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Glossary

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Body Map

How to use the procedures

Using the Flowcharts

The flowcharts are the starting point for everyone using these procedures. Each point on **Flowchart 2 - During the Working Day** is numbered and more detail can be found in each section under the same numbered heading.

At the beginning of each section of the procedures, the relevant segment of the flowchart is reproduced.

There are three flowcharts and they follow the same pattern but are intended to “stand alone” and cover the following situations:

- **In an emergency (when the alleged victim is not yet safe)**
- **When concern arises during the working day**
- **When the concern arises “out of hours”**

Using each section of the procedures

The procedures are written in the order in which events usually occur and are intended to give clear guidance about the actions required:

- **At the alerting/reporting stage**
- **During the planning process**
- **When the plan is being carried out**

Items marked with a # in either the index, glossary or text of the Procedures will have a practice guideline, refer to Practice Guidelines for further information.

Using the Appendices

The appendices provide detailed information about areas referred to in the procedures. This is intended to ensure that the procedures are not too lengthy to read and use but that, if more information is required, it is available.

Using the Glossary

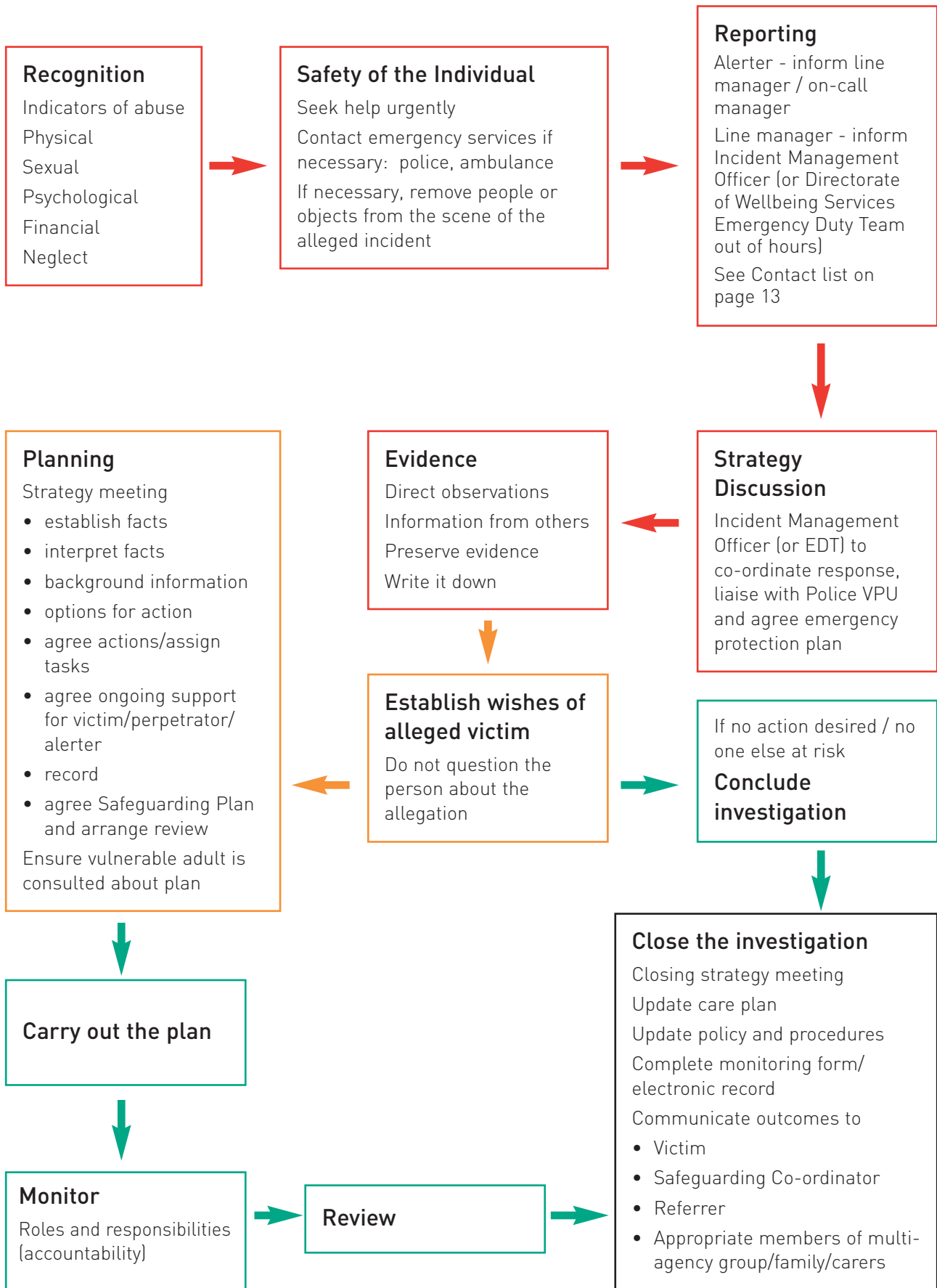
This provides definitions of terms used in the procedure and a description of roles within the Safeguarding Adults process

Using the Index

Every item referred to in the procedures appears in the index and is cross-referenced. Therefore, it may be a good idea to use the index to find your way around.

Flowchart 1 – In an Emergency

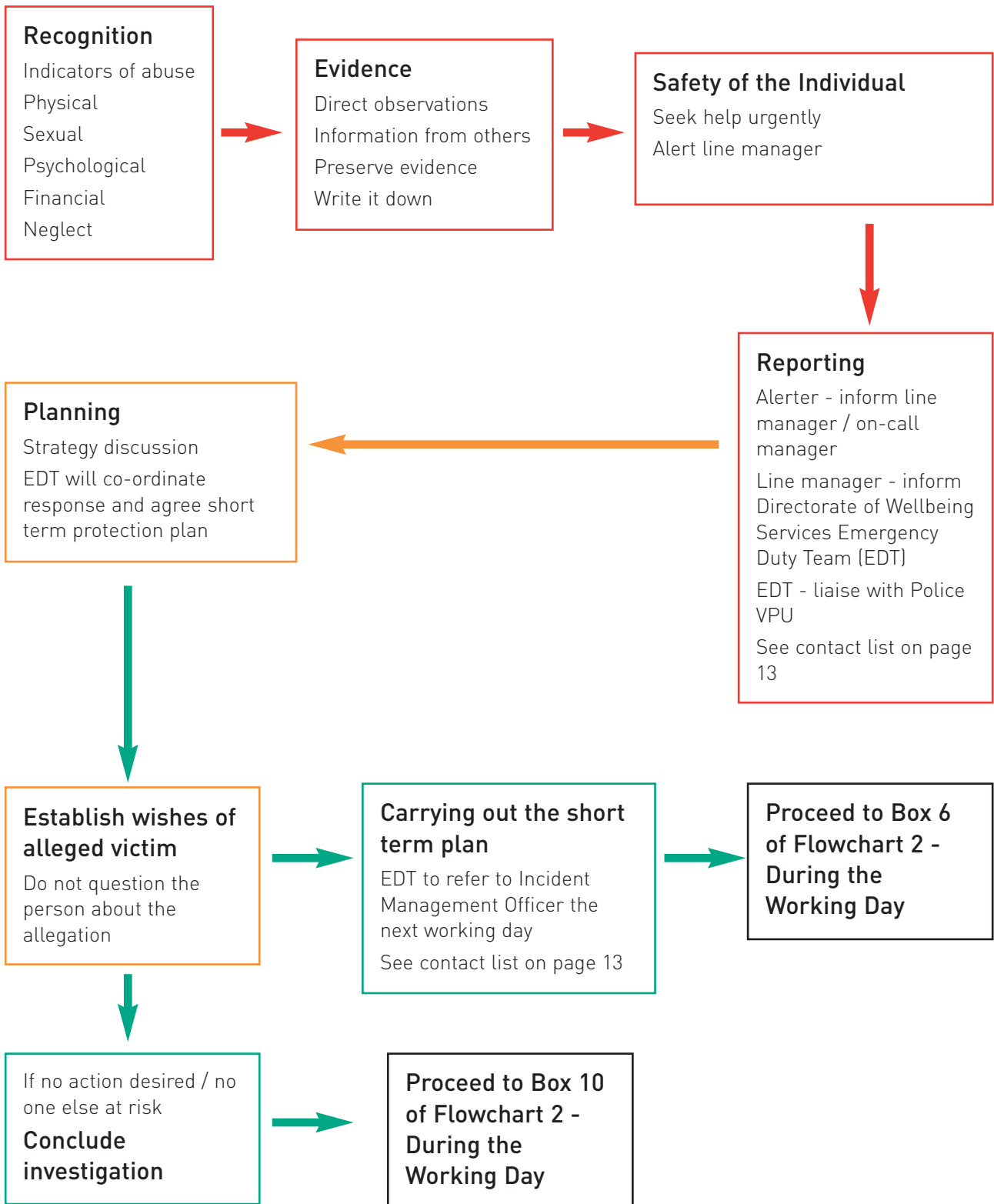
To be used when the person is not yet safe



Flowchart 2 – During the Working Day

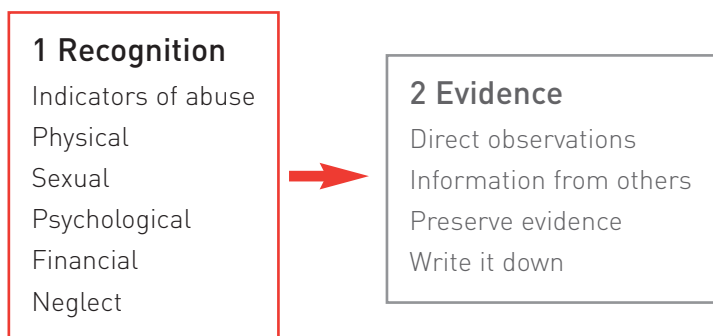


Flowchart 3 – Out of Hours



1. Recognising when someone has been abused or is at risk

1.1 Flowchart Summary



1.2 What are the indicators

The following are the main categories of abuse which might occur. (Details of the signs and symptoms to look for are contained in Appendix 1):

- Physical Abuse
- Sexual Abuse
- Psychological Abuse
- Financial Abuse
- Neglect

There may be obvious signs and symptoms or the indicators may be very difficult to detect. Combinations of factors which individually might not give rise for concern could be much more worrying when considered together

1.3 Being observant

Being **alert** to abuse means:

- Thinking about what you see and asking it is acceptable practice
- Working strictly in accordance with anti-racist, anti-sexist, anti-ageist and anti-disablist practice
- Taking seriously what you are told
- Responding to the stresses behind requests for help or to the presenting problems
- Being alert to hints/signals/non-verbal communication that could indicate abuse which is being denied or deliberately hidden



1.4 Creating the atmosphere for someone to tell you what is wrong

Some people who have been abused appear able to speak to someone about it and wish action to be taken. Others seem to be very reluctant to talk about the experience. There may be several reasons for this:

- It may just be too painful emotionally to talk about what happened
- There may not be an opportunity to see someone, who is trusted, privately
- There may be anxiety about repercussions from the perpetrator or others if things are reported
- There may be a worry about “where it will all end”, for example if the police are told, or perhaps a fear of going to court
- The abused person may just be prepared to put up with it

