



**Safeguarding Adults Procedures
Additional Guidance for Staff**

June 2010

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Summary of Procedures

Stages

The South Gloucestershire Safeguarding Adults Procedures follow the [ADSS National Standards](#) (2005), which breaks down the safeguarding process into seven stages: -

Alert

A concern is raised that an adult resident in South Gloucestershire and eligible for Community Care services may be experiencing abuse.

Referral/Contact

The information is brought to the attention of the Community Care & Housing Department and discussed with a Team/District Manager.

Decision

The decision is made as to whether the situation should be addressed using the Safeguarding Adults procedures.

Strategy

The safeguarding process is planned on a multi agency basis.

Risk Assessment and Investigation

The concerns are investigated and the nature of the risk and options for safeguarding are identified.

Safeguarding (Risk Management) Plan

A plan is agreed to address and reduce the risks identified, which is enacted.

Review of Safeguarding Plan

The Safeguarding Plan is reviewed and any changes needed are made, including ceasing the Safeguarding Plan if appropriate.

Although the risk assessment is recorded as Stage 5 in the procedures, it is important to recognise that risk assessment is continuous throughout the process.

1. Alert

When a referral has been made by someone working for another agency, they should be asked to complete an Alerter form, which is faxed to the 'Safe Haven' duty fax. Unless there are particular reasons for not sharing the information with the police, the Alerter should be faxed to the Public Protection Unit (see [Contact with PPU](#))

More detailed guidance about the 'alerter' role is found in the Safeguarding Adults Alerter Guide, which is given out on Alerter training courses and can be found using the link below.

[South Glos Alerter Guide.pdf](#)

2. Referral/Contact

At this stage the Screening Officer is responsible for ensuring enough information is gathered about the concern/allegation to enable the Team/District Manager to make a decision about whether the situation needs to proceed further along the safeguarding process. The screening Officer should inform the Team/District Manager that a Safeguarding Contact has been received and information is being gathered to inform the decision-making process.

The information gathered and recorded should include:

1. Name; Contact details (phone, address etc); Communication Needs, Equalities information; What is known of his/her wishes in relation to the alleged abuse/neglect; any information known about the individual's ability to consent/mental capacity should also be recorded.
2. Information known about the suspected abuse that has taken place: How it came to light; impact on the individual; time and place that it took place; details (if known) of alleged perpetrator; any witnesses; any evidence.
3. Any immediate action taken in response to the incident and actions taken to safeguard the individual; whether emergency services have been called; police storm log or crime reference number.

The Alerter form should include much of the required information, but we should not delay our response if the form is not returned immediately.

The completed Alerter form should be faxed to the Public Protection Unit, but the Screening Officer needs to ensure that the information and content is accurate and provides the PPU with relevant information. The PPU should be phoned before faxing the Alerter, to assist them with prioritisation.

The fax front sheet should include contact details of the team and person who the PPU need to liaise with, should they need to clarify anything, or need to share information before any meetings take place.

NB if the service user is funded by South Gloucestershire and the alleged abuse has taken place in another local authority area, that local authority has the responsibility for coordinating the response, but South Gloucestershire retains a duty of care towards the alleged victim.

Similarly, South Gloucestershire is responsible for coordinating the response where allegations of abuse of externally funded service users have taken place within the authority (see [ADSS Inter Authority Protocol](#)).

The person's details should be confirmed and CC&H records should be checked to find out which agencies are known to be involved and whether the person is in receipt of services, as well as checking for previous records of contacts/referrals under Safeguarding Adults (or POVA) procedures.

The referrer should be informed that the information will be discussed with a Team/District Manager and they will receive a response before the end of the next working day or the same day if the situation is more urgent.

The Screening Officer brings the alert details to the attention of the Duty Manager for a decision.

At the point of contact/referral and throughout the course of an individual investigation the coordinating Team/District Manager needs to consider whether the alleged abuse indicates that other 'vulnerable adults' are at risk of or experiencing abuse. For example when

- The abuse has taken place in or is as a result of a poorly managed service
- The alleged perpetrator is a care worker and has contact with a number of other service users.
- The alleged perpetrator is a service user who shares living arrangements or services with other service users.

The Safeguarding Adults Team should be alerted when these factors are present (see [Institutional Abuse Guidelines](#)).

NB – If the alleged perpetrator is someone known to CC&H (e.g. another service user, relative or carer) they should be recorded on the alleged victim's profile notes and any meeting notes using their initials and Swift/AIS number only (e.g. BP 123456), not their full name.

3. Decision

The Screening Officer should have ensured that there is enough information for the Team/District Manager to decide whether the case should proceed further down the safeguarding process. However, if the manager feels there is insufficient information for a decision to be made, he/she will ask the Screening Officer for further information to be sought.

The Team/District Manager decides whether the situation is appropriate to be dealt with under Safeguarding Adults procedures within 2 working days and records the decision.

Thresholds for Safeguarding Adults Referrals

The decision about whether to accept the referral under the safeguarding procedures is informed by three basic threshold questions

1. Is the person a vulnerable adult?

A vulnerable adult is defined as someone who is 18 or over.....

“who is or may be in need of community care services by reason of mental or other disability, age or illness; and is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”. (Lord Chancellors Department 1997)

2. Has the person been subject to abuse or likely to be subject to abuse?

Physical	Financial or material
Neglect or acts of omission	Sexual
Discriminatory	Psychological
Institutional abuse	

3. Is there risk of significant harm?

Building on the concept of ‘significant harm’ introduced in the Children Act 1989, the Law Commission suggested that:

“harm’ should be taken to include not only ill treatment, 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.”

In making an assessment of the seriousness, the following factors need to be considered:

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

- The risk of repeated or increasingly serious acts involving this or other vulnerable adults

If a decision is made not to use the Safeguarding Adults procedures, this is recorded and the referrer must be informed of the decision. If appropriate, information is provided and/or a referral is made to a more appropriate service or agency. The safeguarding procedures can be closed at this point.

Where there is a risk of serious injury or death the police should be contacted and the alleged victim must be seen as soon as possible and no later than 24 hours after the alert was received.

Where immediate action is required to protect the safety of one or more individuals, information is passed to the appropriate person in the organisation best placed to implement those safeguards as soon as possible.

Deprivation of Liberty

If the alleged victim is

1. in a hospital or care home setting,
2. lacks mental capacity to make decisions about the alleged abuse and
3. is subject to restraint,

the Team/District Manager should consider whether a Deprivation of Liberty (DOL) is taking place, consulting the DOLS Code of Practice for guidance, as necessary (see [DOLS Code of Practice](#)). The DOLS/MCA team is also able to provide support and advice (01454 865824).

NB If a Best Interest Assessor (BIA) makes a safeguarding adults referral because they have refused a care home or hospital's application for a DoL, the response needs to take into account the fact that someone could be illegally detained until the situation is resolved.

If a child or young person is at risk, a referral must be made to the Department for Children and Young People (01454 868008).

The referrer should be contacted and informed of the outcome of the referral within the limits of confidentiality.

4. Strategy

The purpose of the strategy is to formulate a plan to assess the risks, coordinate protective measures, to decide on whether an investigation is required and who should be responsible for carrying it out. The strategy is co-ordinated by the Team/District Manager, taking into account the individual's circumstances and the level of urgency.

'No Secrets' informs us to take into account the following, when deciding on the urgency of the response:

1. Level of threat to independence
2. Impact of alleged abuse on the physical, emotional and psychological well being of the individual
3. Duration and frequency of alleged abuse
4. Its degree and extent
5. Level of personal support required by the individual and whether the support is normally provided by the alleged perpetrator
6. Extent of premeditation, threat or coercion
7. Context in which the alleged abuse takes place

Throughout the process managers and practitioners need to consider what is an appropriate level of response and intervention, i.e. what is proportionate in relation to the risk of harm, the wishes of the individual and their level of mental capacity.

Developing the strategy is a multi agency process, which can be carried out by organising a strategy meeting, or through a series of telephone and/or face-to-face conversations (strategy discussions). The strategy will usually involve a member of the Public Protection Unit (see [Contact With PPU](#)). At the strategy stage and throughout the safeguarding process, agencies need to share information for safeguarding to be effective (see [Information Sharing Guidelines](#))

The strategy does not have to be a meeting: the number of safeguarding adult referrals continues to grow and coordinating the diaries of staff from different agencies can cause delays, so strategy discussions are often sufficient to agree who is responsible for the actions required. However, if the situation is complex, a strategy meeting may be required.

If a strategy meeting is held, there is a [checklist](#) of organisations who it may be appropriate to invite. The [Managing Meetings guide](#) gives more detailed guidance for Managers and Business Support staff.

The strategy should identify any other agencies that can contribute to the risk assessment and investigation (see [checklist](#)).

The Strategy should include an interim Safeguarding Plan, recording who is responsible for carrying out the agreed actions and timescales for completion.

If there are doubts about whether the person has mental capacity to make decisions in relation to the alleged abuse, or in relation to protective measures, a Mental

Capacity Assessment should be completed. If the MCA indicates that the person does lack capacity, a referral for an IMCA should be considered (see [IMCA Guidelines](#)).

The DOLS/MCA team is also able to provide support and advice (01454 865824).

Alleged victims of abuse should be involved as partners in strategy discussions, with support provided appropriate to their needs, unless this is precluded by e.g. concerns about theirs or others safety, or the contamination of evidence. Where this is the case the Team/District Manager should agree with them how their views are included in the strategy making process.

Where a crime is alleged to have taken place the police should be involved as soon as possible.

Adult abuse situations often involve Domestic Abuse (for a definition see [Domestic violence](#)). If the situation involves Domestic Abuse, the risk factors should be considered and a decision made about whether a referral to the Multi Agency Risk Assessment Conference (MARAC) is required.

If the allegation appears to involve discrimination on the basis of disability, race, religion or sexual orientation, it should also be reported using the council's Hate Crime monitoring process (see [Hate Crime Monitoring](#)).

Managers and practitioners should also consider whether someone is a victim of Anti Social Behaviour, which includes virtually any intimidating or threatening activity that scares you or damages your quality of life.

Examples include:

- rowdy, noisy behaviour
- 'robbish' behaviour
- vandalism, graffiti and fly-posting
- dealing or buying drugs on the street
- fly-tipping rubbish
- aggressive begging
- street drinking
- setting off fireworks late at night

Further advice is found on the [Dealing with anti social behaviour](#) website.

