

SOUTHAMPTON VOLUNTARY SERVICES



SAFEGUARDING ADULTS POLICY 2010

Policy & Procedures to ensure the Prevention and Protection of Vulnerable Adults from Abuse

Principle

No one shall be subjected to torture or to inhuman or degrading treatment or punishment

Human Rights Act 1998

Acknowledgement

This Policy template was developed following the guidelines as set out on the Safeguarding Adults Policy of 2010 produced by Hampshire County Council, Southampton City Council and Portsmouth City Council and Hampshire Constabulary.

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1. AIM OF THIS POLICY

The aim of this policy is to outline the practice and procedures for paid and voluntary staff in SVS to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting the vulnerable adult and the worker, recognising the risks involved in lone working.

The policy covers all staff and areas of work with specific guidance for projects regularly in contact with vulnerable adults.

2 PRINCIPLES UNDERPINNING THIS POLICY

The policy and procedures set out the principles which guide SVS in safeguarding adults.

2.1 The dignity challenge

This policy seeks to promote the 10 core principles of the Department of Health Dignity in Care Campaign (launched in November 2006) in **all** settings.

The 10 point Dignity Challenge:

1. A zero tolerance of all forms of abuse.
2. Supporting people with the same respect you would want for yourself or a member of your family.
3. Treating each person as an individual by offering a personalised service.
4. Enabling people to maintain the maximum possible level of independence, choice and control.
5. Listening & supporting people to express their needs & wants.
6. Respecting people's right to privacy.
7. Ensuring people feel able to complain without fear of retribution.
8. Engaging with family members and carers as care partners.
9. Assisting people to maintain confidence and a positive self-esteem.
10. Acting to alleviate people's loneliness and isolation.

2.2 The policy will make sure all staff and volunteers understand their role in relation to safeguarding adults. We will make sure they are competent in preventing, recognising and acting on abuse and neglect.

2.3 We will keep the interests of service users and carers at the centre of any safeguarding activity

- 2.4 Everyone at SVS has a responsibility to prevent, recognise and act on abuse and neglect.
- 2.5 Everyone at SVS will work according to the SVS Safeguarding Policy and with others to safeguard vulnerable adults from abuse and neglect.

3 DEFINITIONS:

3 a. DEFINITIONS OF VUNERABLE ADULT

This policy focuses on the needs of vulnerable adults in relation to abuse. The term “vulnerable adult” is defined by the **Law Commission** as:

"Someone of 16 years or over who:

- is or may be in need of community care services by reason of mental or other disability, age or illness; and who*
- is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation".*

[*"Making Decisions"* Lord Chancellor's Department 1999].

Although the above definition refers to those aged over 16 years, allegations of abuse of 16 and 17 year olds would be dealt with under locally agreed Child Protection procedures and existing Child Care legislation.

The definition of “vulnerable” issued by the **Criminal Records Bureau** says:

“A person may be considered to be vulnerable if he receives

- accommodation and nursing or personal care in a care home, or*
- personal care in his own home through a domiciliary care agency , or*
- services provided in an establishment catering for a person with learning difficulties and in consequence of any one or any combination, of the following factors, namely:*
 - a substantial learning or physical disability, or*
 - a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs, or*
 - a substantial reduction in physical or mental capacity due to advanced age,*

he is substantially dependent upon others in performing basic physical functions, or his ability to communicate with those providing services, or to communicate with others, is severely impaired, and, as a result, he would be incapable of protecting himself from assault or other physical abuse, or there is a potential that his will or his moral well-being may be subverted or overpowered.”

In deciding when to intervene in situations of potential abuse of a vulnerable adult - reference should also be made to the criteria set out in Fair Access to Care Services (LAC 2002 13).

Disclosure and Barring Service (Formerly known as CRB) (DBS) Regulated Activity

The new definition of regulated activity relating to adults no longer labels adults as 'vulnerable'. The new definition identifies the particular activities undertaken that lead to the adult being considered vulnerable at that particular time regardless of how often they are undertaken. The focus is on the activities needed by the adult, not where the activity takes place, i.e. the frequency test has been removed. An individual only needs to engage in the activities listed below once to be carrying out regulated activity relating to adults.

There are now only six types of activity which can be classed as regulated activity relating to adults. (Refer to Appendix C)

3 b. DEFINITION OF ABUSE

What follows in this section is based on the guidance given in "No Secrets" to assist in defining the term "vulnerable adult" and in defining what constitutes abuse.

Definition is crucial. Agreement on what constitutes abuse/a vulnerable adult must be reached in order that all agencies are clear as to which situations require that this policy and procedure be followed. The importance of revisiting definition throughout the assessment/investigation process cannot be overstated. This is important in order to achieve clarity about the purpose of intervention, focussed intervention by the most appropriate individuals/professionals and clarity about the level of risk in a situation.

"No Secrets" definition of abuse:

"Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it".

A definition of significant harm in a consultation paper issued by the Lord Chancellor's Department states:

" 'Harm' should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'. These latter categories may be very important to an individual's ability to recover from an illness **or have the best possible quality of life**".
(Making Decisions, 1999).

The Centre for Policy on Ageing states that:

"Abuse is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*). The threat or use of punishment is also a form of abuse.
In many cases, it is a criminal offence"

Centre for Policy on Ageing (1996)

Consensus has emerged identifying the following main types of abuse. These appear in "No Secrets".