It is very important, if abuse is suspected, to try and create the opportunity for the person to disclose what is happening. In some situations, the worst thing to do might be to keep asking if everything is alright. In others, a few encouraging prompts might be just what the person was waiting for. The following might help to create the right atmosphere:

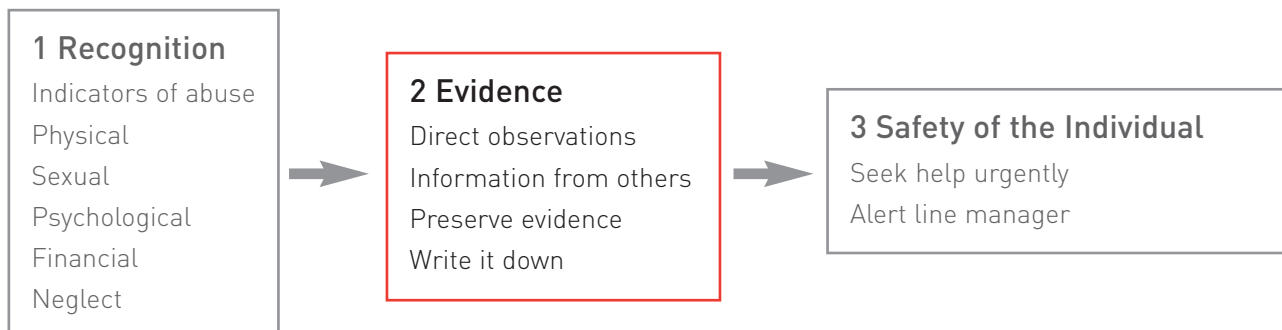
- Where abuse is suspected, identify the member of staff the person appears to like or trust the most and arrange an opportunity for private time to be shared
- Where there is factual evidence available, it may be useful to let the person know it has been observed so that the person does not feel they are telling about something that is a complete surprise
- Because the person might be worried about losing control of the situation if they tell, it might be helpful to give assurances that after disclosing abuse, the person is always asked what they wish to do about it and their wishes are respected. **Do not** guarantee that you will keep to yourself what they want to tell you

1.5 Key points to remember about disclosure

- Many incidents of abuse or crimes only come to light because the abused person themselves tells someone
- You must be aware that the person may not appreciate the significance of what they are sharing. They may not realise or accept they are being abused
- Disclosure may take place many years after the actual event or when the person has left the setting in which they were afraid
- Even if there is a delay between the actual event and the disclosure - you should demonstrate to the person that you believe them unless it is absolutely clear and provable that the events they are describing could not have happened

2. How to deal with the evidence

2.1 Flowchart Summary



2.2 Managing the disclosure/observation - Do's and Don'ts

If someone discloses abuse to you:

- Stay calm and try not to show shock
- Listen carefully rather than question directly
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed
- Tell the person that:
 - They did right to tell you
 - You are treating this information seriously
 - It was not their fault
 - You must inform the appropriate manager
(If your line manager is not available, or you have concerns about your line manager, you must inform another manager within your agency)
 - With their consent the manager will contact the Safeguarding Adults Incident Management Officer (see contact list on page 13)
 - The manager will contact the Incident Management Officer without their consent in certain circumstances but that their wishes will be made clear throughout
 - If a referral is made and they are reluctant to have the incidents investigated this fact will be recorded and brought to the attention of the Incident Management Officer
 - If appropriate, the service/agency will take steps to protect and support them
- Report to your manager

- Write down, as soon as possible and as far as you are able, what was said by the person disclosing the information
- Where appropriate, record, on a body map, the location of any bruises, cuts and/or abrasions
- Ensure that the information is noted in the case file

2.3 Writing it down

- # You should make a written account of what has happened as soon as possible, including:
- What you saw/heard/were told
 - How the incident occurred – do not speculate
 - The time
 - The place
 - The names of the people involved including other potential witnesses
 - Any obvious evidence eg weapon, blood
 - The state of the clothing of the abused person and perpetrator
 - Any injuries that either the abused person or the alleged perpetrator have received
 - The behaviour and attitudes of the people involved in the incident

2.4 Preserving the evidence

- # **Your first concern is the safety and welfare of the abused person. However, your efforts to preserve evidence may be vital.**

In all cases, but especially when police involvement is required, preservation of evidence is crucial if the police investigation is to be effective. What you do or do not do in the time whilst you are waiting for the police to arrive may make all the difference.

The following checklist aims to help you to ensure that vital evidence is not destroyed.

- **In Situations of Physical and/or Sexual Assault**
 - If the abused person has a physical injury, and it is appropriate for you to observe or examine, always obtain their consent first
 - Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood etc. If you do have to handle anything at the scene keep this to a minimum





- Do not touch any weapons unless they are handed directly to you. If this happens, keep handling to a minimum. Place the items/weapons in a clean dry place until the police collect them
- Preserve anything that was used to comfort the abused person, for example a blanket
- Secure the room. Do not allow anyone to enter unless strictly necessary to support you or the abused person and/or the alleged perpetrator, until the police arrive

Following allegations of physical and/or sexual assault consideration will be given to arranging a medical examination of the abused person and the alleged perpetrator. The purpose of this examination is to collect evidence to assist the investigation. The decision to carry out an examination will be taken during strategy discussion/meeting. The abused person would then be consulted about the examination and how it should be carried out. In most circumstances, the examination will be carried out by a Forensic Medical Examiner who will be contacted by the police. However, sometimes it may be decided that the person should see their own G.P.

Prior to the arrival of the police and medical examination:

- Ensure that no one has physical contact with both the abused person and the alleged perpetrator as cross-contamination can destroy evidence. It is acknowledged that if you are working alone in the situation, you may have to comfort both the abused person and the alleged perpetrator eg. where the alleged perpetrator is a service-user. You need to be aware that cross-contamination can easily occur
 - Where appropriate, protect bedding and do not wash it
 - Preserve any bloodied items
 - Preserve any used condoms
 - Encourage victim not to shower
 - Encourage victim not to change clothing
 - Even when the victim says they do not want police involvement, preserve items anyway as they may change their mind later
 - Encourage the person not to eat or drink if there is a possibility that evidence may be obtained from the mouth
- **In Situations of Theft/Financial Abuse**
 - Ensure that receipts, bankbooks, bank statements, benefit books are secured
 - Ensure that cash and valuable items are deposited in a safe place

- **Methods of Preservation**

- For most things use clean brown paper, if available, or a clean brown paper bag or a clean envelope. If you use an envelope, do not lick it to seal. Avoid using plastic bags as they can produce moisture
- For liquids use clean glassware
- Do not handle items unless necessary to move and make safe

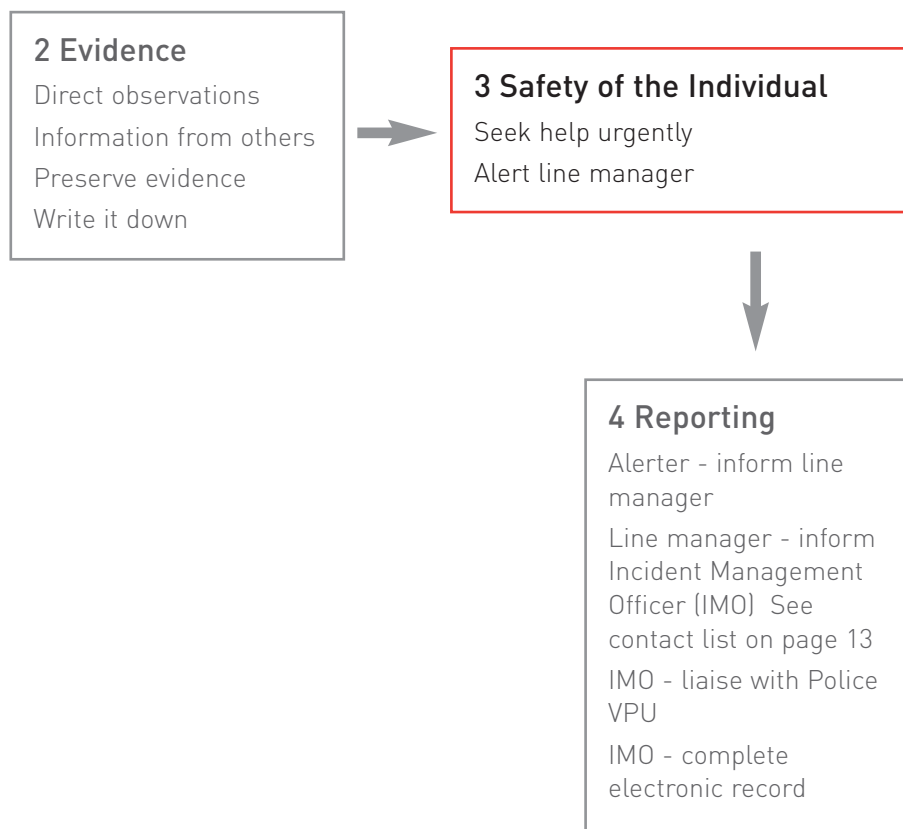
It is acknowledged that completion of all of the above tasks may not be possible in a traumatic situation.

You are urged to do the best that you can



3. Ensuring the safety of the individual

3.1 Flowchart Summary



3.2 Ensuring the individual is in or is moved to a place of safety

It is essential that, whatever the nature of the suspected abuse, the vulnerable adult is separated from the person who is or is thought to be producing the threat. It is important that disruption to the life of the victim is kept to a minimum, therefore, if it is possible for the alleged perpetrator to leave the scene, this should be the preferred option

However if it is not achievable, an alternative place of safety should be sought as the immediate safety of the victim is the highest priority

3.3 How to get help urgently

Emergency services should be summoned whenever a situation is felt to be beyond the control of members of staff. In addition staff should have, readily available, all the contact numbers of colleagues or other services which can assist in an emergency or urgent situation. The essential services to contact are as follows:

- Medical attention
 - Ambulance 999
 - A&E Whiston 0151 426 1600
 - A&E Fazakerley 0151 525 5980
 - NHS Direct 0845 46 47

- Fire service
 - Emergency 999
 - Huyton 0151 489 2223
 - Kirkby 0151 546 5151

- Police emergency services
 - Emergency 999
 - Knowsley Vulnerable Person's Unit 0151 777 6509
 - Merseyside Police 0151 709 6010

- Directorate of Health and Wellbeing Services Emergency Duty Team
 - Paging Service 07659 590081

