

# Safeguarding Adults

A National Framework of Standards for  
good practice and outcomes  
in adult protection work

Leaders in social care



# 'Safeguarding Adults'

A National Framework of Standards  
for good practice and outcomes in adult protection work

This framework has been developed through the ADSS-led national 'Safeguarding Adults' network, which combines partner representation alongside adult protection representatives from ADSS branches. It has received a wide range of support and contributions from stakeholders.

The framework has been developed from existing practice, with contributions by adult protection lead managers throughout the country, and shaped in consultation and partnership with:

Association of Chief Police Officers (ACPO)  
Commission for Social Care Inspection (CSCI)  
Department of Health (DoH)  
Public Guardianship Office (PGO)  
Practitioner Alliance against Abuse of Vulnerable Adults (PAVA)  
Ann Craft Trust (ACT)  
VOICE UK

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## Introduction

I am very pleased to introduce this document. It is the result of the combined expertise of those who have been leading the development of adult protection work in England since the publication of 'No Secrets' by the Department of Health and the Home Office (March 2000). 'No Secrets' was published for use by all health and social care organisations and the police, in a multi-agency context led by local authorities with social services responsibilities.

Since the publication of 'No Secrets', at least 90 local authorities have appointed a lead officer for 'adult protection work'. In some areas they built on systems already in place before March 2000. In most areas the work has been directed by a multi-agency partnership. Through this work, much has been learnt about best practice. Most importantly, more adults "with community care needs" have been enabled to live safer lives, both in their own homes and communities, and also within services such as hospitals, care homes and day resources.

In our role as Directors of Social Services, holding responsibility for leading the development of this work, the Association of Directors of Social Services (ADSS) has now published this National Framework document. Our aim is to consolidate our experience to date and to further the development of 'Safeguarding Adults' work throughout England.

This document collects best practice and aspirations together into a set of good practice standards – which is intended to be used as an audit tool and guide by all those implementing adult protection work. We have included some examples of good practice from around the country and further examples are detailed in recent publications by the Practitioner Alliance against abuse of Vulnerable Adults (PAVA).

Whilst this framework is written from our perspective of leading the work from within local government, it is prepared with full acknowledgement that this is a multi-agency task. There are many items in this toolkit that relate to all agencies, as well as to our working together in partnership. In this context, I particularly welcome the support and contributions from partner organisations.

Much good work has been done to safeguard adults, but much more still remains. There are significant numbers of adults for whom abuse and disability compromise their access to safety, to the civil and criminal justice system; to victim support services; to housing; to health and social care and to protective networks of family, friends and community.

The responses we received during the consultation indicate strong support for the creation of a consistent national framework for 'Safeguarding Adults' work. We hope that this document will assist in that process.



Sue Fiennes  
ADSS Lead/Chair  
'Safeguarding Adults' Network

*October 2005*

# Executive summary

This national framework is comprised of eleven sets of good practice standards. We believe their implementation in every local area will lead to the development of consistent, high quality adult protection work across the country.

## HEADLINE STANDARD

- |             |   |
|-------------|---|
| Standard 1  | Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work.   |
| Standard 2  | Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.   |
| Standard 3  | The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.  |
| Standard 4  | Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.   |
| Standard 5  | The 'Safeguarding Adults' partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.   |
| Standard 6  | All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.   |
| Standard 7  | There is a local multi-agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults <i>"who is or may be eligible for community care services"</i> <b>and</b> who may be at risk of abuse or neglect.  |
| Standard 8  | Each partner agency has a set of internal guidelines, consistent with the local multi-agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.   |
| Standard 9  | The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.   |
| Standard 10 | The safeguarding procedures are accessible to all adults covered by the policy.   |
| Standard 11 | The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into its: membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans. |

# Context and definitions

## A duty to safeguard adults

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. These rights include Article 2: 'the Right to life'; Article 3: 'Freedom from torture' (including humiliating and degrading treatment); and Article 8: 'Right to family life' (one that sustains the individual).

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

It follows that 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. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect.

**"Abuse is a violation of an individual's human and civil rights by any other person or persons." 'No Secrets' (DH 2000)**

## The need for 'Safeguarding Adults' work

The experience of abuse and neglect is likely to have a significant impact on a person's health and well being. By its very nature abuse – the misuse of power by one person over another – has a large impact on a person's independence. Neglect can prevent a person who is dependent on others for their basic needs exercising choice and control over the fundamental aspects of their life and can cause humiliation and loss of dignity.

Adults who *"may be eligible for community care services"* are those whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. They include adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury. They also include carers: family and friends who provide personal assistance and care to adults on an unpaid basis. They are not a self-defined community, but a group that has been created by social policy. This document is based on the premise that when an adult in this group is experiencing abuse or neglect this will have a significant impact on their independence, health and wellbeing.

If **all** adults were able to effectively access support to live safer lives at the time they needed it, there would be no need for policies and procedures aimed at addressing the needs of specific groups of people. However, the publication of '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. The work that has taken place since the publication of 'No Secrets' has confirmed that this is the case.

The groups of adults targeted by 'No Secrets' were those *"who is or may be eligible for community care services"*. And within that group, those who *"were unable to protect themselves from significant harm"* were referred to as *"vulnerable adults"*. Whilst the phrase "vulnerable adults" names the high prevalence of abuse experienced by the group, there is a recognition that this definition is contentious. One reason is that the label can be misunderstood, because it seems to locate the cause of abuse with the victim, rather than placing responsibility with the actions or omissions of others.

Another reason is that the definition has become confused because there are multiple definitions of a "*vulnerable adult*" in use within current government policy, for example: No Secrets (DH 2000); Care Standards Act 2000 (Establishments and Agencies - Miscellaneous Amendments- Regulations 2004), relating to the Protection of Vulnerable Adults Index; and the 1999 Youth Justice and Criminal Evidence Act: Part II, relating to 'Achieving Best Evidence'.

In addition, since 'No Secrets' was published, there have been some significant legal and policy changes relating to adult social and health care, together with a re-focusing of its language and philosophy. In particular, 'Fair Access to Care' (DH 2002) stresses 'risk to independence and well being' as the key criteria for determining eligibility for care services, and therefore replaces the concept of a "*vulnerable adult*" with an assessment of the risk posed by the abuse and neglect to the quality of life of the individual adult concerned.

Furthermore, the emphasis is now on supporting adults to access services of their own choosing, rather than 'stepping in' to provide protection. 'Better Government for Older People' is an example of how the promotion of active citizenship for all is becoming viewed as holding a central role in preventing risks to independence. In the meantime, the duty to provide protection to those who do not have the mental capacity to access it themselves has become clearer (e.g. Human Rights Act 1988, Mental Capacity Act 2005, Domestic Violence Crime and Victims Act 2004).

In recognition of the changing context, previous references to the protection of "*vulnerable adults*" and to "*adult protection*" work are now replaced by the new term: '**Safeguarding Adults**'. This phrase means all work which enables an adult "*who is or may be eligible for community care services*" to retain independence, wellbeing 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 who are 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.

'**Safeguarding Adults**' procedures refer to the local area-based, multi-agency response which is made to every adult "*who is or may be eligible for community care services*" (National Health Service & Community Care Act 1990) **and** whose independence and wellbeing is at risk due to abuse or neglect.

Whilst these particular adults are the specific focus of 'Safeguarding Adults' policy and procedures, this does not negate the public duty of those carrying out this work to protect the human rights of **all** citizens, including those who are the subject of concern but are not covered by these procedures, or those who are not the subject of the initial concern.

Such work is the responsibility of all agencies and cannot exist in isolation. It must be effectively linked to other initiatives, as part of a network of measures aimed at enabling all citizens to live lives that are free from violence, harassment, humiliation and degradation.

# Joint planning and capability

## Standards 1 and 2

### Standard 1 The Partnership

This Standard sets out the framework within which the planning, implementation and monitoring of 'Safeguarding Adults' work should take place. The key structure in this framework is a multi-agency partnership that leads the development of the work at a local level: the **'Safeguarding Adults' partnership**.

The impetus for a multi-agency approach is the recognition that a plethora of organisations is involved in providing services to adults and may be involved in enabling them to access safety. In addition there are published inquiries into situations where abuse of adults has taken place and not been recognised or acted on in time to prevent harm. These include those examining the circumstances of deaths of adults in their own homes and the abuse and neglect of people living in care settings, (for example: Beverley Lewis, (Lamb L 2000) Independent Long Care Inquiry (Bergner T 1998), North Lakeland Healthcare NHS Trust (CHI November 2000) and Rowan ward, Manchester Mental Health and Social Care Trust (CHI September 2003). Each inquiry contains the theme that greater information-sharing and multi-agency working together may have placed organisations in a position to safeguard the adults concerned.

Strong partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities. These underpin partnership working in response to instances of abuse and neglect, wherever they occur.

Local Crime and Disorder Partnerships have the lead role for delivering the Safer Communities agenda. The 'Safeguarding Adults' strategy should be included within the Crime and Disorder Reduction Strategy and be endorsed by the Local Strategic Partnership. It is also important that 'Safeguarding Adults' work is closely linked to other partnership initiatives - particularly those aimed at enabling all adults to have access to healthy, active and fulfilling lives - and is included within the Local Delivery Plan for health services.

## Standards

- 1.1 Each Local Authority has established a multi-agency partnership to lead 'Safeguarding Adults' work.
- 1.2 The partnership includes representation from all the appropriate statutory agencies (*see good practice table below*).
- 1.3 Accountability for leading the creation and maintenance of this partnership is clearly located with the Local Authority, designated to the Director for Adult Social Services and overseen by an appropriate scrutiny board.
- 1.4 The 'Safeguarding Adults' Partnership is endorsed by and clearly linked to the Local Strategic Partnership via the Crime and Disorder Reduction Partnership.
- 1.5 The 'Safeguarding Adults' strategy is referenced in the Local Delivery Plan.



### GOOD PRACTICE

#### 'Safeguarding' Adults' – Partnership Membership and links (as appropriate for the local area)

Statutory organisations	Other potential members	Links to other partnerships
Local Authority ■ Adult Social Services ■ Housing ■ Welfare Rights/Benefits ■ Education/Community Education ■ Legal Services ■ Licensing Police Crown Prosecution Service Probation Primary Care Trusts Other NHS Care Trusts Hospital Trusts Commission for Social Care Inspection Health Care Commission Strategic Health Authority Housing Trusts Supporting People Board Department of Work and Pensions <b>Definitive links to</b> Coroner Public Guardianship Office Courts Witness Service Fire Service Ambulance Service	Service users'/patients' organisations Carers' organisations Advocacy providers Direct Payments 'Umbrella' organisation Care Home and Domiciliary Care providers/associations Supporting People providers Victim support services e.g. Victim Support, Rape Crisis, Women's Aid Voluntary sector service providers e.g. Age Concern, Help the Aged, MIND, People First, MENCAP, SCOPE Voluntary sector groups working against abuse of adults e.g. ACT, Action on Elder Abuse, PAVA, POPAN.	Local Strategic Partnership ■ Regeneration ■ Health ■ Crime and Disorder Reduction Board ■ Domestic Violence ■ Drug and Alcohol ■ Neighbourhood forums/Communities of interest MAPPA (Multi-Agency Public Protection Arrangements) Strategic Safeguarding Boards (Children) Joint planning and commissioning for people with: Learning Disabilities Mental Health issues Long term and chronic illnesses and Disabled people Older people Carers

- 1.6 The 'Safeguarding Adults' Partnership also has strong links to Regeneration work and the promotion of health and citizenship. Plans and targets for 'Safeguarding Adults' are owned by these wider partnerships.
- 1.7 Plans and targets for 'Safeguarding Adults' are included within any specific partnerships working with people covered by the policy, for example: service frameworks for older people, people with a learning disability, people with mental health problems, carers, disabled people and people with chronic or terminal illnesses.
- 1.8 The partnership has identified and agreed which local partnerships it should have representation on and to.

## Joint planning and capability

### GOOD PRACTICE

#### Role of 'Safeguarding Adults' Co-ordinator

Many Local Authorities have appointed an 'Adult Protection ('Safeguarding Adults') Co-ordinator' to support the work of the partnership. This role should be clearly defined, and including responsibility to:

- 1) Advise and support the partnership
- 2) Advise and support partnership members in the implementation of 'Safeguarding Adults' work within their organisation
- 3) Maintain an overview of the development of local 'Safeguarding Adults' work
- 4) Provide information about relevant national and regional developments
- 5) Collate monitoring and quality assurance information
- 6) Provide information and advice on the implementation of the 'Safeguarding Adults' procedures to all
- 7) Provide information and advice to the **Safeguarding Managers** (see *Standard 9*)

It may also include responsibility to:

- 8) Plan and commission work to be undertaken by the partnership
- 9) Manage work undertaken by the partnership. This often includes the partnerships joint training and information strategies. In some areas it includes the management of a 'Safeguarding Adults' Unit which includes dedicated **Safeguarding Managers**.

