

A large, decorative purple arc that starts from the top left, curves around the top and right, and ends at the bottom left. It consists of a thick, dark purple inner line and a lighter purple outer band.

# Safeguarding **Adults**

Somerset Safeguarding Adults  
Policy And Procedure

September 2008

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# Foreword

Much good work has been done to safeguard adults, but much more still has to be done. There are a number of adults who are prevented from having a safe life because of abuse. They may need more help than you and I to use the civil and criminal justice systems; victim support services; housing; health and social care or their community. They may not have family or friends who can do this for them.

We are very pleased to introduce our updated Policy on Safeguarding Adults in Somerset.

During its development much has been learned about the good work of others involved in adult protection. Most importantly, this Policy will help more vulnerable adults to live safer lives in their own homes and communities and also in services such as hospitals, care homes and daytime activities.

In our role as guardians of social care services, holding responsibility for overseeing the development of this work, we are encouraged by the joint working and commitment of all agencies who are working together towards the protection of vulnerable adults in Somerset. This Policy reinforces the importance of partnership working in adult protection to arrive at the best possible outcomes for vulnerable people.



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## Changes to the Policy Document

The following are the most significant changes in this new version of the document.

Section	What's changed
Acknowledgements page	The policy now has its own Editorial Board
Section 2 - Adult Protection in Somerset	Information about newly created Safeguarding and Mental Capacity Act Co-ordinator post
Section 9 - The Legal Framework	Significantly re-written
Section 10 - The Mental Capacity Act	Additional information about: - the role of IMCAs in safeguarding matters - Deprivation of Liberty Safeguards
Section 11 - Working with the Police and Crown Prosecution Service	Significant additions
Section 12 - Working with the Ambulance Service	New section
Section 13 - Working with CSCI	Information on Safe Haven fax referral route
Section 17 - Protection of Vulnerable Adults (POVA) and the Vetting and Barring Scheme	Significant additions

# Section 1 Introduction

## The Purpose of this Policy

This Policy gives a structure to help all agencies to work together well in partnership with vulnerable adults, their carers and communities to:

- ▶ Protect vulnerable adults from being exploited/abused
- ▶ Respond sensitively and consistently to reported incidents of self neglect and abuse
- ▶ Make sure that action is taken as quickly as possible
- ▶ Put in place plans to protect and assist the vulnerable person in the best way for them
- ▶ Support carers who may themselves be vulnerable
- ▶ Make sure regular monitoring is in place when concerns have been raised

## Our Values

The following values support this Policy:

- ▶ Respect for the rights and wishes of the vulnerable adult
- ▶ Do only what is necessary to protect the vulnerable adult
- ▶ Everybody has a right to be protected against harm or being taken advantage of
- ▶ Everybody has a right to dignity, privacy, to be independent and to have their social, cultural and individual needs met.

## Who is a Vulnerable Adult?

A vulnerable adult is any person who is 18 years and over in need of community care or support services because of:-

- ▶ Old age
- ▶ Mental health issues
- ▶ Physical disability
- ▶ Hearing, seeing and/or communication disabilities
- ▶ Learning disabilities
- ▶ Inability to protect themselves against significant harm or being taken advantage of.

A vulnerable person may also:-

- ▶ Abuse a carer
- ▶ Abuse other vulnerable people who are receiving care in the same place, such as another resident in a care home or other people in a day centre
- ▶ Neglect themselves
- ▶ Deliberately harm themselves (requiring support from a Mental Health worker).

## Who Might Abuse?

A vulnerable person may be abused by:-

- ▶ A relative or unpaid carer
- ▶ Neighbours, friends
- ▶ Paid workers
- ▶ Another user of the same service
- ▶ Members of the public that the person does not know.

## Section 2: Adult Protection In Somerset

### Community Directorate

The Somerset County Council Community Directorate leads the protection of vulnerable adults in Somerset. The Community Directorate is responsible for making sure that agencies work together and follow the Safeguarding Adults Policy and Procedure.

The Community Directorate is responsible for:-

- ▶ Co-ordinating investigations when the vulnerable adult is living in Somerset. This includes people placed in Somerset and funded by another Local Authority (LA). The other LA must be informed and closely involved in any investigation and outcomes, including monitoring arrangements
- ▶ Collating records, including recording on an electronic database (SWIFT), of all incidents of suspected abuse referred to them
- ▶ Co-ordinate training on the Safeguarding Adults Policy and Procedure
- ▶ Undertaking Serious Case Reviews
- ▶ Managing the Safeguarding Adults Board

Somerset Partnership NHS and Social Care Trust has a lead responsibility where the service user has a major mental health need.

### The Safeguarding Adults Board

This is a Board made up of partners from within and outside of Somerset County Council.

#### Purpose:

To:-

- ▶ Develop strong partnerships with others involved in adult protection in Somerset
- ▶ Lead the development of adult protection work at a local level with partner agencies
- ▶ Gather information from other agencies on adult protection work in their agency
- ▶ Identify risks and suggest improvements
- ▶ Monitor progress against Serious Case Review Action Plans
- ▶ Consider lessons learned from Serious Case Reviews
- ▶ Receive a copy of the Safeguarding Adults Annual Report

### Members

All Members have the permission of their agency to make decisions and agreements about adult protection.

The responsibilities of the Board members are:

- ▶ Monitoring how well the Somerset Vulnerable Adults Policy is implemented in their agency
- ▶ Sending out information about adult protection work within their agency
- ▶ Naming a representative in their agency who can provide advice to colleagues
- ▶ Making sure all staff and volunteers have the understanding and skills to carry out their roles and duties in relation to adult protection
- ▶ Making sure the Somerset Vulnerable Adults Policy is built into their agency and that their staff know about the Policy and what it means
- ▶ Making sure lessons learned from Serious Case Reviews are shared with their agency
- ▶ Looking at how many people take part in training and how it is changing the way people work
- ▶ Making sure all service users and carers are aware of the Somerset Vulnerable Adults Policy
- ▶ Attending and contributing to the Board meetings
- ▶ Providing monitoring information to the Board as requested

## Section 2: Adult Protection In Somerset - continued

### Community Directorate Leads

#### Strategic Lead Officer:

The responsibilities of the Lead Officer include:

- ▶ Taking the lead role in developing the Somerset Vulnerable Adults Policy and Strategy
- ▶ Chairing the Safeguarding Adults Board
- ▶ Chairing Serious Case Reviews or nominates an appropriate representative
- ▶ Making sure all agencies know their responsibilities
- ▶ Making policy recommendations to corporate management groups
- ▶ Meeting workers from other agencies who can make changes in their own agency
- ▶ Understanding how partner agencies work
- ▶ Meeting with the Local Leads Safeguarding Adults and Mental Capacity Act Co-ordinator to share information and develop departmental practice
- ▶ Promoting good practice
- ▶ Produce an annual report on Safeguarding Adult issues that have arisen during the year including eg:-
  - Number of reports
  - Training
  - Policy changes
  - Serious Case Reviews

The report will be presented to the Safeguarding Adults Board and discussed with the Director of Community Services.

In addition and supported by the Safeguarding Adults and Mental Capacity Act Co-ordinator:-

- ▶ Make sure the Somerset Vulnerable Adults Policy is followed
- ▶ Make sure the Policy is reviewed and updated
- ▶ Advise other agencies on how to develop their own Policy to match the Somerset Policy
- ▶ Make sure information about research, national developments and examples of good practice are shared with partner agencies
- ▶ Identify service development needs arising from national guidance and local management information and agree with Heads of Service how these can be taken forward

- ▶ Make sure training is made available to all involved in adult protection

### Safeguarding Adults and Mental Capacity Act Co-ordinator

The responsibilities for the Co-ordinator are to:-

- ▶ Support the Strategic Lead Officer in their role
- ▶ Ensure Somerset County Council complies with all statutory requirements arising from Safeguarding Adults (SA) Policy, the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DOLS)
- ▶ Arrange regular Local Lead meetings
- ▶ Co-ordinate the work of agencies across the Health & Social Care sector in Somerset to ensure an integrated and consistent approach is developed
- ▶ Support the implementation of the Policy
- ▶ Support the review and updating of the Policy, Chair and co-ordinate Editorial Group meetings
- ▶ Support the distribution of information
- ▶ Make sure management information systems are working and useful
- ▶ Ensure that skills and knowledge about these policy areas is cascaded to all key stakeholders
- ▶ Attend local, regional and national meetings and conferences relating to Adult Protection.

## Section 2: Adult Protection In Somerset - continued

### Local Leads:

There are twelve Local Leads:

- Four in Adult Social Care
- Four in Learning Disabilities
- Four in Mental Health

The responsibilities of the Local Leads are to:

- ▶ Shape the development of adult protection in Somerset
- ▶ Share information with their colleagues
- ▶ Provide support to their colleagues who are working on adult protection cases
- ▶ Contribute to the development of the Training Strategy
- ▶ Deliver occasional awareness training to colleagues and partner agencies
- ▶ Develop a working knowledge of the Policy and know about national and local developments
- ▶ Raise issues for the Safeguarding Adults Board to consider
- ▶ Know about local support for vulnerable people
- ▶ Build strong links with local partner agencies and promote joint working
- ▶ Raise awareness of adult protection issues locally and making sure that everyone knows how important adult protection is
- ▶ Make sure colleagues complete relevant management information on SWIFT and advise them of the importance of this
- ▶ Attend and contribute to Countywide Local Leads meeting.

Local leads are not expected to chair all strategy meetings although there may be times when it is right for them to help colleagues by doing so.

### Other Somerset County Council Services

- ▶ Other Somerset County Council Services are expected to work within the Somerset Safeguarding Adults Policy and Procedure:-
  - Children and Young Peoples' Services
  - Trading Standards
  - Health and Safety
  - Financial Assessment and Benefit Team
  - Human Resources
  - Partnerships and Community Development

### Partner Agencies

It is most important that the roles and responsibilities of partner agencies are identified. This will help us to make sure:-

- ▶ There is no confusion about roles and responsibilities
- ▶ Actions are taken promptly
- ▶ The right people make decisions
- ▶ The right agencies are involved and,
- ▶ We review incidents and learn from them

The following agencies have agreed to work with the Community Directorate and follow this Policy:-

- Care Focus
- Commission for Social Care Inspection (CSCI)
- Health Sector, eg, General Practitioners, Primary Care Trusts, Hospitals
- Independent providers of residential, domiciliary and day care
- Police
- Probation Service
- Registered Care Providers Association (RCPA)
- Somerset Partnership NHS and Social Care Trust
- South Western Ambulance Service
- Supporting People
- User Groups

## Section 2: Adult Protection In Somerset - continued

### Responsibilities:

Every member agency has a responsibility to:

- ▶ Write and share its own policy and procedures that link with the Somerset Safeguarding Adults Policy
- ▶ Appoint a senior manager who will make sure the Policy is being followed
- ▶ Name a lead officer to be a member of the Safeguarding Adults Board
- ▶ Work with other agencies in investigations and actions to protect vulnerable adults. Boundaries between agencies or teams must not be allowed to delay appropriate action
- ▶ Record all incidents of abuse or suspected abuse and provide information as required
- ▶ Make sure that all staff / volunteers who have direct contact with adults who may be vulnerable are trained to recognise abuse and how to use the procedures to support the person and to alert managers.
- ▶ Train managers who may be responsible for investigating abuse
- ▶ Make sure that staff know that they are protected by law if they report abuse and are concerned about their name being used (Whistle-Blowing).

### Other Agencies that may be involved

The agencies listed below are encouraged to follow the Somerset Safeguarding Adults Policy and Procedure:-

- ▶ Carers Groups
- ▶ Department of Work and Pensions
- ▶ District Councils
- ▶ Housing Associations
- ▶ Housing Providers
- ▶ Other voluntary and private sector agencies

## Section 3: About Abuse

### Types of Abuse and What to Look For

The following provides information about the different types of adult abuse and what to look for. We should all know about the main signs and symptoms that suggest that some form of abuse may have taken place. However, you should not suggest that a person is being abused because one or more of these signs and symptoms are present without more detailed investigation.

Abuse may be deliberate or be caused by poor standards of care, lack of knowledge, understanding and training. Abuse can happen anywhere. A person may be abused in:-

- ▶ Their own home, where they live alone, with relatives or with others
- ▶ Care homes
- ▶ Nursing homes
- ▶ Day centres
- ▶ Workplaces
- ▶ Hospitals
- ▶ Prisons
- ▶ Other places in the community

### Physical Abuse

Typical examples are:-

- ▶ Slapping, hitting, kicking, spitting, pushing
- ▶ Unapproved use of physical restraint or restriction
- ▶ Use of force or threat of force
- ▶ Harsh manual handling (including inappropriate use of hoists)
- ▶ Misuse of medication

### Signs and Symptoms

- ▶ A history of unexplained falls or minor injuries especially at different stages of healing
- ▶ Unexplained bruising in well-protected areas of body such as inside of thighs or upper arms, and so on
- ▶ Unexplained bruising or injuries of any sort
- ▶ Burn marks of unusual type such as burns caused by cigarettes, carpet burns and rope burns

- ▶ History of frequent changing of General Practitioners or the General Practitioner not being able to see the vulnerable person
- ▶ Storing of medicine which has been prescribed for the vulnerable adult but not given
- ▶ Malnutrition, ulcers, bed sores and being left in wet clothing

### Psychological / Mental / Emotional Abuse

Typical examples are:-

- ▶ Blame, insults, humiliation
- ▶ Controlling, intimidation, bullying, harassment
- ▶ Being stopped from seeing other people
- ▶ Being locked away
- ▶ Verbal abuse, swearing, threats, using tone and volume of voice to intimidate, body language
- ▶ Denying the right of the person to make their own decisions

### Signs and Symptoms

- ▶ Inability to sleep or a tendency to spend long periods in bed
- ▶ Loss of appetite or overeating at inappropriate times
- ▶ Anxiety, confusion or just giving up
- ▶ Choosing to spend lots of time alone, away from others
- ▶ The vulnerable adult appears fearful and shows signs of loss of self esteem
- ▶ The vulnerable adult becomes uncharacteristically manipulative, unco-operative and aggressive.

## Section 3: About Abuse - continued

### Financial Abuse and/or Exploitation

Typical examples are:-

- ▶ Theft of money, property, possessions, insurance
- ▶ Removal or control of the vulnerable adult's finances without permission
- ▶ Blackmail or taking advantage

### Signs and Symptoms

- ▶ Unexplained inability to pay for household shopping or bills
- ▶ Withdrawal of large sums of money which cannot be explained
- ▶ Personal possessions go missing from the vulnerable adult's home
- ▶ Living conditions are low compared to the money the vulnerable person receives
- ▶ Unusual and extraordinary interest and involvement by the family, carer, friend, stranger or door to door salesperson in vulnerable adult's assets

### Sexual abuse

This can be any type of sexual or indecent act or activity including:-

- ▶ Rape, exposure to pornography and any physical sexual touching which the vulnerable adult does not want or does not truly understand
- ▶ Where the person is unable to give informed consent

### Signs and Symptoms

- ▶ Unexplained changes in the character and behaviour of the adult
- ▶ Tendency to withdraw and spend time alone
- ▶ The vulnerable adult displaying sexual behaviour and/or language which is out of character
- ▶ Irregular and disturbed sleep pattern
- ▶ Bruising or bleeding in the rectal or genital areas
- ▶ Torn or stained underclothing especially with blood or semen

- ▶ Sexually transmitted disease or pregnancy where the vulnerable adult cannot give consent to sexual acts

### Neglect

Typical examples include:-

- ▶ Leaving the person unattended for long periods
- ▶ Lack of care including food, warmth, medication and access to medical treatment
- ▶ Failing to attend to physical needs such as toileting, dressing and washing
- ▶ Failing to provide access to appropriate health or social care services

### Signs and Symptoms

- ▶ Poor heating, lighting, food or fluids
- ▶ Poor physical condition of the vulnerable adult such as ulcers, bedsores.
- ▶ The vulnerable adult's clothing and body appear to be scruffy and neglected
- ▶ Failure to give prescribed medication or get appropriate medical care
- ▶ Apparently unexplained weight loss
- ▶ Failure to provide appropriate privacy and dignity
- ▶ Carers reluctant to accept contact from health or social care professionals
- ▶ Refusal to allow visitors to see the person
- ▶ Inappropriate or inadequate clothing, or being kept in night clothes during the day
- ▶ Sensory deprivation - not allowed to have access to glasses, hearing aids or other communication aids
- ▶ The vulnerable adult has no method of calling for assistance

## Section 3: About Abuse - continued

### Discrimination

This includes discrimination on the grounds of:-

- ▶ Race
- ▶ Faith or religion
- ▶ Age
- ▶ Disability
- ▶ Gender
- ▶ Sexual preference
- ▶ Political views

### Signs and Symptoms

- ▶ Tendency to withdraw and spend time alone
- ▶ Fearfulness and anxiety
- ▶ Being refused access to services or being excluded for the wrong reasons
- ▶ Loss of self esteem
- ▶ Resistance or refusal to use services that are required to meet need
- ▶ Expressions of anger and frustration

### Multiple Forms of Abuse

A vulnerable person may be experiencing more than one type of abuse or more than one person may be abused. This may happen in an ongoing relationship, or in an abusive service setting, to a vulnerable adult or more than one vulnerable adult at a time. It is important to look beyond single incidents or lowering of standards for any signs and symptoms of harm.

### Self Neglect

Risk may arise from the vulnerable adult's own lack of self care, or risky behaviour. Individuals have the right to choose their lifestyle and take risks; therefore you should only consider a vulnerable person under this procedure when one or more of the following conditions apply.

The person is:-

- ▶ Unable to obtain care necessary to meet their needs
- ▶ Unable to make reasonable or informed decisions because they lack mental capacity due to their mental health or their learning disability

- ▶ Living in unclean and/or unsafe accommodation or is homeless
- ▶ Is refusing essential services without which their needs cannot be met, with the result that their health and safety are at serious risk. If this situation persists a Safeguarding Adults Strategy Meeting should be called and a decision made about who is the best person to try to work with the vulnerable adult, while respecting their right to privacy and to make their own decisions

### Why Abuse May Happen

The following factors may lead to an adult becoming vulnerable whether they live in their own home on their own or with others or a care home or are receiving care support or services in hospital or any other place in the community:-

- ▶ A relationship where someone has power over the vulnerable adult, whether physical, emotional or financial
- ▶ The person providing care is having difficulties in caring for the vulnerable adult who has learning disabilities, mental health problems or chronic progressive disabling illness because the care needs 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, drug abuse or mental illness and so on
- ▶ The carer's emotional and social needs are unmet
- ▶ Breakdown in the vulnerable adult's relationship with the carer/s
- ▶ Financial difficulties often leading to poor living conditions
- ▶ Carers are not receiving any practical and/or emotional support from other family members or professionals

## Section 3: About Abuse - continued

### Patterns of Abuse/Abusing

Patterns of abuse and abusing vary and may include:

- ▶ Serial abusing in which the abuser seeks out and 'grooms' vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial abuse.
- ▶ Long term abuse of an ongoing family relationship, such as domestic violence between spouses and family members
- ▶ One-off abuse such as theft because money has been left around
- ▶ 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 them are not able to be responsible for their care. This may be because the carer has difficulties such as debt, alcohol or mental health problems
- ▶ Institutional abuse which includes poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and poorly trained staff
- ▶ Unacceptable 'treatments' or programmes which include restrictions or punishment such as withholding food/drink/cigarettes, being kept away from others, unnecessary and unauthorised use of control and restraint or over-medication guidance
- ▶ Failure of agencies to make sure staff receive guidance about anti-racist and anti-discriminatory practice
- ▶ Failure to use services such as health care, dentistry, artificial limbs
- ▶ Misuse of benefits and/or use of the vulnerable adult's money by other members of the household or service providers
- ▶ Fraud or threats in connection with wills, property or other assets

## Section 4: Preventing Abuse

It is important to remember that the main reason for developing a Safeguarding Adults Policy is to prevent the abuse of vulnerable adults and, where abuse has taken place, to deal with it in the right way following the agreed process. Thinking about the following should help to prevent or reduce the risks of abuse happening:-

### Helping vulnerable adults to protect themselves from abuse:

- ▶ Families, carers, colleges and care providers should make sure that vulnerable adults know about abuse and are told about this in a way that they can understand
- ▶ It is important that information is available to help vulnerable adults to understand how Trading Standards and the Police can help with unwanted visitors that may take advantage, such as rogue traders, bogus callers and distraction burglars
- ▶ Support user groups so that vulnerable adults can talk about issues that they are worried about
- ▶ Encourage people to use self-advocacy schemes which will support them to tell people about abuse and to talk about other issues that concern them
- ▶ Make sure people know about advocacy services that are available to speak up or take action for vulnerable adults when necessary
- ▶ Make sure information is available in different formats and is accessible and easy to understand
- ▶ Where possible vulnerable adults should share in any decisions that affect their lives.

