Somerset Safeguarding Adults Board

Safeguarding Adults at Risk in Somerset

Multi-agency policy and procedures

November 2012

Application of this policy and procedures document

This policy and procedures document is to be used in relation to any safeguarding concern which occurs in the geographical county of Somerset.

All adults at risk in Somerset are covered by these procedures regardless of the source of funding for any care services.

All organisations in contact with adults at risk in the county of Somerset will follow the procedures set out in this document when reporting or addressing safeguarding concerns.

Please note:

North Somerset and **Bath & North East Somerset (BANES)** are local authorities in their own right and as such have their own safeguarding policies and procedures. The location of the abuse or neglect incident is the key to deciding which local authority is responsible.

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Foreword by Clare Steel, Chair of the Safeguarding Adults Board

You are frail and vulnerable. A close relative is taking your money and being aggressive towards you. They are the only person you see from one week to the next. What do you do?

Everyone has a right to live their life free from violence, fear, abuse or neglect. Some groups of people need support to keep them safe. This support can come from a variety of sources, including neighbours, professionals and friends.

One of the key determinants of abusive situations is often isolation. Whenever we can, we all need to act as good neighbours and citizens, so that the frail and vulnerable are not left in potentially abusive situations.

More importantly, if you are that vulnerable individual you need to know that, if you are abused, support will be provided quickly. You need to be confident that someone will be there to support you – to tell you what can be done and to make sure your views are respected.

Here in Somerset the Safeguarding Adults Board is working *to* increase the knowledge of safeguarding adults in local communities so that we can all look out for one another and know where to go to get the support we need when harm or abuse occurs. This policy is part of that work.

The policy has been written to provide clear information for organisations and individuals about how they should work together to protect adults at risk. It will provide a valuable guide to staff working in a variety of statutory agencies - the Police, the Council and Health organisations. But we hope it will also prove to be an essential guide for residential homes, home care staff, advocacy groups and housing providers. We also believe that this policy is a useful resource for community groups and parish councils - helping them to support adults at risk in their communities.

Introduction to the new Safeguarding Adults at Risk policy

It is nearly five years since the last significant revision of the Somerset policy although there have been some changes to the internal procedures used by social work teams in this time. During this period there has been a growing public awareness of the abuse and neglect experienced by people who depend upon others to a greater or lesser extent to meet their essential needs.

This increased level of concern results in part from the media attention given to the abuse uncovered at Winterbourne View and the neglectful care provided to elderly hospital patients in Staffordshire. In Somerset the prosecution of a former care home manager for manslaughter and drugs offences in 2010 and the subsequent Serious Case Review, has highlighted that services everywhere need to be vigilant in protecting the interests of our most dependent and vulnerable citizens. We know from the day to day safeguarding work undertaken by Somerset County Council staff that the extent of abuse and neglect is becoming clearer as we improve levels of awareness among members of the public, various professions and other groups in the community, and as we continue to improve the quality of our responses to concerns raised.

Safeguarding adults at risk is, of course, everybody's responsibility and it is hoped that this document will be useful in setting out the principles upon which effective prevention and protection can occur, and in providing professionals and members of the public alike with a practical guide for action.

This is a completely new document although some of the key information has not changed very much. The most significant developments to note are as follows:

- The adoption of the term 'adult at risk' to replace 'vulnerable adult' but without a change in the definition of the type of person to whom these procedures apply. This change is in line with proposed changes to the legislation covering social care services

- A reiteration of the Safeguarding Board's decision to use safeguarding procedures in serious cases of self-neglect. There is expanded guidance to assist staff in making decisions in this type of situation

- The structure and membership of the Safeguarding Adults Board have been thoroughly revised and are still evolving in response to developments in key public organisations such as Somerset County Council, Somerset Partnership, the Primary Care Trust (NHS Somerset), the police and ambulance services

- The central importance of people's ability to make their own decisions in safeguarding situations has been highlighted as the provisions of the Mental Capacity Act 2005 have

become more actively used. There is now a detailed section on how the Act is to be applied

- Following the recommendations from the Parkfields care home Serious Case Review in 2011, additional attention has been given to how to encourage staff to blow the whistle on poor or abusive practice, and upon how public bodies should support them when they do

- A key theme throughout the procedural guidance is the need to make sure that the adult at risk of abuse or neglect is kept at the centre of all assessment and decision-making processes. Where their ability to communicate their own needs or wishes is limited, perhaps by dementia or a learning disability, creative approaches to involve them are already in use but need to become more widespread. The guidance emphasises the important role which can be played by advocates, whether these are relatives, friends, or professional advocacy workers

- As domestic abuse has become more recognised as a problem which affects people of all ages, some of whom are also adults at risk, clear links and guidance about how to ensure the most effective response by public services are provided

- There is a detailed section on how investigations into whole homes or services should be conducted and guidance about the relationship between safeguarding and quality assurance processes which will be helpful to operational and commissioning teams alike.

- There are a number of procedural changes for example a move to distinguish the meetings which occur at different stages of the safeguarding process using the titles Strategy Meeting (planning at the beginning) and Case Conference (decision-making meeting after an investigation). This is in line with procedures in most other local authority areas and with child protection.

- For the first time specific timescales have been set out for the initial response to a referral (by the end of the next working day) and for the completion of any investigation led by Somerset County Council or Somerset Partnership (20 working days). These timescales will be applied from January 2013 and will be closely monitored and used for reporting purposes.

- The format of the document has been designed to make it more user friendly and it now includes a number of one or two-page guides and checklists about matters such as how to make a referral, how to gather and share information appropriately

- The internet version of the document contains a number of helpful hyperlinks, internally to other parts of the document and to external resources or other documents on the SCC website. An example is a link to the comprehensive guide to the law on safeguarding recently published by the Social Care Institute for Excellence (SCIE, 2011). There are updated links to the websites of all the organisations who are members of the Safeguarding Adults Board as well as to a number of other relevant organisations such as charities working with vulnerable groups of people

Acknowledgements

The Safeguarding Adults Board wishes to thank:

- The many organisations involved in developing the Pan-London policy and procedures document which was published by the Social Care Institute for Excellence (SCIE) in 2011. The Somerset document has drawn upon the London one in a number of sections.
- Members of the Board and individuals from partner organisations who provided feedback about earlier drafts of the document
- The authors of the 2007 Somerset policy, parts of which have been retained with only minor alterations needed.
- The Policy Review sub-group of the Board who have co-ordinated the revision process and undertaken much of the writing of new content.
- The administrative support from the Somerset County Council Safeguarding team in the considerable work of typing the document and creating the final layout.

SECTION ONE – Principles and Definitions

Principles

'Safeguarding adults at risk in Somerset' represents the commitment of organisations across Somerset to work together to protect adults who may be at risk of harm or exploitation, by

- Respecting and upholding their human rights
- Always giving full consideration to their needs, interests and wishes
- Working together to reduce the likelihood of abuse or neglect of adults at risk
- Co-operating in the provision of a professional response to any concerns raised which is robust, proportionate and timely

The procedures also aim to make sure that each adult at risk maintains:

- choice and control
- safety
- health
- quality of life
- dignity and respect.

The following explains in more detail what these principles will mean in practice

For the adult at risk

1. Services provided should be appropriate to the adult's needs and will not discriminate on grounds of disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle
2. The adult at risk will be central to decision-making in the safeguarding process, and will be supported to make their own choices wherever possible. Active use will be made of advocacy services if appropriate.
3. There is a presumption that adults have mental capacity to make informed decisions about their lives. Any decisions which an adult is unable to make for themselves will be made in their best interests in line with the Mental Capacity Act 2005 Code of Practice.

4. Adults at risk should be given information, advice and support in a form that they can understand and have their views included in all forums that are making decisions about their lives

5. All decisions taken by professionals about a person's life should be timely, reasonable, justified, proportionate and ethical.

In all organisations who have contact with adults at risk

6. Organisations will have their own safeguarding policies and procedures which should be explicitly linked to this multi-agency document

7. Organisations are expected to have policies for the raising of complaints and for whistle-blowing by their employees in line with the Public Interest Disclosure Act 1998.

8. Through the provision of training and information organisations will ensure that all their staff and volunteers understand how to recognise abuse or neglect and respond appropriately.

9. Staff have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being abused

10. Actions to protect the adult from abuse should always be given high priority by all involved. Concerns or allegations about abuse or neglect should be reported without delay.

11. Organisations working to safeguard adults at risk should make the dignity, safety and well-being of the individual a priority in their actions

12. As far as possible organisations must respect the rights of the person causing harm. If that person is also an adult at risk they must receive support and their needs must be addressed

In organisations with statutory responsibilities for the protection of adults at risk

13. Partner organisations will contribute to effective inter-agency working and effective multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults.

14. Action taken under these procedures does not affect the obligations on partner organisations to comply with their statutory responsibilities such as notification to regulatory authorities under the Health and Social Care Act 2008 or to comply with employment legislation

15. Organisations continue to have a duty of care to adults who purchase their own care through personal budgets and are required to ensure that reasonable care is taken to avoid acts or omissions that are likely to cause harm to the adult at risk

16. Partner organisations will have information about individuals who may be at risk from abuse and may be asked to share this where appropriate, with due regard to confidentiality.

17. Every effort should be made to ensure that adults at risk are afforded equal protection under the law.

Definitions

Adult at risk

In this document the term ‘adult at risk’ has been used to replace the term ‘vulnerable adult’. ‘Adult at risk’ is the term recommended by the Law Commission’s recent review of social care legislation and is likely to be accepted in the framing of new social care legislation.

It is important to recognise that the risk of abuse or neglect occurring is primarily related to the person’s circumstances rather than being a weakness on their part. The risks result - in the main - from the actions or inactions of others and the person concerned is ‘at risk’ because their ability to protect themselves is limited in some way.

The term ‘adult at risk’ is used in this document as an exact replacement for ‘vulnerable adult’, as used throughout the No Secrets guidance document. However, this section gives some more detail as to what this term can mean in practice.

Adult at risk = a person aged 18 or over who is or may be unable to protect themselves from harm or exploitation

An adult at risk may therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is limited in their capacity to make decisions and is in need of care and support

This list is not exhaustive

This does not mean that just because a person is old or frail or has a disability they are inevitably ‘at risk’. For example, a person with a disability who has mental capacity to make decisions about their own safety could be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is important to note that people with capacity can also be vulnerable.

An adult at risk's vulnerability is influenced by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors. Some of these are described below.

Personal or social factors increasing vulnerability	Personal or social factors decreasing vulnerability
Limited mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness	Having mental capacity to make decisions about their own safety
Poor physical or mental health	Good physical and mental health
Communication difficulties	Able to communicate effectively using aids if required
Being dependent on others for basic personal care and activities of daily life	Limited dependency upon others or able to self-direct care as needed
Low self-esteem	Self-confidence and high self- esteem
Experience of abuse as a child or in adult life	Positive life experiences
Limited understanding of own rights	Good understanding of own rights
Social isolation, limited range of positive relationships	Socially engaged, several positive relationships

Mental capacity

Mental capacity is a person's ability to make an informed decision for themselves.

This includes their ability:

- to understand information relevant to a decision
- to weigh up the pros and cons of a particular choice
- to participate to the fullest extent possible in decision making about their safety and well-being.

A person's mental capacity to understand their situation and make their own decisions is central to any consideration about possible abuse or neglect

The Mental Capacity Act 2005 and its Code of Practice establish some key principles in relation to decision-making and set out how concerns about a person's mental capacity should be addressed

All adults are presumed to have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed

consent are central to decisions and actions in safeguarding adults at risk. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

All organisations supporting adults at risk need their staff/ volunteers to be clear about the person's ability to protect themselves and about whether the organisation itself has a duty and authority to intervene.

All those who have responsibility for arranging or providing care for adults at risk need to be confident in using the Mental Capacity Act 2005. They will need skills in assessing mental capacity and making best interests decisions as well as understanding the various safeguards provided by the Act. Following the principles of the Act will lead to care which fully respects people's human rights and enables them to remain at the centre of planning to protect them from harm.

For fuller information about the Mental Capacity Act in safeguarding adults at risk and links to key statutory documents see the guidance section Click here for guidance section

Abuse by another person

In this policy the term abuse is defined as: … 'a violation of an individual's human and civil rights by any other person or persons which results in significant harm.' This is the definition from No Secrets (DH, 2000)

Abuse may be:

- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts, for example, an adult at risk may be neglected and also being financially abused.

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place in settings such as the person's own home, day or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals.

A number of abusive acts are crimes and informing the police must be a key consideration. Link for legislation for safeguarding SCIE

Potential and/or actual harm

In determining what justifies intervention and what sort of intervention is required, No secrets uses the concept of 'significant harm'. This refers to:

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

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm or the extent of the abuse is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults policy and procedures.

Abuse can be considered in terms of the following categories:

- physical
- sexual
- psychological/emotional
- financial and material
- neglect and acts of omission
- discriminatory
- institutional

All these categories, with the exception of institutional abuse, were identified in No Secrets.

The following section gives more detail about the meaning of these abuse types

Physical abuse

Examples of physical abuse are hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate sanctions, exposure to excessive heat or cold.

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is also physical abuse.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint incorporating best practice guidance and the Mental Capacity Act, Mental Capacity Act Code and the Deprivation of Liberty Safeguards (DoLS) Link for a Guidance on Restrictive Practices

Sexual abuse

Some examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- they do not want or have not consented to
- they cannot understand and lack the mental capacity to be able to give consent to
- they have been coerced into because the other person is in a position of trust, power or authority, for example, a care worker.

They may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

The most important priority is to ensure that the urgent medical and welfare requirements of the adult at risk are met

Preserve any potential forensic opportunities, and record verbatim the disclosure made by the adult at risk

Any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation/ interview

Sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken

A sexual relationship between the service user and a care worker is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003

There may be Safeguarding Adults referrals that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults referrals that indicate any form of sexual abuse require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

Psychological/emotional abuse

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- mental distress
- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the adult at risk to make choices and undermining their self-esteem
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

It is the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult at risk. Psychological/emotional abuse results from threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion and bullying. It undermines the adult's self-esteem and results in them being less able to protect themselves and exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time as other types of abusive behaviour.

Behaviour that can be clearly linked to causing serious psychological and emotional harm may constitute a criminal offence. Specialist advice from the police should be sought.

Financial abuse

It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- theft
- fraud
- exploitation
- undue pressure in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits
- the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

There are a range of criminal offences related to the different types of financial abuse. Link to legislation section

Neglect and acts of omission

In this policy the term neglect is defined as: the failure by another person or service to provide necessary care or protection for someone who is dependent upon them

Behaviour that can lead to neglect includes including ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional.

Intentional neglect would result from:

- wilfully failing to provide care
- wilfully preventing the adult at risk from getting the care they needed
- being reckless about the consequences of the person not getting the care they need.

If the individual committing the neglect is aware of the consequences and the potential for harm to result due to the lack of action(s) then the neglect is intentional in nature. Section 44 of the Mental Capacity Act makes it a specific offence to ill-treat or wilfully neglect a person who lacks capacity.

Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the adult at risk, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

Discriminatory abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals and this results in harm. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, or ethnic origin.

It can result from situations that exploit a person’s vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

Thus verbal abuse based upon someone’s race or disability would fit this definition as would denying someone medical care on basis of an assumption that people with learning disabilities necessarily have a poor quality of life.

Discriminatory abuse can often be a factor in other forms of abuse.

Institutional abuse

Institutional abuse occurs when a service adopts certain ways of working which result in abuse or, more often, neglect of an adult at risk. An example would be a routine practice of having staffing levels which are inadequate for the needs of the service users. The result may be to put the service users at risk of actual harm or a failure to ensure their basic human rights to dignity and appropriate care.

Institutional abuse occurs when the routines, systems and regimes of a service result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk. Fundamentally it is a failure to provide person-centred care.

Institutional abuse can occur in any setting providing health and social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work
- receive inadequate guidance.

The risk of abuse is also greater in institutions:

- with poor management
- with too few staff
- which use rigid routines and inflexible practices
- which do not use person-centred care plans
- where there is a closed culture.

Abuse by another adult at risk

Where the person causing the harm is also an adult at risk, the safety of the person who has been abused is paramount. Whether the victim has been abused by another vulnerable person will not influence the decision to use safeguarding procedures

Organisations may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same service, for example a day centre. The person causing the harm may themselves be eligible to receive an assessment. In this situation it is important that the needs of the adult at

risk who is the alleged victim are addressed separately from the needs of the person causing the harm.

It will be necessary to reassess the adult allegedly causing the harm. This could involve a network meeting where the following could be addressed:

- the extent to which the person causing the harm is able to understand his/her actions
- the extent to which the abuse or neglect reflects the needs of the person causing the harm
- the likelihood that the person causing the harm will further abuse the victim or others.

The usual responsibility to report a crime applies.

The appropriate Community Mental Health Team (CMHT) would be involved in the assessment if the person alleged to have caused the abuse appears to have a mental illness or is showing signs of mental disturbance.

Self-neglect

Somerset's Safeguarding Adults Board has decided that safeguarding procedures should be used in cases of self-neglect under specific circumstances.

Concerns about self-neglect will be addressed initially by the process of a community care assessment which will seek to clarify the person's mental capacity and the risks in their situation. However, it is often the case that people neglecting to care for themselves are resistant to offers of care services so the intervention will require a high degree of skill and sensitivity.

Safeguarding procedures will be used whenever:

- attempts to engage have been unsuccessful, **and**
- concerns about risk of significant harm remain

The person's mental capacity to make decisions about their well-being will need to be established at the earliest opportunity.

Addressing concerns about serious self-neglect does require the same type of robust multi-agency approach as abuse or neglect by others. Where a person's lifestyle is considered to be self-neglectful but there is no reason to doubt that they have mental capacity all those involved will need to work closely together to evaluate potential risks and plan an appropriate response.

Social work teams in Somerset County Council or Somerset Partnership will be responsible for leading this process but the effective protection of this vulnerable group of people will depend

upon the work of a range of individuals either formally engaged as care providers, or those with informal relationships such as members of the local community.

Allegations against carers who are relatives or friends

There is a clear difference between unintentional harm caused by a carer who is struggling to cope and a deliberate act of either harm or omission. In the latter case the same principles and responsibilities for reporting to the police apply.

In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the carer's own physical or mental needs make them unable to care adequately for the adult at risk. The carer may also be an adult at risk. In this situation the aim of Safeguarding Adults work will be to support the carer to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for.

A carer's assessment should take into account the following factors:

- whether the adult for whom they care has a learning disability, mental health problems or a chronic progressive disabling illness that creates caring needs which exceed the carer's ability to meet them
- the emotional and/or social isolation of the carer and the adult at risk
- minimal or no communication between the adult at risk and the carer either through choice, mental incapacity or poor relationship
- whether the carer is not in receipt of any practical and/or emotional support from other family members or professionals
- financial difficulties
- whether the carer has a lasting power of attorney or appointeeship
- a personal or family history of violent behaviour, alcoholism, substance misuse or mental illness
- the physical and mental health and well-being of the carer.

Abuse of trust

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.

Where the person who is alleged to have caused harm is in a position of trust with the adult at risk, they may be deterred from making a complaint or taking action out of a sense of loyalty, fear, of abandonment or other repercussions.

Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are a member of staff, a paid employee, a paid carer, a volunteer or a manager or proprietor of an establishment, the organisation will invoke its disciplinary procedures as well as taking action under the Safeguarding Adults policy and procedures. If a crime is suspected a report must always be made to the police, and referral must be made to the Independent Safeguarding Authority (ISA) if they have been found to have harmed or put at risk of harm an adult at risk.

