



Part 1

MULTI-AGENCY POLICY AND PROCEDURES FOR SAFEGUARDING VULNERABLE ADULTS

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1 FOREWORD

In 2000 the Department of Health and Home Office jointly published '*No Secrets*'. This was a major step forward in addressing the abuse and neglect of vulnerable adults. By that time, local arrangements in Buckinghamshire were already well established, leading to improved safety for many people using a variety of health and social care services.

However, we should not be complacent. National scandals and serious case reviews, together with our own experience in Buckinghamshire, act as a constant reminder of the need to improve both public awareness and the way agencies work together in response to concerns of abuse.

The work of central government in modernising public services has resulted in new structures and legislation, which have an important bearing on safeguarding work. In October 2005 the Association of Directors of Social Services, with the support of the Department of Health and the Association of Chief of Police Officers amongst others, published '*Safeguarding Adults*', a National Framework document, based on the collective experience of professionals and organisations. This sets new standards for best practice with regard to adult protection and led us here in Buckinghamshire to look again at our responsibilities and the systems we use with regard to Safeguarding Vulnerable Adults.

These procedures represent a continuing and shared commitment to ensuring that vulnerable people can live in our communities in greater safety. They are the code of practice for Buckinghamshire Safeguarding Vulnerable Adults Board and are endorsed by a wide range of statutory and voluntary organisations. These agencies have agreed to co-operate on all aspects of work with vulnerable adults where abuse has been alleged or suspected.

This policy was developed jointly by all the partners to the Buckinghamshire Safeguarding Vulnerable Adults Board (BSVAB) and was adopted by them in September 2010. It is available in electronic form from the BSVAB website www.buckinghamshirespartnership.gov.uk/bsvab.

Partners to the Buckinghamshire Safeguarding Vulnerable Adults Board

Each of the partner agencies listed below are committed to supporting the rights of vulnerable adults to live free from abuse and to ensure that all staff and volunteers work together in accordance with these policies and procedures. This work will take account of an individual's race, religion, cultural background, age, disability, gender and sexuality.

Each partner to the Board and organisation working with adults at risk of abuse should acknowledge the importance of awareness raising and training in achieving the aims of this policy and procedure and accordingly devote both resource and effort toward it.

The partners to the BSVAB are:

- Buckinghamshire County Council
- Buckinghamshire Fire Authority
- Buckinghamshire Hospital Trust
- NHS Buckinghamshire
- Milton Keynes and Buckinghamshire Care Association (MKB Care) and Fremantle Trust
- Oxford and Buckinghamshire Mental Health Trust (OBMH)
- Ridgeway Partnership Trust
- Thames Valley Police
- Thames Valley Probation
- Buckinghamshire District Councils
- Bucks Race Equality Council and Multicultural Centre.

1.1 INTRODUCTION to this policy and procedure

A multi-agency policy and procedure to safeguard adults is a legal requirement and something which ensures that a proportionate, timely and professional approach is taken when vulnerable adults are at risk.

National and local experience of professionals and individuals who use services tells us that both increased awareness of adult abuse and improved joint-working between agencies are essential to improving prevention of abuse and effective response and protection of those at risk.

All organisations working with adults in Buckinghamshire have a responsibility to:

- Ensure they are aware of safeguarding adults issues
- Ensure they are familiar with this policy and procedure
- Ensure they are equipped to act in accordance with their responsibilities as outlined in this policy and procedure.

This supports the Board's statement that:

Safeguarding adults is everybody's business

1.2 ORGANISATION of Document

This document is divided into three main sections: policy, procedures, and appendices. All organisations should ensure that they are familiar with this document as a whole, but it is divided into these sections for ease of reference.

It is recognised that many organisations will need to build upon this document in order to develop internal guidance and protocols that suit their particular field of work and workforce. However, this policy and procedure provides overall direction with regard to definitions, responsibilities and procedures and as such any internal guidance should comply with the content of this document.

Policy (pages 6-19)

This section defines and explains the key principles in relation to Safeguarding Adults in Buckinghamshire.

Procedures (pages 21- 56)

This section outlines the processes for alerting, reporting and responding to abuse, detailing the responsibilities of different individuals and organisations. It is this section that should inform individual and organisational responses to concerns of abuse.

Appendices (pages 56-)

This section provides more in-depth guidance on specific issues in safeguarding adults that may be of particular relevance to individuals in certain roles, or organisations providing certain services.

2 POLICY

The Buckinghamshire policy and procedures for safeguarding vulnerable adults are underpinned by a clear value base and a common understanding of abuse of vulnerable adults. To this end, this policy outlines the following topics:

- The key principles underpinning safeguarding vulnerable adults
- The key definitions used in adult abuse
- The categories used to describe adult abuse
- Prevention of abuse
- Training
- Links with other policies and legislation
- The management of safeguarding adults across Buckinghamshire

2.1 Key principles underpinning safeguarding adults

All contact with vulnerable adults should be based on the following principles:

2.1.1 Duty to protect

'No Secrets' requires Local Authorities to prevent, investigate and take action where an adult protection concern exists.

2.1.2 Respect for individuals

It is every person's right to live a life free from abuse and neglect. Vulnerable adults will be treated in a way that respects and promotes the human rights of all citizens under the Human Rights Act 1998. Actions taken to protect their interests will aim to respect their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation. An individual's communication needs will be considered at all times.

2.1.3 Capacity and Consent

All safeguarding and protection responses will follow the principles of the Mental Capacity Act (2005). Individuals will be assumed to have the capacity to make decisions, unless there is clear evidence to the contrary. Vulnerable adults should be supported to make their own decisions based on an awareness of the choices available. Where there is evidence that an individual lacks the capacity to make a particular decision, decisions will be made in a person's best interests, in accordance with the Act and an independent person will, where appropriate, be appointed to represent the individual's interests.

2.1.4 Risk

Vulnerable adults capable of making informed decisions, having been made aware of any options available to them, will be supported in making their own decisions. This will include the taking of reasonable risks as long as these do not threaten, harm, or put at risk other adults or children who may be involved.

2.1.5 Proportionality

Interventions intended to reduce risk or respond to immediate danger will be proportionate to the risk of harm. Consideration will be given to risks arising from any interventions themselves. Where intervention is necessary to reduce risk and is acceptable to the individual, the chosen course of action should be the least disruptive.

2.1.6 Confidentiality and information sharing

Agencies will aim to maintain a balance between the need for confidentiality and the sharing of information necessary to take an effective response to allegations of abuse. As outlined in the information sharing protocol (Appendix 4 *see part 2 – appendices*), the following principles will be observed:

- Information will only be shared on a 'need to know basis' when it is in the best interests of the vulnerable adult.
- Informed consent will be obtained, wherever and whenever possible.
- It may be necessary to override this requirement if the individual lacks the capacity to give consent, it would put them at risk to obtain it, other vulnerable adults are at risk and/or a crime has been committed.
- Assurances of absolute confidentiality are inappropriate where there are concerns about abuse and where vulnerable people are at risk.

2.1.7 Inter-agency working

Agencies will aim to develop effective joint working by:

- Focusing on the protection of vulnerable people by implementing sector specific policies based on this multi agency policy.
- Providing appropriate representation on Safeguarding Vulnerable Adults Board and committees.
- Participating in serious case reviews of cases where there has been concern about the operation of inter-agency adult protection procedures, to ensure maximum learning is obtained.
- Keeping other agencies informed of changes of personnel, structures and policies within organisations
- Sharing training activities whenever appropriate
- Showing respect for staff working in all agencies involving different professional codes of practice
- Contributing to monitoring and quality assurance arrangements.

2.2 The key definitions used in safeguarding adults

No Secrets and other policies concerned with safeguarding vulnerable adults use a number of terms and definitions which are important to an understanding of safeguarding and protection work. These are: vulnerability, significant harm and adult abuse.

2.2.1 Vulnerability

The term vulnerable adult as used in 'No Secrets' refers to any person aged 18 years and over who: **"...is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation"**, (From 'Who Decides' Lord Chancellor's Department 1997).

Vulnerability applies to a wide range of disabilities and situations, including those adults at risk because of their caring role or family responsibilities. *Safeguarding Adults* (ADSS, 2005) highlights the range of adults at risk, including those suffering domestic violence, substance misuse and homelessness. Further to this, it acknowledged that the above definition can be contentious, not least because it appears to locate the cause of abuse with the victim, rather than placing the responsibility with the actions or omissions of others.

In the light of these factors 'Safeguarding Adults' uses a wider definition based on helping any adult **"who is or may be eligible for community care services" to retain independence, well-being and choice and to access their human right to live a life that is free from abuse and neglect**". This definition specifically includes those people assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need in relation to safeguarding is for access to mainstream services such as the police.

Therefore, a vulnerable person could be a person with:

- A Mental health problem (including dementia)
- A physical disability
- Drug and alcohol related problems
- A sensory impairment
- A learning disability
- A physical illness
- An acquired brain injury
- Frailty and/or a temporary illness

And, a vulnerable adult may be:

- Living in their own home
- In hospital
- In a residential care home/nursing home
- Attending a day centre or social club
- Without a permanent home

Vulnerability is not a rigid concept and there may be conflicting views concerning an individual's capacity and situation. In considering whether safeguarding adults procedures should be used, staff should adopt a **broad approach** and assume relevance unless or until information suggests that this is not the case.

2.2.2 Significant harm

A key concept in safeguarding adults work is 'significant harm', which helps to determine how serious or extensive abuse must be to justify intervention.

“... ‘harm’ should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioral development ”,
(From 'Who Decides' Lord Chancellor's Department 1997).

2.2.3 Adult abuse

'No Secrets' provides the following definitions:

“Abuse is a violation of an individual's human and civil rights by any other person or persons”.

“Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or failure to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it... Physical, sexual, financial, emotional discriminatory or psychological violation or neglect of a person unable to protect him/herself to prevent abuse from happening, or to remove him/herself from abuse or potential abuse by others.”

Safeguarding Adults (ADSS, 2005) builds on this 'No Secrets' definition to emphasise the link with universal human rights. The Human Rights Act (1998) includes the right to: "life"; "freedom from torture" (including humiliating and degrading treatment); and the right to "a family life" (that sustains the individual). These rights are underpinned by a duty on public agencies to intervene proportionately to protect the rights of citizens. Therefore any adult at risk of abuse or neglect should be able to access appropriate interventions such as civil and criminal justice systems and victim support services.

2.3 The categories used to describe adult abuse

There are multiple forms of abuse and incidents can often involve several categories. However, in adopting the seven categories of abuse outlined in 'No Secrets' this policy recognises the breadth and range that abuse can take place. These categories are:

1. Physical abuse
2. Sexual abuse
3. Neglect and acts of omission
4. Psychological abuse
5. Financial and material abuse
6. Discriminatory abuse
7. Institutional abuse.

The following give definitions, examples and indicators of all these categories of abuse.

2.3.1 Physical Abuse

Is the non-accidental physical mistreatment of one person by another which may or may not result in physical injury. It can be the use of force that results in an unwanted change in a person's physical state.

This may include:	Indicators of Abuse
<p>Physical violence: Hitting, slapping, pushing, kicking, shaking, scalding, dragging, pinching hair-pulling.</p> <p>Rough or inappropriate handling: Careless/rough handling; force-feeding; inappropriate application of physical techniques such as manual handling, restraint or physical intervention; involuntary isolation or confinement.</p> <p>Medical Mistreatment: Misuse of medication; withholding of medication; inappropriate use of medical procedures, such as catheterization.</p>	<p>Unexplained injuries: Bruises, cuts, burns, blisters, scratches, fractures, sprains.</p> <p>Unexplained falls</p> <p>Physical pain or discomfort</p> <p>Loss of weight</p> <p>Self neglect /self harm</p> <p>Increased confusion or drowsiness</p> <p>Inconsistent or non-existent explanation for injuries or undocumented falls or injuries</p> <p>Delays in seeking medical attention.</p> <p>Changes in behaviour, mood or usual routine, (sleep patterns or eating habits).</p>

2.3.2 Sexual Abuse

<p>Is the direct or indirect involvement in any sexual activity to which a person does not give valid consent or cannot give valid consent. A person cannot give valid consent when they lack capacity to make a decision or if they are coerced into activity because the other person is in a position of authority, trust or power.</p>	
<p>This may include:</p>	<p>Indicators of Abuse</p>
<p>Contact Abuse: Rape or sexual assault, masturbation (of either or both persons), inappropriate touching of breast, genitals, anus, mouth.</p> <p>Non-contact abuse: Indecent exposure, inappropriate looking, photography, harassment, serious teasing or innuendo, pornography.</p>	<p>Genital or anal discharge, bleeding or pain; urine infections or unusual incontinence</p> <p>Sexually transmitted infections or pregnancy</p> <p>Bruising to inner thighs, genital or anal areas</p> <p>Flinching or recoiling from physical contact or personal care tasks</p> <p>Persistent and inappropriate sexual behaviour or pronounced overly affectionate behaviour</p> <p>Self neglect/self harm</p> <p>Changes in behaviour, mood or usual routine, (sleep patterns or eating habits).</p>

2.3.3 Neglect or acts of omission

<p>Neglect or acts of omission is the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the vulnerable adult or others</p>	
<p>This may include:</p>	<p>Indicators of Abuse</p>
<p>Ignoring medical or physical care needs</p> <p>Failure to provide access to appropriate health, social care or educational services</p> <p>Withholding, or failing to provide adequate support for, the necessities of life such as, medication, adequate nutrition and heating</p> <p><i>Self-neglect will not usually result in the initiation of safeguarding procedures unless the situation involves significant omission or commission by someone else with established responsibility for an adult's care.</i></p>	<p>Pressure ulcers/sores, dehydration, malnutrition, excessive weight loss.</p> <p>Persistent complaints of pain that are not responded to and/or a deterioration in health</p> <p>Demands for food, drink, care etc that are not met</p> <p>Lack of records or inconsistent records of care provided and/or a failure or reluctance to report on a vulnerable adult's progress</p> <p>Increased apathy and withdrawal, reduction in communication or physical skills</p>

2.3.4 Psychological/Emotional Abuse

Is the use of threats, humiliation, bullying, other verbal conduct or any other form of mental cruelty that results in mental or physical distress.

Emotional abuse is any act which negatively affects the emotional well being of a person or impairs their psychological development.