### Staff can minimise risk by:

- ▶ Developing an understanding of what is abuse
- ▶ Acknowledging that 'it could happen here'
- ▶ Having open and honest discussions about care issues and concerns
- ▶ Being aware of the issues of vulnerability
- ▶ Investing in training and development of skills
- ▶ Learning from experiences
- ▶ Being prepared to question care practices that could be abusive

### A service or setting can minimise risk by:

- ▶ Having a Safeguarding Adults Policy that takes account of Somerset's Safeguarding Adults Policy
- ▶ Having a Whistle Blowing Policy
- ▶ Having policies to make sure new employees are properly checked and safe to work with vulnerable adults
- ▶ Making sure that the service can provide the right care for the vulnerable adult before they take up the service
- ▶ Developing individual care plans and risk assessments to show how the service will meet identified needs
- ▶ Having the care plans and risk assessments that are agreed and signed up to by everyone involved in the person's care
- ▶ Involving external agency representatives in service user Reviews
- ▶ Having enough staff that are trained to meet the needs of the service users
- ▶ Encouraging good communication between staff and managers
- ▶ Encouraging good communication between service users, families and professional agencies
- ▶ Recording complaints and responding to them in a positive way and recording what happens following the complaint
- ▶ Making sure that staff and volunteers receive training to understand abuse
- ▶ Supporting training about all areas of care
- ▶ Having efficient reporting and recording systems in place
- ▶ Understanding that a one-off incident might be a sign of problems within the agency
- ▶ Making sure staff know who to tell and how if they have concerns
- ▶ Having clear and easy to understand policies which promote good practice
- ▶ Making sure that staff receive regular and effective recorded supervision and that notes are taken of things that were talked about and agreed

## Section 4: Preventing Abuse - continued

- ▶ Making proper links being made with other agencies
- ▶ Being prepared to listen and to respond to staff, users and families when care practices are questioned
- ▶ Information about standards of care or issues of concern are discussed internally and externally at the right times
- ▶ Welcoming visitors and supporting service users to use community facilities

### **How Social Workers, CSCI and people responsible for monitoring contracts can minimise risk by:**

- ▶ Making sure that a care plan explains the care the vulnerable adult needs
- ▶ Making sure that the service chosen can meet the needs of the service user
- ▶ Monitoring service delivery from different angles
- ▶ Reviewing the care standards regularly with the service users
- ▶ Listening to the service users views about the service
- ▶ Listening to the views that families and care staff have about the service
- ▶ Making sure that all contracted services accept the need to train staff to understand the issues of adult abuse
- ▶ Reporting and recording concerns about possible abuse through the Safeguarding Adults process

### **Helping Service Users who have an individual budget to protect themselves from abuse**

The 'No Secrets' guidance for the protection of vulnerable adults from abuse includes specific instructions about the users of Direct Payments Schemes, which recognises that these people may be more at risk of abuse:-

“Anyone who is purchasing his or her own services through the Direct Payments system and the relatives of such a person should be made aware of the arrangements for the management of adult protection in their area so that they may access help and advice through the appropriate channels. Care managers, who play a role in direct payments, could be asked to help users who are at risk of abuse.” (No Secrets DOH 2000:7.9). This would apply to those who have individual budgets

The Commission for Social Care Inspection (CSCI) does not inspect personal assistants employed directly by service users. The service user is responsible for checking that care standards are being met with the support of staff from agencies involved with them. It is possible for local authorities to place reasonable conditions on any agreement to make individual budgets safer for a vulnerable adult.

Such conditions should be balanced with the risk involved and must not change the purpose of the individual budget, which is to give people more choice and control over their lives.

Social Workers will make sure that service users who have an individual budget and their relatives are told about how to get help and advice and are given the Safeguarding Adults leaflet in the right format for them.

All individual budget staff will receive training about abuse and how to understand and use Somerset's Safeguarding Adults Policy.

**Things that increase the risk of abuse for vulnerable adults who use individual budgets and how the risks may be reduced are shown in the following table:-**

## Section 4: Preventing Abuse - continued

Area of Risk	Description of Risks	How to Minimise the Risk
Access to the vulnerable adult's home and personal telephone number by strangers	Vulnerable adults may be unable to protect themselves. The risk of abuse is likely to be increased through the recruitment and selection process, if this is carried out independently by the vulnerable adult. Strangers will have access to the vulnerable adult's home and personal telephone numbers.	Recommend that people who use individual budgets do not to carry out the recruitment and selection process from their home but to use a box number, dedicated telephone line for job applications and a room for the interviewing process. People who are not able or not willing to use this service are advised to be accompanied by a friend, advocate, agent or individual budget support worker during the interviews. The individual budget scheme advises service users to check references carefully. Individual budget users are told that they can buy services through home care agencies that check their employees and are regulated by CSCI.
Not knowing the recruitment process	Vulnerable adults may have little understanding of a safe way to recruit, select and employ staff. This could result in the unwise selection of personal assistants	The individual budget scheme provides guidance and support to service users on employment issues. This reduces the risk of unwise selection of personal assistants.
Police checks not required	Care workers employed by vulnerable adults through individual budgets are not required by law to be police checked through the Criminal Records Bureau. It is not possible for service users to undertake these checks themselves	Service users are encouraged to ask the individual budget scheme to carry out enhanced CRB checks for personal assistants they have interviewed and wish to employ. Service users are advised to wait for the results of the CRB check, wherever possible, before employing a personal assistant.

## Section 4: Preventing Abuse - continued

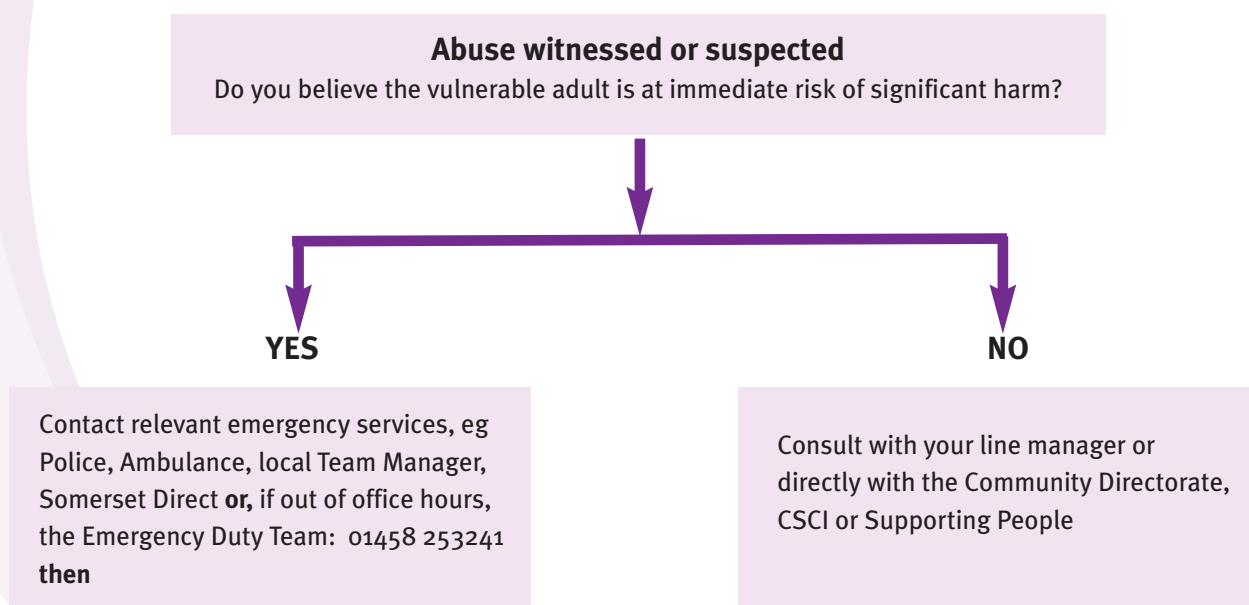
Area of Risk	Description of Risks	How to Minimise the Risk
The lack of regulation	Care workers employed through individual budget schemes are not regulated by CSCI so there is no monitoring of care standards. This could increase the risk of abuse to the vulnerable adult during, eg, moving and handling operations, financial transactions or as a result of badly prepared, non-nutritious meals. Direct abuse has been experienced or is suspected.	<p>Individual budget users are given information about risk when their individual budget starts and when it is reviewed. Reviews of finances are also carried out by individual budget scheme workers as part of the review.</p> <p>Users should contact their Social Worker or individual budget scheme support staff if they have any concerns about their care or how it is being provided. Service users or other concerned people can get advice and support from the Community Directorate in all cases where abuse is suspected.</p>

# Section 5: How To Report Abuse

## To do nothing is not an option

**You must always tell someone if you come across or suspect an individual is at risk or is being abused.**

Anyone who works, or has contact, with vulnerable adults has a duty to report actual or suspected abuse. This includes family, paid or unpaid carers, social workers and health workers, volunteers, managers and staff in private and voluntary agencies.



### How to Make a Referral The Referral Process

- ▶ If the vulnerable adult lives in the community (such as in their own home, any kind of accommodation provided by the Community Directorate or the National Health Service or in a care home) contact Somerset Direct on 0845 3459133 and complete the Working with Other Agencies Safeguarding Adults Alert Form (see Working with Other Agencies Section 14)
- ▶ If the vulnerable adult lives in a care home and you are the manager of the home you should also tell the Commission for Social Care Inspection
- ▶ If abuse is witnessed or suspected in services provided by a hospital trust, you should report your concerns to a senior manager in the trust. You may also report your concerns to the Patient Advocacy Liaison Service (PALS). The acute hospital trust should manage any investigation/assessment using it's own procedures but may seek assistance from the Community Directorate to support the patient, their family and/or for post abuse support

## Section 5: How To Report Abuse - continued

- ▶ If you have managerial responsibility for a member of staff or a volunteer who has been accused of abusing a vulnerable adult, consult your Human Resource Department/Personnel or other relevant agency that will give advice
- ▶ Accurately record the details of the incident and the results of discussions with your line manager or a manager from the Community Directorate. Make sure you make a detailed record in your agency's recording system.

### **Raising Concerns At Work - Whistle Blowing (Public Interest Disclosure Act 1998)**

#### **Definition**

Whistleblowing is a term often used when a member of staff or a volunteer reports a concern about something that is happening in their workplace. This may be about fraud, health and safety issues, abuse or the standard of care provided by individual staff or the agency as a whole

- ▶ The concern may be reported to the line manager within the agency or it may be reported to a more senior manager or to an external body
- ▶ Some agencies have a whistleblowing procedure with a named staff member who will deal with complaints from staff about their concerns relating to the workplace
- ▶ It can be very difficult for a person who acts as a whistleblower as this may harm their relationships with other members of staff and their employers. They may be very fearful about their future employment. The Act makes it unlawful to “subject a Whistleblower to any detriment for making a protected disclosure”, and staff should be able to expect:-
  - Advice and support from their own manager or another source
  - Protection from harassment and anger from their colleagues
  - The opportunity to talk about what is happening and their feelings
- To be kept up to date, as far as is possible, about what is happening with the investigation. This shows the Whistleblower that the concern is being taken seriously
- ▶ A member of staff may report concerns about the abuse or suspected abuse of a vulnerable adult directly to the staff within the Community Directorate, the Commission for Social Care Inspection or Supporting People
- ▶ The person “blowing the whistle” may be reluctant to give their name or they may ask that they remain anonymous. Their wishes must be recorded and respected as part of the referral process. While you respect their right to confidentiality you cannot promise that they will not be identified at a later date, especially if any legal action is likely
- ▶ When a serious crime is being reported you should tell the whistle-blower that the matter must be reported to the police
- ▶ If the person “blowing the whistle” chooses to go through a second person, that second person has a duty to report the abuse of a vulnerable adult to Somerset Direct or the Commission for Social Care Inspection, or to the police if they consider that a criminal offence may have been committed

# Section 6: How You Should Respond To A Disclosure

## What to do when someone tells you about abuse

Although staff are encouraged to know about the signs and signals which make them suspect that someone in their care is being abused, many incidents will only come to light because the

vulnerable adult discloses this themselves.

The following tables explain the responsibilities and the process that should be followed when a possible case of abuse has been disclosed:-

### Alerting

All staff, relatives, parents, carers, volunteers, students, advocates, health workers, police, CSCI, housing providers, independent providers. External professional staff are encouraged to use the Working with Others Safeguarding Adults Alert Form (see Section 14) to record the alleged incident



### Reporting to

Line Manager, Social Worker any senior manager or Head of Service



### Investigated by

Community Directorate or Somerset Partnership NHS and Social Care Trust  
Commission for Social Care Inspection  
Police  
Somerset Primary Care Trust  
Independent Provider



### Monitored by

Strategy Meeting Chair  
Commission for Social Care Inspection

## Section 6: How You Should Respond To A Disclosure - continued

A disclosure may result in a police and/or an internal investigation. It is, therefore, extremely important that the statements from the victim and witnesses are based on questions that start with Tell me, Explain to me, Describe to me (Little TED) . Look at the following pages to find out more about the Do's and Don't's.

As soon as you are given a disclosure about something that is a criminal offence, stop the interview and contact the police by dialing 999 and complete a Police Referral Form (See Working with the Police: Section 11). The Police will conduct all further questioning and investigations. When you make your first contact with the police you must ask whether any evidence should be left untouched before they arrive.

Take action to make sure that no-one else questions the victim, abuser or witnesses about what has happened. Ask the Police for advice about whether the victim and witnesses should be kept apart before they have the opportunity to discuss the events they have witnessed.

Staff must work with the Police at the scene and co-operate with the Investigating Officer during any investigation.

Failure to follow this process may result in any defence asking for the case to be withdrawn on the grounds that the information had been unfairly obtained 'due to leading the victim or a witness'.

The person to whom the disclosure is made will not necessarily be the person who carried out any internal investigation. The decision about who should investigate the allegation will be made at a Vulnerable Adults Strategy Meeting or with a senior manager.

If someone tells you about abuse, your role is to respond sensitively and pass the information on to your line manager or to a senior manager within your service. If you suspect that they may be involved in the alleged abuse, you should report your concerns directly to a senior manager in the Community

Directorate or to the Police.

Disclosure may take place many years after a traumatic event or when someone has just left a place where they were afraid. You should take all these disclosures seriously.

### If a vulnerable adult discloses abuse to you:

#### DO

- ✓ Make sure the immediate safety of the person
- ✓ Stay calm and try not to show shock or disbelief
- ✓ Listen carefully to what they are saying and ask the Little TED questions, Tell me, Explain to me, Describe to me
- ✓ Ask one question at a time and give them time to answer
- ✓ Make sure that all witnesses are separated and questioned individually
- ✓ Be sympathetic ('I am sorry that this has happened to you')
- ✓ Be aware of the possibility that medical evidence might be needed
- ✓ Tell the person that:
  - ▶ They did the right thing to tell you
  - ▶ You are treating the information seriously
  - ▶ It was not their fault
  - ▶ You are going to tell the appropriate person
  - ▶ You and/or the service will protect and support them
- ✓ Report to your line manager, senior manager, Somerset Direct: 0845 345 9133 or the Police
- ✓ Write down what the person who made the disclosure said as soon as possible because this information will be used as evidence
- ✓ Write down the condition and attitude of the people involved in the incident

## Section 6: How You Should Respond To A Disclosure - continued

### DO NOT

- X Press the person for more details. This will be done later
- X Stop someone who is freely recalling significant events; (eg, don't say 'Hold on we'll come back to that later,') because they may not tell you again
- X Ask closed or leading questions that could be interpreted as putting words or suggestions to the vulnerable adult or any vulnerable witnesses, eg, Did Michael touch you in a way you didn't like
- X Promise to keep secrets. You cannot keep this kind of information confidential
- X Make promises you cannot keep (such as, 'This will never happen to you again')
- X Contact the alleged abuser
- X Be judgmental (eg 'Why didn't you run away?')
- X Pass on the information to anyone other than people who 'need to know'

### Preserve Evidence

When the Police have been called because it appears physical, sexual or financial abuse has taken place, do not do anything to remove any evidence, eg, paper work, clothing, cleaning of the area

### DO:

- ✓ Secure the room if the Police have been called, and do not allow anyone to enter until the Police arrive, with the exception of medical staff if the vulnerable person requires medical attention
- ✓ Make sure that the alleged abuser and vulnerable adult do not come into contact with each other
- ✓ Inspect any injuries closely, and write them down, describing the colour, size, depth and shape of the injury. Body maps should be used wherever possible

- ✓ Take photographs of any injuries
- ✓ Preserve any medical or forensic evidence on the person, for example blood, semen
- ✓ Preserve the clothing and footwear of the vulnerable adult. Handle them as little as possible
- ✓ In the case of sexual assault, preserve bedding where appropriate and any items that may contain evidence, eg, used condoms
- ✓ Note in writing the state of the clothing of both the vulnerable adult and the alleged abuser
- ✓ Note injuries in writing, including marks or injuries indicating the use of weapons, marks resembling imprints, burns or bite marks should be treated seriously
- ✓ Leave weapons where they are unless they are handed to you. If a weapon is handed to you take care not to destroy finger prints
- ✓ Preserve any videotape if security cameras are present

### DO NOT:

- X Move anything, clean up or wash anything
- X Bathe the person or change their clothes
- X If there is a suggestion that there has been oral sex, encourage the person not to clean their teeth, eat or drink until mouth swabs have been taken
- X Remove or alter any documentation
- X Assume, where sexual abuse may have occurred, it is too late for Police to collect forensic evidence, even days after the alleged offence. Let the Police decide.

## Section 6: How You Should Respond To A Disclosure - continued

### Write a Report

Make a note of the disclosure as soon as you can, date and sign your report and print your name under your signature.....

You should aim to:

- ▶ Note what was said, using the exact words and phrases spoken, wherever possible, including dates and times
- ▶ Describe the circumstances in which the disclosure came about
- ▶ Note the setting and anyone else who was there at the time
- ▶ Write what exactly happened, not your opinion
- ▶ Use a pen or biro with black ink, so that the report can be photocopied
- ▶ Be aware that your report may be required later as part of a legal action or disciplinary procedure

## Section 7: How to Start the Safeguarding Adults Procedure and Take Action

You must talk to your line manager immediately about any form of suspected or actual abuse. Your line manager will report to the Community Directorate Team Manager, who will report to the Head of Service if necessary.

When the Team Manager receives the referral they will decide whether or not the Safeguarding Adults Procedure should be started, bearing in mind the following. The:-

- ▶ Vulnerability of the individual
- ▶ Vulnerability of the carer
- ▶ Extent of the abuse
- ▶ Length of time it has been going on
- ▶ Impact on the individual
- ▶ Risk of repeated or escalated acts involving vulnerable adults

The decision whether or not to begin the Safeguarding Adults Procedure must be taken by the Team Manager with other relevant professionals. If the decision is not to start the Procedure, this must be recorded with the reasons why and a note of any safeguards to be put in place.