Managers and practitioners also need to be aware of Forced Marriage and Honour Based Violence.

Forced Marriage is when one or more partners do not (or in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

Forced Marriage is an abuse of Human Rights and cannot be justified on any grounds.

The police definition of Honour Based Violence is:

‘A crime or incident which has or may have been committed to protect or defend the honour of the family and or community’

Honour Based Violence is where a person is being punished by their family or community for actually or allegedly undermining what they believe to be the correct code of behaviour. By not conforming it may be perceived that the person may have brought shame or dishonour to the family.

This type of violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from the family and/or community.

If the allegation concerns a member of staff, the employing organisation must identify how the person and other service users will be kept safe. The decision to suspend is the employer’s and when appropriate should be made ‘without prejudice’, i.e. it does not indicate an assumption of guilt, but provides a protective measure for both service users and the employee. CQC will want to be assured that the provider is prepared to take robust action to safeguard service users.

When the concern is related to a person using a regulated service, CQC should be informed. Under Regulation 37, the provider is required to notify CQC, without delay, of any of the following:

- (a) the death of any service user, including the circumstances of their death;
- (b) the outbreak in the care home of any infectious disease which in the opinion of any registered medical practitioner attending persons in the care home is sufficiently serious to be so notified;
- (c) any serious injury to a service user;
- (d) serious illness of a service user at a care home at which nursing is not provided;
- (e) any event in the care home which adversely affects the well-being or safety of any service user;
- (f) any theft, burglary or accident in the care home;
- (g) any allegation of misconduct by the registered person or any person who works at the care home.

If the concern is related to a person or persons using any commissioned service the CC&H Commissioning and Contracts Team should also be informed and involved in strategy discussions and invited to any meetings

A decision needs to be made as to whether the manager or proprietor is fit to be included in the strategy, based on whether they are likely to have been involved or implicated in the alleged abuse. If he/she is judged to be fit they should be included as full partners in strategy discussions.

The Team/District Manager should always consider whether the case is likely to require legal advice and if so, make contact with the council’s Corporate Legal department or instruct the Social Worker/Care Manager to do so.

The strategy should aim for minimal disruption to the individual during the safeguarding risk assessment stage.

The Team/District Manager should identify an appropriately trained Social Worker/Care Manager to carry out the Safeguarding Adult Risk Assessment.

Other agencies should be asked to contribute to the risk assessment, as appropriate (see [checklist](#) for examples), and the investigation may involve different organisations gathering information and supplying reports, e.g. service providers will need to interview their own staff, under disciplinary procedures, if they have been identified as potential perpetrators.

The Team/District Manager must ensure that decisions and actions, with timescales for completion, are agreed and accurately recorded using the Strategy Meeting/Discussion form. This should be distributed to all those involved in the meeting/discussions within five days.

The Strategy will include an initial risk assessment and an interim safeguarding plan, to ensure any immediate risks are identified and measures are in place to reduce the known risks.

NB All correspondence sent regarding safeguarding issues must be marked "Confidential – addressee only".

The Safeguarding Adults Team should be informed of all strategy discussions and invited to all strategy meetings (safeguardingteam@southglos.gov.uk) and notified when the strategy notes have been sent (and indexed).

5. Safeguarding Adult Risk Assessment and Investigation

The aim of the investigation and risk assessment is to gather the information required to identify whether the alleged abuse has taken place, to assess the risks to the person and if abuse has taken place, to make a plan that will reduce the risk of abuse reoccurring.

The CC&H Department has the coordinating role, but safeguarding is a multi-agency process, so it is important to involve other agencies in this (see [checklist](#) for examples)

The Social Worker/Care Manager is responsible for coordinating the risk assessment.

In carrying out the risk assessment, the communication needs, wishes and decision making capacity of alleged victims must be properly assessed and taken into account, making use of an IMCA, or other advocacy services, where appropriate.

The Police will advise whether forensic and other evidence needs to be collected and preserved. Relevant files and documents may be secured using the powers of appropriate partners where necessary (e.g. CQC).

A decision should be made by the police as soon as possible, as to whether an Achieving Best Evidence interview (Youth Justice & Criminal & Evidence Act 1999) is necessary and this should be carried out within five days of the alert.

The Safeguarding Risk Assessment aims to:

1. Ascertain the nature, extent and source of risk to the adult
2. Ascertain whether anyone else is at risk
3. Assess the options for a safeguarding (protection) plan
4. Gain information/evidence
5. Assess the effect that any abuse has had on the individual and what may help him/her to recover

The Safeguarding Risk Assessment will often include two stages, the first of which is to interview the person alleged to have experienced abuse. Where it is judged that the person lacks capacity to take a full part in the safeguarding process their views should still be sought, using whatever methods are required to facilitate their communication and enable them to contribute to the safeguarding process.

Good Practice in relation to interviewing service users

When interviewing service users, it is wise to have another person with you, who can take notes.

To avoid asking leading questions, practitioners should use methods advised by the police, e.g. 'Little TED' questions – "Tell me..." Explain .." "Describe..."

If disclosures are made, the interview should be stopped and the police contacted. If the person keeps talking after you have asked them to stop, allow them to finish and write down what they have said, but don't ask further questions.

If the disclosure indicates that others may be at risk, further clarification can be sought using 5 “WH” questions, i.e. “Who?”, “What?”, “Where?”, “When?”, “How?” (but not “Why?”).

Do not ask leading questions

Always plan what to ask – use topic headings

Try to record verbatim and always record the date, time and place of interview, as well as who was present.

Think ‘PEACE’

Plan and prepare

Engage – explain the interview and the process

Account – use little TED, WH

Closure of interview – summarise

Evaluate – how did it go? Was anything missed?

If the person is able to consent, their agreement should be gained to share information about whether any family/informal carers should be informed or included in the safeguarding process.

The second part of the assessment is used to gather information about:

1. The abuse being perpetrated and the risks posed to the adult(s) concerned and
2. To gather and share information that will enable the alleged victim to be supported in safeguarding him/herself from further abuse.

The second part may also provide evidence to support:

1. Protective powers, such as an application to the court of Protection/Declaratory Relief, Guardianship under Section 3 of the Mental Health Act, Section 47 of the National Assistance Act or the Office of the Public Guardian
2. A criminal conviction
3. A civil action, e.g. to secure an injunction or apply for Criminal Injuries Compensation
4. Disciplinary action
5. Action taken by the regulator (CQC)
6. Service commissioners

The police will lead if there is a criminal investigation and if any part of the process identifies that a crime may have been committed, interviews should be stopped and the police contacted.

The police may employ Special Measures to ensure the best chance of an interview achieving best evidence (ABE). Witness Intermediaries may also be available for people who require assistance with communication needs.

If the allegation concerns a member of staff, but police do not believe a crime has been committed, the responsibility for carrying out interviews with staff lies with the employer, through their disciplinary procedures. However, should further information come to light during the investigation that suggests there may have been a criminal act; the process should be stopped to enable further advice to be sought from the PPU.

The Social Worker/Care Manager/AMPH should record the risk assessment on the Safeguarding Adult Risk Assessment form. The person coordinating the risk assessment will be asked to complete this in time for the Safeguarding Planning Meeting/Case Conference

Other organisations may be asked to contribute reports to inform the risk assessment.

The Safeguarding Adult Risk Assessment and reports requested from any other organisations will inform the decision on how the case proceeds at the Safeguarding Planning meeting/Case Conference.

The Safeguarding Risk Assessment is broken down into four sections:

1. Nature of risk
2. The alleged victim's account
3. Vulnerability factors relating to the alleged victim
4. The alleged perpetrator

When completing the risk assessment, practitioners need to consider the questions below. It will not always be necessary to complete all of the sections or questions, depending on the location and nature of the allegation/concerns. The scope of the risk assessment should be agreed between the practitioner and their manager.

Nature of Risk

1.0 What is the nature of the alleged abuse/concerns?

Being specific about actual behaviour is vital to ensure reliability and validity of assessment. In response to this question, an outline should be given of the original concerns that resulted in the assessment being undertaken.

These should include all known dates as well as full details of the alleged abuse. Actions that have allegedly occurred should be explicitly outlined, e.g.. not that the alleged perpetrator “hit/assaulted the victim” but rather the alleged perpetrator “punched the victim to the top of the arm three times resulting in visible bruising”.

1.2 How did the alleged abuse come to light?

Practitioners should ensure that full contact details of all those involved are clearly recorded.

1.3 What impact did the alleged abuse result in?

Consider all areas of known impact based on the information provided e.g. psychological impact (fear/adapted behaviours) or physical (bruising, cuts).

More than one impact area can be identified. This should be based on the information received – a further chance to consider the fuller impact of the abuse from the victim’s perspective is provided in Section 2. If the impact is not currently known but is suspected, based on victim behaviour, alleged perpetrator behaviour, and what research suggests, then be clear what your opinion of impact is based on.

1.4 Is there a pattern of abuse?

This question should be answered not only in relation to the current allegation(s), but also on the basis of any known previous abuse. An emerging pattern can be anything that occurs twice or more in similar contexts. If something occurs only twice and in completely different contexts it is unlikely to be viewed as a pattern.

1.5 What is the most severe incident of abuse that is known to have occurred?

State within this section the threshold for behaviour that has been demonstrated i.e. most severe. This demonstrates the level of harm that has already been experienced and therefore could reoccur in the future.

1.6 Has there been a recent increase in the severity of the alleged abuse?

1.7 Were there any specific circumstances that contributed to the alleged abuse?

1.8 Do these circumstances remain the same?

In answering these questions it is important that practitioners highlight any known context to the abuse. This is crucial in assessing the likelihood of reoccurrence. Particular attention should be paid to any changes (or lack of changes) between the ongoing situation and that in which the abuse occurred.

Alleged Victim's Account

2.01 Is the alleged victim able to contribute to this assessment?

2.02 Does the alleged victim have/need an advocate?

2.03 Outline the alleged victim's account of the abuse

Practitioners should allow the alleged victim the opportunity to fully outline the alleged abuse from their own perspective. Where the abuse has been reported by a third party, the alleged victim should be asked to give their view of what occurred without any prompting by the practitioner. Any differences should be noted.

2.04 What risk does the victim believe is posed to them?

This question should, where possible, be posed directly to the alleged victim and their response recorded clearly. Practitioners should bear in mind that victims may have a variety of reasons for underestimating or underreporting the risk posed to them, it must be considered whether the victim's underestimation/under reporting of risk impacts upon the level of risk posed to them. Where victims report a high level of concerns/risk these must always be taken seriously.