1.9 The 'Safeguarding Adults' partnership has:

- A Chair with established authority
- Membership from all statutory organisations listed below
- Membership from voluntary and independent sector service providers
- Representation from service users' and carers' organisations
- Representatives to and from relevant strategic partnerships
- An executive management to oversee strategic development of the work
- Terms of reference
- A strategic/forward plan

1.10 Members of the Safeguarding Partnership are sufficiently senior in their organisations to represent that organisation and to make multi-agency agreements.

1.11 The partnership ensures that sufficient resources are available to meet its strategic/forward plan.

- 1.12 The strategic plan includes:
- 'Safeguarding Adults' policy – development and review
  - 'Safeguarding Adults' procedures for reporting and responding to concerns of abuse or neglect– monitoring, development and review
  - Equal access strategy
  - Information-sharing agreement – development and review
  - Training strategy for all staff and volunteers
  - Training strategy for service users and carers
  - Strategy to disseminate information about adult abuse and 'Safeguarding Adults' work to staff, volunteers, service users, carers and members of the public
  - A commissioning strategy for services for people who are at risk of/have experienced abuse or neglect
  - A commissioning strategy for responses to and services for perpetrators of abuse/neglect
  - Strategies for reducing risk of abuse and neglect across a range of settings, including care settings and the community
  - Review of the strategic plan and publication of an annual report.
- 1.13 The definition of abuse used in the policy and procedures is consistent with that in 'No Secrets' (DH 2000) (*see page 5*)
- 1.14 The policy and procedures cover every adult "who is or may be eligible for community care services" facing a risk to their independence due to abuse or neglect.
- 1.15 The process of writing and reviewing the strategic plan is a joint effort between agencies. The plan is formulated after consultation with adults covered by the 'Safeguarding Adults' policy and procedure, as well as with frontline staff and volunteers.
- 1.16 The strategic plan is signed up to by all partner agencies at senior executive/board level.
- 1.17 There is an agreement about each agency's respective roles and how these dovetail together to effectively implement the strategic plan.
- 1.18 There are effective arrangements for the monitoring of 'Safeguarding Adults' work by partner agencies and for the collation of data on behalf of the partnership.
- 1.19 There are quality assurance arrangements for the service provided to those referred to the 'Safeguarding Adults' procedures and for the development of those procedures on the basis of lessons learnt.
- 1.20 Information collected for monitoring purposes conforms to national guidance (e.g. 'No Secrets') and requirements for 'Safeguarding Adults' Partnerships and individual partner organisations.(See also work in progress on national reporting standards DH/AEA.)
- 1.21 Quality assurance processes and outcome information is used to develop forward plans e.g. for service development, information/publicity work, training.

## Joint planning and capability

- 1.22 There is 'Safeguarding Adults' serious case review protocol. This is agreed, on a multi-agency basis and endorsed by the Coroner's Office, and details the circumstances in which a serious case review will be undertaken. For example: when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence homicide review should be clear.
- 1.23 There is an agreed multi-agency protocol for the commissioning and undertaking of a 'Safeguarding Adults' serious case review.
- 1.24 There is an annual review by the partnership of the progress of work within each partner organisation, within an agreed framework which meets Standard 2 below.
- 1.25 There is an annual review by the partnership of progress on its strategic plan using this national framework, and an annual report is produced.
- 1.26 The annual review includes consultation with adults covered by the 'Safeguarding Adults' policy and procedures.



### Standard 2 Partner organisations

Working together is dependent on there being a clear framework for doing so. However, a successful partnership is built on the strength and capacity of individual organisations and is dependent on each partner being committed to engaging in the work.

'Safeguarding Adults' work is based on communication across agency boundaries. It is important that each partner has a good understanding of its role in the work of 'Safeguarding Adults' and making a clear commitment of resources appropriate to that role. Fundamental to this commitment is the implementation of good practice in the prevention of abuse and neglect within the service provided by the organisation (*see Standard 4*).

Each organisation is responsible and accountable for meeting national guidance and legal requirements in relation to implementing 'Safeguarding Adults' work, whether through working in partnership or through its own actions.

Each organisation has a responsibility for working actively in partnership in order to implement 'Safeguarding Adults' work.

### Standards

- 2.1 Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.
- 2.2 Each organisation has designated a lead director for the implementation of this work and a senior representative on the 'Safeguarding Adults' Partnership.
- 2.3 The representative has clear lines of accountability and feedback for this aspect of their work within their organisation.
- 2.4 The lead director provides yearly reports to the executive body of the organisation.
- 2.5 Each partner organisation provides an annual statement to the 'Safeguarding Adults' partnership for its endorsement describing:
  - the organisation's role in the work
  - any specific professional responsibilities and legal obligations that their organisation will adopt within 'Safeguarding Adults' policies and procedures
  - the internal reporting and decision-making framework in relation to any concerns that an adult may be experiencing abuse or neglect (*see Standard 8*) and its achievements and organisational plans for:
    - the internal implementation of 'Safeguarding Adults' work
    - disseminating information about the principles of the work within the organisation
    - ensuring all staff and volunteers have the understanding and skills to carry out their roles and duties in relation this work
    - ensuring all service users and carers are aware of the 'Safeguarding Adults' policy and procedures
    - providing monitoring information to the partnership

## Joint planning and capability

- 2.6 Each organisation audits its policies and procedures – using a format agreed by the partnership – for effectiveness and for consistency with the multi-agency 'Safeguarding Adults' policies and procedures, and makes any necessary changes.
- 2.7 Each organisation cross-references its 'Safeguarding Adults' plans with its core business plans and includes standards and targets relating to 'Safeguarding Adults' in them.
- 2.8 Each organisation includes appropriate actions relating to 'Safeguarding Adults' within its mainstream activities.

GOOD PRACTICE EXAMPLE (SHEFFIELD)		
Audit of partner organisations' capacity for 'Safeguarding Adults'		
Does your organisation have:	Yes	No
1 A lead person at Board level with responsibility for 'Safeguarding Adults'		
2 Does the Board receive an annual report on this work		
3 A lead officer/manager		
4 A reference group		
5 An appropriate representative on the local area 'Safeguarding Adults' Partnership who has a clear line of responsibility back into the organisation		
6 A financial commitment to multi-agency 'Safeguarding Adults' work		
7 A clear reporting structure by which staff can raise concerns of abuse or neglect		
8 Ability to supply 24-hour access to 'Safeguarding Adults' information		
9 Ability to supply 24-hour access to all previous case records		
10 24-hour access to other agencies' information		
11 24-hour access to a person with 'Safeguarding Adults' expertise		
12 A person with the lead for ensuring CRB, POVA and other relevant checks of staff are made		
13 A person with the lead for ensuring professional staff are registered with their professional body		
14 Clear service specifications and standards for 'Safeguarding Adults' work		
15 A training strategy for all staff and volunteers		
16 A monitoring system for this work		

# Prevention of abuse and neglect

## Standards 3, 4 and 5

A comprehensive and systematic study has not yet been carried out in England into the prevalence and impact of the abuse and neglect of adults covered by 'Safeguarding Adults' policies. However, information from small scale studies (e.g. MENCAP 1999, DH/Action on Elder Abuse 2005) indicates that the prevalence of such abuse is higher than in the rest of the adult population.

Aspects of peoples' lives that can explain this increased vulnerability to abuse include:

- Lack of inclusion in protective social networks, including education and employment
- Dependency on others (who may misuse their position) for vital needs including mobility, access to information and control of finances
- Lack of access to remedies for abuse and neglect
- Social acceptability of low standards for care and treatment
- Social acceptability of domestic abuse
- Dynamics of power within institutional care settings

It follows that a key aspect of the prevention of abuse and neglect is that local forums and planning processes (e.g. those dealing with crime and disorder, regeneration and health and wellbeing) are accessible to, influenced by and monitor inclusion of, people covered by the 'Safeguarding Adults' policy.

Local audits of education, leisure and commercial activity must include monitoring of involvement by people covered by the 'Safeguarding Adults' policy.

In particular, those services that respond to issues of crime prevention and to incidents of violence and abuse must be accessible to people covered by the 'Safeguarding Adults' policy.

## Prevention of abuse and neglect

### Standard 3 In the community

#### Standards

- 3.1 The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect.
- 3.2 This message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.
- 3.3 'Safeguarding Adults' is a key theme within the local Crime and Disorder Reduction Boards strategy. All relevant sub-strategies should be audited to ensure they are effective for, and that relevant services are accessible to, those citizens who are covered by the 'Safeguarding Adults' policy.
- 3.4 There is a locally endorsed charter for victims, which is cross referenced to and by the 'Safeguarding Adults' policy and procedures.
- 3.5 Each organisation that responds to issues of crime prevention and to incidents of violence and abuse, monitors provision of services to people covered by the 'Safeguarding Adults' policy and provides reports to the partnership.
- 3.6 Activities aimed at enhancing the personal safety of individuals (e.g. assertiveness courses, self-defence training, personal safety advice, provision of personal safety equipment) audit attendance and act to increase their accessibility to people covered by the policy.
- 3.7 Frontline organisations that provide housing, education, leisure, health and social care services make information about crime prevention available and accessible to service users and, where appropriate, support them to access mainstream services to access safety.
- 3.8 Commissioners, regulators and licensing bodies of mainstream services (e.g. leisure centres, colleges, public transport, taxis and trading standards) should ensure that employers implement appropriate safeguards and responses to Safeguarding Adults issues.
- 3.9 Commissioners of community care services collect data about assessed needs for crime prevention measures and victim support services and work with local partnerships to meet identified needs.
- 3.10 People who are known to pose a risk to others within the community, including those covered by the Safeguarding Policy, are the subject of a plan drawn up under the Multi-Agency Protection Panel Arrangements (MAPPA).



### Standard 4 Within service delivery

Adults who are receiving community care services can be at risk whilst receiving them, both in care settings and in their own homes. Successful prevention of adult abuse and neglect demands that service providers tackle the factors which contribute to its occurrence at all levels. Commissioners and regulators of community care services play a vital role in ensuring that people receive care services from organisations which implement standards that prevent abuse and neglect.

Organisations which are regulated by CSCI, the Health Commission, and commissioned through PCTs and SSDs must be expected to fulfil these standards. In addition, 'Safeguarding Adults' Partnerships can form agreements with other local providers of community care services which require them to implement the same standards.

The standards below should also be considered by national partner organisations e.g. large voluntary organisations, professional bodies and by local organisations providing other types of services, such as civil and criminal justice and advocacy.

Relevant measures include:

- Zero-Tolerance of abuse and neglect within the organisation
- Crime prevention and safety audits
- Upholding the human rights of all service users and carers
- Promotion and delivery of choice of services to all service users
- Quality care planning and delivery for each service user
- Recruitment and selection screening of staff and volunteers for those who may cause abuse
- Training and supervision of staff and volunteers to promote quality standards of service delivery
- Effective feedback mechanisms from staff, volunteers and service users
- Effective quality assurance and governance processes.

### Standards

- 4.1 Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.
- 4.2 This policy is underpinned by clear procedures that cover all incidents of abuse from any person towards any other e.g. staff-staff, service user-staff, as well as those covered by the 'Safeguarding Adults' policy e.g. staff-service user, service user-service user.
- 4.3 Each partner agency's 'Safeguarding Adults' procedure is consistent with the multi-agency procedure, and all incidents of abuse covered by that procedure are referred to it without delay.
- 4.4 Each partner agency implements the 'Safeguarding Adults' information-sharing protocol.

## Prevention of abuse and neglect

### GOOD PRACTICE EXAMPLE (ANCHOR TRUST)

#### Policy Statement for Rights and Responsibilities

Anchor believes that people have a right to live and work in an environment free of the threat of abuse, harassment, violence or aggression. As an employer committed to the provision of a safe workplace, Anchor will work to protect employees from harassment, violence or aggression from colleagues or customers. Anchor will equally seek to protect customers from violence, aggression or abuse from friends, relatives, employees or other customers.