Types of Abuse

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

Sexual abuse

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

Psychological/emotional abuse includes:

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation

- Bullying, shouting, swearing

Neglect

- Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Financial or material

- Including theft, fraud,
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Multiple forms of abuse may occur in an on going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

3 c. ASSOCIATED DEFINITIONS

Hate crime

The term 'Hate crime' refers to any criminal offence which is perceived by the victim or any other person as being motivated by prejudice or hate, based on the victim's actual or perceived race, religion, sexual orientation, disability or transgender status.

Hate incident

The term 'Hate incident' refers to any non-criminal incident which is perceived by the victim or any other person as being motivated by prejudice or hate, based on the victim's actual or perceived race, religion, sexual orientation, disability or transgender status.

Hate crime and hate incidents should be regarded as safeguarding issues where they involve a vulnerable adult.

Bullying

Bullying is persistent unwelcome behaviour, mostly using unwarranted or invalid criticism, nit picking, fault finding, also exclusion, isolation, being

singled out and treated differently, being shouted at, humiliated, excessive monitoring.

Harassment

Harassment is driven by social identity, i.e. gender, race, ethnicity, disability, sexuality, religion, age class etc. it can be physical, verbal or non-verbal, directed at a specific individual(s) or to everyone. It may consist of a single incident or it can be cumulative and often appears disguised or excused.

The St Mungo's definition of harassment is - unwanted conduct which has the purpose or effect of (a) violating that other person's dignity or (b) creating an intimidating, hostile, degrading humiliating or offensive environment.

Domestic abuse

Domestic violence and abuse is not a single incident or even a series of incidents. It is essentially a pattern of behaviour designed to achieve power and control over a current or ex partner, which is achieved through the use of physical, sexual, psychological and financial abuse, or through movement restriction and/or social isolation. It is usually a combination of all of those – and is widespread throughout every socio-economic group.

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

4. IDENTIFICATION OF ABUSE

Physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious, not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual

- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

5 PEOPLE WHO MIGHT ABUSE

Abuse can happen anywhere and can be carried out by anyone e.g.;

- Informal carer's, family, friends, neighbours
- Paid staff, volunteers
- Other service users or tenants
- People who exploit vulnerable people
- Strangers Organised or linked networks of abusers

6 RIGHTS & RESPONSIBILITIES

"No individual agency's statutory responsibility can be delegated to another. Each agency must act in accordance with its duty when it is satisfied that action is appropriate".

"No Secrets", DoH, 2000.

a) Rights & Responsibilities of SVS

It is the responsibility of SVS to:

- To ensure staff and volunteers are aware of the safeguarding adults /adult protection policy and are adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- Provide support for staff involved in investigations, or providing support to vulnerable adults who have alleged abuse, or who are alleged to have abused, or who are colleagues of staff members alleged to have been abused
- Provide support to staff who are being investigated in relation to allegations of abuse (guidance should be provided in the organisation's Disciplinary and Grievance procedures) and managers must take advice from personnel

- Engage with other agencies in the prevention of abuse and where appropriate in the investigation of suspected abuse.
- To DBS (CRB) check volunteers and employees that have access to or work with Vulnerable Adults (See Appendix C)
- Refer workers in regulated activity to the Independent Safeguarding Authority for inclusion on the ISA 'Barred List', where they are deemed unsuitable to work with vulnerable adults. (See Appendix C)

b) Managers of services working with vulnerable adults

Managers working in services for vulnerable adults and carers have a responsibility to:

- Take responsibility for the quality of safeguarding adults in their area/team/service
- Make sure that service plans refer to safeguarding adults
- Make sure services are a safe environment for vulnerable adults
- Encourage staff to raise alerts and support them when they do
- Make sure staff keep clear and accurate records relating to safeguarding adults
- Make sure staff have safeguarding training, supervision and support that is right for their level
- Where relevant, make sure staff can show how their learning in safeguarding has resulted in positive outcomes for vulnerable adults and their carers
- Contribute to safeguarding adults investigations including Serious Case Reviews

c) Rights & Responsibilities of SVS employees and volunteers

Staff and volunteers who are regularly in contact with vulnerable adults and carers have a responsibility to:

- To be familiar with the safeguarding adults policy and procedures
- To take appropriate action in line with the policies of SVS
- Fair and unbiased treatment by Management, through the application of disciplinary procedure where appropriate
- Be listened to, informed and included as appropriate in the investigation process
- Training to ensure that they have the skills appropriate to the level of invention required of them
- Voluntary Sector Support Team to promote the principles and good practice to other voluntary organisations
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possible resulting in dismissal

d) Rights and responsibilities for Human Resources

It is the responsibility of Human Resources to make sure all staff and volunteers in contact with vulnerable adults:

- Go through 'Safer Recruitment' processes, including DBS check, ISA registration; professional registration where appropriate; satisfactory references; and, satisfactory explanations for career gaps
- Have appraisal and supervision which supports them in recognising, preventing and acting on abuse
- Deemed unsuitable to work with vulnerable adults are reported to the ISA(See Appendix C)
- Make sure that where appropriate, job descriptions include safeguarding responsibilities

e) Rights and Responsibilities of Vulnerable Adults:

To be made aware of this policy and to be signposted to organisations which may provide help and support and their right to support/representation;

- Be safe, secure and supported
- Be taken seriously
- Be listened to, informed and included in the investigation process in any situation of abuse
- To receive fair and respectful treatment throughout
- Have access to an independent advocate
- To be told outcomes of any investigation
- give accurate information, to the best of their ability, to any person involved in the investigation of abuse;
- pass on any information which may affect the outcome of the investigation;
- take reasonable measures to protect evidence in the event of a police investigation.