This may include:	Indicators of Abuse
<p>Treating a person in a way that is inappropriate for their age, and/or cultural background</p> <p>Threats, intimidation, harassment, bullying, humiliation or ridicule</p> <p>Verbal taunts, insults, shouting or swearing</p> <p>Enforced isolation or withdrawal of support and social networks</p> <p>Denial of basic human and civil rights such as choice, self-expression, privacy and dignity</p>	<p>Low self esteem, confidence or expressions of low self-worth</p> <p>Self-neglect, self-harm or compulsive behaviour</p> <p>Increased confusion, apathy or withdrawal</p> <p>Displays of overly compliant behaviour or an excessive desire to please.</p> <p>Changes in behaviour, mood or usual routine, (sleep patterns or eating habits).</p>

2.3.5 Financial/material Abuse

Is the unauthorized and improper use of funds, property or any resources belonging to an individual. Unauthorized would include the coercion or misleading of an individual, or any lack of informed consent from the individual.

This may include:	Indicators of Abuse
<p>Theft, fraud or extortion or exploitation</p> <p>Misuse or misappropriation of money, benefits, possessions, or property</p> <p>Pressure in connection with wills, property, inheritance or financial transactions</p> <p>Preventing access to money, property, possessions or inheritance</p>	<p>Lack of basic necessities or inability to provide for basic needs (food, rent etc.)</p> <p>Lack of receipts, financial records or inability to account for spending</p> <p>Excessive secrecy or restriction of access to money or financial records</p> <p>Inability to retain control over home lifestyle and/or apparently chaotic lifestyle</p>

2.3.6 Discriminatory Abuse

<p>Is the harassment, unfair treatment, exploitation or denial of mainstream opportunities and services to individuals because of their race, religion, culture, gender, age, sexuality or disability. Discrimination can be a motivating factor in other forms of abuse.</p>	
<p>This May Include: (This list is not exhaustive)</p> <p>Not providing food consistent with a person's culture or beliefs.</p> <p>Use of derogatory names or teasing about differences</p> <p>Lack of appropriate social contacts</p> <p>Not allowing attendance or observance of at religious festivals</p>	<p style="text-align: center;">Indicators of Abuse</p> <p>Low self esteem, confidence or expressions of low self-worth</p> <p>Self-neglect, self-harm or compulsive behaviour</p> <p>Increased confusion, apathy or withdrawal</p> <p>Rejection of inappropriate services (food, social activities etc)</p> <p>Use of stereotyped views or attitudes by staff or those around the individual</p>

2.3.7 Institutional Abuse

<p>Can take the form of any of those described above, but is caused by an unsatisfactory regime of health, care or support provision. It occurs when routines, systems and norms of an institution override the needs of those it is there to support. It is the existence of isolated or collective examples of poor and unsatisfactory professional practice, misconduct or pervasive ill-treatment.</p>	
<p>This May Include: (This list is not exhaustive)</p> <p>Inflexible routines set around the needs of staff rather than individual service users, (e.g. fixed times for meals, bathing, toileting, waking up or going to bed).</p> <p>Lack of individual choices or person centered support or care planning</p> <p>Failure to ensure there are adequate safeguards to protect vulnerable people and promote good standards of care.</p> <p>Failure to respond to complaints or concerns in a timely and robust manner</p>	<p style="text-align: center;">Indicators of Abuse</p> <p>Service users reluctant, afraid or apathetic about making complaints</p> <p>People who use services consistently regarded as 'difficult', 'demanding', or 'attention-seeking'.</p> <p>Threats of eviction made to those who make complaints</p> <p>Poor training, management and supervision of staff</p> <p>Poor record-keeping and liaison with other support services.</p>

2.4 Prevention of Abuse

The prevention of abuse must be the primary aim of all in the safeguarding adults arena. Everyone in contact with vulnerable people – professionals, carers and the public – has a vital role to play in the prevention of adult abuse. To this end, an understanding of why, how and where abuse happens is vital.

2.4.1 Why does abuse occur?

The reasons for abuse are complex and not fully understood. However, research has highlighted some key factors that contribute to the likelihood of abuse occurring. The presence of one or more of these elements does not automatically imply that abuse will follow, and nor does the absence guarantee that abuse will not occur.

The individual's vulnerability

The following factors can increase a person's vulnerability to abuse

1. Physical and/or emotional dependency on others
2. Poor communication skills or communication difficulties
3. Mental health needs
4. Cognitive impairment, including dementia
5. Behaviour that challenges others
6. Self-harming behaviour
7. Previous history of making allegations of abuse
8. Substance misuse
9. Social isolation
10. Previous history of poor quality and/or violent relationships

Relationships with others

The following factors can increase the chance of an abusive relationship

1. Unequal power relationships
2. Financial difficulties or substance misuse by the carer
3. Significant and long term stress for the carer
4. Isolation of the carer due to the demands of caring
5. Lack of understanding about the vulnerable adult's condition or need.
6. Ignorance of appropriate responses to vulnerable adult's needs.
7. Role reversal or significant change in the relationship between carer and vulnerable person
8. History of abuse within the family or social network
9. Multiple dependencies within the family or social network

2.4.2 Who can abuse?

It is very easy to make assumptions about the “type” of person who may commit abuse. However, abuse can be carried out by anyone. Avoiding assumptions as to who does or does not abuse is vital to ensure indicators and concerns are not ignored.

An abuser can be a:

- Carer of a vulnerable adult
- Member of staff, manager or owner of a service
- Member of a professional group (GP, nurse, social worker)
- Another vulnerable adult or fellow service user
- Volunteer or member of a community group
- Spouse, relative or member of a person’s social network
- Neighbour, member of the public, or stranger
- Person or group of people, who deliberately targets vulnerable adults.

Other vulnerable adults can be perpetrators of abuse, even when they may lack intention to harm or understanding of their actions. It is vital that these situations are identified as abusive and receive an appropriate safeguarding response. When these situations are not dealt with, abuse continues and worsens with devastating effects for both parties.

2.4.3 Where can abuse take place?

Abuse can take place in any situation or location including:

- The vulnerable adult’s own home
- Residential and nursing homes
- Hospitals
- Social clubs and day centres
- Educational settings
- Custodial situations
- Anywhere where support services are provided

Understanding the vulnerable adult’s environment in relation to potential or actual abuse is extremely important because an experience of abuse may render a vulnerable adult incapable of making his or her own decisions. In some circumstances it may be important for the vulnerable adult to be away from the sphere of influence of the abusive person or setting in order to be able to make a free choice about how to proceed.

2.4.4 What can be done to prevent abuse?

Preventing abuse is considered here under the four main groups involved:

- Formal (paid) carers, professionals and managers
- Informal (unpaid) carers
- Services users or vulnerable people
- The public

Formal (paid) carers, professionals, and managers

Research shows that a significant number of abuse incidents involve formal carers, professionals and managers; those paid to care for and advise vulnerable adults. This places a responsibility on both staff and management to ensure that individuals and the environment promote effective safeguarding practice: The following issues are of particular importance:

- How staff are recruited
- The policies and procedures to which staff work
- How staff are inducted and trained
- How staff are supervised and supported
- How the overall culture of an organisation and its management impact on the raising and reporting of problems and concerns

See Appendix 9 (*see part 2 – appendices*) for the safer employment toolkit.

Informal Carers

In the majority of instances, informal carers are central to the protection of vulnerable adults from abuse and as such they should be supported and aided in this task. To this end all informal carers are entitled to an assessment of their own needs.

In a smaller number of situations it is informal carers who present a risk to the vulnerable adult. This can be through deliberate acts or an inability or ignorance of how to react appropriately to the caring task. It is therefore important that informal carers are made fully aware of the danger of abuse, the warning signs and indicators, and how they can get advice and help when needed.

In instances where an informal carer presents a risk to a vulnerable adult, whether through deliberate intent or the difficulties explained above, it is the responsibility those who become aware of the abuse to reduce the risk to the vulnerable adult and ensure their safety. If the informal carer is also a vulnerable adult, their needs should also be considered in the context of a safeguarding response.

Service users and other vulnerable adults

Although vulnerable adults will vary in their ability to understand risk, most people can be helped to greater awareness of what abuse is, how abusers operate and how to protect them seek out help.

There are many ways in which vulnerable adults can be helped to reduce the risks they may face, including:

- Awareness of adult abuse, how and where it may happen and who can be an abuser (see, for example, *Keep Safe* a booklet from the Home Office on personal safety).
- Learning skills to avoid potentially abusive situations.
- Knowing what to do if abuse happens to them or someone they know.
- Improving their independence and reducing their dependence on other people

Helping vulnerable adults to protect themselves to their maximum ability should be a high priority, however or wherever they receive their support or care. This is an

issue of particular importance in relation to self-directed support and where a vulnerable person is in control of organising their own care, or managing their own care through direct payments.

The Public

The public have a vital role in safeguarding vulnerable adults within their own communities and it is therefore important to raise awareness of abuse amongst the general public as well as organisations with contact and responsibilities to vulnerable adults

Buckinghamshire Safeguarding Vulnerable Adults Boards have a key function in terms of promotional materials and liaison with important public bodies, community organisations and local services, (for example financial institutions and voluntary groups). For more information go to www.buckinghamshirepartnership.gov.uk/bsvab

2.5 Safeguarding Adults Training

Each partner to the board and each organisation working with adults at risk of abuse should acknowledge the importance of training and the importance of imbedding that training in everyday practice.

2.5.1 Board Responsibilities

The Buckinghamshire Safeguarding Vulnerable Adults Board acknowledges the central importance of training and awareness-raising to the prevention of abuse and to achieving an adequate response to concerns and allegations. The Board has a training committee and employs a safeguarding training manager to coordinate an annual multi-agency training needs analysis, produce a training strategy, promote multi-agency training and support single-agency training. Details of the Board's multi-agency training strategy, current training provision, support and guidance is available via the Board's website: www.buckinghamshirepartnership.gov.uk/bsvab

2.5.2 Learning from practice

Learning from practice is an essential component of improving our awareness and response to abuse. It is important to feedback learning from investigations and from more formal processes such as serious case reviews. The Board has a serious case review committee charged with reviewing serious issues such as deaths or major incidents involving vulnerable adults in Buckinghamshire. The findings of these reviews and the key learning points will be circulated by the Board to its partners and sub-committees as appropriate.

www.buckinghamshirepartnership.gov.uk/bsvab

2.6 Links with other policies and legislation

Safeguarding vulnerable adults does not exist in isolation. There are many other policy areas which have relevance and overlap with safeguarding adults issues. This is a brief outline of the most pertinent policy areas.

2.6.1 Equal opportunities

Safeguarding adults procedures should be intimately connected to the goal of equal opportunities. Equal opportunity policies and guidance ensures the rights of people

to be treated fairly in employment, education and services and as such individuals should not be discriminated against on the grounds of their sex, race, disability gender, sexual orientation, age, religion or belief. This is a basic principle of democracy and is supported by UK and European legislation, in particular through disability and racial discrimination legislation.

2.6.2 Community safety

Everyone has the right to feel safe; community safety schemes aim to reduce crime and the fear of intimidation. Local community safety schemes can involve many things from educational initiatives, to improving security. Buckinghamshire has its own community safety partnership which focuses on a number of issues including the following: anti-social behaviour, domestic violence, sexual violence and hate crime.

2.6.3 Anti-social behaviour

The term anti-social behaviour (ASB) covers a wide range of issues including crimes, serious nuisance as well as less severe but frequent and annoying behaviour. The Home Office defines ASB as **“behaviour which is likely to cause harassment, alarm or distress to one or more persons not in the same household as the perpetrator”**. It includes fear of crime or concern for public safety, public disorder and nuisance. Tackling ASB frequently involves working with vulnerable people and therefore strong links need to be maintained with adult safeguarding processes when responding to those who report and cause ASB.

2.6.4 Domestic violence

Domestic violence is defined by the Home Office as **“...any threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, It can affect anybody regardless of gender or sexuality and can include honour-based violence, female genital mutilation and forced marriage.”** There is considerable overlap between adult safeguarding and domestic violence policy, procedures and practice and it is important to ensure that allegations are not allowed to fall between the two responses and that resources linked to both policy areas are available for use.

2.6.5 Hate crime

Some issues of adult abuse must also be considered in the context of hate crime legislation. Several serious case reviews in recent years have identified anti-social behaviour and hate crimes towards vulnerable individuals. The Home Office defines a hate crime as **“any criminal offence committed against a person or property that is motivated by hostility or prejudice based on a person’s disability, race, religion or belief, sexual orientation or transgender”**.

2.6.6 Organisation-specific and professional guidance

There are many different codes of practice, guidance, national standards and legislation aimed at specific workforces, professionals and service providers working with vulnerable adults. Each individual and organisation has the responsibility to comply with these where relevant as well as the guidance provided by this document.

2.7 The management of safeguarding adults across Buckinghamshire

The primary responsibility for delivering quality services, including ensuring that service users and patients are kept safe from abuse and potential abuse, rests with service providers across health and social care.

The Care Quality Commission monitors health, social care and independent sector regulated care providers. They are committed to monitoring progress on the implementation of the 'No Secrets' guidance and are refining their monitoring systems. The Department of Health requires the County Council to produce annual returns regarding safeguarding activity and outcomes for Buckinghamshire

Under 'No Secrets', adult social care services (within the portfolio of Adults and Family Wellbeing in Buckinghamshire County Council) have a responsibility to ensure that practice expectations are met and that safeguarding services are coordinated, through the operation of the Buckinghamshire Safeguarding Vulnerable Adults Board. This multi-agency board and its sub-committees are responsible for:

- Strategic direction
- Production, implementation and review of policy, procedures and guidance
- Joint training strategies
- Data collection on referrals and outcomes
- Serious case reviews
- Monitoring activity and quality control
- Production of annual reports
- Monitoring the application of 'No Secrets' and 'Safeguarding Adults'.

The Board has an Independent Chair, and its own budget, giving autonomy to the governance of the Board. Further details of current membership of the Board, and the terms of reference for sub-committees and structures are available from the www.Buckinghamshirepartnerships.gov.uk/bsvab

Comments about local safeguarding practice or concerns about failures of procedures can be raised with the Board by contacting the Board Business Manager at: safeguardingadults@buckscc.gov.uk.