- 4.5 Each partner organisation publicises its 'Safeguarding Adults' policy and procedures to all staff, volunteers, service users and carers in ways which are appropriate and accessible.
- 4.6 There is a clear policy and procedure for reporting all suspected crimes taking place within the service to the police.
- 4.7 Each partner organisation carries out a crime prevention and safety audit on an annual basis which includes an audit of abuse of service users.
- 4.8 Each partner organisation has clear policies against discrimination and harassment towards any person (staff, volunteers, service users, carers) on any grounds including disability, age, race, faith, gender or sexuality.
- 4.9 Each partner organisation has clear, accessible and well-publicised complaints procedures. This includes information about how to complain to external bodies such as regulators and service commissioners, and is cross-referenced with the 'Safeguarding Adults' procedures. Relevant advocacy and advisory services are well-publicised.
- 4.10 Each partner organisation has effective quality assurance and governance processes that are cross-referenced with 'Safeguarding Adults' issues.
- 4.11 There is a procedure in each organisation by which staff and volunteers can raise concerns and protection for 'whistleblowers' in accordance with guidance produced by 'Public Concern at Work'. This is cross-referenced with the 'Safeguarding Adults' procedures.
- 4.12 There is an 'open culture' within partner agencies. This includes good communication between staff and managers and with all stakeholders, for example: regular feedback activities during which staff, volunteers, other professionals, service users and carers can report on how the organisation is working in practice.
- 4.13 If appropriate, each partner organisation has clear operational guidelines, in accordance with regulations and best practice guidance, in relation to:
  - Serious incidents
  - Accidents
  - Health and Safety
  - Violent behaviour
  - Challenging behaviour
  - Personal and intimate care
  - Moving and handling

## Prevention of abuse and neglect

- Tissue viability
- Physical interventions (formerly control and restraint)
- Sexuality and relationships
- Control and administration of medication
- Handling service users' money
- Risk assessment and management

These are cross-referenced with the 'Safeguarding Adults' procedures.

- 4.14 Health and social care providers ensure that every service user's care plan is cross-referenced to safeguarding issues. Where such issues have been identified they include a risk assessment in relation to the person's safety and any risk they may pose to others. The method of addressing any risk is clearly documented. Where appropriate, a joint risk assessment process should be used, such as a Care Programme Approach (CPA) lead risk assessment or a meeting held under the local Multi-Agency Public Protection Arrangements (MAPPA).
- 4.15 Incidents in which a service user has been at risk of harm, or has been harmed, are reported and monitored by each service provider. Where appropriate a referral is made to the 'Safeguarding Adults' procedures and to the commissioning organisation and the appropriate regulatory body, in accordance with current regulations.

### GOOD PRACTICE EXAMPLE National Patient Safety Agency (NPSA)

#### Seven Steps to Patient Safety

- 1. Build a safety culture**  
Create a culture that is open and fair.
- 2. Lead and support your staff**  
Establish a clear and strong focus on patient safety throughout your organisation.
- 3. Integrate your risk management activity**  
Develop systems and processes to manage your risks, and identify and assess things that could go wrong.
- 4. Promote reporting**  
Ensure your staff can easily report incidents locally and nationally.
- 5. Involve and communicate with patients and the public**  
Develop ways to communicate openly with and listen to patients.
- 6. Learn and share safety lessons**  
Encourage staff to use root cause analysis to learn how and why incidents happen.
- 7. Implement solutions to prevent harm**  
Embed lessons through changes to practice, processes or systems.

## Prevention of abuse and neglect

- 4.16 Each partner organisation carries out regular reviews of any such reports received and undertakes a root cause analysis if appropriate. Where appropriate, a referral is made to the 'Safeguarding Adults' procedures.
- 4.17 Commissioners and regulators regularly audit reports of risk of harm and require providers to address any issues identified. Where there is a series of minor incidents, a root cause analysis is carried out. Where this is appropriate, a referral is made to the 'Safeguarding Adults' procedures.
- 4.18 Commissioners actively liaise with the 'Safeguarding Adults' partnership and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users. This assessment is included as a key factor in their decision-making.
- 4.19 Each organisation uses current best practice recruitment systems consistent with its professional standards. It identifies employees and volunteers for whom CRB checks, enhanced CRB and POVA checks are appropriate and implements any relevant post-Bichard vetting scheme. Prospective employees account for the whole of their employment/ unemployment history and references are checked carefully.
- 4.20 Each organisation has a code of conduct in place for all staff and volunteers, setting clear standards for relationships between people in a position of trust and service users. These should be compatible with the law (e.g. Sexual Offences Act 2003) and professional standards e.g. of the Nursing and Midwifery Council (NMC) and the General Social Care Council (GSCC).
- 4.21 The organisation ensures that all staff and volunteers are able to identify and report concerns of abuse or neglect – see *Standard 5 Training*.
- 4.22 There is a clear process known to staff for action in response to concerns or allegations that a member of staff has perpetrated or contributed to abuse. This includes the process for suspension, transfer to a non-care position or supervised work on a precautionary basis, and interface with any police investigation.
- 4.23 All allegations that a member of staff has committed a crime (e.g. assault, harassment, theft) are reported to the police.
- 4.24 Managers, staff or volunteers who are dismissed because it is believed they have harmed a 'vulnerable adult' (whether or not in the course of their employment), or leave/resign when they may have been dismissed on these grounds, are referred to the POVA list (if their employment is covered by POVA see DH website for further information).
- 4.25 Adults who employ support or care workers through direct payments must have access to information about an employer's rights and responsibilities in relation to employees who are abusive, and must have access to support to address these issues if needed.
- 4.26 The partnership links with organisations that are not subject to regulation or contractual obligations and encourages them to achieve these Standards.

### Standard 5 Training standards

It is the responsibility of each organisation to ensure that it has a workforce development plan that includes appropriate competencies of staff and volunteers in relation to 'Safeguarding Adults' work. Staff will need different competencies depending on whether, for example, they are frontline staff or managers. All people working in the organisation must be able to recognise abuse and neglect and know how to make effective reports.

Whilst this is an individual organisational responsibility, 'Safeguarding Adults' is a multi-agency task. It is therefore of great benefit if staff who will be liaising with colleagues in other agencies can take part in multi-agency courses that promote understanding of the roles of other partners.

The 'Safeguarding Adults' partnership can play a key role in enabling organisations to plan and commission such training together.

### Standards

- 5.1 The 'Safeguarding Adults' partnership oversees a multi-agency workforce development/training sub-group.
- 5.2 The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.
- 5.3 The partnership has established standards and agreed competencies for the delivery of all 'Safeguarding Adults' training which is delivered locally.
- 5.4 Partner organisations jointly commission multi-agency training to meet common needs. This must include training for those undertaking specific roles within the procedures (e.g. **safeguarding managers** – see *Standard 9*)
- 5.5 Equality and diversity issues and the role of discrimination in supporting abuse and neglect is integrated into training courses.
- 5.6 The partnership's training strategy includes training that is accessible to and/or specifically tailored for service users and carers e.g. 'how to make a complaint about abuse or neglect'.
- 5.7 Multi-agency training meets the relevant national occupational standards for all of the target audience (e.g. NQF/Skills for Care, LDAF, PQSW).
- 5.8 There is a central database of everyone who has attended 'Safeguarding Adults' training; this is audited to plan and target training courses e.g. at particular staff groups.
- 5.9 Each organisation ensures that staff and volunteers at all levels have appropriate knowledge of and competencies in relation to the:
  - potential for occurrence of abuse or neglect
  - identification of abuse and neglect
  - 'Safeguarding Adults' policy and procedures
  - requirement to report any concerns of abuse or neglect
  - internal reporting structure for such concerns

## Prevention of abuse and neglect

- 5.10 Each organisation has a workforce development plan that includes competencies in relation to 'Safeguarding Adults' and audits the plan for reporting to the partnership on an annual basis.
- 5.11 Each organisation has established 'Safeguarding Adults' competencies for each staff role and enables staff to access successive levels of training in line with their personal and professional development. Where appropriate this training is mandatory.
- 5.12 Every member of staff is made aware of how they can use their routine processes (e.g. single assessment, risk assessments, care planning, triage) to enable people to acknowledge that they are at risk of abuse, and signpost them to effective support.
- 5.13 All training delivered 'in-house' (or commissioned by external providers for a partner organisation) is consistent with the local 'Safeguarding Adults' policy and procedures, as well as with relevant national standards.
- 5.14 Local providers of further and higher education courses to criminal justice, health and social care professionals include 'Safeguarding Adults' in their curriculum.

### GOOD PRACTICE EXAMPLE (KENT)

#### Adult protection training structure for staff

##### **Level 1: Awareness**

Developing a shared understanding of what is abuse and what is a vulnerable adult. An understanding of the signs and symptoms of abuse. Also what to do if you witness abuse or are told about it.

##### **Level 2: The Practitioner's role**

Dealing with disclosures for those who need to complete the alert form as part of their professional role. Determining risk, vulnerability, and seriousness. Examining the implications of the three 'C's' – capacity, consent and confidentiality.

##### **Level 3: The Investigator's guide**

Knowledge and skills required in planning and undertaking a protective and/or detective investigation either within a single agency or jointly with colleagues from other agencies. Examining elements of good practice in gathering evidence.

##### **Level 4: Joint working and criminal investigations**

Developing mutual understanding of the complimentary and supportive roles of the police, social services and other agencies when a potential crime has been committed. This will include an overview of the 'Achieving Best Evidence' model of interviewing.

##### **Level 5: Decision-making**

This course is directed at those who will be involved in the conclusive decision-making processes (such as care conferences and planning meetings) and have responsibility for these under the current policy and procedures. Evaluating the evidence and implementing protection planning.

##### **Level 6: Post-abuse**

Who are the stakeholders in protection planning? Providing for the post-abuse support needs of the vulnerable adult and their support networks – a strengths and needs model. Managing the impact of adult protection on the practitioners. (This course is still in the process of being developed.)

# Responding to abuse and neglect

## Standards 6,7,8 and 9

As stated in on page 5, the primary responsibility of the 'Safeguarding Adults' partnership is to enable all adults *"who is or may be eligible for community care services"* to access appropriate services if they need support to live a life that is free from abuse and neglect. The framework for enabling adults to access such support is referred to in this document as the 'Safeguarding Adults' Procedures.

They should ensure that those adults *"who is or may be eligible for community care services"*, and who may be experiencing abuse or neglect, receive an assessment of the risk they are facing. Where they face a critical or substantial risk to their independence and wellbeing, community care services should be considered as part of a safeguarding plan. Where the assessment does not lead to community care services being provided or purchased other appropriate services should be signposted.

The procedures should be based on the presumption of mental capacity (Mental Capacity Act 2005) and on the consequent right of such adults to make their own choices in relation to safety from abuse and neglect - except where the rights of others would be compromised (see below). The specific choices available to a person will depend on the eligibility criteria for each service, but the baseline is that all people are supported to access information about the options that are open to them.

The most relevant aspect of mental capacity is that of understanding and making decisions about safety from abuse and neglect. Making this decision includes having information about what is taking place, the harm that it may cause and the options that are open to stop abuse or neglect, or to reduce harm. It includes weighing up that information and communicating the decision. Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse the safeguarding plan should include access to services that help minimise the risk.

It is clear that any safeguarding action should usually be taken in consultation with the adults concerned, and that it should be taken in a manner that does not usurp their own choices or decision-making. It is also important that decisions made at any one time are not taken to be irrevocable and non-negotiable. Action must ensure that when adults with mental capacity take decisions to remain in abusive situations, they do so without intimidation, with an understanding of the risks involved and have access to appropriate services if they should they change their mind.

For "people who are eligible for community care services" and who have mental capacity, 'Safeguarding Adults' procedures should enable them access to mainstream services that will support them to live safer lives - as well as providing specific services to meet additional needs. For example, some adults have impairments which mean that they need assistance to overcome current barriers to existing services, in order to choose how to achieve a safer life. An example of this type of response is given on page 37 (*Standard 9, Story 1*).

## Responding to abuse and neglect

### GOOD PRACTICE (DEPARTMENT of HEALTH 2002) Fair Access to Care: Eligibility criteria framework for adult social care

Level of risk to independence	Impact of risk
Priority 1 Critical	<p><b>Life is, or will be, threatened;</b> and/or</p> <ul style="list-style-type: none"><li>■ significant health problems have developed or will develop;</li><li>■ <b>there is, or will be, little or no choice and control over vital aspects of the immediate environment;</b></li><li>■ <b>serious abuse or neglect has occurred or will occur;</b></li><li>■ there is, or will be, an inability to carry out vital personal care or domestic routines;</li><li>■ vital involvement in work, education or learning cannot or will not be sustained;</li><li>■ vital social support systems and relationships cannot or will not be sustained;</li><li>■ vital family and other social roles and responsibilities cannot or will not be undertaken.</li></ul>
Priority 2 Substantial	<ul style="list-style-type: none"><li>■ <b>There is, or will be, only partial choice and control over the immediate environment; and/or</b></li><li>■ <b>abuse or neglect has occurred or will occur;</b></li><li>■ there is, or will be, an inability to carry out the majority of personal care or domestic routines;</li><li>■ involvement in many aspects of work, education or learning cannot or will not be sustained;</li><li>■ the majority of social support systems and relationships cannot or will not be sustained;</li><li>■ the majority of family and other social roles and responsibilities cannot or will not be undertaken.</li></ul>
Priority 3 Moderate	<ul style="list-style-type: none"><li>■ There is, or will be, an inability to carry out several personal care or domestic routines; and/or</li><li>■ involvement in several aspects of work, education or learning cannot or will not be sustained;</li><li>■ several social support systems and relationships cannot or will not be sustained;</li><li>■ several family and other social roles and responsibilities cannot or will not be undertaken.</li></ul>
Priority 4 Low	<ul style="list-style-type: none"><li>■ There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or</li><li>■ involvement in one or two aspects of work, education or learning cannot or will not be sustained;</li><li>■ one or two social support systems and relationships cannot or will not be sustained;</li><li>■ one or two family and other social roles and responsibilities cannot or will not be undertaken.</li></ul>



For some adults, their impairments mean they need proactive support to understand that they have a choice to live a safer life; to understand the options open to them; and to choose which, if any, services they want to access in order to do so. An example of this type of response is given on page 40 (*Standard 9, Story 3*).