f) Rights and Responsibilities of Relatives:

- be made aware of policies and organisations which may provide help and
- support and of their right to support/representation by an independent
- advocate;
- be involved as appropriate and in accordance with the wishes of the
- vulnerable adult or their appointed representative.

g) Rights and responsibilities of Individuals against whom an allegation has been made:

- a fair and unbiased investigation into the allegations, carried out by appropriately skilled and trained individuals;

- support throughout the investigation process;
- information regarding the nature of the allegations against them, and the progress of the investigation;
- to be informed of the outcome of any investigation, and any action to be taken as a result;
- information about, and access to appropriate specialist support groups/services;
- if the alleged abuser is a staff member, full information and proper application of the organisation's disciplinary and grievance procedures, and access to Trade Union support;
- the presumption of innocence unless otherwise proven;
- a fair judgement as to the probability of abuse having taken place (in some circumstances these responsibilities will constitute a duty)

7. GOOD PRACTICE

a. Recruitment of staff and Volunteers

Follow SVS recruitment procedures and policies, including:

- Risk assessment of role to assess need for DBS(CRB)Disclosures
- Completion of an SVS application form
- Check references thoroughly including appropriate Disclosure
- All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal
- Report to ISA anybody deemed unsuitable to work with vulnerable adults

b. Training

- Familiarisation with all SVS policies and procedures during induction
- Further training, dependent on nature of role, e.g.
 - Risk assessment & management
 - Types of abuse and recognising signs of abuse
 - Duty to report
 - Their role in responding to suspected abuse
 - Keeping appropriate records
 - Listening skills

c. Management and Supervision

It is the line manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues. Mechanisms should be in place

to support staff through investigations and any internal disciplinary procedure.

d. Record Keeping

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles. *(please refer to Confidentiality & Data Protection Policy)*
- All incidents should be discussed in supervision with line manager.
- Records kept by paid workers about vulnerable adults should only include:
 - Contacts made
 - Referrals made, including date, time, reason and referral agency
- SVS may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

e. Planning

Wherever possible paid staff and volunteers should avoid lone working with a vulnerable adult. But if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight. *(further guidance can be found in the SVS Health & Safety Policy on Personal Safety)*

f. Access to an independent person

- Any vulnerable adult who comes into contact with SVS staff or volunteers regularly, should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration process.

The independent person for SVS is:

Jo Ash, Chief Executive, Southampton Voluntary Services,
Kingsland Square, Kingsway, St Mary's, Southampton SO14 1NW
Tel: 023 8022 8291

8 WHAT TO DO

To act or not to act

All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported

to the Police as soon as possible. To determine the appropriate action it is important to consider:

- **Risk** – does the vulnerable adult, staff member or volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- **Self-determination** – is the vulnerable adult able to make their own decisions and choices, and do they wish to do so
- **Seriousness** – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:
 - The **perception** by the individual and their **vulnerability**
 - The **extent** of the abuse
 - The **length of time** it has been going on
 - The **impact** on the individual
 - The risk of **repetition** or **escalation** involving this or other vulnerable adults
 - Is a **criminal offence** being committed

9 **Consent and Information Sharing (see Appendix B)**

There are cases where the adult concerned will refuse their consent for the police or social services to be contacted, for any safeguarding action to be taken or for their information to be shared with another agency.

The adult has the right to make their own decision and express a wish for concerns not to be pursued.

Their wishes should be respected wherever possible, but there are times when their wishes can be overridden.

Consideration will need to be given to other factors such as the seriousness and pervasiveness of the abuse; the ability of the individual to make decisions; the effect of the abuse on the individual in question, and on others; whether a criminal offence has occurred; and whether there is a need for others to know (e.g. to protect others who may not be involved in the immediate situation). Some examples are outlined below.

Where this is the case, the adult should be made aware of the risks involved in their decision, be told that they can change their mind at any point and given information about services that could help reduce the risk. Their refusal to consent must also be clearly recorded.

Any member of staff must report suspected abuse to a manager or supervisor, even if the adult has refused their consent. The manager will then take the decision whether or not the exceptions below apply.

Exceptions

- *Where a person is assessed as not having the 'mental capacity' to make this decision, appropriate representatives/advocates should be consulted. However, in such cases it is the final decision of the manager and/or statutory authorities involved.*
- *Where a crime has taken place and there is an overriding public duty for the police to investigate*
- *Where other vulnerable adults and/or children may be at harm from the Person/Group/Agency suspected of causing abuse*
- *Where gaining the adult's consent would place them at further risk*
- *Where the adult is at serious risk of harm – this decision should only be taken with multi-agency agreement that this is in the adult's best interests.*

Decisions about sharing information must be clearly recorded with reasons for decisions clearly stated. Decisions about sharing information must be openly and explicitly discussed at every stage.

10 Serious Case Review (see appendix 10)

Guidance for Safeguarding Adults Boards published by the Association of Directors of Social Services (ADASS) gives clear guidelines on the development of systematic serious case review protocols.

The purpose of a Serious Case Review is to establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard vulnerable adults.

Specifically, a case review will:

- review the effectiveness of procedures (both multi-agency and those of individual organisations);
- inform and improve local inter-agency practice;
- improve practice by acting on learning (developing best practice);
- prepare or commission an overview report which brings together and analyses the findings of the various reports from agencies in order;
- make recommendations for future action;
- Following this ADASS guidance, a shared Serious Case Review

- Protocol covering Hampshire, Portsmouth and Southampton was established in April 2008.