Alternatively, the Bucks County Council has complaints procedures which can be used. These can be accessed via the Buckinghamshire County Council website: [http://www.buckscc.gov.uk/sites/bcc/about_your_council/Feedback and Complaints .page](http://www.buckscc.gov.uk/sites/bcc/about_your_council/Feedback_and_Complaints_page).

3 PROCEDURES

Section 3 of this document provides an overview of the procedures that should be followed in Buckinghamshire when there is an allegation or concern of abuse. As outlined in section 2, all partner agencies are expected to maintain their own organisation-specific procedures, but these should be compliant with the overview given here.

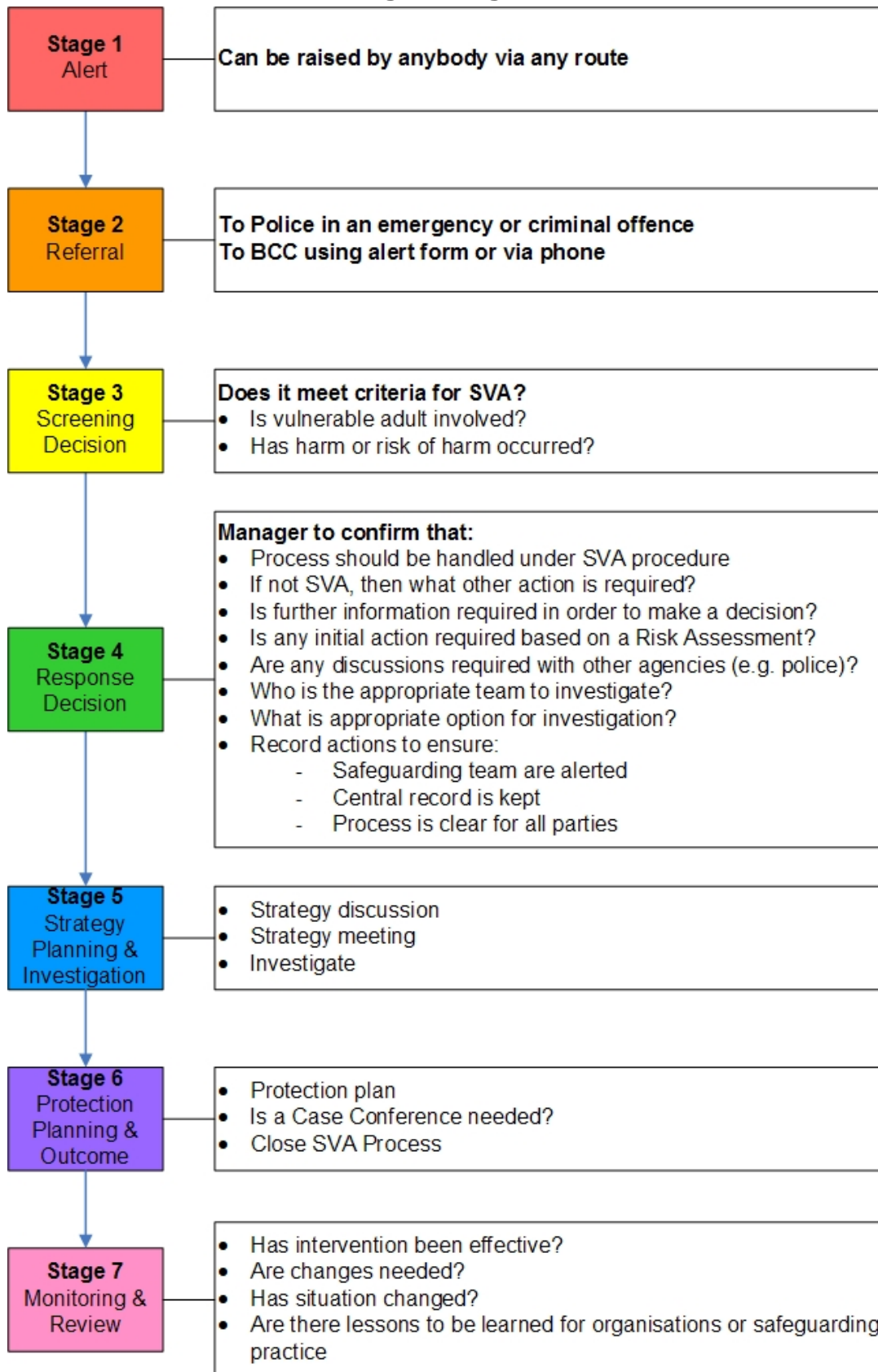
Effective responses to concerns and allegations of abuse require partner agencies and individuals to work together. Different stages of the procedure may apply to different individuals and organisations, but each must recognise their place in the process and understand the responsibilities of others at different stages. It is through this joint understanding that clear expectations on behalf of vulnerable adults can be achieved. Any individual carrying out the roles as outlined in this procedure, is acting on behalf of BSVAB, and is accountable to it via their own Organisation.

These procedures apply to any individual resident in Buckinghamshire. Even if an individual is receiving a service commissioned by another local authority, it is Buckinghamshire, as the host authority, who has the responsibility to ensure any incident of abuse is assessed and investigated appropriately.

3.1 The Safeguarding Adults Procedure

There are a number of key stages and decision-making points within the safeguarding adults procedures. At each stage, a number of different agencies or individuals may carry out the responsibilities as detailed for each stage. Therefore each organisation must ensure that workers acting for their organisation are appropriately equipped and skilled to fulfill these responsibilities.

3.1.1 An Overview of the Safeguarding Adults Procedure



3.2.1 What is an alert?

An alert is the raising of a concern, suspicion or allegation of potential abuse with an appropriate person. A concern, suspicion or allegation of abuse may have arisen from:

- A direct disclosure by a vulnerable adult
- A complaint or expression of concern by someone else
- An observation of abusive behaviour or an observation of the indicators of possible abuse.

3.2.2 Who is responsible for raising an alert?

Absolutely anyone can make an alert. Anyone who is concerned about the possibility of abuse of a vulnerable adult should raise a concern with an appropriate person. All staff have a **duty** to report any allegations, suspicions or concerns of abuse.

3.2.3 How do you raise an alert?

- A **member of the public** can report a concern of abuse directly to the emergency services (if there is immediate danger), or directly to Buckinghamshire County Council Adults and Family Well-Being. Contact details are available on *page 28*
- A **member of staff** or an individual acting on behalf of an organisation should report any concerns following their organisation's internal procedures. All organisations should have a procedure for their staff to raise an alert. These will instruct you to talk urgently to your line manager or supervisor about your concerns unless: you are in a position of authority that authorises you to act alone or; the person you would normally report to may be implicated in your concerns or has failed to act in response.

3.2.4 What responsibilities does the 'alerter' and/or their manager have?

At the alert stage, there are two people who have responsibilities: **The person who is first made aware of the possible abuse**, and (if within an organisation or service), **their line manager**.

3.2.5 Responsibilities of the person first aware of possible abuse

The first person aware of possible abuse needs to consider the following issues.

Make safe

- Take reasonable steps to ensure the adult is in no immediate danger
- Seek emergency help (first aid, medical treatment, police involvement) if there are immediate risks to health or safety
- DO NOT confront the alleged abuser

- DO NOT destroy or disturb articles that could be used in evidence (clothes, items, fingerprints, etc. If an assault is suspected do not wash the person unless necessary for first aid treatment)

Inform

- A line manager or other Senior Manager immediately
- The police if a crime has been committed

Record

- Details of the disclosure, concern or suspicion.
- The actions taken so far
- Follow your own organisational record keeping procedures

For guidelines on record-keeping see Appendix 3 *(see part 2 – appendices)*

3.2.6 Responsibilities of the line manager to whom an alert is made

If the referral is made within an organisation, the manager to whom an alert is made needs to consider the following:

Immediate Needs

- Ensure the vulnerable adult is safe
- Ensure that any necessary emergency medical treatment is arranged
- Ensure no forensic evidence is lost
- If the alleged abuser is another vulnerable adult, ensure their needs are attended to and that they and others are not put at risk

Clarify

- The facts as stated by the member of staff. DO NOT discuss with the alleged perpetrator or the victim, unless it is necessary in order to keep person/s safe
- Whether the situation meets the criteria for a safeguarding response:
 - Is the individual concerned a vulnerable adult?
 - Could harm have occurred/be likely to occur?

Refer

- To the police if a crime may have been committed
- To Buckinghamshire Adults and Family Wellbeing (contact details page 28)
- To CQC if incident involves a regulated service

3.2.7 What is a ‘disclosure’ and how should it be dealt with?’

A **disclosure** is when a vulnerable adult tells another person of abuse that has happened to them. If someone discloses abuse it is important to respond in the correct way

Do	Do Not
Listen patiently and calmly to what the person is saying even if it does not make sense.	Do not ask questions. It is not your job to investigate
Observe the victim and what is happening to them	Do not dismiss what someone is telling you, even if it appears unlikely.
Stay calm	Do not appear shocked or disgusted
Respect confidentiality as far as you are able. This means you tell who needs to know, but do not discuss it with other members of staff or Service Users.	Do not promise to keep secrets.
Tell the alleged victim what you are going to do next	Do not keep information to yourself
Report straight to your manager and record exactly what you have heard	Do not confront the alleged abuser

3.2.8 How to manage issues around consent and confidentiality

Wherever possible, actions following an alert or disclosure should comply with the expressed wishes of the vulnerable adult. However, consideration should be given to circumstances where a vulnerable adult’s wishes may be overridden. If a crime may have been committed, or other vulnerable adults may be at risk it could be necessary to override a person’s expressed wishes. If an adult may lack capacity to make a decision, it should be made in their best interests, in accordance with the Mental Capacity Act, 2005.

3.2.9 How to manage serial or repeated allegations

In situations where serial or repeated allegations of abuse are made by a vulnerable adult, each allegation must be treated seriously and dealt with separately. It must be recognised that individuals who make serial or repeated allegations are particularly vulnerable to being abused.

3.2.10 How to manage historical allegations of abuse

Allegations of historical abuse should also be investigated under these procedures. The timescale should be proportionate and relevant to the current level of risk.

3.2.11 How to manage allegations against staff

All agencies should have mechanisms for raising practice concerns with managers. All provider services should have in place a ‘whistle-blowing’ policy and ensure that all staff are aware of this and how to access and use it. When it comes to raising

concerns of adult abuse, no distinction should be made between staff and other persons. The vulnerable adult's wellbeing is paramount. If at any point in the process a member of staff feels that correct action is not taken, they should report follow directly to Buckinghamshire County Council Adults and Family Wellbeing and follow their organisation's whistle-blowing procedures.

If an allegation is made against a member of staff, their manager will need to clarify, when making a referral what action he/she intends to take under the appropriate personnel procedures. It is important to ensure that any action:

- Protects the rights and wishes of the vulnerable adult
- Protects the rights of the member of staff concerned
- Enables managers to take appropriate action either on behalf of the vulnerable adult or against the staff member where appropriate
- Does not compromise any criminal investigation.

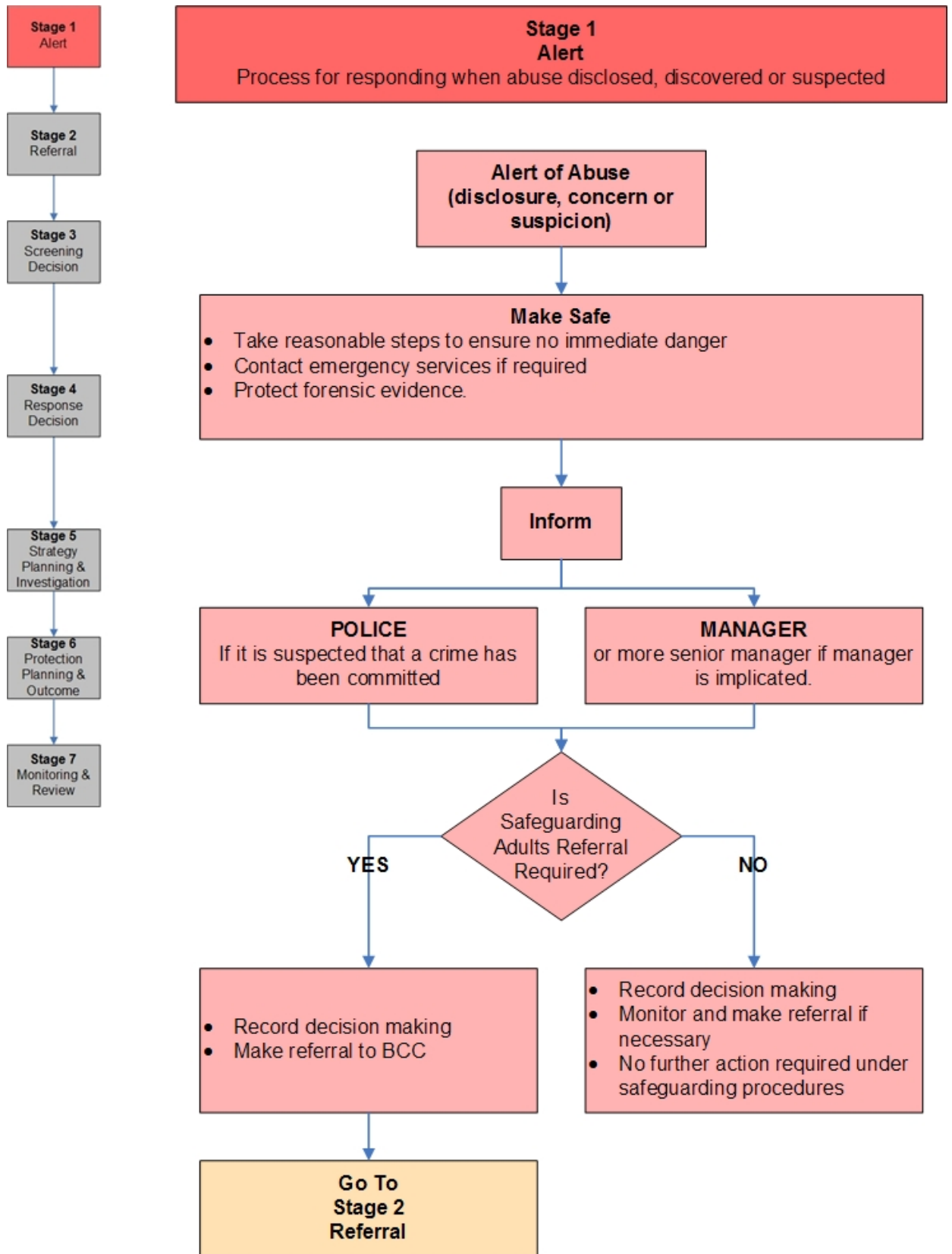
To achieve these outcomes it will be necessary for managers to coordinate their disciplinary responsibilities with those of the 'investigating team', who will be working within these procedures.

