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1. Values Statement

All agencies that are signatory to the Policy document believe that:

- Vulnerable people within our society deserve good care and support
- Some people may have difficulty expressing their needs and require careful consideration of their individual circumstances
- They have a right to live in safe and secure surroundings without fear of harassment, injury or other forms of abuse
- They have a right to live as independently as they are able
- They have a right to make choices about their lifestyle which can involve risk

2. How to Use the Guidelines

- Items marked with a # in either the index, glossary or text of the Procedures will have a practice guideline
- The guidelines are intended to be a general statement of good practice and contain advice to be followed at each stage of the safeguarding adults process
- The guidelines cannot claim to deal with every individual issue so it is important to use them in conjunction with line management advice

3. Prevention

Safe and Secure Environment

The values statement talks about the right of vulnerable adults to live in safe and secure surroundings. All staff have a duty to report to managers any circumstance which appears to challenge this right. However small it may seem at the time, it could just be the start of a sequence of events which ends in abuse

Risk Factors

It is important for staff to be aware of situations which could place people at particular risk. These may include:

- The need for close personal assistance eg. with bodily functions
- Situations where one person is heavily dependent on another
- Where a person has communication difficulties
- Where a vulnerable person lives in the vicinity of, knows or has contact with a known abuser
- Where a person is living in, and may be isolated within, an environment which is unsupportive, inappropriate, hostile or dangerous
- Where there is a change of lifestyle for whatever reason
- When a person lacks capacity

Behaviour of Colleagues

Members of staff have a duty to act when they see a colleague behaving in a manner which is not in the best interest of a vulnerable adult. This may involve informally bringing it to the attention of the person but might also require reporting the behaviour to a manager. The duty to report poor practice is a higher priority than a sense of loyalty to a colleague

Choices and Risk

Experience has shown that, on occasions, vulnerable adults are placed in situations which leave them seriously at risk of abuse. Sometimes attempts to justify this are made on the grounds of a person's right to make choices about their lifestyle which may involve risk. Decisions about risk at this level should never be taken by individual staff but through a properly constituted case conference or review and involving risk assessments

Prevention Planning

Where there is continuing concern about a risk of abuse which has not been reduced by attempts at intervention, a formal Prevention Planning Meeting can be requested

4. Observing

Creating the Atmosphere

It is important to find out if anyone in a position of authority or responsibility “knows” the person who is thought to be the subject of abuse. Then, using all the information and advice available, to gain awareness of the circumstances in which the individual may feel most comfortable or least afraid to tell what is happening to them

Reluctance to Talk

Try and understand why this is. It may be:

- Too painful emotionally to talk about what has happened
- There may not be an opportunity to see someone, who is trusted, privately
- There may be anxiety about repercussions from the perpetrator or others if things are reported
- There may be a worry about “where it will all end” for example, if the police are told or perhaps a fear of going to court
- There may be an element of “denial” that the abuse is taking place, particularly if the victim likes and has previously trusted the alleged perpetrator
- The victim may just be prepared or believe they have to put up with it

Creating Opportunities

The knowledge and awareness of the feelings and situation of the person, thought to be the subject of abuse, often indicate the most appropriate response. The following might help:

- Where abuse is suspected, identify the member of staff the person seems to like or trust the most and arrange an opportunity for private time to be shared
- Where factual evidence is available, it may be useful to let the person know it has been observed so they don't feel they are disclosing something that is a complete surprise
- Assurances to the person about their retaining control of the situation, through being asked what they wish to do about it, may be helpful
- The person may be more inclined to talk if they feel it is a “secret” between them and the member of staff they have chosen to tell. However, it is important to make it clear to them that whilst confidentiality cannot be guaranteed, the information will be shared only with people in positions of responsibility who need to know and can help



Seeing the Picture

Whilst abuse of a vulnerable adult may be clearly visible and consist of one major incident, many times it is much less obvious to an observer. The perpetrator may be skilful at covering the true situation and sometimes the victim is inclined, for whatever reason, to deny the abuse is happening. It therefore requires:

- Being alert to hints, signals or non-verbal communication as well as what is said
- A “questioning” approach regarding any observation which may give rise to concern
- The ability to put together a number of apparently unrelated pieces of information in order to see an overall pattern

5. Alerting/Reporting

If someone discloses abuse to you

- Stay calm
- Listen rather than question
- Be reassuring
- Don't make promises
- When you can, write down as much detail as you are able to remember
- If the person is injured or not yet safe, take immediate action to help them eg. Dialling 999 for police or ambulance
- Tell the person what you are going to do about it
- Report to line manager as soon as possible
- Make sure you write everything down including any observations made before, during or after this disclosure

Preserving Evidence

- Do not touch what you don't have to
- Leave things where they are if possible
- Do not clean up
- Do not wash anything
- If anything needs to be stored in a container use clean brown paper or clean glassware
- Ensure valuable items, eg. bank books are stored securely