2.05 What effect is this situation having on the alleged victim?

The alleged victim should be given the opportunity to discuss the impact the situation is having upon them. Even in circumstances where they do not agree with the allegations that have been made, alleged victims should be given the opportunity to discuss the broader impact of the situation including that of the ongoing assessment.

2.06 Does the alleged victim wish, where possible, to take action to change the situation?

Where the alleged victim acknowledges that abuse is occurring they should be asked directly if they wish to take action to change this situation. Any ideas as to how they wish to do so should be discussed and recorded. Practitioners should also advise alleged victims of what is likely to follow, what is within their remit, where they will have to pass on the information, and other support that is available. Where practitioners are unsure as to how they can empower and assist the victim to change their situation, or where practitioners are unsure as to what they are required to do next, they should advise the alleged victim of this and inform them they will get back to them once they have sought further advice.

2.07 How does the alleged victim think the risk to them can be reduced?

Having asked if the alleged victim wishes to take action, the practitioner should discuss with them what such action they wish to take and how they believe the risk to them can be reduced.

2.08 Is the alleged victim willing to accept any support in relation to this situation?

In cases where the alleged victim either does not recognise the abuse or the risk posed to them, and/or does not wish to take action to change the situation, the practitioner should explore with them whether they would be willing to accept any additional support that may be available.

2.09 Does the alleged victim wish to take action against the perpetrator of the abuse?

In cases where possible legal outcomes are possible, this should be addressed directly with the alleged victim and further information/support provided to them where appropriate.

2.10 Action already undertaken by the worker. Initial impressions?

Particularly in circumstances where the alleged victim does not appear to wish to engage/has limited engagement it is very important that practitioners ensure that the correct steps are taken to ensure that they have full information available to them and are aware of the processes that may follow. The reasons for this are:

i) It may be that action will have to be taken against their wishes in the future and in such circumstances it is essential they have full information available to them and are also aware of the reason why such decisions are being taken

ii) It may be that alleged victims are not in a position to take action at this point due to pressure from others and/or power imbalances within their relationships with others. In these circumstances it is very important that they are aware you are acting in their best interests i.e. to protect them from abuse, and also that they have full information made available to them.

2.11 Have workers concerns about safety and risk been fully explained to the alleged victim?

Ensure that the alleged victim is aware of the concerns you have and where your assessment of the situation differs from theirs. Ensure all relevant information is shared with them so that they are fully aware of any risks posed to them and can make an informed decision around steps they may take.

2.12 Has full information been provided around what options are available?

Where possible provide full information to the alleged victim about possible outcomes as well as options available to them. This is particularly important where alleged victims state they do not want further intervention as it ensures they are aware that various avenues remain open to them should they change their mind as well or should they be under pressure to decline help or support at the present time. Practitioners should outline all the information that has been given to the alleged victim.

2.13 Are there any concerns that the influence of the perpetrator/the power imbalance may be impacting upon the decisions being taken?

It is very important here that the practitioner notes any concerns they may have regarding influences on the decision of the alleged victim.

2.14 Does the worker believe that the alleged victim's perspective is such that, following full risk assessment, consideration may need to be given to taking action against the wishes of the alleged victim?

2.15 Has a mental capacity assessment been undertaken?

Practitioners should state whether this has been undertaken and if so what the outcome was. Where an assessment has not previously been undertaken it should also be indicated why this was not possible or not deemed necessary.

Vulnerability Factors relating to the Alleged Victim

3.001 Service user group

Older age and frailty	Visual impairment
Hearing impairment	Physical Disability
Dementia	Learning Disability
Other health problems	Mental Health issues

Specify the nature and extent of any of the above and include any medical diagnosis. Outline the way in which they impact on the person's physical and mental health and how their level of dependence impacts upon others.

3.002 Are there any concerns regarding the alleged victim and substance misuse?

Specify which substances are being used and the extent of their use.

3.003 Ethnicity, culture, sexual orientation

When you have identified any issues re. ethnicity/culture and or sexual orientation, consider the question 'how does this make the alleged victim more vulnerable'? Are there Hate Crime issues?

3.004 Does the alleged victim live with the alleged abuser?

If the alleged victim resides with the alleged abuser, they must not be interviewed in the presence of the alleged abuser.

3.005 Does the alleged victim live alone?

Ask questions about lifestyle, e.g. who visits and how often. This will not only provide information about levels of isolation or increased protective factors, but patterns might emerge.

3.006 Does the alleged victim have limited family networks?

Similar to above, having a clear understanding of family networks provides valuable information about levels of isolation and support (or lack of).

3.007 Does the alleged victim have limited social networks outside family?

Asking about lifestyle, activities and informal support networks is essential to understand better how much more vulnerable to abuse the victim is.

3.008 Does the alleged victim have limited access to services?

Clarifying why this is the case is important as the reasons for a lack of access must be fully understood in order to address the problem.

3.009 Is the alleged victim reliant on the alleged abuser as primary carer and/or to meet basic needs including administering and managing medication?

Asking the specifics about not only the alleged abuse but also the level of care provided and level of dependency existing will provide the assessment with important information about the victim's capacity to provide full information, as their concern at losing the carer's input might well be greater than their fear of the abuse. Here the alleged perpetrator might have total control over all aspects of the victim's life, so even if the presenting problem is say financial abuse, the control and power issues must not be underestimated in relation to all areas of vulnerability.

If the alleged perpetrator is interviewed, it is vital that their account of the nature and level of care provided is taken in detail and then compared to that of the alleged victim; discrepancies can then be analysed more fully with the alleged victim and if safe to do so, the alleged perpetrator.

3.010 Are others dependent on the alleged victim?

Clarify who is dependent and in what way. Ask for detail about ages/abilities etc so that the reasons for dependence on the alleged victim are factual.

3.011 Are there any issues regarding the alleged victim's financial situation?

Specifics must be asked about the alleged victim's financial situation e.g. details on incomings and outgoings and who helps, if indeed anyone does.

3.012 Does the alleged victim have any communication difficulties?

The extent and level of such difficulties should be outlined in detail.

This area might well be linked to other vulnerability areas e.g. lack of social networks/dependency and as such cannot be viewed in isolation. The Witness Intermediary Scheme can be accessed to provide support for people with communication needs, who are interviewed (as a victim or witness) by the police.

3.013 Are there any issues relating to the alleged victim's Mental Capacity?

Knowledge of the alleged victim's personal history regarding capacity, dialogue with other agencies involved and family, if safe to do so, is essential in order to have specific information in the assessment to evidence areas of concern. Information from the alleged victim, directly or through observation will also inform the assessment as will comparing accounts from differing sources if available.

3.014 Has the alleged victim experienced any recent and significant changes in life circumstances?

This area is likely to tell you about contextual risk factors and triggers to events where abusive experiences have occurred.

3.015 Has the alleged victim previously been a victim of abuse?

When the alleged victim has previous victimisation experiences this might contribute to their current vulnerability. It should also be borne in mind that abusers may target

those that they know have been previous victims of abuse, as they may see this as making them increasingly vulnerable.

3.016 Has the alleged victim previously been a perpetrator of abuse?

Details of previous abusive behaviours used by the alleged victim will need to be asked about in order to elicit if there are underlying reasons for the alleged perpetrators behaviour, without actually excusing it. For example if the alleged victim had perpetrated domestic violence towards his partner and is now dependent on his partner (the victim of the DV), who is now his carer and the alleged perpetrator, then this would help the practitioner begin to develop a greater understanding about perhaps 'why' the abuse is occurring. If, for example 'revenge' is a motivation for the abuse then the likelihood of the abuse continuing is high. This in no way excuses the abusive behaviour but this information is vital in developing a risk management plan.

3.017 Other (please specify)

Any other areas must be specified. This section ensures that the practitioner does not have unresolved concerns that he or she feels aren't covered in the risk assessment.

Having identified the existence of any potential vulnerability factors, practitioners should then go on to consider the ways they may impact, in relation to increasing the vulnerability of the alleged victim(s). Considering all the vulnerability factors that have been identified, the following questions should be answered:

3.018 Does the alleged perpetrator prevent the alleged victim from physically leaving an abusive situation?

This relates specifically to physical restrictions that may impact on the victim leaving a situation of abuse as it is occurring i.e. physically removing themselves from the situation.

3.019 Does the alleged perpetrator reduce the ability of, or prevent, the alleged victim in seeking help when abuse occurs?

In contrast to the previous question, this can include both physical and/or other restrictions on help seeking i.e. when the alleged victim's limited mental capacity prevents them from knowing where to go for help at the time the abuse occurs, or others stating that the alleged victim is unavailable or unwell when friends/family/professionals visit or make contact.

3.020 Does the alleged perpetrator reduce the ability of, or prevent, the victim from seeking longer term help, or limit the victim's ability to live away from the circumstances in which the abuse occurs?

Unlike the previous questions this looks at the longer term situation and links to both physical and/or other restrictions. This may include examples of where an alleged victim may have an adapted house that they share with the alleged perpetrator and therefore would find it difficult to live in alternative accommodation.

3.021 Do the alleged perpetrator(s) appear to target the alleged victim?

3.022 Are there any protective factors identified that counter the vulnerability factors identified?

3.023 Does the alleged victim rely on the alleged perpetrator to care for them in other ways?

3.024 Are there any issues relating to e-safety?

This relates to the use of social networking sites, e-mail, mobile phones etc and may be of particular relevance for people with learning difficulties.

People can place themselves at risks of addictive behaviour, cyberbullying, self-harm, religious extremism, grooming, pornography, giving out personal information, exposure to violent and/or racist content, sexting, illegal downloading and hacking when they access chat rooms and other social networking sites.

The Alleged Perpetrator

It is acknowledged that workers may not always have access to the information required in these sections. As such they would not be expected to provide such information when doing so would take them beyond the remit of their role, i.e. where alleged perpetrator is not known to the worker, it is not intended that they should instigate contact.

However in order to undertake a full and comprehensive risk assessment such information should be included where possible. Where this is not possible it should be recorded that the information is not available. Discussions should take place with the police before contacting an alleged perpetrator, particularly if there are concerns about domestic violence, honour based violence, forced marriage, antisocial behaviour or hate crime.