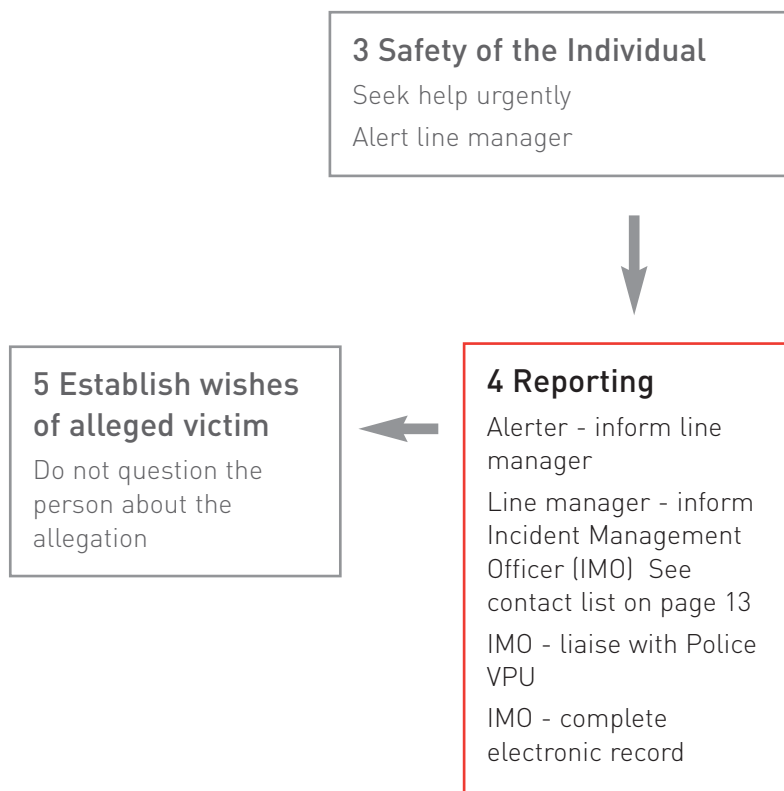
- Directorate of Health and Wellbeing Services
 - Knowsley Borough Council General Enquiries 0151 489 6000

- Safeguarding Adults Incident Management Officer:
 - Older Persons
 - Huyton 0151 443 3720
 - Prescot 0151 443 4614
 - Halewood 0151 443 2117
 - Kirkby 0151 443 4173
 - Adults with learning disabilities 0151 443 4818
 - Adults with mental health problems
 - Kingsway Team, Prescot 0151 290 1664 / 1666
 - Montgomery Team, Huyton 0151 443 3626
 - Ravenscourt Team, Whiston 0151 430 1621
 - Kirkby Team 0151 443 4465
 - Adults with physical disabilities or sensory impairments 0151 443 4335
 - Adults - substance misuse/blood borne virus 0151 443 5626



4. Reporting the concerns

4.1 Flowchart Summary



4.2 Role of staff supporting the alleged victim

Members of staff involved in supporting the alleged victim have a key role in making sure the procedures are followed and that the victim is properly advised and supported. If a number of staff are involved, it may be convenient for one person to take the lead. This is entirely a matter for the staff and line management to decide in the light of the individual circumstances.

The role of the staff supporting the alleged victim includes the following:

- Ensuring the continued safety of and support to the abused person
- Liaising with immediate colleagues who have been involved in order to gather all the available information together
- Ensuring that evidence has been preserved
- Collating and completing all written material relating to the incident
- Reporting the matter to the line manager at the earliest opportunity

It is not part of the role of the staff supporting the victim to commence an investigation into the incident



4.3 Role of the Line Manager

For the purpose of the management of the safeguarding adults situation, the line manager is the usual line manager for the agency or team in which the staff supporting the abused adult is employed. In the absence of this manager or if the staff do not have a manager, or the manager is implicated in the abuse, an alternative manager or senior person within the agency must always be identified to deal with safeguarding adults matters

The role of the line manager comprises the following:

- Directly managing and supporting the staff involved in the situation
- Ensuring that action taken is effective in providing immediate and ongoing protection to the vulnerable adult
- Ensuring that practical and emotional support is available according to need
- Reporting the incident to the Safeguarding Adults Incident Management Officer (See page 13 for contact numbers)
- Communicating with the Incident Management Officer to ensure the procedure is correctly followed

4.4 Role of the Safeguarding Adults Incident Management Officer

The Incident Management Officer is the officer designated to co-ordinate the management of the safeguarding adults service within a specified service area. The role should not be confused with that of the Borough's Safeguarding Adults Co-ordinator

This role will usually be undertaken by a Senior Practitioner/Deputy Team Manager or Team Manager of the social services (or joint health and social services) team within the service area relating to the alleged victim.

These areas are:

- Older people
 - Huyton
 - Prescott/Halewood
 - Kirkby
- Adults with learning disabilities
- Adults with mental health problems
- Adults with physical disabilities or sensory impairments
- Adults - substance misuse/blood borne virus team

If an incident arises in hospital, the hospital social work team management will agree with the appropriate area based team how the incident will be managed



The role comprises the following:

- Overall co-ordination and management of the situation
- Consultation with the police, line manager and other parties involved in the incident
- Convening and chairing Strategy and Review Meetings. When a serious incident has occurred, or when a large scale investigation is required, it may be decided that a Service Manager from Health and Social Care will chair the meeting
- Reporting the incident to the Safeguarding Adults Co-ordinator and completing the registration documentation
- Ensuring that the victim is consulted about how the Procedures worked for them
- Consulting with the Commission for Social Care Inspection in cases where the incident has occurred in a residential or nursing home or where a domiciliary care agency is involved
- Consulting with the Healthcare Commission in cases where the incident has occurred in a NHS health care or public health service
- Considering whether a referral to the national POVA list needs to be made

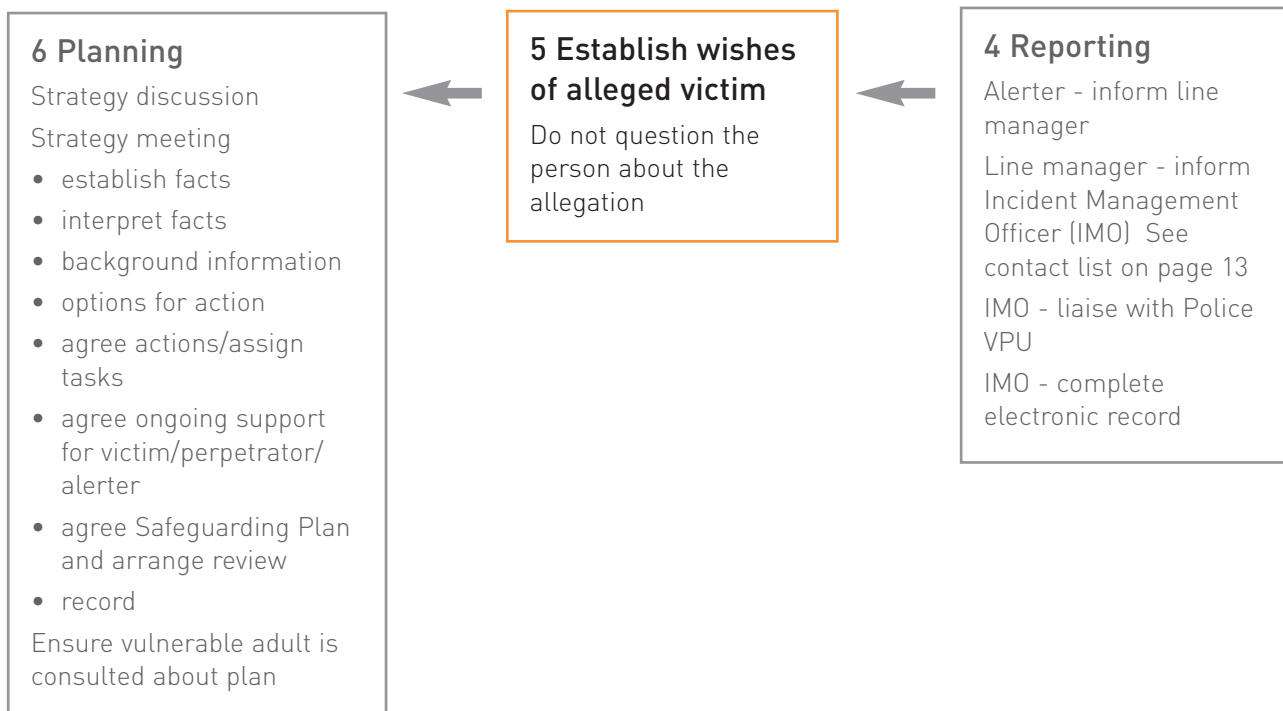
4.5 How to register the incident

The incident should be registered on the Safeguarding Adults Monitoring Form.

An initial copy should be sent to the Safeguarding Adults Co-ordinator to confirm the start of an investigation, with any available information. At the conclusion of an investigation, the Incident Management Officer should ensure that the Monitoring Form is fully completed and forwarded to the Safeguarding Adults Co-ordinator. The investigation is completed when the final review of the strategy has been held, or court proceedings are awaited

5. Establishing the wishes of the alleged victim

5.1 Flowchart Summary



5.2 Deciding who is the best person to do this and who else should help

The views and wishes of the victim remain the key factor which determines how the incident is to be investigated

These wishes may be apparent during the disclosure and the Strategy Meeting may be given a clear mandate to proceed

Where this is not the case, it is important for the victim to be seen by a person they know and can confide in and this should be decided by the line manager in consultation with the Incident Management Officer

5.3 Interviewing the alleged victim

- # It is very important to be aware that this interview is not for the abused person to go through what happened but only to indicate what they would like to be done about it

Discussing details of the allegation at this point may affect the validity of evidence which may be produced during the subsequent investigation and could therefore prejudice the outcome



It is important, in discussing their wishes with the victim, that the implications of each option are explained in order that an informed decision can be made.

5.4 How this should be recorded

The record of this interview should include the following:

- Brief details of the incident in order to identify it
- A summary of the options explained to the abused person
- Any comments made by the abused person
- The decision

5.5 Where should the information be sent

As soon as the wishes of the abused person are known, the Incident Management Officer should be informed and should forward this information to the police.

6. Planning what needs to be done and by whom

6.1 Flowchart Summary



- Initial strategy meeting/discussion to be held within **48 hours** of alert/referral - a strategy discussion by phone can be regarded as a meeting when it is recorded on the Strategy Meeting Planning document. An actual meeting should be held as soon as possible after the strategy discussion
- Initial investigation carried out within the next **5 working days**
- Reconvened Strategy Meeting to be held within a further **5 working days**
- The investigation should be concluded within **28 days** of the reconvened strategy meeting

6.2 Consultation/Strategy Discussion

During the early stages of a disclosure, the Incident Management Officer may decide to consult any of the parties, including the police, in order to decide the best way to manage the situation. This will be particularly important in cases where urgent action is required to safeguard an individual whose safety may be compromised by the delay in convening a Strategy Meeting

6.3 Strategy Meeting

- **Who should attend**

The decision, regarding who should attend the Strategy Meeting, will be taken by the Incident Management Officer. Attendance will be determined by the need to establish all the facts, make informed decisions and be free to discuss the issues without compromising confidentiality

- **Learning the facts**

It is important that everyone attending the Strategy Meeting hears the facts about the incident, or the details of the allegation. #These should be presented by the staff working most closely with the parties involved. Written statements should be provided wherever possible and are particularly essential where an incident has been witnessed

- **Asking questions**

When the facts have been presented, everyone attending the Strategy Meeting should have the opportunity to ask questions to clarify any points

- **Understanding the situation**

Once the facts are known, it is important that some time is spent trying to understand what the incident is actually about, for example, has the law been broken? This is a period for interpreting the facts but not for making assumptions or jumping to conclusions. It is meant to help everyone to put the incident into its proper perspective

- **Getting background information**

It is usually helpful if, at this point, those people attending the Strategy Meeting who know the abused person or alleged perpetrator can share background information about them. This is meant to assist in the appreciation of the situation, not to encourage premature conclusions about the incident

- **Considering the options for action**

Once all the information is known and broad agreement reached about the issues to be considered, the range of options for action must be identified and carefully examined. The main consideration must always be the present and future safety of the vulnerable adult but a wide range of options may be looked at in order to respond appropriately to the situation.