Reporting

- Do not wait until you have all the information
- If your line manager is not available, inform another manager
- Do not tell anyone else
- Follow up your verbal report with a written account as soon as possible

The Information Needed

- Name, date of birth, address of the alleged victim
- Name, date of birth, address of the alleged perpetrator
- Who you are and how you are involved
- What happened where and when
- Any action taken
- The current position including any concerns about safety of the alleged victim and any other person
- Who else is involved
- How aware of the referral is the victim, perpetrator, carers/relatives
- Any known views of the alleged victim regarding how they wish the matter to be dealt with
- Any other background information that is likely to be helpful

6. Recording

The following points should be considered in recording a disclosure or allegation:

- Use a pen with black ink so the report can be photocopied
- Ensure the report is legible
- Sign and date the report
- Note the time of day, date and location of the incident
- Describe how the disclosure came about
- Describe what happened and any injuries or consequences for the victim
- Where appropriate, use a body map to indicate where there are cuts or bruises
- Keep the information as concise and factual as possible

- If it is appropriate to include an opinion or third party information, ensure this is made clear.
- Make enough copies for everyone who will be attending the Strategy Meeting

7. Planning

Establishing the victim's wishes

- Need to establish who the victim would most like to talk to about the matter
- The member of staff chosen must familiarise themselves with all possible options and, prior to the interview, seek advice regarding the potential consequences of each option for the victim
- Important to remember the interview is only about establishing what the victim wishes to do about the incident, not about discussing the incident itself
- Important to allow the victim time to consider the options and if there is uncertainty offer to meet again
- Convey the decision to the line manager and Incident Management Officer as soon as it is known and confirm in writing through the record of the meeting

Attending the Strategy Meeting

- Familiarise yourself with how the Strategy Meeting is conducted
- Be aware you will be asked:
 - for facts about the incident
 - questions about your account
 - for background information
 - your opinion about what should happen in the best interest of the victim
- If you are given a task to carry out at the Strategy Meeting, make sure you are clear about what is expected of you. Don't be afraid to ask or clarify any points

Support

- If you require support in dealing with the emotional or practical aspects of the situation, don't hesitate to ask. Do not wait for someone to observe that you may be having difficulty
- If you are aware that anyone else involved - the victim, the perpetrator or a colleague - may require support, bring it to the attention of your line manager

8. Investigation

- Formal investigations
- These will be usually be carried out or managed by:
 - Police – if it is a criminal investigation
 - Care Management – for other investigations
 - Employing Agency – for disciplinary investigations
- However, members of staff may be asked to participate in the investigatory process and, if so, the following may be helpful

Preparing for the Interview

- Important to establish whether the person to be interviewed has an impairment or disability as there may be a need to provide assistance
- The person's usual way of communicating should be supported at interview, using an interpreter or intermediary if needed
- Take advice from someone who knows the person about how best to conduct the interview
- The purpose of the interview should be made clear
- The venue, its suitability and how the person will get there should be established
- They should know in advance who will be interviewing them
- The interviewers should take time to get to know the person before the interview
- The boundaries of confidentiality should be clarified
- It needs to be confirmed how the person will be supported through the process and that this will not interfere with the investigation
- If the person is showing signs of distress or discomfort this should be observed and reported
- The person to be interviewed should not be “coached” about what they are going to say
- The person should be offered the chance to ask questions or change their mind about what they wish to do

The Interview

- Important to create an atmosphere in which the person being interviewed can feel as relaxed as is possible under the circumstances
- The process should be conducted at a pace the person feels comfortable with

- Let the person know that they can request a break during the interview
- Essential to listen, not to “lead” or “put words into the person’s mouth”
- Important that the person understands what they are being asked and questions should respect this. In general, questions should be short with a single idea or theme and concentrate on “who, what, where, when” rather than “why”
- Important to check back that the person feels comfortable with the interview and to summarise the interviewer’s understanding of the replies so the person has the chance to confirm their statement

After the Interview

- Essential to decide early who will provide support to the person after the interview process is complete
- The person should have the opportunity to decide how they wish to be kept informed about the progress of the investigation and how their wishes will be taken into account
- Depending on how they are reacting, every effort should be made to access skilled support eg. psychology services if this is required

For more detailed advice about interviewing refer to Home Office Guidance: [Achieving Best Evidence in Criminal Proceedings](#). See Appendix 4 of the Procedures

9. Monitoring

The Plan

- Every action decided at the Strategy Meeting should have a named person to carry it out and the action should be described in such a way that it can be clearly shown whether it is being achieved
- If anyone is unclear about what is expected of them, this should be clarified with the Incident Management Officer who chaired the Strategy Meeting
- Everyone is responsible for making sure the victim is supported and protected from further abuse. This can be monitored with the help of the checklist below





Protection Checklist

- Does the victim have continued contact with the perpetrator against their wishes or choice?
- Has the perpetrator been removed from the situation or has the victim had to move? If this is the case the reasons should be explained
- Does the victim have access to practical security measures, eg. door locks, personal alarms?
- Are there any remaining threats to the victim's safety and security and, if so, does the plan address them?
- Does the victim have access to legal remedies for protection or restitution?
- Does the victim have access to advocacy and support services
- Does the victim have access to services that improve their self esteem and confidence?
- Does the victim have access to counselling and therapeutic services?