If the person who is alleged to have caused the abuse is a member of a recognised professional group the organisation will act under the relevant body's code of conduct as well as taking action under this policy and procedures.

Where the person alleged to have caused the abuse or neglect is a volunteer or a member of a community group, adult social care services will work with the relevant group to take action under this policy and procedures.

Where the person alleged to have caused the abuse is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need.

In all cases regard should be had to issues of consent, confidentiality and information sharing.

Abuse by children

If a child or children is/are causing harm to an adult at risk, this should be dealt with under the Safeguarding Adults policy and procedures, but will also need to involve the local authority children's services.

Child protection

The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect.

Everyone must be aware that in situations where there is a concern that an adult at risk is or could be being abused or neglected and there are children in the same household, they too could be at risk. Reference should be made to the Somerset child protection procedure, the local Safeguarding Children Board, inter-agency guidelines and internal protocols dealing with cross-boundary working if there are concerns about abuse or neglect of children and young people under the age of 18.

Transition to adulthood

Robust joint working arrangements between children's and adult services need to be in place to ensure that the medical, psychosocial and vocational needs of children in transition are addressed as they move to adulthood.

The care needs of the young person should be at the forefront of any support planning and require a coordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence and well-being and choice.

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SECTION TWO – Safeguarding in Somerset

No Secrets (Department of Health, 2000)

Legal status of the No Secrets guidance

The No Secrets guidance issued in 2000 forms the basis for multi-agency activity to protect adults who are at risk of harm. No Secrets is not legislation itself but rather statutory guidance issued under Section 7 of the Local Authority Social Services Act 1970. This Act states that local authorities must act under the general guidance of the Secretary of State. Local Authorities like Somerset County Council are thus obliged to follow such guidance.

The main focus of the guidance is the need for effective multi-agency working arrangements to protect vulnerable people, and the responsibility of the local authority to take the lead in this.

Link for No Secrets guidance

Working together commitment

The priority of Somerset Safeguarding Adults Board in developing this policy document is to ensure the effectiveness of arrangements to Safeguard Adults at risk of harm.

The policy and procedures are for use by a wide range of organisations and individuals involved in safeguarding adults at risk, including managers, professionals, volunteers and staff working in public, voluntary and private sector organisations. They represent the commitment of all organisations to:

- work together to prevent and protect adults at risk from abuse
- empower and support people to make their own choices
- investigate actual or suspected abuse and neglect
- support adults and provide a service to adults at risk who are experiencing abuse, neglect and exploitation.

Under the No Secrets, local authorities have the lead role in coordinating work to safeguard adults at risk. However, the guidance recognises that successful responses need multi-agency and multi-disciplinary working.

Local implementation arrangements

Lead Responsibilities

The lead responsibility for effective multi-agency safeguarding arrangements, as set out in No Secrets, including the functioning of the local Safeguarding Adults Board, is fulfilled by Somerset County Council.

Responsibility for investigating concerns about the abuse or neglect of an adult at risk is divided as follows:

- Somerset Partnership (Community Mental Health Teams) for adults with significant mental health needs
- Somerset County Council (Adult Social Care Teams) for all other groups

People who use the drug and alcohol service may be supported by either the CMHT or Adult Social Care team according to their other presenting care needs.

Whenever it is unclear as to which service should lead an safeguarding process the relevant locality team managers in Adult Social Care, Mental Health and learning disability services will make an agreement.

All relevant organisations within Somerset will adopt this policy and procedures so that there is consistency across the county in how adults at risk are safeguarded from abuse. They are expected to use this document as their main source of guidance and to incorporate it into any procedural guidance tailored to the needs of their own employees, volunteers, etc

Sharing information

Effective sharing of information between individuals and organisations is essential for the safeguarding of adults at risk of abuse, neglect and exploitation but this must be done in a way which protects the confidentiality rights of the people concerned.

In this context organisations could include not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and CPS, and organisations which provide advocacy and support where these organisations are involved in Safeguarding Adults enquiries, including raising an alert and participating in an investigation and/or making a contribution to protection plans.

Information will be shared within and between organisations in a way which is proportionate to the concerns raised and is defensible in terms of patient and public safety.

No Secrets guidance and information sharing

The No Secrets guidance emphasises the importance of appropriately sharing personal information if safeguarding is to work effectively.

‘Need to know’ principle

Information will only be shared on a ‘need to know’ basis when it is in the interests of the adult at risk.

Confidentiality and secrecy should not be confused. Informed consent should be obtained but, if this is not possible and other adults are at risk, it may be necessary to override the requirement. It is inappropriate for agencies (and practitioners) to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk. The guidance further points out that principles of confidentiality ‘should not be confused with those designed to protect the management interests of an organisation’ (No Secrets, paras 5.5–5.8).

Knowing when to share information

The importance of maintaining confidentiality, but knowing when to share information, would thus seem to be fundamental to safeguarding practice. For instance, lack of information sharing between agencies was pinpointed as contributing to the death of Steven Hoskin in Cornwall. He was a man with learning disabilities living in a housing association bedsit; over a period of about a year, he was exploited and cheated. Several local young people increasingly took control of his money, his flat and his life – before he was murdered by two of them. Relevant information was held by social services, the police, the health service and the housing association. Put together, this information might have saved Mr Hoskin.

Sharing information and linking complaints

The same message emerged in another widely reported case, involving the deaths of Fiona Pilkington and her 18-year-old daughter. They had been subject to years of anti-social behaviour and harassment from local youths. Despite many requests for help to the local authority and the police, no effective action was taken. Finally, Mrs Pilkington killed herself and her 18-year-old daughter by setting fire to the car they were in.

A serious case review concluded that information had not been shared with other agencies by the police, and that the police had not linked together the complaints or recognised the vulnerability of the family (Leicester, Leicestershire and Rutland Safeguarding Adults Board, 2008).

Sharing of information: professional guidance and codes

Professional codes of conduct and practice give practitioners advice about balancing confidentiality with the public interest. These codes and guidance generally reflect the law, emphasising both the importance of maintaining confidentiality and when it is permissible to breach that confidence. Sometimes there is no discretion about this, for example, if regulatory bodies have access to information as part of their legal powers. Even so, as the General Medical Council's (GMC) guidance points out, people should still be informed where practicable, even if their consent is not required (GMC, 2009, para 19).

Nursing and Midwifery Council on confidentiality

The Nursing and Midwifery Council's (NMC) ***The code: Standards of conduct, performance and ethics for nurses and midwives***, states that confidentiality must be protected, but that nurses and midwives 'must disclose information if you believe someone may be at risk of harm, in line with the law of the country in which you are practising'.

General Medical Council on confidentiality

The GMC has issued detailed guidance on confidentiality – when there is not an absolute, explicit obligation to disclose, but when the doctor must weigh up the risk of disclosure as against non-disclosure. The guidance makes quite clear that in some circumstances it will be justifiable for doctors to breach confidentiality even without the patient's consent. This might be in the public interest, for example, to protect individuals or society from risk of serious harm, including serious crime or serious communicable disease. In deciding whether to disclose, the doctor has to weigh up the harm that could arise from non-disclosure from the harm that would come from disclosure to the patient and also to the overall trust that patients place in doctors. It also emphasises the importance of recording reasons for disclosure, including attempts to gain consent, informing the person of the disclosure or the reasons for not informing the person. (GMC, 2009, paras 36–39)

General Social Care Council on confidentiality

Please note: the General Social Care Council will be replaced by the Health and Care Professions Council (HCPC) in August 2012

The General Social Care Council's (GSCC) code of practice for social care workers states that social care workers must use established processes and procedures to challenge and report dangerous, abusive, discriminatory or exploitative behaviour and practice. Also they must bring to the attention of the employer or appropriate authority resource or operational difficulties – or unsafe practices – affecting the delivery of safe care (GSCC, 2002, paras 3.2–3.5). 5.5.5

Professional discretion or duty to disclose?

Such codes of practice, together with the legal principles on which they are based, may mean that a practitioner may not just have discretion to disclose and break confidentiality in a particular situation, but, from a professional point of view at least, a duty to do so.

Whistle-blowing

Another form of information disclosure is 'whistle-blowing' by employees. This may in some circumstances be a way of alerting the outside world to organisational practices that are leading to serious harm to vulnerable adults. When employees feel obliged to disclose matters in the public interest, they should be protected legally from subsequent victimisation by the employer. This protection comes under the Public Interest Disclosure Act 1998.

Somerset's Safeguarding Adults Board is committed to minimising the barriers for staff raising concerns in this way and ensuring they are appropriately supported. All partner organisations will:

- **have their own whistle-blowing policies and will encourage their use by ensuring that all staff understand the protection provided by legislation**
- **ensure that whistle-blowers from any care provider organisation are offered appropriate support**
- **provide whistle-blowers with feedback about the outcome of the concerns they have raised**

No Secrets guidance on whistle-blowing

The No Secrets guidance states that principles of confidentiality for safeguarding and promoting the interests of people who use services 'should not be confused with those designed to protect the management interests of an organisation' (DH, 2000). It notes that management interests do have a role but should not conflict with the interests of people who use services and patients. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of vulnerable adults, then a duty arises to make full disclosure in the public interest (DH and Home Office, 2000, para 5.8).

Confidentiality, secrecy and disclosure

An example of whistle-blowing gained a high profile in 2009, when, what a nurse considered as her duty to raise concerns about poor standards of nursing care, clashed with the duty to maintain the confidentiality of patients. The NMC struck the nurse off its register for breach of confidentiality, but subsequently faced widespread public and professional disquiet and

successful legal action against it (Smith, 2009). In Somerset, the concerns which ultimately resulted in the prosecution of a care home manager for manslaughter and controlled drugs offences in 2010 were originally raised by two members of staff.

Professional onus on practitioners to whistle-blow

As a result of the case mentioned above, guidance was issued in 2010, with a foreword from the Health Secretary, about the importance of whistle-blowing in the NHS (PCaW and SPF, 2010). The Serious Case Review into the Parkfields Care Home in Somerset highlighted the weaknesses in arrangements for ensuring the protections intended for whistle-blowers. Link for Parkfields Serious Case Review

Nursing and Midwifery Council

The NMC's Code states that the professional must act without delay if patients are at risk, raising the issue with 'someone in authority' and reporting his or her concerns.

General Medical Council

The GMC's Good medical practice states plainly that medical doctors may sometimes have a professional duty to take concerns further. It says that if patient safety is compromised, the employer or contracting body must be informed. But if they take inadequate action, then the doctor should taken independent advice as to how to take matters further, and record his or her concerns and the steps taken (GMC, 2006, para 6).

British Medical Association

Likewise the British Medical Association (BMA) has issued specific guidance on whistle-blowing that points out that raising concerns may not be just a matter of personal conscience but of professional obligation (BMA, 2009, p 4).

General Social Care Council

The GSCC Code of practice states that social workers should challenge and report dangerous or abusive behaviour and problems with delivering safe care, and inform an 'employer or an appropriate authority where the practice of colleagues may be unsafe or adversely affecting standards of care' (GSCC, 2008, paras 3.1–3.8).

Sharing information in safeguarding

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
- 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 for 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, for example:

- 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 organisations

There is little difference in the rules about sharing information within an organization or between organisations. 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 organisation 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. If you do not have consent there are different rules for when you can share sensitive and non-sensitive information.

Rules for sharing sensitive information without consent

Sensitive information can only be shared without consent in the following circumstances:

1. when it is necessary to protect someone's 'Vital Interests' (life and death situations and serious and immediate concerns for someone's safety) and:
    - the person to whom the information relates lacks the capacity to consent, **or**

- they are unreasonably withholding consent, **or**
- consent cannot reasonably be expected to be obtained

2. 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
3. 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)
4. 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

Non-sensitive information can only be shared without consent in the following circumstances:

- 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 always be told before the information is shared, unless:-

- This would place someone at risk, or
- Prejudice a Police investigation, or
- 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

organisations. In these cases, a risk management strategy and line management support must be in place.

Link for information sharing checklist

Link for Home Office information sharing booklet

Prevention of abuse and neglect

It is important to remember that the main purpose for having well co-ordinated safeguarding arrangements is to reduce the likelihood that an adult at risk will experience harm or exploitation 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 adults at risk to protect themselves from abuse:

Families, carers, colleges and care providers should make sure that adults at risk know about abuse and are told about this in a way that they can understand

It is important that information is available to help adult at risk 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 adults at risk 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 adult at risk when necessary

Make sure information is available in different formats and is accessible and easy to understand

Where possible the adult at risk should share in any decisions that affect their lives.

Care 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 care service can minimise risk by:

- Having a Safeguarding Adults Policy that takes account of Somerset's adult protection policy
- Having a whistle-blowing policy which staff understand and are encouraged to use
- Following good practice guidance for safer recruiting to ensure that care staff are able to work safely
- Carrying out thorough pre-placement assessments before offering a placement
- 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
- Making sure that all care staff have a god understanding of how to provide care for each of the people who use the service
- Having enough staff that are trained to meet the needs of the service users
- Encouraging good working relationships and 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 and neglect and how to raise concerns
- Making sure staff know who to tell and how if they have concerns
- Making sure that staff receive regular and effective recorded supervision and that notes are taken of things that were talked about and agreed

Anyone involved in setting up care services for such as Social Workers or Community Psychiatric Nurses and anyone responsible for monitoring care contracts can minimise risk by:

- Making sure that a care plan explains the care the adult at risk 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
- Have a clear understanding of indicators of safe or unsafe/ poor quality services

Service Users who have an individual budget or direct payment

The 'No Secrets' guidance for the protection of adults at risk 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 an adult at risk.

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.

Somerset County Council and any other organizations which have the power to establish individual budgets or direct payments for care will provide information in suitable formats about safeguarding adults at risk. Service users will be encouraged to share this with anyone they employ.

Safeguarding responsibilities in Somerset

Somerset County Council as the lead agency

Somerset County Council has the lead role in co-ordinating the multi-agency approach to safeguarding adults at risk. This includes the co-ordination of the application of this policy and procedures, co-ordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

In addition to that strategic co-ordinating role, the Somerset County Council's Adult Social Care (ASC) service has responsibility for ensuring that all concerns that an adult is being or is at risk of being abused or neglected are appropriately investigated. Investigation will be undertaken either by SCC social work staff or by senior staff in partner agencies, as appropriate.

Somerset County Council will:

- ensure that any Safeguarding Adults concern is acted on in line with this policy and procedures
- co-ordinate the actions that relevant organisations take in accordance with their own duties and responsibilities. This does not mean that the local authority undertakes all activities under Safeguarding Adults – relevant organisations have their own roles and responsibilities
- ensure a continued focus on the adult at risk and due consideration to other adults or children
- ensure that key decisions are made to an agreed timescale
- ensure that an interim and a final protection plan are put in place with adequate arrangements for review and monitoring
- ensure that actions leading from investigation are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case
- ensure independent scrutiny of circumstances leading to the concern and to Safeguarding Adults work
- facilitate learning the lessons from practice

Key Somerset County Council roles

Director of Adult Social Services (DASS) role

In Somerset County Council's recently revised management structure the statutory DASS statutory responsibilities including for safeguarding are fulfilled by the Lead Commissioner for Adults and Health.

In relation to the Safeguarding Adults Board (SAB), the DASS has a responsibility for:

- Chairing the Board and the Executive Leads Group (see SAB structure, below)
- Ensuring the effectiveness of the SAB and working group structure
- Leading decision-making about requests for Serious Case Reviews (see Serious Case Review procedures)
- Ensuring all partner agencies understand their responsibilities and take a active role in the work of the SAB and its working groups
- Taking a lead role in developing the Somerset Safeguarding Adults policy and procedures
- Making policy recommendations to corporate management groups

And in relation to Somerset County Council's Adult Social Care service:

- maintaining a clear organisational and operational focus on safeguarding adults at risk
- making sure relevant statutory requirements and other national standards are met
- making sure Independent Safeguarding Authority standards are met in relation to the employment of staff
- reporting to the Department of Health annually on safeguarding activity

Operational Lead Officer for Safeguarding Adults

The Operational Lead Officer Is responsible for:

- Promoting good practice
- Publication of an annual Safeguarding Adults Board report
- Ensuring the effectiveness of the Safeguarding Adults and Mental Capacity Act co-ordinator role

- Ensuring that all SAB partner agencies take active steps to raise awareness of adult safeguarding among their service users and with members of the public

Safeguarding Adults and Mental Capacity Act co-ordinator

The co-ordinator is responsible for:

- supporting the Operational Lead Officer for Safeguarding Adults and advising
- supporting the effective functioning of the SAB and Safeguarding Adults systems across Somerset.
- providing advice and guidance to practitioners in Somerset County Council and partner organisations about adult safeguarding and mental capacity matters
- advising senior managers of Somerset County Council about the exercise of its safeguarding and Mental Capacity Act responsibilities
- developing a training programme and resources for employees of SCC and its partners
- information collation and analysis of safeguarding activities
- supporting a range of exercises aimed at sharing learning from practice such as case audits and Serious Case Reviews
- Leading the co-ordination of training activities within SCC and among the partner agencies

Somerset Safeguarding Adults Board

In December 2010 the Safeguarding Adults Board adopted the following structure. The reformed SAB and the various working groups were established early in 2011. A single Operational sub-group (known as Local Leads), combining front-line staff from statutory health and social care services, was established in early 2012.

Safeguarding Adults Board

supported by

Executive Leads Group

Operational sub-groups	***Policy & performance sub-groups***
Local Leads group	Serious Case Review & Learning Lessons
Mental Capacity Act implementation	Training & Awareness-raising
	Policy review

The Safeguarding Adults Board (SAB)

The Safeguarding Adults Board (SAB) has overall responsibility for safeguarding adult at risk in Somerset and is the group to whom all partner organisations are accountable.

The Board will consist of representatives of a range of organisations and stakeholders who have a critical role in the safeguarding of adult at risk in Somerset.

Please note: Membership of the SAB and its sub-groups will be subject to revision when the new health service commissioning structure has been agreed.

Representatives of organisations will need to have the delegated authority to agree policies and strategies on behalf of their organisation, and to commit their organisation to key actions required by the Board.

The Board is chaired by the senior manager from Somerset County Council who has the Director of Adult Social Services (DASS) role. This is currently the Lead Commissioning Officer for Adult Social Care. Consideration may be given in future to the appointment of an independent chair person.

The Board, the Executive Leads Group and each sub group should all have a support officer to ensure their coordination and smooth running. The support officer for the SAB is the SCC Safeguarding Adults Co-ordinator

The main functions of the SAB are:

1. To agree and set the overall strategy and priorities for safeguarding adults in Somerset, advised by the Executive Lead Group
2. To hold partner organisations to account for their safeguarding work, while building commitment and consistency of approach to the safeguarding agenda
3. To be held to account for its work on Safeguarding by the Safer Communities Group and the Adult Services Partnership Board
4. To provide partner organisations with an information sharing forum
5. To commission work to be undertaken by the sub-groups
6. To agree and oversee the implementation of an annual work plan
7. To receive and approve the reports of the various working groups and to make decisions based upon the recommendations from an executive lead group (ELG) – see below
8. To be assured through the work of the ELG and subgroups that safeguarding adults policy and practice in Somerset is consistent with legislative and regulatory requirements and is informed by best practice nationally
9. To commission Serious Case Reviews or other multi-agency reviews of safeguarding issues
10. To publish an annual report on safeguarding in Somerset
11. To raise awareness of adult safeguarding across Somerset

The Safeguarding Adults Board meets three times each year.

Executive Leads Group (ELG)

This group consists of senior representatives from agencies with a statutory responsibility for safeguarding. These leads should hold senior responsibility for safeguarding in their agency and have the authority to make decisions on its behalf including the commitment of staffing or financial resources.