When the alleged perpetrator is known to the worker, consideration should also be given as to whether it would be appropriate for the worker to work directly with them in relation to the assessment. Such consideration should take into account whether there is any other ongoing action which the gathering of information may jeopardise, i.e. a criminal investigation. Where this is not the case, workers and their managers should consider whether there might be a conflict of interests for them to work directly with both the alleged victim and alleged perpetrator, and how this might be perceived by the alleged victim. In these cases it may be appropriate for another worker to gather the information needed from the alleged perpetrator. Similarly, workers should also consider other agencies that may already hold the information or at least be better placed to obtain it.

4.01 Is the alleged perpetrator known to any services?

This section aims to highlight any other agencies involved that may be possible sources of information. Ensure full contact details are provided for agencies/workers involved.

4.02. Is the alleged perpetrator also a vulnerable adult?

Answer this yes/no question then outline fully the way in which this may impact on the risk they pose. This may be in relation to their capacity to understand their actions, the level of dependency between them and the alleged victim, etc. Finally, consideration needs to be given as to whether further referrals or assessments need to be undertaken in relation to the alleged perpetrator as a vulnerable adult.

4.03 Have the allegations of abuse been shared with the alleged perpetrator?

This section aims to clarify for any other workers the current status regarding the information that has been shared with the alleged perpetrator. It will also indicate the extent to which the alleged perpetrator can be involved in the risk assessment process. Practitioners should indicate the reasons why the allegations have not been shared. This could include when an ongoing investigation is being undertaken by another agency, or where sharing the allegations may place the alleged victim at greater risk, as well as other possible scenarios.

4.04 What relationship is the alleged perpetrator to the alleged victim?

This section will clarify the nature of the relationships within the context of the abuse and should prompt practitioners to consider question of power imbalance/dependency etc. If the alleged perpetrator is an intimate partner/family member to the alleged victim then consider domestic violence best practice guidelines.

4.05 Does the alleged perpetrator continue to have contact with the alleged victim?

This is a critical question in assessing the current likelihood of abuse given that it indicates not only the opportunity to abuse, but also provides contextual information that can be compared to the circumstances in which the alleged abuse occurred. In cases where the contact is ongoing the nature and extent of this should be fully detailed. Similarly where contact is not ongoing it should be considered how permanent this situation is and also whether or not it is dependant on external restrictions.

4.06 Does the alleged perpetrator acknowledge having committed the current abuse?

In considering levels of responsibility taken by the alleged perpetrator e.g. admits/denies, be mindful of admittance with minimisation e.g. 'Yes I have hit him before but it was only a slap, or he provoked me'. This tells you that the alleged perpetrator does not necessarily consider their behaviour to be abusive, and it is possible that this victim blaming position will make it harder to address the abuse with the alleged perpetrator in terms of them making changes.

Having identified whether or not they exist, practitioners should then identify in what ways any aggravating risk factors impact upon the behaviour of the alleged perpetrator in the current context.

4.07 Is the alleged perpetrator dependant on the alleged victim (financially, in relation to accommodation, access to medication etc)

4.08 Is the alleged perpetrator socially isolated/lacking support?

4.09 Does the alleged perpetrator have a caring responsibility imposed upon them? Is this causing significant stress?

4.10 Does the alleged perpetrator have limited mental capacity and/or Mental health problems?

4.11 Has the alleged perpetrator experienced a recent lifestyle change (e.g. unemployment, illness or bereavement)?

4.12 Are there any concerns regarding the alleged perpetrator and substance misuse?

Practitioners must ask for details here pertaining to what substance/s are used, how often, in what quantity, and in what context, as well as how is it funded?

4.13 Has the alleged perpetrator witnessed or been victim of violence or abuse in the past?

4.14 Does the alleged perpetrator demonstrate a willingness to change their behaviour/circumstances in order to reduce the risk they pose?

Details should be provided of how they have demonstrated this willingness i.e. actions they have already taken, plans they have, etc. The practitioner should check the details of any expressed desire to change with the alleged perpetrator, asking how/why they're prepared to change. If no specific detail is given, and the response appears superficial i.e. 'yes I will never do that again as I now realise how bad it was', then it is highly unlikely that any changes will be made. People who genuinely take responsibility for their actions and for change are able to provide their own 'plan' to demonstrate how they will avoid certain circumstances and manage the risks they pose. This plan would not include anything relating to the alleged victim's behaviour needing to change: if this 'victim blaming' manifests it is likely to be used by the alleged perpetrator as an excuse to further abuse i.e. 'I tried but you didn't and you therefore made me lose it.' Practitioners need to be mindful of feigned compliance.

If the alleged perpetrator is not willing to change, then external risk management mechanisms must be considered to reduce the alleged victim's vulnerability and ensure their safety.

4.15 Has the alleged perpetrator expressed any attitudes/demonstrated any behaviour that suggests ongoing risk to the victim?

This may manifest as direct threats or an unwillingness/inability to recognise or change behaviour. During interview with either alleged victim or alleged perpetrator, attitudes and perceptions will become apparent including denial and/or victim blaming. The existence of such attitudes strongly indicates that the harm will continue. When analysing alleged victim information considered against alleged perpetrator accounts, observe any variation in the story. Never disregard discrepancy as human error, rather see the variation in terms of level of responsibility and culpability being taken by the alleged perpetrator.

4.16 Does the alleged perpetrator have a known history of harmful behaviour?

4.17 Is this similar to the nature of the current abuse?

4.18 What is the most harmful behaviour demonstrated by the alleged perpetrator in any context?

In relation to the above, practitioners should also be aware of highlight, any of the following high risk behaviours, whether they occurred in the current or previous contexts.

- Use of weapons; Sexual assault; Strangulation/choking; Stalking

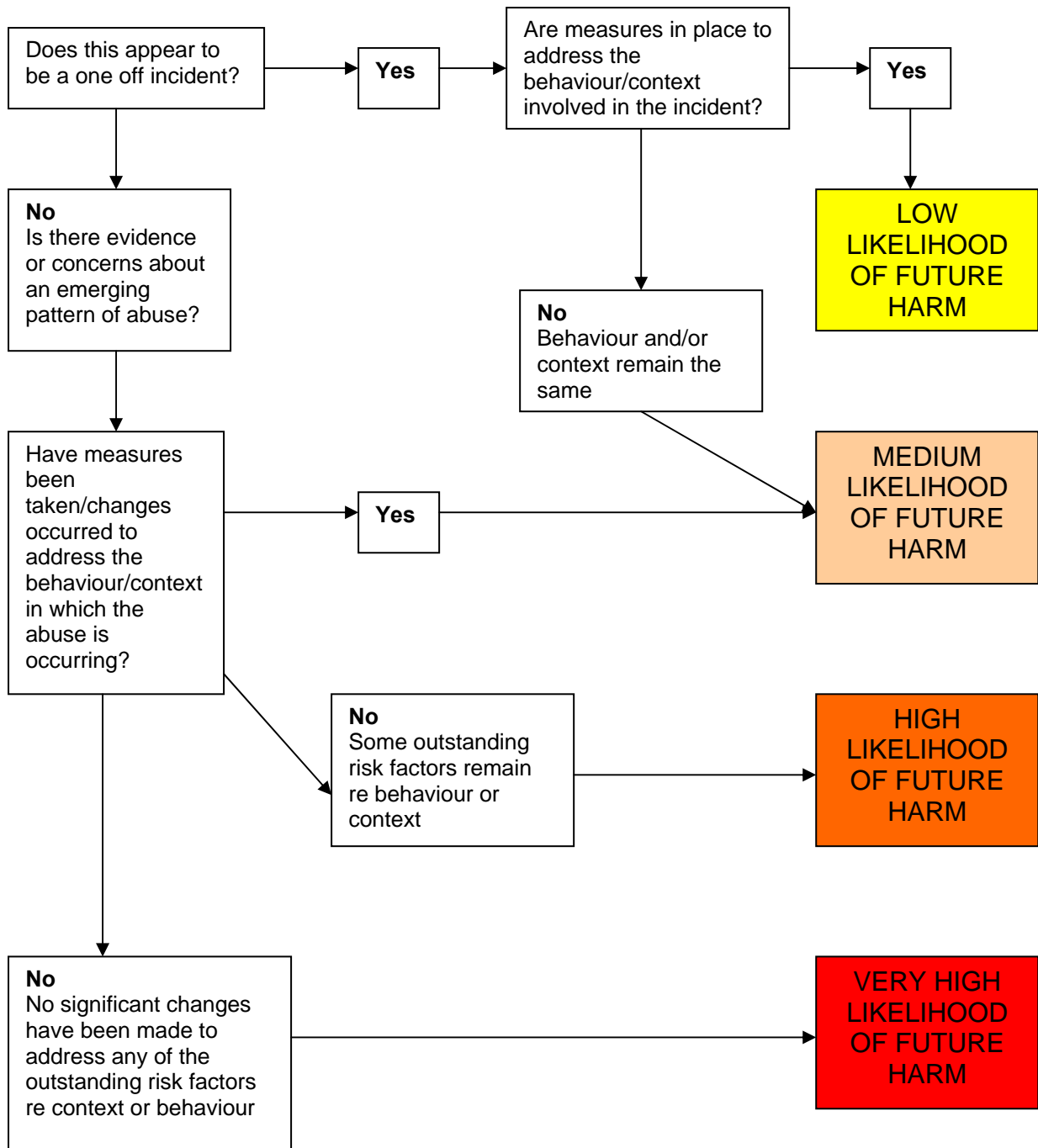
If there is evidence of any of these behaviours, you should be very concerned about the alleged victim's safety, as they are linked to a risk of fatality. Consider MAPP/MARAC referrals if these behaviours are current or recent in the alleged perpetrators behaviour (within 12 months). If they are in the personal history at any time, still consider this to be of grave concern. Find out details about why this behaviour stopped and how they managed it. Stopping due to alcohol avoidance/change in circumstances/realisation by the alleged perpetrator, should all be treated with a high degree of caution. This is particularly so, if full detail cannot be given relating to a high level of insight into the risks he or she poses and when these risks are likely to manifest together with a clear pathway travelled to change.

Likelihood of Future Harm

Practitioners need to consider what is known about the context of the current behaviour – starting with evidence as to whether this was a one-off incident or part of a pattern, or emerging pattern, of behaviour. Following this consideration should be given to the continuing existence of the behaviours/context in which the alleged abuse occurred, and whether no/some/all significant factors have been addressed. Contextual factors will include those such as living/caring arrangement, support networks, stresses, and vulnerabilities. Behaviours will include the aggravating factors identified as contributing to the alleged perpetrators behaviour.