In circumstances where the adult lacks capacity, the Strategy Meeting should consider whether a referral for an **Independent Mental Capacity Advocate (IMCA)** is required. Where a care worker employed in a residential care home or domiciliary care service, is guilty of misconduct which harmed, or placed at risk of harm, a vulnerable adult, the Meeting should discuss whether a referral to the **PoVA** List is appropriate. Consideration should also be given to whether an adult who needs support with communication would benefit from the services of an **Intermediary**.

- **Agreeing the right course of action and making a plan**

It is important to try and get the agreement of everyone at the Strategy Meeting about the proposed action to deal effectively with the situation.



If this cannot be achieved it is essential that any points of disagreement are discussed and noted and that the reasons for the action agreed by the majority are clearly stated

The plan should deal with all aspects of the situation and the actions proposed should be clear, achievable and understood by everyone at the meeting

- **Deciding who is going to carry out the plan**

Every action should include the name of the person identified to carry it out. Where appropriate the timescale for action should be stated and advice given about what to do if there is difficulty in carrying out the plan

- **Recording**

When the Police attend the Strategy Meeting, they will record the proceedings on their form. Otherwise, recording will be the responsibility of the Incident Management Officer

The record should include a description of the allegation(s) and events surrounding the incident(s), the present and future risks and the Strategy action plan

- **Arrangements for monitoring and reviewing the plan**

The plan must include arrangements for supervising the outcomes of the proposed actions together with a date for a review of the situation

6.4 Emotional and practical support

- **The alleged victim**

Whilst the priority is to achieve a safe environment for the person who is alleged to have been abused, attention must be given to any other needs which have been identified. These may include for example, support whilst making a statement to the police or counselling help because of the stress caused by the incident

It is the responsibility of the Incident Management Officer to ensure that the victim's views are sought about how they want to be consulted, for example, do they want to be kept informed by a nominated person, or would it be appropriate for them to attend a Safeguarding Adults Case Conference where the facts can be considered by the wider multi-disciplinary team

- **The alleged perpetrator**

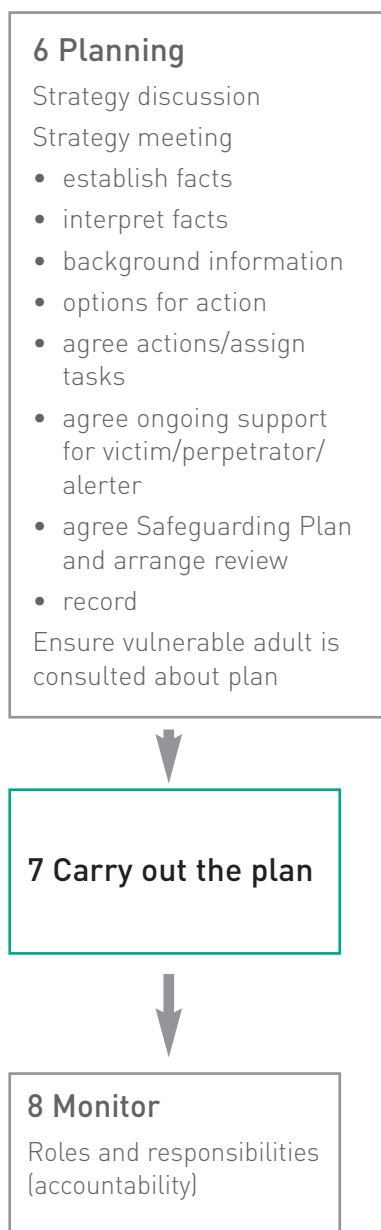
The needs of the alleged perpetrator must be taken into account at the Strategy Meeting and appropriate steps taken to ensure the person is dealt with fairly and provided with adequate support. In cases where the alleged perpetrator is also a vulnerable adult, it may be necessary to convene a separate meeting to discuss their needs

- **Key staff involved**

Attention must be given to the support needs of any staff involved in the incident(s) referred to in the Strategy Meeting. This would usually be done in liaison with the member of staff's line manager

7. Carrying out the plan

7.1 Flowchart Summary



7.2 Who does what – Roles and Responsibilities

It is the duty of the Incident Management Officer to ensure that the actions, identified during the Strategy meeting, have a named person responsible for carrying them out

The instructions and advice should be clear and the line manager should verify that the named member of staff has understood what is expected, the timescale and how to report the outcome



7.3 Key points to remember about investigations

- # If the incident relates to a criminal matter, the investigation will be led by a police officer. It is important for any member of staff to seek advice from the line manager, Incident Management Officer or relevant police officer regarding concerns about the investigation

- # In cases where a vulnerable adult is to take part in an investigative interview, the interviewing team should refer to the advisory document, "Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including children". See Appendix 4 of these procedures

If the police are not involved or have concluded their investigation, the Incident Management Officer will decide how the investigation should proceed, in consultation with other agencies where necessary

Where there is an allegation against a member of staff, the disciplinary procedures of the employing agency will be followed. If the incident relates to a criminal matter, the police will normally need to interview the alleged perpetrator before the disciplinary investigation can commence. The member of staff about whom the allegation has been made, should not be interviewed by the employing agency until the police have been consulted and have agreed that the disciplinary investigation can proceed

7.4 What to do if there are problems in carrying out the plan

If the person, responsible for any action identified in the strategy meeting, encounters difficulties, they should immediately inform their line manager who should consult where necessary with the Incident Management Officer

The Incident Management Officer may decide to reconvene the strategy meeting to in order to consider the problem more widely

7.5 Recording the action

The action carried out should be recorded to include the following:

- A statement specifying the action required
- A summary of the action taken
- The outcome
- To whom it was reported

8. Checking how things are working out

8.1 Flowchart Summary



8.2 Monitoring/Knowing what to look for

- # The actions agreed at the initial strategy meeting should be kept under review and their effectiveness assessed. Attendees of the initial Strategy Meeting who agreed to carry out specific actions should keep the Incident Management Officer informed of progress

8.3 Co-ordinating the information

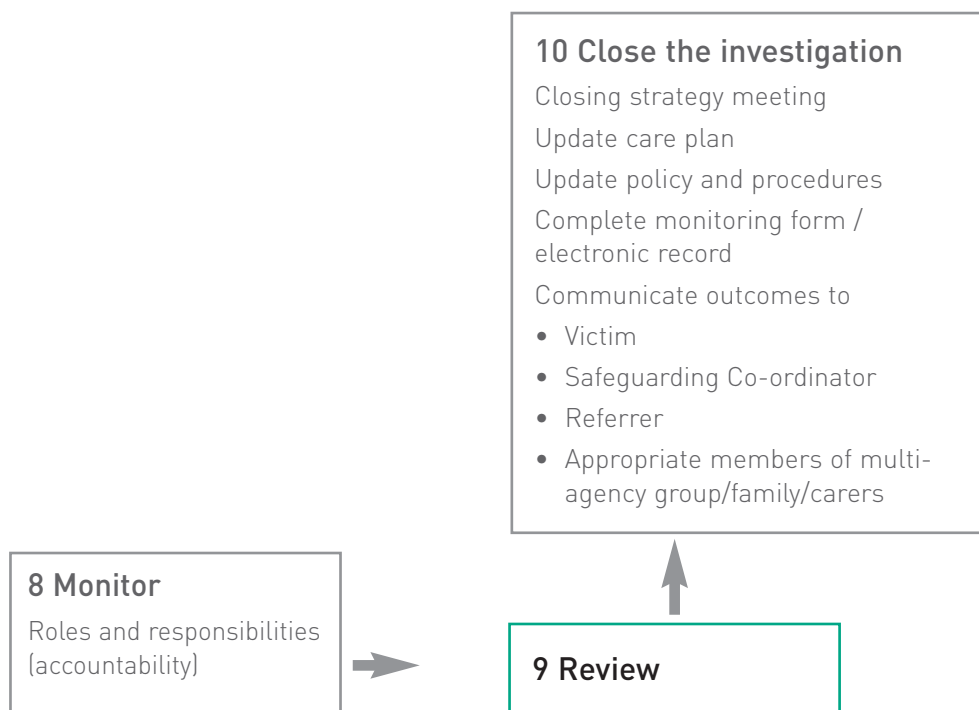
It is the Incident Management Officer's responsibility to collect all information and ensure there are no errors or omissions and to disseminate the information appropriately

8.4 How progress should be recorded

The outcome(s) should be specified in writing and the actual sequence of events recorded alongside in order that the progress can be seen clearly

9. Reviewing the situation and considering further action

9.1 Flowchart Summary



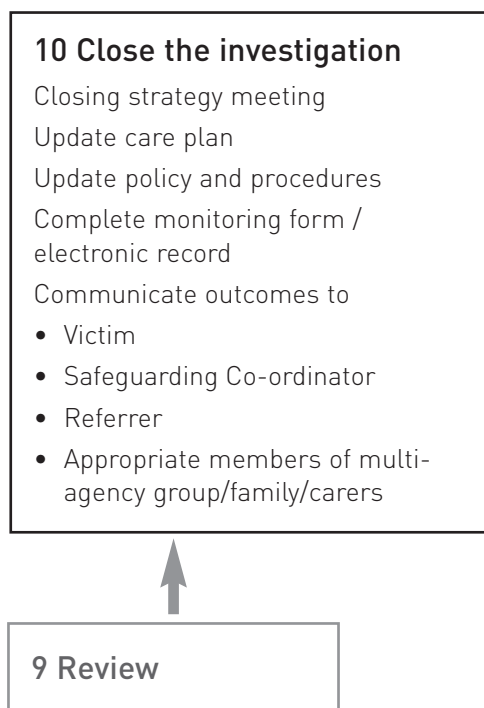
9.2 Reconvened Strategy Meeting/Review

This should follow the same pattern as the initial Strategy Meeting outlined in Section 6 and concentrate specifically on the following areas:

- Update on actions from the last Strategy Meeting
- Reviewing the new situation
- Identifying the remaining risks
- Considering the options for action
- Agreeing the new plan
- Deciding who is going to carry out the plan
- Recording
- Arrangements for monitoring and reviewing the new plan

10. Closing the Investigation

10.1 Flowchart Summary



10.2 Closing Strategy Meeting

- A closing strategy meeting should be held at the conclusion of an investigation to ensure that those involved in the planning process are aware of the outcomes and to ensure that there is a robust Safeguarding Plan in place to protect the vulnerable adult from further harm
- The meeting may recommend that an Safeguarding Adults Case Conference be arranged to enable all agencies involved with the vulnerable adult to share the outcome of the investigation and to contribute to the plan for their ongoing protection
- The vulnerable adult should be asked how they want the outcomes of the investigation to be communicated to them, they may be invited to attend all or part of a Case Conference or they may prefer a trusted person to keep them informed

10.3 Updating policy and procedures (as necessary)

If, during the course of the investigation, it has become apparent that the policy and procedures need to be reviewed then it is the responsibility of the Safeguarding Adults Incident Management Officer to inform the Safeguarding Adults Co-ordinator

10.4 Communicating outcomes

The Incident Management Officer has overall responsibility for ensuring that the outcomes of the investigation are communicated to the appropriate people:

- **The Victim**

The victim or their representative must be informed of the outcome of the investigation and must be consulted about how the procedures worked for them

- **Safeguarding Adults Co-ordinator**

At the conclusion of an investigation the Incident Management Officer should ensure that the Monitoring Form is completed and forwarded to the Safeguarding Adults Co-ordinator.