A multi agency Serious Case Review Panel is now in place across Hampshire, Portsmouth and Southampton to ensure that where serious events give rise to the need to learn lessons across agencies, a review takes place and the results are published.

Safeguarding Co-ordinators in each authority can provide information on Serious Case Review procedures. However, responsibility for deciding on whether to hold a Serious Case review lies with the chair of the Inter Authority Management Committee.

11 MAPPA (see appendix 11)

MAPPA is the term to describe the arrangements set up locally (led by the police, probation and prison services) to assess and manage offenders who pose a risk of serious harm. Offenders eligible for MAPPA are identified and information is gathered/shared about them with other relevant agencies. The nature and level of the risk of harm these serious offenders pose is assessed and a risk management plan is implemented to protect the public.

12 Monitoring (see appendix 12)

Information about safeguarding cases and how they were dealt with should be reported on regularly. Areas to focus on could include:

- How quickly the concern was reported to the manager
- How quickly an alert was made to police/social services
- Quality of information recorded internally
- Quality of input into safeguarding process (feedback from police/social services team)
- Outcomes of safeguarding process
- Whether any incidents highlighted training issues or a need to amend
- in-house procedures

13 SUMMARY (see appendix 13)

- The employee or volunteer's primary responsibility is to protect the vulnerable adult if they are at risk
- Each employee or volunteer has a duty to take action
- Employees or volunteers should not have to cope alone

PRACTICE GUIDE ACTIONS AND CONSIDERATIONS

THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF VULNERABLE ADULTS. TO THIS END IT IS THE RESPONSIBILITY OF ALL STAFF TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS TO A RESPONSIBLE PERSON OR AGENCY.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable adult, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.
- Decisions to override the vulnerable adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate line manager.
- **REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE. By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.**
- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

**PRACTICE GUIDE
DISCUSSION AND DECISION MAKING**

**INFORMATION SHOULD BE SHARED WITH YOUR LINE MANAGER,
WHO MUST APPROVE ANY ACTIONS TO BE TAKEN
AND ANY DOCUMENTATION OR CORRESPONDENCE BEING SENT OUT.**

Employees with concerns should discuss them with their line manager on the same day. If the line manager is not available, then any concerns should be discussed with the Chief Executive or their Deputy.

Volunteers with concerns should discuss these discreetly with their co-ordinator or Line Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable then any concerns should be discussed with the Chief Executive of Southampton Voluntary Services, or their Deputy.

Concerns about colleagues. These should be addressed initially with the Line Manager, but if this is not possible or the concern is about the Line Manager or other Senior member of staff, then any concerns should be discussed with the Chief Executive.

PRACTICE GUIDE TO REFER OR NOT TO REFER

THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY THE TEAM LEADER AND THE CHIEF EXECUTIVE SHOULD BE INFORMED.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, Care Quality Commission (CQC)) the following should be taken into account:

- The wishes of the vulnerable adult, & their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. CQC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

PRACTICE GUIDE ISSUES OF MENTAL CAPACITY & CONSENT

Please refer to Appendix B

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- There are concerns about the safety of the individual
- Others may be at risk
- A crime has been committed

PRACTICE GUIDE WHO TO REFER TO OR REPORT CONCERNS TO

- The contact Centre; the single point of referral within Social Services 023 80834567
- Emergency Social Services duty team, if urgent and outside normal office hours 023 80233344
- Relevant hospital Social Services team if vulnerable adult is in hospital
- Community Mental Health Team where the vulnerable adult has an ongoing mental health need
- The Care Quality Commission (CQC) where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

**PRACTICE GUIDE
INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE
A REFERRAL OR REPORT YOUR CONCERNS:**

(Please also refer to Appendix F Alert Form)

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there are any concerns/doubts about this?)
- If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Specific information relating to these concerns
- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult
- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends

**INFORMATION PASSED ON MUST BE
RELEVANT, NECESSARY AND UP TO DATE**

CONFIRM IN WRITING INFORMATION GIVEN VERBALLY

PRACTICE GUIDE Dos and Don'ts

Staff member or volunteer should:

- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen, immediately.

Staff member or volunteer should not:

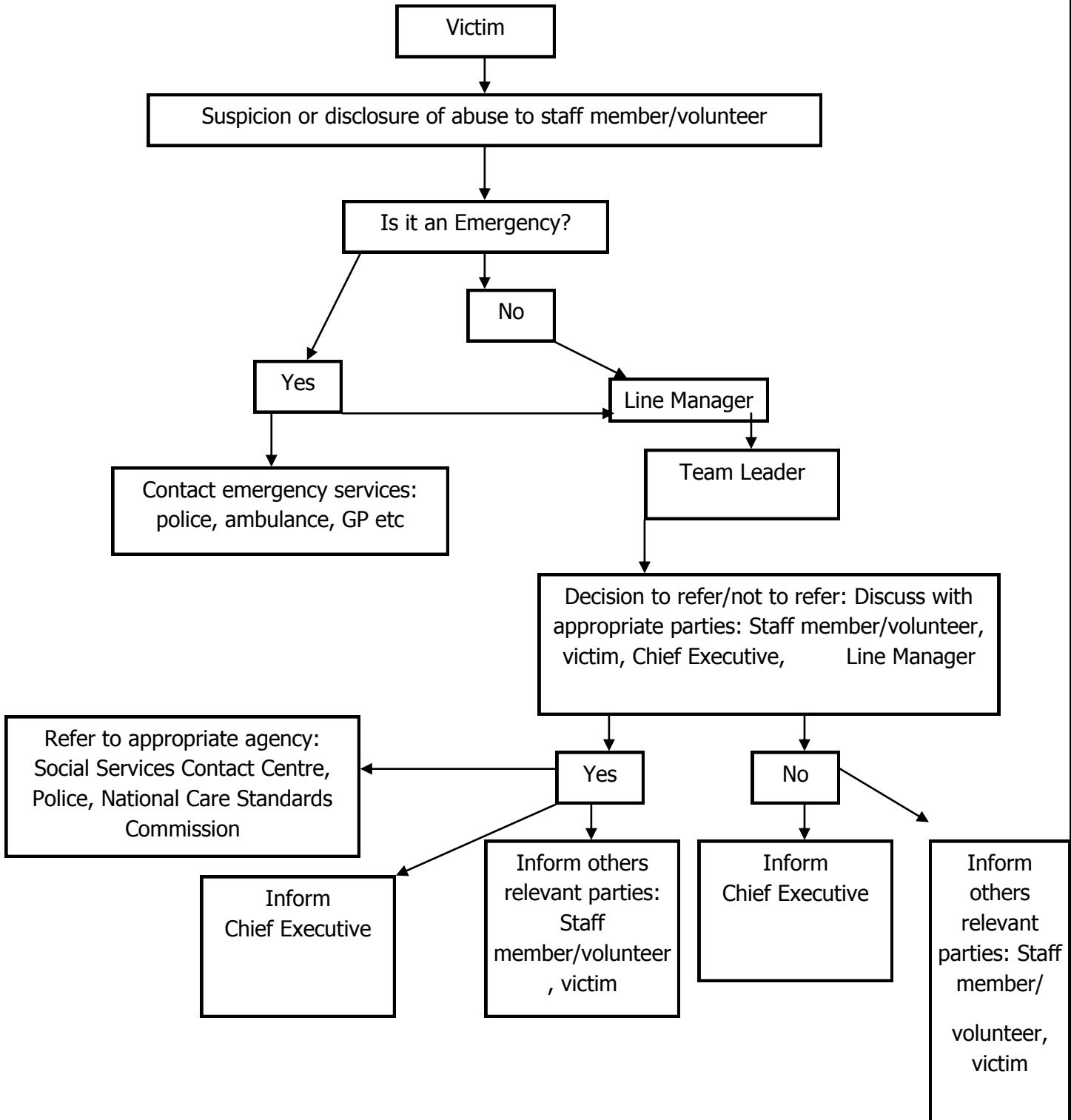
- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

Discuss with the Relevant Manager who will:

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency

**PRACTICE GUIDE
FLOW CHART**

Practice Guide Flow Chart



APPENDIX A

Care Quality Commission (CQC)

The Care Quality Commission is a non-departmental public body established in 2009 to regulate and inspect health and social care services in England. The CQC replaced the National Care Standards Commission (NCSC). This includes services provided by the NHS, Local Authorities, private and voluntary organisations –whether in hospitals, care homes or in people’s own homes. Part of the commission’s remit is protecting the interests of people whose rights have been restricted under the mental Health Act.

APPENDIX B

Mental Capacity Act 2005 and Code of Practice

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act applies in England and Wales and amendments to it came into force in April 2009 to provide legal safeguards for persons who lack mental capacity and who may need to be deprived of their liberty in a care home or hospital setting.

The Act is supported by a **Code of Practice**. The following people are under a duty to 'have regard' to the code:

- those working in a professional capacity;
- people receiving payment for work dealing with people who lack capacity;
- anyone appointed an attorney under an LPA;
- a deputy appointed by the Court of Protection.

What is mental capacity?

If someone is unable to make a decision for themselves at the material time because of an impairment of the mind, then that person can be said to lack the mental capacity to make that decision.

The Mental Capacity Act (MCA) introduces a 2 stage test for assessing capacity to make an individual decision. A person will be assessed as lacking the relevant mental capacity if they have an impairment of mind or brain and are not able to undertake at least one of the following:

- understand information given to them;
- retain that information long enough to be able to make a decision;
- weigh up the information available to make a decision;
- communicate their decision by any possible means, including talking, using sign language, or even through simple muscle movements such as blinking an eye or squeezing a hand.

The five governing principles of the Act:

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
4. Best interests - anything done for or on behalf of people without capacity must be in their best interests; and
5. Least restrictive intervention - anything done for or on behalf of people with capacity should be the least restrictive of their basic rights and freedoms.

Deprivation of Liberty Safeguards (DoLs)

The deprivation of Liberty safeguards (DoLs) came into force in April 2009. They have been introduced as part of the Mental Capacity Act 2005 and must be applied in conjunction with the MCA Code of Practice, the DoLs Code of Practice and local policies and procedures.

DoLs apply to people aged 18 or over:

- Who have a mental disorder; and
- Lack the capacity to give consent to the arrangements made for their care in a care home or hospital, under public or private arrangements; and
- For whom a deprivation of liberty is considered, after an independent assessment, to be a necessary and proportionate response in their best interests to protect them from harm; and
- Detention under the Mental Health Act 1983 is not appropriate for the person at the time.

Under the Act, hospitals and care homes have the statutory role of 'Managing Authority' and have a legal duty to apply to 'Supervisory Body' (Primary Care Trust or relevant LA) an authorisation to deprive a person of their liberty if they consider this is necessary to protect them from harm. The Supervisory Body has statutory duties to arrange the full assessment, of each request by persons who have successfully completed specified training. As Supervisory Body's, PCTs have statutory responsibilities in relation to authorisation requests from hospitals and LA's for care homes.

