

THERE CAN BE
***no*secrets**

Adult Protection in Cheshire

Inter-Agency Policy,
Procedures and Guidance

Revised March 2005

Translation, Braille, audiotape and large print
are available on request.

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Document to be reviewed in March 2007

STATEMENT OF COMMITMENT

As Agencies who have worked to develop and adopt the Inter-agency Policy, Procedure and Guidance relating to the protection of adults in Cheshire, we agree that we will work to the following principles.

Everyone has the right to live their life free from violence, fear and abuse.

All adults have the right to be protected from harm and exploitation.

All adults have the right to independence, which involves a degree of risk.

We are therefore committed to making sure that the Inter-agency Policy, Procedure and Guidance become operational by:

- 1 Ensuring that there is a consistent and effective response to any concerns, allegations or disclosures of abuse.
- 2 Supporting staff in reporting and investigating incidents of adult abuse.
- 3 Preventing abuse from occurring in our Organisations.
- 4 Ensuring that staff have the knowledge and understanding about adult protection and receive training on implementing the adult protection procedures.
- 5 Working in partnership with other organisations.
- 6 Monitoring and evaluating our own practices.
- 7 Contributing towards Inter-agency Adult Protection Investigations and Risk Management Plans.
- 8 Working towards creating Safer Services.

**AGENCIES ADOPTING THE POLICY,
PROCEDURES AND GUIDANCE**

Cheshire County Council Social Services
Cheshire Police
Cheshire County Council Transport Co-ordination
Muir Group Housing Association Limited
Beth Johnson Housing Association Limited
Anchor Trust
Making Space
Vale Royal Disability Services
Anna Carey - Independent provider
East Cheshire NHS Hospital Trust
Central Cheshire Primary Care Trust
Mid-Cheshire Hospitals NHS Trust

AGENCIES SUPPORTING THE POLICY, PROCEDURES AND GUIDANCE

Ellesmere Port and Neston Borough Council Housing Services
Congleton Borough Council
Crewe and Nantwich Borough Council Housing Services
Macclesfield Borough Council Housing Service
Vale Royal Borough Council
Chester and District Housing Trust
Eastern Cheshire Primary Care Trust
Cheshire West Primary Care Trust
Ellesmere Port and Neston Primary Care Trust
Cheshire and Wirral Partnership Trust
CSCI
Benefits Agency
Cheshire Probation Service
Crown Prosecution Service
Age Concern Cheshire
Mencap regional office
Carr Gomm - Registered social landlord
Alzheimer's Society Vale Royal Branch

PLEASE NOTE the above lists of agencies adopting and supporting the Policy, Procedures and Guidance are up to date. This list will be further updated as additional agencies have the opportunity to consider the contents of this document. Where agencies 'support' rather than adopt it is envisaged that the agency has their own procedures that 'dovetail' into the multi-agency procedures.

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ACKNOWLEDGEMENTS

The development of these procedures has been the result of the co-operation and collaboration between voluntary, statutory and independent agencies and organisations in Cheshire.

We acknowledge the valuable contribution of all the individuals involved.

Much of the content of the procedures is based on academic research and the Adult Protection Procedures of Local Authorities across the Country. Being able to access the work previously done in relation to adult protection has enabled us to adopt the best practice to inform this document.

POLICY AND INTRODUCTION PROCEDURES

(* Note numbers in brackets in policy refer to sections in No Secrets)

1 Introduction (4.1)

- 1.1 The existence of the abuse of vulnerable adults by relatives, friends, neighbours, and strangers as well as by those employed to protect them has long been acknowledged.
- 1.2 There is now an increased awareness of the level and extent of adult abuse and the need for a pro-active response.
- 1.3 The Department of Health and Home Office issued No Secrets Guidance on developing Multi-Agency Policies and Procedures to protect vulnerable adults from abuse in March 2000. This policy adheres to the content of No Secrets.

2 Adult Protection Policy

- 2.1 Within Cheshire we have agreed to work across agencies to protect adults at risk of abuse, based on respect for an individual's human rights. (1.1)
- 2.2 A framework for action has been agreed to ensure a consistent and effective response to any circumstances giving grounds for concern or formal complaints or expressions of anxiety about adult abuse. (1.2)
- 2.3 Our primary aim is to prevent abuse where possible, but, if the preventative strategy fails, we will ensure Inter-agency procedures are used to deal with incidents of abuse. (1.2)

3 Definition (2)

- 3.1 In this guidance "adult" means a person aged 18 years or over. (2.2)
- 3.2 The broad definition of a vulnerable adult referred to in the 1997 Consultation paper "Who Decides", issued by the Lord Chancellors' Department, is a person:
"Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation." (2.3)

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- 3.3 “Community Care Services” will be taken to include all care services provided in any setting or context. (2.4)
- 3.4 Abuse is a violation of an individual’s human and civil rights by any other person or persons. (2.5)
- 3.5 Abuse may consist of a single act or repeated acts. It may occur when the vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (2.6)
- 3.6 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time, or by more than one perpetrator. (2.8)
- 3.7 A continuum of abuse includes isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through pervasive ill treatment or gross misconduct at the other. Repeated incidents of poor care maybe an indication of more serious problems, ie institutional abuse. (2.9)
- 3.8 Many incidents of abuse are criminal offences. (2.8)
- 3.9 Any adult can be abused. This policy covers all circumstances where there are concerns that an adult has been abused.
- 3.10 A wide range of people can and will abuse adults. These may include (2.12):
- (a) A member of staff, proprietor or service manager.
 - (b) A member of a recognised professional group.
 - (c) A volunteer or a member of a community group, such as place of worship or social club.
 - (d) Another service user.
 - (e) A spouse, relative or a member of the person’s social network.
 - (f) A carer.
 - (g) A neighbour, member of the public or a stranger.
 - (h) A person who deliberately targets vulnerable people in order to exploit them.

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- 3.11 We recognise our responsibility to adults who have been abused. We recognise that we may also have a responsibility in relation to the perpetrators of abuse who may be our staff, volunteers, or others acting on our behalf and service users. (2.12)
- 3.12 This policy includes domestic violence.
- 3.13 This policy covers incidents of abuse by strangers. (2.13)
- 3.14 Abuse can take place in any context. Abuse may occur when an adult lives alone or with a relative, it may also occur within nursing, residential or day care settings, in hospital, custodial situations, support services into people's own homes, and other places previously assumed safe, or in public places. (2.14)
- 3.15 Abuse concerns the misuse of power, control and/or authority and can manifest itself as:
- (a) Domestic violence, sexual assault or sexual harassment.
 - (b) Racial or religiously motivated assault.
 - (c) Discrimination and oppression.
 - (d) Institutional abuse.
 - (e) Financial abuse.

4 Principles

- 4.1 In formulating this policy we are promoting the following guiding principles. (4.3)
- All adults have a right to:
- (a) Live free from violence, fear and abuse.
 - (b) Be protected from harm and exploitation.
 - (c) Independence which involves a degree of risk.
- 4.2 We will endeavour to achieve the above by (4.3):
- (a) Actively working together with an Inter-agency framework based upon collaboration at all levels as outlined in Section 5 of the Adult Protection Procedures.
 - (b) Actively promoting the empowerment of those who may be at risk of being abused within our own services.
 - (c) Acting in a way, which supports the rights of the individual to lead an independent life based on self-determination and personal choice.

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- (d) Recognise that there are people who are unable to take their own decisions and/or protect themselves, their assets and bodily integrity.
- (e) Recognising that self-determination can involve risk.
- (f) Ensuring the safety of adults by integrating strategies, policies and services relevant to abuse within the existing Legal framework.
- (g) Ensuring that when the right to an independent lifestyle and choices are at risk the individual concerned receives offers of appropriate help.
- (h) Ensuring that the law and statutory requirements are known and used appropriately so that all adults receive protection and access to the judicial process.
- (i) Making our services accessible to all.
- (j) Actively promoting and contributing towards Inter-agency training.

5 Procedures for responding to individual cases (6)

- 5.1 We agree that all concerns, allegations or disclosures of abuse require a response whatever the seriousness. (2.19)
- 5.2 All staff in our agencies has a duty to act and report on concerns, allegations or disclosures of abuse. (6.2) Staff will follow the Inter-agency procedures and will be supported in contributing appropriately in the investigation.
- 5.3 **Where there is any suggestion that a criminal offence may have occurred the Police must be contacted. Criminal Investigation by the Police takes priority over all other lines of enquiry (No Secrets 2.8).**
- 5.4 The Inter-agency Procedures will:
 - (a) Will encourage and enable anyone who hears an allegation or disclosure of abuse to respond in an appropriate way.
 - (b) Encourage and enable anyone wishing to express a concern or make an allegation or disclosure of abuse to do so in the knowledge that they will be believed and supported.
 - (c) Ensure a systematic and consistent Inter-agency response is considered for all concerns, allegations and disclosures of abuse.

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- (d) Provide a decision-making framework in which workers can seek to protect and empower people experiencing abuse.

5.5 We will work together in co-ordinated joint investigations. This will achieve more than a series of investigations, ensuring that evidence is shared, repeat interviewing is avoided and will cause less distress for the person who may have suffered abuse. However, no individual agencies statutory responsibility can be delegated to another. (6.10)

5.6 The Inter-agency Procedures provide the framework that will ensure co-ordination of Social Services, Police, Complaints, Commission for Social Care and Inspection, Health and Disciplinary Investigations. As Social Services are identified as the Lead Agency, they will co-ordinate and monitor action and ensure that other agencies involved and the person making the initial referral receive updates on progress made unless it is inappropriate for them to do so. (6.12)

6 Confidentiality

6.1 We will co-operate in the sharing of appropriate information based on the principles defined below.

- (a) Information will be shared on need to know basis - taking account of the best interests of the Service User.
- (b) Confidentiality will not be confused with secrecy.
- (c) Informed consent should be obtained but if this is not possible and other adults are at risk it may be necessary to override the requirement.
- (d) It is inappropriate for agencies to give absolute confidentiality in cases where there are concerns about abuse, particularly, when other people may be at risk.

6.2 Any exchange or disclosure of information must be in accordance with the Data Protection Act 1998 and the Human Rights Act 1998 + Freedom of Information Act.

6.3 We recognise that confidentiality must be designed to safeguard the best interests of the abused person and must not be confused with protecting the management interests of an organisation. (5.5 and 5.8)

6.4 We will make staff aware that where it appears to an employee or person in a similar role that confidentiality rules may be operating against the interests of vulnerable adults a duty arises to make a full disclosure in the public interest.

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7 Collaboration at all levels

- 7.1 Effective response to abuse requires not only effective Inter-agency and Inter-professional collaboration, but also collaboration at all levels within agencies. (3.9)
- 7.2 Cheshire County Council Social Services are taking the lead in co-ordinating partnership working. (3.2)
- 7.3 All the relevant agencies are involved in the development of the Inter-agency Framework, listed separately below. (3.3)
- 7.4 An Inter-agency Adult Protection Committee exists as a Standard Committee with Lead Officers from as follows. (3.4)
- (a) Social Services
 - (b) Police
 - (c) Housing, NHS Trusts, Welfare Organisations, Local PCTs and , the Commission for Social Care Inspection, Cheshire Care Homes association and with corresponding membership from Cheshire Strategic Health Authority, Crown Prosecution Service, Education, Probation, Benefits Agency.
- 7.5 The remit of the Inter-agency Adult Protection Committee is to (3.4):
- (a) Develop and continually review policy on Adult Protection.
 - (b) Develop and update Operational Inter-agency Procedures and Protocols.
 - (c) Review and update Policy and Procedures based on evidence of what works in practice for users or our services using local, national, and international research.
 - (d) Promote Inter-agency co-operation.
 - (e) Evaluate the implementation of policies and procedures through the collation of information from monitoring systems.
 - (f) Review individual cases and the Inter-agency framework as a means of auditing good and bad practice.
 - (g) Promoting the Policy and Procedures of Staff Groups, management and to the Public through the use of a variety of communication methods.
 - (h) Develop a training strategy and facilitate joint training.
 - (i) Develop a long-term plan for the implementation of policy and sustain in a high level of commitment to Adult Protection.

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- 7.6 The Inter-agency Adult Protection Committee will undertake an annual audit to monitor and evaluate the way in which this policy and the Inter-agency procedures are working. Feedback on performance will be made to relevant agencies. The audit will include the following. (3.1 and 5.1)
- (a) An evaluation of community understanding – the extent to which there is awareness of the Adult Protection Policy and Procedures.
 - (b) Links with other systems and strategies for protecting those at risk, ie Child Protection, Domestic Violence, Victim Support and Community Safety.
 - (c) An evaluation of how agencies are working together and how far the policy continues to be appropriate.
 - (d) The extent to which operational guidance continues to be appropriate, in general and in the light of reported cases of abuse.
 - (e) The training of staff in all agencies.
 - (f) The performance and quality of services for the protection of adults at risk of abuse.
 - (g) The conduct and processing of individual cases.
 - (h) The development of services to respond to the needs of adults who have been abused.
- 7.7 The above elements will provide outcome measures to be used by commissioners and providers of services to monitor and evaluate Service Provision. (3.18)
- 7.8 Collaboration will take place at all levels. (3.9)
- (a) Operational.
 - (b) Supervisory Line Management.
 - (c) Senior Management Staff.
 - (d) Corporate/Cross Authority.
 - (e) Chief Officers/Chief Executives.
 - (f) Local Authority Members.
- 7.9 **Operational Level**
- Operational Staff are responsible for identifying, investigating, and responding to allegations of abuse. We will ensure that there is common understanding across agencies at operational level about what constitutes abuse and their role in agreed procedures. (3.10)

7.10 Supervisory Line Management

Managers with responsibility for overseeing and supervising the investigation of, in response to, adult abuse are responsible for ensuring that all appropriate agencies are involved in the investigation and the provision of support, and that good standards of practice are maintained. They will provide the first line of negotiation if differences arise between agencies. Arrangements are in place to enable managers in different agencies to contact each other quickly to resolve Inter-agency problems through their Inter-agency procedures and using joint referral forms. (3.11)

7.11 Senior Management Level

Senior Managers have been identified in each agency to take a lead role with regard to the development of policy and strategy, issuing operational guidance, promoting good practice, making recommendations to Management Groups and negotiation with other agencies within and Inter-agency framework. The Lead Managers will have comparable discretion and authority to make strategic resource decisions. The Lead Managers will have an understanding of the organisational frameworks within which colleagues in different agencies work. (3.12)

7.12 Lead Officers from each agency will submit annual progress reports to their Agencies' Executive Management Body or Group to ensure that adult protection policy requirements are part of the agencies' overall approach to service provision and service development. (3.13) In Cheshire it has been decided that there will be an annual report which will go to all members of the A.P.C. who will in turn share this with their organisations.

7.13 Chief Officer and Executive Level

Chief Officers and Chief Executives will be regularly briefed on Adult Protection work within their agency. They will contribute to national developments, and respond to and support national policy proposals. They will raise the profile, support the policy, and promote the development of adult protection. (3.14) Please see 7.12

7.14 Items on Adult Protection will be included on Annual Report. Chief Officers are required to submit to that Authority or Agency. (3.15).

7.15 Chief Officers and Chief Executives will keep Authority Members and board members aware of incidents of institutional and individual cases of abuse. (3.16)

8 Gathering Information (3.19 and 5.1)

- 8.1 All agencies will provide notification and monitoring forms as well as collating their own information, which will give information on the following:
- (a) Number and source of referrals.
 - (b) Information about the abused person.
 - (c) Information about the perpetrator.
 - (d) Number of investigations, Professional Meetings and Case Conferences.
 - (e) Monitoring of disability, gender and ethnicity.
 - (f) Whether the person is already known to any agency or whether it is a new referral.
 - (g) Types of abuse.
 - (h) Location abuse took place.
 - (i) Outcomes of investigation.
 - (j) Users/carers views on how the policy has worked for them.
- 8.2 Team Managers, specifically within Social Services, will provide information to the Adult Protection Co-ordinator. The Co-ordinator will then present this information to the Inter-agency Adult Protection Committee. (5.1)

9 Standards for a safer service

- 9.1 We have agreed to work towards a set of standards that will create a safer service. All agencies/organisations will be developing their own guidelines, which will address the following standards:
- (a) Rigorous Recruitment and Selection. (7.2) Which will facilitate effective intervention to recruit the best staff, and prevent the recruitment of abusers. POVA checks will also form part of this.
 - (b) Services that are person centred, reflective, pro-active and open to question, observation and change.
 - (c) Adult Protection becomes embedded in the culture of all organisations.
 - (d) Investigations of allegations of abuse are immediate, consistent and open.
 - (e) Disciplinary Procedures are compatible with the responsibility to protect vulnerable adults. (6.27)

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- (f) Procedures exist for reporting to the police when allegations of criminal behaviour are made against staff.
- (g) Internal guidelines which relate to the Inter-agency procedure for adult protection.
- (h) Commissioners and purchasers of services will ensure that adherence to the standards of a safer service are part of the contract. (5.1 and 5.4)
- (i) A “whistle blowing policy” to support and protect staff making complaints, allegations or expressing concerns about abuse. (5.5)
- (j) Operational guidelines to maintain the best evidence based practice which deal with:
 - (a) Challenging behaviour
 - (b) Personal and intimate care
 - (c) Control and restraint
 - (d) Sexuality
 - (e) Medication
 - (f) Handling of users money
 - (g) Risk Assessment and Management (7.5)
- (k) A Code of conduct that sets unambiguous boundaries for staff/service user relationships and states that a sexual relationship that develops between a service user and a member of staff will always be regarded as abuse. (6.35)
- (l) Ensuring that users, carers and the public are aware of the Policy, Procedure and Guidance through a variety of different communication mechanisms. (4.1, 5.1, 7.1, 7.7 and 7.8)
- (m) All staff receive ongoing personal training and development and are regularly supervised. (3.18, 5.1, 5.2 and 5.3)
- (n) All staff receive specific training in relation to adult abuse and protection.

9.2 The Inter-agency Annual Protection Committee will carry out an annual audit of the progress of organisations towards achieving the standards of a safer service. (3.18)

References

No Secrets Guidance on developing Multi-Agency Policy and Procedures to protect vulnerable adults from abuse, March 2001, Department of Health.

GLOSSARY OF TERMS

Referrer/alerter

The person who initially raises concern about the abuse. This person may need to act in the immediate aftermath of an incident, disclosure or allegation.

Referring Agency

The agency or organisation then becomes aware and reports concerns, allegations or disclosures of abuse.

Allegation of Abuse

An allegation of abuse is where a person or agency states that a person or persons is/are being abused.

Capacity

The capability of a person to understand, at the time it is made, the nature of a decision and its implications.

Case Conference

Inter-agency meeting to discuss the circumstances of a case of abuse, the legal context for intervention, roles and responsibilities of different professionals involved, recommendations for the development of a protection/care plan and process for reviewing and monitoring the case.

Case File

The file which contains the service users, patients, clients, customers, residents information.