3.2.12 The role of the police

The police, as well as taking a lead in any criminal investigation, are available for advice and consultation at an early stage. It is important that police are able to gather forensic evidence immediately and therefore they should be contacted in any case where a serious incident and/or criminal offence may have occurred. A criminal investigation will take precedence over any safeguarding adults or disciplinary investigation.

In situations where the service user is unwilling to make a formal complaint to the police, the organisation in receipt of the alert should consider carefully whether it has a duty to report the matter to the police directly. The decision should be based on the risk to the service user, the risk to others and the seriousness of the allegation. If a service user lacks the capacity to consent, those involved with the individual should make a decision in the best interests of the service user in accordance with the *Mental Capacity Act, 2005*.

3.2.13 Stage 1 Alert - Process for responding when abuse disclosed, discovered or suspected



3.3 Stage 2 - Referral

3.3.1 What is a referral?

A referral is when someone brings an alert of possible abuse to the attention of Bucks County Council.

3.3.2 Who is responsible for making a referral?

- Anyone can make a referral, including members of the public
- Within organisations, there should be a person/s who is designated to receive alerts and make referrals. Each organisation's own policy and procedures should make clear who the designated person is in any given circumstance. Ordinarily this will be a senior manager, registered manager, or a line manager with decision-making responsibilities. Referrals should be made within 24 hours of an alert and so organisational procedures must ensure that this can take place.
- After discussion with the manager it may be appropriate for the member of staff to make the referral direct
- If managers are implicated in the alleged abuse, individual staff members can refer directly in accordance with their own whistle-blowing or safeguarding adults procedures.

3.3.3 When should a referral be made?

A referral should be made whenever there are grounds to believe that a vulnerable adult (as defined in this document) has been abused, might have been abused, or is likely to be placed at risk of abuse.

Referrers are **not** expected to have definitive evidence that abuse has occurred at the time of a referral, as no investigation should have taken place prior to the referral. The safeguarding adults procedures are used in order to investigate **whether** abuse has happened or not. In situations where a line manager is unsure about how to proceed, advice should be sought from contacts listed on page 28.

A referral should be made immediately, and no later than the end of the working day in which the abuse occurred. Internal organisational policies must ensure that line management arrangements over weekends and bank holidays do not unnecessarily delay the making of a referral.

3.3.4 How do you make a referral?

The designated person should contact the appropriate team as outlined below. When making the referral they should, ideally, have the following information available. However, a referral should not be delayed unnecessarily, nor a future investigation compromised, in order to establish these details:

- The name, date of birth and contact details of the alleged victim
- Information as to why the alleged victim is considered a vulnerable adult.
- The details (as known at the time) of the possible abuse

- Whether consent has been given for the referral and if not, the reasons for this (e.g. the person lacks capacity or the rationale for overriding a person's wishes)
- Any information as to the alleged victim's capacity to make decisions.
- What action has been taken thus far (e.g. a police investigation, suspension etc).
- Details of the possible abuser, if known.
- Who can be contacted for further information

A safeguarding adults alert form should be completed by the person receiving the referral in Bucks CC. However, if appropriate, a referring agency may be asked to complete the form. A copy of the form is included in Appendix 6 (*see part 2 – appendices*).

3.3.5 Who to contact for advice or to make a referral

Circumstances:	Refer to:
Circumstances of the vulnerable adult are unknown	Central Access Team: 01296 383204 Care Line: 0800 137915 E-mail: safeguardingadults@buckscc.gov.uk
Vulnerable adult has an allocated Social Worker and their name and details are known	Contact allocated worker or team manager. If they are not available contact as above
Referral is urgent and outside normal hours	Emergency Duty Team: 01494 675802
Further guidance is needed or the concern is about a child	Care Line: 0800 137915 Out of Hours Emergency Duty Team: 01494 675802

3.4.1 What is the screening decision?

This is the decision made immediately at the point at which the referral is received by Buckinghamshire County Council. It is intended to determine whether the referral should be dealt with under the safeguarding adults processes.

Only two criteria are needed to determine that a referral should be dealt with under safeguarding adults processes:

- Is the person/s a vulnerable adult as outlined in this policy?
- Could harm have occurred or be likely to occur to the vulnerable adult and/or other vulnerable adults?

It is important that situations that suggest possible abuse but are not explicitly reported as such by the referrer are still dealt with under safeguarding adults processes

3.4.2 Who makes the screening decision?

The person who makes the screening decision is the person who receives the initial telephone call, e-mail or faxed referral. This could be individuals in the central access team, a care manager/member of locality team, or individuals in the safeguarding adults team. Relevant staff must therefore be skilled to make this decision and appropriate line management support must be available.

3.4.3 Emergency Action

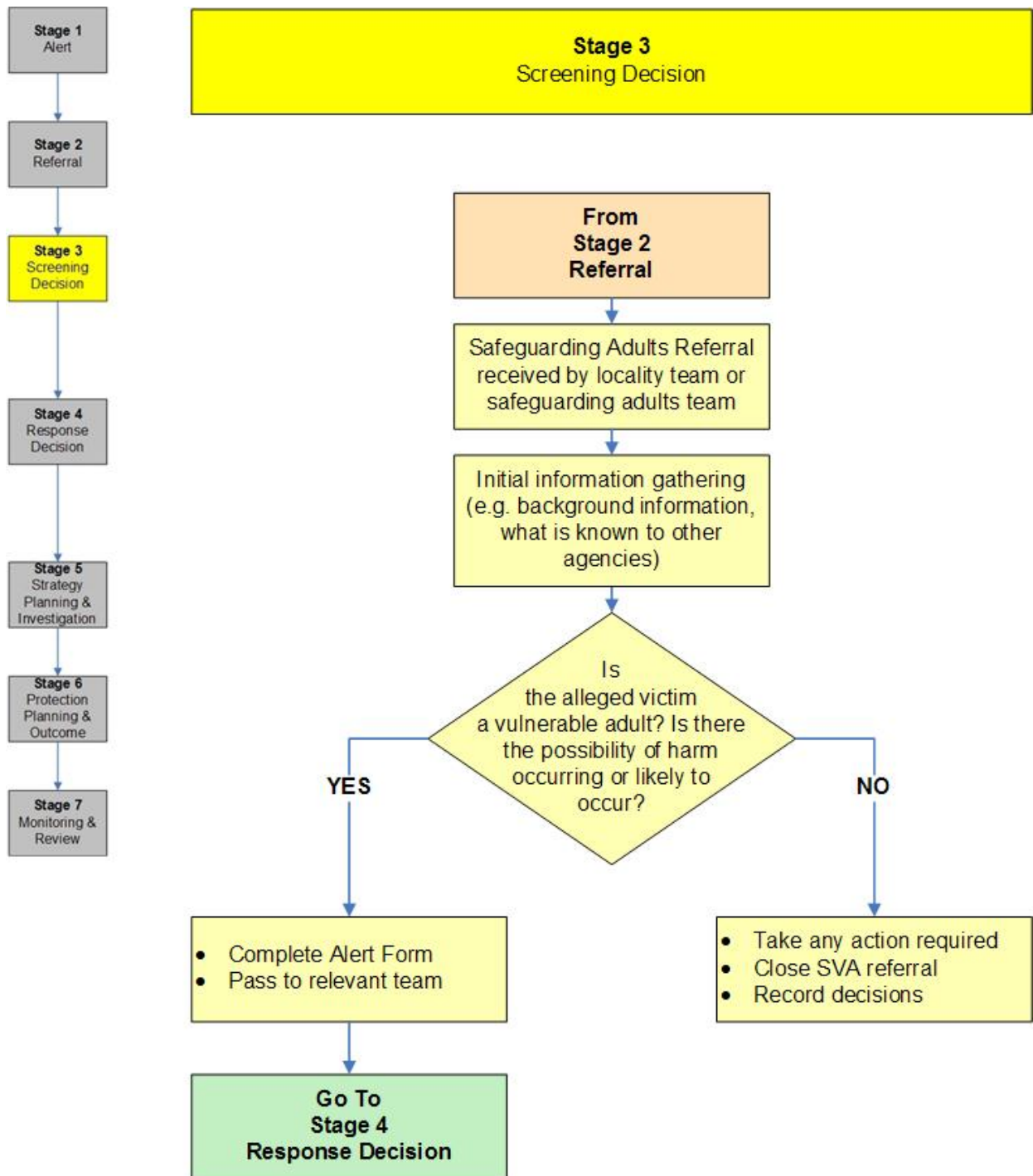
If emergency action is needed to keep a person safe from harm, emergency services should be called and/or the relevant locality team contacted immediately for advice

3.4.4 Completing Alert Form

Once the decision is made, an alert form should be completed (Appendix 6 *see part 2 – appendices*) and the referral passed to the relevant team for further assessment. Where it is unclear who should receive a referral, or an appropriate response is not forthcoming from the team, this should be raised immediately with the BCC Safeguarding Adults Team or service manager.

Circumstances:	contact:
Vulnerable adult resident in the community	The appropriate locality team
Vulnerable adult resident in an institutional setting or the abuser is a person in a paid position of trust	The Safeguarding Adults team
Further guidance needed	The Safeguarding Adults Team Manager/Service Manager

3.4.5 Stage 3 Screening Decision Process



3.5.1 What is a response decision?

Once a referral has been screened and passed to the appropriate team, the manager should make a decision about how best to proceed. This is the response decision. It should not be a lengthy or complex process but is designed to ensure that:

- An **initial risk assessment** takes place determining the urgency and nature of the safeguarding response
- Any **immediate action** to keep a person safe is identified and initiated
- **Referrals** are made to other agencies (e.g. police) where required
- **Additional information** requirements are identified
- The **appropriate option** for the initial investigation process is determined.
- An **individual to lead** on further investigation is identified.

3.5.2 Who should make a response decision?

A manager must always support and record the response decision.

3.5.3 Initial assessment of risk

An assessment of risk will need to be made using the information received as part of the initial referral and any existing records related to the situation or vulnerable adult. This may require contact with any other agencies that may hold further information regarding the situation or vulnerable adult. **This is not an investigation, but a gathering of known information to help inform an initial assessment of the risks involved.** Information should not be gathered from a particular source if there is any concern that it may increase the risk to a vulnerable adult/s or prejudice any later investigation

Gathering information is an important step in joint-working. Information held by the investigating team is only a snapshot of the vulnerable adult. A situation could present very differently once other agencies' information is established. Particular attention should be given to the following issues when collating known information and assessing risk:

- Any urgent need for intervention to keep a person safe. *This should be carried out immediately.*
- Whether a crime has been committed. *The police should be consulted immediately if this could be the case*
- Are any children at risk of harm? *An immediate referral must also be made to the local authority Children and Families services*
- The nature, degree and extent of the alleged abuse
- The duration, frequency and risk of escalation of the alleged abuse
- The extent of premeditation, threat or coercion
- The context in which the alleged abuse takes place
- The degree of vulnerability of the vulnerable adult

- Any breach of trust or duty of care within a relationship
- The impact of the alleged abuse on the physical, emotional and psychological well being of the vulnerable adult
- The risk to others from the same abusive individual or service
- Any cumulative effect of seemingly minor events that when viewed together constitute significant harm.

By collating information, the manager should be able to make an initial assessment of risk in the presenting situation based on:

- The degree of harm to the vulnerable adult/s
- The likelihood of harm occurring/having occurred.

This will enable the manager to:

- Decide on immediate actions that need to be taken
- Decide on the appropriate response option for the referral
- Determine an appropriate timescale for subsequent actions
- Record and justify decisions taken.

Further guidance on risk assessment, including a risk assessment tool to guide decision making is included in Appendix 7 (*see part 2 – appendices*).

3.5.4 Assessing the appropriate option for response

Safeguarding alerts come from a variety of sources and involve a range of situations. These may include difficulties between individual service users, or between a vulnerable adult and their carers, failures in a service to provide care to an acceptable standard, individual cruelty or negligence, as well as deliberate attempts to exploit vulnerable individuals in society.

Such variations require different and proportionate levels of response, depending on the nature and seriousness of the concern. To this end a framework for deciding the most appropriate option has been developed. Assessing the appropriate option for response requires that a judgement is made regarding the potential seriousness of any presenting situation. In making this judgement, practitioners will be guided by the following principles:

- Every safeguarding alert must receive a clear response, whatever the option of response to be taken.
- The main focus is to ensure the vulnerable adult (and other vulnerable people) will be best protected from the risk of abuse occurring or recurring.
- The level of response should be proportionate to the perceived level of risk and seriousness.
- Any intervention must have a basis in law and must be undertaken to secure a legitimate aim (i.e. to prevent a crime or protect a vulnerable adult).

The assessment of the presenting information will lead to a decision as to how the investigation should be conducted and who should lead it. The options framework below should be used as a guide to this decision making by the appropriate manager. It is designed to promote consistent decision-making.

Managers need to be aware that the outcomes of their response decision (the option deemed most appropriate) may lead to further information coming to light, changing the perceived level of risk. For example, the decision to review a vulnerable adult's package of support may result in further evidence that abuse is, or could be, taking place, prompting a formal investigation.

3.5.5 The options framework

The options framework links presenting information with different response options for conducting the initial investigation:

Option 1 or 2 should be used for low level concerns

Options 3 and 4 are more formal safeguarding procedures

The manager may need to have an initial strategy meeting/ discussion to establish the most appropriate option. When further information is available it may be appropriate to conclude the referral or move to a different option. The following paragraphs outline these options in more detail.