The assessment process under DoLs is governed by strict statutory time frames dependent on the nature of the authorisation request (i.e. urgent or standard). The 6 part assessment process itself requires the appointment of a trained and independent Best Interest Assessor to the case and of a DoLs trained doctor.

The Deprivation of Liberty Safeguards and Safeguarding Adults third parties who have concerns that a person who lacks capacity is being deprived of their liberty without appropriate authorisation may refer any concerns to the supervisory body for investigation. These procedures fall within national DoLs guidance and are covered in the Code of Practice. However, if the LA or PCT establish an unauthorised deprivation of liberty and the managing authority does not take due steps to request a DoLs authorisation, a referral as a Safeguarding Adults issue under safeguarding in Providers (SIP) procedures should be considered.

Independent Mental Capacity Act Advocates (DoLs – IMCA)

Supervisory bodies must Appoint a DoLs trained IMCA to represent a person being assessed under DoLs processes if there is no one who can otherwise represent their wishes.

The Personal Representative Role:

When granting any authorisation to hospital or care homes, the relevant Supervisory Body must appoint a suitable person (as recommended by the Best Interests Assessor) to act as the deprived person's representative for the duration of the authorisation.

The Managing Authority must consult the personal representative on issues affecting the person subject to the authorisation and support the personal representative to fulfil their role.

DoLs trained IMCA must be appointed by the Supervisory Body to fulfil this function.

Additionally, a DoLs IMCA can be appointed to support the personal representative in their role.

Requesting a review of the authorisation

The Deprivation of Liberty Safeguards includes procedures for the re-assessment of the authorisation or any of the conditions attached to it. The term 'review' has a specific meaning under DoLs which is different to the general use of the term in social care. If at the end of an authorisation period a Managing Authority considers a further DoLs authorisation is required, they must submit a fresh application. The Supervisory Body's initial authorisation cannot be extended or 'reviewed' without a full re assessment.

Appendix C

DBS Service

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The DBS will carry out the CRB's and ISA's functions, so this will not represent a change to the services which you receive – it just means that they will be provided by one organisation rather than two.

DBS are scaling back the criminal records and barring systems to more proportionate levels whilst ensuring that they continue to provide effective protection for those who need it. The changes to those systems are included in the Protection of Freedoms Act 2012, which received Royal Assent.

Not everything is changing. Your organisation will still, for example, have a duty to make referrals to the Independent Safeguarding Authority, and it still must not knowingly engage a barred person in regulated activity.

New definition of Regulated Activity

The Safeguarding Vulnerable Groups Act 2006 sets out the activities and works which are “regulated activity”, which a person has been barred by the ISA must not do. Regulated activity has been scaled back to focus on work which involves close and unsupervised contact with vulnerable groups including children. The activities and work which are being taken out of regulated activity will still be eligible for an enhanced DBS check (but they will no longer be eligible for barred list checks)

Regulated activity relating to Adults

The definition of regulated activity relating to adults no longer labels adults as “vulnerable”. Instead the definition identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means the focus is on the activity required by the adult and not on the setting in which the activity is received, nor on the personal characteristics or circumstances of the adult receiving the activities. There is also no longer a requirement for a person to do the activities a certain number of times before they are engaging in regulated activity.

There are 6 categories of people who fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out

below. For more information, please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedom Act 2012.

- (i) Providing health care
Any health care professional providing health care to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional. Please see the safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012 for further details about what is meant by health care and health care professionals.
- (ii) Providing personal care
Anyone who:
 - Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability
 - Prompts and then supervises an adult who, because of their age, illness or disability, cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin hair or nails without prompting or supervision; or
 - Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.
- (iii) Providing social work
The provision by a social care worker or social work which is required in connection with any health care or social services to an adult who is a client or potential client.
- (iv) Assistance with cash, bills and/or shopping
The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.
- (v) Assistance in the conduct of a person's own personal affairs.
Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney. Please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Freedoms Act 2012 for further categories which are covered here.
- (vi) Conveying

A person who transports an adult because of their age, illness or disability either to or from their place of residence and a place where they receive, or will be receiving, health care, personal care or social care; or between places where they have received or will be receiving health care, personal care or social care. This will not include family and friends or taxi drivers.

Being clear about the definition of regulated activity matters because:

- An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law;
- If you dismiss or remove someone from regulated activity (or you would have done had they not already left) because they harmed or posed a risk of harm to vulnerable groups including children, you are legally required to forward information about that person to the ISA. It is a criminal offence not to do so. If you believe that the person has committed a criminal offence, we also strongly advise you to pass the information to the police. For further information on the duty to refer to the ISA, please see www.isa.homeoffice.gov.uk
- From 10 September, if you consider that a role is within the new definition of regulated activity, then if you ask the individual to apply for an enhanced CRB check you should request the appropriate barred list check (for children, adults or both). Enhanced CRB checks for work within regulated activity will tell you (where requested) if the person is on one of the ISA's barred lists. They do not generally include that information for work outside regulated activity.

Repeal of Controlled Activity

The controlled activity category no longer exists. This category covered people who might have less contact with vulnerable groups including children and people in regulated activity.

Repeal of registration and continuous monitoring

The original plan – in the Vetting and Barring Scheme – was that anyone who wanted to work with vulnerable groups including children would need to register with the scheme and to be continuously monitored for any new criminal record information. This never came into force and the Protection of Freedoms Act repeals it. We can now confirm that registration and monitoring will not be introduced.