Concern of Abuse

The concern of abuse is where a person or agency **suspects** that a person or persons is/are being abused, but they are not certain in their concern and they may or may not know who is doing the abusing.

Commission for Social Care Inspection

The organisation that is responsible for registration, inspection, complaints, investigations and enforcement action required under the Care Standards Act 2000.

Disclosure of Abuse

A disclosure of abuse is where a person or persons state(s) that they are being abused or have been abused.

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GMC

General Medical Council.

H.P.C. Health Professions Council. This is the regulatory body for allied health professionals such as occupational therapists, physiotherapists etc.

G.S.C.C. (General Social Care Council).

From April 2005 all social workers have to be registered with the G.S.C.C in order to practice.

Manager

The person to whom you report - for example, Line Manager, Team Manager, Supervisor.

Strategy Discussions/Meetings

Discussions either face to face, via e-mail, or over the telephone, at Manager/Supervisory level between relevant investigating agencies, **prior** to an investigation taking place.

Professional Meeting

An Inter-agency Meeting called **after** an initial or full investigation has taken place. A Professional Meeting is called to share and discuss concerns and to clarify facts.

Out of Hours Access Service

This Social Services Team covers all aspects of social work duties, both children and adult outside of office hours. The Team take referrals from any agency or from individuals. The Team will deal with all emergency calls out of hours.

Paid/Volunteer Carer

Anybody who works for an agency/organisation as a paid member of staff or volunteer who provided health or social care.

Perpetrator

The person(s) responsible for the abuse/criminal act.

P.O.V.A. Register

Protection of Vulnerable Adults register. This is a list of people held by the Home Secretary of people who have been banned from the workplace because of harming or placing at risk a vulnerable adult, whether this was in the course of their work or not.

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Access Team – Social Workers or Customer Relations Officers

The person you need to ask for when making a referral to Social Services. The Access Team take all incoming calls in relation to referrals. They also offer advice and information.

Locality Manager or Senior Manager

The person to whom the Team Leader or Manager, Supervisor etc reports.

Strategy Meeting

An Inter-agency Meeting called when an allegation or disclosure of abuse has been made to plan the process of an investigation.

Service User

For the purpose of this document a service user is anyone who accesses Social Services. Other agencies/organisations may use the term patient, customer, client and resident. This document applies to all of these groups.

N.M.C Nursing and Midwifery Council. Regulatory body for nursing and midwifery staff across England and Wales.

STATEMENT OF RISK AND STAFF SUPPORT

The County Council has already established that risk in Social Work is unavoidable, but we must place the highest priority on minimising unacceptable risk. Any assessment of risk should also include consideration of the factors, which may lead to abuse. Staff must also the policy and procedure relating to Risk Management and Assessment.

Abuse Procedures stand alone as guidelines to staff in the investigation of abuse, but should be seen as part of the Risk Management Procedures and must also include a Risk Management Plan where appropriate.

Staff Support

The limitations of the Legal Framework may result in some occasions when adults who appear to be vulnerable are left at risk in dangerous situations. Although a high-risk situation may be identified, staff will often find that they have no power to intervene positively in these cases because the adult and or carer refuse all help. In these extremely difficult circumstances, staff have a right to expect management support provided that:

- (a) The formal procedures on vulnerable adult protection have been followed.
- (b) All decisions taken in these cases are fully recorded.
- (c) Where appropriate legal advice has been sought.
- (d) That the referral is dealt with as a matter of priority
- (e) Every effort has been made through multi-disciplinary working to ensure protection of the vulnerable adult.
- (f) All staff must have appropriate training consistent with their roles.

SECTION 1 PROCEDURES

The circumstances in which these procedures must be used

1.1 These procedures are to be used where there is a concern, allegation, or disclosure of abuse against **any** adult who is a resident of Cheshire.

1.2 For the purposes of these procedures the following definition of abuse applies.

Abuse is any behaviour towards to a person that deliberately or unknowingly causes him or her harm, endangers their life or violates their rights.

Abuse may be physical, sexual, financial or through neglect. Abuse may be perpetrated by an individual, a group or an organisation.

1.3 Abuse concerns the misuse of power, control and/or authority and can manifest itself as:

- (a) Domestic violence, sexual assault or sexual harassment.
- (b) Racially or religiously motivated assaults.
- (c) Discrimination and oppression.
- (d) Institutional abuse.

1.4 These procedures apply to:

(a) Any settings. People can be abused in the place where they live, ie their own homes, residential or nursing homes and in places where they spend their days, ie day centres, places of work or college. People can also be abused in hospitals, police stations and in public places.

(b) Any perpetrators. It must be acknowledged that any of the following can be identified as alleged abusers:

- (a) Informal carers, including neighbours, friends and relatives
- (b) Partners, ex-partners and any family members, ie domestic violence.
- (c) People in positions of trust
- (d) People paid to offer care or services
- (e) People recruited as volunteers to offer care or services
- (f) Other users of a service
- (g) Strangers
- (h) Organisations, by the way they conduct their day-to-day practice can and do abuse and cause harm.

Furthermore some people will deliberately target others, who they perceive as vulnerable in order to exploit them.

SECTION 2 WHAT WE MEAN BY ABUSE

- 2.1 For the purposes of the definition of abuse, harm is defined as follows:
- (a) Ill-treatment, both physical and emotional
 - (b) Impairment of physical or mental health
 - (c) Avoidable deterioration in physical or mental health
 - (d) Impairment of physical, emotional, social or behavioural development.

These four categories may be very important to an individual's ability to recover from an illness or have the best quality of life. (The Lord Chancellors Department, 1997, who decides? page 68)

- 2.2 Incidents of abuse may be multiple as follows:
- (a) To one person in continuing relationship/service context.
 - (b) To more than one person at a time
 - (c) By more than one perpetrator at a time
- 2.3 Within a service context a continuum of abuse exists, which includes isolated incidents of poor or unsatisfactory practice at one end of the spectrum, through to pervasive ill treatment and or gross misconduct at the other.
- 2.4 Repeated incidents in institutional care may be an indication of more serious problems, ie institutional abuse.

2.5 Risk Factors

There are certain risk factors and situations that may place people at particular risk of being abused. The presence of one or more of these factors does not automatically imply that abuse will result, but increase the likelihood.

- (a) Certain personal assistance needs may present more opportunity for abuse, where the support for such needs is inappropriate or non-existent. For example, where a person needs assistance in managing urinary or faecal incontinence.
- (b) Role reversal and need for intimate personal assistance, for example, daughter or son providing personal assistance for a parent may also present more opportunity for abuse.
- (c) Living in the same household of a known abuser.
- (d) Where there is a history of family abuse.
- (e) Where an adult is dependent on others, or others are dependent on them.

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Section 2 What we mean by abuse

- (f) Inappropriate or dangerous physical or emotional environment, for example, lack of personal space.
- (g) Where there is a change in the lifestyle of a member of the household, for example, unemployment, employment, illness etc.
- (h) A member of the household experiences emotional or social isolation.
- (i) The existence of financial problems.
- (j) Differences in communication or a breakdown in communication.
- (k) Where the individuals' behaviour is challenging or unpredictable or difficult to manage

2.6 What to Look For

Abuse can be viewed in terms of seven main categories as follows:

Physical, sexual, financial, psychological, institutional and neglect.

2.7 No Secrets suggest that the category of **discriminatory abuse** is also considered.

Discriminatory and oppressive attitudes towards race, gender, cultural background, religion, physical and or sensory impairment, sexual orientation, and age motivate this abuse.

Discriminatory abuse manifests itself as:

- (a) Physical abuse/assault
- (b) Sexual abuse/assault
- (c) Financial abuse/theft etc
- (d) Neglect
- (e) Psychological abuse/harassment

2.8 Many situations will involve a combination of different kinds of abuse. However, it is useful to start by considering the definition of each category in turn, together with their indicators.

2.9 The list below are purely indicators

The list below provides concrete examples within each category and a range of indicators, which may suggest abuse

The presence of one or more does not necessarily confirm abuse, however, the existence of a number of indicators may suggest a potential for abuse and will need further assessment.

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Section 2 What we mean by abuse

2.10 Physical Abuse

Is the physical ill treatment of an adult, which may or may not cause physical injury. This includes pushing, shaking, pinching, slapping, punching and force-feeding. Physical abuse can occur in situations where people are caused unjustifiable physical discomfort. This can be through the withholding of care, withholding of access requirements or the application of inappropriate techniques or treatments. It can include forced isolation and confinement, eg people being locked in their room and inappropriate methods of restraint. It also includes the improper administration of drugs or the denial of prescribed medication.

2.11 Physical Abuse Indicators as Follows

- 1 Injuries that are not explained satisfactorily.
- 2 Person exhibiting untypical self-harm.
- 3 Unexplained bruising to the face, torso, arms, back, buttocks and thighs in various stages of healing. Collection of bruises that form regular patterns which correspond to the shape of an object, or which appear on several areas of the body.
- 4 Unexplained burns on unlikely areas of the body, eg soles of the feet, palms of the hands and back, immersion burns, rope burns, burns from an electrical appliance.
- 5 Unexplained or inappropriate fractures at various stages of healing to any part of the body.
- 6 Unexplained cuts or scratches to the mouth, lips, gums, eyes or external genitalia.
- 7 Medical problems that go unattended.
- 8 Sudden unexplained urinary and faecal incontinence.
- 9 Evidence of over or under medication.
- 10 Person flinches at physical contact.
- 11 Person appears frightened or subdued in the presence of particular people.
- 12 Person asks not to be hurt.
- 13 Person may repeat what perpetrator has said, eg shut up or I'll hit you.
- 14 Reluctance to undress part of the body.
- 15 Person wears clothes that cover all parts of their body or specific parts of their body.

2.12 **Sexual Abuse**

Is any form of sexual activity that the adult does not want and to which they have not consented, or to which they cannot give informed consent.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other, for example, day centre worker/social worker/residential worker/health worker etc will be regarded as sexual abuse.

Sexual abuse includes, rape, buggery, incest and situations where the perpetrator touches the abused persons body, (eg breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them), coerces the abused person into participating in or watching pornographic videos or photographs.

2.13 **Sexual Abuse Indicators**

- (a) The person discloses either fully or partly that sexual abuse is occurring, or has occurred in the past.
- (b) Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- (c) Person appears unusually subdued withdrawn or has poor concentration.
- (d) Person exhibits significant change in sexual behaviour or outlook.
- (e) Person experiences pain, itching or bleeding in genital/anal area.
- (f) Person's underclothing is torn/stained or bloody.
- (g) A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

2.14 **Financial Abuse**

Is the exploitation, inappropriate use, or misappropriation of a person's financial resources or property.

This includes the withholding of money or unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

2.15 **Financial Indicators**

As follows:

- (a) Lack of money especially after benefit day.
- (b) Inadequately explained withdrawals from accounts.

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- (c) Inadequately explained inability to pay bills.
- (d) Disparity between assets and income and living conditions.
- (e) Power of Attorney obtained when the person lacks capacity to make this decision.
- (f) Recent changes of deeds/title of house.
- (g) Recent acquaintances expressing sudden or disproportionate interest in the person and their money.
- (h) Personal possessions being systematically removed from the home

2.16 In addition there are certain factors which may increase the risk of a person financially abused.

- (a) Person has guaranteed high benefit income.
- (b) Person is unable to administer their own money, due to lack of capacity/numeracy skills.
- (c) Person is dependent on people to administer money.
- (d) Person has several people managing their money.
- (e) Carers becoming financially dependent on a person/service user.
- (f) Person who is isolated or lonely being exposed to financial pressure, eg from loan firms.
- (g) Person known as being isolated or is regarded as vulnerable within the community.
- (h) Person has no real independent advocate.

2.17 Neglect

The deliberate withholding or unintentional failure to provide help or support which is necessary for the adult to carry out activities of daily living.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the mental capacity to assess risk.

2.18 Neglect Indicators

- (a) Person has inadequate heating and or lighting.
- (b) Person's physical conditions/appearances poor, eg ulcers, pressure sores, soiled or wet clothing.
- (c) Person is malnourished, has sudden or continuous weight loss, and is dehydrated.
- (d) Person cannot access appropriate medication or medical care.

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- (e) Person is not afforded appropriate privacy or dignity.
- (f) Person and or carer has inconsistent or reluctant contact with health and social services.
- (g) Callers/visitors are refused access to the person.
- (h) Person is exposed to unacceptable risk.

2.19 Psychological Abuse

This may be intentional or unintentional, it may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and/or oppressive language, which results in:

- (a) Adults' choices, opinions and wishes being negated.
- (b) The adult becoming isolated or over dependent.

Psychological abuse includes the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. Furthermore, it includes the intentional and/or unintentional withholding of information, eg information not being available in different formats/languages etc.

2.20 Psychological Abuse Indicators

- (a) Typical ambivalence, deference, passivity, resignation.
- (b) Person appears anxious or withdrawn, especially in the presence of the alleged perpetrator.
- (c) Person exhibits low self-esteem.
- (d) Person rejects his or her own cultural background or racial origin.
- (e) Untypical changes in behaviour, eg continence problems, sleep disturbance.
- (f) Person who is not allowed visitors/phone calls.
- (g) Person who is locked in a room in their home.
- (h) Person who is denied access to aids or equipment, eg glasses, hearing aid/crutches etc.
- (i) Person's access to personal hygiene and toilet is restricted.
- (j) Person's movement is restricted by use of furniture or other equipment.

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2.21 Be aware that every other category of abuse will almost inevitably involve elements of psychological abuse. Signs of psychological abuse may well be indicative of other forms of abuse taking place

2.22 Institutional Abuse

This can be defined as abuse or mistreatment by a regime as well as by individuals within any building, where care is provided.

'No Secrets' says:

'Neglect and poor professional practice need to be taken into account. This may be in the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems' (2.9)

Further information will be available from Commission for Social Care Inspection or the Head Office of the relevant Organisation.

2.23 Institutional Abuse Indicators

- (a) Lack of flexibility/choice
- (b) No opportunity for drinks or snacks
- (c) Lack of choice re consultation over meals
- (d) Pressure sores
- (e) Person is unkempt and smells
- (f) Over use of communal items and communal personal toiletries
- (g) Restraint
- (h) Lack of procedures for financial management
- (i) Staff member has a history of moving jobs
- (j) Lack of privacy, including editing of mail, restricting visits, control of phone
- (k) Derogatory remarks overheard
- (l) Public discussion of personal matters
- (m) Inadequate or delayed response to medical requests
- (n) Missing documentation
- (o) Entering rooms without knocking/seeking permission
- (p) Staff overly controlling relationships with service users
- (q) Service users abusive to staff and other service users.

References

The Lord Chancellor's Department (1997) Who Decides? Page 68, the Stationery Office Limited.

SECTION 3 ROLES AND RESPONSIBILITIES

It is essential that all individuals and agencies understand not just their own role and responsibilities within adult protection, but also those who above us.

We can identify three distinct groups, as follows:

- (A) Those who have responsibility for referring.
- (B) Those who have responsibility for investigating.
- (C) Those who are managing adult protection concerns. (Skinner, B et al, 1998).

(A) Referrers/Alerters

Every agency and every individual must regard themselves as a potential referrer, for example:

- (a) General Practitioners, District Nurses, Health Visitors, Pharmacists and Hospital Staff.
- (b) Domiciliary Care Workers including Independent Sector and Local Authority Staff.
- (c) Residential and Nursing Home Staff.
- (d) Day Centre Workers.
- (e) Support Workers
- (f) College Staff
- (g) Social Workers
- (h) Police
- (i) Benefits Agency Staff
- (j) Managers in statutory or voluntary agencies
- (k) Health Workers including Occupational Therapists, Physiotherapists, Chiropodists, Clinical Psychologists, Speech Therapists, Counsellors etc.
- (l) Staff from CSCI
- (m) Service Users
- (n) Concerned Members of the Public
- (o) Housing Workers

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(B) Investigators

- (a) Police.
- (b) Social Workers.
- (c) Registration and Inspection Units – Health and Local Authority.
- (d) Human Resource/Personnel Sections.
- (e) Benefits Agency.
- (f) P.C.T.'S. N.M.C., G.M.C., H.P.C. and other related medical professional bodies.
- (g) Clinical Service Managers.
- (h) Others to be identified in Strategy Discussions and Professional Meetings.

(C) Managers

- (a) Police Supervisors.
- (b) Social Work Team Managers and Team Managers of joint teams which includes social workers.
- (c) Locality Managers in Social Services.
- (d) Primary Care Trust Managers.
- (e) Others to be identified at Strategy Discussions or meetings.
- (f) CSCI

References

Skinner, B et al (1998)

SECTION 4 REFERRING

The Context

“If abuse is not acknowledged people cannot be protected, or given support to recover, and, in those cases where other adults may be at risk, they too are left exposed to further abuses. Hence a failure to acknowledge abuse may lead to failures in prevention as well as in response.”

(Brown, H., 1998, page 387)

- 4.1 Everyone reading this document must regard himself or herself as a referrer/alerter**
- 4.2 Referring** (may also be referred to as alerting) or raising a concern about abuse, means:
 - (a) Recognising signs of adult abuse.
 - (b) Responding to disclosures.
 - (c) Stepping in, where appropriate, to protect an adult and preserve evidence in the immediate aftermath of an incident.
 - (d) Recognising ongoing bad practice.
 - (e) Reporting a concern, disclosure or allegation.
 - (f) Collating and recording initial information.
 - (g) Working strictly in accordance with anti-discriminatory practice.
- 4.3 As a referrer/alerter you are not being asked to verify or prove that information is true.** You are being asked to log your concerns and report them to the appropriate authorities. The Police have responsibility for establishing a criminal offence.
- 4.4** Referring is a necessary first stage in the process of keeping people safe and empowering them for the future. Referring through formal channels will enable a proper assessment or investigation to be carried forward.
- 4.5 You must report any concerns, allegations or disclosures of abuse through formal channels, no matter who the alleged perpetrator is.**
- 4.6** When a concern, allegation or disclosure of abuse is raised against an institution or a paid or volunteer caregiver, there will be a number of investigations that will have to go on at the same time:

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- (a) Every organisation will have its own procedure on discrimination, harassment and bullying.
 - (b) Every organisation will have its own complaints procedure.
 - (c) Every organisation will have its own disciplinary procedures.
 - (d) Some abuse will be a crime and the Police will have to investigate.
 - (e) Some organisations will be subject to registration and inspection, eg residential and nursing homes.
 - (f) The abused person may need support, alternative care arrangements or possibly legal representation.
- 4.7 Referring through formal channels will ensure that all of these processes are effectively co-ordinated.
- 4.8 You will not be criticised for following the procedure.
- 4.9 If you raise a concern about an organisation or an individual and, you are acting in good faith, you will be supported whatever the outcome.
- 4.10 You may be criticised, or disciplined, for **not** following the procedure unless you have a good reason. If the procedures are not followed this must be recorded, together with the reasons and, the manager or senior manager must validate it.
- 4.11 If you choose not to report concerns, allegations or disclosures of abuse through the formal channels, without good reason, you may be regarded as colluding with the abuse.
- 4.12 These procedures are designed to ensure that the response to any abusive situation is at an appropriate level and happens in the least intrusive way for the adult concerned.