If a decision to investigate is taken, the process

outlined in the Tool Kit contained within this Policy should be followed.

Any investigation must look at the way professionals have worked to identify whether any neglect or abuse has taken place. This may cover one-off examples of poor, unsatisfactory professional practice through to gross misconduct or ill treatment where there is intent to harm.

## Section 8: Supporting Adults with Learning Disabilities and People with Brain Injury

The following provides advice about undertaking a Safeguarding Adults investigation with a person with learning disabilities or brain injury:

- ▶ You must ask a Psychiatrist or Psychologist for advice about whether the vulnerable adult can be interviewed and, if so, who should undertake this interview and how the vulnerable adult should be supported
  - ▶ The particular needs of the person must be taken into account when planning a Safeguarding Adults investigation
  - ▶ It may be difficult to recognise abuse of people with learning disabilities because of communication problems and the likelihood that other explanations may be given for their behaviour
  - ▶ The person with learning disabilities should be supported to make informed choices about their involvement in the Safeguarding Adults process. They should receive information in appropriate formats and support during any interviews. Alternatively, people who know the vulnerable adult well should advise on how best to involve the vulnerable adult during the investigation
- ▶ Take care to make sure that the individual's communication needs are met, using any accessible information tools that are appropriate. In the case of an adult with a learning disability ask a Speech and Language Therapist for advice
  - ▶ Planned interviews need to take into account the vulnerable adult's method of communication and individual needs. It is important to plan the style of questioning to be used
  - ▶ The development of a Safeguarding Adults Care Plan should take account of any therapeutic services or additional support that is needed by the vulnerable adult
  - ▶ Support needs to be in place for the individual, their carers and support staff throughout and following the Safeguarding Adults investigation

## Section 9: The Legal Framework

In all cases where legal action is required, you should take advice from your legal advisor. Staff who work for the Community Directorate, Somerset County Council, should discuss with a senior staff member before contacting the Legal Department, Southwest One.

Only limited legal powers are available to Local Authorities to assist in cases where a vulnerable adult needs to be protected from abuse, as the law generally presumes that an adult is responsible for his or her actions.

In cases where a criminal offence appears to have been committed, the police must be consulted and the criminal justice system should be followed.

Professionals should also be aware that the adult subject to abuse could also access legal remedies against the person alleged to be responsible for the abuse.

In these cases, the professional role may be confined to providing support and facilitating access to legal advice.

### **Mental Capacity**

The extent to which any legal intervention is possible often depends on the mental capacity of the individual involved.

The Mental Capacity Act 2005 confirms that an adult aged 16 years and over has full legal capacity to make their own decisions unless it is proved otherwise. A blanket test of capacity can no longer be applied. The Act emphasises that a person's ability to make decisions may vary from decision to decision or from day to day, but that all practical steps should be taken to assist an individual to make their own decisions. The test essentially is whether the person is able to understand at that moment the decision that s/he is being asked to make, taking into account any choices or risks attached to it.

Fuller information on the Mental Capacity Act is available in Section 10 of this Policy. If you have any queries about a person's capacity these should be discussed with your manager and legal advice sought if required.

### **Criminal Law**

Acts that would be dealt with under criminal law include physical assaults, sexual assaults, acts of indecency and thefts. The Police have prime responsibility to investigate criminal offences. It is essential that professionals contact the police immediately if they suspect that a criminal act may have taken place. It is important to remember that evidence needs to be preserved and should not be interfered with (see Section 5). Also remember you are a potential witness in any prosecution that might result. It is therefore essential that your record taking is accurate and comprehensive. See Section 6 of this Policy, "How you Respond to a Disclosure" for more information.

Everyone is entitled to the protection of the criminal law. There are, however, additional protections for the more vulnerable members of society. Eg:

The Domestic Violence, Crime and Victims Acts 2004 Section 5 created a criminal offence of causing or allowing the death of a child or vulnerable adult. The offence applies to members of a household who have frequent contact with a child or vulnerable adult if they were aware or ought to have been aware that the victim was at risk of serious physical harm from a member of the household, that they failed to take reasonable steps to prevent the person coming to harm and that the person died from the unlawful act of a member of the household in circumstances that the defendant foresaw or ought to have foreseen.

Mental Capacity Act 2005 establishes an offence of ill-treatment or wilful neglect of a person that lacks capacity. Under this offence if an adult without capacity is ill-treated or wilfully neglected by the person that cares for them or by their attorney (appointed under a Lasting Power of Attorney or Enduring Power of Attorney or by a person appointed as a deputy by the Court of Protection) the person can be fined and or sentenced for a period of imprisonment of up to 5 years.

Sexual Offences Act 2003 specifies a number of sexual offences against a person with a mental disorder.

## Section 9: The Legal Framework - continued

### Powers to Enter a Property

Powers to enter property are very limited. However, it may be worth considering the use of these powers in conjunction with, or even instead of, any other statutory powers where there are concerns regarding the safety of an adult.

Police and Criminal Evidence Act 1984 Section 17 includes the power to enter and search premises without a warrant for the purpose of saving life or limb.

Public Health Act 1936 – provides District Councils with the power to inspect premises where a breach of the provisions of the Public Health Act 1936 is suspected. District Councils are also empowered to give notice to owners or occupiers of premises if those premises are “in such a filthy or unwholesome conditions as to be prejudicial to health”. This notice can require the owner or occupier to clear the premises, if they do not the District Council can carry out the works themselves.

The Care Standards Act 2000 Section 31 empowers Inspectors from the Commission for Social Care and Inspection to enter a Residential or Nursing Home regulated service at any time and interview the registered person, staff or persons accommodated, to inspect and if necessary take copies of any documents required. If there is reasonable cause to believe the person accommodated has not received proper care, medically qualified inspectors can, with the persons consent, undertake an examination in private and inspect any medical records.

Mental Health Act Section 115. An Approved Social Worker may enter and inspect at all reasonable times, any premises within the area of his or her local authority (but not a hospital) in which a mentally disordered patient is living if he or she has reasonable cause to believe that the patient is not under proper care. Forcible entry is not permitted.

### Powers of Removal

A person with capacity is entitled to refuse the provision of services even though the professional assessment is that he/she needs such services and without them his/her conditions will seriously deteriorate.

There is one situation when the District Council can act to secure care and attention for an individual without their consent – Section 47 of the National Assistance Act 1948. The threshold for Section 47 applications is a high one and it is unusual to make use of this provision. Section 47 should only be considered if all the grounds for obtaining it can be met and there is no less intrusive alternative available.

Section 47 of the National Assistance Act 1948 provides that on the certificate of a “community physician”, the local authority may apply to the Magistrates Court for a Removal Order on the grounds that:

- ▶ The person is aged and infirm or incapacitated and living in unsanitary conditions and
- ▶ Is unable to care for him or herself and is not receiving care from others and
- ▶ Removal from home is necessary in his or her own interests or to prevent injury to the health of, or serious nuisance to, others.

The Order to place them elsewhere may last up to three months and can be renewed.

Obtaining the Order can take time and in the National Assistance (Amendment) Act 1951 the section was modified to deal with situations in which it is necessary to remove the person without delay. An Order for up to three weeks can be made, with possibility to extend, by a single justice on the application of the community physician, supported by a second medical opinion.

In Somerset the Director for Public Health, Somerset Primary Care Trust, undertakes the role of the community physician.

Section 135 of the Mental Health Act provides for a person suffering from a mental disorder to be removed to a place of safety for a period not exceeding 72 hours. In order to do this an Approved Social Worker has to lay information on oath before a Justice of the Peace. He or she must state that the person believed to be suffering from mental disorder has been or is being ill treated or kept other than under proper control or is living alone, unable to care for him or herself. A warrant is then issued to enter the property and remove the person.

## Section 9: The Legal Framework - continued

### Protecting a Person's Welfare

#### Mental Health Act 1983

This Act provides a statutory code for the detention and treatment of “mentally disordered” individuals. The majority of the Mental Health Act 1983 relates to compulsory admission to a psychiatric hospital, which is not applicable unless the vulnerable adult (or the person alleged to be responsible for the abuse) is actually in need of psychiatric assessment or treatment. If it is felt the Act may be relevant a referral should be made to Somerset Partnership and NHS Social Care Trust for an assessment.

Guardianship under the Mental Health Act 1983 may be a relevant measure when considering the protection of a person with a “mental disorder”. Under Guardianship the Local Authority or a private individual may be appointed guardian to a person who is suffering from a mental disorder where guardianship is considered necessary for his or her own welfare or for the protection of others.

An application has to be supported by two written medical recommendations and made to the Community Directorate's relevant Social Care Department by an Approved Social Worker or by the patient's nearest relative. No application can be made if the nearest relative objects, but an application can be made to a County Court for another relative (or other person including a social worker) to act in his or her place, on the grounds that he or she is objecting unreasonably or is him/herself incapable by reason of mental disorder or illness.

The guardian has power to require the patient to live at a specified place, or to attend for medical treatment, occupation or training and can require access to be given at any place where the patient is living to doctors or social workers.

Guardianship lasts for six months but can be renewed and people placed under guardianship have a right to apply to a Mental Health Review Tribunal.

### Personal Welfare Lasting Power of Attorney

From October 2007 a person is able to appoint a Personal Welfare Lasting Power of Attorney (LPA) under the Mental Capacity Act. The types of decisions that welfare attorneys could be authorised to take by a person might include:

- ▶ Decisions about where the person should live
- ▶ Decisions about the person's day-to-day care
- ▶ Arranging for the person to be provided with medical, dental or optical treatment
- ▶ Arranging for the person to be assessed for, and provided with, community care services.

Before using any power under a Personal Welfare LPA the attorney must be sure that:

- ▶ The LPA has been registered with the Public Guardian
- ▶ The person lacks capacity to make the decisions in question or the attorney reasonably believes that the person lacks capacity
- ▶ The decision being made is in the person's best interest.

It is essential that professionals confirm with service users if a Personal Welfare LPA has been awarded and what areas it covers. Any queries should be discussed with your agency's legal department.

### Court of Protection – Welfare Powers

The Court of Protection can appoint a “deputy to act for and make decisions on behalf of a person that lacks capacity where there is a need for on-going decision making”. The appointment of a deputy to make personal welfare decisions is only likely to be needed in the most difficult of situations where it is felt that on going involvement and decision-making will be needed. Where possible the Court will seek to make a single order, for example to decide where a person should live if there is a dispute between professionals and family carers, or where the person is felt to be at risk of serious harm if left in the care of family members.

## Section 9: The Legal Framework - continued

Somerset County Council staff considering making a personal welfare application to the Court of Protection should discuss their request with the person who holds the lead for Safeguarding Adults in their service. The application form for the Court will have to be signed by the Head of Service for Learning Disabilities. As such applications are likely to be rare, the form should be checked with the Personal Finances Advisor before they are signed by the Head of Service.

Staff from other agencies are advised to discuss an application with their manager or Legal Section.

### Financial Protection

The prevention of financial abuse can be very problematic. The person concerned may decline the offer of support or advice. They may be acting under duress from another person, but this may be difficult to establish or prove. They may be aware of the abuse but decide that they do not want any action taken. If evidence is available of theft or fraud this should be reported immediately to the Police so that action can be taken under criminal law.

### Appointee for State Benefits

If there are concerns about the management of a person's state benefits (i.e state Retirement Pension, Attendance Allowance or Incapacity Benefit) by a third party, contact should be made with the Department of Work and Pensions (DWP). The DWP can appoint a person (a relative, friend or professional) to deal with all benefits matters on behalf of a person who is not able, for whatever reason, to do so for themselves. If there are concerns about the handling of the benefits by the appointee, the DWP will investigate and may suspend payments and appoint a new appointee if appropriate.

### Property and Affairs – Lasting Power of Attorney

From October 2007 anyone wishing to make arrangements for the management of their finances will use a Property and Affairs Lasting Power of Attorney. The individual can decide what powers s/he wishes the attorney to have, for example one attorney may have the power to control the persons current

account while another may be have the power to control issues regarding their property. Professionals will need to check the terms of any Property and Affairs Lasting Power of Attorney to see what power it grants the attorney and confirm that it has been registered with the Public Guardian.

Once the lasting power of attorney is registered with the Public Guardian the attorney will be able to act even while the person has mental capacity unless the LPA specifies that it should only be used once the person is not mentally capable of making the decision themselves.

Enduring Powers of Attorney's put in place before October 2007 will still be valid. Any Enduring Power of Attorney must be registered with the Court of Protection when the person is no longer mentally capable of managing their finances. An Enduring Power of Attorney only grants the attorney rights over the finances of the person they cannot make personal or welfare decisions.

If you have concerns about an attorney, legal advice should be sought from your Legal Service.

### Court of Protection – Financial Powers

The receivership powers to manage and administer a person's property and affairs under Part V11 of the Mental Health Act (1983) have now been replaced by the Mental Capacity Act and the role of the Court of Protection.

If a person lacks the capacity to make certain decision about the management of their finances, and they have not granted a Lasting Power of Attorney, the Court of Protection can be approached. The Court of Protection can appoint a "deputy to act for and make decisions on behalf of a person that lacks capacity where there is a need for on-going decision making". A deputy is most likely to be appointed if there are a number of financial issues that will require long-term involvement. If the financial decision is limited, say to close a bank account or pay for building work, the Court will not appoint a deputy, but will issue a single order.

## Section 9: The Legal Framework - continued

Staff working for the County Council or Somerset Partnership Trust should contact the Personal Finances Advisor at County Hall for further information.

### **Powers available to the Individual**

Under the Family Law Act 1996, an individual can obtain Occupation Orders and Non Molestation Orders against “associated persons”. The term associated persons includes spouses, cohabiters, person who have lived together in the same household (excluding employees, tenants, lodgers and boarders) and relatives.

An Occupation Order can enforce the right of a person to remain in the property, including requiring the other person to leave.

A Non Molestation Order can prohibit an associated person from molesting the applicant, or a child.

When considering whether to make an Occupation Order, the Court must consider the effect on the health, safety or well being of the parties if the Court decides not to exercise its powers.

The Court can attach a power of arrest to an Occupation Order and Non Molestation Order if it appears that a respondent has used or threatened violence.

### **Conclusion**

The above information only provides a brief guide to some of the main aspects of the legal framework that is available to practitioners. Any criminal acts should be referred to the police. For other legal decisions, advice should be sought from your manager and legal advisor before action is taken.

## Section 10: Mental Capacity Act 2005

This Section is about the processes to be considered when assessing a service user's Capacity to Consent and is informed by the Mental Capacity Act 2005.

In law, every adult has the right to make their own decisions and is assumed to have capacity to do so unless it is proved that they do not. All adults have a right to determine what happens to their own bodies and (if they are able to give it) valid consent must be obtained from them before providing personal care, such as bathing and dressing.

When you are carrying out a Safeguarding Adults investigation/assessment it is important to respect the right of vulnerable adults to make decisions about their own safety. They should therefore be encouraged to make decisions that they are able to make. Difficulties arise when it is not clear whether the vulnerable adult is capable of making a decision or whether the decision is being made under duress.

Mental Capacity refers to the ability to understand an act, decision or transaction and their consequences:-

- ▶ There is no universally accepted definition of mental capacity and the assessment of capacity
- ▶ Different levels of mental capacity are necessary for different types of decisions. A vulnerable adult suffering from a mental disorder is not necessarily incapable of giving consent
- ▶ Mental capacity should always be assessed in relation to the specific issue and context that is being considered. In most cases capacity will be assessed by the decision maker, using the 2-stage test and the Best Interest Checklist. For more information see the Mental Capacity Code of Practice: <http://www.dca.gov.uk/menincap/legis.htm>
- ▶ It is important to assess whether the vulnerable adult is capable of making the particular decision that is required at that point in time.
- ▶ This will recognise that a vulnerable adult's mental capacity may change over a period of time and/or they may have a condition that leads to fluctuations in mental capacity.

### Consent

For a vulnerable adult to give consent they should be able to make a decision and, therefore, have capacity if they:-

- a. Understand the information relevant to the decision,
- b. Retain the information,
- c. Use or weigh that information as part of the process of making the decision, or
- d. Communicate his/her decision either by talking, signing, or any other means

Within the adult protection process it is always important to consider whether a vulnerable adult is capable of giving their consent. This may be in relation to whether they gave consent to:

- ▶ The activity that is deemed to constitute an abusive act
- ▶ Whether the Safeguarding Adults investigation/assessment should go ahead
- ▶ Whether certain decisions or actions should be taken during the process of a Safeguarding Adults case
- ▶ Whether the recommendations set out in the Safeguarding Adults Care Plan should be put into place

It is important to make a decision about the consent issue when you are dealing with the alleged abuse. An assessment should be made about how much a person understands and how far they are able to make a decision. It will be necessary to consider whether:-

- ▶ The vulnerable adult did give consent to any action that was taken
- ▶ The vulnerable adult is capable of giving consent, that is, do they understand what they have given consent to?
- ▶ Their apparent consent should be disregarded if it was given under duress as a result of exploitation, intimidation, undue pressure or fear of reprisal. Consent given under such conditions is not legally binding
- ▶ In law most adults are deemed to have capacity to make decisions. Exceptions to this are:

## Section 10: Mental Capacity Act 2005 - continued

- Vulnerable adults with severe learning disabilities who are not deemed to be able to give consent to sexual acts
- Vulnerable adults who have already been assessed as incapable of managing their own finances. Eg, their finances are subject to the Court of Protection
- Vulnerable adults who are subject to certain Orders under current mental health legislation

Where there is any doubt about a vulnerable adult's mental capacity and/or their ability to consent it is important to have an appropriate medical/social assessment carried out.

When a vulnerable adult with capacity has made a decision that they do not want action taken to address any abuse they are being subjected to, this will be respected unless failure to act will leave other vulnerable adults or children at risk.

### **Consent to medical examination in the context of a possible criminal offence**

A medical examination may be considered for two reasons:

- Medical treatment may be required
- The examination may provide evidence that could be used in a prosecution

When urgent medical attention is required following a physical or sexual assault this will normally precede any other actions.

If the vulnerable adult is considered to have mental capacity, their consent should be obtained before a medical examination for forensic purposes is carried out.

If there is any possibility that forensic evidence can be found, you must ask the vulnerable adult for permission before you involve the Police

If it is considered that the vulnerable adult does not have mental capacity at the time, a decision must be made which reflects the best interests of the person and the wider public.

Where there are conflicting views about whether an intimate examination is undertaken, consideration

must be given to the presenting facts including acting in the Best Interest of the vulnerable adult and, where necessary, legal advice sought.

### **Practice matters**

- ▶ Where a medical examination is indicated the issues should be explained in a way that gives the vulnerable adult the best opportunity for understanding it
- ▶ Communication issues must be considered where English is not the vulnerable adult's first language or where physical or sensory impairment or learning disabilities make communication difficult
- ▶ If there are concerns about the mental capacity of a vulnerable adult or an alleged perpetrator, an assessment of mental capacity should be carried out as part of the investigation
- ▶ Unless there is evidence of a recent assessment a referral should be made to the appropriate professional. The assessment can then be used to inform the Safeguarding Adults Care Plan
- ▶ If police need to carry out an interview with a vulnerable adult, the process should be managed under Achieving Best Evidence principles
- ▶ It may be necessary to make sure that the vulnerable adult is offered legal advice and/or an independent advocate
- ▶ Where it is established that a vulnerable adult has mental capacity to make informed decisions and they choose to place themselves at further risk of abuse, they should be made aware of the possible outcomes of their decision. We must accept that service users may make unwise decisions
- ▶ The person should be offered a range of options that they may wish to pursue either now or in the future. They should always be left with information about how to access help and advice in the future

### **Exemptions to Consent**

Where the person lacks capacity, no-one can make a decision on behalf of the incapacitated person by consenting to the following:-

## Section 10: Mental Capacity Act 2005 - continued

- ▶ Voting
- ▶ Marriage or civil partnership
- ▶ To have sexual relations
- ▶ Decree of divorce based on a two-year separation
- ▶ Ending a civil partnership
- ▶ Adoption of a child
- ▶ Human Fertilisation and Embryology Act 1990
- ▶ Research

### The Principle of Best Interests and Duty of Care

In some situations, to protect the vulnerable adult or other vulnerable adults from abuse or possible abuse, it may be necessary to take decisions for them.

