ISLE of WIGHT

MULTI-AGENCY SAFEGUARDING ADULTS POLICY

FOR PROTECTING ADULTS FROM ABUSE

Section 1

October 2007
Key Agency Signatories

On behalf of Isle of Wight Council

Chief Executive Joe Duckworth, Isle of Wight Council

On behalf of Hampshire & Isle of Wight Constabulary

Chief Superintendent Dean Jones, Hampshire & Isle of Wight Constabulary

On behalf of Isle of Wight NHS PCT

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‘There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults’.

No Secrets DoH 2000
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1  Policy Statement

“There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults”

   John Hutton (DoH), Charles Clarke (Home Office) No Secrets, 2000 DoH.

“All persons have the right to live their life free from violence and abuse...all citizens should have access to relevant services for addressing issues of abuse and neglect, including the civil and criminal justice system and victim support services.”

   Safeguarding Adults, ADSS 2005

2  Introduction

The purpose of the Isle of Wight Safeguarding Adults Policy and Procedures is to enable those working with adults to be able to recognise instances of abuse and to address them effectively as part of their core business. This involves the prevention of abuse, early detection, protection and work with those adults following interventions to combat the abuse.

‘No Secrets’, DoH published in 2000, made clear the Government’s commitment to make the protection of vulnerable adults who are at risk of abuse a high priority. The document emphasised the need for local statutory agencies and other relevant agencies to work in partnership to develop a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.

The primary aim is to prevent abuse where possible, if the preventative strategy fails, agencies should ensure robust procedures are in place for dealing with incidents of abuse.

The Association of Directors of Social Services (ADSS) has published the first National Standards document, ‘Safeguarding Adults’ in partnership with the Commission for Social Care Inspection, Public Guardianship Office, Association of Chief of Police Officers, Department of Health, Practitioner Alliance against abuse of Vulnerable Adults, Ann Craft Trust, VOICE UK. This document, based on best practice and aspirations, is ‘a framework which – if implemented in every local authority area - will help prevent and address abuse across the country’.

The Policy and Procedure draws on the above documents in seeking to ensure that work undertaken in respect of safeguarding adults on the island is of the highest standard.
This document is divided into 3 sections:

Section 1  The Policy – identifies the various aspects of abuse, the priority given to safeguarding adults and the overarching roles and responsibilities of agencies.

Section 2  The Procedures – are a set of standards to support the roles and responsibilities of practitioners and managers.

Section 3  Practice Guidance – provides information about good practice in safeguarding adults work.

3  Guiding Principles and Values

3.1 All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens.

3.2 The partners to this document expect their employees and their contracted agents, whether purchasers or providers, to conform to these policy principles, procedures and protocols for safeguarding adults.

3.3 The safeguarding adults policy and procedures should constitute an integral part of the philosophy and working practices of all agencies involved with adults and should not be seen in isolation.

3.4 Agencies will ensure that safeguarding adults work is informed by other relevant legislation and policy concerning domestic violence, safer communities, equal opportunities, safeguarding children, race relations, disability rights, health & safety and good employment practice.

3.5 All agencies will respect the rights and dignities of the individuals involved and not discriminate on the basis of race, culture, gender, disability, age or sexual orientation etc.

3.6 Priority should be given to the prevention of abuse by raising the awareness of safeguarding adults issues and by fostering a culture of good practice through support and care provision, commissioning and contracting.

3.7 It is the responsibility of all professionals to act on any concerns, suspicions or evidence of abuse.

3.8 Every reported incident of potential abuse must be given urgent priority.
3.9 Staff working with abuse will have the skills and the training to work in this often complex and highly sensitive area.

3.10 All staff must work within the framework of the law; behaviour which is unlawful must not be condoned or supported.

3.11 Immediately concerns are raised in respect of the possible abuse of an adult the primary concern must be the safety and interests of that individual.

3.12 Adults have the right to have their decisions respected, even if this involves the taking of risks. Careful assessment of whether individuals have or lack capacity in relation to specific issues is essential to the protection of their rights.

3.13 Adults have the right to independent support at any stage in the process if they so wish.

3.14 Where intervention is necessary by the statutory authorities this should be commensurate with the level of concern and the least restrictive and intrusive into peoples lives. Support should be aimed at enabling the person to achieve their highest level of independence.

3.15 Professionals undertaking safeguarding adults work have a duty and responsibility to do so in partnership with the individual and others involved in their life.