References

Brown, H. (1998) *Jnl Soc. Pol.*, 27, 3, 371-396 Cambridge University Press.

Skinner, B. et al (1998), *AIMS for Adult Protection – The Alerters Guide*, Pavilion Publishing, Brighton

REFERRING (also known as alerting)

The Procedure

ON SUSPECTING ABUSE OR HEARING AN ALLEGATION, CONCERN OR DISCLOSURE IN ANY SETTING

- 4.13 In all cases of an allegation, concern or disclosure of abuse your manager or senior manager must be informed as soon as possible. (If your line manager is not available, please refer to another manager in your service area)
- 4.14 You must always refer to the good practice guidelines when using this procedure.
- 4.15 Emergency Action
- (a) If you are in immediate danger you must leave the scene and not return until it is safe to do so. Call the Police – **you do not have to wait for your manager/senior manager to do this.**
 - (b) If the adult is in immediate danger you must take action.
For example:
If a crime is being committed, dial 999 and ask for the Police.
If the adult is injured, dial 999 and ask for an ambulance.
You do not have to wait for your manager/senior manager to do this.
- 4.16 If you suspect a serious crime has been committed, for example, a sexual assault or rape, or a physical assault with a weapon, reasonable steps must be taken to protect any possible evidence for the Police to examine. See also, Preserving Evidence.
- 4.17 Make a record of the incident as soon as possible. Note down what happened and when. Describe whereabouts in the room, people and relevant objects such as weapons, were when you first entered. Describe what the whole scene looked like.
- 4.18 If someone is disclosing abuse or making an allegation of abuse to you, make a note, as soon as possible, of what they are saying, using their own words – see good practice on responding to abuse and regarding recording disclosures and allegations.
- 4.19 Contact your manager or senior manager as soon as possible.
- 4.20 Tell your manager or senior manager what has happened and discuss with them whether the incident(s) (or the allegation or disclosure) is to be reported to the Police and/or Social Services for investigation. In

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the case of incidents relating to care homes, the Commission for Social Care and Inspection (CSCI) **must** be informed.

- 4.21 The opinion of the abused person must always be sought when deciding to inform Social Services or the Police. There may be circumstances where you may need to overrule their wishes, for example, is the person making an informed choice, are they in a life threatening situation, are other people at risk? You may need to discuss this with your manager and/or senior manager.
- 4.22 If you and/or your manager suspect that a crime may have been committed and the Police have not yet been informed, you or your manager must contact the relevant Police Public Protection Unit.
- 4.23 If you and/or your manager decide to refer to Social Services and/or the Police, you must record this, together with the reasons why. Either you or your manager should contact Social Services usually the **Access Team** (see Glossary of Terms).
- (a) If you need to refer to Social Services out of normal office hours you should contact the **Access Out of Hours Service** (Emergency Duty Team).
 - (b) If the alleged abuser is someone to whom you have a duty of care, you must report this to Social Services, via one of the Access Teams.
 - (c) If you or the person to whom you report suspect that the abuser is a paid or volunteer caregiver, you must report this to Social Services, via the relevant Access Team.

Information that you will be expected to give to the Social Services Access Team and the Police:

- (a) Personal details of the adult (name, date of birth, address, racial origin, language spoken, current whereabouts)
- (b) Who you are and how you are involved
- (c) What happened, where and when?
- (d) Details of the alleged abuser (name, date of birth, address, language spoken, current whereabouts) including their relationship to the person being referred.
- (e) Whether there are any other people, **including children**, who may be at risk.
- (f) Details of other agencies involved and the nature of their involvement.

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(g) Awareness of the person being referred, carers and alleged perpetrator to your making this referral. It is also important to pass on how the abused person feels about you making this referral.

(h) The likely movements of the person being referred and the alleged perpetrator within the next 24 hours.

You may not have all of this information but give the Social Services worker and/or the Police all the information you do have when making a referral.

4.24 **If you, your manager or senior manager decide NOT to inform the Police/Social Services**, you must record this, together with the reasons why. You may need to provide information and/or options yourself.

4.25 If you, your manager or senior manager suspects that the alleged perpetrator is a paid or volunteer caregiver, please refer to section 4.32.

4.26 If you, **your manager or senior manager** suspect that the perpetrator is a paid or volunteer caregiver, a Social Services investigation may not be the only appropriate procedure to follow. However, it may be appropriate for a Social Worker to support the abused person and/or to assess them for possible alternative care arrangements.

4.27 You, **your manager or senior manager** must send a TRIGGER form to the Access Team, or relevant Team Manager.

4.28 You will be expected to co-operate with the investigation. You may be required to provide a statement, attend strategy meetings and case conferences, possibly take part in interviews and contribute towards the future plans for the adult's care and/or protection.

4.29 **REMEMBER**

- (a) You must never 'go it alone'. Do not start investigating the incident(s) yourself.
- (b) If the alleged perpetrator contacts you, you must not talk to them about the incident. Do not give them any information about the abused person, especially the abused person's whereabouts.
- (c) Do not discuss what has happened with carers or relatives of the abused person or with other workers at this time.

REPORTING WHERE THE ALLEGED PERPETRATOR IS A PAID OR VOLUNTEER CARE-GIVER FROM ANOTHER AGENCY

4.30 Role of Referrer

Pass all the information you have to your manager or senior manager.

4.31 Role of Manager

If you have been told of a concern, allegation or disclosure of abuse against a paid or volunteer care-giver from **another** agency, either you or your manager or senior manager must refer to the relevant section for the list of people you must consider contacting.

REPORTING WHERE THE ALLEGED PERPETRATOR IS A PAID OR VOLUNTEER CARE-GIVER FROM YOUR OWN AGENCY

4.32 Role of Referrer

- (a) Do you suspect that your manager is involved in the alleged abuse?
- (b) If the answer to (a) is **yes** you should pass all the information you have to a senior manager.
- (c) If you suspect that the senior manager is also involved in the abuse, you may have to consider taking the information outside of your organisation's direct line management structure. You must refer to the 'Whistleblowing' Policy if your organisation has one. If you do not have this management structure within your agency or organisation, you may have to report directly **to the Commission for Social Care (CSCI), Social Services and/or the Police**.
- (d) If you feel certain that your manager is **NOT** part of the abuse you **MUST** pass all the information you have on to your manager.
- (e) Whatever the circumstances, if you report your concerns within your organisation within 14 working days, you will receive confirmation from a senior manager that the situation is being dealt with.
- (f) If you do not receive confirmation that the situation is being dealt with, you must report the incident(s) directly to an appropriate senior manager.

4.33 Role of Manager

- (a) If you have been told of concerns, allegations or disclosures of abuse against paid or volunteer care-givers from your own organisation, you or your senior manager must refer to the list of the people you must consider contacting.

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- (b) You must report all concerns, allegations and disclosures of abuse against one of your colleagues or employees to **your** senior manager. If you do not have this management structure within your agency or organisation, you may have to report directly to **the Commission for Social Care and Inspection (CSCI), Social Services and/or the Police.**
- (c) When you make an initial referral to Social Services regarding a concern (as opposed to an allegation of disclosure) of abuse you must tell Social Services that you are requesting a **strategy discussion** or a **strategy meeting** to discuss your concerns.

4.34 Role of Senior Manager (ie the person to whom the manager, duty officer, officer-in-charge, supervisor, etc **reports**)

- (a) On receiving a report of a concern, allegation or disclosure of abuse against an employee from your own organisation you must confirm receipt of the report **TO THE INITIAL REFERRER** within **14 working days.**
- (b) The referrer will contact you directly if they have not heard from you within 14 working days of their initial alert.
- (c) If the report is about someone that you do not line manage, you must pass the report to the appropriate manager on the same day as you receive it.
- (d) You must follow your Disciplinary Procedure with regards to the member of staff but this must also be co-ordinated alongside all other types of procedures, including criminal investigations being undertaken by the Police

No action should be taken until the Police have been informed, so that evidence will not be contaminated.

ORDINARY RESIDENCE

4.35 In the circumstances where a person lives outside of Cheshire but where the local authority retains responsibility for their placement:

- (a) The procedures, which operate within the authority where the abuse occurred, will apply.
- (b) The Social Services Contracts and (CSCI.) registration and inspection sections, both in Cheshire AND the host authority, must be notified of any incidents of abuse/assault.
- (c) The relevant Cheshire Social Work Team must allocate a Social Worker to support the abused person.

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4.36 In the circumstances where a person lives in Cheshire but where their placing authority retains responsibility for their placement:

- (a) Cheshire's adult protection procedures will apply.
- (b) The Contracts and (CSCI) sections, both in Cheshire AND in the placing authority, must be notified of any incidents or abuse/assault.
- (c) An Investigating Officer will be allocated from the relevant investigating agencies in Cheshire.
- (d) A referral will be made to the relevant Social Work Team in the placing authority for a Social Worker to provide support.

**PEOPLE TO WHOM MANAGERS MUST REFER CONCERNS,
ALLEGATIONS AND DISCLOSURES OF ABUSE AGAINST PAID
OR VOLUNTEER CARE-GIVERS**

1. Independent Sector Provision

Day Care

- (a) Police
- (b) Commission for Social Care and Inspection (CSCI)
- (c) Relevant Contracts Section
- (d) Social Services Access Team/Fieldwork Team Manager
- (e) Manager of Service

Residential Care Home

- (a) Police
- (b) Commission for Social Care and Inspection (CSCI)
- (c) Relevant Contracts Section
- (d) As above
- (e) Manager of Home
- (f) Supporting People Manager

Nursing Homes

- (a) Police
- (b) Commission for Social Care and Inspection (CSCI) and
- (c) Relevant Contracts Section
- (d) As above
- (e) Manager of Home

Domiciliary/Support Work/Agencies

- (a) Police
- (b) Commission for Social Care and Inspection (CSCI)
- (c) Relevant Contracts Section
- (d) As above
- (e) Manager of Home
- (f) Supporting people Manager

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2. Social Services Provision

Home Care Service

- (a) Police
- (b) Social Services Complaints Section and Personnel
- (c) Locality Manager – Home Care Service
- (d) Access Team/Fieldwork Team Manager
- (e) Social Services Out of Hours (Emergency Duty Team)

Residential Care Home/Family Based Care/Residential Networks

- (a) Police
- (b) Commission for Social Care and Inspection (CSCI)
- (c) Social Services Complaints Section and Personnel
- (d) Locality Manager – Adults/Older People Provision
- (e) Access Team/Fieldwork Team Manager

Day Care/Supported Employment

- (a) Police
- (b) Commission for Social Care and Inspection (CSCI)
- (c) Social Services Complaints Section and/or Personnel
- (e) Locality Manager – Adults/Older Peoples Provision
- (e) Access Team/FTM

Social Worker

- (a) Police
- (b) Social Services Complaints Section and/or Human Resource Section
- (c) Senior Manager
- (d) Access Team/FTM

If the allegation is about any member of social service staff and is made by their family, then the procedures for bringing the department into disrepute should be followed (see appendix 7)

3. Health Provision

NHS Trusts

- (a) Chief Executive/Director of Human Resources
- (b) Designated Senior Manager responsible for Adult Protection in PCTs.

4. General Practitioner

- (a) General Medical Council
- (b) Patient Services/Health Authority
- (c) Other community health services such as dentists, pharmacists, opticians.

5. Police

- (a) Police Inspector at any Police Station (for guidance on making a complaint to the Chief Constable)

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5. Education

- (a) Head of College
- (b) OFSTED/CSCI
- (c) Director of Children's services.

6. Housing

- (a) Assistant Executive Director for Housing (Borough Council)
- (b) Chief Executive/Director of Housing Association

Good Practice Guidelines

4.37 Recognising Signs of Adult Abuse

You should also refer to **Section 2, – What we mean by abuse** but, remember that these lists are not exhaustive.

Being **alert** to abuse means:

- (a) Thinking about what you see and asking if it is acceptable practice.
- (b) Working strictly in accordance with anti-racist, anti-sexist, anti-ageist and anti-disablist practice.
- (c) Taking seriously what you are told.
- (d) Responding to the stresses behind requests for help or other presenting problems.
- (e) Being alert to hints/signals/non-verbal communication that could indicate abuse which is being denied or deliberately hidden.

4.38 Responding to Disclosure

- (a) Incidents of abuse or crimes may only come to light because the abused person themselves tells someone.
- (b) You must be aware that the person may not appreciate the significance of what they are sharing, ie they may not realise that they are being abused.
- (c) Disclosure may take place many years after the actual event or when the person has left the setting in which they were afraid.
- (d) Even if there is a delay between the actual event and the disclosure – **YOU MUST BELIEVE THE PERSON.**

(A) If someone discloses abuse to you

DO:

- (a) Stay calm and try not show shock
- (b) **Listen** carefully rather than question directly

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- (c) Be sympathetic
- (d) Be aware of the possibility that medical evidence might be needed
- (e) Tell the person that:
 - They did right to tell you
 - You are treating this information seriously
 - It was not their fault
 - You must inform the appropriate manager
 - With their consent the manager will contact Social Services.
 - The manager will contact social services without their consent in certain circumstances but that their wishes will be made clear throughout
 - If a referral is made and they are reluctant to have the incidents investigated, this fact will be recorded and brought to the attention of the relevant Social Work Team Manager
 - (If appropriate) the service/agency will take steps to protect and support them
- (f) Report to your manager
- (g) Write down, as soon as possible and as far as you are able, what the person disclosing said (see later for guidelines on how to record what was said, also see Section 13 **Record-keeping**)
- (h) Where appropriate record, on a body map, the location of any bruises, cuts and/or abrasions (see Appendix 1)
- (i) Ensure that the information is noted in the case file

DO NOT:

- (a) Press the person for more details, although you will need enough information for an initial report and assessment
- (b) Stop someone who is freely recalling significant events, as they may not tell you again
- (c) Promise to keep **secrets**; explain that the information will be kept confidential, ie information will only be passed to those people who have a “need to know”.
- (d) Make promises that you cannot keep (such as “this will not happen to you again”)
- (e) Contact the alleged abuser

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- (f) Be judgemental (eg “why didn’t you run away?”)
- (g) Pass on information to anyone who doesn't have a "need to know" ie do not gossip

Usually you will have to write up your notes **after** you have responded to a disclosure. A disclosure may only provide part of the picture. However confused the details may seem, they may provide a key to the full story.

(B) Recording a Disclosure

When recording a disclosure or an allegation you should aim to:

- (a) Note what the person has said, **using the person’s own words and phrases**
- (b) Describe the circumstances in which the disclosure came about
- (c) Note the setting and anyone else who was there at the time
- (d) Where appropriate, use a body map to indicate the location of cuts, bruises and/or abrasions (see Appendix1)
- (e) Ensure the information you write is factual. If you include your own opinion or third party information ensure this is made clear
- (f) Use a pen or biro with black ink so that the report can be photocopied
- (g) Sign and date the report
- (h) Be aware that the report may be required later as part of legal action or disciplinary procedure
- (i) Note the time of day, date and location

If you have any difficulties in recording a disclosure or an allegation you must tell your manager as soon as possible.

4.39 Dealing with Immediate Incidents

Contact the Police immediately if:

- (a) A physical or sexual assault has just happened
- (b) Where violence is continuing
- (c) You believe that any crime may have been committed

Remember that other people may also need immediate protection including yourself.

Contact your manager or senior manager as soon as possible.

In the immediate aftermath of an incident, steps must be taken to:

- (a) Look after and reassure the abused person
- (b) Protect anything that may appear to be evidence of a crime
- (c) Write a record of what happened as soon as possible

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Section 4 Referring

- (f) If the alleged perpetrator is a service user ensure Social Services is informed

4.40 Protecting or Preserving Evidence

Your first concern is the safety and welfare of the abused person. However, your efforts to preserve evidence may be vital. When Police involvement is required they are likely to be on the scene quickly. Preservation of evidence is crucial if the Police investigation is to be effective. What you **DO OR NOT DO** in the time whilst you are waiting for the Police to arrive may make all the difference.

The following checklist aims to help you to ensure that vital evidence is not destroyed.

(A) In situations of physical and/or sexual assault:

- (a) If the abused person has a physical injury and it is appropriate for you to examine, always obtain their consent first.
- (b) Do not touch what you do not have to. Wherever possible leave things as they are. Do not clean up, do not wash anything or in any way remove fibres, blood, etc. If you do have to handle anything at the scene keep this to a minimum.
- (c) Do not touch any weapons unless they are handed directly to you. If this happens, as before, keep handling to a minimum. Place the items/weapons in a clean, dry paper bag.
- (d) Preserve the abused person's clothing and footwear, do not wash or wipe them. Handle them as little as possible.
- (e) Preserve anything that was used to comfort the abused person, for example, a blanket.
- (f) Secure the room, do not allow anyone to enter unless strictly necessary to support you or the abused person and/or the alleged perpetrator, until the Police arrive.

Following allegations of physical and/or sexual assault, consideration will be given to organising a medical examination of the abused person and the alleged perpetrator.

The decision to carry out an examination will be taken during strategy discussion/meeting. Any examination will be carried out by a Forensic Medical Examiner who will be contacted by the Police.

In these circumstances:

- (a) Ensure that no one has physical contact with **both** the abused person and the alleged perpetrator as cross-contamination can destroy may have to comfort both the abused person and the alleged

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Section 4 Referring

perpetrator, eg if the alleged perpetrator is a service user. You need to be aware that cross-contamination can easily occur.

- (b) Where appropriate, protect bedding and do not wash it.
- (c) Preserve any bloodied items.
- (d) Preserve any used condoms.

(B) In situations of theft/financial abuse:

- (a) Ensure that receipts, bank books, bank statements, benefit books are secured.

(C) Methods of preservation:

- (a) For most things use clean brown paper, if available, or a clean brown paper bag or a clean envelope. If you use an envelope do not lick it to seal.
- (b) For liquids use clean glassware.
- (c) Do not handle items unless necessary to move and make safe.

It is acknowledged that completion of all of the above tasks may not be possible in a traumatic situation.

You are urged to do the best that you can.

4.41 Recording the Incident

Refer also to **Section 13 Record-keeping**

You should make a written account of what has happened as soon as possible, including:

- (a) What you saw/heard/were told
- (b) How the incident occurred – do not speculate
- (c) The time
- (d) The place
- (e) The names of the people involved, including other potential witnesses
- (f) Any obvious evidence, eg weapon, blood
- (g) The state of the clothing of the abused person and perpetrator
- (h) Any injuries that either the abused person or the alleged perpetrator have received
- (i) The behaviour and attitudes of the people involved in the incident

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Section 4 Referring

4.42 Reporting a Concern, Allegation or Disclosure

You may hesitate to report concerns, allegations or disclosures of abuse for a number of reasons:

- (a) You may not feel that you have enough information and are not sure if your concerns are valid
- (b) You may believe that action taken in response to possible abuse might be worse, for the alleged person, than the initial incident
- (c) You may fear that you are over-riding the wishes and/or interests of the abused person

Despite any fears you may have, you must report all concerns, allegations and disclosures of abuse.