The flowchart on the next page is designed to help inform decision-making about the likelihood of future harm.

Likelihood of Future Harm



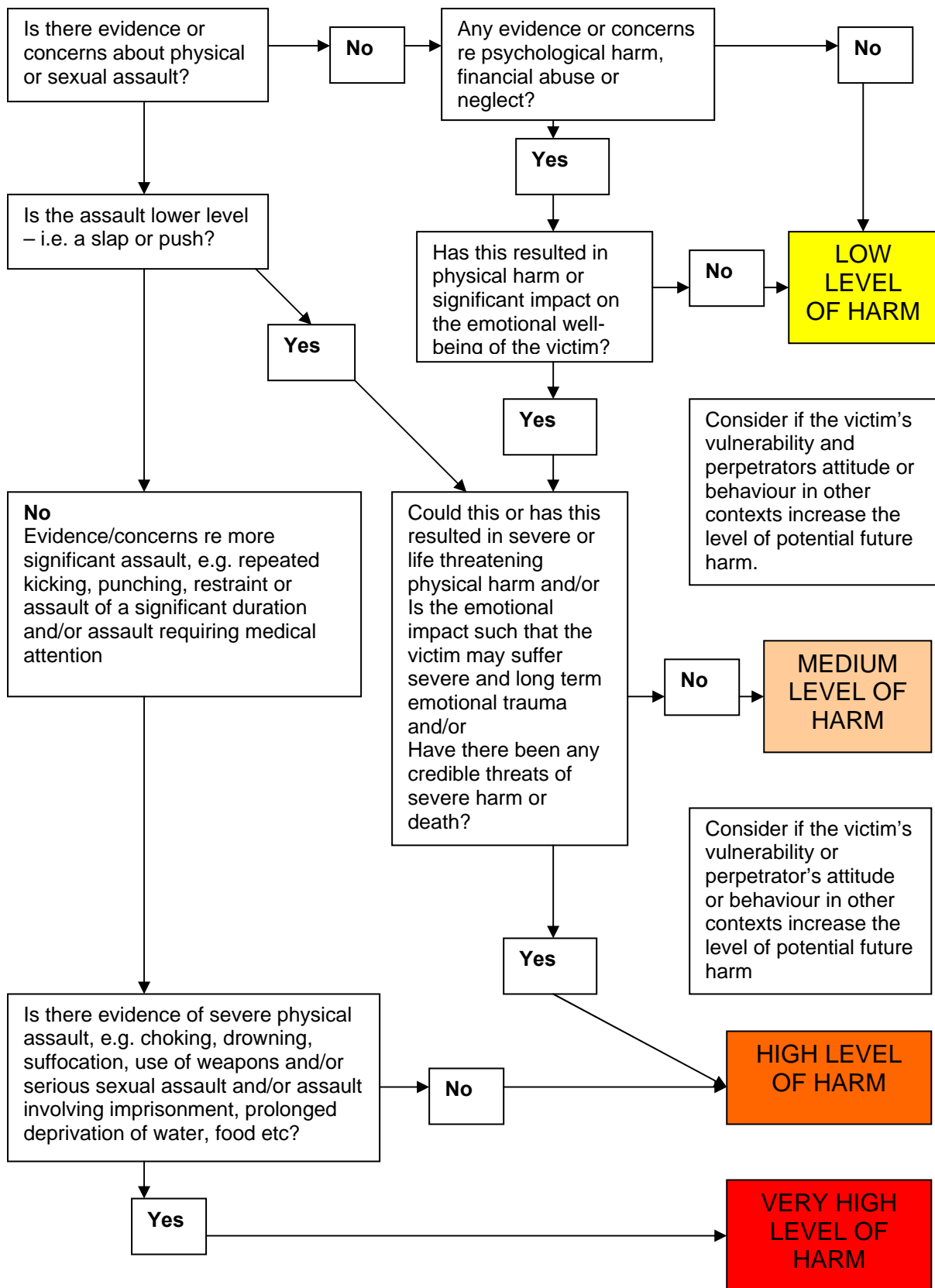
Level of Future Harm

In summarising the level of risk arrived at in relation to likelihood of future harm, practitioners are asked to summarise changes that have been made as well as outstanding risks – these will transfer directly into the safeguarding (risk management) plan in terms of factors to be addressed. The person who coordinated will present the outcome at the case conference.

The flowchart on the next page is designed to help inform decision-making about the level of future harm.

The practitioner should summarise the outcome of the risk assessment to present to the Case Conference/Planning meeting. This will assist the formulation of the Safeguarding Risk Management Plan.

Level of Potential Future Harm



If the investigation and risk assessment indicate that the concerns are not substantiated, the safeguarding procedures can be closed at this point. If the case is closed, the Case Outcomes form must be completed and returned to the Safeguarding Team.

Safeguarding (Risk Management) Plan

Case Conference/Safeguarding Planning meeting

A Case Conference should take place when

- The risk assessment and/or other reports confirm that abuse has taken place, is suspected of having taken place, or there is a clear risk that it will occur in future and when one of the following applies:
- The adult who has experienced the abuse has capacity and agrees to a case conference to organise support for them.
- The adult who has experienced abuse has capacity and does not want a meeting, but there are overriding considerations, such as the protection of others, or the duty to protect them from abuse, e.g. where the person is a victim of domestic violence.
- The adult lacks capacity to make decisions about their protection.

NB The local authority has the power to instruct an [IMCA](#) to act in the person's best interests and has an obligation to consider this when:

1. Safeguarding measures are being put in place and
2. The person lacks capacity in respect of the measures being taken or proposed.

The Case Conference should take place within two weeks of the completion of the risk assessment and should be chaired by the Team/District Manager who co-ordinated the safeguarding adult strategy.

The purpose of the meeting is to

1. Receive the reports of the organisations involved in the investigation and risk assessment and share any other information that is relevant to the assessment.
2. Receive information from the adult concerned or from his/her advocate.

and to agree

1. The source and degree of risk faced by the adult
2. A safeguarding (risk management) plan, detailing the actions and responsibilities of individuals and organisations
3. The worker who will co-ordinate the plan
4. Communication for ensuring the plan is carried out
5. How the plan is monitored
6. Whether services are needed to support the adult to recover from their experience
7. A date to review the plan
8. A further meeting, if appropriate, to plan the delivery of services to those who have perpetrated the abuse.

The person who is alleged to have experienced abuse should be invited to attend the meeting, and be provided with support from an advocate and/or family as

appropriate, unless they lack capacity to understand its purpose, or to do so would entail risks to others. All agencies who have been involved in the risk assessment and who may provide services as part of the safeguarding (risk management) plan should also be invited.

The individual should be given information about the safeguarding process, action that organisations might be able to take and the risks of not taking action. Whether they decide to take action or not the individual should be offered services, or support, that could improve their long term safety.

A copy of the notes, including the safeguarding (risk management) plan should be sent to all invited to the meeting, including those present, the service user and the Safeguarding Adults Team should be informed when they have been indexed.

In the meeting, each identified risk factor should be addressed separately and an objective in managing the risk should be identified. Such objectives must be SMART (specific, measurable, achievable, realistic and timely) in order to ensure that the aim of risk reduction is clear and achievable. Measurements of change must also be specific; otherwise there will be a risk of drift in the execution of the plan and in further assessments.

The Case Conference/Safeguarding Planning meeting should consider what changes are required. Attitudes, beliefs and behaviours are tangible and linked to the reduction or increase in risk. The objective can then be broken down into smaller actions that may need to be taken. Break actions down into their simplest form; if they're vague then they are unlikely to result in clear/firm actions or outcomes.

Once an objective and the steps to achieve this are identified, practitioners should consider the potential benefits, as well as potential negative outcomes. In cases where the potential negatives outweigh the potential positives, in terms of risk, consideration should be given as to whether an alternative course of action is preferable.

Finally, consideration should be given to whether the objective and actions identified, manage any of the other outstanding risk factors. This is often likely to be the case and can help avoid the need for repetition within the risk management plan.

If the conference finds that the concerns are not substantiated or the level of risk does not require a safeguarding plan, the safeguarding procedures can be closed at this point.

If the case is closed at this point, the Case Outcomes form must be completed and returned to the Safeguarding Team.

Safeguarding (Risk Management) Plan Review

The safeguarding plan should have a review date set for no more than three months ahead, but it can be brought forward if information comes to light that suggests a delay would increase risks to the individual, or if the situation has been resolved.

It is the responsibility of the Team/District Manager to arrange and co-ordinate this meeting.

The purpose of the review meeting is to:

- Ensure that the actions agreed in the safeguarding (protection) plan have been carried out.
- Decide the on going responsibility for managing the plan, which may be necessary if the situation has not been resolved, or if the result of a police investigation or court action is outstanding.
- Agree that the safeguarding procedures are no longer required where measures have been taken to address the risks identified and the individual is no longer at risk of significant harm.

At review, the meeting should first identify if the objective has been achieved.

In cases where the answer is yes, evidence should be provided. If the objective has not been achieved, different options should be considered.

If circumstances have changed, so that the objective is no longer necessary, such changes should be outlined along with the reasons why this makes the objective no longer necessary.

Alternatively if sufficient steps have been taken to achieve this objective (i.e. those included in the action plan) but the objective cannot be achieved due to lack of engagement by the alleged victim the situation should be outlined. This allows for evidence to be recorded in cases where risk is unlikely to reduce over time due to limited options being available.

In cases where the objective has not been fully achieved and neither of the above applies, outstanding steps that remain to be taken should be listed.

If something hasn't worked by the time the plan is reviewed the meeting should consider whether this was correct objective. Following this, it must be considered whether the objective was clear and understood, whether the measurement was specific, and whether it was realistic. If the answer is no, then it is the plan that requires modification, rather than the alleged perpetrator or victim being unable to demonstrate change/willingness to change.

NB: in cases where there has been a change in circumstances, or where an alleged victim does not wish to or is unable to engage, there may also be outstanding steps that are identified as being necessary. Following the identification of these steps, these should be used to form a new/revised or repeated objective and action plan.

It is important that any risk assessment and risk management plan is renewed periodically in line with best practice guidelines.

Further reviews should take place regularly, when changes occur, or when new information comes to light. In these circumstances additional information can be added to the original risk assessment and the safeguarding (risk management) plan updated, as necessary.