10. Review

The Plan

- Whenever a plan has been agreed at a Strategy Meeting, a date for review must be set
- Where the matter is concluded satisfactorily at the initial Strategy Meeting this would then be also regarded as a Closing Strategy Meeting
- It is important that everyone who has been given an action to carry out, reports the outcome to the Incident Management Officer
- Where abuse has occurred or is likely to have occurred, the Closing Strategy Meeting should agree a Safeguarding Plan and set a date to review the plan within six months

11. Confidentiality

Information disclosed to a member of staff should be treated as confidential and dealt with according to the following advice and guidelines:

- All exchange or disclosure of personal information should be in accordance with the Data Protection Act 1998 where this applies
- While papers and records belong to the agency, the information belongs to the abused person. Therefore their views and wishes should be respected when sharing the information they give us
- Decisions to share information beyond the line manager, to whom the staff have reported, must be made by the agency and not by any member of staff acting on their own. In situations where the line manager is unavailable, or implicated in the abuse, an alternative manager or senior person within the agency must always be identified to deal with safeguarding adults matters
- The abused person must be advised why and with whom any information they have disclosed has been shared
- Information will be shared:
 - for the purpose of providing protection to the abused person or to others who may be at risk of harm
 - on a “need to know” basis
 - to prevent or detect a crime
 - when there are grounds for concern and the non-disclosure of information may lead to significant harm
 - seeking consent (or the person withholding consent) could compromise an Safeguarding Adults investigation and may lead to the person, or other persons, being at risk of harm
 - the enquiry is urgent, there are grounds for concern and seeking consent will cause delay which may lead to significant harm
- Where information is shared without the person’s consent, the reason and full details must be recorded
- There will be circumstances when the duty to protect the wider public will outweigh the responsibility to any one individual. When this occurs, the procedures and guidelines must have been followed and reasons for action taken must be recorded



12. Capacity

Definition

- The ability to make a decision at a particular time. The starting assumption must always be that a person has the capacity to make a decision, unless it can be established that they lack capacity
- The term “**lacks capacity**” means **a person who lacks capacity to make a particular decision or take a particular action for themselves at the time when the decision or action needs to be taken**. This reflects the fact that some people may be unable to make some decisions for themselves, but will have capacity to make other decisions. For example they may be able to make small decisions about everyday matters such as what to wear or what to eat but lack capacity to make more complex decisions about financial matters
- It also reflects that a person who lacks capacity to make a decision at a certain time may be able to make that decision at a later date – this may be due to illness or accident

Assessing Capacity

A person's capacity must be assessed specifically in terms of their capacity to make a particular decision at the time it needs to be made.

Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity:

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn't matter whether the impairment/disturbance is temporary or permanent)
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?



Assessing capacity to make more complex or serious decisions

- Is there a need for a more thorough assessment (perhaps by involving a doctor or other professional expert)?

The statutory principles

The Mental Capacity Act 2005 sets out five statutory principles

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because s/he makes an unwise decision
- An act done, or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interests
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

Additional safeguards introduced by the Mental Capacity Act

- A new **Court of Protection** with the power to make declarations about whether someone lacks capacity, make orders or appoint deputies to act and make decisions on behalf of someone who lacks capacity
- A new public official called the Public Guardian who will have several duties including registering **Lasting Powers of Attorney** and supervising **Court Appointed Deputies**. The Public Guardian will be supported by a new **Office of the Public Guardian (OPG)** which replaces the Public Guardianship Office
- The Act introduces the **Independent Mental Capacity Advocate (IMCA)**, an IMCA must be instructed when certain decisions regarding serious medical procedures or changes of accommodation are to be made and the person lacks capacity and there is no-one else to support or represent them. In **Safeguarding Adults investigations** the LA and NHS have the power to instruct an Independent Mental Capacity Advocate (IMCA), whether the person has relatives to consult or not, and this applies equally to a person alleged to have been abused or neglected and the alleged perpetrator, where they lack capacity
- **Advance Decisions to Refuse Treatment** can be made by a person with capacity setting out what treatment would be unacceptable to them and in what circumstances should they lose capacity in the future. This will only come into effect once a person has lost capacity



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