Referring is a necessary first stage in the process of keeping people safe and empowering them for the future.

There may have been other previous concerns. When you report through the formal channels, you will enable information to be collated and assessment/investigation to take place.

See relevant section for information to be passed to the Police and Social Services.

(Skinner, B. et al, 1998)

- (a) Reporting concerns about a paid or volunteer caregiver

If you see an incident, hear a disclosure or have a concern about bad practice, you must inform your manager or senior manager.

Within 14 days you should receive confirmation from a senior manager that your report is being acted upon. If this does not happen you should report the incident directly to that senior manager.

If your manager, or his or her manager, is the abuser, or is colluding in the abuse, you may need to find someone you can trust outside your immediate agency.

The purpose of the Public Interest Disclosure Act 1998 is to protect employees from victimisation if they raise concerns in the interest of the public, in good faith and in a specified way. The popular term for such employees is 'whistleblowers'. The Act, however, refers to 'qualifying disclosures' made by 'workers'. The Act directs workers to raise the matter internally in the first place and to use the internal whistleblowing procedure, if there is one.

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Section 4 Referring

There are exceptional circumstances in which the Act will protect workers where they make an external disclosure in a specified way. You must exhaust all of your internal reporting and complaints mechanisms. If a worker chooses not to disclose information in a way that is covered by the Act, she/he will lose its protection.

You should refer to your agency's 'Whistleblowing Procedure' or contact Public Concern at Work on 0207-404-6609.

If you are concerned about a number of aspects of care, keep a diary of your concerns. Also keep a diary of the responses you have received when you have raised these concerns.

You must write down what you have seen, including:

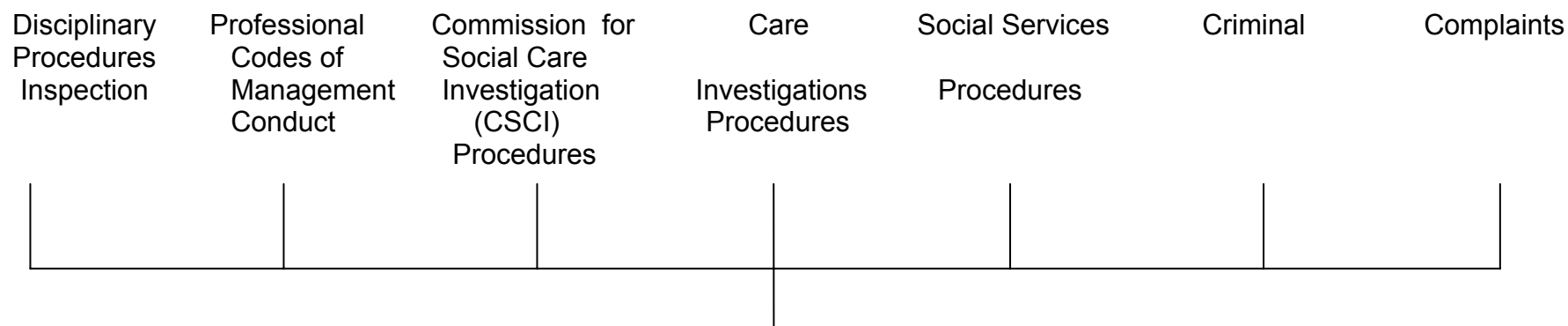
- (a) Times and dates of specific incidents
- (b) Who else was on duty?
- (c) What actually happened?
- (d) Which other staff were nearby.
- (e) The nature of any injuries, thefts or losses.
- (f) What you did and what response you got when you reported the incident(s).

References

Skinner, B. et al (1998), *AIMS for Adult Protection – The Alerters Guide*, Pavilion Publishing: Brighton.

THE INTER-AGENCY INVESTIGATORY FRAMEWORK

‘A properly co-ordinated joint investigation will achieve more than a series of separate investigations. It will ensure that evidence is shared, repeat interviewing is avoided and will cause less distress for the person who may have suffered abuse’. ***No Secrets***



Strategy Discussions/meetings-to plan action/roles and responsibilities prior to investigation

ASAP but definitely within **three working days** of initial alert

Lead agency, responsible for the overall co-ordination of investigations, to be decided at a strategy discussion/meeting.

‘However, no individual agency’s statutory responsibility can be delegated to another. Each agency must act in accordance with its duty when it is satisfied that the action is appropriate. Joint investigation there may be but the shared information flowing from that must be constantly evaluated and reviewed by each agency.’

No Secrets Investigation

Professional Meeting -to establish facts

Adult Protection Case Conference

Within a maximum of **15 working days** from the initial alert (when necessary)

SECTION 5 THE INTER-AGENCY INVESTIGATORY FRAMEWORK

The Context

5.1 This section is aimed at:

- (a) Police
- (b) Social Workers
- (c) Registration and Inspection Units – Health and Social Services
- (d) Primary Care Trusts.
- (e) Housing Authorities and Trusts
- (f) Others to be identified at Strategy Discussions or Meetings

5.2 All allegations, disclosures and concerns of abuse will trigger an adult protection investigation

The purposes of adult protection investigations are:

- (a) To protect the person from harm as far as is possible
- (b) To establish what actually happened, the nature and extent of the abuse, who or what is the cause and whether an individual, group of people or agency should be called to account
- (c) To establish with the abused person whether they feel that their personal safety is at risk, whether they wish professional intervention to continue and what their views are on sharing information about the incident(s) with staff in other agencies
- (d) To decide if any protective or other action is needed for the person or anyone else.
- (e) To identify the sources and levels of risk
- (f) To decide whether actual or suspected abuse has taken place.
- (g) Ensure that appropriate action is taken in respect of any perpetrator.
- (h) Ensure that consideration is given to all other relevant inter or intra agency procedures.

5.3 Investigating abuse will involve:

The co-ordinating responsibility for any investigation sits with Social Services (24 hour access)

- (a) Accurate and immediate reporting of the allegation to designated officer in the agency.
- (b) Assessing initial information including assessment of evidence for possible criminal proceedings.
- (c) Planning an investigation/assessment in collaboration with other agencies.
- (d) Co-ordinating the input of other agencies/professionals.
- (e) Assessing capacity and consent within a multi-agency framework.
- (f) Conducting interviews with due consideration to the support needs of all parties.
- (g) Collating and evaluating information and evidence.
- (h) Preparing for the case conference(s).
- (i) Developing adult protection care plans.
- (j) Developing packages of support and care for adults who are going through the criminal justice process.
- (k) Completing a risk assessment and risk management plan.

5.4 Managing adult protection investigations involves:

- (a) Ensuring that enough information is available in order to prioritise and allocate the referral.
- (b) Allocating the referral to someone with appropriate expertise and seniority
- (c) Supervising the work of the Investigating Officer
- (d) Chairing, recording and acting on the outcomes of case conferences
- (e) Monitoring individual cases and ensuring adequate protection over time
- (f) Ensuring that all investigations are conducted strictly in accordance with anti-discriminatory practice

(Skinner, B. et al, 1998)

5.5 Definition of Terms:

All allegations, disclosures and concerns of abuse will trigger an adult protection investigation:

A concern of abuse is where a person or agency suspects that a person or persons is/are being abused, but they are not certain in their concern and they may or may not know who is doing the abusing.

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Section 5 The Inter-Agency Investigatory Framework – The Context

An allegation of abuse is where a person or agency **states that** a person or persons is/are being abused.

A disclosure of abuse is where a person or persons **say that** they are being abused.

- 5.6 **The initial stages of the investigation will differ slightly depending on the nature of the referral, but in all cases will be co-ordinated by Social Services, following the agreed procedures.**
- 5.7 If a concern is being expressed, a **care planning review meeting** must be arranged by the agency(s) expressing the concern(s).
- 5.8 If an allegation or disclosure has been made a **Strategy Discussion or Meeting** must be instigated by a manager from an investigating agency, including Social Services.
- 5.9 Responsibility for managing the initial stages of an investigation and for arranging the initial **strategy meeting, if necessary**, will be determined during initial liaison between relevant agencies (ie **strategy discussions**).
- 5.10 Longer-term responsibility for managing an investigation will be decided if possible at a strategy discussion or at a strategy meeting.

See Section 6, information on Strategy Discussions and Meeting

- 5.11 **Role of Team Manager from Social Services or Health Team Manager of joint team where there are social workers within.**
On receipt of Allegations, Disclosures and/or Concerns of Abuse/Assault
- (a) Ensure completion of the Trigger form.
 - (b) Hold strategy/discussions/meetings, at manager level, with all appropriate agencies to:
 - share relevant information
 - where relevant, outline plans for initial joint investigations and/or interviews
 - identify persons responsible for managing and conducting the initial stages of any investigations
 - (c) Allocate case to an appropriate investigating officer
 - (d) Ensure that the decisions to visit, or not to visit, the abused person before the strategy meeting are recorded, together with the reasons why.
 - (g) If you are the person identified in the strategy discussions/ meetings as being responsible for managing the initial stages of any investigations you must:

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Section 5 The Inter-Agency Investigatory Framework – The Context

- make copies of any agreed plans to all relevant parties and confirm receipt by telephone
- where appropriate and in consultation with all relevant agencies, arrange the first strategy meeting to take place as soon as possible but definitely within 3 working days of the initial referral
- make arrangements for the initial strategy meeting to be independently chaired by a Social Services Team Manager or Locality Manager.

Role of a Manager from another Agency

- (f) Where you are **not responsible** for managing the initial stages of an investigation, you must ensure that you have completed and faxed the relevant pages of the Trigger form.
- (g) Ensure you receive a verbal report followed up in writing from the investigating officer by the end of the first day and regular reports thereafter.
- (h) As a manager from another agency you must be involved in the strategy discussion and attend the initial strategy meeting, if one is arranged.
- (i) If you are identified at the first strategy meeting as the person responsible for the long-term management of the investigations(s) you must attend all subsequent meetings. If you are unable to attend a strategy meeting you must arrange for an appropriate representative to take your place.
- (j) Decisions to terminate an investigation must be taken in consultation with the manager(s) from other investigating agency(s) in consultation with the chair of the strategy meeting.

5.12 Role of Investigating Officer (*usually social worker*)

- (a) Complete sufficient enquiries in order to make an initial assessment of the situation.
- (b) Participate in the strategy discussions as appropriate and abide by the decisions taken.
- (c) Visit the abused person on the same day if possible, unless the strategy discussions indicate otherwise.
- (d) Provide a written casework notes and a written report of the situation to your Manager, this should incorporate risk management by the end of the first day.
- (e) Attend, and provide a verbal report for, all/strategy meeting(s).

THE INTER-AGENCY INVESTIGATORY FRAMEWORK – GOOD PRACTICE GUIDELINES

5.13 Allocation

An investigating officer may find themselves in the position of both referrer and then, by default, investigator.

The **manager** should give consideration to whether this is appropriate in every instance.

Other issues to be considered in relation to the allocation of an investigating officer and/or a supporting social worker:

- (a) Gender
- (b) Race
- (c) Religious/cultural/ethnic background
- (d) Language differences (verbal, signing)
- (e) Worker's seniority and experience

5.14 Contacting the Police

You must consult with the police as early as possible in the investigation. (*No Secrets*, 2.8)

They may tell you that there is insufficient information for them to intervene at present, they may tell you that what you are describing is not a matter for them. Record these decisions in the case file together with the reasons why.

Please remember: the option to involve the police will not necessarily be permanently open to the abused person(s).

The effectiveness of police involvement reduces with time. Forensic evidence may be lost and statement evidence has more chance of becoming contaminated. **If you start investigating without first consulting the police you run the risk of contaminating possible evidence. If the police are involved at an early stage this evidence can be collected and preserved.**

The abused person can decide at any stage not to proceed with legal action. If evidence has NOT been collected and protected the abused person has less chance of instigating legal action in the future.

5.15 Record Keeping

You will keep clear and accurate records of all decisions taken, the reasons for the decisions, the weighting given to different aspects of the discussions, timescales for action and who is taking responsibility for what actions.

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Section 5 The Inter-Agency Investigatory Framework – The Context

Wherever possible all participants must sign joint planning documents or attend appropriate meetings, where actions will be agreed and minuted.

Copies of such documents must be made available to all participants.

If planning documents need to be faxed to participants, you must confirm receipt of the documents by telephone.

5.16 Termination of Investigations

In the event that the abused person or the alleged perpetrator leaves the situation, including instances where either one dies in the course of an investigation, the investigation must continue or a review held.

This is to ensure that any ongoing risks to others and practice issues or gaps in services that allowed the abuse to take place, are identified and addressed.

References

Skinner, B et al (1998) AIMS for Adult Protection The Investigators Guide, Pavilion Publishing: Brighton

No Secrets: Guidance on Developing Multi-Agency Policies and Procedures to protect Vulnerable Adults from Abuse (March 2000) Department of Health

SECTION 6 STRATEGY DISCUSSION/MEETINGS

- 6.1 Prior to an investigation being implemented decisions have to be made about the relevance of having a strategy discussion or meeting to confirm how the process should be completed. An initial consultation will be held between the relevant Social Worker and their Team manager. A strategy discussion may then take place via the telephone with all relevant agencies, or this may result in a formal meeting being called.** A strategy meeting will only need to be called if this is a particularly complex case or may include a number of different procedures eg Disciplinary, Criminal Investigation, or Complaints Procedures etc. **Complex cases** should be chaired by a **Locality Manager**. The relevant Team manager from Social Services or Health, (if joint team) should chair other strategy meetings.

A Strategy Meeting is an Inter-agency Forum to plan to the process of the investigation.

There will be no limit to the number of Strategy Meetings convened to consider any one case.

Strategy discussions between the relevant agencies must take place as soon as possible after the initial referral has been made. These discussions will clarify who, if anyone, is to complete an investigation.

Decisions taken during these discussions, together with reasons must be recorded on the relevant case file and where relevant a written record of the plans for the investigation must be made available to the Locality Manager and Social Services.

- 6.2 The strategy meetings will be chaired by a Social Work Team Manager/Joint team manager and will be contemporaneously minuted** unless the Chairperson considers it unnecessary and records their reasons. If the meeting has been minuted, the minutes must be sent to all participants at the meeting within ten working days.
- 6.3 If agencies refuse to attend a strategy meeting, this fact together with reasons must be recorded on the case file.**
- 6.4 A strategy meeting will consider the following:**
- (a) What is the concern or what has been alleged/disclosed and how the concern/allegations/disclosure came to light.
 - (b) What is known about the situation to date.
 - (c) What the roles are and will be of each agency.

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Section 6 Strategy Discussion/Meetings

- (h) Who will be responsible for carrying out what actions and when.

6.5 It is expected that all participants will contribute some information to the strategy meeting. Verbal or written reports must be provided by the alerting agency and should include the following information:

- (a) An outline of this and any other previous related allegation/concerns.
- (b) A pen picture of the abused person and their circumstances.
- (c) An assessment of the abused person in terms of consent, capacity and or other legal issues.
- (d) Social situation/network of the abused person.
- (e) Any information you have about the alleged perpetrator.
- (f) A description of the investigation process to date, what and who has been involved and the level of inter-agency co-operation.
- (g) An evaluation of any information to date.
- (h) Recommendations for future actions/risks.

(Skinner, B et al 1998)

6.6 The following list is a guide to who should be invited to attend the strategy meeting. You should only invite those people who are relevant to the case, for example:

- (a) The police officer
- (b) Social Worker
- (c) Social Work Team Manager
- (d) District Nurse, Practice Nurse
- (e) Community Psychiatric Nurse
- (f) Home Care/Domiciliary Agency Manager
- (g) Health Visitor
- (h) Officer from CSCI
- (i) Registration and Inspection Officer (Health)
- (j) Social Services Contracting Section
- (k) Housing Officer
- (l) Occupational Therapist, Physiotherapist, Speech therapist or other related professional
- (m) Probation Officer

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- (n) Home Manager
- (o) Any voluntary agency known to be involved.
- (p) General Practitioner
- (q) Hospital Staff
- (r) Learning Disability Staff.
- (s) Supporting people staff.

6.7 Issues that must be considered during any strategy discussion or meeting include:

- (a) The wishes of the abused person
- (b) Have/will/can they give permission to involve agencies other than those represented at a meeting or in the discussions.
- (c) Is there a need to break confidentiality.
- (d) Who is going to lead and therefore co-ordinate the investigation.
- (e) Will there be a joint investigation involving more than one agency and if so, who are the relevant participants.
- (f) Who will take responsibility for keeping the abused person, referrer, carers etc informed of events.
- (g) The continuing safety of the abused person whilst enquires are made, for example, is the person currently safe? Is there a need for immediate protective action (either on a voluntary basis or through the courts)?
- (h) How can the abused person's family or carers be involved
- (i) who should be interviewed?
- (j) When is the best time for the interviews?
- (k) Will these actions alert the alleged perpetrator and threaten the safety of the abused person and/or the collection of evidence?
- (l) Where is the best place for the interviews?
- (m) Does their current level of distress effect their involvement, if so, how?
- (n) Should they be present at any meetings or are there more appropriate ways for them to contribute to the decision making?
– eg Support Groups, Social Work Support, Carer Representation, Advocacy.

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Section 6 Strategy Discussion/Meetings

- (o) Is there any doubts surrounding the abused person's mental capacity, if so, what are they, and who has raised them?
- (p) Is an assessment needed concerning the abused person's mental capacity in this situation, if so, who will arrange it and who will carry it out?
- (q) Have issues of gender, race, culture, language, communication been considered? Is an interpreter or signer needed?
- (r) What practical assistance would facilitate the abused person's involvement? – eg
 - Transport to medical appointments or interviews
 - Assistance with child care arrangements
 - Fully accessible interview venues
 - Is the giving of video evidence appropriate?
- (s) How can information about the abused person and the alleged incident best be gathered?
- (t) Are any other procedures relevant, for example, Disciplinary Procedure, Workforce Performance Management Procedure and Dignity at Work Policy.
- (u) Are criminal proceedings a possible outcome?
 - Is there a need for co-ordinated interviews to avoid repeat interviewing?
 - Is there a need for a formal disclosure interview to take place with the involvement and under the direction of the police?
- (v) Is there a need for the abused person/perpetrator to undergo a medical examination? Who will carry out the examination and what will be the necessary arrangements.
- (w) Is it possible that there are other abused people?
- (x) Are there children potentially at risk?
- (y) When, how and by whom is the alleged perpetrator to be informed about the allegations.
- (z) Is the alleged perpetrator in need of community care services.
 - Will they need Social Work support.
 - Will they need an appropriate adult for police interviews.
 - If they are in need of community care services a separate assessment and meeting must be arranged specifically to consider their needs.

(a1) Who will support the abused person after the investigation?

Reference

Skinner, B et al (1998). Aims for Adult Protection, the Investigators guide, Pavilion Publishing, Brighton.