The agencies represented will be:

- Somerset County Council – Adult Social Care (including Learning Disabilities)

- NHS Somerset – Patient Safety and Health Commissioning
- Somerset Partnership NHS Foundation Trust incorporating Somerset Community Health
- Taunton & Somerset Hospital Foundation Trust
- Yeovil District Hospital Foundation Trust
- Avon & Somerset Constabulary

The chair of this group is the Safeguarding Adults Board chair.

The support officer is the SCC Safeguarding Coordinator

The Safeguarding Executive Leads Group will have as its main functions:

1. Ensuring the effective implementation of the policy and procedures in the key health and social care organisations
2. Overseeing the work of the safeguarding sub-groups in progressing the annual work plan and other decisions made by the SAB
3. Developing a draft safeguarding annual plan for approval by the SAB
4. Reporting to and making recommendations to the SAB on the progress of the plan and any other safeguarding matters
5. Identifying resource requirements for safeguarding and seeking appropriate contributions from respective agencies
6. Ensuring appropriate and effective responses are made to inspection, regulation and other significant enquiries about safeguarding in Somerset

   This group will meet three times yearly, approximately one month before each full SAB meeting.

Safeguarding Adults Board sub-groups

These groups will be responsible for working on specific areas of the SAB work plan and for providing two way communication channels for the organisations or service areas they represent. All of these groups already exist or will be convened for the first time early in 2011.

In June 2010 the SAB agreed the establishment of the following sub-groups:

Local Leads Group (Health and Social Care)

Chair: Somerset County Council operational lead

Membership:

- Somerset Partnership Safeguarding Lead for Adults or Lead Nurse;
- Somerset Partnership Community Health safeguarding lead
- Social care team managers:
    - 1 from Community Mental Health Teams for Older People
    - 1 from Community Mental Health Teams for working age adults
    - 1 from each Adult Social Care locality (= 3 at present)
    - 1 from the Community teams for Adults with Learning Disabilities (CTALD)
- SCC Safeguarding Co-ordinator
- SCC Safeguarding officer
- Safeguarding lead nurses from Yeovil District Hospital and Musgrove Park Hospital (Taunton);
- Lead nurse for Funded Nursing Care, NHS Somerset

Support Officer: to be drawn from membership of the group.

Terms of reference

- To co-ordinate the implementation of the multi-agency safeguarding procedures by the teams with investigation responsibilities
- To monitor the effective implementation of the policy and procedures
- To raise policy issues with the SAB and the policy review sub group as appropriate for resolution
- To provide a forum for information sharing between the Safeguarding Adults Board and operational staff
- Monitor the implementation of actions agreed in Serious Case Reviews and other review formats
- To provide a forum for peer advice and support
- To review and comment upon performance data and formally report to the SAB on safeguarding performance.

Mental Capacity Act implementation sub-group

Chair: Jointly by leads from Somerset Partnership Community Health and Musgrove Park Hospital

Membership: Those with lead implementation responsibilities in Somerset Partnership, NHS Somerset, Somerset County Council, plus the SCC MCA/DOLS officer and the IMCA service manager

Support Officer: SCC MCA/DoLS officer

Terms of reference:

- To monitor the implementation of the Mental Capacity Act across the statutory agencies and more widely
- To identify training and awareness-raising needs in relation to the MCA and DOLS
- To assure governance arrangements for the DOLS service
- Provide a problem-solving forum for issues related to the MCA including DOLS
- Oversee the monitoring and reviewing of the IMCA service
- Overseeing the use of MCA budgets, coordinating resources as appropriate to gain maximum efficiency and effectiveness
- To contribute to the SAB annual report

Serious Case Reviews/ Learning Lessons sub-group

Chair: Avon and Somerset Constabulary representative

Membership: NHS Somerset Patient Safety lead; SCC ASC operational lead; Somerset Partnership Safeguarding Adults Lead; Police Public Protection Unit; Care provider representation; advocacy service representation

Support Officer: SCC Safeguarding Coordinator

Terms of reference:

- Overseeing the progress of the serious case reviews, timescales etc
- Updating each Executive Leads and SAB meeting about the progress of any reviews underway
- Identifying learning from other review processes for dissemination
- Reviewing and updating SCR policy and practice guidance as required
- Monitoring the implementation of action plans from serious case reviews and reporting to the Board about this.

- Advising the SAB and partner organisations about learning from reviews in other local authority areas

Training and Awareness Raising sub-group

Chair: SCC Safeguarding co-ordinator

Membership: SCC Safeguarding training lead; Somerset Partnership Safeguarding and training leads; NHS Somerset/Somerset Community Health safeguarding and training leads; Care Focus/RCPA; Service user led org/advocacy org

Support officer: SCC Safeguarding officer

Terms of reference:

- Co-ordinate awareness-raising activities across Somerset, developing or commissioning resources and targeting priority groups as agreed by the SAB through the annual plan
- Commission the development of resources for the above, raising resource requirements with the ELG and SAB as required
- Co-ordinate safeguarding adults training for staff in the statutory agencies and provider organisations based upon the competency framework
- Ensure that learning from SCRs and other similar activities are incorporated into the various training resources
- Monitor and evaluate the quality and effectiveness of training provided
- To collate performance data and formally report to the SAB, on training and awareness-raising, and contribute to the annual report.

Safeguarding Multi-agency Policy Review Group (established Mar 2011)

Chair: SCC Safeguarding co-ordinator

Membership: Safeguarding leads from Somerset County Council, Somerset Partnership and NHS Somerset to form a core group and to invite additional members as required.

Support Officer: Not required

Terms of reference:

- To ensure that the multi-agency safeguarding adults policy and procedures are consistent with best practice and emerging policy and legislative requirements
- To undertake or commission the writing or revision of policy sections as agreed by the Safeguarding Adults Board

- To consider compatibility issues relating to partner agencies' own policy documents
- To advise the Safeguarding Adults Board of the need for policy amendments for example in the light of new government guidance
- To co-ordinate the production and effective dissemination of the policy and associated documents as needed
- To receive and respond to feedback from operational sub groups on policy implementation issues
- To report to the SAB on multi-agency policy issues, and contribute to the annual report

Safeguarding responsibilities

In its broadest terms, safeguarding is everybody's business. Adult abuse can happen to anyone, anywhere, and responsibility for dealing with it lies with us all as public, volunteers and professionals.

Link for How to Report a Concern

Everyone's responsibilities – all staff and volunteers

The first priority should always be to ensure the safety and protection of the adult at risk.

All staff and volunteers from any service or setting should know about the policy and procedures. All staff and volunteers from any service or setting who have contact with adults at risk have a responsibility to be aware of issues of abuse, neglect or exploitation. This includes personal assistants paid for from direct payments or personal budgets.

All staff and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable is being or is at risk of being abused, neglected or exploited and to ensure that the situation is assessed and investigated.

Staff or volunteers should:

- be aware that they must call the police and/or an ambulance where appropriate in situations where the abuse of the adult indicates an urgent need for medical treatment, or where there is immediate risk of harm indicating urgent action is needed to protect the person
- be authorised to make a report to the police, and if a crime has been committed, ensure action is taken to preserve evidence. This could be where there has been a physical or sexual assault, especially if the suspect is still at the scene
- share their concern with colleagues and seek advice and support

- know they must inform their line manager If their line manager is implicated in the abuse then they should inform a more senior manager
- know what services are available and how to access help and advice for the adult at risk
- know how and where to make a direct referral, where speaking to a manager would cause delay
- know that they must make a clear factual record of their concern and the action taken.

Responsibilities of managers in all organisations working with or supporting adults at risk

The role and responsibility of the manager is:

- to ensure that any staff or volunteers have received safeguarding training and information appropriate to their role and that they know who to go to for advice
- to ensure the alleged victim is made safe
- to ensure that any staff or volunteer who may have caused harm is not in contact with service users and others who may be at risk, for example, 'whistleblowers'
- to ensure that appropriate information is provided in a timely way

The primary responsibility for coordinating a response to a Safeguarding Adult concern rests with Team Managers in the social care teams – Adult Social Care (including Learning Disability teams) or Somerset Partnership (Community Mental Health Teams), but the investigation may be undertaken partially or wholly by another organisation, for example a hospital trust or a care provider. This will depend upon the nature of the concern. All managers in all organisations have a key role to play.

Managers in all services should ensure that they:

- make staff aware of their duty to report any allegations or suspicions of abuse to their line manager, or if the line manager is implicated, to another responsible person or to the local authority
- meet their responsibilities under the Health and Social Care Act 2008 and the Care Standards Act 2009 and ensure compliance with registration and outcomes and guidance on compliance, on quality and safeguarding and safety standards
- operate safe recruitment practices and routinely take up and check references
- adhere to and operate within their own organisation's 'whistle-blowing' policy and support staff who raise concerns.

Managers of regulated activity providers must fulfil their legal obligations under the Vulnerable Groups Act 2006 and the Vetting and Barring Scheme as administered by the Independent

Safeguarding Authority. Managers have responsibility for making checks on and referring staff and volunteers who have been found to have harmed an adult at risk or put an adult at risk at risk from harm.

Managers in health settings should report concerns in line with clinical governance procedures, and a decision must be made whether the circumstances meet the criteria for referral to the Somerset county Council in line with the policy and procedures.

Responsibility for investigation

The responsibility for leading the investigation into a safeguarding concern rests with the Somerset County Council's Adult Social Care (ASC) service. For adults with significant mental health needs this function is carried out by Community Mental Health Teams (CMHTs) in Somerset Partnership. The criteria for accepting a safeguarding referral is identical in both services.

Whenever an investigation has a significant medical element or the concern relates to care in a nursing home or other health based service, specialist nursing staff will contribute to the assessment.

Deciding which team should lead on a specific referral

Person referred	Team taking the lead	Notes
Any adult with significant mental health needs	Community Mental Health Team (CMHT)	The CMHT is acting for SCC for this client group
Any adult who appears to have a significant learning disability	Community Teams for Adults with Learning Disabilities (CTALD)	If the person has communication or other needs which require specialist knowledge?
Any adult at risk who is not mentally ill or learning disabled	Adult Social Care (ASC)	
Any adult at risk referred by the drug and alcohol service	Either ASC or CMHT	Depends upon other presenting needs contributing to risks Link for Drug and Alcohol protocol

Responsibilities of staff within the Somerset County Council's Adult Social Care service (including learning disability)

All staff – identifying concerns about possible abuse or neglect of an adult at risk and raising the appropriate alert; contributing to investigations as required

Qualified Social Workers – leading safeguarding investigations or assessments for all concerns about adults who do not have significant mental health needs.

Team Managers – Leading the decision-making process for individual concerns by planning the investigation and chairing safeguarding strategy meetings and conferences

Service and Operations Managers (SOMs) and Group Managers (GMs) - Leading the decision-making process for safeguarding concerns about whole services or particularly complex situations involving an individual by chairing strategy meetings and conferences.

Responsibilities of staff within Somerset Partnership's Community Mental Health Teams

All staff – identifying concerns about possible abuse or neglect of an adult at risk and raising the appropriate alert

Qualified Social workers or Community Psychiatric Nurses - undertaking safeguarding investigations or assessments in relation to adults who have significant mental health needs

Team Managers/Deputy Team Managers - Leading the decision-making process in relation to adults who have significant mental health needs by chairing safeguarding strategy meetings and conferences and overseeing investigations

The Adult Social Care or Community Mental Health Team Manager/Deputy Team Manager leading the decision-making is responsible for ensuring that:

- the interests and wishes of the adult at risk are at the centre of the safeguarding process regardless of whether they are able to contribute directly
- a decision is made in consultation with other relevant organisations to instigate the Safeguarding Adults process
- all relevant organisations and individuals are involved and contributing to addressing the safeguarding concern
- the action being taken by organisations is coordinated and monitored
- those who need to know are kept informed
- a multi-agency strategy meeting or discussion is held to determine how the Safeguarding Adults process will be conducted, who will conduct an investigation and to ensure decisions are recorded and copied to relevant organisations
- the response of the organisations involved in the Safeguarding Adults process is coordinated. The aim is to agree that where indicated a joint investigation will take place with agreement to share information in line with the information-sharing protocol
- a multi-agency case conference is convened and chaired and a record made of the decisions and circulated to all relevant organisations

- a protection plan is agreed with the adult at risk if they have mental capacity to participate in this, or in the best interests of the person if they have been assessed not to have mental capacity
- any safeguarding documentation is completed including monitoring information.

Adults at risk who misuse drugs or alcohol

A protocol has been agreed by Somerset County Council and Somerset Partnership about how safeguarding referrals from the drug and alcohol service (Turning Point) will be managed. Link for Somerset's Drug & Alcohol Protocol Which service takes the lead will depend upon the person's other presenting needs. The drug and alcohol service will offer specialist support to the process of assessing safeguarding situations.

Responsibilities of specialist organisations or staff teams

Somerset County Council Emergency Duty Team (EDT)

The Somerset County Council Emergency Duty Team operates out of normal working hours, at weekends and over statutory holidays.

If a referral is made to the EDT which indicates an immediate or urgent risk of harm, the officer will take any immediate steps necessary to protect the adult at risk including arranging emergency medical treatment, contacting the police and taking any other action to ensure that the person is safe.

A member of the EDT would not be responsible for leading a Safeguarding investigation but it may be necessary to interview the alleged victim where:

- the allegation is serious, that is, life-threatening or likely to result in serious injury (in which case action would be co-ordinated with the police to ensure that any evidence is preserved)
- there is an urgent need to interview the adult at risk to ensure they can be protected against further abuse.

Whether or not any immediate action is necessary the emergency duty officer will record the facts concerning the alleged abuse or neglect on the electronic client record system and pass all relevant information to the appropriate duty team in adult social care or to a CMHT on the next working day. If the case is already allocated the EDT will notify the allocated worker and their team admin support via the relevant e-mail box.

In a situation where staff who work for other organisations including health services and those who work out of hours become aware that an adult at risk is being abused or neglected, they should call emergency services if the adult is at serious risk of immediate harm, and the local authority EDT or emergency out-of-hours service if an immediate protection plan needs to be put in place. If this action has been taken, the EDT or out-of-hours service deal with the referral as above.

If the situation does not indicate an immediate risk of harm, staff working out of hours will refer to the appropriate local authority referral point on the next working day. They will also refer to the appropriate point in their own organisation.

Complaints officers

Local authorities have statutory complaints procedures. If a complaint received by a complaints officer could indicate that an adult is at risk, the complaints officer will bring this to the attention of the Safeguarding Adults co-ordinator.

If a complaint is made to the local authority that leads to a Safeguarding Adults investigation, the local authority can decide not to commence the complaints investigation if this would compromise the investigation. The complainant would be informed of this course of action and the reason for this.

Link for Somerset County Council Complaints Procedures

Link for Somerset Partnership Complaints procedures

Commissioning and contracts managers

If commissioning or contracts managers are concerned or are made aware that an adult at risk may have experienced or been placed at risk of significant harm in a commissioned service, they will share this information with the Safeguarding Adults Co-ordinator. Members of commissioning teams will need training to identify and report safeguarding concerns appropriately. Training and guidance for commissioners will need to assist them in identifying when poor quality care services place adults at risk of harm.

The relevant member of the commissioning team will be invited to attend Strategy meetings and Case Conferences whenever the actions or inactions of a commissioned service provider is under scrutiny.

The ADASS in the South West Region has developed a Cross-Border protocol for the sharing of information about poor quality or concerning services. Somerset County Council will be responsible for sharing information with and receiving information from other local authorities, and will ensure that this is shared with partner commissioning organisations in Somerset as appropriate.

Link for Cross Boundary Protocol

Senior managers from Somerset County Council, Somerset Partnership and NHS Somerset meet bi-monthly with the CQC Regulation Manager covering the Somerset area. The purpose of these meetings is the sharing of information about regulated services.

In the event of safeguarding concerns, the authorised officer for the contract should attend any strategy or planning meetings, if required to do so, and carry out any actions agreed at the meetings. They will monitor and review to ensure that any changes required in the management, staffing or practice of the service are undertaken.

Commissioners of services should set out clear expectations of provider agencies and monitor compliance. Commissioners have a responsibility to:

- ensure that agencies from whom services are commissioned know about and adhere to relevant registration requirements and guidance
- ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the multi-agency Safeguarding Adults policy and procedures
- ensure that managers are clear about their leadership role in Safeguarding Adults in ensuring the quality of the service, the supervision and support of staff, and responding to and investigating a concern about an adult at risk
- commission a workforce with the right skills to understand and implement Safeguarding Adults principles
- ensure staff have received induction and training appropriate to their levels of responsibility
- liaise with the local SAB and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users
- ensure that services routinely provide service users with information in an accessible form about how to make a complaint and how complaints will be dealt with
- ensure that service providers give information to service users about abuse, how to recognise it and how and to whom they can raise a concern
- ensure Safeguarding Adults are always included in the monitoring arrangements for contracts and service-level agreements
- ensure that commissioners (and regulators) regularly audit reports of risk of harm and require providers to address any issues identified.

Link for SCIE guide to safeguarding for Care Commissioners

Personal budgets and self-directed care

People who direct their own care have a responsibility to consider, through their support plan, how to manage any risks to their safety and work to address these. In particular, they need to consider their responsibility to use safe recruitment and employment practices.

Commissioners have a responsibility to:

- ensure that people who commission their own care are given the right information and support to do so from providers who engage with Safeguarding Adults principles and protocols
- ensure that the commissioning of services such as brokerage services includes information on safeguarding and dignity
- ensure that services are commissioned in a way that raises service users' and carers' expectations in relation to quality of services
- ensure that commissioners develop links with front-line staff to review performance of providers in relation to complaints, standards of care and safeguarding.

Link for 'Keeping Safe in Your Own Home' leaflet

Responsibilities of other organisations

Avon and Somerset Constabulary

http://www.avonandsomerset.police.uk/

The investigation of crimes against adults at risk by the police is in accordance with the Safeguarding Adults at Risk Standard Operating Procedures. These give clear guidance to police officers and staff to ensure the safety and protection of adults at risk by providing a quality service to service users whether as employees, colleagues, victims, witnesses or strategic partners, and so on.

The police service is resolute in its commitment to tackling all forms of crimes against adults at risk. Every member of the community deserves protection from exploitation and abuse by those entrusted with their care and the people they should be able to rely on to keep them safe.

Aims of the Safeguarding Adults at Risk Policy:

- to hold people causing abuse accountable for their actions.
- to work with partnership agencies and to identify courses of action where criminal proceedings are deemed inappropriate
- to work in effective partnership with other agencies to safeguard adults at risk.

Where a criminal offence appears to have been committed, the police will be the lead investigating agency and will direct investigations in line with legal and other procedural

protocols. A police investigation will be initiated at the outset and a comprehensive initial risk assessment undertaken.

It is the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. The police will interview the alleged victim, the alleged person causing harm and any witnesses. Where the police are the lead investigating agency they will work with the local authority and other partner agencies in line with the Safeguarding Adults policy and procedures to ensure that identified risks are acted on and a risk management or protection plan is agreed at an early stage.

The Constabulary Public Protection Unit has the strategic and policy lead for domestic violence, hate crime, child protection, management of dangerous offenders and protection of adults at risk. The PPU has a central base at police headquarters in Portishead, near Bristol, and investigation staff based in each of the Somerset Divisions at Yeovil and Bridgwater police stations.

The contact point for staff involved in safeguarding investigation work is the Public Protection Unit central hub in Taunton which covers the whole of the geographical county of Somerset as well as North Somerset. Staff in the hub provide advice and guidance about police involvement to employees of partner agencies in planning effective responses to alerts about abuse or neglect.