- **Referrer**

The person who reported the incident or allegation should be given appropriate information about the outcome. How this will be achieved will be decided at the closing strategy meeting

- **Appropriate members of other agencies, family, carers**

The need to inform others of the outcome of the investigation will be considered at the closing strategy meeting





Appendix 1 - Signs and Symptoms of Abuse

Physical Abuse Indicators

- Injuries that are not explained satisfactorily
- Person exhibiting “untypical” self harm
- Unexplained bruising to any part of the body, particularly collections of bruises which form a pattern which may correspond to the shape of an object or a person’s hand
- Unexplained burns especially on “unlikely” areas of the body, soles of the feet or palms of the hands
- Immersion burns. Rope burns and burns from an electrical appliance
- Unexplained fractures to any part of the body
- Unexplained cuts or scratches to mouth, lips, gums, eyes or genitalia
- Medical problems that go unattended
- Person flinches at physical contact or indicates that someone has threatened them with physical harm
- Sudden or unexplained urinary or faecal incontinence
- Reluctance to undress or uncover parts of the body
- Person may appear afraid of or “anxiously” try to avoid certain members of staff, family members or other people they know
- Injuries at different stages of healing
- Unexplained loss of hair in clumps

Sexual Abuse Indicators

- Person discloses fully or partially that sexual abuse is occurring or has occurred in the past
- Person has urinary tract infections or sexually transmitted diseases that are not otherwise explained
- Person appears unusually subdued, withdrawn or has poor concentration
- Person appears reluctant to be alone with a person known to them
- Person has unusual difficulty in walking or sitting
- Person experiences pain, itching or bleeding in genital or anal area
- Bruising to thighs or upper arms
- Bites on various parts of the body

- Person exhibits significant change in sexual behaviour or outlook
- Person's underclothing is torn, stained or bloody
- A woman, who lacks the capacity to consent to sexual intercourse becomes pregnant

Psychological Abuse Indicators

- Untypical ambivalence, deference, passivity, resignation
- Person appears anxious, withdrawn or fearful, especially in the presence of specific people
- Person appears to have a poor opinion of themselves
- Person appears to lack the opportunity to make choices or have adequate privacy
- Untypical changes in behaviour or routines of daily living
- Person appears isolated and deprived of social contact
- Person is unable to maintain eye contact having previously been able to

Financial Abuse Indicators

- General lack of money especially soon after benefits are claimed
- Person lacks belongings or services they can clearly afford
- Inadequately explained fall in living standards
- Loss of weight without a medical explanation
- Inadequately explained withdrawals from bank accounts
- Inadequately explained inability to pay bills
- Person does not appear to possess items which are known to have been purchased
- Recent acquaintances expressing interest in the person or their money
- Inadequately maintained financial systems, when a person's money is being managed by others, including a failure to produce receipts for major items
- Unexplained change in appointeeship or agent

Neglect Indicators

- Person lives in accommodation which falls below minimum practical standards
- Person has inadequate heating and/or lighting
- Person's physical appearance or condition is poor
- Person appears to be malnourished or dehydrated
- Person is observed to be left in wet clothing





- Failure to obtain health services when the person is ill
- Person does not appear to be taking the prescribed medication
- Callers/ visitors refused access to the person
- Person is exposed to unacceptable risks

Appendix 2 – The Legal Framework

The following descriptions are a brief summary of the relevant legislation and should not be used or relied upon instead of seeking legal advice regarding a specific situation

Achieving Best Evidence in Criminal Proceedings (Government Guidance) 2001

Includes:

- Planning and conducting interviews with Vulnerable and Intimidated Witnesses
- Witness Support and Preparation
- Witnesses at Court

Appointeeship

- Where a person is unable to make a decision about their benefits
- Benefit Agency can nominate someone to collect the benefits

Care Standards Act 2000

- Establishes National Care Standards Commission, replaced by the Commission for Social Care Inspection (CSCI) in 2004
- Establishes General Social Care Council
- Provision for registering, regulation and training social care workers
- Introduces national minimum standards for care homes, including Adult Placement Schemes and domiciliary care services
- Introduces the Protection of Vulnerable Adults (PoVA) Scheme, implemented on a phased basis in July 2004. At the heart of the scheme is the PoVA List. Through referrals to and checks against the list, care workers who have harmed or placed at risk of harm, a vulnerable adult, (whether or not in the course of their employment) will be banned from working in a care position with vulnerable adults.

Carers (Equal Opportunities) Act 2004

- Requires local authorities to inform carers, in certain circumstances, that they may be entitled to an assessment under the 1995 and 2000 Acts
- When undertaking a carer's assessment, the local authority must consider whether the carer works, undertakes any form of education, training or leisure activity, or wishes to do any of those things
- Provides for co-operation between local authorities and other bodies in relation to the planning and provision of services that are relevant to carers

Court of Protection Rules 1994

- Receivership - when someone becomes mentally incapable of handling their own financial affairs, the Court of Protection can appoint a receiver who takes control and oversees the management of their estate (property and finances only, not welfare and care)
- Short Procedure Order – the Court can authorise assets to be used in a certain way when an individual owns no more than a certain amount (currently £16,000) and there is no property to be sold

Crime and Disorder Act 1998

- Introduces the new category of racially aggravated offences
- Creates Local Crime and Disorder Partnerships between police, local authorities, health authorities, probation committees and others
- Gives local authorities and police forces a duty to work together with other agencies to develop three year Community Safety Strategies
- Introduces a wide range of new orders from child curfew orders to Anti-Social Behaviour Orders (ASBOs)

Criminal Justice Act 1988

- Defines common assault as any physical contact without consent
- Includes acts or words involving threat of violence
- No physical evidence may be present

Data Protection Act 1998

- The key legislation governing the protection and use of identifiable service-user information (personal data)
- Where a professional wishes to disclose confidential information to another person, the consent of the person about whom the information is held should be sought, preferably in writing
- Section 29 of the Act permits the disclosure of personal information without consent in order to prevent or detect a crime, or in order to apprehend or prosecute offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case

Declaratory Relief

- Legal proceedings to determine the best interests of an incapacitated person
- The vulnerable adult and any carer obstructing a proposed care plan can be made defendants in the action
- A judge decides, on the basis of the evidence, which plan is the better for the individual concerned



Enduring Power of Attorney Act 1985

- Enables a person to appoint someone to act on their behalf
- This would “endure” through an incapacity to the person
- Registered with Court of Protection

Family Law Act 1996

- Regulates the occupation of a house
- Provides for “non-molestation” orders

Freedom of Information Act 2000

- Places obligations on public authorities about the way in which they provide information
- Subject to exemptions, anyone making a request must be informed whether the public authority holds the information and, if so, be supplied with it - generally within 20 working days
- There is also a duty to provide advice or assistance to anyone seeking information
- In any case where a request for information is denied, it may be possible to appeal against the decision

Housing Act 1996

- Possession order can be granted against perpetrator of violence or threats of violence

Human Rights Act 1998

- Covers range of rights and freedoms
- Protection of property
- Provides an enforceable system for protecting people when they experience maltreatment and discrimination

Injunctions

- Can be obtained for assault, battery, nuisance, false imprisonment, trespass against the person

Medicines Act 1968

- Offence to administer drugs prescribed for someone else

Mental Capacity Act 2005

- The Act makes new provision for those who lack capacity. It provides for an assessment of capacity based on the ability to make a particular decision at a particular time. If a person is assessed as lacking capacity there will be a statutory duty to act in the person’s best interest

- A new system of Lasting Powers of Attorney (LPA) which allows people to appoint an attorney to act on their behalf should they lose capacity in the future. This will apply to welfare (including healthcare) matters as well as financial matters
- The Act introduces a statutory advocacy service for some people who lack capacity. In Safeguarding Adults investigations the Local Authority and NHS have the power to instruct an Independent Mental Capacity Advocate (IMCA)
- The Act introduces a **new criminal offence** of ill-treatment or wilful neglect of a person who lacks capacity
- **Deprivation of Liberty Safeguards (DOLS)** provide protection for a very vulnerable group of people who are cared for in hospitals or care homes in circumstances that deprive them of their liberty, and who lack capacity to consent. A care home or hospital must seek authority from the **Supervisory Body** (PCT or Local Authority that commission the service) where a DOL may occur.

Mental Health Act 1983

- Provides for voluntary and compulsory admission to hospital for assessment and treatment
- Enables Guardianship Order to be made in certain circumstances
- Allows Approved Social Worker entry and inspection if person not receiving proper care
- Provides aftercare responsibility
- Gives police power to search and remove a person to a place of safety

National Assistance Act 1948

- Establishes a Local Authority duty to provide accommodation for people in need of care and attention
- Duty to promote the welfare of people with disabilities
- Gives Local Authorities limited powers to remove chronically sick, disabled or elderly persons to more suitable accommodation if they are not receiving proper care.

Offences Against the Person Act 1861

- Wounding with intent to do grievous bodily harm
- Grievous bodily harm without intent
- Assault with intent to resist apprehension
- Assault occasioning actual bodily harm

Police and Criminal Evidence Act 1984

- Police power to search and enter premises to save life or limb and prevent serious damage to property
- Police power to arrest without warrant anyone suspected of committing or is about to commit an arrestable offence

- Police power to arrest someone to prevent them causing physical injury to another person

Protection from Harassment Act 1997

- Creates an offence of harassment and fear of violence
- Perpetrator will be given an initial warning
- Restraining order can be applied. Breach of this is a criminal offence

Public Interest Disclosure Act 1998

- Chapter 23 provides a framework for 'whistleblowing' or 'qualifying disclosures' by staff across the public, private and voluntary sectors
- Refer to Knowsley's Anti-Fraud Policy which includes a Confidential Reporting (Whistleblowing) Procedure to enable employees to raise any concerns they may have without fear of victimisation

Sexual Offences Acts 1956, 1967, 1985

- Covers a range of sexual offences including indecent assault, rape and incest

Sexual Offences Acts 2003

- It includes measures to help juries make fair and balanced decisions on the question of consent and introduces new offences to improve protection for children and vulnerable adults
- For the first time consent is defined in law. A person consents if s/he agrees by choice and has the freedom and capacity to make that choice
- Sections 30 to 33 relate to offences against people who cannot legally consent to sexual activity because of a mental disorder impeding choice
- Sections 34 to 37 relate to offences against people who may or may not legally be able to consent to sexual activity but who are vulnerable to inducements, threats or deceptions because of a mental disorder
- Sections 38 to 44 contain new offences for people who are engaged in providing care, assistance or services to someone in connection with a mental disorder
- Any sexual activity between a careworker and a person with a mental disorder is prohibited whilst that relationship of care continues

Theft Act 1968

- Covers the dishonest appropriation of property belonging to another, intending to deprive the owner permanently

Youth Justice and Criminal Evidence Act 1999

- Special help for witnesses, who have a disability or mental disorder, giving evidence in criminal proceedings



Appendix 3 - How the Law can help

Below you will find a list of topics/practice issues followed by a summary of the legislation relating to that subject. For further information, please refer to the relevant statute or seek legal advice.