Repeal of additional information

Under the Police Act 1997, police forces can provide certain sensitive 'additional information' about applicants only to organisations, not to the applicants themselves. This is sometimes also known as 'brown envelope' material and is issued separately to an enhanced CRB check. Whilst this provision will no longer exist in the Police Act, the police may choose to use common law powers to provide information directly to employers in cases where this is necessary, for example to prevent crime or harm to others.

Minimum age for CRB checks

Someone who is aged under 16 will no longer be able to apply for a CRB check. If you work for one of the CRB's registered or umbrella bodies, you will not be able to countersign an application for anyone aged under 16.

Police information held locally – more rigorous relevancy test and new right of review

Currently, the police provide information held locally on enhanced CRB certificates when they consider it to be relevant to the purpose for which the certificate was requested. This will continue, but the police will now apply a more rigorous test before deciding whether to disclose information. At the moment they include information if it 'might be relevant' and ought to be disclosed. They will include it if they 'reasonably believe [it] to be relevant' and consider that it ought to be disclosed. In addition, if any of that information is included on an enhanced CRB certificate and the applicant does not think that it should be, they will now be able to ask the Independent Monitor to review it, and the Independent Monitor can ask the DBS to issue a new certificate, either without that information or with amendments to it. Applicants should be encouraged to inform you when they request such a review and to update you about what happens with their certificate.

Challenges to information on CRB certificates

Currently, an applicant for a CRB check who believes that information disclosed on their certificate is inaccurate can apply to the CRB for a decision about whether it is accurate. The Protection of Freedoms Act will allow people other than the applicant to do that too. (In practice, this has often happened anyway).

ID Validation ID checking documents (provide link)

21 documents have been removed from the previous list of acceptable documents. Rather than Groups 1 and 2, the acceptable documents list are categorized in Groups 1, 2a and 2b.

Group 1 Primary trusted ID credentials

Group 2a Government/State issued documents

Group 2b Financial/Social history documents

Route One:

Can the applicant produce a Group 1 document?

If yes, they will need to provide 3 documents in total

- 1 document from Group 1:
- 2 further documents from either Groups 1, 2a or 2b

NB: 1 of these documents must verify their current address. More than 90% of applicants have a Group 1 document.

If satisfied, the document check is complete.

If no Group 1 document, proceed to Route Two

Route Two:

The applicant must produce 3 documents from Group 2 comprising of:

- 1 document from Group 2a or 2b
- 2 further documents from Group 2a or 2b.

NB: 1 of these documents must verify their current address.

An external ID validation service will, now need to be used to check the applicant against records to establish their name and living history footprint.

Route Three

If you have endeavoured to use Route Two, but have been unable to validate the applicant's identity you may proceed to Route three

Route Three should only be used:

- Following a probing discussion with the applicant
- In circumstances where ID cannot be validated by using Route One or Two

NB: You must keep a record of any discussion.

The applicant must produce a UK birth certificate (issued after the time of birth i.e. after 42 days):

4 further documents from Groups 2 comprising of:

- 1 further document from Group 2a and
- 3 further documents from Group 2a or 2b

NB: 1 of these documents must verify their current address.

If the applicant is unable to be processed at Route Three, they will need to go for fingerprinting. This may delay the overall process.

Update service

The DBS has recently announced a number of significant changes.

In summary the changes are:

1. Introduction of a new Update Service
2. Applicant only copy of the DBS Certificate
3. Removal of specified old and minor offences from DBS certificates
4. Introduction of new Relevancy Test

The DBS (formerly CRB) launched its Update Service on 17th June 2013. The service is designed to deliver portability of disclosure and barring (formerly CRB) checks. It will allow a person to show a certificate to more than one employer and allow that employer to check whether the information on that person has changed since the certificate was produced. (Employer is used to mean employer or volunteer involving organisation)

- Promote portability for DBS disclosures, avoiding the need for applicants to accrue multiple checks when working for different employers on either a paid or voluntary basis.
- Enable employers (with the applicant's consent) to check online to see if the information shown on the disclosure is still current and valid
- Mean that DBS certificates are no longer issued to the Registered Body – the certificate will go to the applicant only.

The DBS has confirmed that when a DBS Certificate is in the Update Service, the DBS will search to see if any new information has come to light since its issue as follows:

- Criminal record conviction and barring information will be searched for updates on a weekly basis as this information can change frequently.
- conviction information will be searched for updates every nine months. While non-conviction information is released on relatively few certificates, the information can be significant eg an individual who has been arrested three or four times for sexual offences, but due to lack of evidence the police have been unable to take further action. This particular element of the Update Service is a cause of concern.

The Update Service is not retrospective – online status checks will only be available for DBS checks undertaken after 17th June 2013 where the applicant has signed up to the Service. You are therefore unlikely to have an immediate influx of applicants who have joined the Update Service. Employers have a choice as whether to accept online status checks with sight of the accompanying original DBS certificate or to continue to require new applicants/existing employees to undertake DBS checks.

Implications for Individuals

From 17 June 2013 individuals applying for a DBS check will have the option to subscribe to the Update Service at a charge of £13 per annum (free for volunteers). Normal charges still apply for the check itself. By registering with the Update Service, individuals can keep their criminal record certificate up to date, and they can take it with them from role to role, within the same workforce.

Implications for Employers

It is for employers to decide whether they choose to accept online status check issued via the Update Service.