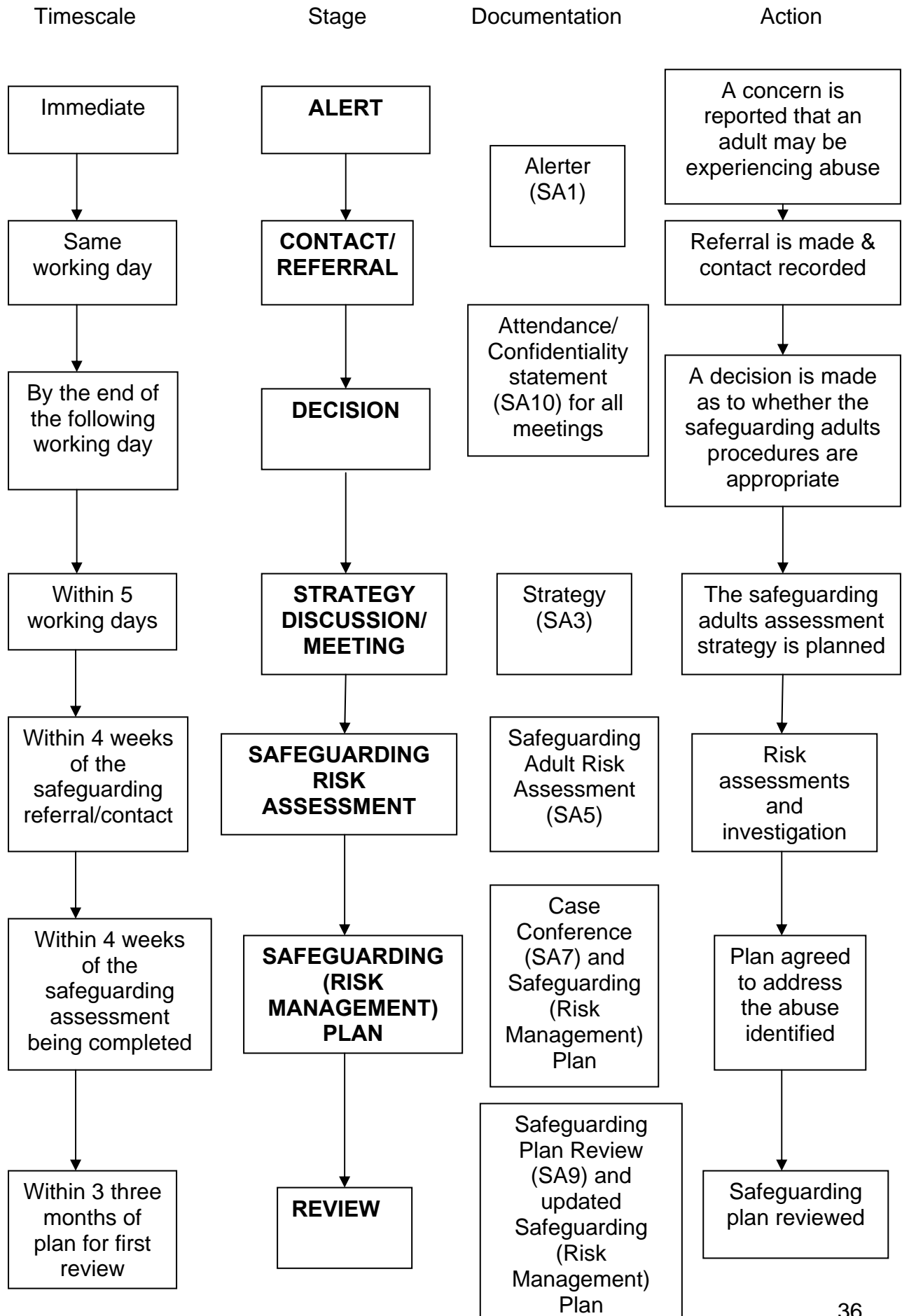
If the review finds that the safeguarding plan is no longer required, the safeguarding procedures can be closed at this point.

If the case is closed, the Case Outcomes form must be completed and returned to the Safeguarding Team.

A copy of the notes from the meeting should be sent to all invited to the meeting, within ten days of the review meeting.

The Safeguarding Team should be notified when the notes have been indexed.

Flowchart of Procedures



Appendix 1

Reporting Safeguarding Adult incidents to the police

At the point of Contact/referral

1. If it is clear that a crime has been committed and/or there are forensics/physical injuries and someone has not already done so
 - Ring the Police switchboard (0845 456 7000) to report the incident (crime or crime related incident)

This creates a 'Storm' log (the name of the software used by the police) and there is a requirement for the police to make contact and/or attend.

- Fax the details to the Public Protection Unit (PPU) on 0117 945 5989 using the Alerter (SA1).

The Storm log is not the same as a Crime Reference number.

The police use 'Guardian' for recording all violent crimes and offences against the person and the police must attend these incidents. When they have produced a report this generates the Crime Reference Number.

2. If it is not clear whether or not a crime has been committed, i.e. there isn't enough evidence at the contact stage to trigger a police investigation, but there are suspicions
 - Contact the PPU (0117 0455969) to involve them in the strategy discussion/meeting.
 - Pass on details where known (name, address DOB) of anyone who is suspected of perpetrating any form of abuse to assist the police with completing background checks.

If the safeguarding investigation leads to further concerns around possible criminal activity the PPU will alert the local station and raise a Crime Reference number.

3. If you believe a crime has been committed, but the alleged victim (or his/her family if the person lacks capacity) does not wish to pursue, you can still call the switchboard stating you wish to make a 3rd Party report, explaining that the alleged victim does not wish to be involved.

Depending on the severity of the allegation (e.g. alleged offender in a position of trust) and the scope for forensic evidence (e.g. fingerprints) you will either be given a Guardian reference for a crime report taken over the phone or a Storm number meaning an officer needs to attend and try and obtain other evidence to support an investigation.

In these cases before calling you will need to be very clear about what the alleged victims wishes are, they may not want to be directly involved but may give consent for example for their property to be fingerprinted or other enquiries (e.g. with their GP- documented injuries etc).

- Fax the details to the PPU on 0117 945 5989 on the Alerter form (SA1).

Appendix 2

Information sharing guidance for Safeguarding Adults activities

General Principles

Professionals can only work together to safeguard adults from abuse if they are able to share relevant information.

Information should only be disclosed on a “need to know” basis when it is in the best interests of the person or other adults who may be at risk of being abused. Article 8 of the European Convention on Human Rights gives everyone the right to respect for private family life, home and correspondence. Authorities can only interfere with this if they are working within the law, are pursuing a legitimate aim (including protecting the health and rights of others) and the action taken is no more than is needed to achieve the legitimate aim of safeguarding the individual.

If the alleged abuse constitutes a crime then the police should be consulted before any information is shared so that evidence is protected and the risk to the alleged victim minimised.

CONSENT

Wherever possible valid consent to share information should be obtained from the alleged victim. For consent to be valid, the person needs to have capacity, it has to be given voluntarily and on the basis of relevant information.

However there may be situations where

- 1) consent is withheld or
- 2) the person is unable to give valid consent

Information may still be shared between professionals if consent is withheld if the Team/district Manager responsible for coordinating believes that there is a high risk of serious harm to the individual, or that consent was withheld under duress or that other potentially vulnerable adults or children are at risk. Absolute assurances of confidentiality cannot be given, especially where other vulnerable people may be at risk. If consent is withheld and the risk of harm is assessed as low at that time the team manager should consider what can be offered to the alleged victim to enable them to get help in the future.

If the person is unable to give informed consent and information needs to be shared in order to prevent or protect them from abuse then the principle of “need to know” must be observed.

SHARING

Information belongs to the adult to which it refers. Wherever possible the alleged victim should be told what information is being shared, with whom and why. The person may refuse to allow information to be shared with certain others, e.g.

relatives. This should be respected. It may be necessary to offer the alleged victim counselling and support to enable them to tell their relatives.

An adult can request to see information held about them under the Data Protection Act. They may be provided with information regarding themselves only – all other information will be removed.

The strategy discussion should be the forum in which to consider if, how and when relatives, service providers and other interested parties should be informed of the allegations or decisions taken on how to investigate them.

Confidentiality within meetings can be promoted by use of an attendance sheet for a strategy meeting, which confirms the confidential status of information discussed and contains a statement that commits attendees to the protocols on information sharing.

Should service users or their relatives/advocates/friends be attending a meeting, third party information cannot be discussed in their presence and they will have to withdraw for that part of the meeting.

RECORDING

Any decision about for sharing information needs to be recorded, making the rationale for sharing or not sharing clear.

Good information sharing is based on good information keeping. Compliance with the Data Protection Act 1998 means that records must be

Accurate

Relevant

Kept up to date

Kept no longer than necessary for their purpose – all records relating to allegations of abuse are kept for 6 years after the date of the last entry.

Minutes of meetings need to be checked by the chair of the meeting before distribution to ensure that they meet the criteria above.

Records received by email should be transferred to a secure system.

Swift/AIS should be used as the recording system for all safeguarding adults activity. Should you have any cause to believe that records are not secure get advice from your service manager as soon as possible.

Frequently asked questions:

Q1 What are the legal restrictions?

In all cases the main restrictions on disclosure of information are

- The common law duty of confidence
- Human Rights Act 1998
- Data Protection Act 1998

Q2 What is the common law duty of confidence?

The circumstances in which a common law duty of confidence arises have been built up in case law over time. The duty arises where a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential, for example where there is a special relationship between the parties such as patient/doctor, service user/social worker.

The duty is not absolute. Disclosure can be justified if

- The information is not confidential in nature
- The person to whom the duty is owed has expressly or implicitly authorised the disclosure (CONSENTED), where they are assessed as having the capacity to do so in the circumstance
- There is an overriding public interest in disclosure
- Disclosure is required by a court order or other legal obligation
- The information relates to
 1. serious crime
 2. danger to a person
 3. danger to other people
 4. danger to the community
 5. serious threat to others including staff
 6. serious infringement of the law
 7. risk to health of the person

Q 3 What is meant by consent?

Consent must be “informed” – the person giving consent needs to understand why information needs to be shared. Who will see their information, the purpose to which it will be put and the implications of sharing that information. An assessment of a person’s capacity to understand why information needs to be shared may say that they do not have the “capacity” to understand or make decisions about information sharing. They cannot therefore give “informed” consent.