3.16 The need to provide support for carers will be taken into account when planning services for adults in need of or in receipt of a community care service and a carers assessment should be offered.

3.17 All citizens have the right to be made aware of policies and guidance which may provide help and support in relation to concerns about abuse.

3.18 The partners involved in developing this document are committed to supporting multi-agency training, education and information for everyone concerned, to create a climate in which adult abuse is regarded as unacceptable.

3.19 This document provides a framework for joint working, but is not a substitute for professional judgement.

3.20 This Policy, Procedures and Protocols should be followed in all circumstances and actioned in conjunction with the island’s Multi-Agency Good Practice Guidance Documents for Safeguarding Adults.
4 What is Adult Abuse?

4.1 It is the violation of an individual’s civil and human rights by others who have influence over them.

- Such violations may be intentional or unintentional and may be a single or repeated act(s) over a period of time.
- Abuse may occur in any context or environment.
- Abuse could be from one person or several people.
- Abuse could be from any person; professional staff, paid care workers, volunteers, other vulnerable adults, family, friends, neighbours or strangers.
- Some instances of abuse constitute a criminal offence and adults are entitled to the protection of the law.
- Abuse could occur as the result of neglect and poor professional practice. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.
- It is important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm.

4.2 Stranger abuse may warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the locally agreed multi-agency safeguarding adult procedures to ensure that the person receives the services and support that they need.

4.3 Such procedures may also be used when the perpetrator is also a person who is in need of or in receipt of a community care service.

4.4 Some adults may not realise that they are being abused. For instance an older person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.
4.5 It is important to understand that an adult in receipt of a community care service, may also be abused by another adult in receipt of a community care service. In some settings, i.e. care homes, day services, mental health inpatient settings, this behaviour may not have historically been considered to be abuse. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may experience mental ill health, low self esteem and may also become perpetrators of abuse against others. It is important to understand that a vulnerable adult may also be abused by another vulnerable adult. Adults who are subject to the Mental Health Act 1983 or the Criminal Justice System are still entitled to be protected from abuse and prevented from abusing others.

4.6 Some instances of abuse will constitute a criminal offence. Adults in need of or in receipt of community care services, are entitled to the protection of the law in the same way as any other member of the public. The responsibility for taking the lead on the investigation of a crime rests with the Police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service. The early involvement of the Police is essential when there is reason to believe that a crime has been committed.

5 Types of abuse

5.1 **Physical abuse** – Resulting from acts of omission or commission on the part of others causing pain, injury or impairment. Including hitting, pushing, shaking or withholding care or medication. It can be helpful to consider the following categories of physical abuse:

- **Bodily Assaults** – Resulting in injuries such as burns, bruises, abrasions, fractures, wounds, welts.

- **Bodily Impairment** – Manifested in malnutrition, dehydration, emaciation, failure to thrive.

- **Medical/Healthcare Maltreatment** – Over use or under use of medication, inappropriate methods of administration of medication. Provision of healthcare may be unavailable to an excessive degree or irregular, improper, inadequate or duplicated in some way.

5.2 **Sexual abuse** – Direct or indirect involvement in sexual activity to which the adult did not or could not consent or was coerced or pressured into consenting. Including inappropriate looking, sexual teasing, innuendo, use of pornographic material, being made to witness sexual acts, sexual harassment, inappropriate touching over or under clothing, penetration or attempted penetration.
5.3 **Psychological/Emotional abuse** – The use of threats, intimidation, harassment, control, coercion, swearing or other verbal conduct, persistent ignoring, isolation or withdrawal from social contact or supportive networks, emotional blackmail, offensive or belittling remarks or other behaviour that causes distress or concern to another person. It includes the denial of basic human and civil rights such as choice, self-expression, privacy and dignity.

5.4 **Financial or Material abuse** – The misuse or misappropriation of a person’s funds, property, belongings or any other resources belonging to the individual. Including theft, fraud, deception, using the resources of the vulnerable person for their own advantage, this can range from not getting change from their shopping to property transfer, pressure in connection with wills, property or financial transactions.

5.5 **Neglect** – Resulting from acts of omission and commission resulting in a failure to provide access to appropriate health, social care or educational services. This results in risk to the independence, welfare and well being of the adult. This includes withholding intentionally or unintentionally the necessities of life, such as medication, nutrition, personal care, clothing, heating, activities to support daily living; the failure to intervene in behaviour which can be challenging and harmful to the adult or to others.