Barriers to reporting crimes

Many adults at risk who are victims fear that they will not be believed and that reporting a crime will be detrimental to their care needs or family needs. Some will have had poor experiences with statutory agencies in the past or they may not wish to get a member of staff into trouble.

The following are some reasons why some adults at risk do not report the crimes and abuse they have experienced:

- fear that reporting will lead to the loss of care
- fear of retaliation from the person causing harm
- a belief that nothing will be done if the crime or abuse is reported
- a lack of understanding of the true nature of what is happening to them and whether it amounts to crime or abuse, or a lack of knowledge about how to report crimes or abuse
- a belief that the police will be insensitive and/or dismissive of the report
- a belief that the criminal justice system is unsupportive of people with disabilities and other adult at risk
- a belief that a prosecution will not be pursued because they will be deemed to be an unreliable witness

- embarrassment/feelings of shame.

There may also be practical barriers deterring the adult at risk, for example, someone with hearing difficulties may need a British Sign Language interpreter to be present. Staff must be aware when dealing with Safeguarding Adults at Risk cases that there may be issues and barriers to reporting in addition to those outlined above. They may include fear of being identified as being vulnerable to family/friends, losing their home, carer or financial and emotional support. There may also be cultural matters that keep them isolated from services. An example of this is where a member of the extended family is the carer of an adult at risk where the person may have to accept what has happened, as they do not recognise the particular behaviour as being abusive.

National Health Service

Who might need safeguarding support in health settings?

The majority of adults in receipt of healthcare are able to safeguard their own interests and to protect themselves from harm. For some patients, their personal circumstances and the environment they are in impair their ability to protect themselves. Such patients may need additional support to safeguard themselves from harm. Within healthcare settings, patients may be at increased risk of harm as the nature of a health condition gives rise to higher dependency on others.

The NHS is accountable to patients for their safety and well-being through delivering high-quality care. This duty is underpinned by the NHS constitution that all providers of NHS services are legally obliged to take account of. Quality is defined as providing care that is effective and safe and which results in a positive patient experience.

Some patients may be unable to uphold their rights and protect themselves from harm or abuse. They may have the greatest dependency and yet be unable to hold the service to account for the quality of care they receive. The NHS has particular responsibilities to ensure that those patients receive high-quality care and that their rights are upheld, including their right to be safe.

‘Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work’ (ADASS, 2005 http://www.avonandsomerset.police.uk/) describes a range of activities that focus on those patients who are least able to protect themselves from harm. It covers a spectrum of activity aimed at:

- preventing safeguarding concerns arising, through provision of high-quality care
- providing effective responses where harm or abuse occurs, supporting the patient’s choices through multi-agency Safeguarding Adults procedures

Health services may be involved in safeguarding adults at risk by:

- Alerting Somerset County Council to concerns about abuse or neglect situations which may have occurred in the community, for example, in the patient's own home or in a registered care service such as a residential or nursing home, or a day centre.
- Identifying through routine incident reporting, complaints procedures, or whistle-blowing, situations where a patient has experienced or been put at immediate risk of harm within a hospital or other healthcare setting. This relates either to the care and treatment provided by healthcare staff or to the actions of non-hospital staff such as visitors.

NHS Somerset

NHS Somerset (the Primary Care Trust) is the lead commissioner for health services in Somerset until the new GP commissioning arrangements come into effect in 2013.

This section will be updated later in 2012 once the new arrangements including safeguarding responsibilities have been agreed.

Along with other public authorities, NHS Somerset has a legal duty to ensure that, in everything it does, it has regard to the need to safeguard and promote the welfare of vulnerable adults. NHS Somerset works in collaboration with all other healthcare providers within Somerset such as Yeovil District Hospital, Musgrove Park Hospital, South Western Ambulance Service (SWAST), independent contractors such as GPs, pharmacists, optometrists and dentists, and independent sector nursing homes, to ensure that vulnerable adults are kept safe and free from harm.

NHS Somerset shares responsibility for improving Safeguarding Adults performance across health and social care by developing their partnership role with Somerset County Council as a member of the Safeguarding Adults Board and the Executive Leads Group.

Staff from NHS Somerset's Patient Safety Directorate actively participates in the investigation of concerns about abuse or neglect in any health care setting. This includes in care homes providing funded nursing care and Continuing Health Care, as well as in primary care settings

Somerset Partnership NHS Foundation Trust

Following Somerset Partnership's acquisition of Somerset Community Health its responsibilities in relation to the safeguarding of adults at risk fall into two categories:

1. Social care responsibilities for safeguarding investigations by the Community Mental Health Teams
2. Health care provider responsibilities for
    - mental health in-patient and out-patient therapeutic services
    - Community hospitals

- District nursing services

Link for Somerset Partnership website

Primary Care services

General Practitioners and their practice staff have a significant role in the effective safeguarding of adults at risk.

This may include:

- putting adults at risk and/or their carers in touch with appropriate care and support services
- making referrals to Somerset County Council if they suspect or know of abuse or neglect
- sharing information
- undertaking medical assessments as part of a multi-agency investigation
- taking an active role in strategy discussions or meetings, case conferences and protection planning
- contributing to learning lessons from practice, for example as part of a Serious Case Review (SCR) or a Serious Untoward Incident (SUI) review

To fulfil these responsibilities effectively, General Practitioners need to:

- ensure that all staff working in their practice understand when and how to raise an alert about possible abuse or neglect
- make available to their patients information about how to seek assistance from Somerset County Council if needed

Link for Somerset's Stop Abuse poster

Link for Somerset's Stop Abuse leaflet

Commissioners of primary care services will need to ensure GPs and practice staff have access to appropriate training and guidance materials, as well as to easily available sources of expert advice, for example when deciding if a referral is needed.

Link to Primary care safeguarding guide (forthcoming)

South Western Ambulance Service NHS Foundation Trust (SWAST)

There are a number of ways in which SWAST staff may receive information or make observations which suggest that an adult at risk has been abused or is at risk of harm. SWAST

staff will often be the first professionals on the scene and their actions and recording of information may be crucial to subsequent enquiries.

SWAST will not investigate suspicions and, if there is someone else present, will avoid letting the person know they are suspicious. If the patient is conveyed to hospital, the staff should inform a senior member of the A&E staff, or nursing staff if conveying to another department, of their concerns about possible abuse. They will complete a patient report form and give a copy to the staff at A&E or other location where clinical responsibility is being handed over. SWAST staff should also follow local procedures for contacting the local authority.

Link for SWAST website

Taunton and Somerset NHS Foundation Trust (Musgrove Park Hospital, Taunton)

Yeovil District Hospital NHS Foundation Trust

The following protocol has been agreed by the Acute Hospital Trusts and will be rolled out during the latter part of 2012.

Link for Yeovil District Hospital website

Link for Musgrove Park Hospital website

Other organisations' safeguarding adults' responsibilities

Care Quality Commission (CQC)

The CQC regulates and inspects health and social care services including domiciliary services and protects the rights of people detained under the Mental Health Act 1983. It has a role in identifying situations that give rise to concern that a person using a regulated service is or has been at risk of harm, or may receive an allegation or a complaint about a service that could indicate potential risk of harm to an individual or individuals.

Where the CQC receives information about a possible Safeguarding Adults situation or issue, then that information must be immediately brought to the attention of the lead regulatory inspector for the service, or the duty inspector. If, on a review of the information, there appears to be a Safeguarding Adults concern, the CQC should pass the information to the local authority through the locally determined referral point.

Following referral, the CQC will participate in any strategy discussions to consider ongoing risk factors and the implications for the well-being for the people who use the service and contribute to the agreement of a protection plan.

The CQC must always be made aware of a Safeguarding Adults concern within a regulated service. If the concern is reported to the local authority, the local authority must notify the CQC even though the regulated service also has a duty to do so.

The CQC will be directly involved with a Safeguarding Adults process where:

- one or more registered people are directly implicated
- urgent or complex regulatory action is indicated
- a form of enforcement action has been commenced or is under consideration in relation to the service involved.

The CQC would expect that registered providers and managers who are not implicated in the alleged abuse, people who use the service and/or their representatives are invited to attend meetings or to participate in the discussions. The CQC will assist the Team Manager in determining whether registered people are or should be included as full partners in the strategy discussion.

Whether relevant CQC staff attend or not they must be sent copies of minutes of the agreed strategy. The regulatory inspector is responsible for ensuring that communication is established. If they have any concern about the proposed protection plan, they will discuss this with the regulatory manager in the first instance.

Where the allegation suggests breaches of regulation and standards, the CQC may conduct enquires or initiate a random inspection, in which case they will inform the relevant Team Manager. This activity may take place as well as other investigations being undertaken by another organisation. If the police are investigating, the CQC will coordinate their action with them.

The outcome of any assessment or investigation must also be shared with the CQC if it is related to a regulated service. The CQC have a role in ensuring adherence to any part of a Safeguarding Adults plan that relates to service compliance with regulation and standards.

Where the CQC have not undertaken any activity in relation to the initial concern, they should be notified of the outcome of the Safeguarding Adults process. If the allegation is substantiated and indicates a breach of regulation or standards, the CQC will consider whether any further regulatory activity is required and will inform the relevant Team Manager of their decision.

Link for CQC Safeguarding Protocol

Housing organisations

Staff of housing organisations are in a position to identify tenants who are vulnerable and are at risk of abuse, neglect and exploitation. Supporting People housing has become a major provider of housing and support services for adults with a wide range of needs. The quality of their services is regulated through the Quality Assessment Framework, which includes standards that they must meet with regard to safeguarding adults from abuse. In addition to recognising the

risks of abuse of adults to whom they provide accommodation and in many cases care, staff of housing organisations have an important part to play in establishing protection plans.

Crown Prosecution Service (CPS)

The CPS is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. The CPS has produced a policy on prosecuting crimes against older people which is equally applicable to adults at risk, who may also be vulnerable witnesses.

Support is available within the judicial system to support adults at risk to enable them to bring cases to court and to give best evidence. If a person has been the victim of abuse that is also a crime, their support needs can be identified by the police, the CPS and others who have contact with the adult at risk. Witness Care Units exist in all judicial areas and are run jointly by the CPS and the police.

The CPS has a key role to play in making sure that special measures are put in place to support vulnerable or intimidated witnesses to give their best evidence. Special measures were introduced by the Youth Justice and Criminal Evidence Act 1999 and are available both in the Crown Court and in the magistrates' courts. These include the use of trained intermediaries to help with communication, screens and arrangements for evidence and cross-examination to be given by video link.

The Coroner

Coroners are independent judicial officers who are responsible for investigating violent, unnatural deaths or sudden deaths of unknown cause, and deaths in custody, which must be reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- where there is an obvious and serious failing by one or more organisations
- where there are no obvious failings, but the actions taken by organisations require further exploration/explanation
- where a death has occurred and there are concerns for others in the same household or other setting (such as a care home) or
- deaths that fall outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the Coroner or his or her officers

In the above situations the local Safeguarding Adults Board should give serious consideration to instigating a serious case review.

The Probation service

The Probation Service protects the public by working with offenders to reduce re-offending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who have the potential to do harm. Probation officers use the Offender Assessment System (OASys) to assess risk and identify factors that have contributed to offending. The Probation Service also has a remit to be involved with victims of serious sexual and other violent crimes.

The Probation Service share information and work in partnership with other agencies including local authorities and health services, and contribute to local MAPPA to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public and previous victims from serious harm.

Although the focus of the Probation Service is on those who cause harm, they are also in a position to identify offenders who themselves are at risk from abuse and to take steps to reduce the risk to those offenders in line with the principles of this policy and procedures.

Advocacy and safeguarding

Advocates have an important role in ensuring that the views and wishes of an adult at risk are given appropriate consideration. Team Managers should consider whether an adult at risk may benefit from the support of an independent advocate. There are two distinct types of advocacy – instructed and non-instructed – and it is important that people involved in the Safeguarding Adults process are aware of which type of advocate is representing the person and supporting them to express their views.

Instructed advocates take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person. Non-instructed advocates work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the person.

Advocates should be invited to any safeguarding meeting which the adult at risk would normally attend, either accompanying the adult at risk or attending on their behalf, to represent the person’s views and wishes. Instructed advocates would attend only with the permission of the adult at risk.

In Somerset the arrangements for accessing advocates (other than IMCAs) in safeguarding situations is under discussion with the new consortium of advocacy providers.

Independent Mental Capacity Advocates (IMCAs)

IMCAs provide one type of non-instructed advocacy. Their role was established by the Mental Capacity Act 2005 to provide a statutory safeguard mainly for people who lack capacity to make

important decisions and who do not have family or friends who can represent them to do so. IMCAs have a statutory role in the Safeguarding Adults process.

There is a legal requirement to make a decision about instructing an IMCA for an adult at risk who is the focus of Safeguarding Adults processes where they lack capacity to make decisions about their safety. IMCA instruction may be unnecessary if the adult at risk has adequate alternative independent representation. This could be from another advocate, or from family or friends.

It is good practice for the Team Manager to make a decision about the need for IMCA referral as early as possible in the process and, if required, to make the instruction to the local IMCA provider.

Before making a referral to an IMCA for Safeguarding Adults, it is necessary to assess the person as lacking capacity for consenting to at least one protective measure which is either being considered or has been put in place. Examples of protective measures may include (but are not limited to):

- restrictions on contact with certain people
- temporary or permanent moves of accommodation
- the police interviewing the person or collecting forensic evidence which may support a prosecution
- increased support or supervision
- an application to the Court of Protection
- restrictions on accessing specific services and/or places
- access to counselling or psychology with the aim of reducing the risk of further abuse.

Link for IMCA information

http://www.adass.org.uk/images/stories/Safeguarding%20Adults/IMCA_web.pdf

Safeguarding training

Somerset County Council, partner organisations on the SAB, and service providers working with adults at risk, are responsible for ensuring that their employees and volunteers receive safeguarding training at a level appropriate to their responsibilities. For some this will mean having a basic understanding of what abuse or neglect might look like and how to raise a

concern. For others an in depth knowledge of abuse indicators and evidence gathering techniques will be needed.

To assist organisations in addressing the knowledge and skills needs of their staff the SAB has adopted the Safeguarding Competency Framework produced by Bournemouth University and adapted it for use in Somerset. Use of the framework is anticipated to be rolled out by late 2012.

All organisations in contact with adults at risk will be encouraged by the SAB to use the framework as a basis for identifying training needs and for reviewing the content of current training programmes in this area of work. The framework will also provide a useful tool for staff supervision and professional development.

SAB members will be asked to report annually on numbers of staff who have received the appropriate level of training.

Link to Training structure (forthcoming)

Click here for Safeguarding Competency Framework for statutory agencies

Link to Safeguarding Competency Framework for care providers (forthcoming)

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SECTION THREE - Safeguarding procedures in Somerset

Part 1: Referrals about individuals

The process for responding to a safeguarding referral about an individual adult at risk in Somerset is shown in the following table. All documents referred to in this section are contained in the Practice Guides for staff in Adult Social Care and Community Mental Health Teams.

Please note: The following table and guidance notes replace the Practice Guidance documents. All relevant recording documents are accessible as links from this document. The current safeguarding recording documents will be superseded by a single document later in 2012.

Stage	Activity	Decisions	Recording
1. Alert	**A concern about an adult at risk experiencing harm is referred to Somerset County Council by contacting Somerset Direct** **Somerset Direct record the safeguarding contact and forward it to the relevant social care team** **or** **A social care team worker identifies a safeguarding concern on an open case and records a contact** Link for How to Report a Concern Link for information gathering checklist		

Stage	Activity	Decisions	Recording
2. Initial risk assessment and information gathering	**Assess immediate risks and take action as needed** **Allocated worker or duty worker clarifies what information is already held by SCC about this person and makes contact with:** • **The person making the referral** • **The police (if appropriate)** • **Other workers or agencies involved** Click here for information gathering checklist	**Is urgent action needed to protect person referred or other vulnerable people?**	**Start** Risk Assessment **document (if needed)** **Start Safeguarding Adults** Action Plan **(if needed)** **Start** Initial Discussion Record
3. Threshold decision	**The Team Manager makes a threshold decision about whether to follow the safeguarding adults procedure.** **Timescale: decision should be made within two working days.**	**Based on the information gathered, is there evidence that an adult at risk may have experienced or be at risk of significant harm, neglect or exploitation?**	Initial Discussion Record Send the Alerter Letter to the person making the safeguarding alert if appropriate.

Stage	Activity	Decisions	Recording
4. Planning	**Team Manager leads a Strategy discussion (simple cases) or a Strategy meeting (more complex cases) to plan an appropriate response to the concern** **Create an investigation plan**	**Is a safeguarding investigation required?** **If yes, the plan should cover:** • What the areas of concern and the sources of evidence are; • Which organisation will lead the investigation; • How the victim and their carers (if appropriate) will be involved in the investigation process; • How you will assess the person's mental capacity to make their own decisions; • Whether support is needed to facilitate communication; • Communication plan for all involved; • Whether an IMCA or other advocate should be instructed to represent the person referred; • Who will provide the evidence and in what format; • Timescales. • A safeguarding investigation led by Somerset County Council or Somerset Partnership should be completed within 20 working days of the strategy the strategy discussion meeting which creates the plan.	Initial Discussion Record Strategy Meeting Minutes **(if relevant)** **Record actions in the Safeguarding Adults** Action Plan **document**

Stage	Activity	Decisions	Recording
		The case conference to consider the investigation outcomes and make a protection plan – if needed – should be scheduled as soon after the end of this 20 day period as possible. **If no investigation record what action is to be taken?**	**Record on the Safeguarding Adults** Action Plan
5. Investigation	**Lead investigator and others as appropriate gather and analyse evidence as identified in the investigation plan, including:** • Interviewing the adult at risk and establishing their wishes about how the concerns should be addressed • Interviewing the perpetrator (if appropriate) All evidence and analysis is to be presented in a written report for the Case Conference		**Use Report form for a safeguarding adults investigation** **Complete or update Safeguarding Adults** Action Plan **(if appropriate)** **Complete or update Safeguarding Adults** Risk Assessment

Stage	Activity	Decisions	Recording
6. Decision-making	**Safeguarding Adults Case Conference, chaired by the Team Manager, to:** • Receive evidence reports • Agree the findings • Create a protection plan (if needed) • Agree monitoring & reviewing arrangements The adult at risk and/or an advocate or other representative are invited to attend for all or part of this meeting. All those who have contributed to the investigation will also be invited.	What conclusions are arrived at from the evidence gathered from the investigation? Is there evidence to substantiate the original concern? Is any further investigation or assessment required? What action needs to be taken to manage the risks to the adult at risk? What are the immediate and ongoing support needs of the adult at risk arising from the abuse or neglect? Are there any additional actions needed in relation to the perpetrator? How effective has the investigation been?	**Use** Case Conference template (forthcoming) **Complete or update Safeguarding Adults** Action Plan **(if appropriate)** **Complete** Safeguarding monitoring form **to record conclusions**

Stage	Activity	Decisions	Recording
7. Monitor and review	**Review of the safeguarding plan, chaired by the Team Manager** The adult at risk, their advocate or IMCA are the essential participants in any review of the safeguarding plan.	Is the person safer as a result of the protection plan? Have their preferred outcomes been achieved? What risks remain? What changes need to be made to the protection plan? Is the protection plan complete or does it need amending? Is any further action needed?	**Complete or update Safeguarding Adults** Action Plan **(if appropriate)** **Complete or update Safeguarding Adult** Risk Assessment

Additional Guidance for the stages of the safeguarding process

This guidance is primarily aimed at staff within Somerset County Council or Somerset Partnership teams who are responding to referrals – it may be of interest to others in understanding the social care teams role in safeguarding.