Consent can be implicit or explicit. Obtaining explicit consent is good practice; this can be given orally or in writing. Written or signed consent is most valid.

Q4 What is best practice in obtaining consent?

The process should be respectful and transparent. Be very clear why you wish to share information and who you will share it with. Talk through the implications of this for the alleged victim, what effect would sharing the information, or not sharing the information, have.

Enable the alleged victim to identify any particular issues they do not wish to share or agencies they do not wish to share with.

If circumstances change and an agency not identified to the alleged victim needs to know information then renewed consent should be sought.

Q5 When should I not try to obtain consent to share information?

Do not try to obtain consent when doing so would:

- place the alleged victim at increased risk of significant/serious harm
- place a third party at risk of harm
- prejudice the prevention or detection of a serious crime

Q6 Will I breach the Human Rights Act if I share information?

Article 8 of the European Convention on Human Rights recognises the right to respect for private and family life. However this is not an absolute right. Disclosing confidential information which may disrupt a

Person's private and family life can be justified by article 8(2) if it is necessary to prevent crime or protect the health and welfare of a person.

Q7 Will I breach the Data Protection Act if I share information?

The Data Protection Act requires compliance with data protection principles when considering sharing information. However these do not present an obstacle to sharing information if

- you have particular concerns about the welfare of a adult
- you share information with the CC&HD or another professional AND
- the disclosure is justified under the common law duty of confidence (see above)

Q8 What is the difference between sensitive and non-sensitive information and how I might share this?

The Data Protection Act 1998 defines "sensitive personal data" as information about a person's

- physical or mental health or condition
- racial or ethnic origins
- political opinions
- trade union membership
- religious beliefs
- sexual life
- criminal offences or alleged offences

- legal proceedings

All other information is defined as non-sensitive (personal data).

If you have consent all information can be shared. However if you do not there are different rules for sharing sensitive and non-sensitive information:

When can I share personal information that is **not sensitive** without the consent of the person it is about? **One** of the following conditions must be met

- the person to whom the data relates consents
- disclosure is necessary to comply with a legal obligation
- disclosure is necessary to protect the person's 'vital interests' (this generally applies to life and death situations and serious and immediate concerns for someone's safety).
- it is necessary in order to perform a statutory function given to your organisation under an act of parliament.
- it is necessary to perform a public function undertaken in the public interest.
- it is necessary to prevent or help detect a crime.
- it is necessary for the legitimate interests of the person sharing the information or an identified third party, unless to do so would conflict with the rights, freedoms, and legitimate interests of the person the information is about.

If the information you need to share is **sensitive**, you need to be sure that **one of the conditions above must be met and also one of** the following apply:

- the data subject has explicitly consented to disclosure
- it is necessary to establish, exercise or defend legal rights. This includes rights under the Human Rights Act 1998.
- it is necessary to protect someone's vital interests and the person to whom the information relates cannot consent (e.g. because of a lack of capacity to make a decision), is unreasonably withholding consent, or consent cannot reasonably be expected to be obtained. 'Vital interests' generally applies to life and death situations and serious and immediate concerns for someone's safety.
- it is necessary to perform a statutory function given to your organisation under an act of parliament.
- it is in the substantial public interest (this would include, for instance, allegations about a care home where other residents may be at risk of harm) and necessary to prevent or detect an unlawful act and obtaining consent would prejudice those purposes.

Sharing information that is sensitive or not sensitive can usually be easily justified if it is for the purposes of protecting a person from significant or serious harm.

**Q9 What is meant by significant harm?
What is meant by serious harm?**

The Law Commission (1995) defines significant harm as harm to an alleged victim's emotional or physical well being, or to the development of an adult who is cognitively impaired.

Serious harm to an adult may involve extreme physical violence or refer to the cumulative effect of repeated abuse or threatening behaviour. This would refer to serious harm to a person's mental or physical well being.

Q10 Do I have to tell the alleged victim that I have shared information about them without their consent?

It is best practice to do so – research has shown that even when this is difficult it does increase trust and openness in relationships and enables the alleged victim to have a sense of control over what is happening. However you may not do so if this would

- place the alleged victim at increased risk of significant/serious harm
- place a third party at risk of harm
- prejudice the prevention or detection of a serious crime

Q11 What is best practice in sharing information?

Only share information on a need to know basis. Only share enough information to achieve the necessary outcome. This is known as the principle of **PROPORTIONALITY**. The amount of confidential information disclosed and the number of people to whom it is disclosed, should be no more than is strictly necessary to protect the health and well being of the alleged victim.

If you are sharing fact and opinion make it clear which is which.

Ensure that you give the information to the right person and that they understand the confidential nature of the information and what to do with it.

Record who you have given the information to.

If you are sending the information in writing mark “ private and confidential - for addressee only” and send by recorded delivery. Ask the recipient to acknowledge receipt via phone/email/writing.

If you are asked for information over the phone always check the person's name, job title, department and organisation. Clarify why they want the information. Phone the main switchboard of their organisation if you need to check they do work for who they claim to.

Never discuss or share information in a public place.

Q12 What is the difference between sharing information with someone in my own agency and sharing with someone in another organisation?

The principles of good practice are the same. However there is often an assumption of implied consent to sharing information within the same organisation. The adults understanding of what is shared within an organisation needs to be discussed, not only at the beginning of a contact with them but from time to time in the time they are known to an agency.

Q13 What if sharing information puts a staff member or third party at risk?

The necessity of sharing the information should be carefully thought about and discussed within a strategy meeting or discussion. If the information must be shared the third party must be made aware of this and a risk assessment undertaken and risk management plan put in place immediately.

Legislation and Guidance on Sharing Information:

No Secrets DOH 2000 (National Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults).

Safeguarding Adults Protocol - Joint document between CSCI, ADASS, and ACPO March 2007.

The Bichard Enquiry (2004/5) comments on the need for key agencies to share information in the interest of protecting vulnerable people.

The Caldicott Report (Caldicott Committee Report on the Review of Patient-identifiable Information) is clear that confidential information may need to be disclosed in the best interests of the person, and discusses in what circumstances this may be appropriate, and what safeguards need to be observed.

The Data Protection Act 1998 is an important piece of legislation in the context of confidential information. It gives individuals the right of access to information held about them. It protects against the unnecessary sharing of identifiable information. It does not decree that we cannot share information to provide an effective service, and to protect a person from abuse. It gives guidance on developing information-sharing protocols

The Freedom of Information Act 2000 provides a general right of access to information held by public authorities or by those providing services for public authorities. It extended the rights given in the Data Protection Act for individuals to access information about themselves, to allow access to all the types of information we hold, whether personal or non-personal, paper or electronic unless it is exempt.

The Human Rights Act 1998 and the European Convention of Human Rights

Article 8 protects an individual's right to respect for his (sic) private and family life, his home and his correspondence. However Article 8 also says that the right to a private life can be legitimately interfered with when it is in accordance with the law and is necessary for the prevention of crime and disorder, public safety, protection of health or morals or the protection of rights and freedoms of others.

Public Interest Disclosure Act 1998 – came into force on 2nd July 1999 and encourages people to report concerns about malpractice in the workplace. It provides some protection for people at work who raise genuine concerns about issues such as criminal activities, negligence, breach of contract, miscarriage of justice, danger to health and safety or the environment. Reporting abuse of a person to an employer or other responsible person will be a protected disclosure within the meaning of the Act.

National Health Service Act 1977

Section 2 provides for sharing information with other NHS professionals and practitioners from other agencies carrying out health service functions that would otherwise be carried out by the NHS

Health Act 1999

Section 27 states that NHS bodies and local authorities shall co-operate with one another (this allows for practitioners to share information) in order to secure the health and welfare of people.

Care Standards Act 2000

Section 82 imposes a legal duty upon any person who provides care to a alleged victim to refer a care worker to the Secretary of State in circumstances where the worker has been dismissed (or would have been dismissed had he/she not retired or resigned) suspended or transferred to a non care position on the grounds of misconduct (whether or not in the course of employment) which harmed or placed at risk of harm a vulnerable adult.

The duty also arises where information comes to light later e.g. after a worker has resigned, retired or transferred to a non care position and the provider would have dismissed the worker or considered dismissing the worker on such grounds.

Criminal Justice Act 2003

Section 325 of the Act details the arrangements for assessing risks posed by different offenders. In South Gloucestershire this function is performed under the MAPPA process. Co-operation, including the exchange of information, is expected from all statutory authorities and registered “social landlords” who provide or manage residential accommodation.

For current government guidance on information sharing see [Every Child Matters Information Sharing Guidance](#)

Appendix 3 (available on Swift/AIS)

**Checklist of agencies to consult during safeguarding adult cases
(not exhaustive)**

Agency	Name	Role
Service User		
Family/carer		
Advocacy		IMCA or other advocate
Police	Julie Barnes/Dickon Turner	Public Protection Unit Tel: 0117 9455969
NHS South Gloucestershire		G.P., District Nurse/Community Matron CHC Team – if funding care package
AWP		AMHP, CPN, Psychiatry, Drug & Alcohol Service, Assertive InReach/Outreach
CC&H		Commissioning & Contracts, FAB, OT
CQC		Regulator Tel: 03000 616161
Provider		Care home Domiciliary care agency Day service Supporting People
Housing		Housing associations Housing Needs
South Gloucestershire Council		Trading standards Safer & Stronger
OPG		
DWP		
A4e		Direct payment support service
DHI		Brokerage
Safeguarding Adults team	Brian Clarke/Eileen Mitchell	Emerson Greens – ext 4325, or 'safeguardingteam@southglos.gov.uk' for Outlook invites.

Agency	Name	Role
Other (please specify)		
Other (please specify)		
Other (please specify)		

Appendix 4

Good Practice Guidelines for Organising and Managing Meetings

Note takers may be asked to take responsibility for a number of tasks, but it should be remembered that the overall responsibility for the running and recording of the meeting lies with the Team/District Manager who chairs the meeting.