5.6 **Self neglect** - On the part of the adult, will not usually lead to the initiation of the Safeguarding Adults Procedures unless the situation involves a significant act of commission or omission by someone else. Other forms of multi-agency assessments and review procedures may be a more appropriate form of assessment and intervention.

5.7 **Discriminatory abuse** – When values, beliefs or culture result in a misuse of power that denies opportunities to some individuals or groups, resulting in repeated or pervasive treatment which excludes or denies them of opportunities in society, for health, education, justice, civil status and protection. This includes discrimination on the basis of race, gender, sexual orientation, age, disability or religion.
5.8 **Institutional abuse** – Although not a specific category of abuse in itself, it does require specific mention. Any type of abuse can occur in institutional settings, but the abuse is caused by an organisation imposing rigid and insensitive routines, systems and norms which subtly orientate people to accepting the lifestyle and culture of the institution which is more reflective of the needs of the institution and their staff. This includes intrusive or invasive interventions; environments which do not allow adequate privacy or physical comfort, bullying of staff, authoritarian staff attitudes, negative attitudes towards service users, low staffing levels, high staff turnover, lack of supervision and staff training, poor communication and written records, poor standards of the environment, no evidence of person centred thinking and planning.

5.9 **Professional abuse** – Although not a separate category of abuse in itself, this also requires specific mention. Any type of abuse which is the misuse of power and trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care or neglect in services, resource shortfalls or service pressure that leads to service failure and culpability as a result of poor management systems/structures. This could come in the form of entering into a sexual relationship with a patient/client, failure to refer disclosures of abuse, denying adults access to professional support and services, punitive responses to challenging behaviours.

5.10 **Multiple forms of abuse** – Multiple forms of abuse may occur to one person or to more than one person. It is important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm.

5.11 **Domestic Abuse** – It is important to recognise that vulnerable adults may be the victims of domestic abuse themselves or be affected by it occurring within their household. Domestic Abuse has been defined as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality’. Incidents of domestic abuse involving vulnerable adults will be addressed under the Multi-Agency Safeguarding Adults Procedures and will dovetail with the Domestic Abuse protocols.
6 Who is in need of a safeguarding response under Safeguarding Adults Procedures?

6.1 A person aged 18 years or over who:

‘is or may be in need of community care services by reasons 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 exploitation’.


Whose ‘independence and well being would be at risk if they did not receive appropriate health and social care support’.

Safeguarding Adults 2005

6.2 ‘No Secrets’ was based on the premise that some groups of adults experience a higher prevalence of abuse and neglect than the general population and that they are also not easily able to access services to enable them to live safer lives.

6.3 The groups of adults targeted by ‘No Secrets’ are those who ‘were unable to protect themselves from significant harm’. ‘Fair Access to Care’ DoH 2002 stresses ‘risk to independence and wellbeing’ as the key criteria to determining eligibility for care services. Therefore the assessment of the risk posed to the adult by abuse and the impact upon their quality of life is crucial in determining who is in need of a community care service and what the risk are of significant harm.

6.4 Their need for additional support to protect themselves may be increased when complicated by additional factors, such as domestic abuse, physical frailty, illness, disability, mental ill health, social or emotional problems, poverty, alcohol or drug misuse, homelessness.

6.5 Some people are not normally considered as eligible for an assessment and possible community care services because despite mild disability, age or illness they have previously been able to manage without help. They may for example be accessing Supporting People provision. If they have been subjected to abuse their ability to deal with this and carry on with their normal lives might be reduced.
6.6 Some adults will not be in need of a community care service, but may be victims of abuse and might need signposting to a more suitable service e.g. Police, victim support, domestic abuse services or a refuge.

6.7 Allegations of abuse of 16 and 17 year olds will be dealt with under locally agreed Safeguarding Children Procedures and Child Care Legislation. Where safeguarding children services identify young people in transition from child to adult services, who are at risk of abuse, there must be a transition plan in place to ensure that any risks of abuse are identified and brought into the safeguarding adults framework.

6.8 It is the responsibility of the local authority where the abuse occurred to co-ordinate any Safeguarding Adults work.

6.9 It is the responsibility of the local authority where the abuse occurred to notify the sponsoring authority of the concerns.

6.10 The placing authority will be responsible for providing support to the adult/perpetrator and planning their future care needs.

6.11 Whilst not specifically covered by these procedures it is essential that all adults receive appropriate support, intervention and protective services if they are the recipient of abuse.