Stages one and two – alerting and information gathering

Link for information gathering checklist

Contacting the police

If a crime has been or may have been committed, report immediately to the police *unless* the adult at risk has mental capacity, does not want a report made and there are no overriding public or vital interest issues. The police may also be contacted later if more information becomes available and it becomes apparent that a crime has been committed.

The new police contact number 101 should be used to report all concerns about possible criminal activity. 999 should only be used in an emergency where the adult is thought to be at immediate risk of significant harm.

In making contact with the police service it is important to be clear whether you are reporting a crime or suspected crime, seeking advice or sharing information. Referral must also be made to Somerset County Council.

In Somerset It will be routine practice for Team Managers or Duty workers responding to a referral to consult colleagues in the Police Southern Safeguarding Co-ordination Unit (SCU) for advice and guidance about potential police involvement. This will not constitute a breach of confidentiality.

Even if an individual who may have been the victim of a crime does not want any action taken it will still be appropriate for Team Managers to seek police advice if there is a concern that other adults may be at risk from the same perpetrator(s). The possible victim has the right not to make a statement to the police for themselves but they do not have the right to prevent appropriate enquiries being made on behalf of others.

It is important to remember that the police may already hold intelligence about an alleged perpetrator and the information from the new referral may contribute to a fuller picture being formed about behaviour which is a cause for concern.

Stage three – safeguarding threshold decision

The referral will be formally recorded as a safeguarding adults matter if the following applies:

1. **The person referred meets the definition of an 'Adult at Risk',** ***and***
2. **There is evidence to indicate that they *may* have been abused or neglected by another person, *or***
3. **There is evidence that they are neglecting to care for themselves leading to a potentially significant risk to their health or safety, and attempts to engage with them about this have not been successful**

At this stage the decision is only about whether there is a legitimate concern that the person may be at risk of harm or exploitation and that further investigation is required.

It is important however to clearly record what information was used to make this decision.

If in doubt seek advice from the safeguarding team.

A referral which meets either of the criteria above must be labelled as a safeguarding referral even if there is no need for the receiving team to take immediate action. This may be because:

- The police have indicated that a criminal investigation is needed
- Any investigation required will be carried out by a care provider under their disciplinary procedures
- The person referred has capacity and does not wish any action to be taken

- The referral is about a situation which has already been assessed
- In a domestic abuse situation there is an existing planned response which needs to be activated.

In all these situations the receiving team need to record that a new referral has been made and what action if any is required. ASC/CMHT Team Managers have a responsibility for making sure that an appropriate investigation is carried out and will need to seek feedback from investigating organisations at agreed timescales in order to record the outcome.

Referrals will need to remain open at least until any investigation is complete.

Situations where there is domestic violence or significant self-neglect may involve high levels of risk and will often require a multi-agency strategy meeting even if the victim has requested that no action be taken. The purpose of the meeting will be to assess what is known about the risks in the current situation and clarify whether services should be offered and whether there is any basis for a statutory agency to intervene compulsorily. The wishes of the victim must be given full consideration and they should be informed about the conclusions of the meeting/discussion.

Link to further guidance on domestic abuse (forthcoming).

When the adult at risk may not have mental capacity to consent to the process

Where there is concern that the adult at risk may not have mental capacity to make relevant decisions, it is important that their capacity is appropriately assessed as soon as possible. It may be established that with appropriate support, they are able to make their own decisions.

If it is established that the adult at risk lacks capacity, feedback will be given to them and anyone who is acting in their best interests, for example, their attorney or court-appointed deputy, unless they are implicated in the allegation.

If the person has no suitable family or friend who can be consulted regarding their best interests, an advocate or an IMCA should be instructed in line with the local IMCA referral policy. An IMCA may be instructed if it is felt that it will be beneficial to the adult at risk, even if they have family, friends and carers available to consult.

The Team Manager must ensure that contact is made with a carer or personal representative. They will also decide in consultation with other relevant organisations what will be fed back at this point to the person allegedly causing the harm.

If the adult at risk has capacity

If the adult at risk has mental capacity to make decisions about their safety, you must:

- find out from them what is happening
- talk to them about your concerns
- carry out a risk assessment with them to find out if they understand the risk and what help they may need to support them to reduce the risk if that is what they want
- be satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation if they decline assistance
- reassure them that they will be involved and supported in all relevant decisions and actions that are taken to protect them.

Deciding when not to use the Safeguarding Adults procedures

It may be decided not to use the Safeguarding Adults procedures when there is enough information to decide that:

- the situation does not involve abuse, neglect or exploitation, in which case another service may be appropriate
- the adult at risk is not an adult who is covered by these procedures. They can then be signposted to other services or resources
- the adult at risk has the mental capacity to make an informed choice about their own safety, there are no public interest or vital interest considerations and they choose to live in a situation in which there is risk or potential risk.
- Concerns regarding adults with so-called ‘low level needs’ will not be excluded from action under the procedures where there are risks that the harm to the person puts their independence and well-being at risk and leads to a deterioration in their ability to protect themselves. Such adults include:
- adults with low-level mental health problems or borderline personality disorder
- older people living independently in the community
- adults with low-level learning disabilities
- adults with substance misuse problems
- adults self-directing their care.

Under adult social care eligibility guidance (DH 2010) published by the Department of Health, the position is as follows.

First, for people falling within the community care service user groups (as defined in legislation), a safeguarding concern will give rise to a duty on the local authority to assess that person under s.47 of the NHS and Community Care Act 1990.

Second, once an assessment has been carried out (or, in urgent cases, even before), and it is established that abuse or neglect has occurred or will occur, the person's need will – under the guidance – be 'critical' or 'substantial'. A legal obligation then arises to provide assistance, by way of community care services under one or more pieces of community care legislation.

If a decision is made not to follow the Safeguarding Adults procedures a record must be made with the reasons.

The referrer must also be informed of the decision in a timely way, the reasons for it and information given about any alternative services which have been offered, if this does not breach the adult's confidentiality.

The Manager/Senior will designate the most appropriate person to feed back to the adult at risk. This will often be the alerter. Where the person does not have mental capacity, they should still be included in the process. Feedback will also be given to the person acting in their best interests, for example, their carer or court-appointed deputy.

Supporting an adult at risk who makes repeated allegations

An adult at risk who makes repeated allegations that have been investigated and are unfounded should be treated *without prejudice*.

- Each allegation must be responded to under these procedures.
- A risk assessment must be undertaken and measures taken to protect staff and others and a case conference convened, where appropriate.
- Each incident must be recorded.
- Organisations should have procedures for responding to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded allegations.

Responding to family members, friends and neighbours who make repeated allegations

Allegations of abuse made by family members, friends and neighbours should be investigated without prejudice. However, where repeated allegations are made and there is no foundation to the allegations and further investigation is not in the best interests of the adult at risk, then local procedures apply for dealing with multiple, unfounded complaints.

Medical treatment and examination

In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidentally). Medical or specialist advice should be sought.

If medical treatment is needed, an immediate referral should be made to the person's GP, Accident and Emergency (A&E) or a relevant specialist health team.

If forensic evidence needs to be collected, the police should always be contacted and they will normally arrange for a police surgeon (forensic medical examiner) to be involved.

Consent of the adult at risk should be sought. Where the person does not have capacity to consent to medical examination, a decision should be made on the basis of whether it is in the person's best interest for a possibly intrusive medical examination to be conducted.

Should it be necessary as part of the investigation to arrange for a medical examination to be conducted, the following points should be considered:

- the rights of the adult at risk
- issues of consent and ability to consent
- the need to preserve forensic evidence
- the involvement of any family members or carers
- the need to accompany and support the adult at risk and provide reassurance and the identification of someone appropriate to do so (consider an advocate).

Stage four – planning the investigation

Strategy discussion or meeting

The strategy meeting is a meeting of professionals to decide the process to be followed after considering the facts. The adult at risk will not normally attend this meeting but should, if practicable, be aware that it is taking place and should receive appropriate feedback about its conclusions. The strategy meeting must decide who will provide this feedback.

The relevant Team Manager will ensure that a strategy discussion or meeting is convened and chaired, and minutes taken and circulated.

Whenever a safeguarding concern relating to an incident of poor care in a hospital setting it is expected that a strategy meeting will be chaired by Somerset County Council and a representative of the hospital and/or the commissioners of the hospital care invited. Click for guidance on safeguarding in health settings

The strategy stage may involve a discussion by telephone if holding a meeting would involve a delay and place the person at greater risk or where few organisations are already involved and a meeting is not judged necessary to ensure that a protection plan is put in place. If a strategy

discussion is held, it may still be necessary to hold a follow up strategy meeting, and more than one strategy meeting or discussion may be needed in more complex or protracted cases.

Where immediate action is needed to protect the adult at risk, the information should be passed to the organisation that is in the best position to carry out the action as quickly as possible. Agreement should be reached on what action they will take, including reporting back to the Manager/Senior.

Information shared at the strategy stage is strictly confidential .The information should not be shared for any purpose other than the protection and care of the adult(s) at risk of abuse and/or neglect. Permission must be obtained from the organisation that gave the information if another organisation wishes to use it.

The purpose of the strategy discussion or meeting is:

- to agree a multi-agency plan to investigate the allegations and assess the risk to the person who is being harmed and address any immediate needs
- to co-ordinate the collection of information about the abuse or neglect.

The strategy discussion or meeting must:

- consider the wishes of the adult at risk
- agree whether an investigation will take place, and if so, how it should be conducted and by whom
- undertake risk assessment
- agree an interim protection plan
- make a clear record of the decisions
- record what information is to be shared and a communication plan for all involved
- agree an investigation plan with timescales
- consider whether any other adults or children (under 18 y) may be at risk

  circulate decisions to all invitees within five days using the appropriate pro forma

The strategy discussion or meeting should take place before any investigation. The commencement of a police investigation is an exception to this when vital evidence gathering is required. An organisation should not begin an investigation prior to a decision by the multi-agency strategy meeting or discussion.

A decision **not** to hold a strategy meeting or discussion might be made because there is sufficient information to indicate that:

- the person is not at risk of abuse or neglect and there is no need to investigate or take further action under the procedures. The decision will be recorded with the reasons and an alternative plan formulated if necessary
- no formal investigation is needed and a protection plan can be put in place to remove or reduce the risk to the adult. The adult at risk agrees with this decision and with the plan. The plan should specify a time for review and indicators of risk that might trigger further action under the procedures.

Who should attend?

Attendance at the strategy meeting should be limited to those who have information to contribute to the decision-making process. This should be staff of any organisation who may have a role in investigating the allegation of abuse or neglect, or in the assessment of the risk to the adult at risk, or for taking action in relation to the person causing the harm. They should be of sufficient seniority to make decisions within the meeting concerning the organisation's role and the resources they may contribute to the agreed protection plan.

Any organisation or individual requested to attend a strategy meeting should regard the request as a priority. If no one from the organisation is able to attend, they should provide information as requested and make sure it is available at the meeting.

Attendees will include:

- the manager of an adult social care team, or a CMHT
- the allocated care manager, care co-ordinator, social worker or Community Psychiatric Nurse

Attendees may include

- the police, if there are concerns that a crime has been committed
- the person making the referral, if they are a professional
- the officer from the CQC in line with their Safeguarding Adults protocol with regard to registered care services
- health professionals
- the IMCA or other advocate (if an IMCA has not been instructed a decision must be made by the meeting chair as to whether to do so.

In cases where a crime has been reported and is being investigated by police all subsequent action by other organisations must be coordinated with them. The officer in charge of the investigation should be invited to any strategy meeting. If the OIC is unavailable to attend, a strategy discussion should take place on the telephone and the outcome recorded.

The police investigation could take some time and other organisations could have duties to take action. Agreement must be reached at the strategy stage, either in a strategy discussion or meeting between the police and other involved organisations about what actions they can take and when.

Any Team Manager who experiences difficulty in obtaining a police response to a referral or to an informal request for advice or who has any other concerns regarding a Safeguarding Adults investigation should ask for support from the Somerset Safeguarding Adults Co-ordinator or Somerset Partnership safeguarding leads.

Supporting the adult at risk

- Clarify the key issues of risk faced by the adult at risk
- Decide who will interview and record the account of the adult at risk
- Decide who will ensure the adult at risk is involved in the process to the maximum of their willingness and ability, and how this will be achieved
- Decide who will support the adult at risk in a formal investigation and ensure that their needs for support and protection are met
- Clarify the mental capacity of the adult at risk to make decisions about their own safety Arrange for an assessment by the most appropriate person, if required
- If the person does not have mental capacity, decide how they will be supported to be involved as much as they are able, who is a suitable person to act in the person's best interests and whether an IMCA should be instructed
- Identify if the person needs advice, support, assistance or services under community care legislation
- Identify any communication needs of the adult at risk
- Identify any equality issues that need to be addressed
- Identify who will keep the adult at risk informed and what information can be shared with them
- Where the adult has capacity, ensure their wishes are respected as to sharing of information with relatives and/or carers (unless there is a duty to override their decision).

Supporting the person allegedly causing harm

- Decide who will interview the person allegedly causing harm and/or give them information about the allegations (and when this should happen) This will usually be the interviewing officer of the organisation that has a duty to investigate

- If the person allegedly causing harm is a member of staff or a volunteer, confirm that the relevant regulatory authority has been informed. It is important to preserve the confidentiality at all times of all concerned including staff members under the Safeguarding Adults information-sharing protocols.
- The primary concern must be the safety of the adult at risk, but the person allegedly causing harm has a right to have information about any accusations and the process that will be followed.
- Decisions about notifying the person allegedly causing harm need to be made at the strategy meeting, weighing up potential repercussions or further risk of harm.
- If the person allegedly causing harm is also an adult at risk, a decision must be made about how their needs are to be met during the investigation. For example, if they lack capacity, they will also need someone who can represent them, possibly an IMCA
- Identify if the person needs advice, support, assistance or services under community care legislation.
- Throughout the Safeguarding Adults process, people alleged to have caused harm must be treated and spoken of without prejudice
- Cases where the person alleged to have caused harm is a family member, friend or carer need to be treated with particular sensitivity. For example, work may need to be done to make sure the person alleged to have caused harm understands what abuse is. A carer may also need a carer's assessment.

Possible outcomes from the Strategy meeting

a) Continuing the Safeguarding Adults process

- The Safeguarding Adults process will continue and an investigation/joint investigation and risk assessment will take place. If a decision is taken at the strategy stage to conduct an investigation under the procedures, agreement should be reached on the following matters:
- Whether the strategy will need to be reviewed during the investigation and risk assessment and make a date for that to happen.
- The timescale in which the investigation should take place. The investigation should begin as soon as possible after the strategy meeting or discussion and be completed within 20 working days of the meeting.
- If, due to the complexity of the investigation, it is clear from the outset that a longer timescale will be required, this must be agreed at the strategy meeting or discussion by all relevant organisations and a record made of the decision

- In the above situation it may be necessary to hold a further strategy meeting to ensure that a review is made of protection arrangements
- A date for a case conference.

b) Other investigations and processes that could be triggered by a referral

A referral can trigger various processes that amount to a formal investigation, for example, a criminal investigation, or disciplinary procedures. Such investigations might include:

- a police investigation if a crime might have been committed
- an investigation by the CQC, if the concern arose in a regulated service
- an investigation under care management or the CPA
- an assessment of a carer's needs
- action by employers such as suspension and an investigation under disciplinary procedures if the concern indicates that the abuse or neglect was caused by a member of staff or paid carer
- investigation of a complaint by the complaints department of an organisation
- an investigation by the OPG if the concern is about an attorney created under a lasting or enduring power of attorney or a court-appointed deputy
- referral to the Court of Protection for a decision, declaration order or the appointment of a deputy
- an investigation by the Department for Work and Pensions if the concern is about the misuse of appointeeship or fraud in relation to benefits
- action for breach of contract terms
- a referral to MARAC where the allegation indicates domestic abuse and there is a high risk to the person
- an investigation into a situation where forced marriage could be indicated
- arrangements for the care and treatment of the person who is alleged to have caused the harm if they are also an adult at risk.

Type of investigation or risk assessment and agency responsible

Type of investigation	Agency responsible
Criminal (including assault, theft, fraud, hate crime, domestic violence and abuse or wilful neglect of a person lacking capacity	Police

Domestic violence – serious risk of harm	Relevant organisation carries out a MARAC risk assessment/MARAC referral
Fitness of registered service provider	CQC
Unresolved serious complaint in healthcare setting	CQC
Breach of rights of person detained under the Mental Capacity Act 2077 Deprivation of Liberty Safeguards (DoLS)	CQC
Breach of terms of employment/disciplinary procedures	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of health and safety legislation and regulations	Health and Safety Executive (HSE)
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another	Manager/proprietor of service/complaints department. Ombudsman (if unresolved) through complaints procedure
Breach of contract to provide care and support	Service commissioner (eg social services, PCT, Supporting People)
Assessment of need for health and social care provision (service users and carers)	Social services/PCT/CMHT/care trust
Access to health and social care services to reduce the risk of abuse/neglect	Social services/PCT/CMHT/care trust
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	OPG/Court of Protection/Police
Inappropriate person making decisions about the care and well-being of an adult at risk who does not have mental capacity to make decisions about their safety which is not in their best interests	OPG/Court of Protection
Misuse of appointeeship or agency	Department for Work and Pensions
Anti-social behaviour (eg harassment, and nuisance by neighbours)	Police

Breach of tenancy agreement (eg harassment, and nuisance by neighbours)	Landlord/registered social landlord/Housing Trust/Community Safety Team
Bogus callers or rogue traders	Police and Trading Standards officers

Stage five - Investigation

This section focuses mainly upon investigations conducted by social care teams in Somerset County Council or Somerset Partnership

Purpose of the investigation

The purpose of an investigation is to establish the facts and contributing factors leading to the referral. In addition there are responsibilities to identify and manage risk to ensure the safety of the individual and others. It should seek to clarify the views of the adult at risk, enable a mental capacity assessment to be carried out if required and instruct an IMCA if that is indicated.

Contributing to other lines of enquiry

The investigation may also contribute to:

- a police prosecution
- identifying powers to protect the adult at risk, for example, a restraining order
- actions under civil law, for example, an injunction
- staff disciplinary proceedings
- referrals to:
    - the ISA
    - the CQC in relation to a registered provider
    - commissioners of the service in relation to breach of contracts
    - a landlord in relation to a breach of a tenancy agreement
- a community care assessment or assessment under CPA
- a healthcare assessment.

Standard of proof

The standard of proof for a criminal prosecution is higher as the case has to be proved beyond reasonable doubt. For civil (including local authority led safeguarding), disciplinary or regulatory investigations the standard of proof is based on the balance of probability.

Roles and responsibilities

1. The Investigating Officer

The Team Manager who is leading the decision-making will identify a member of staff to be the designated 'investigating officer' for the investigation. The investigating officer should be a suitably qualified and experienced member of staff. In Somerset the investigating officer will usually be a Social Worker or a Community Psychiatric Nurse (CPN). Safeguarding investigations should be allocated to a worker who does not have care management or care co-ordination responsibilities for any alleged perpetrator.

If there is a criminal investigation, the police will be the lead organisation and any other investigations must be coordinated with them.

2. Team Managers

Effective supervision and ongoing support are essential for the investigating officer (the practitioner who is undertaking the investigation).

The manager of the investigating officer is responsible for all records relating to a Safeguarding Adults investigation, including:

- records of the initial investigation and assessment
- records of any decisions taken at strategy meetings or case conferences
- records of the investigation and interview(s) and
- a record of any decision taken to close the investigation

The manager of the investigating officer should take all reasonable steps to ensure the health and safety of staff involved in the investigation.