It is important that the person taking the decision is acting in the best interests of the vulnerable adult and with due regard to their duty of care. In doing so they will:

- ▶ Act in a way that is necessary to promote the vulnerable adult's health or wellbeing or to prevent deterioration in their quality of life
- ▶ Make sure that the intervention is as limited and least restrictive as possible to maintain the safety of the vulnerable adult
- ▶ Make sure that any decision is made with proper regard for the due process of law
- ▶ Make sure that the ascertainable past and present wishes and feelings of the vulnerable adult concerned are taken into account. This may be supported by discussions with other people that know the vulnerable adult well
- ▶ Make sure that the vulnerable adult is encouraged and supported to participate in any decision made which affects him or her
- ▶ Be satisfied that the expressed wishes of the person without capacity were not made as the result of undue influence

### Independent Mental Capacity Advocates

An Independent Mental Capacity Advocate (IMCA) must be involved in the following situations and where the person lacks capacity and has no relative, friend or unpaid carer:-

### An NHS body is proposing:

- ▶ Serious medical treatment
- ▶ A stay of more than 28 days in hospital or 8 weeks in a care home
- ▶ Change to a person's accommodation to another hospital for more than 28 days or more than 8 weeks in a care home

### A local authority is proposing:

- ▶ To change or to provide residential accommodation for more than 8 weeks

### An IMCA would not necessarily be involved if:

- ▶ The treatment needed to be provided as a matter of urgency
- ▶ If the person lacking capacity would be made homeless unless they were admitted to a care home

### The Role of an IMCA in Adult Protection Cases

The Local Authority has the power to instruct an IMCA in an adult protection case if the following requirements are met:

- ▶ Where safeguarding measures are being put in place in relation to the protection of vulnerable adults from abuse; and
- ▶ Where the person lacks capacity

The IMCA may be instructed to represent the person concerned if the Local Authority is satisfied that it would be of benefit for the person to do so.

## Section 10: Mental Capacity Act 2005 - continued

In adult protection cases access to an IMCA is not restricted to people who have no-one else to support or represent them. People who lack capacity who have family or friends can still have an IMCA to support them in adult protection procedures. There is a duty to ensure that the person who lacks capacity has access to appropriate or independent support whether through an IMCA, an appropriate family member or friend, or an independent advocate if one is already involved.

The regulations equally apply to a person:

- ▶ Who may have been abused,
- ▶ Who has been neglected and
- ▶ Who is alleged to be the abuser

Where the qualifying criteria are met, it would be unlawful for the Local Authority not to consider their power to instruct an IMCA for a safeguarding adult case.

### **What are the criteria for referring someone to the IMCA Service?**

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

In cases where a vulnerable person may have been abused or neglected:

- ▶ Where there is a serious exposure to risk of
  - Death
  - Serious physical injury or illness
  - Serious deterioration in physical mental health
  - Serious emotional distress
- ▶ Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interest at heart
- ▶ Where there is a conflict of views between the decision makers regarding the best interest of the person

In cases where a vulnerable person is alleged to be the abuser:

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

### **Traditional Advocacy Services**

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

### **At what point in the process should an IMCA become involved?**

Consideration should be given as to the most appropriate time to instruct an IMCA in a safeguarding adult case. This will be dependent on the decisions to be made and the risks to those involved. In some cases it will be appropriate to involve an IMCA at the Strategy Meeting stage. This would need to happen for cases where the wishes/decisions made by the individual would have a significant impact on the investigative process or where immediate actions need to be taken to safeguard the individual prior to further investigation taking place.

There may be situations when the Decision Maker needs to take immediate action to ensure the safety of the person, which may not allow time to consult with an IMCA. In these situations the Decision Maker should contact the IMCA at the earliest opportunity to seek their views and to agree whether or not it is appropriate for an IMCA to be involved.

## Section 10: Mental Capacity Act 2005 - continued

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

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

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

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

### The Role of an IMCA in Care Reviews

The Local Authority can instruct an IMCA to support and represent a person who lacks capacity when:

- ▶ They have arranged the accommodation for that person
  - ▶ They aim to review the arrangements as part of a care plan,
- and
- ▶ There are concerns about the suitability of the placement which may result in a change of accommodation for the person,

and

- ▶ Best Interest issues are unclear or not universally agreed with all involved,

and

- ▶ There are no family or friends who it would be appropriate to consult

If there is a potential safeguarding issue then the Safeguarding Adults Policy must be followed.

### Deprivation of Liberty Safeguards (DOLS) – Effective from April 2009

People who suffer from a disorder or disability of the mind, such as dementia or a profound learning disability and who lack the mental capacity to consent, should be cared for in the least restrictive regime possible. In some cases members of this vulnerable group need to be deprived of their liberty for treatment or care as this is necessary in their best interest to protect them from harm.

DOLS provides legal safeguards for those vulnerable people who are deprived of their liberty and who could not be detained under the Mental Health Act, and gives right of appeal

### Who Will be Covered by DOLS

DOLS will cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.

The provisions will apply to people aged 18 and over who:

- ▶ suffer from a disorder or disability of mind; and
- ▶ lack the capacity to give informed consent to the arrangements made for their care;

and

- ▶ for whom such care (in circumstances that amount to a deprivation of liberty within the meaning of Article 5 of the European Convention on Human Rights) is considered after an independent assessment to be necessary in their best interests to protect them from harm

## Section 10: Mental Capacity Act 2005 - continued

DOLS cannot be used to detain people in hospital for treatment of mental disorder in situations where the Mental Health Act could be used instead if they object to detention for the purposes of such treatment or would object if they were in a position to do so. This means that people who object will be treated in broadly the same way as people with capacity who are refusing treatment for mental disorder and who need to be detained as a result.

Whenever a hospital or care home identifies that a person who lacks capacity is being, or risks being, deprived of their liberty, they must apply to the “supervisory body” for authorisation of deprivation of liberty. Where a person is in a care home the supervisory body will be the relevant local authority. Arrangements will be made to establish a Supervisory Body in Somerset. Where the person is in a hospital, this will be the relevant Primary Care Trust (PCT) or, in Wales, the National Assembly for Wales.

**It will be unlawful to deprive someone of liberty under the Mental Capacity Act without such an authorisation (unless the Court of Protection orders it).**

## Section 11: Working With The Police and Crown Prosecution Service

All cases that are to proceed to Court must be referred to, and reviewed by, the Crown Prosecution Service (CPS), who are based in Police Stations and available for personal consultation by the Police. The CPS applies two tests before considering whether or not to proceed:-

1. The Threshold Test: The consideration here is whether there is sufficient evidence to provide a realistic prospect of securing a conviction
2. Public Interest Consideration: The CPS lawyer will consider whether it is in the public interest to bring a prosecution

Although the Police may make use of special measures for cases involving vulnerable adults, the evidence has to be of the same standard as of any other case.

Special Measures include:-

- ▶ Video recorded evidence
- ▶ Screening witnesses from the accused
- ▶ Evidence by live link
- ▶ Evidence given in private, that is, clearing the Court
- ▶ Removal of wigs and gowns
- ▶ Video recorded cross-examination or re-examination
- ▶ Examination of witnesses through an intermediary
- ▶ Aids to communication

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

- ▶ Early involvement of the police will help to make sure that evidence is not lost or contaminated;
- ▶ Early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage, they need to become involved;

- ▶ A higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings (where the test is the balance of probability);
- ▶ Police officers have considerable skill in investigating and interviewing and their early involvement may prevent the abused adult being interviewed unnecessarily on subsequent occasions;
- ▶ Police investigations should precede any in-house investigation

### Seeking advice from the Police if you are not sure

If you are not sure about whether or not a criminal offence has taken place or are seeking advice on immediate steps to take, please contact the following:-

Somerset East Public Protection Unit:  
01935 402115,  
covering Mendip and South Somerset areas

Somerset West Public Protection Unit:  
01823 363336,  
covering Somerset Coast and Taunton areas

### Consent of the Vulnerable Adult

In all cases staff should attempt to obtain the consent of an individual before calling the Police. This is not always appropriate and the requirement to obtain consent may be overridden or dispensed with depending on the following points:-

- ▶ Seriousness of the incident
- ▶ Risk to other people
- ▶ Capacity of the individual to make the decision

When a vulnerable adult declines contact with the Police, an assessment as to what would be in the best interest of that person or other vulnerable adults or children should be made and recorded. This decision must be discussed with the local Team Manager or Emergency Duty Team if out of office hours.

## Section 11: Working With The Police - continued

### Calling the Police in an emergency

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

- ▶ There is serious risk of significant harm occurring or harm has occurred
- ▶ There is likely to be evidence that needs to be preserved
- ▶ It is believed that a recent sexual assault has taken place
- ▶ Someone has been seriously injured as a result of a physical assault.
- ▶ An allegation is made about a recent incident of theft
- ▶ The alleged perpetrator needs to be removed
- ▶ The alleged perpetrator is still believed to be near the premises
- ▶ There is reason to believe that a crime is in progress

### Making Police Referrals

All referrals to the Police must be made on the following form and faxed.

This applies even if a 999 call has been made.

# Section 11: Working With The Police - continued

## Somerset Safeguarding Adults - Police Referral

Somerset East Police District to be sent to Fax: 01935 402184.

Somerset West Police District to be sent to Fax: 01823 324609

**INFORMANT:** \_\_\_\_\_ DOB: \_\_\_\_\_

ETHNICITY (Optional) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Tel (day): \_\_\_\_\_ Mobile: \_\_\_\_\_

Postcode: \_\_\_\_\_ Other: \_\_\_\_\_

**SERVICE USER:** \_\_\_\_\_ DOB: \_\_\_\_\_

ETHNICITY (Optional) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Tel (day): \_\_\_\_\_ Mobile: \_\_\_\_\_

Postcode: \_\_\_\_\_ Other: \_\_\_\_\_

**DATE & TIME OF INCIDENT:**

**SUMMARY OF INCIDENT:**

**DETAILS OF WITNESSES (Name, address & contact number)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**POLICE USE DATE OF REFERRAL:** \_\_\_\_\_ **POLICE USE DATE RECEIVED:** \_\_\_\_\_

**BY WHOM:** \_\_\_\_\_ **BY WHOM:** \_\_\_\_\_

## Section 11: Working With The Police - continued

### Where a Vulnerable Adult is Suspected of Committing a Crime

Where a vulnerable adult is suspected of committing a crime, each case will be considered on its own merit. The Police will take the following into consideration:-

- ▶ Seriousness of the alleged crime
- ▶ Who is the victim, what are their views?
- ▶ Does the crime involve violence towards the person?
- ▶ Is it in the public interest to pursue such an allegation?
- ▶ Is the Criminal Justice System the best course of remedy for the victim and the vulnerable adult?

Should you decide that further action is needed and this requires police involvement, you must ensure that any evidence is preserved as detailed in Section 6 of this Policy.

If in doubt, you can seek advice from the area Public Protection referral officer.

### Role of an Appropriate Adult

The Police and Criminal Evidence Act 1984 (PACE) gives clear direction on the roles and expectations of Appropriate Adults (AA). Although PACE deals exclusively with the AA who is offering a service to a suspect in custody, the same guidelines should be used when an AA is assisting a vulnerable adult in any circumstances.

If you are asked to act as an AA you are:

- ▶ Required to remind a person in police custody of their legal entitlements
- ▶ Not just an observer and should:-
  - ▶ Advise the person being questioned
  - ▶ Observe whether or not the interview is being conducted properly and fairly
  - ▶ Assist communication with the person being interviewed.

### Witness Support Service

On April 1, 2006, the Victims' Code of Practice became law. This code aims to establish a consistent level of service for victims throughout the Criminal Justice System in England and Wales. As such, it has day-to-day implications for all staff who will have a legal duty to comply.

The new code recognises the importance of providing an effective and supportive service for victims.

### Victims' Code of Practice

Avon and Somerset Constabulary is committed to providing a first-class service for victims of crime. We will always:

- ▶ Take all reasonable steps to identify promptly vulnerable or intimidated victims.
- ▶ Explain the provision for Special Measures to all vulnerable or intimidated victims that may be eligible and record any views the victim expresses about applying Special Measures.
- ▶ Provide victims with the Victims of Crime leaflet.
- ▶ Provide witnesses who have made a statement with the leaflet: Giving a witness statement to the police – what happens next?
- ▶ Advise victims of their right to make a victim personal statement and its purpose, and provide the victim with a copy of the relevant information leaflet.
- ▶ Recommend referral to Victim Support to victims, and explain that a referral will be made unless the victim asks for it not to be made.

We will routinely refer victims to Victim Support no later than two working days after an allegation of criminal conduct is made unless the victim:

- ▶ States that they do not wish to be referred
- ▶ Is a victim of domestic violence, sexual crime or a secondary victim of homicide, in which case explicit consent for referral is required, or
- ▶ Is a victim of vehicle crime or minor criminal damage and there are no aggravating factors to put the victim at particular risk.

## Section 11: Working With The Police - continued

### Explain to the victim that Victim Support:

- ▶ Is an independent organisation which offers free and confidential support, practical help and information provided by trained volunteers
- ▶ Offers information on compensation and insurance
- ▶ Can signpost the victim to other sources of help and support

### We will inform victims (within 24 hours):

- ▶ If a suspect is arrested,
- ▶ If a suspect is cautioned, reprimanded, or given a final warning,
- ▶ If a suspect is charged or given a penalty notice,
- ▶ If a suspect is released on bail,
- ▶ Of bail conditions which affect them,
- ▶ Of decisions by courts to overturn police remand decisions

### The code applies to all direct victims of crime:

- ▶ In cases in which no suspect is arrested, charged, cautioned, reprimanded or given a final warning, victims will be updated on a monthly basis – up to the point of the closure of the investigation

### Victims' Code of Practice - Identifying Vulnerable Victims

#### Vulnerable Victims:

- ▶ All child victims under the age of 17 at the time of the offence.
- ▶ A victim whose quality of evidence would, in the opinion of a court, be diminished by reason of a mental disorder; or a significant impairment of intelligence and social functioning (learning disability); or a physical disability or physical disorder

#### Intimidated Victim:

- ▶ All complainants in sexual offences cases – unless they say that they do not want to be so categorised.

- ▶ A witness whose quality of evidence would, in the opinion of a court, be diminished by reason of their fear and distress in connection with testifying.

#### The factors which should be taken into account include:

- The nature and alleged circumstances of the offence to which the proceedings relate
- The age of the witness
- The social and cultural background and ethnic origins of the witness
- The domestic and employment circumstances of the witness
- Any religious beliefs or political opinions of the witness, and
- Any behaviour towards the witness on the part of the accused, members of the family or associates of the accused or any other person who is likely to be an accused or a witness in the proceedings.

#### General Guide:

- Identify that the victim is eligible for Special Measures
- Discuss with the victim their requirements
- Record their views and any information that will support the application for Special Measures
- Ensure that this record is conveyed to the Crown Prosecution Service (CPS) as soon as possible
- Ensure that the Special Measures decision by the CPS and then by the court is given to the victim as soon as possible
- The victim should be made aware that whilst they are being given a choice of options, they may not necessarily be granted the option(s) of their choice. Avoid giving the impression that the CPS will automatically apply for Special Measures and that the court will automatically grant them.

## Section 11: Working With The Police - continued

### Multi-Agency Risk Assessment Conference (MARAC)

MARAC stands for Multi Agency Risk Assessment Conference. The MARAC focuses on the victim and discusses all cases where victims of domestic abuse have been assessed as being at high or very high risk of further incident.

Every area that has a Specialist Domestic Abuse Court must have a MARAC. There is a MARAC covering the policing district's of Somerset East and West. Each MARAC meets once a month at Yeovil and Bridgwater Police Stations respectively.

They are chaired by a police Detective Inspector and attended by all statutory partner agencies (Probation, Police CSC, Adult Social Care, Health, Mental Health etc) and many non statutory agencies (Somerset Change, victim support, Mendip CAB, Housing, Refuge).

An information exchange protocol has been agreed enabling agencies to share information. Following the information exchange the meeting agrees an action plan designed to remove or reduce risk to victims. Any agency can make a referral, using the referral forms contained in this Section. The completed referral form should then be emailed to:-

- ▶ Somerset East: lindsay.macdonald@avonandsomerset.pnn.police.uk
- ▶ South West: helen.vincent@avonandsomerset.pnn.police.uk

Participating agencies should use a risk assessment process to ensure that they are accurately identifying high and very high risk cases. Definitions used by Police are:

- ▶ High risk means the victim (including children) is likely to suffer a repeat assault. This could happen at any time and there is a strong possibility that the impact will be serious
- ▶ Very high risk means that a victim (including children) is very likely to suffer serious assault or death by the perpetrator unless action is taken

The responsibility to refer to MARAC rests with the agency identifying risk. A week before each MARAC the police send an email to all agency representatives with the name, date of birth and address of all victims, children and perpetrators to be discussed so that those attending are able to research their systems before attending the meeting. The meeting is minuted and all actions are recorded. For further details please contact the Police Domestic Abuse Units on the below numbers:-

- ▶ Somerset East: 0845 456 7000: Extension 62236: or Direct on 01935 402236
- ▶ Somerset West: 0845 456 7000: Extension 63320: or Direct on 01823 363320

### Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) support the assessment and management of the most serious sexual and violent offenders.

The aim of MAPPA is to ensure that a risk management plan is written that benefits from the information, skills and resources provided by the agencies. MAPPA co-ordinates this process.

MAPPA, introduced in 2001, brings together the Police, Probation and Prison Services into what is known as the MAPPA Responsible Authority. Other agencies have a duty to co-operate with the Responsible Authority, including social care, health, housing and education services.

Each MAPPA area produces an annual report which details performance, statistics, future developments and MAPPA team contact details.

#### How does MAPPA work?

There are four key features within MAPPA:

# Section 11: Working With The Police - continued

## 1. Identifying offenders to be supervised under MAPPAs

This is generally determined by the offence and sentence and assessed risk.