For other adults, even with support, their impairments mean that they do not have mental capacity to make such decisions. The capacity of some adults may fluctuate and they may not be able to make a decision about how to pursue their safety at the time it is needed. In such situations organisations must take positive action to ensure that such decisions are made on the person's behalf. This must be by a person or an organisation, acting in the best interests of the adult concerned (and, if appropriate, on what is known of their wishes prior to losing capacity). An example of this type of response is given on page 40 (*Standard 9, Story 4*).

The wishes of an adult with mental capacity should normally be respected. However, statutory agencies must act to uphold the human rights of all citizens and where others are at risk this duty will take precedence.

Any action taken by an organisation to safeguard an adult should meet Human Rights standards. It should be proportionate to the perceived level of risk and seriousness. Intervention should not be arbitrary or unfair. It must have a basis in law: e.g. acting with the consent of the adult or, under duty of care, acting in the best interest of the adult; undertaken to secure a legitimate aim (i.e. to prevent a crime or protect the public) and be necessary to fulfil a pressing social need.

Raising concerns about abuse or neglect nearly always involves sharing information about an individual that is both personal and sensitive (Data Protection Act 1998). Such information about an adult with mental capacity should be shared only with their informed consent, unless there is an overriding duty such as a danger to life or limb, or risk to others. These exceptions are described in the Data Protection Act (1998) and 'Caldicott guidance' (DH 1997), and case law in relation to human rights legislation. Information about an adult who may be at risk of abuse or neglect must be shared only within the framework of an appropriate information-sharing protocol.

Information about a potential perpetrator of abuse must also be shared under an appropriate information-sharing protocol. Local provisions such as MAPPA meetings and national provisions such as the POVA and POCA lists should be used.

### Standard 6 Upholding Human Rights

#### Standards

- 6.1 All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures (*see Standard 10*).
- 6.2 Any organisation which receives a report that an adult may be experiencing abuse or neglect responds in a positive and proactive manner.
- 6.3 Any person reporting abuse or neglect of an adult is effectively signposted to an appropriate source of information and advice about what options are open to them.

#### National Framework – 'Safeguarding Adults'

## Responding to abuse and neglect

- 6.4 All reports of potential abuse or neglect of a person "*who is or may be in need of community care services*" made to or within any organisation are referred to the local 'Safeguarding Adults' procedures.
- 6.5 The 'Safeguarding Adults' policy and procedures are consistent with the principles and legal frameworks provided by the Human Rights Act and the Mental Capacity Act 2005.
- 6.6 Where a report is made that an adult "*who is or may be in need of community care services*" may be experiencing abuse or neglect, the person is contacted before the end of the next working day – unless this would place them at greater risk– and an assessment of risk to their safety is made. Where a crime has been committed this should be discussed with the police as soon as possible in line with the 'Safeguarding Adults' procedures.
- 6.7 There are systems in place for an appropriate assessment to be carried out, when necessary, as to whether a person has the mental capacity to make decisions about achieving safety from abuse or neglect.
- 6.8 Where an adult does not have mental capacity to make decisions about protection from abuse action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the person's previously expressed wishes into account.
- 6.9 Where a person who may be experiencing abuse or neglect has mental capacity, action is taken to enable them to choose to be in contact with an appropriate person; who can give information about options available and any actions that will be taken under overriding duties of organisations.
- 6.10 If a report is made that a service being provided is not safe (e.g. where a member of staff may be abusing service users, one service user is abusing another(s) or the service is run in such a way as to cause neglect), immediate positive action is taken to assess any risk and to appropriately enhance the safety of all service users.
- 6.11 Where an alleged perpetrator "*is or may be eligible for community care services*" (for example, if they are another service user or a carer) the procedures should include an assessment of the nature of the risk they cause and allow that any such assessment may result in the provision of community care services to the alleged perpetrator and/or sign posting to appropriate main stream services (e.g. anger management) as part of the safeguarding plan for the adult at risk.
- 6.12 There is an information-sharing protocol between all partner agencies, and those contracted to provide services by them, that covers all aspects of 'Safeguarding Adults' work. This includes the rights of adults to access data held about them.
- 6.13 The information sharing protocol includes the rights of an alleged perpetrator to know the nature of the concerns about their behaviour, to have a right of reply and have an opportunity to correct any information held about them that is not accurate.
- 6.14 The procedures give clear guidance as to action taken for the protection of human rights of those who were not the original subject of a referral. For example: abuse by a member of staff in a care setting; abuse of an adult in a domestic setting where children are present; violence or abuse that causes 'risk to life or limb' and abuse that is unacceptable on grounds of public interest – for example where a crime has been committed.

### Standard 7 Joint systems

#### Standards

- 7.1 There is a local multi-agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults "*who is or may be eligible for community care services*" and who may be at risk of abuse or neglect.
- 7.2 The procedure is part of a joined up network of strategies (e.g. domestic violence, hate crime, safeguarding children) giving a policy and procedural framework for responding to all reports that any person may be at risk of abuse or neglect.
- 7.3 The procedures are consistent with and refer to the multi-agency information-sharing protocol for 'Safeguarding Adults' work.
- 7.4 All partner agencies are signed up to the framework at senior executive/board level.
- 7.5 The process of writing and developing the procedures is carried out in partnership.
- 7.6 Frontline staff, volunteers, service users, carers and members of the public have been consulted within the process of developing the procedures.
- 7.7 The 'Safeguarding Adults' procedures set out clear pathways for responding, in partnership, to concerns of abuse or neglect and create a consistent standard of response to any abuse in all settings.
- 7.8 There is common documentation for reporting abuse and neglect that is consistent with the local Single Assessment Process (SAP) (DH 2001)
- 7.9 Each organisation has made explicit its potential roles, powers and duties in 'Safeguarding Adults' work and these are incorporated into the procedures.
- 7.10 The 'Safeguarding Adults' procedures include clear pathways that deliver effective protection services for all people covered by them across a range of different circumstances, experiencing any type of abuse or neglect in any setting.
- 7.11 The procedures include reference to the ADSS cross-boundary protocol specifying the responsibilities for co-ordinating 'Safeguarding Adults' work where care of an adult is contracted "out of area". Where such an adult may be experiencing abuse or neglect the safeguarding procedures of the area where the abuse is occurring should be followed. The placing authority maintains its responsibility to ensure that the care being provided meets the needs of the adult concerned.
- 7.12 The policy and procedures are accessible to all workers, service users, carers and members of the public, and are clear to understand.
- 7.13 The procedures are updated regularly and reviewed annually to incorporate lessons learned from practice (*see Standard 9*) and to include the most recent relevant legislation and guidance.
- 7.14 The framework includes a mechanism for resolving any disagreements between agencies, about how to work together to safeguard adults who may be at risk of abuse or neglect.

## Responding to abuse and neglect

### GOOD PRACTICE EXAMPLE (BRADFORD)

The District's multi-agency procedures divide adult protection situations into four types, to ensure that the pathway for each is consistent with the specific legal powers and statutory duties which apply to that situation in particular.

		Duty to protect others Is the abuse occurring in a care setting? Is the alleged perpetrator a member of staff or volunteer? Are other service users at risk?	
		NO	YES
Mental Capacity Does the person experiencing abuse have mental capacity to make decisions about a 'Safeguarding Adults' assessment?	YES	<b>Situation 1</b> A person with physical or sensory impairments is abused or neglected in their own home by a relative, friend, partner or stranger.	<b>Situation 3</b> A person with physical or sensory impairments is abused or neglected in their own home by a member of staff or a volunteer providing services Or Is abused or neglected in a setting where care is delivered, e.g. a hospital, day services, residential or nursing home.
	NO	<b>Situation 2</b> A person without mental capacity, for example, with severe learning disabilities or dementia, is abused or neglected in their own home by a relative, friend, partner or stranger.	<b>Situation 4</b> A person without mental capacity, for example, with severe learning disabilities or dementia, is abused or neglected in their own home by a member of staff or a volunteer providing services Or Is abused or neglected in a setting where care is delivered, e.g. a hospital, day services, residential or nursing home.

### Standard 8 Partner agency systems

- 8.1 Each partner agency has a set of internal guidelines, which are consistent with the local multi-agency 'Safeguarding Adults' policy and procedures and which set out the responsibilities of all workers to operate within it.
- 8.2 The internal reporting procedures for all partner agencies are stored centrally, e.g. with the 'Safeguarding Adults' co-ordinator, for reference by all partners and the partnership.
- 8.3 Where appropriate to its service, each organisation has integrated the possibility of risk of abuse and neglect into its assessment practice and risk assessment protocols.
- 8.4 Each organisation ensures that staff and volunteers at all levels have information, knowledge and training commensurate with their role in relation to 'Safeguarding Adults' (see standard 5).
- 8.5 All front line workers in all partner agencies are able to:
  - effectively signpost any person seeking information about living a life free from abuse and neglect, and make appropriate referrals about child protection, 'Safeguarding Adults', domestic violence and hate crime
  - identify people who may be able to receive services through the 'Safeguarding Adults' procedures
  - recognise risks from different sources and in different situations e.g. risks from other service users, colleagues, relatives and carers
  - accurately record facts, contemporaneously with any concerns of abuse or neglect, and actions taken as a result
- 8.6 All organisations have clear internal processes for staff and volunteers to gain information, support and advice on these issues.
- 8.7 Each organisation has a 'whistle-blowing' policy and procedure that is cross-linked to that of 'Safeguarding Adults', and is disseminated to staff and volunteers.
- 8.8 All agencies make staff and volunteers aware of external contacts to whom they can report concerns of abuse or neglect.
- 8.9 Each partner organisation ensures that staff and volunteers receive regular and recorded supervision that addresses 'Safeguarding Adults' issues and where there is an incident of alleged abuse or neglect, to debrief and reflect on practice. This should include the identification of and access to appropriate learning and development opportunities in this field.
- 8.10 Public bodies require agencies from whom they commission services to adhere to the local policy and procedures for 'Safeguarding Adults'. Commissioners monitor agencies to ensure that the policy and procedures are followed.

## Responding to abuse and neglect

### GOOD PRACTICE EXAMPLE (WEST SUSSEX)

#### Personal performance audit

To perform well in my Adult Protection (AP) role, I need...	Is this in place?		Action I can take
	Yes	No	
a) a clear job remit with clear accountabilities			
b) clear multi-agency AP policy and procedures to follow			
c) clear standards to work to			
d) clear locally-agreed AP arrangements/ protocols within my agency			
e) clear locally-agreed arrangements/protocols between my agency and other agencies			
f) regular and clear feedback about how I'm performing this role			
g) regular supervision re-f) above, to share dilemmas and identify my development needs			
h) to know consequences if I don't do it well			
i) to know that adequate resources (e.g.time, people, services ) are available			
j) to be able to prioritise critical AP tasks at critical times			
k) to know which people/ joint forums to feed emerging implementation issues to			
l) to develop my skills, expertise and knowledge by actually working on real cases, reflecting and learning from them			
m) to develop my skills, expertise and knowledge by sitting in/ observing/ shadowing/ finding a mentor/ talking to someone more experienced			
n) to develop my skills, expertise and knowledge by participating in off-the-job training			

## Standard 9 Effective procedures

The aim of the multi-agency 'Safeguarding Adults' procedures is to enable people who are at risk of abuse or neglect to access safety. The Standards below follow a best practice procedure through all of its stages, including the decision as to whether a person is eligible for community care services to help them achieve a safer life.

Since the publication of 'No Secrets' the majority of local authorities have published multi-agency 'adult protection' procedures to help co-ordinate efforts which safeguard adults. A strength of 'No Secrets' was that it enabled local areas to evolve procedures, as the local partnership grew in understanding of the work and the needs in its area. These Standards draw on the strengths of many different local procedures.

However, a confusion arising from a process of local evolution is that areas use different language to describe similar procedures; **and** they may also have procedures which differ in their detail or their substance from that of their neighbours. This presents problems for partners working in regional and national organisations. The diversity also risks creating a 'postcode' lottery for accessing safety.

The Standards below are written in language that may not match the one with which the reader is familiar. For this reason, the language used to describe each stage of the procedures in this document is **bold maroon type**.