SECTION 7 PLANNING AND CONDUCTING THE INTERVIEWS/INVESTIGATION

THE CONTEXT

7.1 It will be decided at the strategy discussion/meeting level as follows:

- (a) Who will be interviewed
- (b) When they will be interviewed
- (c) Who will conduct the interviews

7.2 If there is a possibility of criminal proceedings, it is important that repeat interviews are avoided as evidence may become contaminated.

7.3 Conducting interviews is a central part of investigating adult abuse.

The aims of the interview are two-fold as follows:

- (a) Evidential aims required by the police and legal system
- (b) Therapeutic aims required by Social Services staff.

The aims of the interview can be classified as follows:

- (a) To establish if abuse has occurred, and if so, exactly what is alleged to have happened – evidential and therapeutic
- (b) To make a judgement about how to protect the person from further abuse – therapeutic
- (c) To facilitate criminal investigation by identifying the alleged perpetrator – evidential
- (d) To contribute to the assessment of the abused person's overall needs – therapeutic
(Brown et al 1996)

PLANNING AND CONDUCTING THE INTERVIEWS – THE PROCEDURE

- 7.4 If there is a possibility of criminal proceedings the police will direct any disclosure interview.
- 7.5 Because of the dual nature of adult protection investigations a Social Worker should always be present at the interview.
- 7.6 Avoid unnecessary repeat interviews.
- 7.7 Consider what risk the scenario holds for the abused person, alleged perpetrator and others. Be prepared to continually review the assessment of risk to ensure continued safety and protection of all.
- 7.8 There must be an accurate record of the interview. Prior to an interview taking place it must be made clear whether the interview will be recorded in the following ways, either:
- (a) a tape machine
 - (b) a video recorder
 - (c) contemporaneous note taking.

Prior to using a tape machine or video recorder, the police must be consulted

This must be done in full consultation with the abused person.

- 7.9 The interviews must be planned in advance.
- 7.10 The Police and Criminal Evidence Act 1984 (PACE for short) states whether the interview involves the abused person, witness or a suspect, there is an obligation under PACE to provide an appropriate adult for any vulnerable or mentally disordered adult.
- The role of the appropriate adult is a dedicated role. The role implies legal obligations and cannot be attributed to someone after the interview, especially if that person thought they were a lay person.

GOOD PRACTICE GUIDELINES (*These are for guidance*)

7.11 Planning the Interview

The interview needs to be planned and a record made of the plan. Before you interview, you need to think about:

- (a) The person
The 'alleged' abused persons right to self-determination. They must be consulted at every stage.

The available options which should be put to the adult for consideration.

Who knows something about the person's history.

Check if the person has a sensory impairment (if this is not already known).

Establishing if spoken English is their first language.

Establishing if the person can communicate without specific assistance.

The need to watch for signs of discomfort or distress.

(b) Preparing the Person

Preparing does not mean coaching, ie telling someone what to say.

The abused person should be told the purpose of the interview.

They should meet the interviewers at least once before the interview.

The interviewers should introduce themselves and colleagues fully and clearly.

State who you are and where you are from.

Show your identity card.

Speak clearly.

Be honest and up front – abused people have spoken about “feeling tricked” as investigating officers have engaged in general conversation and then suddenly gone into very direct questioning about alleged abuse (Pritchard, J 1999).

Explain the boundaries of confidentiality. This should be done at the outset of any investigation. It should be made clear at this stage that all information disclosed or discussed must be shared with the relevant workers Line Manager.

The issue of confidentiality should be borne in mind throughout an interview as the person may disclose incidents of abuse other than those being investigated.

They should know who would be present at the interview

They should be taken to the interview venue if it is in an unfamiliar setting.

(c) Communication

It is essential to gain an understanding of how the person communicates.

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Section 7 Planning and Conducting the Interviews/Investigation

It may be appropriate for the interview to be facilitated by someone who knows the person well.

It should not be assumed that a family member, carer would be the most appropriate person to facilitate the meeting. It can be distressing and embarrassing to discuss details of the abuse, which has occurred with family members and/or carers present.

The investigating officers would need to be satisfied that the facilitator was not involved directly with the situation.

Establish if there is a need for:

- (a) Translation/interpretation/communication boards/a sign language interpreter/Makaton
- (b) If so, who will be responsible for organising these things.
- (c) Does the person need an advocate?

In some instances a speech and language therapist may be able to assist in assessment/communication.

(d) The Venue

Someone will need to take responsibility for organising transport for the abuse person.

The building needs to be accessible.

The room needs to be comfortable.

An interview room may not always be the most appropriate setting. However, if it has been decided that audio-visual recording will be used this will take precedence.

Responsibility needs to be taken for any equipment to be used.

If the abused person has sensory impairment adjustable lighting and hearing on a loop system may be necessary.

The position of seating should allow for direct eye contact to be made between all those present at the interview.

Limit external noise.

Limit distractions within the room.

Provide large print name labels for those professionals present.

Provide jugs of water and all liquid refreshment.

7.12 The Interviews

(a) General issues

It must be decided in advance amongst all participants how long the interview will last and how many breaks there will be.

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Section 7 Planning and Conducting the Interviews/Investigation

Always interview in private.

Create an atmosphere in which the person can relax.

Always proceed at the person's pace.

The more clearly the account is seen to be in the person's words, the more compelling and reliable it will be – do not put words into the person's mouth.

Notice non-verbal signs, such as facial expression, gestures, body language, fidgeting, tense posture, poor eye contact.

(b) Preparing Yourself

Be respectful towards to the person.

Speak in clear neutral tone of voice.

Logic and reasoning may not always work.

Always speak directly to the person and not to the interpreter/supporter/advocate who may be present.

Remember the person may have low self-confidence and poor self-esteem.

Ensure a non-judgemental attitude.

(c) Listening to the Person

Be aware of similar themes.

Look for repetition of words or phrases.

The information may well be disjointed.

Act as a memory feedback by repeating.

(d) Basic Interviewing Skills

Speak to the person as an adult.

Ensure that you have the person's attention.

Use their/your name.

Speak slowly and clearly.

Use short sentences.

Avoid abstract ideas.

Avoid comparative, either or questions.

Break interview into small slots.

Do not ask more than one question at a time.

Do not incorporate more than one idea per question.

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Section 7 Planning and Conducting the Interviews/Investigation

Use statements.

Avoid jargon.

Do not ask open-ended questions.

Summarise what has been understood.

Do not ask why questions, ask instead who, what, where, when.

Stick to the issues.

Give one piece of information at a time.

7.13 After the Interviews

It is important that the abused person is supported throughout the investigation and interview stages. However, it is essential that they are supported after the investigation. The most appropriate person to provide support should have been identified prior to the interview investigation taking place.

It is essential that the abused person is involved as much as possible in the subsequent decision making process.

If the investigation leads to criminal proceedings, the abused person will need to be informed at each stage, as to what will happen next.

The abused person will still need support even if there is no further action taken against the perpetrator.

Whatever the outcome of the investigation the abused person's wishes must be taken into account and their wishes incorporated into a risk management plan, if necessary.

References

Brown, H et al 1996 Towards Better Interviewing. NAPSAC, Department of Learning Disabilities University Hospital, Queens Medical Centre, Nottingham.

Policy and Procedures for Health Care Workers dealing with allegations of abuse (1996) Learning Disabled Services Manchester.

Interviewing People with Mental Health problems, Merseyside Jewish Welfare Council.

Sheard, D, Person Centred Communication Skills in Working with People with Dementia.

Pritchard, J, Ed Elder Abuse Work, Best Practice in Britain and Canada (1999) Jessica Kingsley Publishers Ltd, London.

SECTION 8 ADULT PROTECTION PROFESSIONALS MEETING

- 8.1 A joint decision should be taken between the Social Worker, Team Manager and Locality Manager as to the need for a professional meeting. This will invariably take place during or after the investigation has been completed. However, after a strategy discussion/meeting a decision may have been made that the case should not be pursued or should only be monitored. The facts will then have been established and this will then change the nature of the strategy meeting into that of a professionals meeting.
- 8.2. 1 The meeting will not be a case conference but a fact finding exercise. A Team Manager **or** Locality Manager will chair the professionals meeting and will arrange for the meeting to be minuted. The **higher the risk** the more likely it is that the **Locality Manager** will Chair the meeting. The Social Worker will provide a written report of the investigation and risk management plan. The purpose of the professional meeting will be to recap on the referral and details of the initial discussion, action and investigation.
- 8.2.2 To review all additional matter which may be available.
- 8.2.3 To consider the outcome of the investigation.
- 8.2.4 Recommend whether a case conference is required.
- 8.2.5 To confirm that a risk management plan is appropriate and in place.
- 8.3 A professionals meeting should also decide on further immediate action, if the staff involved feel it is in the best interests of the abused person to take action prior to a case conference. However, this will usually only occur when significant fresh evidence has come to light. The abused person should be kept informed of the possibility of a professionals meeting and what this entails. The decision not to hold a meeting should be noted in the case records by the Locality Manager.
- 8.4 A full written record of the professionals meeting will be made including all recommendations and plans for action. In the light of the information gathered, a decision may be made not to continue with the protection procedures. This needs to be discussed and agreed by the Social Worker, Team Manager and Locality Manager and should be recorded appropriately in writing and shared with all relevant parties.

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Section 8 Adult Protection Professionals Meeting

- 8.5 If a decision is reached to recommend a case conference then the people to be invited will be listed, together with the reason for their invitation. It is imperative that clear and full written records are kept in case they need to be scrutinised at a later date. It is the responsibility of the Social Worker to invite all agencies to the meeting.
- 8.6 Whatever the outcome all records must be endorsed by the Locality Manager and minutes will be provided to those people attending. However, recommendations from the minutes can be shared with other relevant agencies.

SECTION 9 ADULT PROTECTION CASE CONFERENCE

THE CONTEXT

- 9.1 The decision to call a case conference will be taken at the strategy discussion, strategy meeting or professional meeting. The Social Services Locality Manager will confirm whether a case conference is to take place.

The case conference provides an opportunity for inter-agency multi-disciplinary discussions in order to clarify the following:

- (a) To exchange information in a multi-agency forum
 - (b) To assess the client's situation and the degree of risk
 - (c) To make decisions and recommendations which are to be implemented in a planned and co-ordinating manner and also to include a risk management plan where appropriate.
 - (d) To clarify the roles and responsibilities of the various professionals/individuals involved and to secure the commitment of all involved to the strategy for intervention.
 - (e) To consider the legal context of intervention
 - (f) To make arrangements for monitoring and reviewing the situation.
- 9.2 Following the investigation the decision to hold a case conference must be taken by the Locality Manager from Social Services, with or without a professionals meeting taking place.
- 9.3 The case conference should be held as soon as practicable, but within ten working days of the professionals meeting.
- 9.4 The case conference must be chaired by a Locality Manager and must be minuted. (See pro-forma for minutes of meeting, appendix 6)
- 9.5 The case conference should be multi-disciplinary in nature. A decision must be made about the attendance of the victim and the alleged perpetrator. In principle it should be the aim of the process to have both parties in attendance for at least part of the proceedings (though not necessarily at the same time) unless there is good reason not to do this. Good reasons for not inviting either of these people may include pending legal action. The fact that the victim or alleged perpetrator is unaware of the potential outcomes, or the consequences that the attendance of one could have on the other, particularly, if the alleged perpetrator is still caring for the abused.

The individual wishes of both parties must also be taken into account.

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Section 9 Adult Protection Case Conference – The Context

Both the client and their alleged abuser should be told about the conference and its purpose. Fine professional judgements will have to be made as to how this will be handled. Both sides will have invested interest in the outcome of the meeting. It would however be wrong to try to force someone to attend against their wishes, although the benefit of their presence might need to be outlined. The client may also object to a conference being held and this decision must be discussed with the Team Manager and Locality Manager. Consideration should also be given to the use of advocacy services to attend the case conference.

- 9.6 All people present should be prepared to share relevant information. All information will remain strictly confidential to those present and the minutes of the meeting should be regarded as third party for data protection purposes. The recommendations of the meeting can be shared with those agencies unable to attend, but the Locality Manager, chairing the case conference must agree this.
- 9.7 Where the adult/older person, and/or carer, choose not to attend the conference they should be informed of the outcome as soon as possible. The Locality Manager should decide during the conference who are the relevant personnel to inform the adult/older person, and where appropriate, their carer.
- 9.8 If, following an investigation a decision is taken not to hold a case conference this decision should be clearly recorded on the case file by the Locality Manager.
- 9.9 In terms of using the CRRIS/PARIS System, when a case is closed where there have been allegations of proven abuse, the disposal date should be extended to ten years, rather than the usual period of 24 months.
- 9.10 The case will be highlighted in yellow on the CRRIS/PARIS System, authorised by the Locality Manager in the case conference.
- 9.11 It is the normal expectation that the alleged abuser will be told of the investigation, and the concerns about them at the time, and in a way that is appropriate to the case and the investigation.

If an alleged abuser is not told then the reasons for this exceptional decision must be clearly recorded and authorised by the Locality Manager. If an investigation and/or a conference concludes that initial concerns about abuse are not substantiated or that no further action is justified the alleged abuser should still be told that an investigation is taking place, unless a clear decision to the contrary is authorised and recorded.

SECTION 10 CARE PLANNING

- 10.1 The care planning process within these procedures may start at the investigation and assessment stage and continue to develop. The care plan must make explicit the role of the Social Worker and other agencies involved and state timescales for a review. It must also make clear who is taking responsibility for what action, there must also be detailed contingency plans listed on care plan documentation. Where appropriate, a risk management plan must be completed. A copy of the care plan should be circulated to all agencies involved in ongoing care, making clear reference to confidential information.
- 10.2 The care plan should be signed by all relevant parties and authorised by the Team Manager. It should be regarded as a contract of care between the client and all agencies providing that care. It should also detail the monitoring and reviewing process.

SECTION 11 MONITORING

11.1 The Social Worker must co-ordinate the monitoring process and ensure that all those involved have clarity of role and agreed systems of communication. All information must be recorded fully and include:

- (a) How each person is going to record what he/she is doing and what has been achieved and problems arising.
- (b) Specific tools to be used for example, body charts, check list, diary.
- (c) Where the records will be kept
- (d) How the information will be presented for review.

A copy of the completed trigger/monitoring form will be sent to the adult protection co-ordinator , for audit/monitoring purposes.

SECTION 12 REVIEWING

12.1 Reviews should follow the Cheshire County Council Care Management Procedures as follows:

- (a) Whenever deemed necessary
- (b) Minimum of six weeks
- (c) Maximum annually

12.2 Given the serious nature of an allegation of abuse, decisions on the frequency reviewing must be made by the Social Worker and Team Manager taking into account all available information and requests from any other agencies involved.

12.3 Closure of Abuse and Referral.

Once a decision has been made to cease monitoring and reviewing under the vulnerable adult protection procedures this should be appropriately recorded on file.

SECTION 13 RECORD KEEPING – THE CONTEXT

- 13.1 “Good Record Keeping is essential for local authorities so that when they are challenged – as is increasingly likely – they are able to demonstrate that decisions were not taken unlawfully or with maladministration. Defensive record-keeping can easily become poor record-keeping. This renders decision making opaque and difficult to defend against challenge.”
(Mandelstram, M, 1998, page 163).
- 13.2 The importance of good record keeping is essential for all agencies and not just local authorities.
- 13.3 From a legal perspective, the Human Rights Act 1998 which came into effect on 1 October 2000, brings into English Law a distinct and different approach to thinking about rights, responsibilities and remedies. Additionally, Courts appear increasingly willing to hold local authorities, and individual practitioners, to legal account. In the light of this, it is important to keep detailed records.
- 13.4 Record-keeping is an integral part of professional practice and should assist the process. It is not separate from the process and not an optional extra to be fitted in if time and circumstances allow.

RECORD KEEPING – THE PROCEDURE

- 13.5 Whenever a concern, disclosure or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating all relevant agency and abused person’s records into a file to record all action taken. In the case of providers of services, these should be available to the purchasers of services and to Inspectors of services.
- 13.6 When should information be recorded?
- (a) Records must be kept from the time that a concern, allegation or disclosure is made.
 - (b) Each entry must be dated and timed.
 - (c) The name of the person recording the information must be written in full. Do not use initials.

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Section13 Record Keeping – The Context

13.7 What to record?

- (a) All entries must provide factual information, eg times, dates, names of people contacted.
- (b) All contact with the abused person and alleged perpetrator must be recorded.
- (c) Record the exact words the abused person and the alleged perpetrator used.
- (d) Use body maps (see Appendix 1) to illustrate any physical injuries.
- (e) All consultation with a manager and/or senior manager must be recorded.
- (f) When contacting other agencies, the questions asked and information received must be recorded.

If a decision is made not to contact the Police, the details of why this decision was made and on whose authority it was made must be recorded.

- (h) All telephone calls, those received and made in relation to the abuse must be recorded even if there was no reply to outgoing calls.
- (i) Those who attend strategy meetings and professional meetings must be named.
- (j) Decisions taken at all meetings must be recorded.
- (k) It is essential to demonstrate how an assessment of risk, responsibilities, rights, autonomy and protection of the abused person was undertaken.
- (l) If no investigation is to take place, the reasons why and on whose authority this decision was taken must be recorded.

13.8 How to record information:

- (a) All records should be typed.
- (b) If this is not possible, they must be written in black ink and must be legible.
- (c) Any alterations to records must be made by drawing a single line through the words.
- (d) Correction fluid must not be used.

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Section 13 Record Keeping – The Context

Other Documentation:

- (a) Any rough notes made during the investigation must be kept with the record.
- (b) Minutes from meetings must be kept with the record.
- (c) Minutes from case conferences must be kept with the record.
- (d) All risk management plans and reviews must be kept with the record.

13.10 Legal Requirements:

- (a) Records should not breach a person's legal rights.
- (b) All agencies should identify arrangements, consistent with principles of fairness, for making records available to those affected by and subject to the investigation. (No Secrets, 6.17, Page 30)

13.11 Service User as Perpetrator

If the alleged perpetrator is a service user, then information about his/her involvement in an adult protection investigation, including the outcome of the investigation, should be included on his/her case records.

(No Secrets 6.18)

13.12 Storing of Information

All records must be stored in accordance with each agency's policies with regard to the Data Protection Act 1998.