There are three formal categories:

1. Category One:  
Registered Sex Offenders
2. Category Two:  
Violent or other sex offenders
3. Category Three:  
Other offenders

## 2. Sharing of information about offenders

MAPPA promotes information sharing between all the agencies, resulting in more effective supervision and better public protection. For example:

- ▶ Police will share information that they have gathered about an offender's behaviour from surveillance or intelligence gathering with offender managers
- ▶ Local authorities will help find offenders suitable accommodation where they can be effectively managed

It is very important that victims' needs are represented in MAPPA, resulting in additional measures being applied to manage the risks posed to known victims

## 3. Assessing the risks posed by offenders

Most MAPPA offenders do not present a risk of serious harm to the public. The MAPPA process enables resources and attention to be focused on those who present the highest risks

## 4. Managing the risk posed by individual offenders

MAPPA offenders should be managed at one of three levels. Although the assessed level of risk is an important factor, it is the degree of management intervention required that determines the level:-

### Level One - Normal agency management

Generally offenders managed at this level will be assessed as presenting a low or medium risk of serious harm to others

### Level Two - Local inter-risk agency management

Most offenders at this level are assessed as high or very high risk of harm

### Level Three - Multi-Agency Public Protection Panels (or MAPPPs)

This level relates to those offenders who pose the highest risk of causing serious harm or whose management is so problematic that multi-agency co-operation and oversight at a senior level is required with the authority to commit exceptional resources

## Section 11: Working With The Police - continued

**RESTRICTED**

**AVON AND SOMERSET CONSTABULARY Somerset East Multi-Agency Risk Assessment  
Conference (MARAC) Referral Form**

Lead Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Victim's DOB: \_\_\_\_\_

Victim's Address: \_\_\_\_\_

Perpetrator's Name: \_\_\_\_\_

Perpetrator's DOB: \_\_\_\_\_

Perpetrator's Address: \_\_\_\_\_

Children's Name(s) & DOB(s): \_\_\_\_\_

Address of Children: \_\_\_\_\_

Reason(s) for Referral: \_\_\_\_\_

Background (inc previous convictions): \_\_\_\_\_

Is the victim aware of MARAC Referral? \_\_\_\_\_

Referring Officer and Agency: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

When completed Email to: [Lindsay.macdonald@avonandsomerset.pnn.police.uk](mailto:Lindsay.macdonald@avonandsomerset.pnn.police.uk)

## Section 11: Working With The Police - continued

**RESTRICTED**  
**AVON AND SOMERSET CONSTABULARY**  
**Somerset West MARAC Referral Form**

Lead Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Victim's Name or Alias: \_\_\_\_\_ Victim's DOB: \_\_\_\_\_

Victim's Address: \_\_\_\_\_

Perpetrator Name or Alias and relationship with victim: \_\_\_\_\_

Perpetrator's DOB: \_\_\_\_\_

Perpetrator's Address: \_\_\_\_\_

Children's Name(s) & DOB(s): \_\_\_\_\_

Address of Children: \_\_\_\_\_

Reason(s) for Referral: \_\_\_\_\_

Background and Risk Issues, date of last incident and court details, any bail conditions:

\_\_\_\_\_

Why does this require a multi-agency approach? \_\_\_\_\_

Is the victim aware of MARAC Referral? \_\_\_\_\_

Referring Officer and Agency: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

When completed Email to: [Helen.Vincent@avonandsomerset.pnn.police.uk](mailto:Helen.Vincent@avonandsomerset.pnn.police.uk)

# Section 11: Working With The Police - continued

## Memorandum Of Good Practice

### Sharing Information

Avon and Somerset Constabulary is committed to sharing information with other agencies where this is necessary and proportionate to protect vulnerable adults.

Details of interviews within a joint investigation should be copied and passed to the Community Directorate for inclusion on relevant personnel and social care files. The Police will keep the original copy for disclosure purposes.

At the conclusion of the Police investigation, the Chair of the Strategy Meeting or the local Team Manager will be made aware of the outcome by the investigating Police Officer.

## Working with the Crown Prosecution Service (CPS)

Police gather evidence. Cases are reviewed by the Crown Prosecution Service (CPS) who prosecute all cases in the criminal courts on behalf of the public. The CPS apply the evidential and public interest tests. There must be a realistic prospect of a conviction and it must be in the public interest to prosecute before a case is brought before the courts.

The CPS's specific objectives with crimes involving vulnerable adults are to :

- ▶ Improve prosecutions
- ▶ Increase public confidence
- ▶ Improve safety, support and satisfaction for victims
- ▶ Address any disproportionality.

On information provided by the police, the CPS will apply for Special Measures in cases involving vulnerable adults. Special Measures are described above.

## Section 12: Working with the Ambulance Service

The South Western Ambulance Service provides emergency and urgent care services (GP Out of Hours) to the resident and visiting population of Somerset.

The Service is committed to safeguarding vulnerable adults and has in place a policy and process for the identification of those who are vulnerable and those who may have been subject to abuse or neglect. Staff receive training to help identify and share information in order to safeguard those at risk.

The Service is committed to work with partner agencies to support investigations and Serious Case Reviews where there has been an allegation of abuse.

### Contacts:

Mary Smeaton  
Safeguarding Manager  
01392 261657

Bill Clowery  
Lead Paramedic Safeguarding  
07968478049

## Section 13: Working With The Commission For Social Care Inspection

The Responsible Individual, Registered Manager or senior manager must tell the Commission for Social Care Inspection about any reports of physical, psychological, financial, sexual abuse, neglect, discrimination and self-neglect as soon as possible.

Regulation 37 - Notification of Reportable Events form - must be completed and sent to CSCI without delay. CSCI Inspectors check to see if there are several complaints that might raise concerns about the way a service is being managed.

CSCI:-

- ▶ Are committed to working with other agencies to make sure that people within regulated services are kept safe
- ▶ Recognises that local councils hold lead responsibility for setting up and managing the local Safeguarding Adults Policy
- ▶ Will work together with other agencies to make sure that concerns or allegations of abuse are passed to, and investigated by, the right agency

### What CSCI Can and Cannot Do

CSCI can only use its powers to carry out its responsibilities where a safeguarding alert suggests breaches of regulations (Care Home Regulations 2001) or lack of fitness of a registered person. CSCI will consider what action is needed and work together with other agencies to make improvements.

There are three situations where CSCI will be involved:-

1. Serious risk to life, health and wellbeing. CSCI may consider taking urgent cancellation action. This action may also take place when an investigation is being carried out by a partner agency
2. Referral received by the local council suggests a breach of regulations. CSCI may decide to conduct a random inspection as part of a multi-agency strategy
3. No evidence of serious risk requiring regulatory action. CSCI will make a decision about any other action that may be needed when the results of the investigation, carried out by the partner agency or care provider, are known.

### Information Sharing

CSCI guidance “Sharing Information Gained During Regulatory Activity” allows information to be shared with partner agencies in safeguarding adults investigations

### CSCI’s Involvement in Safeguarding Adults Strategy Meetings

CSCI:-

- ▶ Will attend Strategy Meetings, where necessary
- ▶ Will not Chair or take Minutes at the Strategy Meeting
- ▶ Will be a partner in helping to develop the Safeguarding Adults Care Plan
- ▶ Would expect to receive copies of the Minutes of Strategy Meetings, the Care Plan and Care Plan Monitoring Forms

Will continue to be a member of the Safeguarding Adults Board.

### Safeguarding referrals from CSCI

Where a CSCI inspector wishes to alert Somerset County Council to a safeguarding matter they will make a referral via a dedicated fax line, known as a ‘Safe Haven’ fax. The machine to be used for this is based in Bridgwater and there is a protocol for how information received by this route will be passed to the appropriate Adult Service Managers. Co-ordination of this process is the responsibility of Chris Hamilton, Safeguarding Co-ordinator.

## Section 14: Working With Other Agencies

A form has been developed as a suggested method of recording if adult abuse is witnessed or suspected. It is recognised that agencies may have their own system of recording. If a criminal offence is witnessed or reported, the police should be contacted as a matter of urgency.

Please complete the Alerters Form on the next page. If you are unable to access this form, telephone Somerset Direct on 0845 345 9133.

When the Alert Form has been completed:-

- ▶ Telephone contact should be made with the Duty Social Worker at the relevant local office. Details can be obtained by calling Somerset Direct on the number above
- ▶ Fax or email the completed form to the person you have alerted

The following information is to help care agencies to understand what might happen after an adult protection concern/alert is raised about a vulnerable adult they are involved with:-

**Adult protection concern raised involving vulnerable adults in care settings or receiving care from a domiciliary care service**



**Safeguarding Vulnerable Adult Strategy Meeting or discussion takes place, led by the Community Directorate**

Multi agency professional representatives invited;

The Referrer may be invited to all or part of the Strategy Meeting

Decision made about Actions, Investigation and/or Assessment

Level of risk agreed



Service provider advised of agreed actions

These may include:

### **a) Investigation**

- ▶ If police involved, criminal investigation has the lead. In normal circumstances, internal investigations or assessment will be

undertaken by the provider. In some cases the investigation may be undertaken by the Community Directorate, Health, or Commission for Social Care Inspection

### **b) Assessment**

- ▶ Scope of alleged abuse and impact on other service users

### **c) Related Risk Assessment**

- ▶ Actions taken to deal with identified risks and other risk assessment as agreed. Is referral to POVA required?



### **Safeguarding Adults Monitoring and Review**

Feedback of the outcome of investigation/assessment

Level of risk reviewed and any further action agreed/recommended

Safeguarding Adults Care Plan for service user(s) agreed



Outcome of the investigation/assessments explained and decision regarding the need for any further action(s) to take place

Actions from the Safeguarding Adults Care Plan are identified for the service



Relevant people advised of the outcome of the investigation/assessment if finished

Monitor and review using the Safeguarding Adults

Care Plan Monitoring Form

# Section 14: Somerset Safeguarding Adults Alert Form

When this Alert Form has been completed:-

- During office hours, telephone contact should be made with the Duty Social Worker at the relevant local office. Details can be obtained by calling Somerset Direct on 0845 345 9133
- Fax or email the completed form to the person you have alerted
- Out of office hours, telephone contact should be made with the Emergency Duty Team on 01458 253241. Ask for details of where the completed Alert Form should be faxed or emailed

Agency/Service Raising the Alert	Contact Name and Address	Phone No.	Date Reported Who to/How

Name of Service User	Address	Phone No.	Date of Birth	ID Number
Ethnicity	Gender			
Next of Kin	Address	Phone No.	Relationship	
Social Worker	Team Base	Phone No.	Fax. No./Email	G.P.

**Type of Abuse (Please tick all relevant categories below)**

Physical	Psychological	Sexual	Financial	Neglect	Discriminatory

Where did the alleged abuse take place? (Please record any details known)

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## Section 15: Information Sharing

### Why do we need to share information?

Information is shared to:-

- ▶ Safeguard and promote the welfare of vulnerable adults
- ▶ Identify patterns of abuse over time
- ▶ Make services better
- ▶ Improve the quality of the service
- ▶ Protect staff

### How Much Information Should Be Shared?

Information should be shared on a 'need to know' basis. Only share enough information to achieve the necessary outcome. Where sharing fact and opinion it should be made clear which is which.

If a vulnerable adult has agreed to information being shared, only this information should be given and no more.

### Consent:

Informed consent is permission given by the vulnerable adult or a person acting in their best interests who understands why particular information needs to be shared, who will use it and how, and what might happen as a result of sharing or not sharing the information

Consent is permission given by the vulnerable adult or a person acting in their best interests to share information about them

### Rules To Sharing Information Within An Agency:

- ▶ The welfare of the vulnerable adult must be the first consideration in all decision making about information sharing
- ▶ Professionals can only work together to safeguard and promote the welfare of vulnerable adults if they share relevant information
- ▶ Only share as much information as is needed to make a decision – but share enough to achieve the purpose for which information is being shared

- ▶ It is good practice to get consent to share information every time. The exception to this is where a professional has a duty to share the information, eg:-
  - Where someone would be put at risk of serious harm, or
  - A Police investigation into a serious offence would be damaged
- ▶ You should make sure people know what is happening to their information and that they have the right to see it if they ask to do so

### Sharing Information Between Agencies

There is little difference in the rules about sharing information in an agency or with another agency. The person giving consent might think that the information will not be shared with other agencies. It is always good practice, therefore, to tell them.

If someone has asked for something confidential to be kept from others within an agency a decision has to be made about whether it is serious enough for information to be shared with someone else.

### Sensitive And Non-Sensitive Information

The Law defines sensitive personal information as information about the person's:-

- Physical or mental health or condition
- Racial or ethnic origins
- Political opinions
- Membership of a trade union
- Religious beliefs
- Sexual life
- Criminal offences

Any other information that identifies a person is non-sensitive information.

## Section 15: Information Sharing - continued

If you do not have consent there are different rules for when you can share sensitive and non-sensitive information

If none of the reasons below for sharing information apply, you must get consent before sharing information:-

### Rules for Sharing Sensitive Information Without Consent

If you are considering sharing sensitive information without consent, make sure that one of the following applies. When:-

- ▶ It is necessary to protect someone's 'Vital Interests' and the person to whom the information relates lacks the capacity to consent (see Mental Capacity), OR if they are unreasonably withholding consent OR if consent cannot reasonably be expected to be obtained 'Vital interests' generally applies to life and death situations and serious and immediate concerns for someone's safety
- ▶ It is necessary to perform a legal duty given to an agency under an Act of Parliament, eg, the prevention of crime, Sectioning under the Mental Health Act
- ▶ It is necessary to establish, exercise or defend legal rights. This includes rights under the Human Rights Act 1998. (This is mainly used by Solicitors when they are preparing a case)
- ▶ It is in the 'Substantial Public Interest'. (This would include, eg a voluntary or community agency who have information that someone may be at risk of harm) **and** necessary to prevent or detect an unlawful act **and** obtaining consent would prejudice those purposes

### Rules for Sharing Non-Sensitive Information Without Consent

If you are considering sharing non-sensitive information without consent, make sure that one of the following applies. Where:-

- ▶ The information does not allow the individual to be identified, eg, in requesting a second opinion/general advice about the availability of services or future actions or sharing statistical information
- ▶ The need to protect the person's 'Vital Interests' overrides the need for confidentiality
- ▶ It is a requirement of a Court Order which is made available
- ▶ It is necessary to help detect or prevent a crime
- ▶ It is necessary in order to perform a legal duty given to an agency under an Act of Parliament
- ▶ It is necessary to perform a public function undertaken in the public interest, eg, voluntary or community agency have information that would promote an adult's welfare

The person should be told before the information is shared, unless:-

- ▶ This would place someone at risk
- ▶ Prejudice a Police investigation
- ▶ Lead to unreasonable delay

If one of these applies, let the person know the information has been shared as soon as it is safe and possible to do so

### Protecting Staff And Other Service Users

A staff member or another service user might be put at risk if the information is shared between agencies or agencies. In these cases, a risk management strategy and line management support must be in place.

## Section 15: Information Sharing - continued

### How to Share Information:

Make sure that:-

- ▶ Information is given to the right person
- ▶ The person understands the information is confidential and knows what to do with it
- ▶ A record is kept of what has been shared, when and with whom, and why. This should be noted on case records
- ▶ Correspondence is marked 'Private and Confidential for Addressee Only' or similar
- ▶ The addressee is aware that the information is being sent and is asked to tell us when they have received it
- ▶ The following should be noted if information is asked for over the telephone:
  - The name, job title, department and agency of the person making the request
  - Reason for the request
  - Main switchboard telephone numberCheck whether information can be provided. If in doubt the person who is asking for the information should be phoned back Information must only be provided to the person who has asked for it. Record all detail
- ▶ Make sure that the way information is shared respects the dignity of the person, eg do not share information in a public area

### Information Sharing Checklist

Before sharing personal information ask yourself:-

#### About Your Right to Share the Information:

- ▶ Do I already have informed consent to share this information?
- ▶ Is the information sensitive personal information?
- ▶ Do I need consent to share the information?
  - Do I have a legal duty or power to share the information?
- ▶ Whose consent is needed? Whose information is it?
- ▶ Would seeking consent or informing about sharing information place someone at risk, prejudice a Police investigation or lead to unreasonable delay?

- ▶ Does the person who is giving consent understand the possible results of sharing the information?
- ▶ Would sharing the information without consent cause more harm than not sharing the information?

#### About the Information You are Sharing:

- ▶ How much information is it necessary to share in this situation?
- ▶ Have I separated out fact and opinion?
- ▶ Do I need to check with someone else who told me this information or wrote this report before I share it?

#### About the Person You Are Sharing Information With and How You Are Sharing It:

- ▶ Am I giving this information to the right person?
- ▶ Am I sharing this information in a safe way?
- ▶ Does the person I am giving it to know it is confidential?
- ▶ What will they do with it?

#### After Sharing Information Ask Yourself:

- ▶ Does the person know that the information has been shared? (Where this would not place someone at risk or prejudice a Police investigation)
- ▶ Have I recorded what has been shared with whom and why on case records?

## Section 16: Employing A Safe Workforce

To make a safe workforce when recruiting and retaining staff the following should be in place:-

### **Things to do before someone starts working with vulnerable adults:**

- ▶ Two satisfactory references are given and these are checked with the person providing the information
- ▶ Seek medical clearance
- ▶ Carry out a satisfactory Protection of Vulnerable Adults (POVA) check
- ▶ Carry out a Criminal Record Bureau check.
- ▶ Where a trace has been identified measures are put in place to make sure that tasks that the person is not allowed to do are written down
- ▶ Any previous disciplinary action against the applicant, written on the application form, is discussed with the applicant and his/her previous employers
- ▶ Any gaps in employment history, noted on the application form, are discussed and satisfactory reasons are given during the interview process. These reasons must be recorded

### **Making sure your staff are still safe to work with vulnerable adults:-**

- ▶ Regular monitoring of the workforce to make sure there is opportunity for staff to share any new:
  - Disciplinary action in another employment
  - Criminal conviction or Police Caution
- ▶ A disciplinary system that is thorough and clear that people can follow
- ▶ Sharing the results of disciplinary actions to a second employer if this employment involves working with vulnerable adults or children

## Section 17 - Protection Of Vulnerable Adults Scheme (POVA) and the Independent Safeguarding Authority (ISA)

This summary provides an overview of the main issues in the POVA guidance and their implications for practice. We strongly recommended that all care providers read the full guidance and where necessary consult their legal advisor about their responsibilities in particular cases, if these are not clear.

### Introduction

The POVA Scheme, as set out in part V11 of the Care Standards Act 2000 came into force on a phased basis on 26th July 2004. It acts as a workforce ban on care workers who have harmed, or placed at risk of harm, vulnerable adults (whether or not in the course of their employment). It is a criminal offence for anyone on the POVA list to apply for a care position. Anyone entered onto the POVA list may also be added to the POCA list if it is considered that they also pose a risk to children.

A POVA check is part of the Criminal Records Bureau (CRB) process for workers caring for vulnerable adults. In situations where the recruitment of staff is very urgent to meet the statutory staffing requirements of the service there is provision for a 'POVA First' check to be carried out through the CRB, only when an application for the CRB check for the individual has already been made.

### Who does POVA apply to?

There is a statutory requirement on employers who are planning to employ a care worker to check whether that person is included in the POVA list. This includes both paid and unpaid workers.

The POVA list will be checked by CRB for staff who are going to work in care services or when changing employers.

#### POVA applies to:

- ▶ Care workers in registered care homes, including those provided by agencies. It applies to people in care positions where they have regular access to residents
- ▶ Care workers of registered domiciliary care agencies and businesses, who are employed

- ▶ to provide personal care
- ▶ Workers in Day Centres
- ▶ The Council's Social Workers and Care Managers
- ▶ Volunteers who are under contract to work with registered services.
- ▶ Regulated adult placement carers

#### It does not apply to:

- ▶ People who are self employed, volunteers and informal helpers who are not under a contract and do not have any other arrangements with the providers of care
- ▶ Individuals who are directly "employed" by service users living in the community through direct payments. However, it is good practice to advise the service user to undertake thorough recruitment checks

#### Who will be on the POVA list?

The POVA process places a duty on employers (including care agencies) to refer a care worker to POVA for possible inclusion on the list if, through their misconduct (action or inaction), they harmed or placed at risk of harm a vulnerable adult (whether or not in the course of employment).

There are two lists:-

- ▶ One is a provisional list for care workers who have been suspended under investigation and where dismissal is a serious possibility
- ▶ The other is a permanent list. To be referred to the permanent list, the harm must have been serious enough for the employer to dismiss the care worker or transfer him/her to a non-care position.

The list will include people who have:

- ▶ Been dismissed for misconduct where harm to a vulnerable adult was an issue

## Section 17 - Protection Of Vulnerable Adults Scheme (POVA) and the Independent Safeguarding Authority (ISA) - continued

- ▶ Resigned or been made redundant where the employer would have considered dismissing them if the former had not happened
- ▶ Been transferred to a non-care position where misconduct, eg harm, has been an issue
- ▶ Been suspended or moved to a non-care role while the issues are being considered

A person whose name has been on the provisional list for more than 9 months may have the decision about their name being included decided by the Care Standards Tribunal instead of the Secretary of State. If they have also been included on the POVA list they can ask the Tribunal to decide if they should stay on this list.

If a person has current civil or criminal proceedings about allegations of misconduct, they cannot apply to a Tribunal for their name to be taken off the provisional list until six months after the Tribunal has made its decision.

It is the responsibility of the employer to inform the Community Directorate about the decision POVA has reached regarding the referral.