Option One

MANAGER DETERMINES THAT, further action and information is required by Service Providers

Presenting Information

1. One-off or isolated incident that has not adversely affected the physical, psychological well-being of the vulnerable adult
2. No history of similar incidents recorded for the vulnerable adult
3. No history of similar incidents recorded for the service provider
4. No history of abuse by the person alleged responsible
5. No evidence of a pattern of abuse occurring
6. No criminal offence described in the referral
7. No clear intent to harm or exploit the vulnerable person

Actions

- Manager determines that the service provider should investigate and address presenting concerns
- BCC Safeguarding team are advised
- Service provider to report back to the appropriate manager within an agreed timescale the outcomes of the investigation and action plan to address the concerns raised.

Possible outcomes

- May lead to alterations/improvements to the way service is provided to a vulnerable adult and/or alterations/improvements to the way staff or other resources are deployed/supervised
- No on-going risk to vulnerable adult or other vulnerable people.

Option Two

MANAGER DETERMINES THAT a reassessment or review of care is required by a reviewing officer in the relevant team to assess or review the needs of a vulnerable adult and/or the possible abuser in the context of the concerns

Presenting Information

1. The physical, psychological or emotional well-being of the vulnerable adult may be being adversely affected.
2. The referral relates to concerns in the way current health and social care services are provided to the vulnerable adult (e.g. some perceived inadequacy in the services being provided).
3. The referral relates to difficulties and tensions within the network of informal support provided to the vulnerable adult (e.g. some perceived difficulties between the vulnerable adult and family/friends).
4. Concerns have occurred in the past, but at lengthy and infrequent intervals.

Actions

- BCC safeguarding adults team are advised
- The needs of the vulnerable adult and/or alleged abuser are formally assessed or reviewed by an appropriate member of the Adult Assessment Teams, including Community Mental Health and Community Learning Disability Teams and other multi-disciplinary teams.
- If further concerns or evidence of abuse comes to light the situation must be reviewed by the investigating team again and consideration given to a higher level of response

Possible outcomes

- Adjustments may be made to the way health and social care services are provided to the vulnerable adult and/or alleged perpetrator, to ameliorate 'presenting concerns'.
- Support may be provided to enable the vulnerable adult to explore and negotiate relationships with significant others in their support network.
- Current and future risks of harm or exploitation are significantly reduced or eradicated by changes to a 'support plan' or adjustments with more informal support networks or personal relationships.

Option Three

MANAGER DETERMINES THAT an investigation under the SVA procedures should be undertaken by the appropriate team. Guidance can be provided by the BCC safeguarding team

Presenting Information

1. The physical, psychological or emotional well-being of the adult has been adversely affected by the alleged incident.
2. A criminal offence may have been committed
3. Possible breach of regulations provided by the Care Standards Act, 2000.
4. Possible breach of professional codes of conduct
5. There is an actual or potential risk of harm or exploitation to other vulnerable people.
6. There is a deliberate intent to exploit or harm a vulnerable adult
7. The referral forms part of a pattern of abuse either against a particular individual, by a particular individual or by a health or social care service.

Actions

- Consider urgent actions to make vulnerable adults safe
- Strategy discussion/meeting held to agree an 'investigation plan', including who will lead the investigation.
- Investigation plan implemented with further strategy discussions/ meetings if appropriate.
- Evaluation of investigation activity and evidence obtained.
- Determine if abuse has taken place.

Possible outcomes

- Case conference to agree a 'protection plan' that prevents or reduces risk of further abuse.
- Monitoring of protection plan.
- Review of protection plan.

Option Four

MANAGER DETERMINES THAT **this is a complex adult protection enquiry which should be lead by the BCC safeguarding adults team due to one of the following features:**

- Multiple service users/victims
- Involving breach of 'duty of care' by person employed in caring role
- Alleged institutional abuse by one of the partners to the Board

Presenting Information

1. Institutional abuse.
2. Number of people adversely affected.
3. Multiple breaches of regulations issued under Care Standards Act 2000
4. A number of criminal offences may have been committed.
5. There is significant breach in an implied or actual 'duty of care' between vulnerable adults and the person alleged responsible.

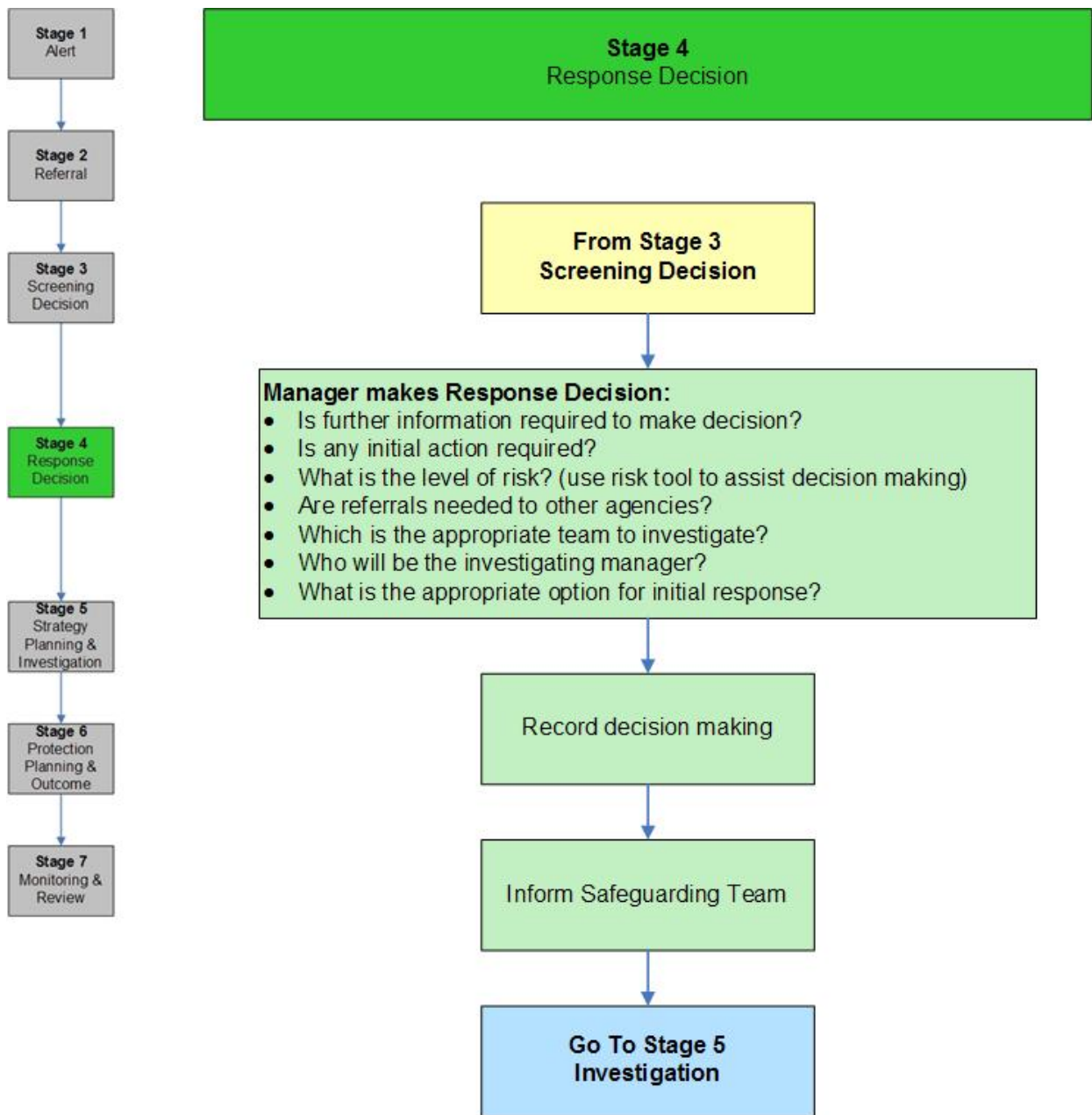
Actions

- Consider urgent actions to make vulnerable adults safe
- Notify senior managers throughout the process.
- Allocate resources to undertake, and co-ordinate, the investigation (requiring senior management support)
- Strategy discussion/meeting held to agree an 'investigation plan'
- Investigation plan implemented with further strategy discussions/meetings if appropriate
- Evaluation of investigation activity and evidence obtained
- Determine if abuse has taken place

Possible outcomes

- Case conference to agree a 'protection plan' that prevents or reduces the risk of further abuse
- Monitoring of protection plan
- Review of protection plan

3.5.6 Stage 4 - Response Decision Process



3.6.1 Purpose of the investigation process

The investigation process is the method by which it is determined **whether** abuse has happened and what the most appropriate response should be to protect an individual from further harm. They are not to be used only when abuse has definitely occurred. Abuse does not always present in an obvious way. On many occasions it is only by careful investigation and assessment of the information available that abuse will be identified and vulnerable adults best protected.

The investigation process does not tie any organization, professional or vulnerable adult to a fixed set of outcomes. Every situation will be different and presenting information will vary and so the process is designed to enable the best collection and assessment of that information. Professional judgment will always be required to determine the best course of action and protection planning.

The following points should always be considered throughout the investigation process:

- A manager should retain an overview of the process and ensure that further information is re-evaluated in terms of risk assessment, protection planning and the investigatory actions being used.
- A manager can conclude the process at any time if the criteria for the safeguarding process are no longer met.
- Investigations should always be conducted in a way that does not place the vulnerable adult/s at further risk
- Care should be taken to ensure that the alleged perpetrator is not able to influence witnesses or interfere with other sources of evidence.
- Investigations should be multi-agency processes as this will produce the best response to the vulnerable adult. The main communication routes between agencies during an investigation are the strategy discussion/meeting and the case conference.

3.6.2 Options for response

As previously outlined, the options framework should be used to guide to determine the most appropriate person to undertake further investigations into the concerns raised.

The Buckinghamshire County Council's AFW Portfolio has responsibility for the **coordination** of safeguarding adults services within its geographical area. In most instances, a coordinated joint investigation will be required to ensure that evidence is shared and repeated interviewing is avoided. However, the lead agency for investigations may vary according to circumstances. It could be:

- The police
- An NHS organisation (for example, OBMH or Ridgeway Partnership Trust)
- Bucks County Council
- A service provider

Where a concern relates to a single low level event, this may be dealt with by the service provider directly with information reported back to the lead agency's investigating manager. Further guidance on thresholds for this option is provided in Appendix 2 (*see part 2 – appendices*).

Where a concern suggests that a crime may have been committed the investigation will always be planned in conjunction with the police. In such cases, the police will assume lead responsibility for all activities linked to the collection of forensic evidence and arrangements for medical examinations. Consideration will be given to appropriate support for vulnerable witnesses, including the use of an 'Achieving Best Evidence' interview, (Appendix 8 *see part 2 – appendices*). If a member of staff has been involved in any criminal act of abuse the police investigation will take priority over human resource processes. In these cases the Local Area Designated Officer (LADO) should be consulted for guidance as to whether a referral to the Independent Safeguarding Authority (ISA) should be made.

Whichever agency is determined as the lead agency for a particular investigation, they will have the following responsibilities:

- Determine the most appropriate way to investigate the concerns.
- Appoint an investigating manager and carry out an investigation.
- To liaise with other agencies and co-ordinate the contribution of other professionals during the investigation.
- To ensure necessary links are made to other investigative procedures, including child protection.
- To convene, chair and record any strategy meetings and/or case conferences that may be required as part of the investigation process.
- To protect the individual from further risk of harm. Care should be taken to ensure that the alleged perpetrator is not able to influence witnesses or interfere with other sources of evidence.

The following paragraphs provide an overview of the options and decisions relevant under each option.

3.6.3 Option One – Action by the service provider to respond to concerns

- The investigating manager will appoint an appropriate lead investigating officer
- The investigating officer should contact the registered manager of the relevant service within 1 working day to outline the concerns reported and what action the manager should take to address the concerns
- A written record of the contact and agreed action will be produced by the investigating officer with a written request for a report of the action and the outcome
- The perceived level of risk should dictate the response timescale. There is a maximum of 14 days to submit a written report that addresses the concerns and outlines the action taken
- The registered manager's report should include the following:

1. Details of the service user (name, DOB etc.)
 2. Summary of presenting concerns
 3. Summary of investigation, including those consulted
 4. Details of actions to address concerns and any outcomes
 5. Who else has been notified of the concerns and actions
 6. Service user's view of concerns and outcomes, where appropriate
 7. Copies of any relevant documents (e.g. incident/accident reports)
 8. The protection plan
 9. Date and signature of registered manager
- In the event that more serious events emerge as a result of the provider's investigation they must report to the investigating officer immediately.
 - Upon receipt of the report, the investigating manager will decide if they are satisfied with the outcome for the vulnerable adult
 - If they are satisfied, they should countersign the report, complete their own records and close the case
 - If they are unsatisfied they should decide whether to seek further action from the provider service manager or whether to transfer the investigation to a higher level of response
 - Once the provider manager has ascertained the basis of concerns and proposed action, efforts should be made to inform the service user and their representatives where appropriate.
 - Registered manager must report any safeguarding adults concerns to the Care Quality Commission as per their regulatory requirements

3.6.4 Option Two – Intervention by the appropriate team to assess/review the current situation for vulnerable adult and alleged abuser

- The investigating manager will determine that the appropriate response to concerns is to assess or review the individual/s concerned. This could include both the vulnerable adult at risk and the possible abuser, (if they themselves are a vulnerable adult or an informal carer).
- Where the alleged abuser is also a service user it will be necessary to review his/her care arrangements as well. The investigating manager should ensure that the subject and perpetrator(s) of abuse have their needs assessed by separate workers unless there are exceptional circumstances.
- The review will be carried out by means of the), care management, care programme approach (CPA) or health review. The investigating manager will ensure that an assessment/review is undertaken by the most appropriate health or social care professional.
- The perceived level of risk will dictate the speed of response. There is a maximum of 14 days for completion of the assessment/review from the agreement to pursue the investigation at this level.
- Comprehensive background information will be obtained from a variety of sources. This should include details about the subject of the referral, the alleged abuse, support networks, family and the involvement of other agencies.
- The completed assessment/review should be forwarded to the investigating manager to assess whether the resulting care plan will protect and support the

vulnerable adult in accordance with their rights and wishes. Consideration should be given to a carer's assessment, where appropriate.

- If the investigating manager is satisfied with the findings and care/protection plan, this should be recorded and the investigation closed.
- If the investigating manager is not satisfied, s/he may need to consider the need for a higher level of investigation to address ongoing issues.