SECTION 14 CAPACITY AND CONSENT

- 14.1 In every situation it will be assumed that a person can make their own decisions unless it is proved that they are unable to do so. That is, there will be a presumption that people have capacity.
- 14.2 The Law Commission proposed three definitions to ascertain whether a person lacks capacity.
- (a) A person is without capacity if, at the time that a decision needs to be taken, he or she is unable, by reason of mental disability, to make a decision on the matter in question, or unable to communicate a decision on that matter because he or she is unconscious or for other reason.
 - (b) Mental disability is defined as “any disability or disorder of the mind or brain, whether permanent or temporary, which results in an impairment or disturbance of mental functioning”.
 - (c) A person is to be regarded as unable to make a decision by reason of mental disability if the disability is such that, at the time when the decision needs to be made, the person is unable to understand or retain the information relevant to the decision, or unable to make a decision based on that information.
- (Law Commission, Pages 32 – 48, 1995)
- 14.3 Issues of capacity and consent are central; both in deciding whether an act or transaction was abusive and in deciding to what extent the adult can, and should, be asked to take decisions about how best to deal with the situation.
- 14.4 During the investigation process, it is essential that you are certain that the abused person fully understands the nature of the concerns and the choices and options facing them.
- 14.5 In cases in which the Investigating Officer feels that the adult is unable to give informed consent, a professional meeting should be called in order to undertake or commission a multi-disciplinary assessment.
- 14.6 Capacity should be assessed in relation to the specific activity or issue that is being considered.
- 14.7 It should not be assumed that a capacity or lack of capacity in respect of one area equates directly to another situation. For example, consent to medical treatment may not mean that an adult is able to give their consent to sexual activity. This approach to the assessment of capacity can be regarded as a functional approach.

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Section 14 Capacity and Consent

This approach focuses on the decision itself and the capability of the person concerned to understand, at the time it is made, the nature of the decision required and its implications. This approach is very specific and avoids generalisations that may involve unnecessary intrusions into the affairs of the person.

14.8 An assessment in respect of capacity should

- (a) Relate to the time and nature of a particular situation, ie a particular treatment or a particular decision.
- (b) Be undertaken by a person with expertise relevant to the abused person's situation.
- (c) Consider whether the abused person is able to understand or retain the information relevant to the decision being made.
- (d) Consider whether the abused person is able to make a decision based on that information.
- (e) Be fully recorded in the case file.

14.9 Circumstances where the abused person is considered to lack capacity might include those

- (a) Where the abused person does not know they have a decision to make.
- (b) Where the abused person does not understand the choices available or the consequences of those choices.
- (c) Where the abused person cannot communicate their decision.

However, in these and other circumstances, they can only be deemed incapable in making a decision where every reasonable effort has been made to assist their understanding of the situation and the communication of their wishes. This will include arranging an advocate and/or interpreter where necessary and possible. It is important to start from the assumption that the abused person is trying to find some way of communicating their wishes, rather than that they cannot do so.

- 14.10 There may be situations where the abused person seems able in terms of their knowledge and understanding to make their own decisions. However, they may be subject to undue pressure to support a particular course of action, perhaps pressure from, or fear of, a professional or relative or alleged perpetrator.

Workers will need to determine whether the abused person is making the decision of their own free will or whether they are being subjected to coercion or intimidation.

If it is believed that the abused person is exposed to intimidation or coercion, efforts should be made to offer the adult distance from the situation in order to facilitate decision making.

14.11 Situations where the abused person does have capacity

If it is decided that the abused person does have capacity, has taken an informed decision and, by that action, is placing him or herself at risk, staff should consult with:

- (a) The abuse person themselves.
- (b) Their carer with the person's consent first.
- (c) Their community support.
- (d) Any other relevant agency, service or individual to ensure that the abused person understands the risk that they are taking and the choices available to them to remove or reduce the risk.

14.12 If the alternative options offered are not acceptable to the abused person, they may well choose to remain in an abusive situation. If this is the case, it is important that all the risks have been recorded in a risk assessment and also followed with a risk management plan, acknowledging the fact that the abused person wishes to remain in that situation.

14.13 Situations where the abused person does not have capacity

If it is decided that the abused person does not have capacity, after a comprehensive assessment, including medical assessment, then staff should act in the best interests of the abused person, that is, what is necessary to promote health or well being, or prevent deterioration.

14.14 Remember, an adult can only be compulsorily removed from an abusive situation through the use of either the National Assistance Act 1948 or the Mental Health Act 1983. Both of these pieces of legislation involve what may be regarded as sanctions against the abused person, not the alleged perpetrator. You should seek advice from your agency or organisation's legal section/ department in relation to compulsory removal.

14.15 Where appropriate, consultation with, or appointment of, a legal or other independent advocate may help make the best decisions on the person's behalf.

Medical Examinations

Based on case law, the capacity to give informed consent to medical treatment has been defined as containing three essential stages:

- (a) The ability to comprehend and remember information about the treatment.
- (b) Believing the information.
- (c) Balancing the information and arriving at a decision.

An adult will be assessed as having capacity if they are able to:

- (a) Understand what the treatment is.
- (b) Understand why the treatment is being proposed.
- (c) Understand the nature of the proposed treatment.
- (d) Understand the benefits and risks of the treatment.
- (e) Balance the information and arrive at a decision.

References

- 1 Law Commission (LAW COM.231) 1995. Mental Incapacity, HMSO.
- 2 Skinner, B et al 1998. Aims for Adult Protection – The Investigator’s Guide. Pavilion Publishing, Brighton.
- 3 The Lord Chancellor’s Department (1997) – Who Decides, Stationery Office, London.
- 4 BMA/Law Society (1997) – Assessing Mental Capacity – A Guide for Doctors and Lawyers.

SECTION 15 CONFIDENTIALITY – THE CONTEXT

- 15.1 The Government Guidance Document “No Secrets” recognises that there are circumstances in which it will be necessary to share confidential information.
- 15.2 Summarising the principles set out in the Caldecott Committee’s report on the review of patient identifiable information, No Secrets states that:
- (a) Information will only be shared on a need-to-know basis when it is in the best interest of the service user.
 - (b) Confidentiality must never be confused with secrecy. Informed consent should be obtained but if this is not possible, and others are at risk, it may be necessary to override this requirement.
 - (c) It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in situations when other people may be at risk.
(No Secrets, 5.6).
- 15.3 The decision about who needs to know and what needs to be known should be taken on a case-by-case basis.
(No Secrets, 5.7).
- 15.4 No Secrets states that the principles of confidentiality designed to protect the management interests of an organisation must never be allowed to conflict with those designed to promote the interests of the service user. If it appears to an employee or person in a similar role, that such confidentiality rules may be operating against the interests of the adults, then a duty arises to make disclosure in the public interest.
(No Secrets, 5.8).
- 15.5 In certain circumstances it will be necessary to exchange or disclose personal information, which will need to be done in accordance with the Data Protection Act 1998 where this applies.
(No Secrets, 5.9)

CONFIDENTIALITY – THE PROCEDURE

- 15.6 Decisions about sharing information need to be taken on a case by case basis. Therefore, before you share information you need to ask yourself the following questions:
- (a) Do I have the permission of the abused person to disclose personal information, if not
 - (b) Do I have the legal power to disclose this information.

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Section 15 Confidentiality – The Context

- (c) Is there a duty to protect the wider public interest, are other people at risk?
- (d) Am I proposing to share information with due regard to both common and statute law.
- (e) Do I have the correct level of seniority to disclose this information?

15.7 The sharing of information must always be discussed with a senior manager and/or Legal Services or Adviser.

15.8 All decisions made in terms of withholding or sharing information must be recorded.

15.9 The Service User as Perpetrator

If it is assessed that the service user continues to pose a threat to other service users, then this should be included in any information that is passed on to service providers.

(No Secrets, 6.18)

SECTION 16 PROVIDING INFORMATION AND OPTIONS

- 16.1 The following is a list of services that may be useful. Inclusion does not indicate a recommendation. The list is not necessarily comprehensive and is only up-to-date at the time it was completed.

Please check yourself whether the services are still available or other alternatives needed to be added to the list.

SERVICES SPECIFIC TO DOMESTIC VIOLENCE

Housing Advice

Counselling

Women's Aid

Victim Support Schemes

Other

Citizen's Advice Bureau

NATIONAL ORGANISATIONS SPECIFIC TO ADULT PROTECTION

Action on Elder Abuse

A free Helpline offering information, emotional support and confidentiality for anyone worried about an older person being abused, neglected or financially exploited. Service available in English, Hindu, Urdu, Punjabi and Welsh. Telephone number: 080 8808 8141.

Prevention of Professional Abuse Network

Providing a free and confidential service to people who have been abused by Social and Health Care professionals by offering support with complaints, advocacy, information, raising public and professional awareness. Telephone number: 0207 6226334;
Fax number: 0207 6229788

Public Concern at Work

A leading Organisation in the field of accountability and governance. They work with employers and employees to ensure that concerns such as fraud, public danger, or abuse in care are properly raised and handled in the work place. Telephone number: 0207 4046609; Fax number: 0207 4046576

SECTION 17 LEGAL FRAMEWORK

17.1 Legal Context

Legislation can either grant local authorities a power to act (in which case the decision whether to act is discretionary, eg “may”/”can” or a duty to act (where there is no discretion, eg “must”/”shall”).

Legislation can also be found in the form of Statutory Instruments (“Regulations”) or Statutory Guidance, which has the same force as legislative Acts.

The powers and duties of the authority relate both to crisis intervention and preventative measures. It is important the officers working within Social Services have some understanding of the legislation relevant to adult abuse and of legal process of procedures. The following is a summary of the existing relevant legislation. Colleagues in Legal Services will be glad to advise further on any of these matters.

17.2 Responsibilities to assess a potential victim of abuse

Social Services have a duty to carry out an assessment of need for community care services for any person who it appears may need such services. If the assessment identified needs, there is a duty to consider whether those needs require service provision (S47 National Health Service and Community Care Act 1990).

If at any time during the assessment it appears that the person is disabled, consideration has to be given (under S2 Chronically Sick and disabled Persons Act [CSDPA] 1970) to any additional services required under the CSDPA and under The Disabled Persons’ (Services Consultation and Representation) Act 1986. The 1986 Act also requires that the needs of the carer, including their ability to continue caring, are assessed. This assessment may be helpful in addressing potentially abusive situations.

The Carers (Recognition and Services) Act 1995 enables the authority to assess the ability of the carer to provide care as part of the decision as to what provision should be made for any identified needs. This applies to all carers, not just for the disabled, and again may be helpful in identifying potential or actual abuse.

17.3 Abuse Involving Violence

The Police have specific powers under the Police and Criminal Evidence Act 1984 in relation to violence. They may:

- enter and search premises without a warrant to save life or limb (S17)

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Section 17 Legal Framework

- arrest a person if there are reasonable grounds for suspecting an offence has been or may be committed and arrest is necessary to prevent physical harm to self or another, or to protect a child or another vulnerable person (S25).

There are several arrestable offences, including:

- common assault, eg hitting, pushing, administration of medication by force.
- actual bodily harm, ie physical assault or emotional assault.
- grievous bodily harm, ie wounding with or without a weapon.
- grievous bodily harm with intent.
- unlawful homicide re manslaughter or murder.

The Police regard violent assault or behaviour within a domestic setting as seriously as that carried out by a stranger. Home Office circular 60/1990 on Domestic Violence gives guidance to the Police about the duty to protect victims and the dangers of seeking conciliation between attacker and victim.

If violence is suspected or anticipated, the Police should be notified and asked to respond. either the abused person or the Social Services officer could do this.

There are also actions, which an abused individual can take against the abuser under civil law for assault, battery, nuisance, false imprisonment and trespass. The individual could apply to a County Court for an injunction to prevent further violence/abuse, and this may be granted with a power of arrest if the injunction is breached. An abused person could be informed of this right and advised to seek independent legal advice.

There are also powers available to the Courts under the Family Law Act 1996. The abused person or their representative can take action against someone living in the same household (but not a lodger, tenant or employee) or relatives, former cohabitants and spouses. The Court can grant a non-molestation order, or an occupation order barring someone from the house or a specified part of it. Again, the abused person should seek independent legal advice if considering this course of action.

17.4 Abuse of a sexual nature

In addition to the action available relating to violent abuse, legal action may be taken under the Sexual Offences Act 1985 for rape. The Sexual Offences Act 1956 also protects women with a learning disability from exploitation and abuse, and makes it an offence for a man or woman to indecently assault another person intentionally and without consent. Indecent assault includes sexual touching or affronts to sexual modesty. If any such sexual abuse is suspected, the Police should be informed.

Under S128 of the Mental Health Act 1959, it is an offence for a male member of staff to have sexual intercourse with a woman receiving treatment for a mental disorder in a hospital, nursing or residential home, or who is subject to Guardianship in the community. This applies even if the woman consents. It is also an offence under the Sexual Offences Act 1967 for a male member of staff to commit acts of gross indecency with male patients (there is no equivalent law relating to female staff). Again the Police should be informed of any suspected offence.

17.5 Abuse in a Residential Setting

All of the law referred to elsewhere in this guidance applies equally to those in residential care. In addition, the Registered Homes Act 1984 and the Residential Care Home Regulations 1984 regulate the care of those who live in residential homes. Physical restraint, control by medication, food deprivation etc are all breaches of the Act, as well as probable breaches of the Human Rights Act 1998. Suspected incidences should be reported to CSCI. and, if necessary, to the Police.

Relatives may sometimes seek to remove an adult/older person from a residential setting. Staff should consider the following issues:

- generally there is no right to prevent removal.
- if the person does not want to leave, staff should act as advocate for that person's rights and involve the Police if necessary.
- if the person is subject to Guardianship (see paragraph below on Mental Disorder) removal should not be allowed without the Guardian's consent.
- if a breach of the peace is threatened, ie relatives are disruptive, potentially violent or threatening or causing distress, access to the building can be denied and Police involvement requested if necessary.

17.6 Abuse of the Mentally Disordered

"Mental disorder" is mental illness, mental impairment, severe mental impairment or psychopathic disorder. If access is refused to an alleged abused/neglected person and they are known or suspected to be suffering from a mental disorder, the Authority has several powers under the Mental Health Act 1983 (MHA).

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Section 17 Legal Framework

(i) **Power to enter and inspect (S115)**

An Approved Social Worker (ASW) may at all reasonable times enter and inspect any premises in which a mentally disordered person is living if there is reasonable cause to believe that they are not under proper care. Forced entry is not permitted but refusal to allow an inspection is an offence under S129 and a warrant for entry can be sought under S135.

If a warrant is necessary, the person need not be named, allowing investigation of suspected abuse or neglect of people whose identity is not known. A warrant may be granted, based on evidence of past abuse or neglect.

(ii) **Place of Safety (S135 and S136)**

A Section 135 Warrant enables removal of the person who is being neglected, or is unable to care for himself and living alone, to a place of safety for a maximum of 72 hours. This enables an assessment to be carried out and, if necessary, sectioning under the MHA.

In addition the Police have powers under S136 to remove a person from a public place to a place of safety where the person is suffering from mental disorder and is in immediate need of care and control.

(iii) **Hospital admission (S2-4 and S13[4])**

Sections 2, 3 and 4 of the MHA give powers to an ASW to seek admission of a mentally disordered person where the necessary criteria are met. Further legal guidance on MHA admissions should be sought if requested. Under S13[4] an ASW must consider making an application for admission under the Act if requested to do so by the nearest relative. This power may be used if the nearest relative complains of abuse or neglect of the person by a third party.

(iv) **Guardianship (S7)**

A vulnerable person may be received into guardianship by the local authority if they suffer from mental disorder of a nature of degree warranting such action. Guardianship must be “necessary in the interest of the welfare of the patient or the protection of other persons” and “welfare of the patient” is interpreted broadly. The authority may then:

- require the person to reside at a specific place
- require specified attendance for medical treatment, education, training or occupation

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- require access by a registered medical practitioner, ASW or other specified person to the patient. (No power of forceful entry but refusing access is an offence under S129)

Guardianship must be subject to consultation with the nearest relative, but where they object, they can be removed by the County Court under S29. Those subject to Guardianship Orders have a right to appeal to a Mental Health Review Tribunal and to receive legal advice. Guardianship can be used flexibly and positively to assist professional intervention and facilitate access to services, enabling the individual's rights to be protected and for them to remain in the community.

(v) III Treatment of the Mentally Disordered (S127)

It is an offence for any employee or manager of a hospital or mental nursing home to ill-treat or wilfully neglect a patient receiving treatment, either as an inpatient or at home, or any patient receiving outpatient treatment. It is also an offence for a guardian or someone with custody or care of the person (Whether a legal, moral or other responsibility) to ill-treat or wilfully neglect a mentally disordered person. Prosecutions can be brought by the CPS or Social Services (with the consent of the Director of Public Prosecutions). Further legal advice should be sought on such actions.

Wherever possible, mentally disordered people are treated in the community under the Care Programme Approach (CPA). Services are provided jointly between hospital and community health services, social services authorities, voluntary and private sectors and carers.

17.7 Financial Abuse

There may be instances where the suspected abuse is of a financial nature. It may be that the nature of the abuse is such that a criminal offence (eg theft or fraud) is suspected and such suspicions should be reported to a line manager who may involve the Police.

However, there are also preventative actions, which can be taken to reduce the risk of financial abuse.

(i) Power of Attorney

This enables a person to act on behalf of another. It can be limited to specific transactions or be a general power. The person must grant the power to the Attorney and usually a

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solicitor will certify this. The power lapses if the person granting it becomes mentally incapable of handling their own affairs, unless an Enduring Power of Attorney has been granted. An Enduring Power of Attorney must however be registered with the Court of Protection and is only valid if granted whilst the person was still mentally aware (ie aware of the extent of their assets and of who they want to act on either behalf.)

(ii) Appointee

An adult/older person can appoint a relative, friend or professional to deal with their financial affairs. Forms are available from the Benefits Agency. If any professional alerts the Agency to concerns, they will interview the person and the proposed appointee before making a decision. They may also put a stop on a pension if contacted by a professional who has the consent of the person (useful if someone has taken possession of a pension book). The Agency can carry out an investigation if they suspect abuse of the appointeeship and suggest another appointment.

(iii) Agent

An adult/older person can authorise another person to collect their state benefit for them by signing the back of the pension benefit form.

(iv) The Court of Protection

If a person cannot manage their financial affairs due to mental disorder the Court of Protection may appoint a Receiver to act in the persons place to deal with his/her financial and legal affairs. An application to appoint a Receiver is usually made by the nearest relative, but can be by a neighbour, friend, business adviser or an officer of the Local Authority. The Public Trust Office, Protection Service can be contacted on 0171 269 7200 (ask for "Enquiries Section").

In addition, the Department of Work and Pensions may need to be involved if specific offences are suspected:

- (a) False representation for obtaining benefits. This may involve someone continuing to claim benefits after the death of the rightful claimant, or making false declaration to obtain cash benefit. The person involved could be a family member, friend or may be an employee of Social Services or a Residential Home (Social Security Administration Act 1992) (SSAA S12)
- (b) Illegal possession of documents, eg Child Benefit Book or Pension Book (under age) (SSAA S182).

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17.8 Powers relating to removal of a person from unsanitary conditions

Under Section 47 National Assistance Act 1948, a District Council may apply to the magistrates for removal of a person from their home if:

- (a) the person is suffering from a grave chronic disease or is aged, infirm or incapacitated and living in unsanitary conditions and
- (b) the person is not receiving proper care and attention, and
- (c) removal is necessary in their own interests or to prevent injury to the health of, or serious nuisance to, another person.