### **Employees who have been dismissed or considered for dismissal**

This explains what employers should do about employees who have left employment after the POVA scheme came into force. You may refer the person to the POVA list if the investigation has been completed or could not be completed because the care worker left the employment before the investigation was finished and the decision is that the worker would have been dismissed or dismissal would have been considered.

Although the employer is not required to refer care workers who left their position before POVA was implemented, the guidance allows for a referral to be made in the interests of the protection of vulnerable adults. This is only when dismissal was a real possibility. In order to make such a referral all the information listed in POVA Guidance Section 68 must be made available to POVA.

### **The Role of the Commission for Social Care Inspection**

(POVA Guidance Section 63)

The CSCI have a legal power to refer individuals to be considered for being included on POVA where they have evidence of actions where a vulnerable person was put at risk and has not previously been referred to POVA. This might apply where the registered persons themselves should be referred to be included on the POVA list where they provide direct care. The main responsibility however, is with providers of care (and employment agencies and businesses) under the Act for making referrals to POVA.

### **Referral of individuals from certain inquiries** (POVA Guidance section 64 to 66)

When relevant inquiries, as listed in subsection 85(7) of the Care Standards Act 2000, are carried out and find evidence that a care worker was guilty of misconduct, which harmed or placed at risk of harm a vulnerable adult, the Secretary of State will consider their inclusion on the POVA list.

### **Referral following police charges** (POVA Guidance section 67)

A referral to the Secretary of State should be made in circumstances where a care worker has been suspended, dismissed or resigned after having been charged by the police with offences against vulnerable adults, and is awaiting the results of the criminal investigation or trial.

### **Action after POVA have received an application for a care worker to be listed**

POVA will provide any care worker who has been referred by their employer or CSCI with full details and usually a copy of the information that has been sent. They will have 28 days to write back or tell POVA that they intend to write back within a reasonable time. The Secretary of State will make a decision whether to include the care worker on The POVA list based on all the evidence received.

# Section 17 - Protection Of Vulnerable Adults Scheme (POVA) and the Independent Safeguarding Authority (ISA) - continued

## Definitions

### Personal Care

The definition of personal care in the guidance is described in the Domiciliary Care National Minimum Standard (DOH 2003). It defines four main types of care:

- ▶ Assistance with bodily functions such as eating, bathing and toileting
- ▶ Care which falls just short of assistance with bodily functions, but still involves physical and intimate touching, including activities such as helping a person to get out of a bath and assistance with dressing
- ▶ Non-physical care, such as advice, encouragement and supervision relating to the above, such as prompting a person to take a bath and supervising them during this
- ▶ Emotional and psychological support, including the promotion of social functioning, behaviour management, and assistance with cognitive functions. This may mean supporting the person to manage their behaviour, learn new skills and be part of their community

### Role of councils

#### The guidance encourages local councils with social services responsibilities:

POVA Guidance Section 21 reminds local councils and partner agencies that their local Safeguarding Adults multi-agency policies and procedures should provide the foundations for local approaches to adult abuse. That POVA supports local councils and other providers of care to protect vulnerable adults from harm. It adds the requirements:-

- ▶ To review and strengthen, where necessary, the work of the local Safeguarding Adults Board
- ▶ Make sure through local programmes for learning and development that staff who manage, develop or provide services for vulnerable adults are aware of local multi-agency policies and procedures
- ▶ Review and help to raise levels of awareness about abuse, and what to do if abuse is

happening or is seen amongst service users and the general public

- ▶ Local councils should also make sure that all other local policies that affect service provision are informed by, and relate to, the multi-agency Safeguarding Adults policies and procedures, for example, in the single assessment process for older people, councils and their NHS partners should make sure that issues of safety – including harm from abuse and neglect – are discussed in private with the service users or older people seeking help

### Implications for Safeguarding Adults Practice

- ▶ Only the employer or CSCI may report a person to the POVA list
- ▶ The Community Directorate, as the co-ordinators of the adult protection process, will normally hold the full records of the case. If a care worker is believed to have been responsible for abuse, the Safeguarding Adults paperwork including:-
  - Full details of investigations carried out
  - Statements
  - Minutes of meetings
  - Notes of disciplinary hearings
- ▶ Results of multi-agency work may need to be made available to the employer (if they are not implicated in the adult protection concerns). If the employer is implicated or is reluctant to pass information to POVA then the regulatory body CSCI will carry out this task
- ▶ Where records from the Community Directorate need to be passed to the employer/ CSCI, it will be necessary to remove information that would identify the person or otherwise protect as confidential, the names of referrers, victims, whistleblowers and third parties who may be harassed if their details are made available to the person being reported to the POVA process. The Secretary of State may request further information in order for a decision to be made
- ▶ The person being reported to POVA may challenge the way that the process has been followed and the final decision

## Section 17 - Protection Of Vulnerable Adults Scheme (POVA) and the Independent Safeguarding Authority (ISA) - continued

- ▶ POVA Guidance does not say anything about the Data Protection Act
- ▶ POVA will not be a complete record of people unsuitable to work with vulnerable adults. A very large number of people in daily contact with vulnerable adults as part of their role are not included in the provisions of POVA

### Responsibility of the Community Directorate in relation to POVA

- ▶ The Team Manager, with the Senior Manager, hold responsibility for checking that a referral to POVA has been made by the employer
- ▶ If the employer is reluctant or refuses to make the referral, this should be reported to CSCI who will take responsibility for following this up with the employer
- ▶ This information should then be recorded in the Safeguarding Vulnerable Adult papers for the service user(s) who was the subject(s) of the Safeguarding Adults case

### The Independent Safeguarding Authority (ISA)

A recommendation from the Bichard Inquiry undertaken after the Soham murders stated that new arrangements should be introduced requiring that those who wish to work with children or vulnerable adults are registered. The register will confirm that there is no known reason why an individual should not work with vulnerable people.

The new arrangements will be introduced from 12 October, 2009 and will be phased in over a five year period.

The ISA will hold two separate but associated lists of those barred from working with a) children and b) vulnerable adults. These will replace the existing List 99, POCA (Protection of Children Act) and POVA (Protection of Vulnerable Adults) Lists. Those on the barred lists will not be able to register with the ISA and, therefore, will not be able to work with children or vulnerable adults.

Before an individual can start work the employer will have a statutory requirement to check if the individual is registered with the ISA. From 12 October, 2009 it will be a criminal offence to employ someone to work with children or vulnerable adults who is not registered. This covers both paid and unpaid (voluntary) work/activities.

Presently when a CRB check is requested, the check is a 'snapshot' of an individual's history on a specific date in time. The ISA will introduce continuous checking. When new information, such as a conviction, caution or referral from an employer, becomes known about an individual already registered with the ISA, the Authority will review its original decision not to bar. If an employer has registered an interest in that individual and their registered status changes, the ISA will notify the employer. The employer will not, however, receive details of the offence(s) or referral.

Once individuals have registered with the ISA, future employers will be able to check their registered status online and free of charge. However, CRB checks will still be required to provide information that may make an individual unsuitable for certain posts even though they are not barred from working with vulnerable groups.

As with current arrangements, certain organisations will have a legal duty to refer relevant information about individuals. Under the terms of the new vetting service, this information will be referred to just one organisation (the ISA), making collation more effective and other employers, service providers and individuals will have the opportunity to make referrals.

### The Registration Process

Registration to the ISA will be administered by the Criminal Records Bureau, and individuals will be required to apply for an Enhanced CRB check in order to register. New application forms are presently being produced by the CRB which will include the request for registration.

## Section 17 - Protection Of Vulnerable Adults Scheme (POVA) and the Independent Safeguarding Authority (ISA) - continued

There will be an additional registration fee payable on top of the existing Enhanced CRB fee. All those presently working with children or vulnerable adults, including those with an existing CRB clearance, will be required to apply for a new check. Volunteer registration will (in line with CRB checks) be free. However, should that volunteer subsequently be employed the registration fee will then be payable.

The registration process will be phased in over a five year period. Those new to the workforce, or changing jobs after the scheme is introduced, will be required to register first, followed by those with no clearance or a very old clearance, and then those who have been more recently cleared. Further details of how this will be managed are, as yet, unavailable.

As membership to the scheme is fully portable between employers, recruitment timescales should not be detrimentally affected in the long term. However, those who have previously not worked with either children or vulnerable adults (or those that move jobs in the initial stages after the scheme is introduced) will need to be checked prior to taking up either paid or voluntary work. It will be a criminal offence for an employer to allow an individual who is not yet registered with the ISA to work for any period of time in a position that requires registration. It will, therefore, be crucial to ensure CRB applications/registration requests are accurately completed as soon as possible after a preferred candidate has been selected during a recruitment exercise.

### **'Regulated' and 'Controlled' Activities**

The Safeguarding Vulnerable Groups Act 2006 identifies the activities that require an individual to be registered and differentiates between those defined as either 'regulated' or 'controlled'.

Regulated Activity is:

- ▶ Any activity of a specified nature that involves contact with children or vulnerable adults frequently, intensively and/or overnight (such activities include teaching, training, care, supervision, advice, treatment and transportation).
- ▶ Any activity allowing contact with children or vulnerable adults that is in a specified place frequently or intensively (such places include schools and residential units).
- ▶ Fostering and childcare.
- ▶ Any activity that involves people in certain defined positions of responsibility (such as school governors, corporate directors of CYPD and Community).

Regulated (and 'controlled') activity' is when the activity is 'frequent' (once a month or more) or 'intensive' (takes place on three or more days in a 30 day period).

Controlled Activity is:

- ▶ Frequent or intensive support in general health settings and further education settings (such work includes cleaners, caretakers, catering staff and receptionists).
- ▶ Individuals working for specified organisations (e.g. a local authority) who have frequent access to sensitive records about children and vulnerable adults.
- ▶ Support work in adult social care settings (such jobs include day centre cleaners and those with access to social care records).

Controlled activity differs from regulated activity in that an employer can permit a barred individual to work in a controlled activity as long as there are sufficient safeguards put in place which are regularly reviewed. It is, however, still a criminal offence for an employer to take on an individual in a controlled activity without checking that individual's status.

## Section 18: Somerset Safeguarding Adults Training

The training programme is in four main sections.

LEVEL/ DURATION	COURSE TITLE	TARGET GROUP
Level A(i) Half day	Adult Protection Awareness	All new Community Directorate Staff
Level A(ii) 1 day	Recognition and Responding to Abuse	All Staff working with vulnerable adults. May be used as 'refresher' course for current Staff, or as an extension to the Induction session
Level B 2 days	Investigative Skills Across Agencies	All Health & social Care Staff expected to lead/be involved in Adult Protection investigations
Level C 2 days	Decision Making in the Adult Protection Process	Health and Social Care Managers and staff responsible for leading or co-ordinating adult protection work in their Teams, Localities or Areas

### Level A 'Recognition and Responding to Abuse'.

Part A is designed to raise awareness about abuse and specifically the need to respond appropriately and report concerns.

- A(i) is part of the Community Directorate Induction Course, and lasts half a day
- A(ii) is a day long event, covering similar ground, but with more participation of students and group work.

### Level B 'Investigative Skills'

Part B is designed as a multi-agency training programme. Specific areas covered are:-

- Understanding evidence on frequency and risk
- Developing the skills to plan and conduct investigations
- Understanding how to work effectively across agencies and professional groups
- Best practice in gathering and managing evidence
- Working effectively with the Police on criminal investigations.
- Developing investigation interviewing skills (non-criminal investigations)

### Level C 'Decision Making in the Adult Protection Process'

Part C is designed for Health and Social Care Managers and staff responsible for leading or co-ordinating adult protection work in their Teams, Localities or Areas:-

- Reviewing models and approaches to decision-making and accountability
- Effective decision making in planning and Strategy Meetings
- Developing skills and capacity to manage the Adult Protection process
- Following the Somerset Safeguarding Adults Policy and Procedure
- Managing evidence and implementing protection planning
- Developing user-centered approaches

## Section 18: Somerset Safeguarding Adults Training - continued

### **Level D Training for Members of Safeguarding Adults Board**

Level D is designed to provide specific training around relevant topics for members of the Safeguarding Adults Board. There are no immediate plans for sessions

### **Training for the Independent, Voluntary and Private Sectors**

The Level A Programme is delivered together with Care Focus through the Learning and Development Team based at County Hall, Taunton. A training pack that can be used by individual homes/services, including DVD material, is also available on loan. The Learning and Development Team will provide instruction to trainers on how to use the pack, on a demand led basis.

For more information on Somerset Safeguarding Adults training click here:

<http://enterprise.somerset.gov.uk/ssintranet/Shared/VulnerableAdults/SafeguardingAdults.asp>

If you would like to print this document with a larger text size, please select **File**  **Print** from the menu bar.

A print window will open.

Click on the **Properties** button and select the **Effects tab** from the new pop-up window.

Increase the **% of Normal Size** to more than 100 (according to need) and click **OK** in both pop-up windows.

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# Safeguarding **Adults**

Safeguarding Adults Tool Kit  
for Community Directorate  
Team Managers

Revised September 2008

# Introduction

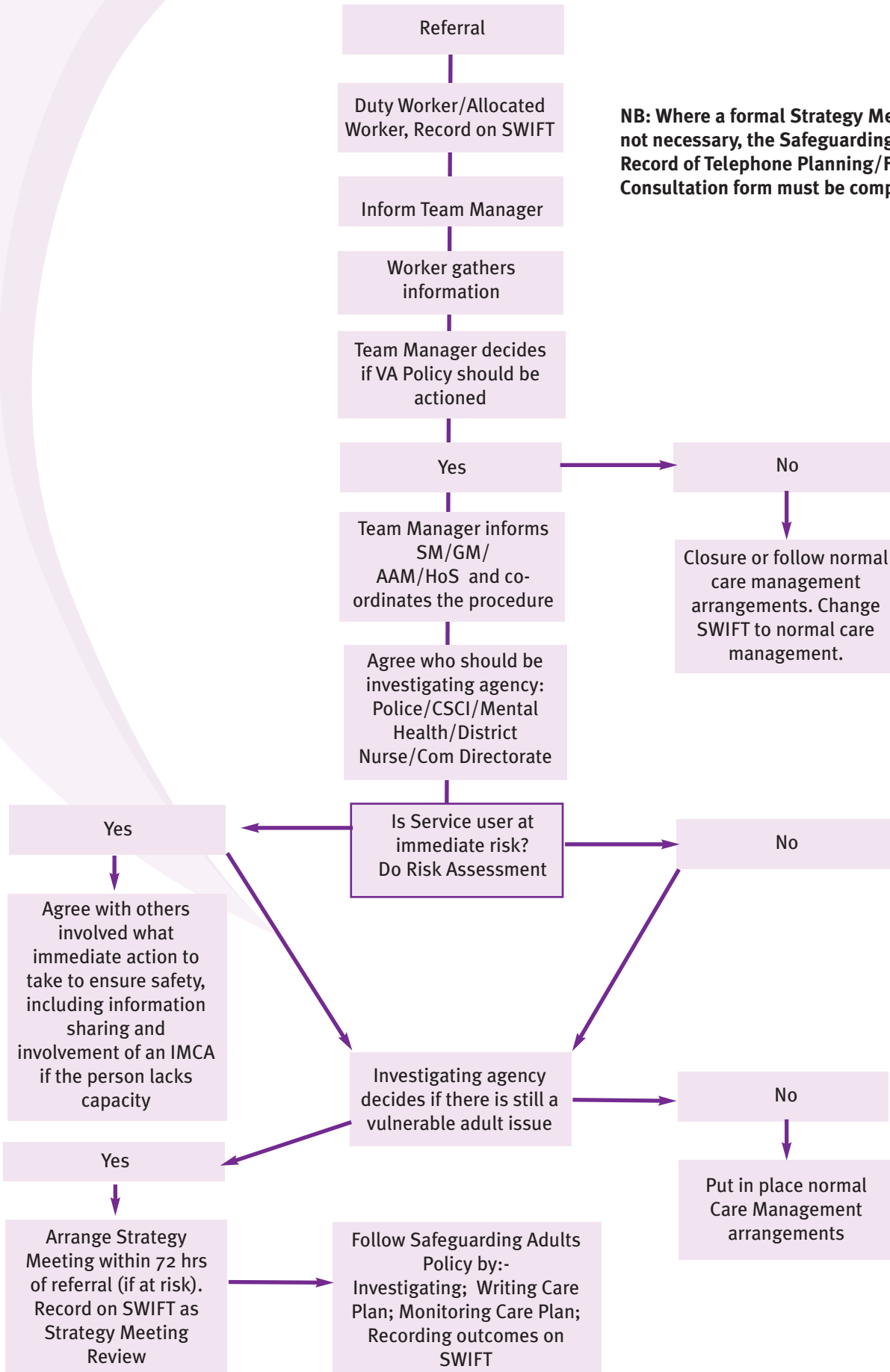
This Tool Kit has been developed to support managers who are responsible for leading on adult protection. It also provides guidance about the process you should use to make a report if you suspect abuse of a vulnerable adult and who this should be reported to.

It contains:

- ▶ Alert Flow Chart and guidance about using the Flow Chart
- ▶ Risk Assessment
- ▶ Senior Managers' Checklist
- ▶ Record of Telephone Planning Meeting/Initial Consultation
- ▶ GP Alert Form and Flowchart
- ▶ Safeguarding Adults Strategy Meeting Planning Checklist
- ▶ Meeting ground rules
- ▶ Agenda template
- ▶ Minute Taking Good Practice Guidance
- ▶ Minute template
- ▶ Safeguarding Adults Care Plan
- ▶ Safeguarding Adults Care Plan Monitoring Form

Copies of the forms contained within this Tool Kit can be found on the Intranet.

# Section 19 Safeguarding Adults Alert Flow Chart



**NB: Where a formal Strategy Meeting is not necessary, the Safeguarding Adults Record of Telephone Planning/First Consultation form must be completed**

## Section 19 Guidance About Using The Safeguarding Adults Alert Flow Chart

### **Duty /Allocated Worker Records On Swift:**

See SWIFT Safeguarding Adults Business Process Model (BPM)

### **Inform Team Manager:**

Team Manager will decide to whom the case will be allocated

### **Worker Gathers Information:**

This will include:-

- ▶ general information
- ▶ any previous known contact with the Department
- ▶ any information from health, including GPs, Out of Hours and Ambulance Service
- ▶ checking on RIO for contacts

Team Manager Decides If Safeguarding Adults Policy Should Be Actioned:

If there is uncertainty the policy must be followed. This will make sure that any other relevant agencies are involved in the process and their views sought on any decisions made.

Team Manager Informs SM//GM/Ass Area Manager and, where relevant, the Head of Service or Director, and Co-ordinates The Process:

The Head of Service or Director should be informed if there is likely to be a major impact on the Directorate, for example if there is to be a potential home closure, press interest or high public profile

Decide who you need to include and how they will be involved, for example, formal meeting, phone call, email

Decide on timescales

### **Agree Who Should Investigate:**

Team Manager, with their Line Manager, will agree who is the most appropriate to lead the investigation. Care should be taken not to spoil or interfere with any evidence if an investigation by the police may be required. Find someone to support the service user that knows him or her well, if this is not possible consider appointing an advocate. Inform other relevant agencies, for example, CSCI if they are not leading the investigation.

### **Is The Service User At Immediate Risk?:**

Assess the risk to the service user using the Somerset Safeguarding Adults Risk Assessment. As a result of the Risk Assessment, determine whether the service

user should be removed from the setting where the suspected abuse took place.

### **Undertake Formal Assessment/Investigation:**

Team Manager to identify:-

- ▶ where to meet the service user
- ▶ if the service user has any specific communication needs that you need to be aware of
- ▶ the key areas to look at during the assessment/investigation
- ▶ what will you be looking for
- ▶ what you want to get out of the assessment/investigation

### **Is There Still A Safeguarding Issue?:**

You will need to decide from the information gathered during the assessment/investigation if there is still a safeguarding issue, could other arrangements be put in place to safeguard the vulnerable person.