Preparation for meetings

Chair	Note taker
Brief the note taker re expectations of chair.	Staff that are asked to arrange a Safeguarding Adults Strategy Meeting or take notes should have an understanding of the Safeguarding Adults process. You should have attended the South Gloucestershire Safeguarding Adults Alerter training.
<p>Make sure that the note taker is aware of the type of meeting to be arranged and how urgent it is.</p> <ul style="list-style-type: none"> • Strategy • Case Conference (safeguarding planning meeting) • Safeguarding Review Meeting 	Staff who have never taken notes for a Safeguarding Adults meeting before should be thoroughly briefed on expectations by the manager who chairs the meeting. This may include attending a Safeguarding Adults Strategy Meeting as an observer, then attending another in a supernumerary capacity to practice note taking
<p>Advise who needs to be invited to the meeting.</p> <p>Advise which people are essential to enable the meeting to go ahead and those who should be invited but who are not vital (The Setting up Safeguarding Adult Meetings form can be used for this).</p>	<p>Use Setting up Safeguarding Adult Meetings form</p> <p>Check availability by phone prior to sending out invitations.</p> <p>People should be informed of the purpose of the meeting and asked to submit a report if they are unable to attend.</p> <p>Try to arrange meeting times and venues that enable attendance of other professionals, e.g. if GP attendance is felt to be essential, avoid GP surgery times and see if the meeting can be held at the surgery.</p>
Advise note taker of the agenda and structure of the meeting	Send out invitations by e-mail or letter. Service users/relatives should be sent a personalised invitation
	<p>Ensure that a room has been booked at a suitable venue.</p> <p>Is disabled access, loop system etc needed?</p>

Chair	Note taker
Identify with Social worker/Care Manager whether anyone requires a translator or information in a particular format	Make arrangements re translator/information, as instructed
Ensure note taker knows venue of meeting	If the meeting is not at your normal work place, discuss travel arrangements to and from the venue with your line manager or the chair of the meeting
The Chair should make sure you are familiar with the case and the main issues that are likely to arise. Use the SA10 to remind people about confidentiality and ensure attendance is recorded.	Prepare an attendance sheet using the 'Setting up safeguarding meetings' template: - List those people who have been invited and where appropriate the organisations they represent. If the meeting is divided with different participants attending separate parts of the meeting ensure that the attendance sheet(s) reflects this. Check SA10 to ensure everyone has signed it and you have their contact details (the Chair will refer to this at the start of the meeting)
The Chair should advise the note taker how she/he should gain the attention of the Chair if necessary to clarify points or catch up.	Prepare a list of apologies, collate any reports and give these to the Chair of the meeting before the start of the meeting. Familiarise yourself with the contents of any reports as these will assist in compiling the notes. The content of any reports circulated can assist you to summarise the main issues.
	Advise reception staff of the meeting and the names of those attending and check that there are suitable waiting areas.
	Consider providing name labels on the table to assist with communication and minute taking. Ensure that arrangements are in place for refreshments. Once the meeting begins, the note taker should not leave the meeting unless a formal break is agreed or the meeting is closed. When arriving in the meeting room, ensure that a space is available for the note taker to sit next to the Chair of the meeting.

The Meeting

Suggested agendas are provided for all meetings, which provide prompts about what needs to be discussed and considered and what actions need to be agreed.

Chair	Note taker
Is responsible for ensuring the areas outlined in the agenda are covered.	Should sit next to the Chair of the meeting
	Should not be afraid to ask for clarification during the meeting
	Should ensure that everyone signs the SA10 attendance and confidentiality sheet on arrival (the Chair will also refer to this at the start of the meeting)
	Ensures that name labels, where worn, can be seen Writes the formal notes in the past tense and types names in full
	If the issues discussed relate to a 'service user to service user' situation, or another person recorded on Swift/AIS, the notes should not record the alleged perpetrator's name, but should use his/her initials and Swift/AIS number, to enable cross referencing later.
	Anonymises the names of whistleblowers who wish to remain anonymous at this stage. This should have been part of the pre meeting briefing.
	Should ensure he/she has a copy of any reports tabled during the meeting
	Should ensure the notes accurately reflect the facts, concerns, risks, recommendations and action points. The discussions and decisions taken may lead to legal proceedings, but it is the Chair's responsibility to ensure the accuracy of the notes that are sent out.
	Must remember that it will not be possible for the notes to reflect everything that is said. Note takers well briefed about the case before the meeting will be aware of the important points

Chair	Note taker
	Listens carefully and records essential/factual information
	Separates facts from opinion.
	Writes down key words; don't try to write down everything being said, the notes are not intended to be a verbatim account.
	Relies on the chair to advise if an essential point needs to be noted.
	A lot of information will be repeated or not relevant to include in notes.
	Remembers to ask for clarification if needed. If it does not make sense in the meeting it is unlikely to do so when typing up the notes.

After The Meeting

Chair	Notetaker
The Chair should try to have a short de-brief with the note taker immediately after the meeting.	The note taker should ensure that no papers related to the meeting are left in the meeting room.
If the Chair is not the note takers line manager, he/she should agree a timescale that reflects the urgency and priority that should be awarded to the task. The Chair will advise of any amendments that need to be made before the notes can be distributed.	The note taker should aim to produce draft notes as soon as possible after the meeting and pass them to the Chair for approval.
The responsibility for the content of the notes rests with the Chair of the meeting and they rely on the note taker to produce the draft and the final version of the notes as soon as possible after the meeting has concluded.	If the note taker is distressed by the content of the discussions during the meeting they should talk through the issues with the Chair of the meeting or arrange to meet with their line manager to discuss the issues in confidence.
The Chair should ensure that the note taker knows exactly who should have the notes or part of the notes and any additional papers that may have been agreed.	Safeguarding Adults Meeting notes should be sent out to everyone who was invited, attended or who sent apologies within 28 days of the meeting either by confidential e-mail (currently this means only to people with a '.southglos.gov.uk' e-mail address) or by 1st class letter post, which must be marked as "confidential – addressee only".
If another meeting has been arranged, the Chair should ensure that an appropriate meeting room is booked	Book meeting room for next meeting, if required.

Appendix 5 (available on Swift/AIS)

SETTING UP SAFEGUARDING ADULT MEETINGS

Date of Meeting:	
Venue of Meeting:	
Chair:	
Person who is subject of Safeguarding:	
Swift/AIS Number:	
Note Taker: (for full guidance please refer to Safeguarding Adults Policy on the Toolkit)	

Attendees at Meeting	Name	Location & Telephone No.	BS to complete √ or X
Chair (Team Manager)			
Service User			
Social Worker/Care Manager			
Senior Practitioner			
Safeguarding Adults team	Brian Clarke/Eileen Mitchell	Outlook invites to 'safeguardingteam@southglos.gov.uk' Ext 4325	
IMCA/other Advocate			
G.P.			
District Nurse/Community Matron			
CHC Team – if funding care package			
Commissioning & Contracts – if alleged event took place in or			

Attendees at Meeting	Name	Location & Telephone No.	BS to complete √ or X
concerned a CC&H commissioned service			
CQC – if alleged event took place in or concerned staff from a regulated service		CQC South West Citygate Gallowgate Newcastle upon Tyne NE1 4PA Tel: 03000 616161	
Provider - Agency/Home/Area Manager as appropriate			
Police	Julie Barnes/Dickon Turner	Public Protection Unit Thornbury Tel: 0117 9455969 And/or investigating officer, as appropriate	
Legal	Christopher Johnson	Ext 3042	
Housing			
Other (please specify)			
Other (please specify)			
Other (please specify)			

Appendix 6

IMCA Guidelines for Safeguarding Adult cases

Introduction

The Mental Capacity Act 2005 incorporates into statute common law principles concerning people who lack mental capacity and those who make decisions on their behalf.

The Act sets out a single 4-stage test to assess whether a person lacks capacity to make a particular decision at a particular time. The test is 'decision specific' and 'time specific', i.e. it relates to the particular decision that requires a decision and the result should not be used to justify whether a person lacks capacity in other situations.

The Act also introduces the Independent Mental Capacity Advocate (IMCA) to assist people who lack mental capacity to make decisions about:

1. Serious medical treatment
2. Accommodation moves and reviews
3. Adult protection (safeguarding) measures

This protocol provides guidance about which individuals who lack capacity should receive the support of an IMCA when safeguarding measures are being implemented on their behalf.

The protocol should be read in conjunction with the South Gloucestershire Policy and Procedures for Safeguarding Adults, to which it is appended.

Who is eligible?

In safeguarding adult cases Local Authorities and the NHS have the power to instruct an IMCA when:

1. Protective measures are being put in place to safeguard an adult from abuse and
2. The adult lacks capacity in relation to the measures being taken or proposed

In these circumstances the LA or NHS body may instruct an IMCA to represent the person concerned if it is satisfied that it would be of benefit to the person to do so.

It would be unlawful not to consider the exercise of these powers where the qualifying criteria are met.

Unlike mandatory IMCA referrals, the person subject to safeguarding measures may have family or friends to consult.

The regulations apply equally to:

- A person who may have been abused
- A person who has been neglected
- A person who is alleged to be the abuser

Assessing Capacity in relation to Safeguarding Adults issues

A person lacks capacity if they are unable to make a particular decision because of impediment or disturbance of mind or brain, whether temporary or permanent.

In order to have capacity to make a decision, a person must be able to:

1. Absorb basic information about the pros and cons of an issue.
2. Retain the information long enough to process it.
3. Weigh up the pros and cons against their own value system and arrive at a decision.
4. Communicate that decision.

To be eligible for the IMCA service a person must lack capacity in relation to the issue(s) or decision(s) in question.

Referral criteria

An IMCA should be instructed in the following circumstances:

For someone who may have been abused or neglected

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

For someone who is alleged to be the abuser

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

When to instruct an IMCA

The decision to instruct an IMCA is the responsibility of the relevant Team/District Manager and should be taken as part of the strategy meeting/discussion or as part of the Safeguarding Planning process.

Where an IMCA has been involved at any stage of the safeguarding process, they should be invited to attend Safeguarding Adults meetings, as appropriate, including any subsequent reviews.

The involvement of the IMCA should be reviewed once the specific decisions that prompted the referral have been resolved.

The Team/District Manager is responsible for:

1. Instructing the IMCA
2. Ensuring the instruction is timely – i.e. IMCA has sufficient time to provide a report/recommendation on behalf of the person
3. Ensuring that person is made aware of the instruction
4. Ensuring the IMCA receives appropriate information regarding the circumstances of the individual and the safeguarding situation
5. Ensuring the IMCA is invited to relevant meetings and receives copies of meeting notes

NB Where an IMCA is instructed the LA or NHS body must take into account any information provided or submissions made by the IMCA when making any decisions about the protective measures in respect of the person concerned.