- A risk assessment of the situation should include consideration of the risks to the member of staff involved in the investigation. Where the risk is assessed as being high, staff should not normally undertake a visit unaccompanied.
- The manager of the investigating officer must preserve the confidentiality at all times of all concerned including staff members

3. Responsibilities of all organisations taking part in the investigation

Each organisation must designate a suitably trained and experienced member of staff to ensure that the organisation carries out its role and responsibilities in the plan agreed at the strategy meeting stage. This will include ensuring that the organisation carries out agreed actions including conducting the investigation, carrying out a risk assessment and implementing their part of the interim protection plan.

In addition, the manager of the organisation will ensure that:

- actions to safeguard adults at risk are given top priority and they are supported throughout the process
- clear records are kept of any contact with, or actions taken to support or care for, the adult at risk
- there is support and supervision for staff carrying out this work
- the organisation actively cooperates with other organisations taking part in the investigation
- the Team Manager and the Investigating Officer are kept up to date and informed of any new information or changes in the situation or the plan as soon as possible
- any agreed enquiries are conducted according to the agreed timescales
- clear records are kept of any enquiries or investigation findings which emerge about the circumstances of the safeguarding concern
- a written report of the findings is prepared and sent to the Team Manager, which will form the basis of the organisation's input into the case conference and any protection plan.

4. Responsibilities to the adult at risk during the investigation

Whether or not the person at risk has mental capacity, they should be the first person to be interviewed to establish what has occurred and what they want to happen.

Address any communication needs

Identify and take into account any equality issues

Agree an interim protection plan with the adult at risk and ensure they know them and how they will be supported and kept informed during the investigation, including having an appropriate independent advocate

Whether the person has mental capacity or not, they must be involved in the process as far as possible

Carry out a risk assessment with the adult at risk if they have mental capacity

Discuss issues of confidentiality and information sharing with the adult at risk and if there are no others at risk, get permission to share information with other organisations as required If there are others at risk, inform the adult at risk of the duty to share information to protect others

If the person at risk has mental capacity, reassure them that no decisions or plans which have an impact on their daily living arrangements will be made without their agreement to that decision

If the police are the lead investigating organisation, they will conduct interviews in a way to achieve best evidence under the provisions of the Youth Justice and Criminal Evidence Act 1999

If there are grounds for prosecution, the CPS should consider the need for an application to be made to the court for special measures under the above legislation Link for Special Measures guidance

If during the investigation it becomes clear that the situation indicates domestic violence and there is a high risk of harm, a referral should be made to the local MARAC. If the organisation conducting the investigation cannot make such a referral they should refer to the Team Manager, who will complete the MARAC risk assessment and refer

If the person at risk does not have mental capacity to make decisions about their safety, the investigating officer must continue to involve them. They must also consult with their personal representative, a court-appointed deputy or attorney, if they are not implicated in the allegation and/or an IMCA if one has been instructed

During the investigation the investigating officer should keep the relevant Team Manager informed of the progress of the investigation and of any information that could impact on the continued safety of the person at risk or others who may be at risk and indicate changes that are needed to the interim care plan. Any decision to alter the timescales for completion of the investigation must be communicated to all parties

If the investigation is likely to be prolonged, another strategy meeting may be needed to ensure that the interim protection plan is providing adequate safeguards for the adult at risk (and other individuals at risk if necessary)

If the investigation reveals that a child or young person is living in the Same household and could be at risk, referral should be made immediately to the relevant children and families service.

Undertaking the investigation

Timescales

Unless the situation was regarded as so urgent that it was decided to conduct an immediate investigation, the investigating officer will make contact with the adult at risk and begin the

investigation immediately following the strategy meeting. The investigation should be implemented without any reasonable delay and should be completed within **20 working days** of the Strategy discussion or meeting.

The investigating officer must keep the Team Manager informed of the progress of the investigations and any change to the timescales. If for any reason the investigation cannot be completed within the timescales, a revised agreement about timescales and any necessary action(s) to be taken must be reached with the Team Manager and other relevant organisations and recorded.

The investigating officer's report

The investigating officer should:

- share the report of the investigation to the Team Manager within 20 working days of the Strategy meeting (or the agreed timescale if different) to be copied for distribution to relevant organisations. The report will form the basis of the discussion at the Case Conference
- keep personally identifiable information concerning the adult at risk, the person causing the harm and any third parties to a minimum
- share the report only with organisations who have a need to know in order to safeguard the adult at risk, to inform the protection plan and to inform what action will be taken against the person causing the harm if the allegation is substantiated.
- on receipt of the report the Team Manager will confirm the arrangements for the Case Conference

Stage six: The Case Conference and protection plan

The aim of a case conference is to:

- consider the information contained in the investigating officer's report(s) and any other reports requested
- consider the evidence and, if substantiated, plan what action is indicated
- plan further action if the allegation is not substantiated
- plan further action if the investigation is inconclusive
- consider when any legal or statutory action or redress is required
- make a decision about the levels of current risks and a judgement about any likely future risks

- agree a protection plan
- agree who will be responsible for monitoring the protection plan and how they will do this
- agree what circumstances may trigger a need for the case conference to be re-convened

To help support the attendance and effective participation of the adult at risk, it is recommended that the case conference be divided into two parts:

- Part 1, for professionals to receive the investigating officer's report and to make decisions on the findings
- Part 2, concerned with agreeing the protection plan. This part could be attended by the adult at risk. The agenda should be set out so that the adult at risk can actively participate in the meeting (if appropriate)

The active participation of the adult at risk in the meeting is an expectation and every effort should be made to support this but there will be situations where this may not be possible for practical reasons. Such reasons will be recorded in the minutes. Their representation by a relative or an advocate may be agreed as an alternative.

If it is necessary in order to meet the adult at risk's access and communication needs (if specialist facilities are needed), a separate protection plan meeting could be held in a different venue. If this proves to be necessary, such a meeting should be held as close in time to the first part of the meeting as possible.

Planning the meeting

The case conference should take place as soon as possible after the completion of the investigation. A date for the conference is likely to have been set at the Strategy Meeting stage. Some investigations and outcomes or processes may not be completed within this time frame, for example, a criminal prosecution, but the case conference should not be delayed because it is essential that a protection plan is put in place as appropriate.

The Team Manager ensures that a case conference is convened, chaired and minutes taken. The chair of the case conference may be the Team Manager, one of their colleagues or a more senior manager if the nature of the concern.

The investigating officer and all others asked to contribute to the investigation will need to attend the Case Conference. It is an expectation that all attendees submit a written summary of their conclusions. These summaries will form the basis for the discussion in the conference and also form part of the formal record of the meeting.

Who should attend?

Attendance of the adult at risk (part 2 of the meeting only)

The adult at risk should be:

- supported to take the lead in deciding what should be in the protection plan
- invited, supported and enabled to attend the case conference or equivalent part of the meeting as appropriate where it is safe for them to do so
- supported to have an active part in the decisions about what measures can be taken to protect them and reduce the risk to their safety. This will include being given information about the purpose of the meeting and who will be there.

If the person at risk has capacity to make decisions about their own safety, their views should be taken into account about who should attend the meeting. This could include choosing a representative to attend on their behalf. If, for reasons of confidentiality or any other reason, the adult at risk who has mental capacity does not attend the case conference, they should be consulted beforehand as to their views. Their views should be represented at the meeting by a representative, advocate (including IMCAs) or a key worker.

If the person at risk does not have capacity to make decisions about their safety, they should be represented by someone already closely connected with them, a family member (if they are not implicated), a welfare attorney or, if one has been instructed, an IMCA, who will advise on what is in the person's best interests unless there are issues of confidentiality which exclude them from the meeting or relevant part of it. In this case they should be consulted beforehand so that the views of the adult at risk can be represented at the meeting, and they must be informed of the outcome of the meeting.

The meeting should decide who will feed back the decisions about the protection plan to the adult at risk if they do not attend the meeting, and they must know who they can contact if they do not agree with or wish to comment on the plan. The standard agenda of the case conference requires the Chair to formally record the views and wishes of the adult at risk regardless of whether they attend the meeting itself. If they do not attend the meeting the reasons for this must also be recorded.

Others attending the meeting

The principle to follow when deciding who to invite to the Case Conference is that this should be kept to only those who have information to contribute or who may need to agree to take action as part of the protection plan. It will be an expectation that any professional attending will bring a written summary of any information they have been asked to provide. These written contributions can be incorporated into the meeting minutes.

People attending the meeting should have the delegated authority to agree to provide services to contribute to the protection plan if their organisation has a role to play.

Attendance at a Case Conference is to be given a high priority by all agencies involved and attempts will be made to schedule meetings at the most convenient time for all. Reasons for non-attendance must be given to the chair in advance and a written contribution will be expected.

The investigating officer will always attend

Carers should only be invited to the meeting on the express wish of the person at risk. If the adult does not have the mental capacity to decide this, it may be made in their best interests, or with the consent of an attorney or court appointed deputy

The person causing the harm should not attend the meeting unless it is part of the protection plan to change their behaviour and reduce abuse or neglect and the adult at risk has given explicit consent If the meeting decides there are actions to be taken with regard to the person causing the harm, the meeting must decide who will inform them of the actions and the reasons why this decision was taken

Each organisation involved in the investigation or likely to contribute to the protection plan should send a suitably qualified and experienced representative to the case conference and protection planning meeting. This will usually be the person who contributed to the investigation but may be the organisation's safeguarding lead

The **care manager or care coordinator or key worker** for the adult at risk if they were not the Investigating Officer

Other relevant professionals, for example, the police, GP, psychiatrist or other healthcare involved with the adult at risk

A representative from the SCC legal department may also need to be invited.

Part 1: The investigation findings

The meeting will:

- receive and consider the information contained in the investigating officer's and any other reports and decide what further action is/may be needed
- make a decision about current levels of risk and make decisions about the reduction of future risks
- decide what action is appropriate when the allegation was not proved or was unfounded but concerns remain about standards of care

The fact that there is insufficient evidence for a criminal prosecution does not mean that action cannot be taken under civil or disciplinary proceedings as there are differing burdens of proof.

Discussions about this may form part of the case conference although the final decisions about this may occur at a later date (it may not be possible to state with certainty that civil proceedings will take place).

Deciding the outcome

The purpose of the case conference is to evaluate the evidence and to determine the outcome on balance of probability. The meeting will need to decide whether the safeguarding concern was:

- substantiated
- partially substantiated
- not substantiated
- not determined/Inconclusive.

'Substantiated' means that the investigation has concluded that the adult who is the subject of the referral has probably been abused or neglected in the way described in the original referral.

'Partially substantiated' means that the investigation has concluded that some but not all of the alleged abuse probably occurred.

'Not substantiated' means that the investigation has concluded that the alleged abuse or neglect probably did not occur.

'Not determined/ inconclusive' means that the investigation has not been able to establish whether the alleged abuse or neglect occurred.

The case conference must carefully record what evidence it has used to reach its conclusions. This process will be more straightforward if the initial strategy meeting/ consultation identified a clear set of questions for the investigation.

Part 2: The protection plan

This part of the meeting will:

- agree a protection plan with the adult at risk (or the person representing them) and decide which organisation will monitor and coordinate the plan
- agree contingency actions if the protection plan does not work
- designate a protection plan coordinator (this is likely to be different to the role of the Team Manager, for example, the adult at risk's named social worker may undertake this role)

- agree how the protection plan will be shared with partners, taking into account information-sharing considerations
- provide support and services to meet the needs of the adult at risk and of a carer, if that is indicated
- determine what additional information needs to be shared and with whom
- set a date for a review unless all organisations agree that a review can take place as part of the care management/CPA or health and social care process. If this is the decision reached, the reporting mechanism for the outcome of the review needs to be established and agreed (for example, information sent to the chair or the Team Manager following the review)
- if there are concerns that the protection plan may not lead to a reduction of the risk or where the investigation is incomplete at the time of the case conference, arrange a review date no later than *three months* from the date of the case conference.

Other possible outcomes of the case conference

May include the following:

- Implementation of changes following an organisational review, for example, staffing, recruitment, policies, procedures, training, working practice and culture This may include planned changes (training etc) relating to the individual staff members
- Implementation of requirements made in recommendations from a complaints process (including an action plan/timetable for implementation)
- Review of personal budget arrangements for someone who directs their own care
- Improvement of risk monitoring and quality assurance measures
- Referral to the Independent Safeguarding Authority (ISA)

A referral to the ISA must be made by the regulated activity provider who employs the prepetrator:

- if they have withdrawn permission for the person (a member of staff or volunteer) to engage in regulated or would have done so if the person had not resigned, retired, been made redundant or been transferred to a position which is not a regulated, and if they think the person has:
- engaged in relevant conduct, **or**
- satisfied the harm test (that is, they have harmed or put at risk of harm the adult at risk).

Link for ISA website for definitions and referral guidance

Requirements by other bodies

Such requirements may include:

- implementation of requirements by the appropriate regulator, for example, the CQC
- implementation of requirements made by the commissioner of the services, for example, Somerset County Council's Adult Services or the PCT
- instigation of a Serious Case Review or Significant Event Audit if there are concerns about the Safeguarding Adults process and/or inter-agency working by SAB member organisations.

Action by other bodies

This may include:

- suspension of a contract by a commissioning organisation
- a commissioner ending a contract or a relationship with a provider
- deregistration by the CQC
- prosecution of company directors
- referral to a relevant professional body

Information that may be shared with other local authorities where concerns have been identified about the quality of care of a particular provider

Following the investigation:

- The CQC should be informed if a local authority or a health organisation had concerns about the standards of care within a care setting
- Factual information regarding concerns about standards of care can be shared with local authorities on a need-to-know basis
- If an investigation has not been completed and there has been no decision about whether the concerns have been proven, the information can be shared with local authorities to enable them to ascertain whether there are concerns about service users that they are responsible for and whether any action needs to be taken
- If, following an investigation, allegations have been proved, then that factual information can be shared on a need-to-know basis with respect for the right to confidentiality of the person causing the harm

- The organisations must seek legal advice with regard to restraint of trade issues.

The ADASS Cross-border information sharing protocol will be used by Somerset County Council to alert other commissioning local authorities or PCTs to safeguarding concerns about a care service.

Link for Cross Boundary Protocol

Recording and feedback

Case conference minutes

Minutes should be recorded on the relevant local authority or agreed multi-agency pro forma and approved by the chair of the meeting. The minutes record the decisions of the case conference and evidence of how the decisions were made. This may involve recording separate decisions and outcomes for each allegation.

The minutes should be circulated within five working days of the case conference to:

- the alerting manager and the protection plan coordinator
- all attendees and invitees to the meeting
- all those contributing to the protection plan
- the CQC where the case conference relates to a service that it regulates
- all other relevant regulatory bodies, as appropriate.

Unless it would increase the levels of risk, a copy should be sent to the adult at risk or, with their permission, to another person. If the adult at risk does not have mental capacity, a decision should be made in their best interests about who to send the minutes to.

Where there is information that cannot be shared, it should be deleted from versions of documents sent out. It is imperative that Data Protection Act 1998 principles are adhered to.

Where information is sent to a carer, with permission of the adult at risk or in their best interests, the Team Manager will decide what information can be shared about the person causing the harm.

Whether or not minutes of the meeting are sent to the adult at risk, the Team Manager will decide who is the best person to feed back to them the outcome of the meeting. This should take place as soon as possible after the meeting. The adult at risk should be enabled to raise any issues they may have about the decisions taken and the protection plan that has been developed/agreed on.

Feedback should be given to the person who made the referral, taking into account confidentiality and data protection issues.

Feedback to the person causing the harm

The person causing the harm has a right to know about the referral and the reasons for it at a time that will not compromise the investigation or protection plan. A decision must be made in the meeting about what feedback should be provided to the person causing harm and the organisation that employs the person if relevant, and who should provide it.

If the person causing the harm does not have mental capacity (and is also an adult at risk), feedback will be given to the person acting in their best interests.

Deciding to hold a separate protection plan meeting

Normally a protection plan will be agreed as part of the case conference. A separate protection plan meeting may be considered necessary if:

- the strategy meeting decided that it was possible to move to agreeing a protection plan without a formal investigation and case conference
- the investigation was complex or lengthy and there were confidentiality issues which would mean the adult at risk being absent for a significant part of the meeting. Their interests would then be best served by having a separate meeting that they could attend
- there are clinical considerations regarding the person's ability to engage in the process at a given time as agreed by the agencies concerned
- the protection plan meeting needs to take place in the person's own home or in another setting because of access reasons.

Supporting the person to make decisions about what can be done to help them will mean that they are given information about:

- the process and the organisations that may be involved
- the actions that organisations may be or are able to take
- which organisations may be able to offer support
- what the risks may be from not taking any action.

The individual should also be offered the possibility of:

- receiving emotional support if necessary
- taking part in activities which increase their ability to protect themselves
- making contact with a named organisation if they change their mind about the protection plan, or if they indicate that they do not wish any further involvement with the

Safeguarding Adults process at this time and later change their views about this or the abuse gets worse and they want help to reduce the risk of further harm.

Reporting on the outcome of safeguarding referrals

The local authority responsible for leading adult safeguarding is required to make an annual submission to the Department of Health's Abuse of Vulnerable Adults (AVA) database. This submission identifies the outcomes of all safeguarding matters referred to the local authority during a 12 month period.

The chair of the safeguarding case conference needs to identify which of the following category of outcomes for the adult at risk and the perpetrator are relevant, and record them on the Safeguarding Monitoring Form.

Possible outcomes for the adult at risk:

- Increased monitoring
- Removal from property/support, advice, services
- Assessment/services
- Application to Court of Protection
- Application to change appointeeship
- Referral to advocacy service
- Referral to counselling services
- Guardianship/use of Mental Health Act 2007
- Review of self-directed support
- Restriction/management of access
- Referral to MARAC
- No further action
- Other

Possible outcomes for the person alleged to have caused harm

- Criminal prosecution/formal caution
- Police action

- Assessment/services
- Removal from property/support, advice, services
- Management of access to adult at risk
- Referral to *ISA*
- Referral to regulatory body
- Disciplinary action
- Action by CQC
- Continued monitoring
- Counselling/training
- Referral to court-mandated treatment
- Referral to MAPPA
- Action under Mental Health Act 2007
- Action by contract compliance
- Exoneration
- No further action
- Other

If the adult at risk moves during the Safeguarding Adults process

The Team Manager must:

- ensure that action is taken to ascertain their whereabouts and their safety/wellbeing
- notify the new local authority, in writing, of action taken under the Safeguarding Adults process and what action remains outstanding.

The new local authority area needs to agree to the case transfer, if this is what is being requested

- send fully documented and relevant information and summaries as appropriate
- reach agreement with the relevant manager in the new local authority about future action and roles and responsibilities. Acknowledgement of receipt of the information should be obtained in writing. Other organisations that have been involved in the investigation must also be advised.

In some cases family, friends or carers may remove an adult from the UK before a full investigation can be carried out and protective measures put in place. If there is any indication that such a removal is being planned, legal advice must be sought urgently.

If removal does occur, legal guidance must still be sought.

If the person causing the harm moves during the Safeguarding Adults process

If the person causing the harm is a paid worker or a volunteer, their situations are covered by the provisions of the Safeguarding Vulnerable Groups Act 2006. Regulated activity providers are now under a duty to make referrals to the ISA of the names of staff and volunteers who have been found to have harmed or put at risk of harm a child or a 'vulnerable' adult. This includes the names of those who would have been dismissed because they harmed or put at risk of harm a child or a vulnerable adult. The ISA will make a judgement on the evidence whether the person should be barred from any future employment or activity with adults at risk.