3.6.5 Option Three – safeguarding investigation by locality team

- The investigating manager will determine that the appropriate response to concerns is to carry out a formal safeguarding adults investigation. Such investigations will be coordinated by the locality team of Bucks CC Adults and Family Well-being, but could be led by Thames Valley Police, a manager in health or a manager in AFW.
- The investigating manager will consider whether any immediate action is required to protect the subject of the concern, and/or the public.
- The investigating manager will ensure that all available information from files, databases and telephone calls etc. is collated into a chronology regarding the vulnerable adult at risk, the alleged perpetrator and the setting in which the possible abuse occurred
- The investigating manager should always be kept fully briefed by the investigating officer of significant events or findings. All decisions, supported by reasons, should be recorded and signed.

3.6.6 Option Four - formal safeguarding investigation by Bucks CC Safeguarding Adults Team

- The Investigating manager will consider this option when concerns involve multiple vulnerable adults or abusers or where the allegation is against a person employed in a position of trust.
- Where a number of vulnerable adults or settings are cited in allegations of abuse, the investigation process will frequently involve several organisations and be potentially complex. The procedures to be followed are as outlined in option 3.

3.6.7 Initial Timescales for a safeguarding investigation

Circumstances	Timescale
Where there is significant risk to the adult, a visit will always take place by the Investigating Officer.	Immediately or within 12 hours
In all cases initial contact should be made within 24 hours of the referral.	Within 24 hours of referral
A decision made by the Investigating Manager about the perceived level of risk.	Within 24 hours of referral

Convening of initial strategy meeting	Within 3 working days of referral
Allocation of appropriate Investigating Officer	Within 3 working days of referral

3.6.8 The strategy meeting/discussion

The investigation stage usually involves more than one agency/worker. The main vehicle for communication between those involved at the initial stages is the **strategy discussion/strategy meeting**. These are vital mechanism for planning and undertaking the investigation, evaluating information and developing a protection plan.

Multi-agency input at this stage helps to ensure that decisions are challenged and responsibility is shared. A certain degree of rigour and formality should be applied to the process to ensure optimum results.

Where concerns about a vulnerable adult might also have implications for the safety of children and young people, the strategy meeting must include relevant senior staff from Bucks County Council, Children's Social Care. If the person of concern works in the children's workforce, the Local Authority Designated Officer (LADO) for allegation management must be consulted. The children's LADO will advise on other managers to be invited from Children's Services.

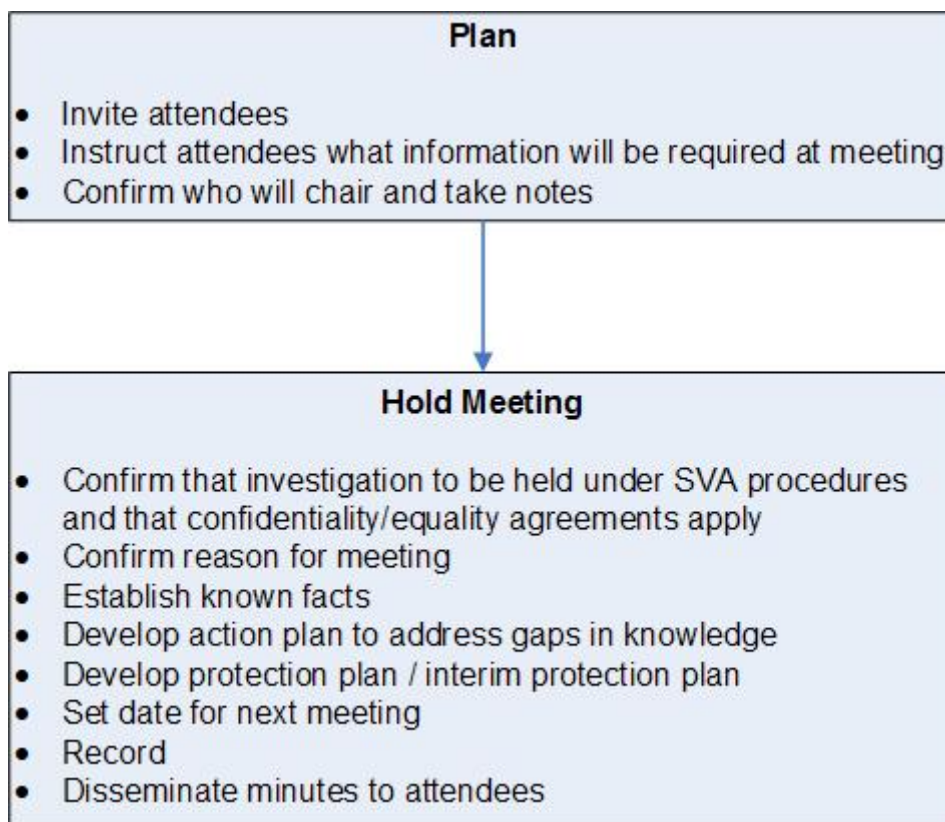
The process;

1. The investigating officer may make contact or visit the Service User(s) and relevant parties before the meeting if appropriate.
2. Appropriate individuals will be invited to attend the strategy meeting. The provider service manager, owner or representative will normally be included in discussions at an early stage, except where s/he is implicated in the allegation. Where the cases involve a registered service, the Care Quality Commission should be notified. Further guidance as to possible invitees is available within Appendix 8 (*see part 2 – appendices*).
3. The provider will be notified of documentation that is required to bring to the strategy meeting in relation to the care and risk management of the individuals in question.
4. The investigating manager will usually chair the strategy meeting
5. All strategy meetings should be recorded in note form. The notes should include:
 - a. Details of attendance
 - b. Why the adult is considered vulnerable (including any risk assessments);
 - c. What type of abuse is alleged;
 - d. Any perpetrators by relationship, e.g. paid care worker, relative, neighbor, etc; and
 - e. The date of the alleged incident
 - f. Confirmation of who will carry out the investigation and who has been involved in this decision
 - g. The agreed action plan (including timescales) for the investigation
 - h. Any other decisions made

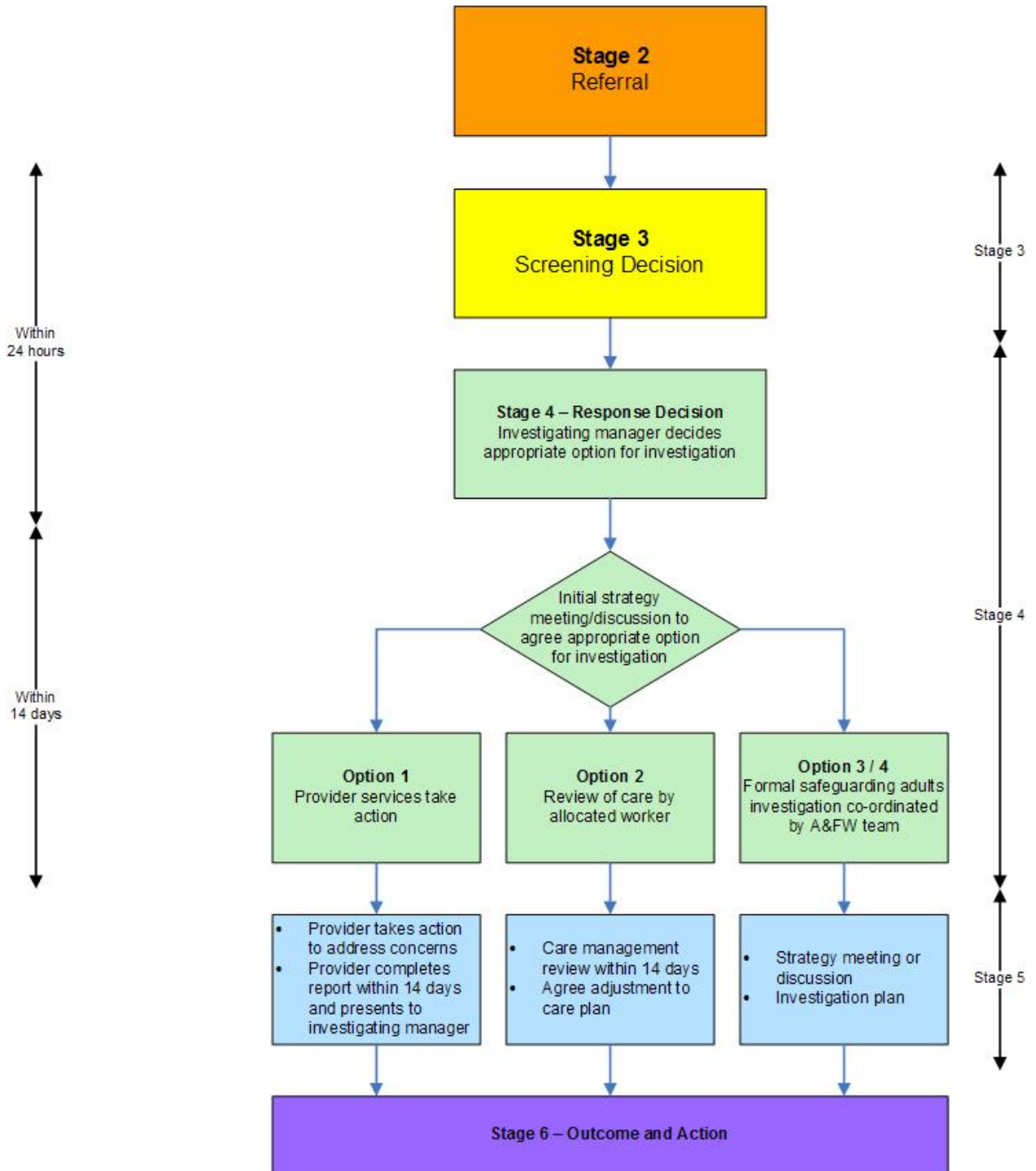
6. The Chair will decide what information will be shared with the vulnerable adult's GP.
7. The notes of the strategy meeting should be distributed within 7 working days of the meeting

Where a strategy meeting concerns an adult who may lack the capacity to make decisions, the investigating manager will need to consider who may be able to contribute to representing their best interests and how information will be shared with them. Where there is Lasting Power of Attorney or Court Appointed Deputy, consideration should be given to their attendance at any strategy meeting, providing they are not implicated in the concerns.