Assault

- Common Assault – non-accidental touching or grabbing is an offence under Section 39 of the **Criminal Justice Act 1968**
- Assault occasioning Actual Bodily Harm – causing discomfort, bruising, injury, is an offence under Section 47 of the **Offences Against the Person Act 1861**
- Unlawful Wounding/Grievous Bodily Harm – an unlawful assault causing very serious bodily harm, with no intent to do the harm done, is an offence under Section 20 of the **Offences Against the Person Act 1861**
- Unlawful Wounding/Grievous Bodily Harm – an unlawful assault causing very serious bodily harm with intent to do the harm done, is an offence under Section 18 of the **Offences Against the Person Act 1861**

Capacity

- A key principle of the law is that every adult has the right to make their own decisions and is assumed to have **capacity** to do so unless it is proved otherwise. Some people may need help or support to be able to understand the decision they are being asked to make, to know how to make a choice or to be able to communicate, but the need for help and support does not remove their right to make their own decisions
- The **Mental Capacity Act 2005** makes new provision for those who lack capacity. The bill defines incapacity by using a test relating to a particular decision to be made at a particular time, once incapacity is established there will be a statutory duty to act in the person's best interest
- The Act proposes a new system of Lasting Powers of Attorney (LPA) which allow people to appoint an attorney to act on their behalf should they lose capacity in the future. A Lasting Power of Attorney will apply to welfare (including healthcare) matters as well as financial matters. Thus LPAs are a wider form of the current Enduring Power of Attorney system
- The Act provides for a new court of protection with powers to make declarations as to whether a person lacks capacity, what is in a person's best interest, whether a proposed action is lawful, and also to appoint a deputy to make decisions about a person's welfare and property



- The Act introduces a statutory advocacy service for some people who lack capacity. In Safeguarding Adults investigations the Local Authority and NHS have the power to instruct an Independent Mental Capacity Advocate (IMCA)
- The Act introduces a **new criminal offence** of ill-treatment or wilful neglect of a person who lacks capacity
- **Deprivation of Liberty Safeguards (DOLS)** provide protection for a very vulnerable group of people who are cared for in hospitals or care homes in circumstances that deprive them of their liberty, and who lack capacity to consent. A care home or hospital must seek authority from the **Supervisory Body** (PCT or Local Authority that commission the service) where a DOL may occur.

Financial Abuse

- **Appointeeship** – Regulations 33 and 34 of the **Social Security (Claims and Payments) Regulations 1987** allow a person to nominate someone to manage their benefits where the Department is satisfied that the claimant is unable to do so themselves. The task of the appointee is to collect the benefits and act in place of the claimant. Job Centre Plus also has the power to revoke the appointeeship. If you have evidence that an appointee is not acting in the best interests of a claimant you should inform Job Centre Plus or the Pensions Service
- **Court of Protection** - The Court of Protection appoints Receivers, registers Enduring Powers of Attorney, appoints new trustees, authorises certain gifts and makes statutory wills and generally gives directions and orders for the management of the property and financial affairs of people without mental capacity
- **Enduring Power of Attorney Act 1985** -An Enduring Power of Attorney is a legal process in which the donor gives the legal right to one or more people, the 'attorney(s)', to manage their financial affairs and property

The difference between an Enduring Power of Attorney and an ordinary Power of Attorney is that an ordinary Power of Attorney becomes invalid if the donor becomes mentally incapable, whereas an Enduring Power of Attorney remains effective, providing the necessary steps are taken

Guardianship

- Section 7 of the **Mental Health Act 1983** allows for people to be received into Guardianship. The grounds for an Application, as stated in the Act, are that the person:

...is suffering from mental illness, severe mental impairment, psychopathic disorder or mental impairment and his mental disorder is of a nature or degree which warrants reception into Guardianship; and

it is necessary in the interests of the welfare of the patient or for the protection of other persons that he should be so received

- Once someone is received into Guardianship the Guardian has the power to:
 - require the person to live at a particular place
 - require the person to go to specific places at particular times for the purposes of medical treatment, education, occupation, training
 - require that a doctor, Approved Social Worker, or other specified person must be given access to the person under Guardianship
- The Application can only be made by an Approved Social Worker or the person's Nearest Relative. Also, a Guardianship Order can be made by a Court under Section 37

Harassment

- Section 2 of the **Protection from Harassment Act 1997** makes it an offence for a person to pursue a course of conduct which amounts to harassment of another and which he knows or ought to know amounts to harassment of the other
- Section 4 of the **Protection from Harassment Act 1997** states that a person whose course of conduct (at least two occasions) causes another to fear that violence will be used against him is guilty of an offence

Hate Crime

- **The Crime and Disorder Act 1998** provides the opportunity to combat hate crime. Hate crime is taken to mean any crime where the perpetrator's prejudice against an identifiable group of people is a factor in determining who is victimised. This includes racially aggravated crimes, homophobic crimes, crimes against faith groups, asylum seekers, disabled people, refugees, and any other groups. The Association of Chief Police Officers (ACPO) have produced a **Hate Crime Manual** which sets out the police service's approach to identifying and combating hate crime

Neglect

- Section 47 of the **National Assistance Act** gives Local Authorities limited powers to remove chronically sick, disabled or elderly persons to more suitable accommodation if they are not receiving proper care
- Article 3 of the **Human Rights Act** places an obligation on the state to ensure that no one suffers inhuman or degrading treatment
- Section 135 of the **Mental Health Act** enables a magistrate to issue a warrant to authorise access by a police officer to premises where it is believed a person with a mental disorder is being ill-treated or neglected. The warrant may also include power of removal
- The **Mental Capacity Act 2005** introduces a new criminal offence of ill-treatment or neglect of a person who lacks capacity



Physical Assault

- Common Assault – non-accidental touching or grabbing is an offence under Section 39 of the **Criminal Justice Act 1968**
- Assault occasioning Actual Bodily Harm – causing discomfort, bruising, injury, is an offence under Section 47 of the **Offences Against the Person Act 1861**
- Unlawful Wounding/Grievous Bodily Harm – an unlawful assault causing very serious bodily harm, with no intent to do the harm done, is an offence under Section 20 of the **Offences Against the Person Act 1861**
- Unlawful Wounding/Grievous Bodily Harm – an unlawful assault causing very serious bodily harm with intent to do the harm done, is an offence under Section 18 of the **Offences Against the Person Act 1861**

Protection

- The **Mental Health Act 1983** offers protection to vulnerable people with people who have a “Mental Disorder”, defined in the Act as:
“... mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind”
- Admission to Hospital
 - Section 2 - Admission for assessment for up to 28 days.
 - Section 3 - Admission for treatment for up to 6 months
 - Section 4 - Emergency admission for up to 72 hours
 - Section 5(2) and 5(4) - People who are voluntary patients in hospital can be detained by a doctor or nurse pending a further assessment
- Being taken to a Place of Safety
 - Section 135 - A court order can be obtained to break into a property to remove a person to a place of safety if it is suspected that a person with a mental disorder is being ill-treated, neglected, or not kept “under proper control” or is living alone and unable to care for themselves
 - Section 136 - a person found in a public place, who appears to have a mental disorder, can be taken to a place of safety
- Guardianship - see notes above
- The **National Assistance Act 1948** also offers protection to vulnerable adults who are not receiving proper care – see notes above

Sexual Assault

- A sexual offence is defined as indecent assault, rape, or incest – **Sexual Offences Act 1956, 1967, 1985**
- Rape – a man commits rape if he has sexual intercourse with another person who does not consent and he knows that person does not consent or is reckless as to whether consent is given. Section 1 **Sexual Offences Act 1956**
- Indecent Assault – any assault of another person accompanied by indecency. **Sexual Offences Act 1956**
- The Sexual Offences Act 2003 introduces new offences to improve protection for children and vulnerable adults
- For the first time consent is defined in law; a person consents if s/he agrees by choice and has the freedom and capacity to make that choice

Theft

- Section 1 of the **Theft Act 1968** makes it an offence for a person to take money or property belonging to someone else with the intention of permanently depriving them of it

Threats

- Section 4 of the **Public Order Act 1986** makes it an offence for a person to use threatening, abusive or insulting words or behaviour towards another, with or without the intention of causing the other person to believe that violence will be used against him/her

Whistleblowing

- Chapter 23 of the **Public Interest Disclosure Act 1998** provides a framework for “whistleblowing” or “qualifying disclosures” by staff across the public, private and voluntary sectors
- Refer to Knowsley’s Anti-Fraud Policy which includes a Confidential Reporting (**Whistleblowing**) Procedure to enable employees to raise any concerns they may have without fear of victimisation

Witnesses

- Home Office Guidance **Achieving Best Evidence in Criminal Proceedings** issued in 2001, offers guidance on:
 - Planning and conducting interviews with Vulnerable and Intimidated Witnesses
 - Witness Support and Preparation
 - Witnesses at Court

See Appendix 4 for further information

Appendix 4 - Guidance on Achieving Best Evidence in Criminal Proceedings

(Note: The following guidance notes are summaries of the guidance produced in the Government publication *Achieving Best Evidence in Criminal Proceedings* which should always be referred to for detailed advice)

The guidance identifies three types of support for Vulnerable and Intimidated Witnesses - at interview, prior to trial and during trial. The Guidance applies to defence as well as prosecution witnesses

Categories of Vulnerable Witnesses

- Witnesses suffering from a mental disorder as detailed under the Mental Health Act 1983
- Witnesses significantly impaired in relation to intelligence and social functioning
- Physically disabled witnesses
- Witnesses suffering from fear or distress in relation to testifying in the case

Support for Vulnerable Witnesses at Interview

- Option of several short interviews rather than one long one
- Important to listen to the advice of people who know the witness regarding the best way to conduct the interview
- Important for the interviewer to take time to get to know the witness before the interview
- A witness' race, culture, ethnicity and first language should be given due consideration by the interviewing team
- A witness' usual means of communication should be supported at interview by means of an interpreter (and/or intermediary if appropriate)
- Social support at interview. It may be helpful for a support person to be present at interview to provide emotional support

Interviewing Vulnerable Witnesses

The guidance recommends a procedure for interviewing based on a phased approach. Interviews with vulnerable people should normally consist of the following four main phases:



- establish rapport
- free narrative recall
- ask questions
- closure

Pre Trial Support

The guidance describes the components of pre-trial preparation as follows:

- **Assessing the needs of the witness**
 - Directly
 - Obtaining information from others
- **Support**
 - General emotional support
 - Management of anxiety connected with Court process
 - Therapy and counselling
- **Liaison and communication**
 - With the witness
 - With other professionals in the legal case
 - With the witness' family and friends
 - With the witness' circle of professionals
 - With those providing therapy and counselling to the witness
- **Preparing for the trial**
 - Information concerning courts, including a visit to the court if thought to be helpful
 - Options for giving evidence
 - The victim's wishes
 - Pre-trial visits
 - Refreshing memory
 - Meeting the legal representative

Support At The Hearing

- To reduce anxiety and stress
- To enable the witness to give their best evidence
- To provide comfort if the witness becomes distressed

- The supporter will provide sympathetic support in a neutral way without influencing the proceedings in any direct way
- The witness supporter should have only basic information about the witness' evidence and should avoid discussing it with him/her
- The supporter should make prior arrangements for alerting the court to the witness' need for a break in proceedings

Special Measures

Chapter 5 of the guidance describes the range of **Special Measures**, introduced by the Youth Justice and Criminal Evidence Act 1999, which may be available to assist vulnerable and intimidated witnesses in giving their best evidence at court. Special Measures may only be used at the discretion of the court, they are:

- screens
- evidence by Live Link
- evidence given in private
- removal of wigs and gowns
- video-recorded evidence in chief
- video recorded cross-examination and re-examination
- examination of a witness through an intermediary
- aids to communication
- protection of witnesses from cross-examination by the accused in person
- restriction on evidence and questions about the complainants' sexual behaviour



Appendix 5 – ADSS Cross Border Protocol

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

1. Introduction

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

2. Aims

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

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

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

3. Principles

- The authority where the abuse occurs will have overall responsibility for co-ordinating the safeguarding adults arrangements (and, for the purposes of this protocol, be referred to as the host authority)
- The placing authority (ie. the authority with funding/commissioning responsibility) will have a continuing duty of care to the vulnerable adult
- The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link with local policy and procedures set out by the host authority
- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place
- The host authority will make provision in service contracts, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any safeguarding adults concern



4. Responsibilities of Host Authorities

- The authority where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed
- The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies
- It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind
- The Commission for Social Care Inspection should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the protection of vulnerable adults
- There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation

5. Responsibilities of Placing Authorities

- The placing authority will be responsible for providing support to the vulnerable adult and planning their future care needs
- The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection strategy meeting and/or may be required to submit a written report

6. Responsibilities of Provider Agencies

- Provider agencies should have in place suitable safeguarding adults procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority
- Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police and/or the Commission for Social Care Inspection in accordance with local inter-agency policy and procedures
- Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CSCI area office of any allegations of abuse or any other significant incidents
- Provider agencies who have services registered in more than one local authority area will defer to the CSCI area office relevant to the area in which the abuse took place



Appendix 6 – Protocol for Serious Case Reviews

Introduction

The government guidance “No Secrets” issued by the Department of Health and the Home Office in 2000, gives guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

No Secrets requires statutory agencies, to work together in partnership with all agencies in the public, private and voluntary sectors, and also with service-users and carers, to ensure that local policies and procedures are in place to protect vulnerable adults. It recommends the development of a multi-agency management committee, to determine policy and to co-ordinate activity between agencies; in accordance with this requirement Knowsley has established the Multi-agency Safeguarding Adults Board.

The document “Safeguarding Adults” published by the Association of Directors for Social Services (ADSS) provides a National Framework of Standards for good practice and outcomes in adult protection work. One of the standards in the document states that Adult Protection Committees should establish a protocol for Serious Case Reviews.

Relevant Standards:

Standard 1.22 There is ‘Safeguarding Adults’ serious case review protocol. This is agreed, on a multi-agency basis and endorsed by the Coroner’s Office, and details the circumstances in which a serious case review will be undertaken. For example: when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence homicide review should be clear.

Standard 9.10.15 There is a clear process for commissioning and carrying out a serious case review by the partnership. “Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work”. Published by the Association of Directors of Social Services (ADSS) October 2005.

Circumstances requiring a Serious Case Review

The Safeguarding Adults Board should undertake lead responsibility for co-ordinating a Serious Case Review in circumstances where:

- (a) a vulnerable adult has died (including death by suicide) and abuse or neglect is known, or suspected, to be a factor in the adult’s death.
- (b) a vulnerable adult has sustained a potentially life-threatening injury or sustained serious and permanent impairment of health or development and abuse or neglect is known, or suspected, to be a factor and there are concerns about the way in which agencies work together to safeguard adults.



- (c) a vulnerable adult has suffered serious sexual abuse and there are concerns about the way in which agencies work together to safeguard adults.
- (d) a vulnerable adult is confirmed, or suspected, of being abused or neglected and the case is likely to be of public concern. This may include incidents of serious abuse within an institution or when multiple abusers are involved. Such reviews are likely to be more complex and take more time.
 - The Safeguarding Adults Board can also consider conducting a Serious Case Review into any incident(s) involving a vulnerable adult where it is believed to be in the public interest to conduct such a review.
 - Any agency or professional body may refer such a case to the Safeguarding Adults Board seeking a serious case review to establish if there are important lessons for inter-agency work to be learnt from a case. Enquiries should be made to the Safeguarding Adults Unit Tel: 0151 443 3344/3345.
 - The Secretary of State also has authority under the Local Authority Social Services Act 1970 to cause an enquiry to be held where (s)he considers it advisable.

Purpose of a Serious Case Review

The death or serious injury of a vulnerable adult is a distressing event for everyone, more so when enquiries are being made into the roles and responsibilities of the professionals involved with the person. The purpose of a Serious Case Review carried out under this Protocol is not to reinvestigate or to apportion blame but to:

- establish whether there are lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard vulnerable adults
- identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result (develop best practice)
- review the effectiveness of procedures (multi-agency and individual agency procedures)
- as a consequence, to improve inter-agency working and better safeguard vulnerable adults
- prepare or commission an overview report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action

It is acknowledged that all agencies will have their own internal/statutory procedures to review incidents e.g. an Untoward Incident (a review within a Health setting). This protocol is not intended to replace these - each agency will have its own mechanisms for reflective practice.

When there are possible grounds for both a Serious Case Review and a Domestic Homicide Review, a decision should be made about which process will lead with a final joint report being taken to both commissioning bodies.

Initiating a Serious Case Review

The Process

- The Safeguarding Adults Board will be the only body which commissions a Serious Case Review.
- Any agency can make a written application to the Chair of the Safeguarding Adults Board (SGAB) to initiate a Serious Case Review.
- The application for review will be passed to the Chair of the Serious Case Review (SCR) Group, a sub-group of the SGAB. The SCR Group will have a role in deciding whether a Review should be carried out; it will meet to consider the application within seven days and will make a recommendation to the Chair of the SGAB for one of the following options:
 - to carry out a Serious Case Review
 - to carry out a Management Review
 - to carry out a Case File Review
 - no further action

The Chair of the SGAB will ratify the decision and the referring agency will be informed in writing.

- If the application is agreed, a Serious Case Review Panel will be set up. Each agency will nominate a senior representative who has experience of safeguarding adults inter agency working and no involvement in the case in question; this will include appropriate members of the Serious Case Review sub-group.
- The SCR Group will be responsible for the appointment of an Independent Panel Chair and ensure that they receive adequate support.
- The Chair of the Serious Case Review Panel will be responsible for establishing the terms of reference and setting time scales for the review. They will also be responsible for ensuring administrative arrangements are completed and that the review process is conducted according to the terms of reference.
- CSCI must be informed of any Serious Case Review undertaken.
- There must be mechanisms for considering requests from the Coroner, MP's, elected members and other interested parties.
- When a criminal or disciplinary investigation is underway, a Serious Case Review can be initiated but it will only be possible to carry out a Case File Review; a full review will be postponed until the investigation has been completed.
- Upon receipt of an application, the Chair of the SCR Group and the Safeguarding Adults Co-ordinator will appraise the available information and if it is apparent that any immediate remedial action is required of any agency, will make an urgent recommendation without waiting for the outcome of the Review.



Conduct of Serious Case Review

The Serious Case Review Panel will agree:

- Terms of reference
- Evidence required from each agency - management review
- The support and resources needed
- Timescales - including the period to be reviewed
- Dates, times, venues of meetings
- Legal advice required e.g. Data Protection, Freedom of Information, Human Rights

Evidence – Management Reviews

A Management Review will be carried out by each organisation involved in the case; the aim of a Management Review should be to look openly and critically at individual and organisational practice to see whether the case indicates that changes could and should be made, and if so, to identify how those changes will be brought about. The Management Review will be led by a Senior Manager in each agency, who does not have line management responsibility for the case; this Manager will be responsible for securing files in relation to the case and ensuring that recommendations are acted upon.

The Manager will be required to:

- Prepare a chronology of the agency's involvement together with an analysis of that involvement and a single agency action plan if required
- Present a report by the time agreed
- Ensure the management report and any other information identified as necessary are passed to the Chair of the Serious Case Review Panel
- Ensure any recommendations from the Serious Case Review Panel are acted upon

Management Reviews

What was our involvement with this vulnerable adult?

Construct a comprehensive chronology of involvement by the organisation and/or professional(s) in contact with the adult over the period of time set out in the Review's terms of reference. Summarise decisions reached, services offered and any other action taken.

Analysis of involvement

Consider the events that occurred, decisions made and actions that were or were not taken. Where judgements were made or actions taken, which indicate that practice could be improved. Consider specifically the following:

- Were practitioners knowledgeable about potential indicators of abuse and what to do if they had concerns about a vulnerable adult?
- Did the organisation have procedures in place for safeguarding vulnerable adults?
- Were assessments and decisions reached in an informed and professional way?
- Did actions accord with the assessment and decisions made? Were appropriate services offered in the light of the assessment?
- Were the vulnerable adult's views taken into account when decisions were made?
- Was practice sensitive to issues of equality and diversity?
- Were senior managers or other organisations involved appropriately?
- Was the work in this case consistent with each organisation's and the Multi Agency Policy and Procedures to protect vulnerable adults from abuse?

What do we learn from this case?

Are there lessons from this case for the way in which this organisation works to protect vulnerable adults from abuse? Is there good practice to highlight as well as ways in which practice can be improved? Are there implications for ways of working - training, supervision, working in partnership, resources?

Recommendations for action

What action should be taken and by whom? What outcomes should be achieved; how will the organisation evaluate whether they have been achieved?



The Overview Report of the Serious Case Review Panel

The Review Panel will complete the review of agency management reports and reports commissioned from any other source, producing a short overview report, which brings together information from the reports, analyses findings and recommendations for future action.

Overview reports should be produced according to the following format although the precise format will depend upon the features of the case.

Introduction

Summarise the circumstances which led to a review being undertaken in this case.

State terms of reference of review.

List contributors to review and the nature of their contributions (e.g. management review by LEA, report from adult mental health service). List review panel members and author of overview report.