For guidance on referral processes to the ISA, see Link for ISA website

A person who is barred from working with adults at risk and/or children and who seeks such employment commits an offence punishable with up to five years' imprisonment. An employer is also committing an offence if they knowingly employ someone who is barred from such employment or fails to carry out appropriate pre-employment checks.

Where a police investigation is already under way, it will continue even if the person causing harm moves away.

If a referral or complaint is received after an adult at risk has died

The referral or complaint could contain an allegation or suspicion that abuse or neglect could have been a contributory factor in the person's death. The allegation may be made by a family member or friend, a concerned member of staff who is 'whistle-blowing', or as a result of a report from the coroner. Such a referral will give rise to action under the Safeguarding Adults policy and procedures. Further concern will be to ensure that no other adults are at risk from the Same source and, if they are, to take steps to ensure their safety. Decisions may also be taken about whether a Serious Case Review will be undertaken.

If the adult at risk dies during the Safeguarding Adults process

The Safeguarding Adults process will continue and an immediate review must take place to decide whether the death was as a result of the inadequacy of the protection plan or whether poor inter-agency working was a contributory factor. In either of these situations the police may be involved where there is evidence or suspicion:

- that the actions leading to harm were intended

- that adverse consequences were intended
- of gross negligence and/or recklessness in a serious safety incident.

If the incident occurred in a health or social care setting and involved unsafe equipment or systems of work a referral may be made to the Health and Safety Executive (HSE). The HSE will make a decision as to whether they will investigate.

Following the death of a person, more than one investigation into the circumstances surrounding the death may need to be instigated because more than one organisation may have been involved with the individual. A strategy meeting of relevant organisations should be convened to review the allegation or complaint and to agree a coordinated investigation. If there is to be a police investigation, that investigation will take primacy. As with any other safeguarding situation giving rise to action under the Safeguarding Adults procedures, there is an expectation that all organisations will cooperate in the agreed process.

The Coroner will be informed by the police of the death as soon as possible (and before burial or cremation) if abuse or neglect is suspected to be a contributory factor, that is, if it is thought that the death was not a natural death. In either of the above situations, consideration should be given to whether there should be a serious case review to examine the circumstances involved. In cases where domestic abuse may have been a contributory factor in a death, the local Community Safety Partnership, in discussion with the Safeguarding Adults Board, will decide whether to conduct a Domestic Homicide Review.

Link for DHR Guidance

Stage seven: Monitoring and reviewing the protection plan

The purpose of the review is to ensure that the actions agreed in the protection plan have been implemented and to decide whether further action is needed, including any service improvements. If a date for a review of the protection plan has not been fixed at the case conference, a review will always take place:

- if an investigation is still under way at the time of the case conference
- if the adult at risk has capacity to understand the nature of a review and requests a review
- if the person representing the best interests of the person at risk requests a review
- if the situation is seen as high risk
- where a review is requested by any organisation involved in the delivery of the protection plan
- as the result of a request by the person coordinating the protection plan.

If a decision is taken at the case conference that a review is not thought to be necessary, the Safeguarding Adults process will be closed. In this case a decision can be taken that the protection plan should be reviewed as part of the ongoing care management or CPA processes. A new concern of abuse or neglect would be considered as a new alert/referral.

Who should attend?

The review should be attended by all those who are involved in the protection plan and any services that may be able to provide support or may need to be involved in the future.

The adult at risk should be enabled to participate in the review on the Same basis as for the case conference. In certain circumstances it may be beneficial to hold the review in the adult at risk's home.

The attendance at the review of a carer or a personal representative would be on the same basis as their attendance at the case conference.

Actions

The review will:

- review risk assessment
- decide about ongoing responsibility for the protection plan
- decide in consultation with the adult at risk or their personal representative what changes, if any, need to be made to the protection plan to decrease the risk or to make the plan fit more closely with their wishes
- record the feedback of the adult at risk or their personal representative about the protection plan and/or other matters of importance to them
- make decisions about what changes/additions are needed to the care plan
- decide whether there is need for a further review and, if so, set a date
- decide whether to close the Safeguarding Adults enquiry/processes.

Recording and feedback

- Record any decisions and actions with the names of those organisations and individuals who have a role to play in the protection plan and who have been undertaking actions agreed during the review.
- Ensure that all those involved in the review and the care plan have a copy of the review notes, including the adult at risk or their personal representative if the adult at risk gives them permission.

- Reach agreement about feedback arrangements during the review in accordance with the adult at risk's best interests if they do not have mental capacity and do not attend the review. This feedback should be provided as soon as possible after the review meeting.

Closing the safeguarding adults process

The Safeguarding Adults process may be closed at any stage if it is agreed that an ongoing investigation is not needed or if the investigation has been completed and a protection plan is agreed and put in place. In most cases a decision to close the Safeguarding Adults process is taken at the case conference or at a protection plan review.

The Team Manager must reach agreement to close the process with all organisations that have been involved in the investigation and protection plan. The closing process must be signed off by the Team Manager and/or a senior manager in the case of a serious/complex Safeguarding Adults situation.

Actions on closing

The Team Manager should ensure that, on conclusion of the process:

- all actions are completed or are in progress
- all records are completed
- case records contain all relevant information and satisfactorily completed forms
- the person at risk knows that the process is concluded and where/who to contact if they have any future concerns about abuse
- all those involved with the person know how to re-refer if there are renewed or additional concerns
- if proven, action to remove a member of staff from a professional register or refer to the ISA
- all evidence and decisions are adequately recorded
- referral is made to appropriate professional bodies where necessary
- notifiable occupation schemes are informed
- the referrer is notified of completion
- all relevant partner organisations are informed about the closure
- the necessary monitoring forms and all data monitoring systems are completed.

Feedback must routinely be sought from the adult at risk about their experience of the process and whether they are satisfied with the measures that have been put in place and if they feel safer.

The case may remain open to care management or CPA systems, in which case the situation will be reviewed and monitored through those processes. This will include monitoring and review of the protection plan as necessary.

Through the SAB, any partner agency can request that a significant event audit or a serious case review is undertaken if there was a near-miss or a fatality, and procedures do not appear to have been followed or agencies did not work together effectively.

A significant event audit could also be indicated where the adult at risk disagreed strongly with the outcome of the investigation and provisions of the protection plan.

Link for Serious Case Review guidance

When other processes continue

The Safeguarding Adults process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the person at risk.

Evaluation and learning

The Team Manager will ensure that:

- an evaluation or a quality assurance audit of the Safeguarding Adults process is considered by organisations involved and informed by feedback from the adult at risk
- a record is made of any lessons learnt and actions planned to address key issues
- feedback is collated and integrated and cascaded into organisational learning in a variety of ways, including training and case discussions at appropriate levels within organisations.

Feedback from the process will be included as appropriate in the annual reports compiled for the SAB to inform future development and training and learning plans.

Record keeping and confidentiality

Organisations will have their own recording systems for keeping comprehensive records whenever a concern is made/arises/occurs, and of any work undertaken under the Safeguarding Adults procedures, including all alerts received and all referrals made.

Organisations should refer to their own internal policies and procedures for additional guidance on recording and storage of records.

Throughout the Safeguarding Adults process, detailed factual records must be kept. This includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken relating to the process. Records may be disclosed in court as part

of the evidence in a criminal action/case or may be required if the regulatory CQC authority decides to take legal action against a provider.

Records kept by providers of services should be available to service commissioners and to regulatory authorities.

Agencies should identify arrangements, consistent with the principle of fairness, for making records available to those affected by, and subject to, investigation with due regard to confidentiality.

If the person causing the harm is also an adult who uses the service or is also an adult at risk

The information about that person's involvement in a Safeguarding Adults investigation, including the outcome of the investigation, should be included in their records. If an assessment is made that the individual still poses a threat to other service users, this must be included in any information passed on to service providers. Where the person causing harm is living within a care setting or supported living unit, the impact of their actions on the environment for other residents should be taken into account.

Monitoring

The CQC inspection regime includes an organisation's performance and compliance with Safeguarding Adults outcomes contained in CQC 'Guidance about compliance: Essential standards for quality, Outcome 7: Safeguarding people who use services from abuse'.

The NHS Information Centre for Health and Social Care requires that local authorities collect information about various aspects of Safeguarding Adults relating to details of the victim, the alleged person causing harm and the alleged offence and outcomes. This information is collated, and a return of data collection exercise is made on an annual basis to the Information Centre.

In Somerset, the information collated for the AVA database will be used as the basis for a report to each meeting of the Safeguarding Adults Board. The information and its analysis will be used by Board member organisations for policy development and service audit, and will also be a factor in the development of forward plans for service development, information/publicity work and training.

Part 2: Referrals about a whole service

Where there is an accumulation of safeguarding concerns about individuals in a particular care setting or where commissioning processes highlight significant quality concerns which potentially place adult at risk at risk of harm, senior managers in Somerset County Council or Somerset Partnership may decide to initiate a Whole Service investigation.

Specific policy and procedures for whole service investigations are detailed in the guidance section of this policy document

Link for Whole Service Concern guidance

SECTION FOUR: Supporting guidance

Legislation for adult safeguarding

The Social Care Institute for Excellence (SCIE) have published a comprehensive guide to all legal aspects of adult safeguarding work. This document should be used for reference by all practitioners. Link for legislation for safeguarding SCIE

Mental Capacity Act and safeguarding

For fuller information about the operation of the Mental Capacity Act please refer to the relevant Code of Practice

Link for MCA Guidance

Link for MCA Code of Practice

Link for The Mental Capacity Act

What is Mental Capacity?

(The following definition of mental capacity has been developed by the Mental Health Alliance)

To have mental capacity means being able to make your own decisions. We all make decisions, big and small, everyday of our lives and most of us are able to make these decisions for ourselves, although we may seek information, advice or support for the more serious or complex ones.

The law says someone lacking capacity cannot do one or more of the following four things:

- Understand information given to them
- Retain that information long enough to be able to make a decision
- Weigh up the information available to make a decision
- Communicate their decision.

For large numbers of people their capacity to make certain decisions about their life is affected either on a temporary or on a permanent basis. The Mental Capacity Act covers situations where someone is unable to make a decision because the way their mind or brain works is affected, for instance, by illness or disability, or the effects of drugs or alcohol. A lack of mental capacity could be due to:

- A stroke or brain injury
- A mental health problem
- Dementia
- A learning disability
- Confusion, drowsiness or unconsciousness because of an illness or the treatment for it
- Substance misuse.

In all of these instances the person may lack capacity to make particular decisions at particular times. It does not necessarily mean that they lack capacity to make any decisions at all. A person with a learning disability may lack the capacity to make major decisions, but this does not necessarily mean that they cannot decide what to eat, wear and do each day. A person with mental health problems may be unable to make decisions when they are unwell, but able to make them when they are well.

Many people provide health treatment or social care support to people who may have difficulties making some or all decisions about their lives. If the person is aged over 16 years and living in England or Wales, then the Mental Capacity Act applies to how professionals and other paid carers work with them. Specifically they must follow the guidance set out in the Act's Code of Practice unless there is a good reason for not doing so.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act and all organisations with a professional involvement with adults who may lack capacity are required to have regard to the Act and its Code of Practice.

The Act says that:

… a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.

A person is regarded as having capacity in relation to a specific decision if they are able to do all of the following:

- ✓ understand the information relevant to the decision, **and**
- ✓ retain that information long enough to make the decision, **and**
- ✓ use or weigh that information as part of the process of making the decision, **and**
- ✓ communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

If a person is unable to successfully do one or none of these stages they are deemed to lack capacity.

Mental capacity is time- and decision-specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

Principles of the Mental Capacity Act, 2005

1. An adult at risk has the right to make their own decisions and must be **assumed to have capacity** to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise
2. Adults at risk must receive all **appropriate help and support to make decisions** before anyone concludes that they cannot make their own decisions.
3. Adults at risk have the right to make **decisions that others might regard as being unwise** or eccentric and a person cannot be treated as lacking capacity for these reasons
4. Decisions made on behalf of a person who lacks mental capacity must be done in their **best interests**
5. Decisions made on behalf of a person who lacks mental capacity be the **least restrictive** of their basic rights and freedoms.

Ill treatment and wilful neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act and Mental Capacity Act Code as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill treat or neglect a person who lacks capacity.

Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded

- a Safeguarding Adults investigation going ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term
- the recommendations of an individual protection plan being put in place
- a medical examination
- an interview
- certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is a public interest, for example, the need to protect other adults or children at risk
- there is a duty of care to intervene, for example, a crime has been or may be committed.

Court of Protection

The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs. The court has powers to:

- decide whether a person has capacity to make a particular decision for themselves
- make declarations, decisions or orders on financial and welfare matters affecting people who lack capacity to make such decisions
- appoint deputies to make decisions for people lacking capacity to make those decisions
- decide whether a lasting power of attorney or an enduring power of attorney is valid
- remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the best interests checklist and any disagreements can be resolved informally.

However, it may be necessary and desirable to make an application to the court in a safeguarding situation where there are:

- particularly difficult decisions to be made

- disagreements that cannot be resolved by any other means
- ongoing decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves
- matters relating to property and/or financial issues to be resolved
- serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration
- concerns that a person should be moved from a place where they are believed to be at risk
- concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Safeguarding Adults actions may amount to a deprivation of liberty outside of a care home or hospital.

Court-appointed deputies

In a situation where a person does not have mental capacity and does not have anyone to act for them, the court can appoint a deputy to take decisions on welfare, healthcare and financial matters.

Office of the Public Guardian (OPG)

Link for Office of the Public Guardian

The OPG was established under the Mental Capacity Act to support the Public Guardian and to protect people lacking capacity by:

- setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies
- supervising deputies
- sending Court of Protection visitors to visit people who lack capacity and also those for whom it has formal powers to act on their behalf
- receiving reports from attorneys acting under lasting powers of attorney and deputies
- providing reports to the Court of Protection
- dealing with complaints about the way in which attorneys or deputies carry out their duties.

The OPG Safeguarding Adult at risk Policy states that the organisation will strive to ensure that adult at risk receive their entitlement to safeguards that:

- prevent abuse from occurring and/or continuing, where possible
- identify abuse promptly
- ensure the abuse ceases and the person causing harm is dealt with, wherever possible.

The OPG also undertakes to notify local authorities, the police and other appropriate agencies when an abuse situation is identified.

The OPG's Safeguarding Adult at risk Policy covers any person:

- who has a deputy appointed by the Court of Protection or
- is the donor of a registered enduring power of attorney or lasting power of attorney or
- is someone for whom the court authorised a person to carry out a transaction on their behalf under Section 16(2) of the Mental Capacity Act (single orders). This includes young people aged 16 or over who are defined as adults under the Mental Capacity Act.

The OPG may be involved in Safeguarding Adult at risk in a number of ways, including:

- promoting and raising awareness of legal safeguards and remedies, for example, lasting powers of attorney and the services of the OPG and the Court of Protection
- receiving reports of abuse relating to adult at risk ('whistle-blowing')
- responding to requests to search the register of deputies and attorneys (provided free of charge to local authorities and registered health bodies)
- investigating reported concerns, on behalf of the Public Guardian, about the actions of a deputy or registered attorney, or someone acting under a single order from the court
- working in partnership with other agencies, including adult care social services and the police.

Investigations undertaken by the OPG

The OPG can carry out an investigation into the actions of a deputy, of a registered attorney (lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks capacity, and report to the Public Guardian or the court.

How the investigation is carried out will depend on the particular circumstances, but will typically involve contact with people and agencies that have contact with the person.

Local authorities can use the OPG protocol to refer concerns to the OPG relating to anyone who falls within the OPG definition of an adult at risk, as given above.

The OPG will refer all concerns and allegations relating to people not covered by the OPG Safeguarding Adult at risk Policy to the relevant adult social care service.

Where it is considered that a crime has or may have been committed, a report will be made to the police.

Link for Office of the Public Guardian forms

Deprivation of Liberty Safeguards (DoLS)

For more detailed guidance on the Deprivation of Liberty Safeguards please refer to the relevant Code of Practice Link for Deprivation of Liberty Safeguards Code of Practice

DoLS apply to people who have a mental disorder, who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment, and who need to be cared for in a way which requires significant restriction.

These safeguards provide protection to people in hospitals and care homes only. Care homes must make requests to a local authority for authorisation to deprive someone of their liberty if they believe it is in their best interest. Currently hospitals must make requests to the primary care trust (PCT). From April 2013 all requests for DoL assessments will be made to the relevant Local Authority.

All decisions on care and treatment must comply with the Mental Capacity Act and the Mental Capacity Act Code of Practice

The Care Quality Commission (CQC) has also issued guidance for providers of registered care and treatment services on DoLS.

Reference should be made to the relevant local authority and health trust for procedures relating to DoLS.

Link for ADASS Deprivation of Liberty Safeguards

Link for Guidance on Restrictive Practices

Domestic violence

Domestic violence is defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality’. (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family; see ACPO, 2004.)

Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim. Domestic abuse occurs across society, regardless of age, gender, ‘race’, sexuality, wealth and geography. The figures show, however, that it consists mainly of violence by men

against women. Children are also affected both directly and indirectly and there is also a strong correlation between domestic violence and child abuse.

Multi-agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, children and adults safeguarding, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from statutory and voluntary sectors.

The four aims of a MARAC are as follows:

- to safeguard adult victims who are at high risk of future domestic violence
- to make links with other public protection arrangements in relation to children, people causing harm and adult at risk
- to safeguard agency staff and
- to work towards addressing and managing the behaviour of the person causing harm.

After sharing all relevant information that they have about an adult at risk, the representatives discuss options for increasing the safety of the adult at risk and form a coordinated action plan. The MARAC will also discuss the risks posed to children and how to manage the person alleged to be causing the harm. At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a person at risk, but all may have insights that are crucial to their safety, as part of the coordinated community response to domestic violence.

The person at risk does not attend the meeting but is represented by an IDVA. Good practice indicates that all victims that are referred to the MARAC should also be referred to an IDVA. The role of the IDVA is to provide an independent domestic violence support service and advocate on their behalf at the MARAC meeting.

The MARAC will seek better protection for those who disclose domestic abuse and are at highest risk of being injured or killed. Referrals will be made through the local MARAC coordinator, who will also be able to advise on the appropriateness of a referral. They will also be able to provide the local MARAC administration pack with all the documentation and guidance for making referrals, including protocols and information-sharing agreements. Any agency receiving a disclosure of domestic violence is able to refer the case to the local MARAC once they have completed a Co-ordinated Action Against Domestic Abuse-Domestic Abuse, Stalking and Harassment and Honour-based Violence (CAADA-DASH) risk identification checklist (RIC) and identified it as a high-risk case.

Relevant forms, agency tool kits and further information about the MARAC can be obtained through: www.caada.org.uk

If a Safeguarding Adults referral therefore indicates there could be concerns that the situation indicates that the adult at risk is a victim of domestic violence, stalking or honour-based violence and this is confirmed by a subsequent investigation and risk assessment, a decision must be taken at the strategy meeting or case conference about referral to MARAC and who should make that referral. In most cases this would be the Safeguarding Adults manager (Team Manager).

Risk assessments using the CAADA-DASH RIC should be undertaken and cases identified as high risk should be referred to the local MARAC. Practitioners need to be aware of the contact details of their MARAC coordinator. Those unaware of their local MARAC coordinator should contact the local police CSU, or alternatively contact CAADA on 0117 317 8750 or at www.caada.org.uk

As highlighted above, the MARAC is set up to respond to and discuss cases of domestic violence where there is high and very high risk of harm. If the person who is experiencing domestic violence is not assessed as being at high risk of further harm there are alternative support options that are available, for example, consideration should be given to referring the individual to a local specialist domestic violence service, where it is deemed appropriate and safe to do so.