### **Agree With Others What Immediate Action To Take:**

Either remove the service user from the setting where the alleged abuse took place or remove the person accused. Consider if any information needs to be shared with other agencies. Also consider contacting the IMCA Service if the person lacks capacity.

### **Arrange Strategy Meeting:**

Follow the Safeguarding Adults Tool Kit Agenda and Minute templates and recording documents.

### **Record Outcome On Swift**

#### **Safeguarding Adults Telephone Planning/First Consultation**

This form should be used to record all telephone discussions about a safeguarding adults issue where a decision is made not to hold a formal Strategy Meeting.



## Section 19 Senior Manager Checklist

The Senior Manager has responsibility for decision-making but may delegate to the Team Manager. To make this partnership work effectively, the Team Manager must keep the Senior Manager informed regularly.

The Team Manager is responsible for the co-ordination and management of an adult protection case and will normally chair any meetings. However, more complex cases may be chaired by the Senior Manager.

The Team Manager, with the Senior Manager, delegates the task of assessment/investigation to an appropriately trained and experienced staff member who will report back to the Team Manager.

The person undertaking the investigation will be called the Investigating Officer. A senior manager, not directly involved with the case, will provide support to the Investigating Officer. Investigating Officers will work with Human Resources for advice and support.

Details of the Team Managers' responsibilities following the disclosure are included in the Safeguarding Adults Alert Flowchart

The Senior Manager's overall responsibilities, which may be delegated to the Team Manager, include:-

- ▶ Receiving initial adult protection paperwork, carrying out necessary checks with other agencies and agreeing emergency action to protect the vulnerable adult(s) arising from the Risk Assessment/s undertaken
- ▶ Keeping a record where it is decided that sharing information is required between agencies
- ▶ Making sure a formal referral is made to Children and Young Peoples' Services where any possible risk to children is identified
- ▶ Making sure that where there is a completed Safeguarding Adults Alert Form this is stored on the file and a record has been placed on SWIFT
- ▶ Working with the Strategic Services Partnership Team (Contracts), where appropriate, and deciding with them whether any action is needed concerning the contract either before, during or after the investigation or Strategy Meeting has taken place
- ▶ Working with CSCI and the Police, where appropriate, to make sure they are fully involved
- ▶ Liaising with Health professionals, including the Ambulance Service, where required
- ▶ Informing the GP (using the Safeguarding Adults GP Alert Form)
- ▶ Chairing planning meeting, Strategy Meetings and reviews
- ▶ Making sure that any discriminatory issues are addressed
- ▶ Making sure that, where appropriate, placing authorities are informed of adult protection issues of concern in a care home or day care setting that might affect their clients. This will enable them to be involved in meetings and assessments
- ▶ Making sure that a complete record of all contacts, meetings, phone calls, interviews and decisions are kept in the closed/restricted part of the client's file
- ▶ Where it has been decided that no further action is needed at any time in the adult protection process, make sure that all relevant people and/or agencies are informed of this decision, including the vulnerable adult, family, carer(s) and the person making the referral. The reasons for the decision must be recorded either on the Strategy Meeting Minutes or the Record of Telephone Planning/Initial Consultation form. If the vulnerable adult, family, carer(s) or any professional staff have concerns about this decision they should record their concerns, in writing and the Head of Service must be informed
- ▶ Making sure you record the decisions taken from discussions with other agencies or departments or during a formal or informal planning meetings
- ▶ Making sure that any assessment/investigation carried out with or without the support of other agencies is fully recorded and that there is a written summary of the findings on which to base decisions
- ▶ Making sure that decisions taken at the Strategy Meeting are minuted, using the Minute template as a guide and that the minutes contain full information about the decisions made, with references also being made to Risk Assessment actions

## Section 19 Senior Manager Checklist - continued

- ▶ Making sure that the minutes of meetings are sent to those who were at, and those who were invited to the meeting
- ▶ Deciding what information will be made available to the employer or other agencies to enable them to carry out their legal duties
- ▶ Making sure that a Safeguarding Adults Care Plan is agreed and recorded in the vulnerable adult's file and the Safeguarding Adults Care Plan: Monitoring Form is completed and used to monitor progress
- ▶ Making sure that any disagreement with the decisions taken at meetings is recorded and discussed with a senior manager as a matter of urgency
- ▶ Making sure that any Lessons to be Learned following a Somerset County Council investigation are discussed with senior managers and incorporated into practice, where appropriate
- ▶ Making sure that, where appropriate, post abuse support/counselling is available to enable service users to recover from the abuse or deal with any issues which continue to cause them or their carers concern.
- ▶ Making sure appropriate feedback is given to all relevant people and agencies, including the person making the referral
- ▶ Making sure that any innocent "whistle-blowers" are not punished for reporting abuse and, if necessary
  - Writing a brief letter to give to them or future employers to record their action in supporting the protection of vulnerable adult(s).
- ▶ Making sure that the case is monitored using the Safeguarding Adults Care Plan Monitoring Form
- ▶ Reviewing individual cases from time to time to determine if any lessons can be learned
- ▶ Making sure that appropriate multi-agency support takes place for staff who have worked with complex and distressing cases

## Section 19 Safeguarding Adults Record of Telephone Planning/First Consultation

The Team Manager or the person who is investigating a vulnerable adult concern must fill in this form when it is agreed that a formal Strategy Meeting is not necessary. Any Risk Assessments undertaken must be attached to this form

Name of Vulnerable Adult: \_\_\_\_\_

Name of Person Completing this Record: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Area of Concern:

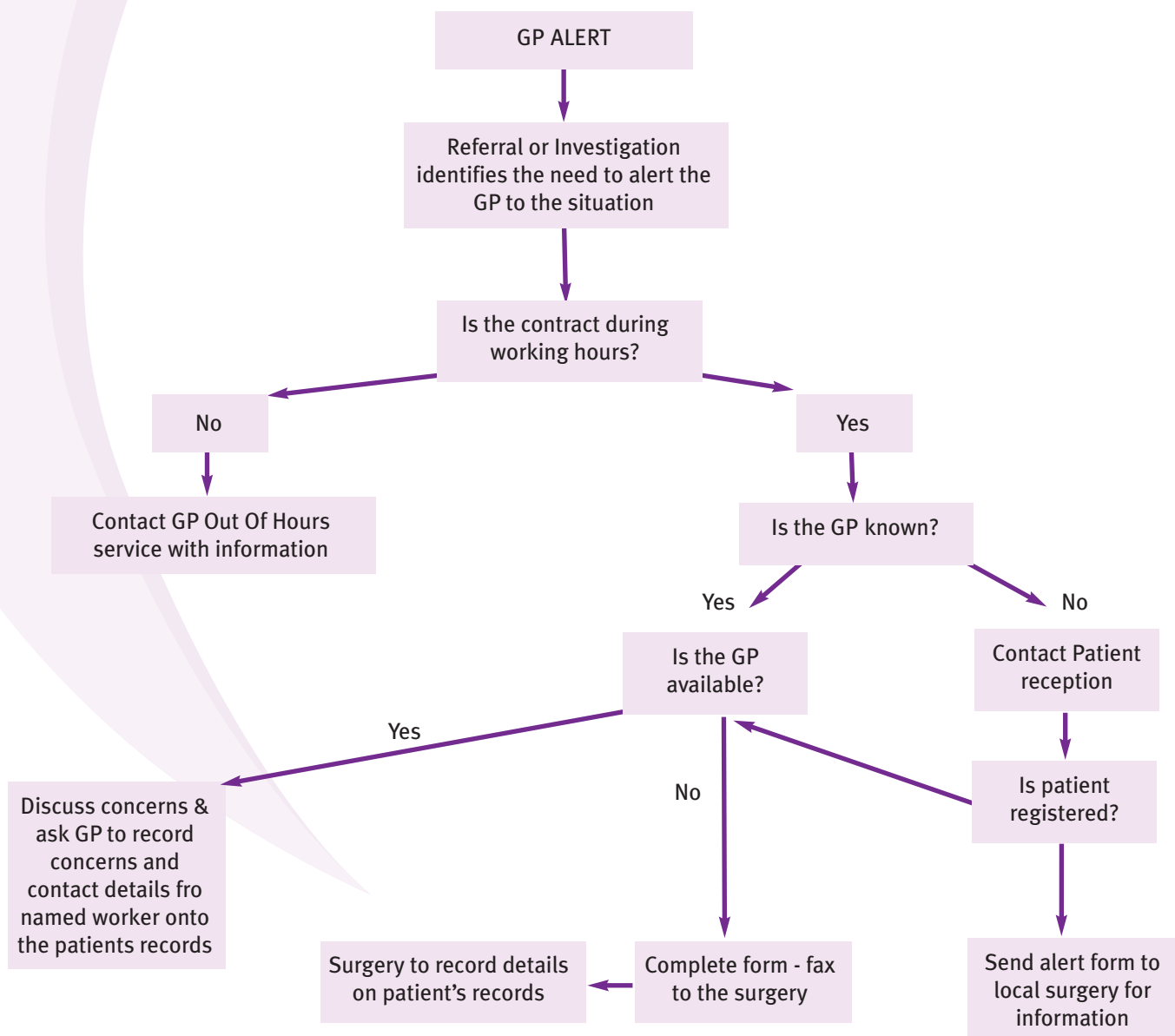
Names of people Consulted:

Decisions Made:

When completed this Record should be stored electronically with the vulnerable adult's social care records

## Section 19 Alerting the GP

To make sure joint working is effective, the flowchart below shows the process to follow to make sure GPs know about a potential vulnerable adult issue.





## Section 19 Safeguarding Adults Strategy Meeting

### Safeguarding Adults Strategy Meeting Planning Checklist

A decision about how to proceed following the receipt of information that has caused a vulnerable adult issue to be raised may be made in two ways:-

1. Planning consultation with other relevant agencies, departments, services or people by phone or within the team.

If a formal Safeguarding Adults Strategy Meeting is not going to be held it should be clear who made that decision and why, for example, enough information is already available to allow action to be taken - this may be a care management assessment. This must be recorded on the Safeguarding Adults Telephone Planning/First Consultation Form

2. Holding a formal Safeguarding Adults Strategy Meeting to share information and to aid decision-making.

A formal Safeguarding Adults Strategy Meeting must be called in the following circumstances:-

- ▶ Where there is a high level of risk to the vulnerable adult, despite services being provided
- ▶ Where the circumstances are complex and particularly close cooperation between agencies is required
- ▶ Where the vulnerable adult refuses assistance and a high level of risk remains

The meeting should involve all the people who may have information to contribute to the planning process, provided that they do not appear to be implicated in the alleged abuse. In addition to the professionals who support the adult protection process and any service provider(s), the client, carers and/or other family members may also be invited

3. Where a decision has been made to share information between agencies, this must be recorded

Whichever route is chosen, clear recommendations and actions must be recorded and monitored.

It is important to note that consultation and inquiry at this stage should enable an evaluation of the issues and should not become an investigation of the facts about the alleged abuse.

In most cases you should also consider the following:-

- a) Is there any medical evidence or record of the impact of the abuse?
- b) Has there been a disclosure or a report? Has it been signed and dated?
- c) Are there any issues of discrimination that should be considered?
- d) Is any documentary evidence available? For example, bank statements or accident/incident reports.
- e) Is there any record of the vulnerable adult being contacted or consulted about the alleged abuse?
- f) Is there any information or reports about the vulnerable adult's consent or capacity to consent?
- g) Is their consent to be over-ruled in the interests of other vulnerable adults?
- h) Have the vulnerable adult's wishes been recorded?
- i) Is there a record of contact with the police or coroner, if appropriate, and their response?
- j) If a care home, domiciliary service or community health provision is involved has CSCI been informed?
- k) If the service has not already been told about the adult protection concerns, the Chair of the Safeguarding Adults Strategy Meeting (Chair) will decide when they should be told and who will tell them. A decision about this may be delayed until a formal planning meeting is held if it is not clear whether the service may be implicated or contamination of evidence is likely
- l) If there is a possibility that other service users may be at risk, CSCI should be asked to assist in obtaining the following information:
  - ▶ The names of all the service users
  - ▶ Information about their funding status
  - ▶ Identity of placing authority

## Section 19 Safeguarding Adults Strategy Meeting - continued

This information should be passed to the Chair as a matter of urgency. The Chair should then tell other placing authorities about the issue of concern that involves their clients. This information will give them the opportunity to attend the planning meeting or give their views to the Chair. You should consider carefully whether all residents, and their next of kin, including people that fund themselves, should be told about the concerns

- m) If a home or agency has a Somerset County Council contract, have the Strategic Partnerships Service been consulted? Is any action required about the contract before any investigation being carried out? Contract actions must be agreed and recorded between the Strategic Partnerships Manager, the Chair and a senior manager about any variation to the contract, for example, temporary suspension of placements. The Strategic Partnerships Service will be responsible for:
- ▶ Telling the home of any actions taken which affect their contract
  - ▶ Alerting care management teams, by e-mail, to any issues which may affect the use of any service

**Either with or without a formal planning meeting, the Chair or Team Manager must make sure that there is a full record of the consultation/planning stage. This might include:**

- a) Information about which agencies were consulted and/or represented at the Safeguarding Adults Strategy Meeting
- b) Minutes of any meeting are made using the template in this Tool Kit as a reference. These should include enough detail to show clearly what decisions were made and why
- c) That any investigation/assessment is agreed together with timescales. Co-ordination of the investigation/assessment should be allocated to an investigating officer from Community Directorate and any named representatives from other departments or agencies

- d) That it is clear who will be involved in all aspects of the assessment and/or investigation
- e) That consideration has been given to the possibility or likelihood that issues of abuse may affect other vulnerable adults or children
- f) What kind of investigation will be carried out if criminal matters are suspected. Make sure that there is a record of concurrent and consecutive actions to be taken by agencies other than the police
- g) Any care management, contracting or CSCI action to protect the vulnerable adult(s) is recorded
- h) Any disagreement with decisions taken should be recorded in the Minutes of the meeting and discussed by the Strategy Meeting Chair and senior managers as a matter of urgency

# Section 19 Safeguarding Adults Strategy Meeting - continued

## Ground Rules

At the start of the Strategy Meeting, the worker who is leading the Meeting should discuss the points listed below, and make sure everyone who is there signs to show that they agree to follow these principles:-

1. All information disclosed during the meeting will only be shared outside of the meeting with those who need to know and be recorded
2. All members will use clear language that only has one meaning and avoid using of jargon.
3. Consider any specific communication needs of the vulnerable person where appropriate
4. The meeting will make sure that all relevant agencies are informed of the perceived risk identified through the Risk Assessment
5. The worker chairing the meeting will make sure an appropriate record is made of the meeting. The record must include how the situation will be monitored and reviewed. The record will be sent to all who were at the meeting, and those who were unable to attend, in an appropriate format
6. Members of the meeting are responsible for discussing all concerns that they are aware of and helping to identify possible ways these concerns can be managed
7. The meeting will look at all proposed strategies to manage identified risks

Name of Service User .....

Date of Meeting .....

Name ..... Signature .....

Agency .....

Name ..... Signature .....

Agency .....

Name ..... Signature .....

Agency .....

Name ..... Signature .....

Agency .....

Name ..... Signature .....

Agency .....

## Section 19 Safeguarding Adults Strategy Meeting - continued

**Held on:** \_\_\_\_\_

**at:** \_\_\_\_\_

### **Agenda (Example)**

1. Introductions, apologies and meeting ground rules
2. Explanation of the purpose of Strategy Meetings
3. If the vulnerable person is not present at the meeting the reason for this decision should be recorded
4. The cause for concern
5. The investigation findings and outcomes
6. The vulnerable person's history and present circumstances
7. The vulnerable person's wishes, views and capacity to make informed choice/decision about this issue
8. The views of carers and/or significant others
9. Outcome of Meeting which will include:
  - ▶ Assessment of risk including what is the risk and to whom
  - ▶ Agreed action plan which will include protection issues with identified responsibilities and timescales
  - ▶ Agreement to share information between agencies
  - ▶ Monitoring and reviewing arrangements by whom and by when
10. Is a review date required? If so set date

## Section 19 Agenda for Concerns Involving a Whole Service

<b>1</b>	<b>Introductions/Apologies</b>	
<b>2.</b>	<b>Summary of concerns regarding this service. This should include involvement from all the agencies involved:</b> <ul style="list-style-type: none"><li>• <b>CSCI</b></li><li>• <b>District Nurses</b></li><li>• <b>LD/ASC/Somerset Partnership</b></li><li>• <b>Police</b></li></ul>	
<b>3.</b>	<b>Update on Residents</b>	
<b>4.</b>	<b>Action Plan</b>	
<b>5.</b>	<b>Any Other Business</b>	
<b>6.</b>	<b>Date of Next Meeting</b>	

## Section 19 Safeguarding Adults Policy Good Practice Guidelines For Organising And Managing Strategy Meetings

### Preparation

The following points must be considered and acted on, where necessary, to support a Minute Taker to plan, arrange and take Minutes at Safeguarding Adults Strategy Meetings or Monitoring and Review Meetings:-

- ▶ Staff who are asked to support the Chair in arranging a Safeguarding Adults Strategy Meeting or take minutes should know about and understand the Somerset Safeguarding Adults process. If possible they should have attended Adult Protection awareness training
- ▶ Staff who have never minuted a Safeguarding Adults meeting before should be thoroughly briefed by their line manager about what is expected of them. This may include attending a Safeguarding Adults Strategy Meeting as an observer, then attending another in a supernumerary capacity to practice minute taking
- ▶ When asked to arrange any meeting about Safeguarding Adults the line manager should make sure that the Minute Taker knows the type of meeting to be arranged and how urgent it is. It may be an initial Strategy Meeting or a Monitoring and Review meeting
- ▶ If the Minute Taker has been asked to take the Minutes of a Safeguarding Adults meeting that is not at his/her normal work place, their line manager should talk to the Chair of the Meeting about travel arrangements for them to and from the meeting
- ▶ Once the meeting begins, the Minute Taker should not be asked to leave the meeting unless a formal break is agreed or the meeting is closed
- ▶ When you arrive at the meeting room make sure that a space is available for the Minute Taker to sit next to the Chair of the meeting. The Minute Taker and Chair should discuss how the Minute Taker will gain the attention of the Chair if necessary to clarify points or catch up

### Minute Taker's Responsibilities

- ▶ Make a list, with the Team Manager, of people who are essential for the meeting to go ahead and people who should be invited but whose attendance is not essential. Check their availability by phone before sending out invitations
- ▶ Discuss the Agenda and structure of the meeting with the Chair of the meeting, using the Agenda Template in this Tool Kit
- ▶ Send out invitations and the Agenda by e-mail or letter. The vulnerable person/relatives should be sent personal invitations
- ▶ Make sure that a room has been booked at a suitable place and check whether disabled access or a loop system needed
- ▶ Find out whether a translator or accessible information is required and arrange
- ▶ Familiarise themselves with the case and discuss with their line manager, or the Chair, about the main issues that are likely to arise
- ▶ Prepare an attendance sheet:-
  - List those people who have been invited and, where appropriate, the agencies they represent.
  - If the meeting is held in parts, with different people attending separate parts of the meeting, make sure that the attendance sheet(s) shows this
- ▶ Prepare a list of apologies and gather together any reports and give them to the Chair before the start of the meeting
- ▶ Familiarise themselves with the contents of any reports as these will help them to produce the Minutes. If the reports are not circulated their contents can help to summarise the main issues
- ▶ Tell reception staff that the meeting is going to be held and give them the names of those people who will be attending
- ▶ Check that there are suitable waiting areas
- ▶ Provide paper and pens for participants
- ▶ Consider providing name labels on the table to make communication and Minute taking easier
- ▶ Make sure that arrangements are in place for refreshments

## Section 19 Safeguarding Adults Policy Good Practice Guidelines For Organising And Managing Strategy Meetings - continued

### The Meeting

#### The Minute Taker:-

- ▶ Should sit next to the Chair of the meeting
  - ▶ Should not be afraid to ask for clarification during the meeting
  - ▶ Makes sure that everyone signs the attendance sheet when they arrive
  - ▶ Makes sure that name labels, where worn, can be seen
  - ▶ Makes sure that the names of whistleblower's, who wish to remain anonymous at this stage, are removed from all reports. This should have been part of the pre meeting briefing
  - ▶ Makes sure they have a copy of any reports presented during the meeting
  - ▶ Makes sure the Minutes are an accurate record of the facts, concerns, risks, recommendations and action points. The discussions and decisions taken may lead to legal proceedings.
  - ▶ Must note that, unless they can write shorthand or the meeting is being tape-recorded it will not be possible for the Minutes to record every word. Minute Takers well briefed about the case before the meeting will be aware of the important points
- ▶ Must:-
    - Listen carefully and record essential and factual information
    - Separate facts from opinion.
    - Write down key words; not try to write down everything being said.
    - Rely on the chair to advise if an essential point needs to be noted.
  - ▶ Be aware that a lot of information will be repeated or not relevant for inclusion in minutes.
  - ▶ Remember to ask for clarification if needed. If it does not make sense in the meeting it is unlikely to do so when you are writing up the Minutes

## Section 19 After The Meeting

### Chair's Responsibilities

- ▶ Try to have a short de-brief with the Minute Taker immediately after the meeting
- ▶ If the Minute Taker is distressed by the content of the discussions during the meeting give them an opportunity for them to talk through the issues or arrange for them to meet with their line manager to discuss the issues in confidence
- ▶ Approve the Minutes of the Safeguarding Adults Strategy Meeting before these are distributed to meeting attendees
- ▶ Make sure that the Minute Taker knows exactly who should have the Minutes or part of the Minutes and any additional papers that may have been agreed
- ▶ Where an investigation is required, make sure all internal and external agencies are briefed at regular intervals on the progress of the investigation

### Minute Taker's Responsibilities

- ▶ Make sure that no papers about to the meeting are left in the meeting room
- ▶ Produce draft Minutes, using the Minutes Template in this Tool Kit, as soon as possible after the meeting and pass them to the Chairperson for approval.
- ▶ Safeguarding Adults Strategy Meeting Minutes should be sent out within 28 days of the meeting. They should be sent by either confidential e-mail or by 1st class letter post, marked confidential to be opened by addressee only
- ▶ If another meeting has been arranged, make sure that a suitable meeting room is booked

## Section 19 Safeguarding Adults Strategy Meeting - Notes Of Meeting Held On

**Present:** *Names Of Those Present*

**Apologies:** *Apologies*

**Circulation:** *Circulation*

### RETENTION OF NOTES

The master set of these notes and background papers are held by *Insert Persons Name*.  
Please destroy your copy when you have finished with it and use the master set for future reference.