## Standards

9.1 The multi-agency '**Safeguarding Adults' procedures** detail the following stages:

<b>Alert</b>	Reporting concerns of abuse or neglect which are received or noticed within a partner organisation. Any immediate protection needs are addressed
<b>Referral</b>	Placing information about that concern into a multi-agency context
<b>Decision</b>	Deciding whether the 'Safeguarding Adults' procedures are appropriate to address the concern
<b>Safeguarding assessment strategy</b>	Formulating a multi-agency plan for assessing the risk and addressing any immediate protection needs
<b>Safeguarding assessment</b>	Co-ordinating the collection of the information about abuse or neglect that has occurred or might occur. This may include an investigation e.g. a criminal or disciplinary investigation
<b>Safeguarding plan</b>	Co-ordinating a multi-agency response to the risk of abuse that has been identified
<b>Review</b>	The review of that plan
<b>Recording and monitoring</b>	Recording and monitoring the 'Safeguarding Adults' process and its outcomes

## National Framework – 'Safeguarding Adults'

## Responding to abuse and neglect

### GOOD PRACTICE

Based within the community care assessment time frame

	Maximum time frame
Alert	Immediate action to safeguard anyone at immediate risk
Referral	Within the same working day
Decision	By the end of the working day following the one on which the safeguarding referral was made
Safeguarding assessment strategy	Within five working days
Safeguarding assessment	Within four weeks of the safeguarding referral
Safeguarding plan	Within four weeks of the safeguarding assessment being completed
Review	Within six months for first review and thereafter yearly

9.2 The procedures clearly delegate responsibility for the decision and for co-ordinating the safeguarding assessments, plans and reviews.

This responsibility is taken by professionals with appropriate levels of experience and skill to co-ordinate multi-agency working together. They may be employed by any of the partner organisations. It is their role to manage the 'Safeguarding Adults' process in relation to a safeguarding **referral**. In these Standards such people are referred to as **safeguarding managers**.

9.2.1 It is recognised and agreed that, whilst carrying out the role and duties of **safeguarding managers**, people are acting on behalf of the 'Safeguarding Adults' partnership and are accountable to it via their organisation.

9.2.2 **Safeguarding managers** receive specific training and support for the role.

9.2.3 Responsibility for co-ordinating the strategy process is clearly designated to an appropriate **safeguarding manager**

9.3 Standards for **the alert**

9.3.1 All agencies have an internal protocol for reporting and recording 'Safeguarding Adults' concerns.

9.3.2 The worker who first becomes aware of concerns of abuse or neglect ensures that emergency assistance, where required, is summoned immediately.

9.3.3 Where there is evidence that a crime has taken place the police are contacted.

9.3.4 Forensic and other evidence is not contaminated.

9.3.5 Any information given directly by the adult concerned is listened to and recorded carefully. However, the person is not questioned at this stage, to avoid creating unnecessary stress, through repeatedly describing events or creating a perception that they are not believed. Such questioning can also risk the contamination of evidence.



## Responding to abuse and neglect

- 9.3.6 The worker who first becomes aware of concerns of abuse reports them as soon as possible - and in any case within one working day - to the correct point within their own organisation.
- 9.3.7 A decision is made on that same day as to whether the situation should be referred to the multi-agency 'Safeguarding Adults' process.

### GOOD PRACTICE

#### Receivers of alerts and referrals should respond by:

- remaining calm and not showing shock or disbelief
- listening carefully to what is being said
- not asking detailed or probing questions
- demonstrating a sympathetic approach by acknowledging regret and concern that what has been reported has happened
- ensuring that any emergency action needed has been taken
- confirming that the information will be treated seriously
- giving them information about the steps that will be taken
- informing them that they will receive feedback as to the result of the concerns they have raised and from whom
- giving the person contact details so that they can report any further issues or ask any questions that may arise

- 9.3.8 There is an agreed multi-agency format used by all partners for recording concerns of abuse. This collates information needed for the identification of repeat victims and multiple perpetrators and data needed to meet the monitoring requirements of the partnership.
- 9.3.9 Details of the report are recorded on the day it is made. It should be legible and of a photocopiable quality. The person making the report prints their name clearly and signs and dates it. Any opinions are clearly noted as such, and separated from the facts.
- 9.3.10 Information about the concerns are shared only within the framework of the 'Safeguarding Adults' information-sharing protocol.
- 9.3.11 The alleged abuser should not be contacted until there is an agreed **safeguarding assessment strategy** - unless this is part of emergency action needed to safeguard the adult or others at risk (e.g. an employer suspending staff in response to allegations against them).
- 9.3.12 Those alerting the abuse are supported, and involved appropriately in all stages of the process.
- 9.3.13 They receive confirmation that the concerns were raised and are being considered.
- 9.4 Standards for **the referral**
- 9.4.1 The referral point for 'Safeguarding Adults' concerns is simple and clear.
- 9.4.2 The referral point is accessible to members of the public, as well as to workers from all partner organisations.

## Responding to abuse and neglect

- 9.4.3 Consent is gained for the referral from a mentally capable adult who is thought to be experiencing abuse or neglect unless there are overriding public duties to act or gaining consent would put the person at further risk.
- 9.4.4 If there are overriding duties, the person is informed that the referral will take place, except where this could jeopardise the safety of others who may be at risk.

GOOD PRACTICE	
Information recorded about concerns of abuse	
The adult(s) about whom the concern has been raised	Name(s) Contact information Communication and access needs Gender, race, faith, culture. What is known of their mental capacity and of their wishes in relation to the abuse/neglect.
The abuse or neglect that may be taking place	How it came to light Its impact on the adult concerned The setting/occasion(s) where/when it took The alleged perpetrator(s), name and date of birth (if known) Any witness(es).
Any immediate action that was taken in response to the concern being raised	Any use of emergency services Crime number Any immediate safeguarding plan

- 9.5 Standards for **the decision**
- 9.5.1 Every referrer receives a clear response giving appropriate information about how the referral will be dealt with before the end of the next day. If the referrer is a partner organisation the feedback is recorded.
- 9.5.2 All adults covered by the 'Safeguarding Adults' policy who may be experiencing abuse or neglect receive a **safeguarding assessment**.
- 9.5.3 Where the adult is not covered by the policy, information is given or a referral is made to an appropriate service, and this action is recorded.
- 9.5.4 From the referral point, any concern about an adult covered by the policy is designated to the correct **safeguarding manager** within one working day of the referral.
- 9.5.5 Within the same working day the **safeguarding manager** decides if the referral is appropriate and records the decision.
- 9.5.6 There is a clear framework, agreed on a multi-agency basis, for deciding the level of urgency with which to pursue the next step of the procedures.
- 9.5.7 The **safeguarding manager** records the decision about the level of urgency.

### GOOD PRACTICE

**An assessment of urgency includes the presenting level of risk to the adult and incorporates:**

- level of threat to independence
- impact of the alleged abuse on the physical, emotional and psychological wellbeing of the adult
- duration and frequency of the alleged abuse
- its degree and extent
- level of personal support needed by the adult, and whether that support is normally provided by the alleged perpetrator
- extent of premeditation, threat or coercion
- context in which the alleged abuse takes place

It is important to remember that, although a single event may create a serious risk to the person's wellbeing, it is often the accumulation of events - each of which may appear small - that causes serious harm.

- 9.5.8 Where immediate action is needed to protect the safety of one or more adults, information is passed to the appropriate person in the organisation(s) best able to implement those safeguards as soon as possible. This happens within the same day that the referral is received and the action is recorded by the **safeguarding manager** and by the partner organisation(s).
- 9.5.9 Where a child may be at risk, a referral is made to the safeguarding children procedures.
- 9.6 Standards for **the safeguarding assessment strategy**
- Developing the strategy is a multi-agency process involving all those agencies appropriate to the particular situation. Sometimes the strategy can be made most effectively by a meeting of the relevant people (a 'Safeguarding Adults' **strategy meeting**). On other occasions it is necessary, and more effective, to formulate the initial strategy through a series of telephone conversations, e-mails, or through a virtual meeting (a 'Safeguarding Adults' **strategy discussion**).
- 9.6.1 Responsibility for co-ordinating the strategy process is clearly designated to an appropriate **safeguarding manager**.
- 9.6.2 Timing of strategy discussions reflect level of risk presented and in any case are completed within five days of a safeguarding **referral** being made.
- 9.6.3 There is a clear framework for deciding who is involved in **strategy discussions** for which situations.
- 9.6.4 There is an effective mechanism for convening and servicing a 'Safeguarding Adults' assessment **strategy meeting** if one is necessary.
- 9.6.5 The **safeguarding managers** make appropriate decisions about when to hold a face-to-face strategy meeting.
- 9.6.6 All relevant individuals and agencies are included in strategies.

## Responding to abuse and neglect

- 9.6.7 Adults with mental capacity, who may be at risk, are involved as partners in the **strategy discussion** (with appropriate use of independent advocacy and victim support services), unless prevented by other considerations. For example: for their safety; for the safety and rights of others (including the rights of an alleged perpetrator) or for the potential contamination of evidence.
- 9.6.8 Where such an adult with mental capacity cannot be included as a full partner the safeguarding manager should agree with them how their views are to be incorporated into the strategy-making process.
- 9.6.9 An alleged perpetrator would only be included in strategy discussions in very exceptional circumstances and with the agreement of the **safeguarding manager**. This must also be with the informed consent of the adult who is at risk (where they have mental capacity). Any such decision is clearly documented by the **safeguarding manager** and safeguards put in place to ensure any **safeguarding plan** is not jeopardised.
- 9.6.10 There is a clear framework of aims and outcomes for the **strategy discussion** that is shared in writing (or other durable accessible format) with all participants. These include: addressing immediate risk; a plan for carrying out of the **safeguarding assessment**; the rights, wellbeing and safety of people who may be at risk; and safeguarding the rights of 'whistleblowers'.
- 9.6.11 Where a crime is alleged to have taken place the police are involved as soon as possible and decide whether they will be taking action.
- 9.6.12 Where a service is implicated in abuse/neglect, a **strategy discussion** is held with the regulatory body and service commissioners; and a decision is made as whether the manager or the proprietor of the service is 'fit' to be involved in the strategy. This includes a judgement as to whether they are likely to be implicated as party to the abuse/neglect.
- 9.6.13 If the manager or proprietor is judged to be fit, they are included as a full partner in the **strategy discussions**.
- 9.6.14 During the discussion, all information known about the situation is shared in accordance with the information-sharing protocol with correct permissions sought.
- 9.6.15 Each organisation is proactive in offering resources within their remit to enable the risk of abuse to be assessed.
- 9.6.16 Actions agreed within the strategy are designated to the appropriate agency and worker.
- 9.6.17 Any investigation or assessment should be led by the agency with the appropriate legal powers and responsibilities. On some occasions joint investigations will be appropriate. A clear agreement between those agencies as to their respective roles should be part of the **strategy plan**.
- 9.6.18 Actions concerning people alleged to have perpetrated abuse are co-ordinated and action is planned to minimise risks to victims, witnesses and 'whistleblowers'.
- 9.6.19 The strategy aims for minimal interruption to the services being provided to an individual, or a group of people, during any **safeguarding assessment**.

## GOOD PRACTICE EXAMPLE (SHEFFIELD)

(adapted and condensed)

### Record of strategy meeting/ discussion in relation to an individual at risk

A COPY MUST ALWAYS BE SENT TO THE ADULT PROTECTION OFFICE

1. Date ..... Venue ..... Chair .....

2. Person's details:

Name:	DOB:	Age:	Gender: M / F
Ethnic origin:	Religion:	Language:	
Home address and telephone number:		If living elsewhere, please state:	

3. Family composition including significant others eg carers:

Name	Relationship to subject	Dob	Address	Telephone number
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4. Brief summary of details including; referral, source, time and date; contact to-date with subject and others: Supplementary sheets may be attached

Outcome of relevant agency checks concerning the subject:	Tick if relevant	Date of check	Result
Name of agency (e.g. GP, Police, SSD)			

Outcome of relevant agency checks concerning alleged perpetrator:	Tick if relevant	Date of check	Result
Name of agency (e.g. GP, Police, SSD)			

7. Give brief details in relation to the following:

- Are there any factors arising from the subject's cultural and or religious background which may have relevance for the safeguarding assessment?
- Are there any health or disability problems to consider in the safeguarding assessment?
- Is a specialist required to facilitate the safeguarding assessment?