6.12 Safeguarding adults work must be linked to other initiatives and form part of a network of measures aimed at enabling all citizens to be free from violence, harassment, humiliation and degradation.
7 Prevention of abuse

7.1 In Section 7 of ‘No Secrets’ the DoH outline a number of measures which can be effective in contributing to the prevention of abuse; these include:

- Rigorous recruitment and selection procedures and practices.
- Internal guidelines for staff.
- Person centred approaches which empower and support vulnerable adults to enable them to protect themselves via person centred plans, advocacy and self-advocacy, personal safety programmes, skills training.
- Employers referring workers to POVA.
- Staff training and supervision.
- Information for carers, service users and the general public.
- Building in Safeguarding Adults into commissioning, contract management and monitoring.
- Attention to issues relating to protection in direct payments arrangements and individualised budgets.

8 Roles and responsibilities

8.1 The co-ordination of a response under Safeguarding Adults falls to Social Services departments and integrated teams in accordance with ‘No Secrets’ guidance under Section 7 of the Local Authority Social Services Act 1970.

8.2 In Mental Health and Substance Misuse this document should be read in conjunction with the Care Programme Approach, Serious Untoward Incidents Reporting Procedures, Investigating Patient Safety Incidents and Risk Assessment Procedures within the NHS Trust.

8.3 ‘All agencies will need to collaborate closely on developing their local code of practice so that they can deal effectively with incidents of adult abuse. In doing so they should whenever possible endeavour to prevent abuse from occurring in the first place’. LAC (2000)

8.4 ‘The Social Services Inspectorate will be monitoring these arrangements. We must emphasise that neither improved protection nor a more coherent response to adult abuse can be achieved without close liaison between various agencies, particularly health, social services and the Police’. LAC (2000)
8.5 An effective response to the abuse of adults in need of a safeguarding response requires not only effective inter-agency and inter-professional collaboration but also similar collaboration at all levels within agencies. ‘No Secrets’ DoH 2000

8.6 ‘No individual agency’s statutory responsibility can be delegated to another. Each agency must act in accordance with its duty when it is satisfied that action is appropriate’. ‘No Secrets’ DoH 2000

8.7 **All Agencies will:**

- Have in place internal Safeguarding Adults Procedures.
- Ensure that all their staff are appropriately trained in all aspects of safeguarding adults work appropriate to their roles and responsibilities.
- Make a referral to Adults and Community Care if information suggests that abuse is occurring.
- Work in co-operation and collaboration with partner agencies in ensuring the safety and wellbeing of any person deemed to be a vulnerable adult.
- Share information with other agencies in accordance with their information sharing protocols.
- Attend Safeguarding Assessment Strategy meetings and Case Conferences where appropriate.
- Take appropriate action in accordance with the Human Resource procedures to ensure the safety of the adult/s.
- Be involved in strategic planning around implementation, dissemination and development of the policy and procedures.
- Provide clear public information on the reporting mechanisms for concerns about adult abuse.
- Support joint training initiatives on identification of abuse, responding to it and supporting investigative and assessment processes.
- Identify specific expertise such as interpreting skills and/or clinical skills which can be used in the context of assessment/investigation such as speech and language therapy, victim support, counselling, community safety initiatives, group work etc and planning how this expertise can be promptly accessed.
- Be involved in the development of specific working arrangements for areas of joint work within the policy and procedures.
- Identify an appropriate lead manager for safeguarding adults, to receive papers and documents and to comment on behalf of your agency/service. This manager should be nominated as the lead for safeguarding adults within the agency/service and should ensure training, support, advice and guidance is available to staff where safeguarding adults issues arise.

- Ensure there are specified measures to promote quality and minimise the risk of abuse in settings for which your agency/service is responsible.

- Support the development of services for adults who have been abused and/or extend existing services to adults at greater risk.

- Identify and mandate a representative to contribute to the Isle of Wight Multi-Agency Safeguarding Adults Board/Management Committee.

8.8 **All Staff will:**

- Comply with the Isle of Wight Multi-Agency Safeguarding Adults Procedures 2007.

- Follow guidance on responding to disclosures.

- Call emergency services if a vulnerable adult is in immediate danger or in need of urgent medical attention.

- Take action if they suspect abuse and report any concerns to a Manager who has responsibility to take action.

- Keep a written record of the nature and history of any incident (s) and concerns of abuse and maintain confidentiality of such records.