Specialist domestic violence services provide support and advocacy to the person experiencing the domestic violence in relation to safety planning, housing options, legal options (that is, how to obtain an injunction) and counselling.

Those not aware of the specialist services available in their borough can contact Somerset Direct on 0845 345 9133 or the National Domestic Violence Helpline on 0808 2000 247 to obtain this information.

Key considerations when working with domestic violence

a) The person allegedly responsible for the domestic violence should not be informed of the domestic violence disclosures or of the referral to the MARAC

b) Professionals should not attempt to mediate in cases of domestic violence, but should rather provide the individual who is experiencing the violence with information about specialist domestic violence services, where safe and appropriate to do so

c) A CAADA-DASH domestic violence RIC should be undertaken with the adult at risk and must not be conducted in the presence of the person alleged to have caused the harm. This principle also applies when conducting any needs assessment or mental capacity assessment

d) For those unable to speak directly to the adult at risk to complete the risk assessment, a referral can still be made to the MARAC based on the risks identified through the Safeguarding Adults process and based on professional judgement

e) The mental capacity of the adult at risk needs to be established in regard to their wishes

f) Positive intervention is an active approach to taking steps to reduce the risk. This may be done with or without the consent of the adult at risk, particularly where the risk of harm is regarded as high. Every effort should be made to engage the adult at risk in this process, where it is safe and appropriate to do so

g) Consideration should be given to the context of the abuse The interventions need to be proportionate to the risks identified having regard to the intent or motivation of the person causing the harm, for example, inadvertent harm caused by a carer

h) When gathering information regarding the person alleged to have caused the harm, it is imperative that intelligence checks, history and background enquiries are made of appropriate agencies to ensure that when conducting the risk identification and assessment process, this is based on best information to enable effective intervention and defensible decisions. Identified risk factors and appropriate interventions to manage risk will be discussed at the strategy meeting

i) Any activity connected to the person alleged to have caused the harm needs to be mindful of any potential risks that it may pose to the adult at risk. It is not a requirement in all cases to disclose information that is held if it will increase the risk

j) Sensitive information about the alleged person who has caused the harm can be shared under Section 115 of the Crime and Disorder Act 1998, and the Data Protection Act 1998, provided that criteria outlined in the legislation are met

k) The consent of the adult at risk must be obtained before sharing any information with relatives or friends. If the adult at risk has given consent but by sharing the information the risk to the person concerned is raised then the information should not be shared until that risk is removed

l) Cases not reaching the threshold for MARAC or considered high risk will still be managed under the Safeguarding Adults process with strategy discussions taking place to develop appropriate plans to prevent escalation in circumstances and to provide appropriate support for the adult. Doing nothing is not an option.

Serious Case Reviews (SCRs)

The Safeguarding Adults Board is responsible for commissioning Serious Case Reviews whenever the following criteria are met:

- An adult at risk dies including (death by suicide) and abuse or neglect is known or suspected to have contributed to their death.
- An adult at risk has suffered serious sexual abuse or serious damage to their health or development and the case gives rise to concerns about the way in which professionals and services worked together to safeguard adult at risk.
- Serious abuse takes place in an institution or when a number of abusers are involved.
- The relevant Secretary of State decides a review of this nature is needed

The purpose of the SCR is not to re-investigate an incident or incidents or to apportion blame for what has happened. Its main function is to identify whether lessons can be learnt about the effectiveness of professionals and agencies working together to safeguard adult at risk. However, information which comes to light in the process of carrying out a SCR which suggests that a criminal offence or a breach of professional registration standards has occurred will be referred to the relevant organisation.

For full information about Serious Case Reviews please refer to the Somerset SCR policy document Link for Serious Case Review policy

Witness support and special measures

If there is a police investigation, the police will ensure that interviews with the adult at risk who is a vulnerable or intimidated witness are conducted in accordance with 'Achieving Best Evidence in Criminal Proceedings'. Link for special measures guidance

Special measures are those specified in the Youth Justice and Criminal Evidence Act 1999 and will be used to assist eligible victims and witnesses. The measures can include the use of screens in court proceedings, the removal of wigs and gowns, the sharing of visually recorded evidence-in-chief, cross-examination and re-examination and the use of intermediaries and aids to communication.

Intermediaries play an important role in improving access to justice for some of the most vulnerable people in society, giving them a voice within the criminal justice process. They help children and adults who have communication difficulties to understand the questions that are put to them and to have their answers understood, enabling them to achieve their best evidence for the police and the courts.

The Witness Service provides practical and emotional support to victims and witnesses (either for the defence or for the prosecution). The support is available before, during and after a court case to enable them and their family and friends to have information about the court proceedings, and could include arrangements to visit the court in advance of the trial.

Victim Support

Victim Support is a national charity which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional support and practical help. Help can be accessed either directly from local branches or through the Victim Support helpline.

Link for Victim Support website

Keeping families and others concerned informed and supported

Family and friends and other relevant people who are not implicated in the allegation of abuse often have an important part to play in the Safeguarding Adults process and provide valuable support to the individual and to manage the risk.

If appropriate and possible, and where the adult at risk has mental capacity and gives their consent and there are no evidential constraints, family and friends should be consulted.

If the adult does not have mental capacity, family and friends must be consulted under the Mental Capacity Act 2005.

A record should be made of the decision to consult or not to consult family and friends with reasons given and recorded.

Responsibilities to those who are alleged to have caused the harm

Adults who are alleged to have abused an adult at risk have the right to be assumed innocent until the allegations against them are proved on the evidence. Whether they are a member of staff, a volunteer, a relative or a carer they also have the right to be treated fairly and their confidentiality respected.

What information is shared with them and when should be decided at the strategy discussion or meeting. They have a right to know in broad terms what the allegations are that have been made against them, unless the police advise otherwise. They should be provided with appropriate support throughout the process.

If the person causing harm is also an adult at risk, they should be provided with appropriate support. If the person causing harm is a young person or has a mental disorder, including a learning disability, and they are interviewed at the police station, they are entitled to the support of an appropriate adult under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice. (Refer to local Police and Criminal Evidence Act procedures and agreements.)

Risk assessment and management

Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people using services should be integral in all assessment and planning processes including assessments for self-directed support and the setting up of personal budget arrangements. Assessment of risk is dynamic and ongoing during the Safeguarding Adults process. It should be reviewed throughout the process so that adjustments can be made in response to changes in levels and nature of risk. The primary aim of a Safeguarding Adults risk assessment is to assess:

- current risks that people face

- potential risks they and other adults may face.

A Safeguarding Adults risk assessment will determine:

- what the actual risks are – the harm that has been or may be caused and the level of severity of that harm and the views and wishes of the adult at risk
- the person's ability to protect themselves
- who or what is causing the harm
- factors that contribute to the risk, for example, personal, environmental or relationships that result in increased or decreased risk
- the risk of future harm from the same source

A plan to manage the identified risk and to put in place protection measures will include:

- what action must be taken immediately to protect the person at risk
- what needs to be in place to meet the need for an interim care plan
- when and how quickly a strategy meeting or discussion needs to take place
- a proportionate response to the particular situation to manage the risk posed to the person who has been harmed and others who may be at risk from the person alleged to have caused the harm
- what measures need to be taken to address risks that are caused by the setting which is providing care to the person at risk
- what needs to be put in place to meet the ongoing support needs of the person at risk.

The ASC or CMHT team taking the lead following a safeguarding referral will be responsible for identifying the risks to the person referred and will record these using standard formats.

Involving the adult at risk

The identification of risk should usually be undertaken with the person who has been harmed unless doing so is likely to increase the risk of harm or puts other people at risk.

Vital interest

If the adult at risk has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information under

Safeguarding Adults procedures with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult at risk is not being unduly influenced or intimidated, and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult at risk that this action is being taken unless doing so would increase the risk of harm.

Best interest

If an adult at risk lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005. This would automatically trigger a Safeguarding Adults referral.

Public interest

If the adult at risk has the mental capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, practitioners have a duty to share the information with relevant professionals to prevent harm to others. This will automatically trigger a Safeguarding Adults referral.

Personal decisions

The adult at risk will have views about what is an acceptable level of risk to them and about balancing the risks in order to maintain the lifestyle or contacts they wish. There may be a balance to be struck between the benefits of achieving safety and the loss of contact with someone whom they value.

A person with mental capacity may choose to live in a situation which is seen as unsafe by professionals, if the alternatives they are being offered are unacceptable to them. They do not, however, have a right to make decisions about the protection other people may need where they may also be at risk from the Same person, service or setting.

Adults at risk need to be able to make informed choices from the information they are given. In order to do this they may need support in a variety of ways such as the help of a family member or friend (as long as they are not the person alleged to have caused the harm), an advocate or IMCA, a language interpreter or other communication assistance or aid.

Complaints and appeals regarding the safeguarding Adults process

Complaints

Complaints received from any source about the Safeguarding Adults practice and arising from the Safeguarding Adults process should be handled by the relevant complaints procedures of the organisation about which the complaint has been made. If more than one organisation has been named or is implicated in the complaint, the complaints officers from the named organisations must reach joint agreement with the complainant about how the complaint investigation will be taken forward.

If the complaint results from the experience of the adult protection/safeguarding process by the adult at risk, their carer, family member or personal representative and/or from a breakdown of inter-agency working, the relevant Team Manager and the chair of the multi-agency SAB must be notified of the complaint and the findings.

If the complaint is upheld a decision should be made by the chair of the SAB, in consultation with relevant members, about whether a case review or a serious case review should be conducted to enable lessons to be learnt.

This procedure does not apply to:

complaints or representations relating to services that are delivered by individual organisations as a result of strategy/case conference decisions – although these may form part of a protection plan review

- complaints about an individual professional.

These complaints will be dealt with by means of the internal complaints procedures of the relevant agency.

If differences or disputes arise from a complaint which involves different local authorities or health authorities, for example, between a host and commissioning authority, reference should be to senior managers within the respective organisations up to directorate level if disagreements cannot be resolved.

Link for Somerset County Council's Complaints Procedures

Appeals

An appeal against the decisions made as a result of the Safeguarding Adults process, and including decisions about measures to be put in place to protect the adult at risk, may be made by the adult at risk, their carer, friend or personal representative including an advocate.

If an appeal is raised by any partner organisation it should be referred to the relevant Team Manager and to the chair of the SAB who will make a decision in consultation with relevant partner organisations about what action to take.

When considering what action to take as a result of an appeal the following should be considered:

- whether there has been an obvious deviation from the Safeguarding Adults planning and investigation process
- whether there has been a flaw in decision making at the strategy meeting or case conference, that is, decisions made without key information having been presented or where key information has not been taken properly into account
- whether one organisation had evidence that other organisations were involved in the issues but they were not brought into the decision-making process, for example, the role of the PCT and adult social care or CMHT staff in the support of a private/voluntary provider
- whether there were issues about when new information was submitted to the Safeguarding Adults investigation following the outcome of a case conference
- whether a conflict of interest has been identified in the make-up of the investigation team and/or the chair of the Safeguarding Adults strategy meeting and/or case conference.

The Court of Protection offers a potential route for the resolution of complaints or disagreements about the Safeguarding Adults process, for example, where decisions have been made on behalf of people who have capacity or there has been a failure to act in the best interests of an adult who does not have mental capacity.

The Ombudsman recommended that there should be an appeals process included within Safeguarding Adults procedures and they set out the conditions to consider an appeal as follows:

- When there has been an obvious deviation in the Safeguarding Adult at risk planning and investigation process
- When there has been a flaw in the decision making made at a case conference or strategy meeting, that is, when a decision made without key information has been presented or where information has not been taken properly into account
- When one agency has evidence that other agencies were involved in the issues but have not been brought into the decision-making process, for example, the role of PCT and social services staff in the support of a private/voluntary provider
- When new information is submitted to the Safeguarding Adult at risk investigation process following the outcome of the case conference
- When a conflict of interest has been identified in the make-up of the investigation team and or the chair of the Safeguarding Adult at risk meeting

Referrals to other specialist support services

Multi-agency Public Protection Arrangements (MAPPA)

The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the police, prison and probation services who have a duty to ensure that MAPPA is established in each of their geographic areas to ensure the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders). The police, prison and probation services have a clear statutory duty to share information for MAPPA purposes.

Hate crime

The police and other organisations should work together to intervene under Safeguarding Adults policy and procedures to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection, and action is taken to identify and prosecute those responsible. Anyone can be a victim of abuse regardless of sexuality or gender. However lesbian, gay, bisexual and transgender (LGBT) individuals could face additional concerns around homophobia and gender discrimination. There may be concern that individuals would not be recognised as victims or be believed and taken seriously. Abusers may also control their victims, threatening to ‘out’ them to friends, family or support agencies. Professionals may need to seek advice from LGBT organisations to assist in the support of victims.

Honour-based violence

Honour Based Violence may have been committed when families feel that dishonour has been brought to the family. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/ or the community. Many are so isolated and controlled that they are unable to contact the police.

Alerts that may indicate honour-based violence include domestic violence, concerns about forced marriage or enforced house arrest and missing persons reports. If a concern is raised through a Safeguarding Adults referral, and there is a suspicion that the adult is the victim of honour-based violence.

Forced marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

Human trafficking

If an identified victim of human trafficking is also an adult at risk, the response will be coordinated under the Safeguarding Adults process. This will include organisations that have a role to play in dealing with victims of human trafficking, including the police, health trusts, immigrations officials and other relevant support services including those in the voluntary sector. The adult at risk should receive the support and advice they need and be safely repatriated if this is the future plan. If the victim is a child, the situation will be dealt with under the Somerset child protection procedures.

Exploitation by radicalisers who promote violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

The Home Office leads on the anti-terrorism strategy, CONTEST, and PREVENT is part of the overall CONTEST strategy, aiming to stop people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for adult protection.

In Somerset the police lead the Prevent Forum and responses to concerns raised through the Police Safeguarding Co-ordination unit.

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SECTION FIVE

Glossary, references and organisation links

Glossary

ACPO (Association of Chief Police Officers), an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services.

Adult at risk means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces ‘adult at risk’.

CAADA (Co-ordinated Action Against Domestic Abuse) is a national charity supporting a strong multi-agency response to domestic violence. The CAADA-DASH (Domestic Abuse, Stalking and Harassment and Honour-based violence) risk identification checklist (RIC) was developed by CAADA and the Association of Chief Police Officers (ACPO).

Case conference is a multi-agency meeting held to discuss the outcome of the investigation and to put in place a protection or safety plan.

CMHTs (Community Mental Health Teams) are made up of a team of professionals and support staff who provide specialist mental health services to people within their community.

CPS (Crown Prosecution service) is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) is responsible for the registration and regulation of health and social care in England.

DoLS (Deprivation of Liberty Safeguards) are measures to protect people who lack the mental capacity to make certain to decide about the care they need and who require a significant level of restriction in their best interests. The safeguards came into effect in April 2009 using the principles of the Mental Capacity Act 2005, and apply to people in care homes or hospitals only.

EDT (emergency duty teams) are social services teams that respond to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

FACS (Fair Access to Care services) is as system for deciding how much support people with social care needs can expect, to help them cope and keep them fit and well. It applies to all the local authorities in England. Its aim is to help social care workers make fair and consistent decisions about the level of support needed, and whether the local council should pay for this.

GWAS (Great Western Ambulance Service) is the ambulance service covering the Frome area of Somerset. See also SWAST.

HCPC (Health and Care Professions Council) is the new registration body for social workers and health professions from August 2012. For social workers this body replaces the General Social Care Council (GSCC)

IDVAs (Independent Domestic Violence Advocates) are trained support workers who provide assistance and advice to victims of domestic violence.

IMCAs (Independent Mental Capacity Advocates) were established by the Mental Capacity Act 2005. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Intermediary is someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

ISA (Independent Safeguarding Authority) is a public body set up to help prevent unsuitable people from working with children and adult at risk.

MAPPA (Multi-agency Public Protection Arrangements) are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’-based violence.

OPG (Office of the Public Guardian), established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PALS (Patient Advice and Liaison Service) is an NHS body created to provide advice and support to NHS patients and their relatives and carers.

PPUs (Public Protection Units) are Police units with responsibility for specialist responses to child abuse allegations, management of dangerous offenders, domestic violence, protection of adults at risk

Serious Case Review (SCR) is undertaken by the Safeguarding Adults Board (SAPB) when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.

SHAs (Strategic Health Authorities) manage the NHS locally and provide a link between the Department of Health and the NHS.

Serious Incident (SI) is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an

incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

Strategy discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email.

Strategy meeting is a multi-agency meeting with the relevant individuals involved, and with the adult at risk where appropriate, to agree how to proceed with the referral.

SWAST (South Western Ambulance Service Foundation Trust) is the ambulance service covering most of Somerset – see also GWAS

Vetting and Barring Scheme (VBS) is operated by the Independent Safeguarding Authority and is the system for identifying those individuals deemed unsuitable to be working with children or adult at risk

Vital interest is a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations.

Wilful neglect is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.

Further reading

ACPO (2004) Guidance on investigating domestic abuse, London: ACPO.

ADSS (Association of Directors of Social Services) (2004) Protocol for inter-authority investigation of adult at risk abuse, London: ADSS.

ADSS (2005) Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work, London: ADSS.

ADSS (2007) Adult at risk serious case review guidance – Developing a local protocol.

CQC (Care Quality Commission) (2010) Our safeguarding protocol: The Care Quality Commission's commitment to safeguarding, CQC.

DH (Department of Health) (2000) No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect adult at risk from abuse, London: DH.

DH (2001) Fair Access to Care Services (FACS): Guidance on eligibility criteria for adult social care, London: DH.

DH (2006) Memorandum of understanding: Investigating patient safety incidents involving unexpected death or serious untoward harm, London: DH.

DH (2010) Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care. Guidance on eligibility criteria for adult social care, England 2010, London: DH.

DH (2010a) Liberating the NHS, White Paper, London: DH.

DH (2010b) Clinical governance and Adult Safeguarding: An integrated process, London: DH.

GSCC (General Social Care Council) (2002) Codes of practice for social care workers and employers.

Home Office (2009) Handling cases of forced marriage, London: Home Office.

+ADASS Safeguarding guidance

+SCIE documents safeguarding and mental capacity

+NHS Safeguarding and clinical practice

+CQC guides safeguarding and Mental Capacity and DoLS

Links to printable documents providing advice on various aspects of adult safeguarding

- How to report a Safeguarding concern in Somerset
- Stop Abuse Leaflet
- Stop Abuse Poster
- Guide for care staff and volunteers
- Safeguarding checklist for GP practices (under development)

LINKS to other organisations' safeguarding pages

PCT http://www.somerset.nhs.uk/welcome/health-staff/patientsafety/safeguarding-children-vulnerable-adults/

Musgrove Park Hospital http://www.tsft.nhs.uk/

Yeovil District Hospital http://www.yeovilhospital.nhs.uk/for-patients/safeguarding-adults.htm

Somerset Partnership http://www1.sompar.nhs.uk/

Care Quality Commission http://www.cqc.org.uk/

Registered Care Providers Association http://www.rcpa.org.uk/

Care Focus http://www.carefocussomerset.org/

Police http://www.avonandsomerset.police.uk/

South Western Ambulance Service Trust http://www.swast.nhs.uk/

A4E http://dpsc.a4e.co.uk/advocacy.aspx

IMCA service (Advocacy in Somerset) http://www.advocacyinsomerset.org.uk/

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