8. Preliminary assessment of risk/unmet needs linked to threat to independence

Action to be taken – plan of how safeguarding assessment to be carried out:	Action	By whom	When
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Decision to interview subject:	Yes	No	Method of interview:	Video	Statement
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Decision to refer for medical assessment:	Yes	No	Decision pending
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Decision to convene Safeguarding plan meeting:	Yes	No	If no, state reason:
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13. Signatures and designations of decision makers:

14. Others present at meeting:

## Responding to abuse and neglect

- 9.6.20 Repeat questioning of victims and witnesses is minimised.
- 9.6.21 The strategy includes a plan for communication between agencies during any safeguarding assessment.
- 9.6.22 The safeguarding assessment will include an interim safeguarding plan for the duration of the assessment. See *Standards for the safeguarding plan* 9.8
- 9.6.23 The **safeguarding manager** ensures that accurate records/minutes are made of the strategy discussions or meeting and its outcomes which are circulated to everyone who has been part of the strategy discussions within five days of the strategy being completed.
- 9.7 Standards for **the safeguarding assessment**
- 9.7.1 A thorough assessment is made of risk level, including whether the alleged abuse or neglect has taken place.
- 9.7.2 Where the adult who may be at risk has mental capacity, they are usually the first person to be interviewed as part of the **safeguarding assessment**/investigation.
- 9.7.3 Their safety and confidentiality is paramount, except where information needs to be shared to protect others.
- 9.7.4 The communication needs, wishes and decision-making capacity of alleged victims are properly assessed and taken into full account, with appropriate use of independent advocacy and victim support services.
- 9.7.5 Forensic and other evidence is collected and preserved. Relevant files and documents are secured, using the appropriate powers of partner agencies where necessary.
- 9.7.6 Best evidence is achieved through victims being given protection and support regarding the criminal justice process, in line with the Youth Justice and Criminal Evidence Act (1999).
- 9.7.7 A decision is made by the police as soon as possible as to whether an Achieving Best Evidence interview is necessary and it is carried out within five days of the alert.
- 9.7.8 Individuals carrying out investigations on behalf of their organisation receive specific supervision and support (from it) in this role.
- 9.7.9 Each agency carries out the actions it agreed in the strategy discussion, and reports back to the **safeguarding manager** any changes to that plan.
- 9.7.10 Each agency makes comprehensive records of its work and the findings of any **safeguarding assessment**/investigation it carries out.
- 9.7.11 Each agency makes accurate records of its ongoing support and care of the adult(s) concerned.
- 9.7.12 Each agency reports promptly to the **safeguarding manager** any information that could change the plan agreed in the strategy.
- 9.7.13 The **safeguarding manager** co-ordinates an update **strategy discussion**/meeting if required.

### GOOD PRACTICE

Lead role responsibility for investigations/assessments as part of 'Safeguarding Adults' procedures

Type of investigation/risk assessment	Agency responsible
Criminal (including, assault, theft, fraud, hate crime and domestic violence)	Police
Fitness of a registered service provider/manager	Commission for Social Care Inspection
Breach of Care Standards Act	Commission for Social Care Inspection
Unresolved serious complaint in a health care setting	Health Care Commission
Breach of rights of person detained under the Mental Health Act	Health Care Commission (Mental Health Act Commissioner)
Breach of terms of employment /disciplinary procedures	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of Health and Safety Legislation	Health and Safety Executive
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another)	Service provider i.e. Manager/proprietor of service/complaints department
Breach of contract to provide care	Service Commissioner (e.g. Social services, Primary Care Trust, Supporting People)
Bogus callers or rogue traders	Trading Standards Officers
Misuse of public money	Local authority audit
Anti-social behaviour (e.g. harassment and nuisance by neighbours)	Anti-social behaviour team
Breach of tenancy agreement (e.g. harassment and nuisance by neighbours)	Landlord/Registered Social Landlord/Housing Trust
Misuse of Enduring Power of Attorney	Public Guardianship Office
Misuse of appointeeship or agency	Department of Work and Pensions
Inappropriate person or person making decisions about the care and wellbeing of an adult without mental capacity which are not in the adult's best interests	Court of Protection (from April 2007)
Assessment of need for health and social care provision (service users and carers)	Social Services/Primary Care Trust/Care Trust

## Responding to abuse and neglect

- 9.8 Standards for **the safeguarding plan**
- 9.8.1 A clear framework exists for deciding who is invited to take part in assessing the results of the **safeguarding assessment**/investigation and in the **safeguarding plan**.
- 9.8.2 Each agency that had a role in the investigation/risk assessment makes a written report of that work, and these are considered on a multi-agency basis in a **safeguarding plan** meeting.
- 9.8.3 An adult with mental capacity, who has been reported to have been at risk, is included in the assessment of risk and the **safeguarding plan**.
- 9.8.4 Reports of **safeguarding assessment**/investigations are made accessible to the adult(s) concerned prior to the meeting, with the involvement of a family member or advocate if appropriate.
- 9.8.5 Where an adult does not have the mental capacity to be included, a person acting in their best interests, for example and advocate, key worker or relative, is nominated to take part in the risk **assessment** and **safeguarding plan**.
- 9.8.6 A multi-agency decision is taken as to the outcome of the **safeguarding assessment**/investigation. This includes whether abuse/neglect took place, that it didn't, or that this is still not known **and** whether or not there is thought to be ongoing risk of abuse or neglect.
- 9.8.7 Where abuse has taken place, or an ongoing risk of abuse is identified as existing, a **safeguarding plan** is agreed with proactive steps to prevent further abuse and/or to decrease the risk.
- 9.8.8 Where abuse has taken place, there is active consideration in consultation with the police and legal services, of the potential use of relevant legislation.
- 9.8.9 Any person who is entitled to 'special measures' under 'Achieving Best Evidence' is identified as soon as possible and a referral made to Witness Support services.
- 9.8.10 Positive actions are planned/in progress to prevent the perpetrator from abusing or neglecting in the future.
- 9.8.11 Positive actions are planned to safeguard the adult and to promote recovery from further abuse/neglect.
- 9.8.12 Appropriate feedback, agreed at the **safeguarding plan** meeting, is given to those who report abuse or neglect concerning the outcome of their alert.
- 9.9 Standards for **the review**
- 9.9.1 A timescale for the review of the effectiveness of any **safeguarding plan** is agreed and recorded agreed at the safeguarding plan meeting, and in any case takes place within six months.
- 9.9.2 Any changes in circumstances made result in appropriate changes being to the safeguarding plan.



### GOOD PRACTICE

#### Positive Actions

##### Actions to prevent repeat abuse or neglect by a person or an organisation

- Criminal prosecution
- Enforcement action by the Commission for Social Care Inspection
- Cancellation of registration of a care provider
- Application for a court order e.g. restraining contact or an anti-social behaviour order
- Application to the Court of Protection to change a Continuing or Enduring or other Power of Attorney or Receivership
- Application to the Department of Work and Pensions to change appointeeship or agency
- Civil Law remedies e.g. suing for damages
- Prosecution by Trading Standards
- Disciplinary procedures by an employer
- Referral to the POVA list (by an employer or CSCI of a manager/ provider)
- Referral to registration body (e.g. NMC, GSCC, BMA)
- Training needs assessment and supervision (of employee/volunteer)
- Organisational review e.g. of staffing levels, policies, procedures, working practices and culture
- Increased observation of and appropriate interventions to prevent abusive behaviour by other service users
- Changing service provision to a person who harms other service user(s) so that they are not in a position to continue abusing them
- Carrying out a carers assessment and providing services that decrease the risk of abuse
- Change of support services provided to an adult to decrease carer stress
- Access to behaviour change programmes
- Meeting with an individual who has caused harm, to negotiate changes in their behaviour

##### Actions to promote the safety of an adult and for recovery from abuse or neglect

- Security measures e.g. door locks and entry devices, personal alarms, telephone or pager, CCTV.
- Activities that increase a persons capacity to protect themselves
- Activities that increase self esteem and confidence
- Activities that increase health and wellbeing
- Advocacy services
- Victim support services
- Support to give Best Evidence in Court
- Counselling and therapeutic services
- Application to the Court of Protection for an appropriate person to make decisions on behalf of a mentally incapacitated adult (from April 2007)
- Application to the Court of Protection for an appropriate person to act as a receiver and manage the person's finances
- Application for Criminal Injuries Compensation

## Responding to abuse and neglect

- 9.10 Standards for **recording and monitoring**
- 9.10.1 Each organisation keeps comprehensive records of any work that it undertakes under the 'Safeguarding Adults' procedures, including all alerts it receives and all referrals made.
- 9.10.2 There is an agreement on how and where the records of multi-agency work carried out under these procedures are stored.
- 9.10.3 The **safeguarding manager** ensures that comprehensive records are kept of any multi-agency processes and outcomes that they manage, and this information is stored securely according to the agreement in the procedures.
- 9.10.4 There is a protocol detailing the length of time for which records are to be held in line with national requirements.
- 9.10.5 There is an agreed process for, and resources allocated to, collecting, processing and monitoring all 'Safeguarding Adults' work undertaken under the procedures.
- 9.10.6 This process conforms to current national requirements for individual partner agencies and the partnership (cf. work in progress DH/AEA) for the collation for information about 'Safeguarding Adults' work and includes the number of referrals and their outcomes.
- 9.10.7 Information about "repeat" victimisation should be monitored and reported to the Crime and Disorder Reduction partnership as well as to the 'Safeguarding Adults' Partnership.
- 9.10.8 Monitoring information is collected and processed and feedback to the 'Safeguarding Adults' partnership on a regular basis.
- 9.10.9 There is a clear ongoing process for quality assurance of the multi-agency procedures.
- 9.10.10 Each organisation has a protocol by which to report any particular issues or difficulties and examples of good practice. These are communicated to the 'Safeguarding Adults' partnership in a timely manner.
- 9.10.11 The 'Safeguarding Adults' procedures are reviewed at least annually and changes are informed by quality assurance information.
- 9.10.12 The partnership has agreed processes for addressing difficulties in relation to delivering the 'Safeguarding Adults' procedures in particular cases, and for addressing general problems that arise.
- 9.10.13 There is an agreed multi-agency protocol for reporting any situations in which an adult covered by the procedures has died or been seriously harmed due to abuse or neglect to the partnership.
- 9.10.14 There is multi-agency agreement as to which other situations should be considered for a serious case review and how the decision will be made.
- 9.10.15 There is a clear process for commissioning and carrying out of a serious case review by the partnership (*see also standard 1.22*).

### Case examples

The following 'stories', based on real cases, have been collated from around the country. They illustrate good practice for implementing 'Safeguarding Adults' procedures.

### GOOD PRACTICE: STORY 1

#### An adult with capacity in a domestic setting

Alert	Thomas's sister rang the adult protection unit. Thomas had a road traffic accident and now uses a wheelchair. After he received compensation his estranged wife Melanie moved back to live with him and told him she would "look after" him. Thomas has told his sister that Melanie does not provide personal assistance, shop, or cook food. He can't get out of his flat without assistance. Yesterday she pushed him down the stairs. He is hungry.
Referral	The unit contacts the safeguarding manager in the social work teams for disabled people, who rings the referrer.
Decision	The safeguarding manager agrees this is a situation covered by the procedures.
Safeguarding strategy	Thomas's sister and brother-in-law bring him to their house. A social worker speaks to Thomas on the phone at his sister's and arranges to visit. He is adamant that he does not want the police involved.
Safeguarding assessment	Thomas says that Melanie is clearly only interested in spending his compensation money and does not want to care for him. He rings the bank and finds out that there is only £416 in his account. He wants help to gain adapted housing so he can be independent.
Safeguarding plan	Thomas reluctantly agrees to live in a nursing home for disabled adults whilst his housing application is considered. He contacts the bank, takes Melanie's name off his account and changes his pin number.
Review	Six weeks later Thomas has an offer for a property that will need further adaptation. He has advertised for a personal assistant who he will pay through direct payments. He is keen to move but happy that he has made a good friend in the home and found out from other residents about local resources for disabled people. Melanie came to visit to "make up" but he told her that he did not want to see her.

## Responding to abuse and neglect

### GOOD PRACTICE: STORY 2

A carer

Alert	Alicia is 62. Her adopted son Michael is 30. He has a learning disability and attended "special school" and then a residential college. Since he left college 3 years ago he has been living at home. The plan was for him to move into supported accommodation but he has refused to do this. Alicia's neighbours have rung the Learning Disability care management team because they are worried that Alicia isn't coping. When a care manager telephones Alicia she says she is scared of Michael and can't cope much longer.
Referral	The care manager discusses this with her team manager who is a safeguarding manager.
Decision	The safeguarding manager agrees this is a situation covered by the procedures
Safeguarding strategy	Care manager and Behaviour team worker visit Alicia on a day that Michael is at work. Manager of Michael's work placement has told care manager that he has been great at work and there are no problems.
Safeguarding assessment	Alicia is very tearful and ashamed. She does manage to tell the workers that when Michael doesn't want to do something or gets frustrated he throws objects and smashes them, throws himself on the floor, screams and bites any one who goes near him. He keeps asking her to let him go out to the local pub. She doesn't want him to go as she thinks he won't be safe. He has started to threaten her when he wants something, usually money which she doesn't always have, and has held her up against a wall once.
Safeguarding plan	Alicia agrees to make a statement to the police who interview and caution Michael. The care manager, work place manager and a housing support worker meet with Michael at his work place and he agrees to visit some prospective tenancies. The care manager meets with Alicia and Michael and supports them to make an agreement about money and behaviour.
Review	Three months later Michael has moved to a supported tenancy near Alicia's house. He is learning to manage his own money. Alicia has been to stay with her sister for a week and says she is starting to get her own life back again.