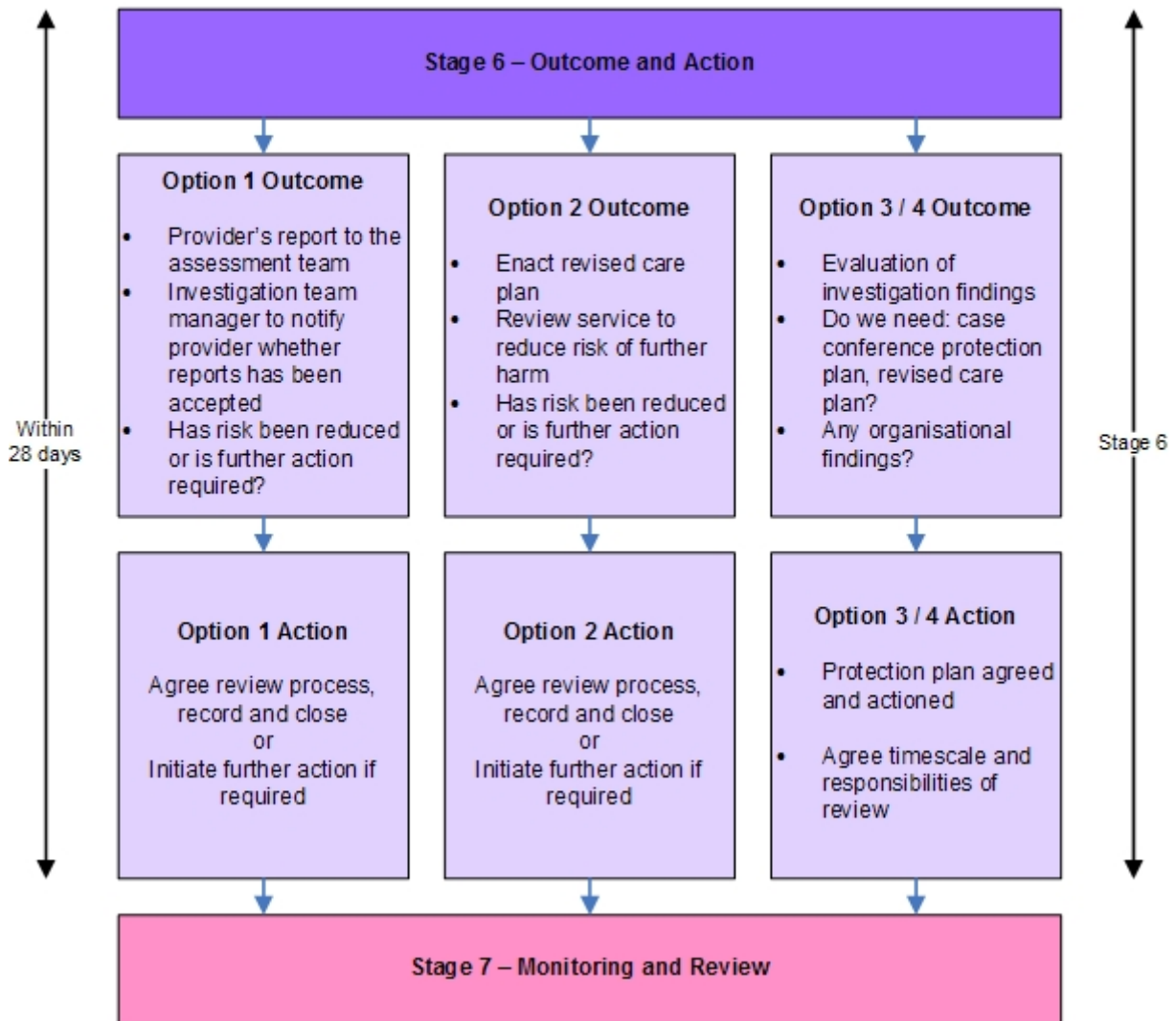
Overview of the strategy meeting



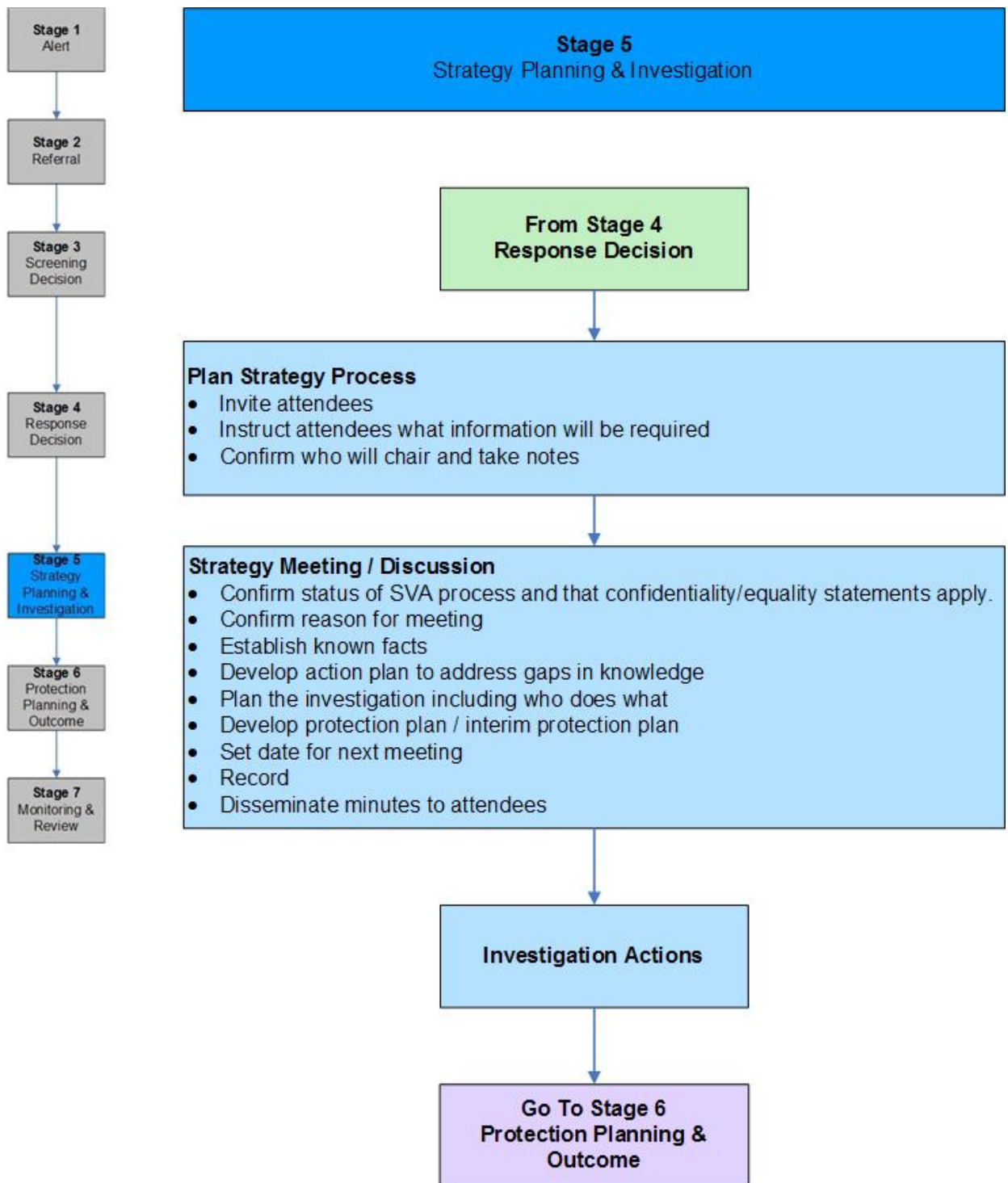
OPTIONS FOR RESPONSE



OPTIONS FOR RESPONSE (continued)



3.6.9 Stage 5 - Investigation Process



3.7 Stage 6 - Protection Planning and Outcomes (process chart pg 55)

3.7.1 The investigation plan and action

- The investigating manager is responsible for ensuring actions and timescales agreed at strategy meetings are adhered to and completed and that feedback is provided in line with agreed frequency and detail.
- Other agencies have a duty to ensure their staff facilitate the achievement of strategy meeting action plans.
- It may be necessary to convene further strategy meetings during the course of the investigation to review planned actions in light of new findings.
- The conduct of an investigation will vary depending on the nature of concerns and individuals involved. However, the aim should always be to achieve a thorough and reliable investigation. Guidance on achieving best evidence in an investigation can be found within Appendix 8 (*see part 2 – appendices*).
- At all stages of the investigation it is important that regular communication is maintained between the investigating officer and the investigating manager. The investigating officer should receive ongoing supervision and support throughout the investigation.

3.7.2 Evaluating the investigation and evidence obtained

- It is the responsibility of the investigating manager (usually the chair of the strategy meeting) to determine when a formal investigation has been completed, with reference to the timescales agreed at the strategy meeting
- In deciding that an investigation is complete the investigating manager and officer should evaluate all the evidence available to determine whether, on the balance of probabilities, abuse has taken place and the level of any ongoing risk. To assist in this they may consult with any other professionals involved in the investigation and can convene another strategy meeting if appropriate.
- The investigating officer should complete a full written investigation report for the investigating manager within the agreed timescales. The report should include the following:
 1. A detailed summary of enquiries made, the outcomes and any recommendations for protective actions.
 2. The vulnerable adult's wishes and views as appropriate, even if they conflict with recommendations for protective action made in the report
- The investigating officer will discuss the content of the report with the vulnerable adult and make every effort to ensure they understand, taking into account the person's capacity and preferred method of communication. To aid this it may be necessary to seek the involvement of a family member or advocate.
- It is expected that all Level 3 and Level 4 investigations will require a case conference to plan the protection of the individual and close the investigation. The investigating manager will decide when this will be held and who will attend. If a case conference is not required, a written summary of the reasons for this decision and what further action will be undertaken should be written on the case

record. This information should also be shared with appropriate professionals/agencies, (those involved in the strategy meeting/s).

3.7.3 Case conferences

There are two types of conference:

Initial Case Conference: This brings together individuals and agencies who have contributed to the investigation and may include the victim and carers. Their purpose is to:

1. Consider the outcomes of the investigation
2. Establish whether abuse has occurred
3. Formulate a protection plan against any further risk
4. Decide who to inform
5. Identify any further areas of concern
6. Agree the closure of the investigation

Review Case Conference: These are to monitor and review protection plans following the initial case conference. Their purpose is to:

1. Continue to monitor risk
 2. Review the current protection plan and amend as necessary
 3. Close the investigation when all necessary action has been taken
 4. To record the outcome on the BCC management information system
- When a case conference is required, the investigating manager must ensure that appropriate representatives with the authority to allocate resources attend. The vulnerable adult must also be supported to attend if they wish, taking account of any special needs.
 - Invitations to a case conference should be confirmed using a standard letter and sent not less than 7 days prior to the conference taking place. For reasons of both efficiency and confidentiality, attendance should be restricted to those who have a contribution to make or on a need to know basis.
 - Those who are invited to a case conference but who are unable to attend should submit a report in writing to the investigating officer. Where they have no information to contribute, this fact should be confirmed in writing.
 - The case conference chair should be an appropriately trained manager of sufficient seniority. The investigating manager can perform this role, but the rationale must be clearly recorded and agreed, for further guidance see Appendix 8 (*see part 2 – appendices*).
 - Minute taking at case conferences should be carried out by an appropriately trained person, for further guidance see Appendix 8 (*see part 2 – appendices*)

3.7.4 Safeguarding protection plan

- The protection plan can be linked to the AFW standard support plan. The protection plan should include information about the following:
 1. The outcome of the case conference
 2. Action to be taken to ensure the future safety of the vulnerable adult, including information about who is responsible and what they are expected to do
 3. Details of any continuing risks and how these are to be managed
 4. Details of any support services, treatment or therapy available to the vulnerable adult
 5. Changes to the way services will be provided
 6. How best to support the vulnerable adult through any action s/he takes in seeking justice or redress
 7. Monitoring and review arrangements, irrespective of whether services are being provided, these should include details and timescales for reviewing the Safeguarding Protection Plan
 8. Decisions on who should be kept informed about future action.
- Consideration should be given to how the protection plan will be recorded and implemented to include any concerns about perpetrators having access to the plan. For example, how safeguarding adults issues are recorded in documents likely to be held in a service user's own home
- The protection plan should be sent to all those individuals participating in the case conference, the GP and lead manager for safeguarding adults
- Further guidance on the protection plan is included within Appendix 8 (*see part 2 – appendices*)

3.7.5 Involvement of vulnerable adult/s

Intervention (both investigatory and protection planning) should seek to involve the vulnerable adult and support them to make choices and decisions for themselves. This requires a balance between respecting the expressed views of a vulnerable adult and acknowledging that choices are neither irrevocable nor non-negotiable. Choice should always be informed choice, and as such investigation and planning may need to take place in order to offer real choice to an individual.

In line with the Mental Capacity Act, 2005, help should be given to ensure that an individual is supported to make all the decisions that they can. Where the vulnerable adult has impaired capacity the involvement of someone holding a Lasting Power of Attorney (health and welfare), a court appointed deputy, a relative, close friend, or an Independent Mental Capacity Advocate should be identified.

Where a vulnerable adult does not agree with the proposed intervention, they may wish to make representations about their concerns. In these circumstances they may choose to discuss their views informally with the lead person for safeguarding Adults in Buckinghamshire CC, or make a formal complaint through complaints procedures. Vulnerable adults should be given all possible assistance in undertaking either of these options.

3.7.6 Closing the investigation

Prior to closing an investigation, the investigating manager should ensure that:

- The investigation has been completed and a conclusion about whether or not the allegation was substantiated, unsubstantiated or inconclusive.
- The reasons for closing the case are recorded
- All decisions have been recorded in writing with evidence to support the decisions clearly documented
- All written reports have been completed
- The case file contains all the necessary information and forms
- Agencies who are involved in the protection plan are aware of their responsibility to re-refer the vulnerable adult should circumstances change or risks increase significantly
- The vulnerable adults themselves have been informed of the outcome (and their carers/family if appropriate).
- A record is made that the investigation has been formally signed off and noted as closed on the local authority database
- All individuals who have been involved in the investigation are notified as appropriate of the outcomes and conclusions of the investigation.
- If appropriate, information about organisations that assist victims of crime should be made available to the vulnerable adult. Victim Support schemes play an important role in this. For more information see the Buckinghamshire Victim Support website.
- If a vulnerable adult or a vulnerable witness wishes to seek justice or redress through the criminal justice system, consideration should be given to contacting the local court witness service
- The initial referrer should receive feedback with the permission of the vulnerable adult and given reassurance that the concerns expressed have been thoroughly investigated.

3.7.7 Allegations against staff

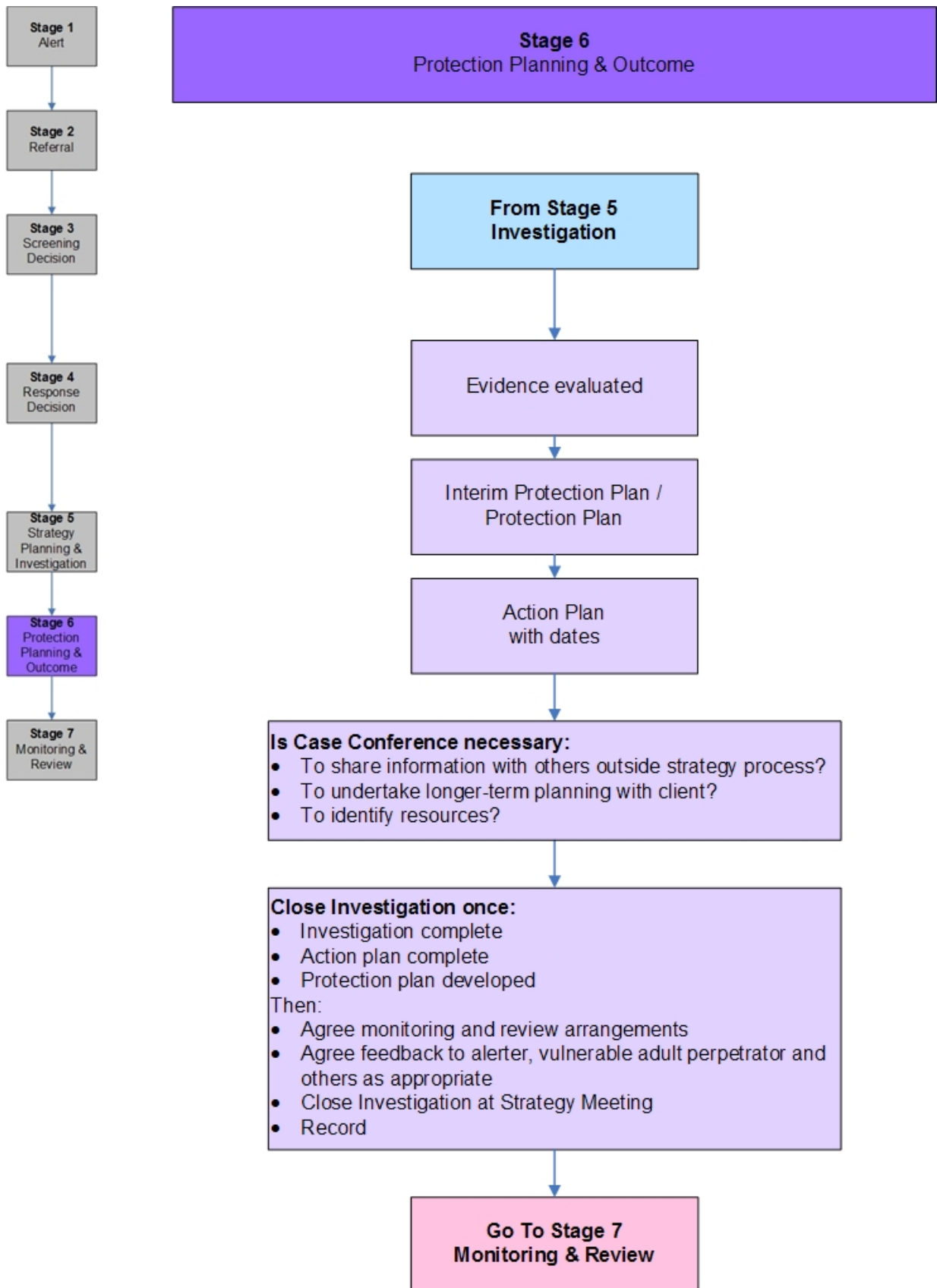
- If an allegation is made against a member of staff the investigating manager will be appointed by the safeguarding manager of the BCC Safeguarding Vulnerable Adults Team (Local Authority Designated Officer, LADO). The LADO will clarify with the provider manager what action is taken under the appropriate personnel/HR procedures. It is important to ensure that the action taken:
 1. Protects the rights and wishes of the vulnerable adult(s)
 2. Protects the rights of the member of staff concerned
 3. Does not prejudice any criminal investigation.