- Follow the guidelines within their own organisations ‘whistleblowing’ policy if they have reason to believe that someone is at risk of harm and that their concerns will not be taken seriously within their organisation.

- Co-operate fully with all safeguarding assessments and investigations, which may include attending strategy meetings and case conferences.

- Contribute to any monitoring arrangements and to future plans to safeguard the vulnerable adult from further harm.
8.9 In addition Community Social Services and integrated teams will:

- Co-ordinate the response relating to any suspicions, allegations or disclosures of abuse on the Isle of Wight in relation to adults defined as in need of community care services or in receipt of community care services.
- Identify a Lead Safeguarding Manager to co-ordinate the response.
- Where services are provided under contract, incidents of alleged abuse will be brought to the attention of the Commissioning Authority/Commissioning Primary Care Trust/Supporting People Team.
- Collate and report to the Department of Health and other National policy makers all information monitored under this Policy.
- Produce an annual report.

Provide Care Managers, Care Co-ordinators and Social Workers to:

- Undertake assessments of need and risk of adults and carers who are or may be in need of community care services, which include concerns about abuse as a criteria for access to services, in accordance with the NHS and Community Care Act, other Community Care Legislation and in line with the governments Section 7 Guidance LASSA 1970, Fair Access to Care Services (AC 2002 13).
- Carry out actions identified through the planning, investigation and assessment process.
- Develop a care plan to respond to the needs and risks of the adult.
- Identify/provide services to address the eligible needs and risks to the adult.
- Undertake regular reviews, reassessment and monitoring of services.
- Offer Carers Assessments to carers and consider the need for services in situations of critical or substantial risks to carers as part of safeguarding adults work.
8.10 **The Police will:**

- Investigate allegations of crimes.
- Work with all relevant staff/agencies to ensure that a thorough investigation is carried out.
- Provide information to adults to help them protect themselves.
- Work in accordance with the Youth Justice and Criminal Evidence Act 1999 in relation to ‘Vulnerable and Intimated Witnesses’.
- Pursue criminal proceedings when appropriate.
- Produce statistics relevant to the work of the Safeguarding Adults Board.

8.11 **Health will:**

- Provide suitably qualified and trained staff to undertake Safeguarding Adults assessments and investigations.
- Identify a Lead Safeguarding Manager in consultation with Social Services to co-ordinate the response where appropriate.
- Provide medical advice, guidance and other professional help that is within its overall remit in a timely, effective and appropriate manner.
- Ensure that Safeguarding Adults standards are met in all aspects of commissioning and service provision.
- Undertake evidential investigations or medical examinations, provided the person has given consent.

8.12 **The Commission for Social Care Inspection will:**

- Where a Safeguarding alert suggests serious risk to the welfare of people who use services then CSCI will consider what regulatory action is needed in parallel with the investigation by partner agencies or the care provider.
- Depending upon the nature of the concerns the Commission may undertake an inspection to look into possible breaches of the Care Standards Act regulations.
- In cases where there is no serious risk to people in the home, the commission may consider whether any further regulatory activity is needed based on the outcomes of the investigation or assessment.
- Share information with other agencies in accordance with their information sharing protocols.
Work jointly with Social Services or Health where residents require a response under these procedures.

Attend Safeguarding Assessment Strategy meetings and Case Conferences in respect of regulated services.

Keep other agencies informed of any enforcement action taken by the Commission for Social Care Inspection on any regulated service.

Participate in investigations where appropriate.

Pursue statutory action where appropriate.

8.13 **Voluntary Agencies/Independent and Private Providers of Care and Support will:**

- Co-operate fully with an investigation under these procedures.
- Participate in assessments and investigations in accordance with their roles and responsibilities.
- Pursue action where appropriate in accordance with the regulatory/contractual requirements.

8.14 **The Contracts Team will:**

- Ensure that service contracts involving contact with vulnerable adults fully reflect the Safeguarding Adults Multi-Agency Policy and Procedures.
- Contracts will specify that all providers have their own internal policy and procedures, which require that any suspicion, allegation or disclosures of abuse are reported in line with the procedures.
- Ensure that contracts specify training requirements in relation to abuse for all staff and volunteers within the service appropriate to their level of involvement.
- Ensure that contracts specify that all providers have in place relevant Policies and Procedures to ensure the promotion of rights and protection from harm for all vulnerable adults.
- The contract will include a specific right for the relevant Contracts Monitoring Officer to audit any investigation of abuse.