacity to consent to the protection plan, he or she should still be involved in the meeting, where possible, and a plan agreed in his or her best interest. Consideration should be given to whether an Independent Mental Capacity Advocate is needed.

The Procedure

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

Planning

- Appropriate location – in order to encourage the adult at risk to attend the meeting, the most appropriate location may be the person's home or other community setting.
- The Protection Planning / Case Conference should be chaired by the Safeguarding Adults Manager, Independent Chair, Service Manager or other individual with the appropriate level of skills, experience and impartiality.
- Communication needs of all those attending
- The adult at risk's needs - e.g. interpreter, transport, advocate need particularly careful planning, if they are attending.

Who is invited?

Attendance of the Adult at Risk at their Case Conference

The adult at risk is central to the Safeguarding Adults process. Many people, not just adults at risk, experience difficulties in being part of large meetings. The aim is to include the adult at risk in developing the protection plan. The style of conferences and planning meetings should be flexible to achieve this aim.

If the adult at risk 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 adult at risk can take place after the main Case Conference to discuss the proposed plan with the adult at risk.

Information to the adult at risk and other relevant people prior to the Case Conference

Inform the adult at risk:

- They are central to the meeting and have an absolute right to speak.
- Exactly what the meeting is about
- Who is going to be at the meeting
- What will be discussed - the agenda
- 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 adult at risk 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. Including all who could contribute to the Protection Plan

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 seven working days.

- Any questions or clarification about the content of the minutes must be made to the Safeguarding Adults Co-ordinator within seven 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.
- A Conference Inputting Form will be completed by the Chair after the Case Conference detailing the Protection Plan or reasons for no further action.

2.8 Step 8: Service User Feedback

The aim of this service is to collect specific feedback from all adults at risk in Plymouth that have been subject to a safeguarding about the effectiveness of the process and if the person felt safer following the intervention.

The feedback will be gathered by an organisation independent to the council.

The safeguarding team will refer individuals where it is appropriate to collect feedback.

The independent organisation will collect feedback within 4 weeks of the conclusion of the process.

The chair of the safeguarding meeting should explain to the adult at risk that they may be contacted in order to improve the service and ask if they could provide feedback on the process.

2.9 Step 9: Review

Where there are ongoing risks a date for reviewing the Protection or Risk Management Plan should be set at the Case Conference.

- 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.
- The process will continue until all the planned actions have been completed.

3. CHECKLISTS FOR PRACTITIONERS

3.1 Safeguarding Adults Referral Checklist

The following points will assist staff to manage the Safeguarding Adults referral/alert process:

- Is emergency action required to make the person safe?
- Complete the alert form (Form A) as fully as possible.

- If the initial alert refers to more than one named adult at risk, 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 if the adult at risk is aware that the Safeguarding Adults alert has been raised and that investigation/assessment will follow. Ensure that issues of consent are recorded?
- 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 adult at risk.
- The Responsible Manager and the Allocated Worker will carry out contact inquires with other professionals, agencies or services to gather and record information already known about the adult at risk, 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 Safeguarding Adults concerns.
- Where Safeguarding Adults concerns are raised around the rime of death of an adult at risk, the coroner's office must be informed of the Safeguarding Adults 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 Safeguarding meeting. This decision should be taken by the Responsible Manager, Safeguarding Adults Manager, based on an evaluation of the information available.

3.2 Responsible Manager/Service Manager/Safeguarding Adults Coordinator/ Safeguarding Adults Manager's Checklist

As the Responsible Manager/Service Manager/Safeguarding Adults Coordinator/Safeguarding Adults Manager (TL/SM/APC/SAM) you are responsible for the overall co-ordination and management of an Safeguarding Adults 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 Safeguarding Adults documentation, carrying out (or supervising) necessary checks with other agencies and authorising emergency action to protect the adult at risk 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 (recording form) on the file and that it has been input onto the AP (Safeguarding Adults) database.
- Liaising with the commissioners, 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 Safeguarding Adults 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 Safeguarding Adults 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 adult at risk, family, carer(s) and the referrer. The reasons for their decision must be recorded on the recording 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 meetings or case conferences, are appropriately minuted including decisions about the adult at risk; 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 adult at risk'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 an adult at risk.
- 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.

3.3 Investigation/Assessment Checklist

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

A summary of your responsibilities includes:

- Recording your actions.
- Liaising with the Team leader, Service Manager, or Safeguarding Manager if emergency action is required to protect an adult at risk 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 adult at risk 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 adult at risk, 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 adult at risk 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 adult at risk, relating to consent and any other legal issues.
- Social situation/network(s) of the adult at risk.
- 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 Team leader, Service Manager, or Safeguarding Manager 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.