The application must be accompanied by a community physician's certification that removal is necessary on these grounds. If the application is successful the person may be removed to a suitable hospital or other place (eg residential/ nursing home). The Order lasts initially for up to three months and may be extended by another three months, and can be revoked by an application made by the person or their representative six weeks after it is granted.

This power is rarely used. However, if it is being considered, prior notice should normally be given to the relevant person of the intention to use S47 powers. If removal is required without delay, an ex parte application can be made without notice, provided two doctors certify it is a necessity. The period of removal is then for up to three weeks but can be extended by a full application.

In addition, the District Councils have powers under Public Health Legislation to enter and clean premises, which are a public health risk. These powers may be useful where removal from the premises is not feasible for any reason.

17.9 The Human Rights Act 1998

Separate Guidance is available from Legal Services on the implications of the Human rights Act for Social Services.

In summary, the Act requires that the basic human rights of an individual must be protected and that public authorities must not act in a way which is incompatible with the Convention Rights. In relation to Adult Protection, the most important rights are probably:

- the right to life (Article 2)
- prohibition of torture (Article 3)
- right to respect for private and family life (Article 8)
- protection of property (Article 1 of First Protocol)

If there is a potential breach of a convention right, the authority would have to be able to demonstrate that they were acting in compliance with

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existing, incompatible, legislation or that they were acting with “proportionality”. Proportionality means that there was a pressing social need for the action, that the potential outcome had been weighed against the outcome of not taking the action, that the reason for taking the action was sufficient in the circumstances and that the action was reasonable in the circumstances.

In taking action to prevent adult abuse, the rights of the abused must be weighted against the rights of others, eg the abuser, other family members. The authority has a duty to act to protect the rights of the abused and any failure to do so could itself lead to legal action for failing to do so. There, therefore, needs to be careful consideration of the Human rights implications of decisions in adult abuse situations. Further legal advice should be sought if required, and officers should be given training in Human Rights issues as necessary.

17.10 Data Protection Act 1998

The Data Protection Act 1998 replaces the 1984 Act and significantly widens the scope of the former legislation. It is no longer the case that the legislation refers only to computerised records. The Act establishes that all personal data (data being anything which is recorded and kept) is subject to the requirements of the Act and gives the subject of the data rights over it.

All organisations holding data records must be registered with the Data Protection Commission and must ensure that the reasons for keeping records are in compliance with the conditions set out in Schedules 2 and 3 of the Act.

Individuals have rights both to access to files and confidentiality of those files. Previously disclosure was the subject of case law but Section 13 DPA 1998 makes it clear that:

“An individual who suffers damage by reason of any contravention by the data controller of any of the requirements of this Act is entitled to compensations from the data controller for that damage.”

Schedules to the Act set out when sensitive personal data can be processed – which include disclosure:

- where the subject consents to disclosure (Schedule 3, paragraph 2) consent should be explicit – silence is not consent;
- where the subject does not consent but disclosure is necessary to protect the vital interest of another person and the consent by or on behalf of the data subject has been unreasonably withheld (Schedule 3, paragraph 3[b]).

Inter-agency sharing of information on Adult Abuse should be in accordance with the DPA and with the Department of Health's Guidance on Elder Abuse "No Secrets".

17.11 Public Disclosure Act 1998

This Act relates to the responsibility of staff to act on any suspicion or evidence of abuse or neglect. Within employment, those who make disclosures of such events, or of criminal offences, failures to comply with legal obligations or to report miscarriages of justice are protected from disciplinary action on grounds related to the disclosure. The protection does not apply, however, if the person disclosing the information commits a criminal act in actually disclosing it.

Any disclosure must be in good faith, there must be reasonable belief in the truth of the information, and the disclosure must not be for personal gain and must be reasonable in all the circumstances.

The County Council has a "Whistle Blowing" policy, as does Social Services. Any member of staff who believes that there is a matter which should be disclosed can contact either their line manager or, alternatively, seek further advice from Legal Services in County Hall.

17.12 Mental Capacity Act 2005

Under the Act it is an offence to ill treat or neglect a person who lacks capacity and a person found guilty of such an act can be imprisoned for up to 5 years.

17.13 Other Relevant Legislation

Working with abuse requires an appreciation of the general legal framework for assessment and care management in the community. Community Care Services are defined in Section 46 of the NHS and Community Care Act 1990 by reference to other legislation.

- National Assistance Act 1948 Part 3 (Residential and Welfare Services)
- Health Service and Public Health Act 1968, S43? (Welfare of Elderly People)
- NHS Act 1997 Section 21 and Schedules (Home Help Services)
 - Mental Health Act 1983 Section 117 (After Care Services)
 - Disability Discrimination Act 1995 which ensure equality for all in access to services no matter what their disability.

The Chronically Sick and Disabled Persons Act 1970, Section 2, is also relevant.

17.14 Youth and Criminal Evidence Act 1999

Sections 16 and 17 state that assistance may be provided during court proceedings to those witnesses who may, due to their age or incapacity, find giving evidence in court difficult or stressful. Such assistance may include giving evidence in private or via a video link.

17.15 Necessity and Declaratory relief

This is a developing “jurisdiction”. Its origins are in the idea that where someone assumes the care of another they are permitted to act to do what is necessary to promote that person’s best interests. Parents and relatives routinely help and act for incapacitated adults under some notions of “parental rights” albeit “next of kin”. However these notions have no legal status.

The courts have recently developed the use of the advisory declaration, which indicates to the parties that a particular course of conduct (such as an operation or the withholding of treatment) is lawful. It has also recently been used to deal with issues such as the living arrangements of the mentally incapacitated. It is now clear that the courts may resolve disputes about the living and contact arrangements for mentally incapacitated adults.

Anyone with a legitimate interest in the outcome may bring the matter to court. The court will then decide the case based on “best interests”. In making that assessment wishes are a component part and past expressions of wishes are relevant, but are not the only consideration.

The procedure is governed by part 8 of the Court Procedure Rules and a copy of the relevant forms are attached for information only (legal advice should be sought if a Declaration is required. In order to obtain a Declaration there must be evidence of incapacity.

If further advice is required on any legal issue relating to Adult Abuse, please contact Legal Services at County Hall.

“NO SECRETS” – NO COME BACKS

RELEVANT LEGISLATION-DATA PROTECTION AND HUMAN RIGHTS ACT

THE LEGISLATIVE BACKGROUND

- The Data Protection Act 1998 replaces the 1984 Act and significantly widens the scope of the former legislation.
- It is no longer the case that the legislation refers only to computerised records. The Act establishes that all personal data (data being anything that is recorded and kept) is subject to the requirements of the Act and gives the subject of the data rights over it.
- All organisations holding data records must be registered with the Data Protection Commission and must ensure that the reasons for keeping records are in compliance with the conditions set out in Schedules 2 and 3 of the Act.
- Individuals have rights both to access to files and confidentiality of those files. Previously disclosure was the subject of case law, but Section 13 DPA 1998 makes it clear that

“An individual who suffers damage by reason of any contravention by the data controller of any of the requirements of this Act is entitled to compensation from the data controller for that damage.”
- Schedules to the Act set out when sensitive personal data can be processed – which includes disclosure: -
 - Where the subject consents to disclosure (Schedule 3 paragraph 1) consent should be explicit – silence is not consent.
 - Where the subject does not consent but disclosure is necessary to protect the vital interest of another person and the consent by or on behalf of the data subject has been unreasonably withheld (Schedule 3, paragraph 3[b]).
- The Human Rights Act 1999 is also relevant. A power to disclose is not free from restraint and there should be a “pressing social need” to disclose. The consequences for the subject of disclosing must be balanced against the consequences for others of not disclosing.
- In order to comply with the DPA 1998 and the HRA 1999, a suggested procedure before disclosure could be:
 - (1) Conduct a balancing exercise.
 - (2) Demonstrate the “pressing social need”.

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- (3) Seek the subject's consent – if refused, disclosure can still take place but ensure that the balancing exercise and “pressing social need” arguments are recorded.

Section 35 of the DPA 1998 provides that data must also be disclosed where it is necessary for the purpose of, or in connection with, legal proceedings or for obtaining legal advice: and also that disclosure can be ordered by a Court.

What does the “No Secrets” Guidance Say?

- The Guidance stresses a need for an inter-agency framework on information sharing, where each agency is clear about the inter-agency relationship and the structures and accountability.
- Strategies, policies and services relevant to abuse must operate within the legislative framework of:
 - NHS and CCA 1990
 - MHA 1983
 - Public Interest Disclosure Act 1998
 - Registered Homes Act 1984

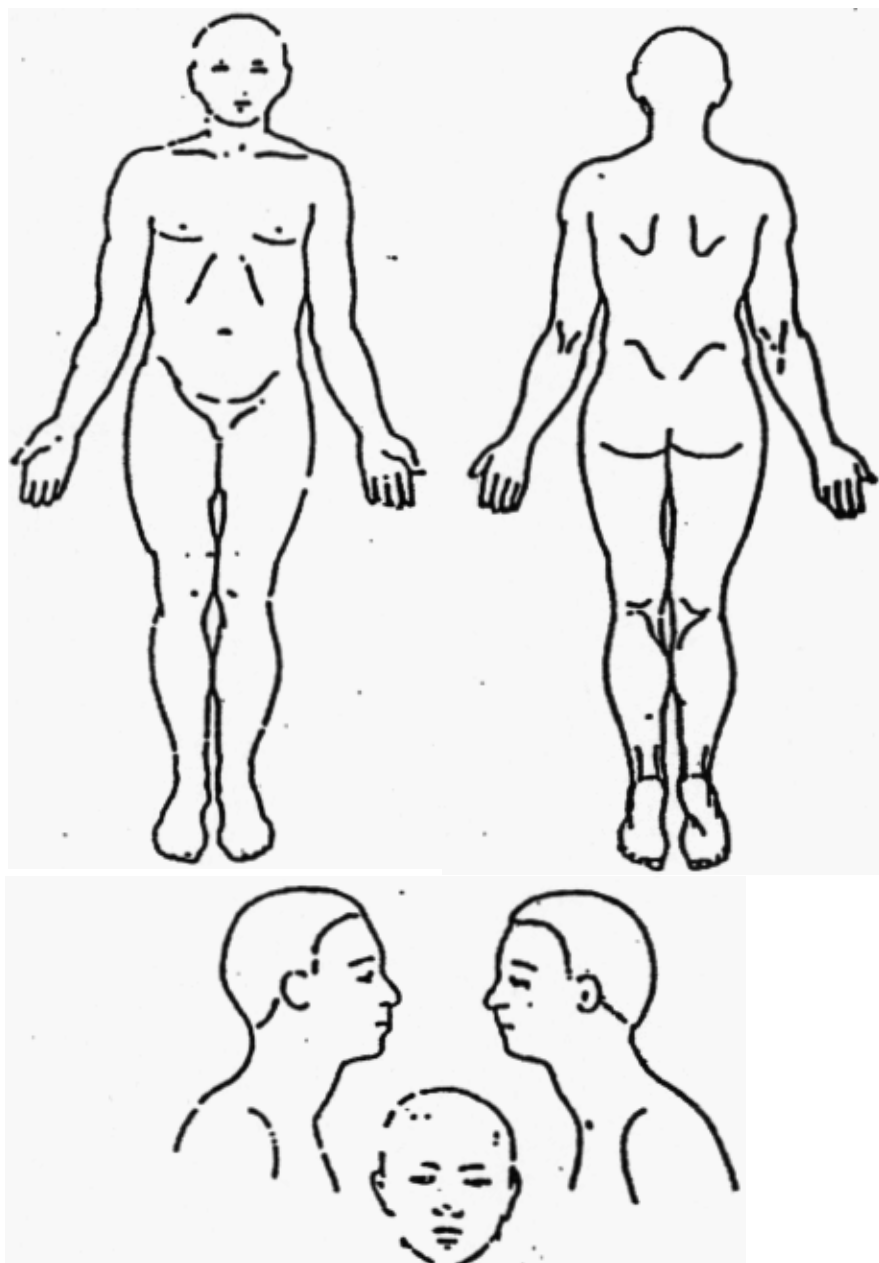
There must be joint protocols governing sharing of information and conduct of joint reviews. Information on the policy and protocols must be disseminated to users, etc.

- No individual's statutory responsibility can be delegated.
- Inter-agency procedures should be identified for incorporating complaints on to a file recording all actions taken. All agencies should identify fair arrangements for making records available to those affected by and subject to investigation.
- There must be common agreement establishing the principles of confidentiality and the sharing of information. The agreement should be based on the best interests of the vulnerable adult, and must distinguish between the need for confidentiality to safeguard the interests of the service user and that necessary to protect other aspects of management. Management interest should not conflict with the interests of service users.
- Confidentiality must not be confused with secrecy – and confidentiality should not be assured.
- Information is to be shared only on a “need to know” basis.
- Informed consent should be obtained to disclosure but, if this is not possible and other vulnerable adults are at risk, this requirement may be overridden.

“Joint investigation there may be, but the shared information flowing from that must be constantly evaluated and reviewed by each agency”

Adult Protection in Cheshire
Appendix 1 Body Chart

APPENDIX 1 BODY CHART (to go with trigger form)



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**CHESHIRE COUNTY COUNCIL – SOCIAL SERVICES
 Protection of Vulnerable Adults
 Trigger/Monitoring Report Form (March 2005)**

C O N F I D E N T I A L

Pages one and two of this form can be used by all staff to record suspicion, disclosure and /or allegation of abuse, and determine the management of the intervention. It must be faxed to the relevant Social Services Access Team or direct to the relevant fieldwork Team Manager.

It should be forwarded immediately to the relevant Fieldwork Team Manager and logged on CRRIS/PARIS.

	CRRIS/PARIS NO:	
Name of vulnerable person		
Address (incl. postcode)		
Telephone No.		Age:
Name of Referrer		
Source of Referral	HEALTH <input type="checkbox"/> INDEPENDENT/VOL. STAFF <input type="checkbox"/> SOCIAL SERVICES <input type="checkbox"/> FRIEND <input type="checkbox"/> SELF <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> OTHER (please state) <input type="text"/>	
Referrer's Address and Telephone No.		
Brief Factual Description of Circumstances:		

Details of vulnerable person (continued):

Date of Referral:		Type of referral eg letter, phone		CRRIS/ PARIS No:	
Age:					
Male/ Female		Ethnic Origin:		Date of Birth:	
Name of GP:			Telephone No.		
Address of GP:			Post Code		

Nature of Allegation (please all that apply):

Psychological	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Sexual	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Institutional	<input type="checkbox"/>

Is there evidence of discriminatory abuse? (sexism or discrimination due to disability) Yes No

Is there evidence of racial motivation? Yes No

Service User Group of vulnerable person (please one box only indicating primary group):

Learning Disabilities	<input type="checkbox"/>	Physical/Sensory Impairment	<input type="checkbox"/>
Older Person	<input type="checkbox"/>	Other: (please specify):	
Mental Health	<input type="checkbox"/>		

Is the abused person already known to your agency or another agency?

Yes No Don't know

What was the location or venue of the alleged abuse?

Own Home/Rented		Rented Home	
Daycare		Education Establishment	
Hospital		Public Place	
Nursing Home		Sheltered accommodation	
Other (please specify)			

Alleged Perpetrator Details:

Gender of alleged perpetrator(s):	Male/Female	Relationship to vulnerable person (if any)	
If more than one perpetrator please state number :			
Does the alleged perpetrator live with the person? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>			
Signed		Date	
Job Title			

Agreed Action: Team Manager

TEAM:		LOCATION: EAST/WEST CENTRAL		CRRIS/PARIS NO:	
Events of Investigation:		Please X numbers as appropriate:			
1	<input type="checkbox"/>	Suspicion noted, no further action at present			
2	<input type="checkbox"/>	Suspicion noted, case to be monitored by:			
		Name:			
		Review			
		timescales:			
3	<input type="checkbox"/>	Social worker to investigate:	Yes	No	Name:
4	<input type="checkbox"/>	Strategy /Planning Meeting for discussion	Yes	No	Date:
5	<input type="checkbox"/>	Case Conference	Yes	No	Date:
6	<input type="checkbox"/>	Refer within Social Services Department:			
		Specify to whom:			Date:
		If contractual issue Contracts Team to be notified.			Date:
7	<input type="checkbox"/>	Refer to another agency:			
		Please specify (eg GP/Police/CSCI)			
8	<input type="checkbox"/>	If abuse related to domestic violence was written information given to service user concerning other resources eg Women's Aid, Victim Support, Housing?			
		Specify information given			Date:
LOCALITY MANAGER SIGNATURE/COMMENTS					

Please record time in half/hour(s) spent on relevant aspects of the case for each staff member:

	Locality Manager	Team Manager	Social Worker	Social Care Assessor	Admin	Other
Referral/consultation						
Investigation						
Joint Investigation						
Strategy Meeting						
Case Conference						

To be completed by Manager: For statistical purposes it is necessary to know the final outcome of the investigation. It is also important that you comment on the effectiveness of the adult protection procedures.

What was the final outcome of the investigation: (please X all boxes that apply):

Case unsubstantiated	<input type="checkbox"/>	Monitor by agency worker	<input type="checkbox"/>
False information/malicious call	<input type="checkbox"/>	Monitor by Social Worker	<input type="checkbox"/>
Refused Social Services input	<input type="checkbox"/>	Police not enough evidence	<input type="checkbox"/>
Service user refuses further action	<input type="checkbox"/>	Criminal proceedings	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Referral from relevant agency to POVA list	<input type="checkbox"/>

ADULT PROTECTION TRIGGER REPORT FORM

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TEAM MANAGER CHECKLIST

1	Pink TRIGGER Form on case file	Yes/No	Date
2	Allegation loaded on CRISS/PARIS	Yes/No	Date
3	Strategy/Planning discussion	Yes/No	Date
4	Professional Meeting	Yes/No	Date
5	Case Conference	Yes/No	Date
6	Review	Yes/No	Date
7	Risk Management Plan	Yes/No	Date
8	Pages 1, 2 and 3 fully completed trigger form forwarded to Karen Owen County offices, Northwich.	Yes/No	Date
9	Locality Manager informed of outcome?	Yes/No	Date

ADULT PROTECTION TRIGGER REPORT FORM

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GUIDANCE NOTES TO FIELDWORK TEAM MANAGERS

- 1 TRIGGER FORMS SHOULD BE FILLED IN BY THE REPORTING WORKER AS SOON AS AN ALLEGATION IS RECEIVED AND FAXED TO SOCIAL SERVICES ACCESS TEAM OR RELEVANT SOCIAL SERVICES TEAM MANAGER.
- 2 THE ALLEGATION WILL NEED TO BE PUT ON TO CRRIS/PARIS AS A SEPARATE REFERRAL WITH THE TAG "SUSPECTED ABUSE".
- 3 ORIGINAL TRIGGER FORMS SHOULD BE HELD ON THE CASE FILE.
- 4 A COPY OF THE **COMPLETED** TRIGGER FORM SHOULD ALSO BE SENT TO THE ADULT PROTECTION CO-ORDINATOR.
- 5 LOCALITY MANAGER SHOULD BE INFORMED OF SERIOUS/MULTIPLE ABUSE.
- 6 ON CLOSING THE CASE PLEASE ENSURE A CLOSURE DATE OF TEN YEARS.
- 7 IF THE CASE IS TO BE HIGHLIGHTED ON THE CRRIS/PARIS SYSTEM, LOCALITY MANAGERS SHOULD AUTHORISE THIS AND LOCALITY MANAGERS WILL RECORD THEIR DECISIONS ON ACTIONS DIRECTLY ON THE CASE FILE

INTER-AGENCY ADULT PROTECTION COMMITTEE

INTRODUCTION

An Inter-agency Adult Protection Committee exists as a Standard Committee with lead officers from:

Social Services, Police, Housing, NHS Trusts, Welfare Organisations, Local PCGs and PCTs, Commission for Social Care and Inspection, and with corresponding membership from Cheshire Health Authorities, Crown Prosecution Service, Education, Probation, and Benefits Agency.