### GOOD PRACTICE: STORY 3

#### An adult with limited capacity in a domestic setting

Alert	Mr Myrcha is 82 years of age. His short-term memory is poor; he is lonely and anxious about money. He has a twice weekly visit for a domiciliary care agency contracted by Social Services. Mr Myrcha told one of the care workers that he feared he had been robbed. His friend Anne manages his money for him.
Referral	Care worker tells her manager who contacts Social Services, where safeguarding manager informed.
Decision	Adult protection procedure is appropriate.
Safeguarding strategy	Police Vulnerable Victims Co-ordinator contacted – agrees to visit Mr Myrcha together with a social worker.
Safeguarding assessment	Mr Myrcha says £800 is unaccounted for. An "old friend" had visited him but he could not recall why. He has a safe but it is broken and he leaves his curtains open at night to make use of the street lighting and save money. He trusts Anne.
Safeguarding plan	"Target hardening" measures taken. Door entry system installed. Vetted handyperson scheme employed to carry out gardening and maintenance work. Mr Myrcha signs enduring power of attorney with Anne as attorney. Anne asked to keep full record of all transactions. He starts attending day care.
Review	Mr Myrcha is still anxious but less lonely. No reports of alleged theft received since safeguarding plan introduced. Day care to monitor and call review if needed.

## Responding to abuse and neglect

### GOOD PRACTICE: STORY 4

#### An adult without capacity in a domestic setting

Alert	When Zahida Begum (born approx 1928) attended Day Care, a doctor observed severe bruising to her upper arms and face, thought to be of a non-accidental origin. Mrs Begum is very demanding but her husband Mr Mahmood refuses help, insisting he can cope. He is described as "attentive and caring".
Referral	Day care made referral to safeguarding manager (Team manager of Social work team).
Decision	Safeguarding manager decides that the Multi Agency Adult Protection Procedures should be followed.
Safeguarding strategy	Police informed. Agreed police will lead investigation. Mrs Begum admitted to respite care until police investigation complete.
Safeguarding assessment	Police photograph Mrs Begum's injuries and carry out interviews with her husband. Mrs Begum is very unsettled in respite placement. Family involved in case conferences. They are unhappy and want her home. At a case conference her husband states that "he might have slapped her". Police caution him.
Safeguarding plan	Changed medication makes Mrs Begum more settled. Mr Mahmood agrees to accept support from home care and planned respite. He has started to attend a support group for carers at the local community centre. His son is visiting more often and doing more of the shopping and helps with lifting his mother e.g. at bedtimes.
Review	Mrs Begum returns home. She is calm most of the time and Mr. Mahmood is not so stressed. Family are happy to talk through issues with allocated social worker. Police take no further action. Further review date set – 6 months.

### GOOD PRACTICE: STORY 5

#### An adult with capacity in a care setting

Alert	Sheila is 52 and has physical impairments resulting from cerebral palsy. She has been resident in a care home since she was 19. She tells her key worker that another resident, Gary, has raped her. She says this is a reoccurrence of a problem that has been happening on and off for fifteen years.
Referral	Care home worker tells her manager but, when he does not take any action, she phones the adult protection unit who contacts the safeguarding manager.
Decision	Agreed adult protection procedures and to hold a strategy meeting.
Safeguarding strategy	Sheila has met with an advocate who represents her at the meeting. She has agreed to make a statement to the police. The police lead the investigation. The proprietor of the care home to meet with the manager and staff team to ensure that, until police are ready to interview him, Gary's movements are monitored within the home. Sheila is given a personal alarm that she can operate easily. Once Gary has been seen by police, Care managers and key workers to meet with other women residents individually and ask if anyone in the home has ever hurt them.
Safeguarding assessment	Gary alleged to have sexually assaulted three residents and one ex-resident over period of 15 years. Police statements taken.
Safeguarding plan	Gary remanded on bail to live in single person tenancy .SSD contract personal assistants to meet his care needs. Women offered counselling –agreed with CPS.
Review	Women preparing for forthcoming court case. Manager of care home suspended. Proprietor carrying out internal review. CSCI to receive report. Staff team split for and against Gary, Acting manager asks for AP unit to come and talk to staff team.

## Responding to abuse and neglect

### GOOD PRACTICE: STORY 6

#### An adult without capacity in a care setting

Alert	A home care agency worker tells her manager that she doesn't want to work alongside Dianne anymore. When questioned why, she reluctantly tells that Dianne is a bully and doesn't care about the people they visit. She described an older woman being left dangling from the hoist above the commode and a person's visit being missed because Dianne said they hadn't time to visit him.
Referral	Manager of the agency contacts CSCI who contacts the safeguarding manager.
Decision	Agreed adult protection procedures; strategy agreed by telephone.
Safeguarding strategy	Dianne suspended pending disciplinary investigation. Manager to write to relatives of people concerned informing them of the investigation. One of the people has a care manager involved. They will discuss the issue with that family. SSD who commissioned the service informed and agree with plan.
Safeguarding assessment	Evidence from Dianne and two other members of staff and the families taken by manager. Dianne interviewed.
Safeguarding plan	Despite Dianne denying wrongdoing, manager feels has sufficient evidence to dismiss her. and makes a referral to the POVA list. CSCI, SSD commissioners and safeguarding manager informed.
Review	CSCI inspection praises manager's robust disciplinary procedures and relationships with staff.



### GOOD PRACTICE: STORY 7

#### Adults with and without capacity in care setting (nursing home)

Alert	Relative makes complaint to SSD Commissioning services about resident not receiving personal allowance. District nurse finds resident without mental capacity, with a pressure wound, dehydrated and not on pressure relieving mattress.
Referral	Adult Protection Unit contacted by both and referred to safeguarding manager.
Decision	Safeguarding manager consults with CSCI who have also just received a separate complaint about levels of staffing at night. CSCI report home has several outstanding issues to address from last two inspections, including staffing levels and care planning. Agreed Adult Protection strategy meeting should take place. Police made aware of concerns.
Safeguarding strategy	Strategy meeting takes place involving CSCI, PCT, local SSD commissioning team, SSD reviewing team, care managers who are working with individual residents, representatives of neighbouring authority who also fund residents and the proprietor of the home. A number of named residents are identified where they or relatives have raised specific concerns.
Safeguarding assessment	Individual complaints to be followed up with meetings between residents (who have capacity), relatives (if appropriate) care managers and the manager of the home. Residents who have made complaints, who have no relatives/do not want them involved, to be offered advocacy service. Social Services and PCT to jointly review a sample of residents with high dependency needs. Commissioning services in two local authorities to undertake joint visit and review contracted resident's finances.
Safeguarding plan	Proprietor to ensure all residents' care plans are up-to-date and being implemented; resolve staffing issues as a matter of urgency; reissue information about complaints process to all residents and visitors, including information about how to contact SSD Commissioning and CSCI. District nurse team to deliver training on local pressure care management protocol to staff. CSCI to seek enforcement notice about standards not met. Both Local Authority contracts team suspend placements.
Review	Change of management at home. CSCI have carried out an inspection in relation to complaint about staffing levels and care plans and noted improvement in standards. Placements reinstated. Joint reviews continue to ensure all residents have appropriate care plans. Subsequent review date set to follow next CSCI announced inspection.

# Access and involvement

## Standards 10 and 11

'Safeguarding Adults' work is specifically aimed at a group of people who historically have been discriminated against within our society. This discrimination explains in part why the prevalence of abuse of people *"who are or may be eligible for community care services"* is high.

Discrimination on the grounds of disability or age may in itself contribute to or abuse or neglect. For example: a person having stones thrown at them and being called names or not providing care because *"they have already had a good innings"*. Discrimination also prevents people accessing help and support to live safer lives. For example: a person with a mental health problem not being believed when they report abuse; deaf people not having information about how to complain about services.

There are other situations where discrimination on different grounds (e.g. gender, race, religion, sexuality) also contributes to abuse. For example: two men with learning disabilities being thrown out of supported accommodation when they started a sexual relationship with each other.

The group is diverse, and the content and impact of discrimination can vary with the details of people's impairments. It is important that specific efforts are made to ensure that the 'Safeguarding Adults' measures are accessible to **everyone** *"who is or may be eligible for community care services"*.

The work of the 'Safeguarding Adults' partnership must be clearly linked to local strategies to address discrimination on the grounds of disability and age, as well as to those that address other issues such as race equality. The partnership must guard against institutionalised discrimination on these, or any other grounds.

The 'Safeguarding Adults' partnership must have a communications and engagement strategy. This should be appropriate for its local population and accessible to adults who are covered by the policy. An effective strategy will: raise awareness of 'Safeguarding Adults' work; ensure that all citizens are able to make self-referrals; and enable feedback about the relevance and efficacy of the work.

## Standard 10 Equal access to safeguarding services

### Standards

- 10.1 The safeguarding procedures are accessible to all adults covered by the policy
- 10.2 Monitoring of 'Safeguarding Adults' work by the partnership includes age, impairments/disability, gender, sexuality, ethnicity and faith identities.
- 10.3 Monitoring of access to 'Safeguarding Adults' services provided by individual organisations (e.g. use of 'Special Measures', recorded hate crime towards disabled people, number of referrals from GP surgeries) is carried out on the same basis.
- 10.4 Documentation used to plan, record and monitor safeguarding work in relation to an individual includes fields that prompt workers to consider the person's needs and preferences and to assess the impact of any intervention in relation to faith, race, culture, gender and sexuality.
- 10.5 The partnership carries out an annual impact assessment comparing this data to local population data.

- 10.6 The partnership has a strategy for addressing issues that are preventing some groups from accessing services to support a safer life.
- 10.7 Where needed, specific services are developed to enable everyone to access safety and support to recover.
- 10.8 The partnership has clear links to local partnerships which address 'Community Cohesion' and 'Equality and Diversity'.

### GOOD PRACTICE EXAMPLES

#### Specific services

##### Beverley Lewis House

The Beverley Lewis House is a Safe House for Women with learning disabilities who feel frightened, or are being treated in a bad way and want it to stop. If you are being or have been attacked or treated in a bad way you can do something about it.

Contact: PO Box 7312, E15 4TS Tel: 020 8522 0675

##### Beyond Existing

#### Support groups for older and disabled people who have been abused

Many people, both men and women, are mistreated or harmed by someone during their lifetime. It is very hard for people who have been harmed to talk about it because they might feel ashamed, embarrassed (especially if it is a family member who has done something awful) or think that no-one is going to believe what happened to them. Adults can be mistreated or harmed physically, sexually, emotionally, or financially by family, friends, professionals, workers or strangers.

In the **Beyond Existing groups** members can talk in complete confidence, meet others who have been mistreated or harmed, have support from those with similar experiences and obtain advice if required. The groups are open to anyone aged over 18 years who has experienced abuse either in childhood or adulthood. Their main objective is to support people through the healing process and a variety of methods are used in the groups; discussion, exercises, drawing and creative writing. There have been mixed and single sex groups. Members have included adults with learning disabilities and those with mental health problems; with ages ranging from 20 and 93 years. We meet in West Yorkshire.

Beyond Existing, P.O Box 1779, Sheffield S6 3YB or Telephone: 0114 270 1782

##### Jewish Care and the London Borough of Barnet

Jewish Care is a voluntary sector organisation offering support and social care to Jewish people in London and South East England. The organisation has a social work team which carries out an assessment and care management function for Jewish service users on behalf of the London Borough of Barnet. Any referral concerning the abuse of a Jewish adult will involve both agencies working in partnership. This may involve a joint investigation under the direction of a multi-agency strategy meeting, which is chaired by the local authority. Any subsequent case conference will devise a culturally sensitive protection plan, and may involve some of the services provided by Jewish organisations. A number of these are available for Jewish service users including residential, nursing and home care provision. There are also specialist services for survivors of the holocaust, refugees and their families. Jewish Care is a member of Barnet's local Adult Protection Committee.

## Access and involvement

### Standard 11 Engaging citizens

- 11.1 The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service user participation into:
- its membership
  - the monitoring, development and implementation of its work
  - the training strategy
  - the planning and implementation of their individual safeguarding assessment and plans.
- 11.2 Partner organisations build service user involvement into the design and delivery of safeguarding services
- 11.3 The policy is explicit in its promotion of the core values of promoting independence, respect, dignity and choice and interventions carried out under the procedures are consistent with this.
- 11.4 Feedback is sought from all individual service users and carers about the delivery and outcomes of safeguarding work for them. There is a mechanism for this feedback to inform improvements and developments.
- 11.5 The partnership recognises and promotes the value of community and neighbourhood networks in preventing abuse and protecting those who are at risk.
- 11.6 The partnership has an information and publicity strategy.
- 11.7 Information about 'Safeguarding Adults' work is produced using a wide range of accessible and user-friendly styles for the general public, specified communities of interest, service users and carers. A variety of different formats and media is used for dissemination e.g. community radio, public forums, internet, local newspapers, publications of partner organisations.
- 11.8 The information clearly outlines what abuse is and how to express a concern, who to contact/who to speak to.
- 11.9 There is a 'One Stop' contact for all concerns about abuse or neglect of an adult. This contact point is accessible through different forms of communication.
- 11.10 Publicity carried out by the partnership and by individual organisations is monitored, and an annual impact assessment is made e.g. by mapping types of information distributed against other data such as referrals to the procedures.