- Consideration should be given to obtaining advice from human resources specialists and their involvement in strategy meetings. Disciplinary procedures should take account of safeguarding protection activity at an early stage. Employers should seek advice from Thames Valley Police or Bucks CC AFW teams where possible to ensure that the disciplinary process does not conflict or jeopardise any other investigations.

3.7.8 Additional considerations with regard to option 4 investigations

- The major feature of an option 4 investigation will be the complexity of planning and the level of communication between professionals within the process. As a result the investigating manager may decide to manage the investigation through a series of strategy meetings.
- Particular issues that may need to be considered in relation to an option 4 investigation are:
 1. Advising the lead manager for safeguarding adults and other senior managers of the investigation
 2. Seeking agreement on what level of manager should chair the strategy meeting(s)
 3. Alerting other authorities of service users they may have placed locally
 4. Ensuring a consistency of approach if a number of professionals are undertaking interviews
 5. Making sure that planning for Achieving Best Evidence interviews is coordinated, (additional guidance is available in Appendix 8 *see part 2 – appendices*).
 6. Agreeing the timescale/arrangements for interviewing
 7. Ensuring vulnerable adults have good support from family and advocates
 8. Commissioning specialist health assessments if required
 9. Determining the format of (post-interview) risk assessments
 10. Achieving good communication between professionals/agencies
 11. Considering what measures are needed to ensure that service users are safe
 12. Advising senior managers of any resource issues relevant to undertaking the investigation and maintaining the safety of service users
 13. Ensuring appropriate communication with the press office.

Stage 6 – Action Planning and Outcome Process



3.8 Stage 7 - Monitoring and Review

(process chart - pg 58)

3.8.1 Protecting the vulnerable adult/s from further risk of harm

The purpose of a review is to ensure that the protection plan is still effective and appropriate. If the circumstances of the individual or the perpetrator change then the protection plan may also need to change. Arrangements for the monitoring and review of a protection plan should be agreed at the final case conference and timescales should be set related to the level of risk to the vulnerable adult/s.

If the vulnerable adult changes residence (e.g. moves into hospital) it is **ESSENTIAL** to ensure that;

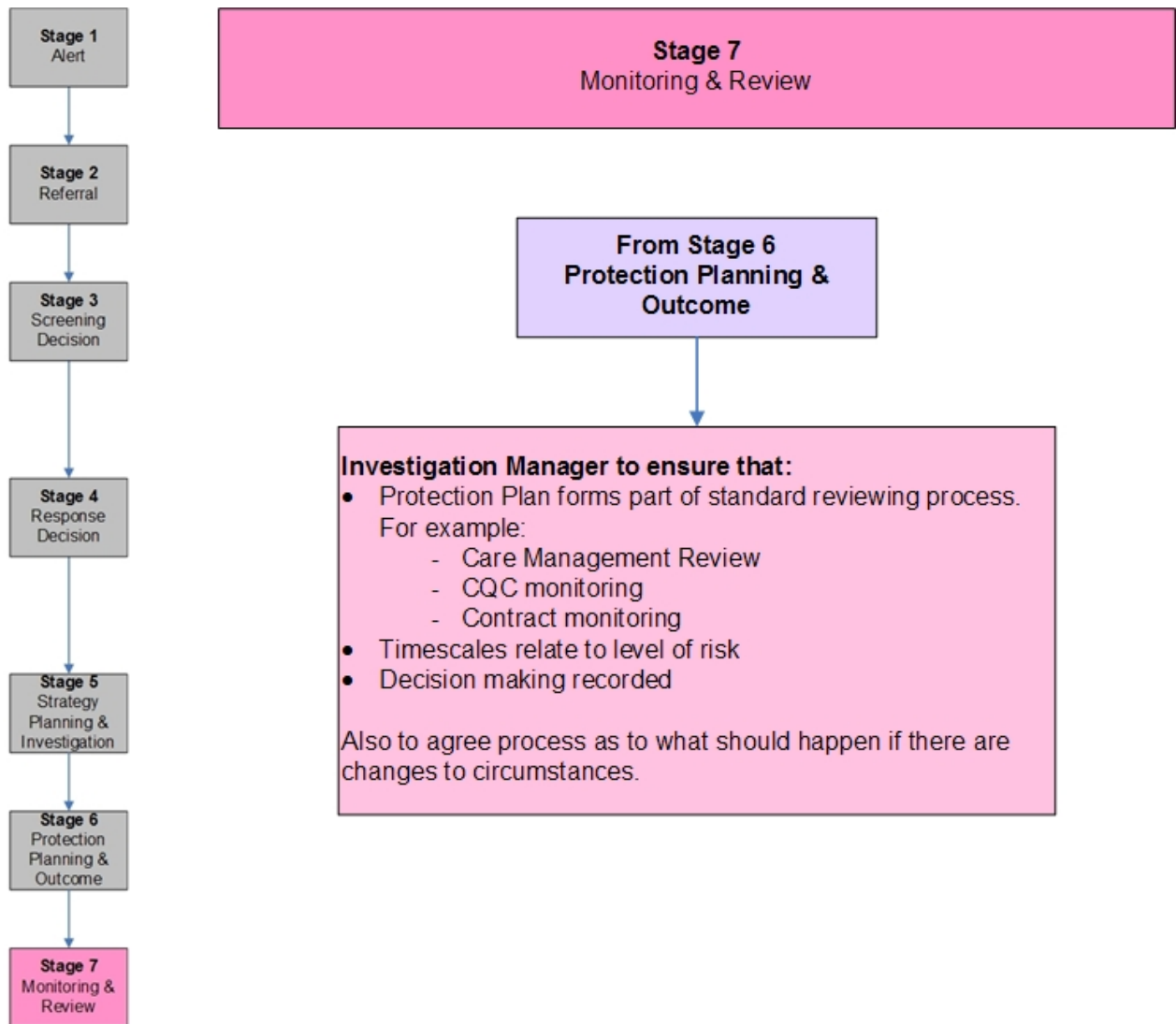
- All information relating to a protection plan is also transferred
- The plan is reviewed and any adjustments made to safeguard the vulnerable adult.
- All relevant staff are notified

Follow up

3.8.2 Feedback to the alerter

The investigating manager should always seek to inform the alerter of the outcome of an assessment, unless doing so would compromise an investigation or place the vulnerable person at further risk of harm. This includes if the decision was taken that a referral should not be considered under safeguarding adults procedures. Efforts should also be made to inform the alerter of the outcome of any investigation, within the bounds of confidentiality. Liaison with the alerter is essential to ensure confidence in the safeguarding adults procedures.

3.8.3 Stage 7 – Monitoring and Review Process



3.9 Additional Information

3.9.1 Liaison with regulatory agencies

Whenever an investigation is being considered, contact should be made with any regulatory agencies involved, for example, the Care Quality Commission or Health and Safety Executive. The Commission should be notified of any relevant concerns and agreement reached on action to be taken.

3.9.2 Placements by other local authorities

Where the subject of an investigation is a service user placed by another local authority, the investigating manager should ensure that the placing authority is informed of any allegation, involved in any steps to be taken and requested to undertake a review in accordance with the National Health Service and Community Care Act 1990 and relevant inter-authority guidelines. Investigating Managers should ensure that accurate records of all enquiries, agreed actions and outcomes are sent to the local authority responsible for the placement.

3.9.3 Out of county placements

Where service users who are ordinarily resident in Buckinghamshire are in an out of county placement it is usually the responsibility of the local authority which hosts the placement to lead the investigation. The relevant team in Buckinghamshire should however ensure that they are involved and that they record concerns, actions and outcomes.

3.9.4 Implications for children and young people

Where concerns about a vulnerable adult might also have implications for the safety of children or young people. The Strategy meeting must include relevant senior staff from Children's Social Care. This may be particularly relevant in households where there are siblings or other relatives under the age of 18 years. Advice on attendance should be sought from the relevant Team Manager from Referral and Assessment Teams. If the person of concern works with children or young people, then the Local Authority Designated Officer (LADO) for Allegations Management must be consulted. The LADO will advise on any other managers to be invited from Children's Services. (There are reciprocal arrangements in the Safeguarding Children's Board Procedures).

All allegations where there is concern or suspicion that a person who is employed in a position of trust may be implicated in causing harm or abuse to a vulnerable adult the safeguarding manager for Buckinghamshire County Council must be informed immediately. A decision will be taken as to whom will lead any subsequent investigations. The safeguarding manager will act as coordinator in all of these investigations until completion and will ensure that the LADO for adult services is informed.

3.9.5 Standards of evidence

There is no single over-arching legislation governing the adult protection investigation process. A variety of legislation may impinge on the investigation involving different standards of evidence.

In criminal investigations, led by the Police, the burden of proof required is 'beyond reasonable doubt'. Criminal proceedings will often involve an Achieving Best Evidence interview and can only proceed to a court hearing with the agreement of the Crown Prosecution Service (CPS).

Disciplinary action and employment tribunals operate under civil law where the burden of proof is the 'balance of probabilities'. Decisions should be taken about suspensions, risk to the vulnerable adult and subsequent disciplinary action on this basis. It is important that disciplinary policies reflect safeguards that need to be taken in order to protect vulnerable adults. The 'balance of probabilities' standard also forms the basis on which an Independent Safeguarding Authority (ISA) application is made for vetting and barring.

3.10 Other Partnership Bodies Working in Conjunction with Safeguarding

3.10.1 The local authority Contracts and Purchasing Unit (CPU)

The CPU should assist and support operational colleagues in the event that safeguarding adults concerns are raised in settings where a service user is receiving services under contract, for example in a care home or through domiciliary care. The CPU must be invited to attend strategy meetings and conferences in an advisory capacity in respect of contractual matters.

A suspension of placements not only prevents the provider from taking further service users, it also provides a leverage to encourage the service provider to raise standards and improve quality. Where a decision to suspend placements has been taken, other placing authorities' CPU will be notified of the decision. When the CPU is advised that concerns have been addressed satisfactorily, consideration will be given to lifting any suspension and other placing authorities will be informed.

The CPU will work in conjunction with the Care Quality Commission and support any requirements made. Nevertheless, action taken by the CPU on behalf of the Adult Social Care department remains independent of actions taken by CQC or other agencies

3.10.2 Multi Agency Risk Assessment Conference (MARAC)

A MARAC is formed locally and is organised and administered by the local police force. The membership is drawn from all groups in the community with a responsibility to the community by reason of statute or charitable commission. That includes Adults and Family Wellbeing, PCT, Children's Social Care and Safeguarding, Adult Safeguarding, Education Welfare and Housing providers as well as Victim Support and forced marriage reps where available.

Meetings take place each month to discuss cases of Domestic abuse, to update risk assessment and to commission work from agencies represented to manage identified risks.

There is a link to Multi Agency Public Protection Procedures where the perpetrator is a known offender and they are accepted by MAPPA as a risk to the community.

3.10.3 Multi Agency Public Protection Arrangements (MAPPA)

MAPPA came into being in 2001 in England and Wales. It provides a firm statutory basis for the work that the Police and the Probation and Prison Services undertake to protect the public from violent and sexual offenders. There are joint interests between MAPPA, Safeguarding Vulnerable Adults, and Domestic Violence in the management of information sharing and supporting statutory work within AFW.

The partnership is defined by sections 325-327 of the Criminal Justice Act 2003. The Act names the Police, Probation Service and Prison Service as the "Responsible Authority". It places a duty on these three organisations to form a partnership to ensure that risk from serious violent and sexual offenders is robustly managed in the community.

Section 325 (1-5) of the Criminal Justice Act (2003) imposes a "duty to co-operate" with the MAPPA Responsible Authority on various organisations providing public services. This development has been informed and defined in co-operation with relevant government departments and interests.

This activity relies on the sharing of information relating to the individual(s) who are under the supervision of MAPPA, in the defined area. Information sharing forms the central tool in the formation of risk assessment and is therefore a high priority.

Section 325 (1-5) of the Act imposes a duty to co-operate with MAPPA Responsible Authorities on various organisations providing public services, including Social Services.

The Safeguarding Vulnerable Adults Manager assumes the link with the MAPPA Strategic Board.

The four key roles of any agency operating within the MAPPA process are:

- a) To provide a point of contact for other agencies.
- b) To provide general advice about an agency's role and the service it provides.
- c) To provide specific advice about the risk assessment and management of a particular offender.
- d) To co-ordinate its approach as best as possible with other agencies.

3.10.4 Safeguarding Vulnerable Individuals (SVI)

Supporting Vulnerable Individuals ('SVI'), known nationally as 'Channel' is a process which uses collaboration between local authorities, the police, statutory partners and the local community. This multi-agency scheme utilises existing partnership structures to identify at an early stage and support any individual who may be at risk of becoming involved in violent extremism, or have already been recruited by violent extremists. This is regardless of age, faith, ethnicity or background.

The term 'violent extremism' refers to all forms of extremism including domestic and international terrorism.

The SVI process is similar to existing safeguarding processes and where appropriate will be incorporated within an existing process rather than work in parallel.

The aim is to identify those at risk and assess the nature and extent of this risk. Where necessary, cases will be referred to a bespoke multi-agency panel, chaired by the local authority with this panel responsible for the development of an appropriate support package to safeguard the individual at risk.

Referrals to SVI are received from a variety of stakeholders. A specific SVI referral form with guidance notes is available for this purpose and concerned parties are invited to contact the SVI Coordinator, currently based within the Protecting Vulnerable Persons' Unit at Thames Valley Police, in relation to all queries regarding this process and making a referral.

The Buckinghamshire Children's Trust Board has agreed to fulfil the role of strategic overseer to this process and they will be provided with a report twice yearly outlining any significant developments and issues along with a breakdown of the number and types of referral received.