The Facts

Where the incident has taken place in family setting then it is important to note who lives in the household.

Compile an integrated chronology of involvement with the vulnerable adult on the part of all relevant agencies, professionals and others who have contributed to the review process. Note specifically in the chronology each occasion when the adult was seen.

Prepare an overview which summarises what relevant information was known to the agencies and professionals involved, about the carers, any perpetrator, and the home circumstances of the adult.

Analysis

This part of the overview should look at how and why decisions were made, actions taken or not taken. This is the part of the report in which reviewers can consider, with the benefit of hindsight, whether different decisions or actions may have led to an alternative course of events. The analysis section is also where any examples of good practice should be highlighted.

Conclusions and Recommendations

This part of the report should summarise what, in the opinion of the Review Panel, are the lessons to be drawn from the case, and how those lessons should be translated into recommendations for action. Recommendations should include, but should not simply be limited to, the recommendations made in individual agency reports. Recommendations should be few in number, focused and specific, and capable of being implemented. If there are lessons for national, as well as local, policy and practice these should also be highlighted.

Implementing the review recommendations

On completion, the overview report will be presented to the Safeguarding Adults Board which will:

- Ensure contributing agencies are satisfied that their information is fully and fairly represented in the overview report
- Translate recommendations from the overview report into an action plan, which should be endorsed at senior level by each agency that needs to be involved
- Ensure that the overview report contains an Executive Summary which can be made public

The action plan will indicate:

- Who will be responsible for various actions
- Time-scales for completion of actions
- The intended outcome of the various actions/recommendations
- The means of monitoring and reviewing intended improvements in practice and/or systems
- Clarify to whom the report or parts of the report should be made available
- The process for disseminating the report or key findings to interested parties and for providing feedback and debriefing to staff, family members and media

The SGAB will ensure that all recommendations are implemented and will request updates from agencies.

Annual Report

- All Serious Case Reviews will be included in the Annual Report along with relevant service improvements.

Other Considerations to Serious Case Review

- The right under the Freedom of Information Act and the Environmental Information Regulations to request information held by public authorities, known as the 'right to know', came into force in January 2005.
- There are 'absolute' and 'qualified' exemptions under the Act. Where information falls under 'absolute exemption', the harm to the public interest that would result from its disclosure is already established.
- If a public authority believes that the information is covered by a 'qualified exemption' or 'exception' it must apply the 'public interest test'.
- The public interest test favours disclosure where a qualified exemption or an exception applies. In such cases, the information may be withheld only if the public authority considers that the public interest in withholding the information is greater than the public interest in disclosing it.
- Need to liaise with Coroner's Office to ensure the arrangements for undertaking a Serious Case Review are acceptable.

- If at any stage whilst considering the evidence information is received which requires notification to a statutory body, e.g. GSCC, DfeS, regarding significant omission by individual/s or organisations, this should be undertaken by the Chair without delay. The Chair of the review panel should report back to the SGAB and a decision made as to whether the Serious Case Review process should be suspended pending the outcome of such notification.

References:

“Working together to Safeguard Children: Every Child Matters Change for Children”

Published by HM Government 2006

“Serious Case Review - Protocol Guidelines”

Yorkshire and Humberside Adult Protection Committee 2006

“Vulnerable Adult Serious Case Review Guidance: Developing a local protocol”

Northern Region Safeguarding Adults Co-ordinators - endorsed by the Association of Directors of Adult Social Services National Reference Group for Safeguarding Adults

September 2007

Reviewed July 2008

Glossary

Abuse

- A violation of an individual's human and civil rights by any other person or persons
- Can be a singular or repeated act or a lack of action

Admissible Evidence

Evidence which is relevant to a matter which the court is deciding. Normal rules of evidence require witnesses to attend and give their evidence at the time of the trial

Alerting

Informing a manager about an allegation, concern or disclosure of abuse

Allegation

When a person says they are or someone else is being abused

Assault

Any physical contact without consent

Capacity

- # The capability of a person to understand, at the time it is made, the nature of a decision and its implications

Disclosure

When a person tells someone they are being abused

Family Support Unit

A special police unit which deals with the protection of children and vulnerable adults

Financial Abuse

- The inappropriate use or misappropriation of a person's financial resources or property
- It includes withholding or taking a person's money or property
- It is to the person's disadvantage



Flowchart

This is a diagram which shows how the process works. It is meant to work like a checklist

Forensic Medical Examiner

This is a doctor who is employed by the police and is experienced in examining people who are victims or perpetrators of crime

Incident Management Officer

The Senior Practitioner or Team Manager of the social services team (or joint social services and health team) responsible for co-ordinating the response to any allegation of abuse. This officer will usually chair the Strategy meeting

Neglect

- The deliberate withholding of or failure to provide the help or support a person needs to carry out activities of daily living
- It includes the failure to provide appropriate intervention or support to help a person, who does not have the capacity to assess risk, to deal with situations which are dangerous for them or others

Perpetrator

The person responsible for the abuse of another person

Physical Abuse

- Physical ill treatment of an adult which may or may not cause physical injury
- This includes pushing, shaking, pinching, slapping, punching and force feeding
- It can also include the use of inappropriate methods of restraint or forced isolation and confinement

Psychological Abuse

- The use of intimidation, hostility, threats, humiliation, shouting, swearing, discriminatory language or acts of indifference or rejection towards a vulnerable adult
- This may result in the adult's choices, wishes and opinions being affected adversely or the person becoming physically and emotionally isolated
- It includes preventing the person obtaining information, advice or services which could help them

Safeguarding Adults Co-ordinator

The Social Services Officer responsible for the safeguarding adults service within the Borough

Safeguarding Adults Incident Management Officer

The Senior Practitioner or Team Manager of the social services team (or joint social services and health team) responsible for co-ordinating the response to any allegation of abuse. This officer will usually chair the Strategy meeting

Sexual Abuse

- Any form of sexual activity that the adult does not want, has not consented to or to which they do not have the capacity to give informed consent
- Any form of sexual activity where one person is in a position of power, trust or authority in relation to the other
- It includes rape, buggery, incest, inappropriate touching of the body, indecent exposure, or encouragement to watch pornographic material

Significant Harm

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

Strategy Meeting

- # This is a planning meeting which considers all the facts around the allegation of abuse and decides what should be done about it

Victim

The person who has been abused

Vulnerable Adult

Someone who is aged 18 or over and

- is unable to protect him or herself against significant harm or exploitation and
- is or may be in need of community care services by reason of mental or other disability, increasing frailty or illness, alcohol or drug dependency, or
- is or may be unable to take care of him or herself (includes alcohol or drug dependency)

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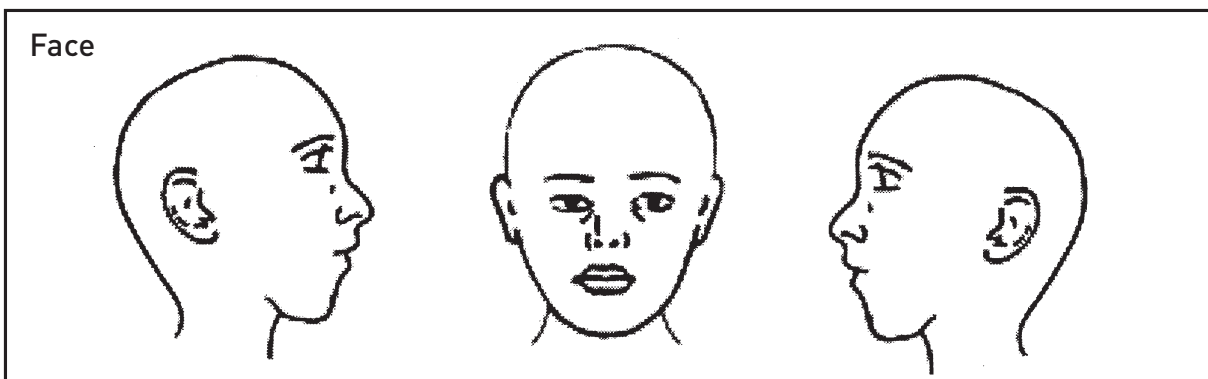
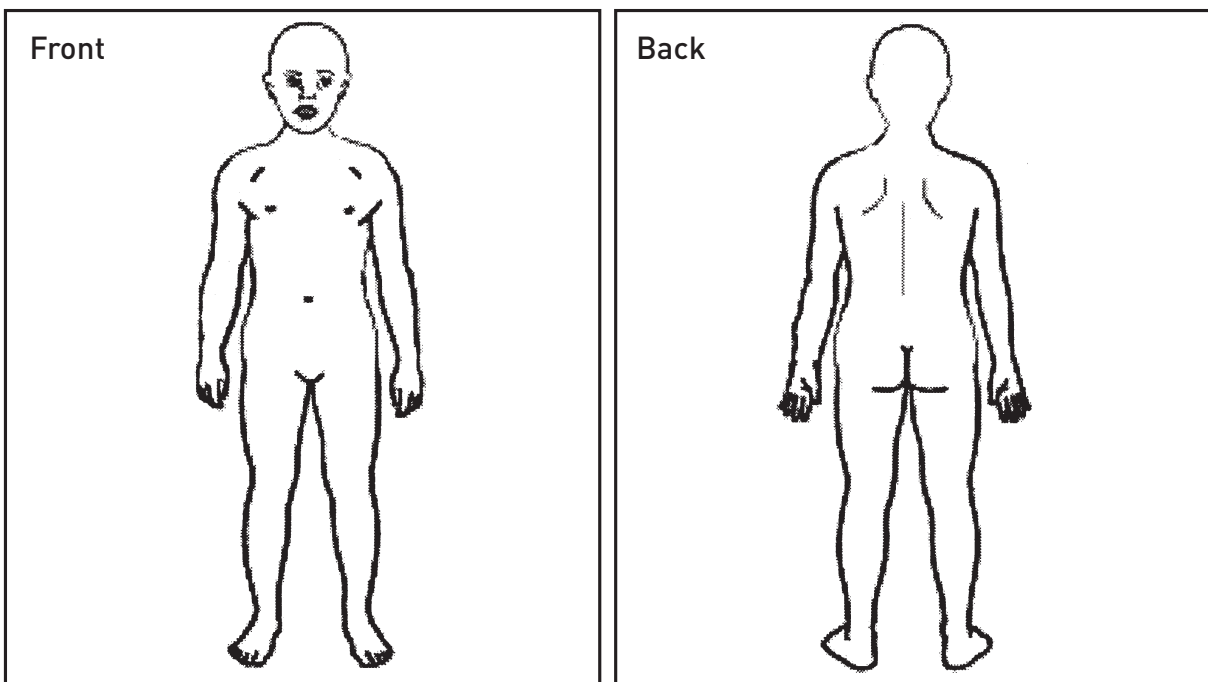


Body Map

Name of Vulnerable Adult

Person Completing this form

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts or other injuries occur, shade and label them clearly on the diagram. Label any internal injuries that have been identified through medical examination. Visible injuries apparent in soft-tissue parts of the body, including the neck, under-arms, stomach, genitals or inner thighs, are unlikely to manifest as a result of a fall or other accidents of this nature.



Date and Time

Signature