### GOOD PRACTICE EXAMPLES (SUNDERLAND)

#### Publicity campaign

A city-wide publicity campaign was launched with the aim of raising the profile of adult abuse within the local community. The campaign was launched at an annual Adult Protection Seminar and was followed up by the distribution of revised public information leaflets and media coverage. The Adult Protection Committee worked in partnership with the local press to feature a variety of different posters and articles focusing on adult abuse. In developing the campaign, an extensive consultation process took place to ensure that views, ideas and suggestions from a wide range of groups and people were listened to and acted upon. This included service user groups and carers.

#### One Stop contact point

An adult protection helpline has been set up, which members of the public can ring to express a concern or simply to obtain advice or information with regards to adult abuse. The helpline has been set up within the Social Services Community Alarm Service and is staffed 24 hours a day. There is a direct link to the Adult Protection Unit and all referrals from the helpline are picked up by the Unit. The helpline is advertised in local magazines and through distribution of contact cards and leaflets.

#### Information that is accessible to people with a learning disability

The Adult Protection Committee worked in partnership with Sunderland People First (a self-advocacy group for people with learning disabilities) to develop an accessible adult protection guide for people with a learning disability. Members of the development group worked in consultation with service users from day services to produce a pictorial guide with 'easy to understand language'.

# Relevant legal statutes

## Abuse that is a crime

Common Law of Tort  
Crime and Disorder Act 1998  
Criminal Justice Act 1968  
Domestic Violence Crime and Victims Act 2004  
Family Law Act 1996  
Medicines Act 1969  
Offences Against the Person Act 1861  
Police and Criminal Evidence Act 1970  
Protection from Harassment Act 1997  
Public Order Act 1986  
Sexual Offences Act 1956  
Sexual Offences Act 1967  
Sexual Offences Act 2003  
Theft & Deception Acts 1968 and 1978  
Youth Justice and Criminal Evidence Act 1999

## Other relevant statutes

Court of Protection Rules 1994  
Data Protection Act 1998  
Disability Discrimination Act 1998  
Enduring Power of Attorney Act 1985  
Health & Safety at Work Act, 1974  
Human Rights Act 1998  
Mental Capacity Act 2005  
Power of Attorney Act 1971  
Public Interest Disclosure Act 1998  
Race Relations (Amendment) Act 2002  
Social Security (Claims and Payments) Regulations 1987

## Provision of health and social care services

Carer's (Recognition and Services) Act 1995  
Carers and Disabled Children Act (2000)  
Care Standards Act 2000  
Chronically Sick and Disabled Persons Act 1970  
Community Care (Direct Payments) Act 1996  
Disabled Persons (Service Consultation and Representation) Act 1986  
Employments Rights Act 1996  
Health and Social Care Act 1990  
Health Service and Public Health Act 1968  
Health Act 1999  
Housing Act 1985  
Housing Act 1996  
Housing Act 2004  
Local Authority Social Services Act 1970  
Mental Health Act 1959  
Mental Health Act 1983  
National Assistance Act 1948  
National Assistance (Amendment) Act 1951  
National Health Service Act 1977  
National Health Service and Community Care Act 1990  
Public Health Act 1936 and Public Health Act 1961  
Registered Homes Act 1984  
Registered Homes (Amendment) Act 1991

# Glossary

## **Association of Directors of Social Services (ADSS)**

A membership organisation which represents all the directors of social services and leaders of social care in England, Wales and Northern Ireland.

## **ADSS cross-boundary protocol.**

An agreement stating that, although the commissioners of a service retain responsibility for the wellbeing of an individual placed 'out of area', any 'Safeguarding Procedures' in relation to abuse taking place in the host area should be managed by the host authority according to its local multi-agency procedures.

## **Audit Commission (AC)**

An independent public body responsible for ensuring that public money is spent economically, efficiently and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services.

## **British Medical Association (BMA)**

A voluntary professional association of doctors from all branches of medicine all over the UK.

## **Building community capacity**

Development work that strengthens the ability of communities and community organisations to build local skills, structures, participation and solutions.

## **Carers**

People such as family, friends or neighbours who provide unpaid support and care to another person.

## **Care programme approach (CPA)**

The process which mental health service providers use to coordinate the care for people who have mental health problems.

## **Care trusts**

Organisations that work in both health and social care. They may carry out a range of services, including social care, mental health services or primary care services.

## **Commissioners**

The branches of health and social care statutory organisations that purchase services from voluntary and independent sector organisations - through which they provide additional health and social care services to the public.

## **Commission for Social Care Inspection (CSCI)**

The single, independent inspectorate for all social care services in England.

## **Crime and Disorder Reduction Partnerships**

The statutory multi-agency local partnerships formed in response to the Crime and Disorder Act 1998, as amended by the Police Reform Act 2002, to develop and implement strategies to tackle crime and disorder and misuse of drugs in their area.

## **Criminal Records Bureau (CRB)**

An executive agency of the Home Office which helps employers in the public, private and voluntary sectors to identify candidates who may be unsuitable for certain work, especially that involving contact with children or other vulnerable members of society.

## **Direct payments**

Financial resources given to people so that they can organise and pay for the services that they need, rather than use the services that the council offers.

## **Fair Access to Care Services (FACS)**

Guidance issued by the Department of Health to councils and care trusts about fair charging policies for home care and other non-residential care, and advice about eligibility criteria for adult social care.

## **General Social Care Council (GSCC)**

The social care workforce regulator. It registers social care workers and regulates their conduct and training.

### **Healthcare Commission**

This promotes improvement in the quality of healthcare in England and Wales. In England this includes regulation of the independent healthcare sector.

### **Learning Disabilities Awards Framework (LDAF)**

A set of qualifications appropriate to people who work in learning disability services.

### **Local area agreement (LAA)**

This provides a single framework through which government departments can allocate additional funding to a local authority and its partners.

### **Local Delivery Plan (LDP)**

The plan agreed by the DH by which Strategic Health Authorities and PCTs will deliver health services in partnership with other agencies.

### **Local Strategic Partnership (LSP)**

Brings agencies and others together in a way which focuses and commits its members to improving the quality of life and governance in a particular area.

### **"is or may be eligible for community care services"**

In general, councils may provide community care services to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments, or from mental health difficulties. In this regard, councils' responsibilities to provide such services are principally set out in the :

- National Assistance Act 1948.
- Health Services and Public Health Act 1968.
- Chronically Sick and Disabled Persons Act 1970.
- National Health Service Act 1977.
- Mental Health Act 1983.
- Disabled Persons (Services, Consultation and Representation) Act 1986.

### **Multi-agency Public Protection Arrangements (MAPPA)**

A statutory set of arrangements operated by criminal justice and social care agencies that seeks to reduce the serious re-offending behaviour of sex and violent offenders to protect the public.

### **National Service Frameworks (NSFs)**

A set of national standards and identify key interventions for a defined service or care group; put in place strategies to support implementation; and establish ways to ensure progress within an agreed timescale.

### **National Qualifications Framework (NQF)**

The national framework for qualifications.

### **Nursing and Midwifery Council (NMC)**

An organisation set up by Parliament to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients.

### **Partner agency**

One of the organisations who is a member of a group of organisations working together in partnership to achieve common objectives.

### **Person-centred planning (PCP)**

This is a process of life planning for individuals based on the principles of inclusion and the social model of disability.

### **Primary Care Trusts (PCTs)**

The local health organisations responsible for managing local health services. PCTs work with Local Authorities and other agencies that provide health and social care locally, to make sure the community's needs are being met.

### **Post Qualification Social Work (PQSW)**

The framework for post-qualifying awards for social workers.

### **Protection of Venerable Adults (POVA)**

A list of those registered as being unsuitable to provide care to 'vulnerable adults'. Through referrals to, and checks against the list, care workers who have harmed a vulnerable adult, or placed a vulnerable adult at risk of harm (whether or not in the course of their employment), will be banned from working in a care position with vulnerable adults.



**Public Concern at Work (PCaW)**

An independent authority on public interest whistleblowing. Established as a charity in 1993 following a series of scandals and disasters, PCaW has played a leading role in putting whistleblowing on the governance agenda and in influencing the content of legislation in the UK and abroad.

**Root Cause Analysis (RCA)**

A retrospective review of a patient safety incident undertaken in order to identify what, how, and why it happened. The analysis is then used to identify areas for change, recommendations and sustainable solutions, to help minimise the re-occurrence of the incident type in the future. This approach is equally applicable to complaints and claims.

**'Safeguarding Adults'**

All work which enables any adult "*who is or may be eligible for community care services*" to retain independence, wellbeing and choice **and** to access their human right to live a life that is free from abuse and neglect.

**'Safeguarding Adults' Partnership**

The formal group of organisations (led by Social Services) who are working together to implement 'Safeguarding Adults' work in a local area.

**Service provider**

An organisation that delivers services, such as health and social care services.

**Service User**

A person who is a customer/consumer of a service (particularly used in relation to those using social care services).

**Skills for Care**

The organisation responsible for the strategic development of the adult social care workforce.

**Single Assessment Process (SAP)**

Introduced in the NSF for older people, it aims to make sure older people's care needs are assessed thoroughly and accurately, but without procedures being needlessly duplicated by different agencies.

**Staff**

People employed on a paid or unpaid (voluntary) basis by an organisation to organise and deliver its services/product.

**Social Services Departments**

The part of the Local Authority responsible for commissioning and providing social care services to adults and children.

**Supporting People**

A working partnership of local government, service users and support agencies which provides high-quality and strategically planned housing-related services.

**Universal services**

Services provided to the whole community. These can include education and health, libraries, leisure facilities and transport.

**Voluntary and community sector (VCS)**

Over half a million voluntary and community groups in the UK, ranging from small community groups to large national or international organisations.

**Zero Tolerance**

Non-acceptance of antisocial and especially criminal behaviour, with an emphasis on dealing effectively with every manifestation of the behaviour however large or small.

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## Useful Websites

[www.adss.org.uk](http://www.adss.org.uk)  
Association of Directors of Social Services

[www.anncrafttrust.org](http://www.anncrafttrust.org)  
Ann Craft Trust, formally NAPSAC, is a UK based organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

[www.bgop.org.uk](http://www.bgop.org.uk)  
'Better Government for Older People'

[www.csci.gov.uk](http://www.csci.gov.uk)  
Commission for Social Care Inspection

[www.chi.gov.uk](http://www.chi.gov.uk)  
Health Care Commission

[www.cjsonline.org/citizen/victims](http://www.cjsonline.org/citizen/victims)  
- information about the criminal justice system

[www.crimereduction.gov.uk](http://www.crimereduction.gov.uk)  
Home Office Crime Reduction

[www.dh.gov.uk](http://www.dh.gov.uk)  
Department of Health

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics)

[www.elderabuse.org.uk](http://www.elderabuse.org.uk)  
Action on Elder Abuse

[www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)  
The Home Office

[www.informationcommissioner.gov.uk](http://www.informationcommissioner.gov.uk)

[www.mencap.org.uk](http://www.mencap.org.uk)  
a leading learning disability charity working with people with a learning disability and their families and carers

[www.pavauk.org.uk](http://www.pavauk.org.uk)  
Practitioner Alliance against Abuse of Vulnerable Adults

[www.pcaw.co.uk](http://www.pcaw.co.uk)  
Public Concern at Work

[www.thepowerhouse.org.uk](http://www.thepowerhouse.org.uk)  
A safe house for women with a learning disability

[www.refuge.org.uk](http://www.refuge.org.uk)  
Refuge for women and children experiencing domestic violence

[www.respond.org.uk](http://www.respond.org.uk)  
Providing Services to People with a Learning Disability who have experienced sexual abuse.

[www.viauk.org](http://www.viauk.org)  
Values into Action. This is a national campaign for people with learning difficulties. This project is researching bullying and harassment of people with learning difficulties


[www.victimsupport.org.uk](http://www.victimsupport.org.uk)  
Victim Support is the independent charity which helps people cope with the effects of crime. We provide free and confidential support and information to help you deal with your experience.

[www.voiceuk.org.uk](http://www.voiceuk.org.uk)  
VOICE UK. We are a national charity supporting people with learning disabilities who have experienced crime or abuse. We also support their families, carers and professional workers

[www.womensaid.org.uk](http://www.womensaid.org.uk)  
Women's Aid – for women and children experiencing domestic violence







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