ITEM	ACTION BY:
1 Introductions, apologies and meeting ground rules	
2 Explanation of the purpose of Strategy Meetings	
3 If the vulnerable adult is not present at the meeting the reason for this decision should be recorded	
4 The cause for concern	
5 The investigation findings and outcomes	
6 The vulnerable adult's history and present circumstances	
7 The vulnerable adult's wishes, views and capacity to make informed choice/decision about this issue	
8 Views of Carers/Significant others	
9 Outcome of Meeting which will include <ul style="list-style-type: none"> <li>▶ Assessment of risk including what is the risk and to whom</li> <li>▶ Agreement to share information between agencies</li> <li>▶ Agreed Safeguarding Adults Care Plan which will include protection issues with identified responsibilities and timescales</li> <li>▶ Monitoring and reviewing arrangements by whom and by when</li> </ul>	
10 Agree if further VA review date required and set date	

**Any enquiries about these notes or future agenda items should be made to *Enter Persons Name***





# Section 20: Safeguarding Adults Serious Case Review Protocol

Somerset County Council  
Community Directorate  
Adult Social Care and Learning Disabilities

Serious Case Review  
Toolkit



**Safeguarding Adults**

Liz Neil and Lynne Wilmot  
LD Services  
September 2008

## Section 20: Safeguarding Adults Serious Case Review Protocol - continued

### Introduction

This Tool Kit has been designed for use by managers who have been asked to undertake a Serious Case Review (SCR). Where relevant this Tool Kit should be used as a conclusion to a serious safeguarding adults issue where a vulnerable adult has been involved.

A vulnerable adult is any person who is 18 years and over in need of community care or support services because of:-

- ▶ Old Age
- ▶ Mental health issues
- ▶ Physical disability or sensory loss
- ▶ Learning disabilities
- ▶ Inability to protect themselves against significant harm or exploitation

It is not intended to apportion blame by carrying out SCR. The purpose is to find out what – if anything - went wrong, how it went wrong, and to learn lessons to stop the same thing happening again.

When carrying out a SCR consideration must be given as to whether existing policies and procedures were followed and whether these gave sufficient guidance, eg:-

- ▶ Health, Safety and Welfare – IR1's, Risk Assessments
- ▶ Care Plans
- ▶ Lone Working
- ▶ Complaints
- ▶ Capability

Where the Police are involved, no SCR should commence without prior permission of the Officer in charge of the Police investigation. When a police investigation is taking place a SCR usually happens at the conclusion of this process.

A Serious Case Review should be undertaken when:-

- ▶ A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to have contributed to their death. In these circumstances the Safeguarding Adults Board should always carry out a review about the way agencies and professionals worked with the vulnerable adult

- ▶ A vulnerable adult has suffered:-
  - A possible life-threatening injury through abuse or neglect
  - Serious sexual abuse
  - Persistent, serious and permanent damage to health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services worked together to safeguard vulnerable adults
  - Serious abuse takes place in an institution or when a number of abusers are involved. In these cases, however, Reviews may be more complicated, involving more people and needing more time. Terms of References need to be carefully written to identify the issues in each case

Where there is continued risk to the person or other vulnerable adults, the Safeguarding Adults Policy must be followed immediately

Staff undertaking a SCR on behalf of Adult Social Care or Learning Disability Services are required to use the paperwork contained within this Tool Kit. It is the responsibility of the SCR Investigator to retain all documentary evidence relating to the Review and forward their Report to the Chair of the Panel within the timescales set by the Panel.

### Purpose of a Serious Case Review

The purpose of having a Serious Case Review is not to investigate, or to blame. It is to find out whether there are lessons to be learned about the way that professionals and agencies work together to safeguard vulnerable adults, by:-

- ▶ Making sure the procedures of all agencies work well
- ▶ Improving the way agencies work together
- ▶ Developing new and better ways of working
- ▶ Producing an Overview Report, which brings together all the agency Reports and suggests ways of doing things better

## Section 20: Safeguarding Adults Serious Case Review Protocol - continued

All agencies will have their own SCR procedures to investigate serious incidents. This Protocol is not intended to replace these. Agencies may also have their own ways of looking at how they work.

Where there are possible reasons for both a Serious Case Review and a Domestic Homicide Review, then a decision should be made at the beginning, by the 2 decision makers, about which Review is to lead and who is to Chair, with the final report being taken to both commissioning bodies.

### **Immediate Action**

As soon as abuse or neglect is suspected a request must be made to the Head of Service to secure all relevant records. The Chair of the Safeguarding Adults Board must be informed. The Chair holds the responsibility for sending out a letter to all agencies concerned, instructing that all access to paper and electronic case records is suspended. Sample letter Appendix 1.

### **Requesting a Serious Case Review**

An agreement for a SCR to be carried out can only be made by the Safeguarding Adults Board:-

- ▶ Agencies, Coroners, Members of Parliament, Elected Members and others will complete the Serious Case Review Request Form (Appendix 2) to ask for a SCR
  
- ▶ Board members will agree if the request can be met
  
- ▶ If a request has been turned down, the person making the request will be told the reasons why in writing by the Chair of the Safeguarding Adults Board

# Section 20: Safeguarding Adults Serious Case Review Protocol - continued

## Starting a Serious Case Review

The case for SCR will be given to the Chair of the Safeguarding Adults Board to discuss with other Board members. If it is agreed, a multi-agency Serious Case Review Panel will be set up

- ▶ The Safeguarding Adults Board will appoint an independent Chair of the Panel
- ▶ The Safeguarding Adults Board will make sure the Chair of the Serious Case Review Panel has the right support
- ▶ The Chair of the Panel will write the Terms of Reference and set timescales for the SCR in agreement with the Safeguarding Adults Board. They will also make sure arrangements for the meetings are made that the SCR process is carried out following the Terms of Reference
- ▶ The Chair of the Safeguarding Adults Board will write to the Chief Officers of all the agencies involved for the names of people who will be on the Serious Case Review Panel
- ▶ The Chair will advise where there are 'absolute and qualified exemptions' under the Freedom of Information Act and the Environmental Information Regulations that stops information being shared. This must be in the Public Interest Test. (The Public Interest Test favours disclosure where a qualified exemption or an exception applies. In such cases the information may be withheld only if the public authority considers that the public interest in withholding the information is greater than the public interest in disclosing it)
- ▶ Membership of the Serious Case Review Panel will be made up of appropriate people from the agencies
- ▶ Each agency will name a staff member who has the right experience
- ▶ The Chair of the Panel must tell the following, as appropriate, that a SCR is taking place
  - CSCI
  - Coroners Office
  - Police
- ▶ The Chair will provide information on if and how newspapers, TV, radio should be told about the SCR

## How to Do a Serious Case Review

### First Meeting

The Panel will agree:-

- ▶ Name for the SCR that all agencies will use within their Reports
- ▶ Terms of Reference
- ▶ Evidence required from each agency or person, stating whether this is through investigation or collected in other ways. (This will be presented in a Report to the Panel)
- ▶ If and how a victim of abuse or relative are spoken to and what about
- ▶ Support and other resources needed
- ▶ Timescales to complete the SCR
- ▶ Any legal advice required, in particular:-
  - Data Protection
  - Freedom of Information Act
  - Human Rights Act
  - Mental Capacity Act
- ▶ Dates, times and places of meetings

### Second Meeting - Reports to Panel

Reports will be presented at a second meeting, during which a formal information sharing session will take place.

Each agency involved will be asked to:-

- ▶ Explain what their agency did and why
- ▶ Point out where things went wrong
- ▶ Identify any good practice
- ▶ Make recommendations to make sure the same thing doesn't happen again
- ▶ Make sure any evidence documents are available  
(See Appendix 3 – Agency Report)

## Section 20: Safeguarding Adults Serious Case Review Protocol - continued

### Findings

In this part of the meeting next steps are agreed. The Review Panel will:-

- ▶ Compare the findings of all the SCR Reports and information from any other sources
- ▶ Identify any action points
- ▶ Agree the key points to be included in the Overview Report and the proposals for action
- ▶ The Chair of the Panel will name a person responsible for writing the Overview Report (see Appendix 4)
- ▶ The Chair will ensure that the Overview Report is written and delivered within agreed timescales.

The Chair should tell a Government agency, for example, The General Social Care Council, immediately if information is received about serious misconduct by individuals or agencies

The Chair of the Review Panel should report back to the Safeguarding Adults Board if a decision has been made to delay the SCR whilst waiting for advice from the Government agency.

### Third Meeting: Acting on the Recommendations of the Serious Case Review Overview Report

On completion, the draft Overview Report will be presented to the Panel which will:-

- ▶ Make sure the agencies involved are satisfied that their information is fully and fairly represented in the Overview Report
- ▶ The Report should include the date the Chair of the Panel will present the Report and Action Plan to the Safeguarding Adults Board
- ▶ Make sure that the Overview Report includes an Executive Summary that can be made public
- ▶ Make sure that the Overview Report includes the Lessons Learned
- ▶ Who the full Report, or parts of the Report, will go to and how they will receive it
- ▶ Create an Action Plan (Appendix 5) from the recommendations in the Overview Report, which should be agreed at a senior level by each agency.

### The Action Plan

The Action Plan will include:-

- ▶ Actions and who is responsible
- ▶ When actions must be completed
- ▶ The results hoped for
- ▶ How any changes in practice will be checked
- ▶ Date the Chair of the Panel will present the Report and Action Plan to the Safeguarding Adults Board
- ▶ Who the full Report, or parts of the Report will go to and how they will receive it
- ▶ How information from the Report will be shared with interested parties and how feedback will be given
- ▶ How staff, family members and, where appropriate, media representatives will be told the results
- ▶ How lessons learned will be shared across agencies

### Recommendations

The Safeguarding Adult Board will make sure that all recommendations are acted on and will request updates from agencies.

The Action Plan will stay on the Safeguarding Adults Board Agenda until all recommendations have been put in place.

### Annual Report

All SCRs carried out within the year should be included in the Safeguarding Adults Annual Report along with any service improvements. This Report is written by the Chair of the Safeguarding Adults Board.

# Appendix 1

The logo for Safeguarding Adults, featuring a purple crescent shape to the left of the text "Safeguarding Adults" in a purple sans-serif font.

Dear Colleague

**Serious Case Review re:**

Name

Address

Date of Birth

The Safeguarding Adults Board is required to convene a Serious Case Review in relation to the above-named person as it is suspected that abuse or neglect may have been a factor in this case.

Please ensure that all written and electronic records kept by your agency about this person, and others directly involved, are made secure and only accessible to a senior manager nominated by the Head of Service (or equivalent), the Police and Serious Case Review Investigating Officer.

You will be contacted at a later stage with further information on this matter.

Thank you for your co-operation.

Yours sincerely

David Dick  
Chair  
Somerset Safeguarding Adults Board  
Head of Service  
LD Services  
Somerset County Council

## Appendix 2

# Serious Case Review Request Form

This form should be used with the Safeguarding Adults Serious Case Review Protocol. When completed it should be sent to the Chair of Somerset Safeguarding Adults Board, Community Directorate, Somerset County Council, Burton Place, Taunton, TA1 4HE

<b>Name of Agency:</b> _____
<b>Name of Person Making Referral:</b> _____
<b>Title:</b> _____
<b>Address:</b> _____ _____ _____
<b>Telephone Numbers: Work:</b> _____
<b>Mobile:</b> _____
<b>Email Address:</b> _____
<b>Vulnerable Adult Details:</b> _____
<b>Name:</b> _____
<b>Address:</b> _____ _____ _____

<b>Reason for Referral:</b> (for example:)     
--

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Appendix 3

## Serious Case Review Agency Report

Name of Serious Case Review (SCR): \_\_\_\_\_

Date Report to be presented to SCR Panel: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Tel: \_\_\_\_\_

Name of Agency Representative undertaking the SCR \_\_\_\_\_

Position Held \_\_\_\_\_

The SCR should include information under the following headings:-

1. Relevant Brief Background
2. Explain what your agency did, how, why, when and by whom, including a chronological timeline
3. Identify key issues that may require further action
4. Take recommendations so that lessons can be shared and learned

Date: \_\_\_\_\_

# Appendix 4

## Serious Case Review - Overview Report

Name of Serious Case Review (SCR): \_\_\_\_\_

Names of Agencies Involved: \_\_\_\_\_

List of Agencies Receiving this Report: \_\_\_\_\_

Date to report to Safeguarding Adults Board: \_\_\_\_\_

### **Background**

Summary of the main issues

### **Findings**

An overview of where things worked well and did not work well.

Lessons learned

### **Conclusions and Recommendations**

### **Executive Summary**

Bear in mind, when writing the Executive Summary, that this could be issued to the press.  
(Any involvement with the press should be done via the corporate Media Department).

**Author** \_\_\_\_\_

**Date** \_\_\_\_\_

**Include all Agency Reports as appendices**

# Appendix 5

## Serious Case Review - Action Plan

**Name of Serious Case Review**

**Name of Person Completing Action Plan:**

**Issue 1:** (Describe what the issue is)

Action	Responsibility	When by	Outcome

How Lessons Learned will be shared across Agencies:

**Issue 2:** (Describe what the issue is)

Action	Responsibility	When by	Outcome

How Lessons Learned will be shared across Agencies:

# Appendix 5 continued

## Serious Case Review - Action Plan

**Issue 3:** (Describe what the issue is)

Action	Responsibility	When by	Outcome

How Lessons Learned will be shared across Agencies:

## Section 21: Useful Addresses, Contacts And Websites

### **Somerset Safeguarding Adults Board:**

Chair 0845 345 9133

**Website:** [www.somerset.gov.uk](http://www.somerset.gov.uk)

(Contains full details of the Safeguarding Adults Board, Somerset County Council Local Leads and agency Leads)

### **Somerset County Council:**

General Enquiry Service 0845 345 9166

(Council Information, Service Comments and Complaints – not about vulnerable adults)

### **Community Services For Adults**

And Older People – Care Direct 0845 345 9133

(Information, Care and Support for Older People, Carers, People with Disabilities and other Adults With Care Needs)

### **Somerset County Council Children and Young**

**Peoples' Service** 0834 345 9122

### **Community Teams For Adults With Learning Disabilities:-**

Mendip Area 01373 456500

Somerset Coast Area 01278 455571

South Somerset 01935 470600

Taunton Deane 01823 257908

Out Of Office Hours Emergency Duty Team

01458 235241

### **Somerset Partnership NHS And Social Care Trust (Mental Health)**

01278 720200

### **Police - Weekdays 8.00 a.m. To 4.00 p.m.**

Somerset East Public Protection Unit 01935 402115

Fax: 01935 402184

Somerset West Public Protection Unit 01823 363003

Fax: 01823 324609

### **Commission For Social Care Inspection (CSCI)**

0117 930 7110

### **District Councils:-**

Mendip 01749 648999

Sedgemoor 0845 4082540

South Somerset 01935 462462

Taunton Deane 01823 356356

West Somerset 01643 703704

### **Registered Care Providers Association (RCPA)**

[Rcpa@Btinternet.Com](mailto:Rcpa@Btinternet.Com)

## Section 21: Useful Addresses, Contacts And Websites - continued

### Charities And Voluntary Agencies:

Age Concern	01823 423496
Mind	01935 424516
Somerset Advocacy	01823 322900
Compass Disability Services	01823 282823
Mencap	01823 340030

### Individual Budgets

A4e	01823 339494
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### Independant Mental Capacity Advocate Service

Advocacy In Somerset	01458 253053
<a href="http://www.advocacyinsomerset.org.uk">www.advocacyinsomerset.org.uk</a>	

### Useful Websites:

Somerset County Council	<a href="http://www.somerset.gov.uk">www.somerset.gov.uk</a>
Dept. Of Health:	<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>
For a useful list of guidance including No Secrets, POVA, Mental Capacity Act, Mental Health Act ec.	
Dept. of Work and Pensions	<a href="http://www.dwp.gov.uk">www.dwp.gov.uk</a>
General Social Care Council	<a href="http://www.gsccl.org.uk">www.gsccl.org.uk</a>
Home Office	<a href="http://www.homeoffice.gov.uk">www.homeoffice.gov.uk</a>
Commission for Social Care Inspection	<a href="http://www.csci.org.uk">www.csci.org.uk</a>
Royal National Institute For The Deaf	<a href="http://www.rnid.org.uk">www.rnid.org.uk</a>
Royal National Institute For The Blind	<a href="http://www.rnib.org.uk">www.rnib.org.uk</a>
Police	<a href="http://www.police.uk">www.police.uk</a>



Making Social Care Better for People



South Western Ambulance Service NHS Trust



Somerset Partnership NHS and Social Care Trust



RNID typetalk BT telephone relay service Working together

This document is also available in Braille, large print, on tape and on disc and we can translate it into different languages.

We can provide a member of staff to discuss the details.

Somerset County Council positively values diversity, and celebrates cultural and social differences. Our Equal Opportunities Promise is to provide all services of equal quality, which meet your needs and fulfill your rights. You can expect to be treated fairly, with respect, dignity and understanding whoever you are and whatever your background.

For more information about Somerset Safeguarding Adults Policy contact: Somerset Direct: 0845 345 9133