- 1.1 The remit of the Inter-agency Adult Protection Committee is to: (3.4)
 - (a) Develop and continually review policy on Adult Protection
 - (b) Develop and update operational inter-agency procedures and protocols
 - (c) Review and update policy and procedures based on evidence of what works in practice for users of our services using local, national and international research
 - (d) Promote inter-agency co-operation
 - (e) Evaluate the implementation of policies and procedures through the collation of information from monitoring systems
 - (f) Review individual cases and the inter-agency framework as a means of auditing good and bad practice
 - (g) Promoting the policy and procedures to staff groups, management and to the public through the use of a variety of communication methods
 - (h) Develop a training strategy and facilitate joint training
 - (i) Develop a long-term plan for the implementation of policy and sustaining a high level commitment to adult protection.

- 1.2 The Inter-agency Adult Protection Committee will undertake an annual audit to monitor and evaluate the way in which this policy and the inter-agency procedures are working. Feedback on performance will be made to relevant agencies. The audit will include the following: (3.18 and 5.1)
 - (a) An evaluation of community understanding – the extent to which there is awareness of the adult protection policy and procedures

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Appendix 3 Inter-Agency Adult Protection Committee

- (b) Links with other systems and strategies for protecting those at risk – child protection, domestic violence, victim support and community safety
 - (c) An evaluation of how agencies are working together and how far the policy continues to be appropriate
 - (d) The extent to which operational guidance continues to be appropriate, in general, and in the light of reported cases of abuse
 - (e) The training of staff of all agencies
 - (f) The performance and quality of services for the protection of adults at risk of abuse
 - (g) The conduct of individual cases
 - (h) The development of services to respond to the needs of adults who have been abused.
- 1.3 The above elements will provide outcome measures to be used by commissioners and providers of services to monitor and evaluate service provision. (3.18)
- 1.4 Collaboration will take place at all levels: (3.9)
- Operational
 - Supervisory line management
 - Senior management staff
 - Corporate/cross authority
 - Chief officers/chief executives; and
 - Local authority members.
- 1.5 **Operational level** – operational staff are responsible for identifying, investigating and responding to allegations of abuse. We will ensure that there is a common understanding across agencies at operational level about what constitutes abuse and their role in agreed procedures. (3.10)
- 1.6 **Supervisory line management level** – Managers with responsibility for overseeing and supervising the investigation of, and response to, adult abuse are responsible for ensuring that all appropriate agencies are involved in the investigation and the provision of support, and that good standards of practice are maintained. They will provide the first line of negotiation if differences arise between agencies. (3.11)

- 1.6 **Senior Management level** – Senior managers have been identified in each agency to take a lead role with regard to the development of the policy and strategy, issuing operational guidance, promoting good practice, making recommendations to corporate management groups and negotiating with other agencies within an inter-agency framework.

The lead managers will have comparable discretion and authority to make strategic resource decisions. The lead managers will have an understanding of the organisational frameworks within which colleagues in different agencies work. (3.12)

- 1.8 Lead officers from each agency will submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development. (3.13)

- 1.9 **Chief Officer and Executive level** – Chief Officers and Chief Executives will be regularly briefed on adult protection work within their agency. They will contribute to national developments and respond to and support national policy proposals. They will raise the profile, support the policy and promote the development of adult protection. (3.14)

- 1.10 Items on adult protection will be included in annual reports chief officers are required to submit to their authority or agency. (3.15)

- 1.11 Chief officers and chief executives will keep authority members aware of incidents of institutional and individual cases of abuse. (3.16)

2 Gathering information (3.19 and 5.1)

- 2.1 All agencies will provide notification and monitoring forms as well as collating their own information, which will give information on the following:

- Number and source of referrals
- Information about the abused person
- Information about the perpetrator
- Number of investigations and case conferences
- Monitoring of disability, gender and ethnicity
- Whether the person is already known to any agency, or whether it is a new referral
- Types of abuse
- Location abuse took place
- Outcomes of investigation
- User/carer views on how policy has worked for them.

3 Standards for a Safer Service

- 3.1 We have agreed to work towards a set of standards that will create a safer service. All agencies/organisations will be developing their own guidelines, which will address the following standards:
- (a) Rigorous recruitment and selection practices (7.2) which facilitate effective intervention to recruit the best, and not the least worst staff, and prevent the recruitment of potential abusers
 - (b) Services that are person-centred, reflective, proactive and open to question, observation and change
 - (c) Adult protection becomes embedded in the culture of all organisations (3.18)
 - (d) Investigations of allegations of abuse are immediate, consistent and open
 - (e) Disciplinary procedures are compatible with the responsibility to protect vulnerable adults (6.27)
 - (h) Procedures exist for reporting to the police when allegations of criminal behaviour are made against staff (6.25 and 6.26)
 - (i) Internal guidelines which relate to the inter-agency procedure for adult protection (7.5)
 - (l) Commissioners and purchasers of services will ensure that adherence to the Standards of a Safer Service are part of the contract (5.1 and 5.4)
 - (J) A “whistleblowing policy” to support and protect staff making complaints, allegations or expressing concerns about abuse (7.5)
 - Challenging behaviour
 - Personal and intimate care
 - Control and restraint
 - Sexuality
 - Medication
 - Handling of user’s money
 - Risk assessment and management
 - (k) A code of conduct that sets unambiguous boundaries for staff/service user relationships and states that a sexual relationship that develops between a service user and a member of staff will always be regarded as abuse. (6.35)
 - (l) Ensuring that users, carers, public and staff are aware of the policy, procedure and guidance, through a variety of different communication mechanisms (5.1, 5.1, 7.1, 7.7 & 7.8)

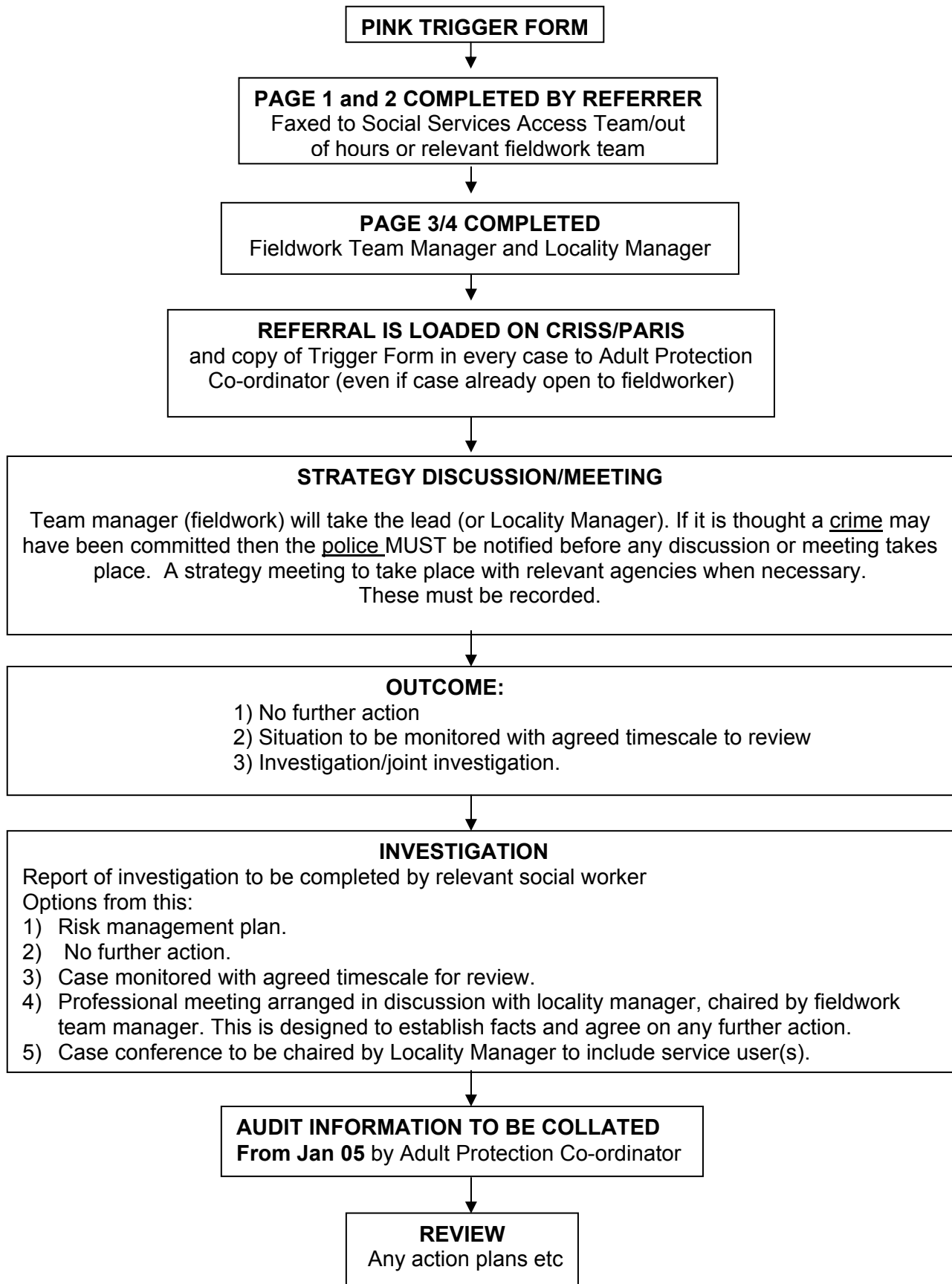
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Appendix 3 Inter-Agency Adult Protection Committee

- (m) All staff receive ongoing personal training and development, and are regularly supervised (3.18, 5.1, 5.2, 5.3)
 - (n) All staff receive specific training in relation to adult abuse and protection.
- 3.2 The Inter-agency Adult Protection Committee will carry out an annual audit of the progress of organisations towards achieving the “Standards of a Safer Service”. (3.18)

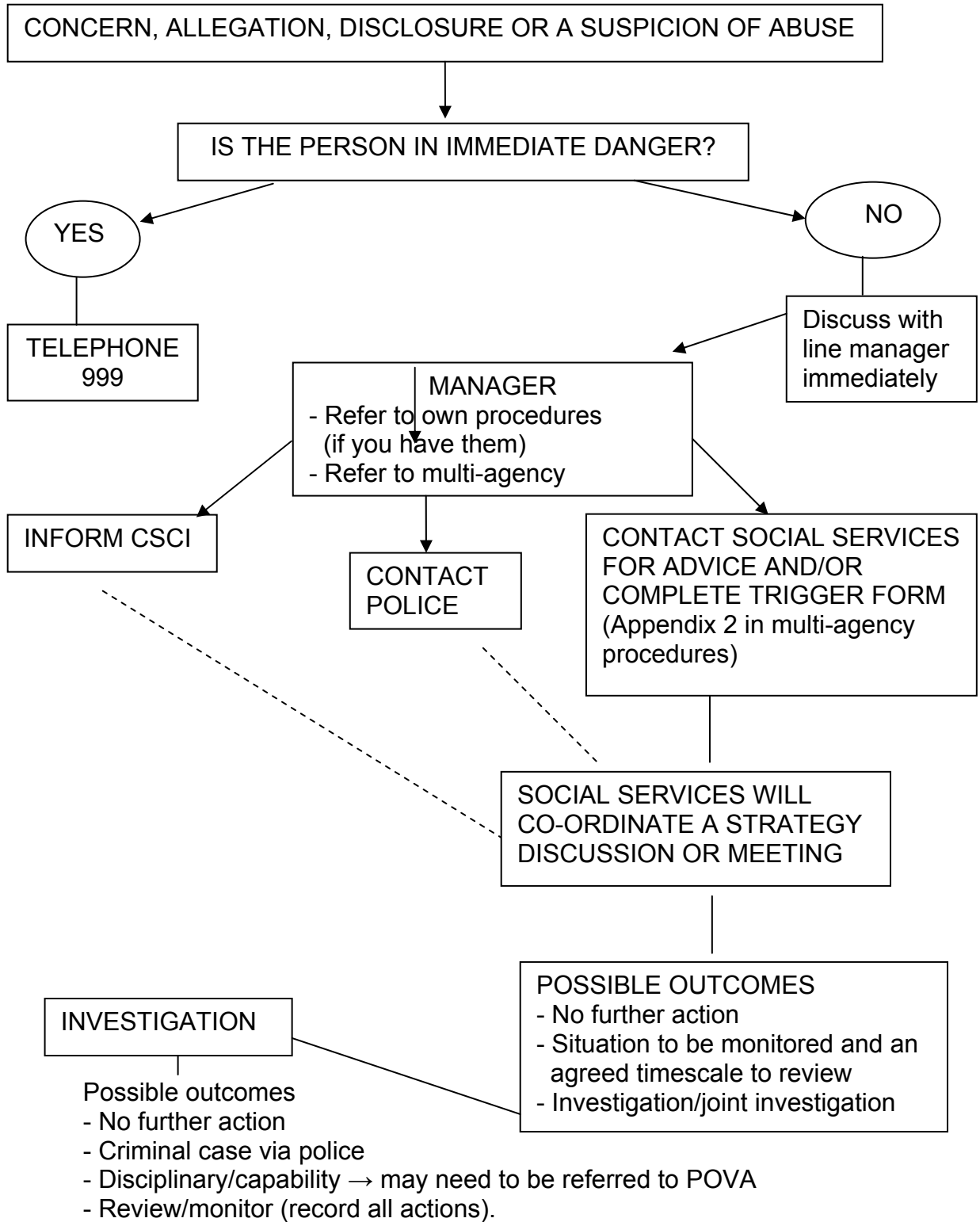
References

No Secrets: Guidance on Developing Multi-Agency Policies and Procedures to protect Vulnerable Adults from Abuse, March 2000, Department of Health.

VULNERABLE ADULT PROTECTION PROCESS
JANUARY 2005



**ADULT ABUSE – FLOWCHART
MULTI-AGENCY POLICY AND PROCEDURES – CHESHIRE**



ADULT PROTECTION
CONFIDENTIAL

MINUTES OF STRATEGY/PROFESSIONALS MEETING

<u>NAME OF VULNERABLE PERSON(S)</u>	
<u>ADDRESS</u>	
<u>CRISS/PARIS NUMBER</u>	
<u>DATE OF BIRTH</u>	
<u>PEOPLE PRESENT/JOB TITLE</u>	
<u>DATE OF MEETING</u>	
<u>ISSUES TO BE DISCUSSED</u>	
<u>SUMMARY OF DISCUSSION</u>	<u>Action by</u>

Bringing the department or agency into disrepute

This process and procedure will be activated when an allegation of abuse involves a paid worker, where the allegation is made against them outside their work environment. For example a relative or member of the public makes an allegation against a paid worker.

A trigger form will be completed as normal. However, prior to taking the action further, a discussion must take place between the worker's line manager and a senior manager (within social services, the locality manager) and the relevant team manager of the fieldwork team. This will confirm appropriate action to take as follows;

1. Assess risk to service user
2. Assess risk to worker
3. Management decision made to contact the police.
4. Worker will be seen by their line manager on their next working day

Options

Decision to complete internal investigation using County disciplinary procedures

During this time, line management will take advice from County Personnel and confirm whether;

1. The worker to continue working in current job, but not alone.
2. Worker to move temporarily to another job whilst investigations are completed.
3. Worker is suspended, whilst investigation is completed. The decision to suspend is taken by the County Manager

Refer to Personnel handbook from this point onwards.

***n*osecrets Adult Protection in Cheshire**

Appendix 8 Contact Numbers for Lead Agencies/Lead Officers

CONTACT NUMBERS FOR LEAD AGENCIES/LEAD OFFICERS

POLICE- Public Protection Unit (see appendix 9)

Eastern Division: D.I. Bob Vass – Referral Unit number (East) 01244 613605

Western Division: D.I. Steve Beddows - Referral Unit number (West)
01244 614205

Strategic Public Protection Unit

D.S. Deborah Dodd. 01244 612160

SOCIAL SERVICES - Access Teams (for referral to Social Services) (Office hours 8.30am-5pm Monday to Thursday, Friday 8.30am-4.30pm)

Chester 01244 603400 FAX 01244 603805

Congleton 01260 285400 FAX 01260 285480

Crewe 01270 505100 FAX 01270 505352

Ellesmere Port 0151 357 4500 FAX 0151 357 4646

Macclesfield 01625 534700 FAX 01625 534844 OR
01625 534713

Vale Royal 01606 815900 OR FAX 01606 815052 OR
01606 815600 01606 815601

Access Out of Hours Service (Social Services)

(operates when day offices are closed)

01606-76611

Lead Officer - Helen Black, County Manager, Social Services. 01244 603312

Karen Owen: Adult Protection Co-ordinator. 01606 815898

HEALTH

Mid-Cheshire Hospital NHS Trust: Barbara Pennington. Director of Nursing
and Karen Yardley Community Liaison Manager. 01270 255141 ext 3025

Countess of Chester Hospital: Ann Mayers. Tel: 01244 365000

Eastern Cheshire NHS Trust: Izzy Barber. 01625 421000 ext 1551

Cheshire and Wirral Partnership Trust: Phil Spilsted. 01244 364088

Eastern Cheshire PCT: Mary Kirkham. 01625 508300

Central Cheshire PCT: Lynda Taylor Tel: 01270 275300

Ellesmere Port and Neston and West Cheshire PCTs: Bob Stamp. Tel:
0151 373 4906

POLICE PUBLIC PROTECTION UNIT – CHESHIRE POLICE

From April 2005 Cheshire Police have been restructured into three divisions, as opposed to six.

EAST DIVISION covering: Macclesfield, Congleton, Wilmslow, Sandbach, Holmes Chapel (and surrounding villages), Crewe and Nantwich.

WEST DIVISION covering: Chester, Ellesmere Port and Neston, Northwich, Winsford, and surrounding areas including Frodsham and Helsby.

(NORTH DIVISION – Halton and Warrington)

STAFFING STRUCTURE