Applicant Only Copy of the DBS Certificate With effect from 17th June 2013, Registered Bodies will no longer receive a copy of an individual's DBS certificate. This change supports the Government's aim to put the individual in greater control of their own data and enable individuals to challenge information contained on the certificate before it is seen by their current or prospective employer. Registered Bodies will in some cases still be able to request a copy of the applicant's DBS Certificate 28 days after the disclosure was issued to the applicant if certain criteria are met. You as the employer will be reliant on the applicant providing you with sight of their original DBS certificate. In light of these changes it would be advisable to review your offer letters, and recruitment policies/guidance to highlight the importance of the applicant promptly providing their original certificate, and the potential implications if there is unreasonable delay in them doing so.

Removal of specified old and minor offences from DBS certificates from 29th May 2013, changes were made to legislation to allow the DBS to remove certain specified old and minor offences from criminal record certificates issued from this date. The filtering rules, together with the list of offences that will never be filtered, are available from www.gov.uk/dbs.

In light of this change, applicants need to be advised that one specific question has been changed on the application form. As the DBS does not currently anticipate issuing an amended application form, you will need to make applicants aware of this.

New Relevancy Test (applicable immediately)

The DBS will now use a new relevancy test when considering the release of non-conviction information about an individual, and will be based on the type

of workforce the individual will be working in, and not their actual job role. This change (which takes place immediately) means that DBS Certificates can be taken from role to role within the same workforce i.e. an employee who has had a satisfactory check as part of the children's workforce will be able to use the same certificate for another role in the children's workforce.

For further information:

Disclosure and Barring Service

Newcastle Upon Tyne

NE1 4PA

T: 08709090811

Customerservices@dbs.gsi.gov.uk

www.gov.uk/disclosure-barring-service/contact-disclosure-and-barringservice

APPENDIX D

Links to other Policies

Where appropriate. Safeguarding adults should be integrated into other standard processes in the organisation, as:

- Care assessment and care planning
- Person centred planning and positive risk taking
- Risk assessment and management
- Whistle Blowing
- Complaints
- Moving and handling
- Serious untoward incidents (SUIs) Critical Incident Reviews (CIRs)
- Violent behaviour
- Tissue viability
- Bullying and Harassment
- Accidents
- Physical intervention
- Sexuality and relationships
- Handling service user money/things
- Advocacy
- Equality and Diversity
- Advice
- Patient Safety
- HR including :
 - Recruitment
 - DBS Checks
 - Safeguarding Vulnerable Groups Act 2006 and Freedoms Act 2012
 - Disciplinary and Capability Procedures
 - Information Sharing
 - Recording
 - Codes of Conduct

Useful references

ADASS '**Safeguarding Adults**': **A national framework of Standards for good practice and outcomes in adult protection work**' (October 2005)

Department of Health '**No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse**' (March 2000)

Hampshire Multi-Agency Safeguarding Adults /Adult Protection Policy

APPENDIX E

MULTI AGENCY PUBLIC PROTECTION ARRANGEMENT (MAPPA)

MAPPA teams comprising the police, prison, probation and other relevant agencies ensure joint working and enhanced communication to improve the management of risk to the public.

There is a requirement in all cases of MAPPA eligible offenders to consider, as part of the review of each case, whether there is a need to disclose information about the offender. Effective collaboration with partners within the MAPPA is crucial to managing offenders and ensuring compliance with the notification requirements.

National MAPPA guidance indicates the use of three levels of management. Offenders will be moved up and down levels as appropriate:

- Level 1 – Ordinary Management
These offenders are subject to the usual management arrangements applied by whichever agency is supervising them. But this does not rule out information sharing between agencies.
- Level 2 – Active Multi-agency Management
The risk management plans for these offenders require the active involvement of several agencies via regular multi-agency public protection (MAPP) meetings.
- Level 3 – Active Multi-agency Management
As with level 2 but these cases additionally require the involvement of senior officers to authorise the use of special resources, such as police surveillance or specialised accommodation, and/or to provide ongoing senior management oversight.

There are three categories of offenders managed through MAPPA:

- Registered sexual offenders (Category 1) – sexual offenders who are required to comply with the notification requirements (sometimes called the ‘sex offenders register’): i.e. to notify the police of their name, address and other other personal details and notify any changes subsequently.
- Violent offenders (Category 2) – offenders sentenced to imprisonment for 12 months or more, or detained under hospital orders. This category also includes a small number of sexual offenders who do not qualify for registration and offenders disqualified from working with children.
- Other Dangerous Offenders (Category 3) – offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm, there is a link between the offending and the risk posed, and they require active multi-agency management.

Sexual Offences Prevention Orders, Notification Orders and Foreign Travel Orders are intervention tools that restrict the behaviour of offenders and can be applied for through the courts with the intention of preventing them committing serious further offences.

- Sexual Offences Prevention Orders place prohibitions on behaviour and can be used where an offender with a conviction or caution for an offence listed in Schedule 3 or Schedule 5 is considered to pose a risk of serious sexual harm. It does not matter when the conviction or caution was received.
- Notification Orders require sexual offenders who have been convicted overseas to register with police, in order to protect the public in the UK from the risks that they pose.
- Foreign Travel Orders prevent offenders with convictions for sexual offences against children from travelling abroad where it is necessary to do so to protect children from the risk of sexual harm.

A breach of these orders, without reasonable excuse, is a criminal offence with a maximum penalty of five years' imprisonment. Use this link to view Hampshire police's guidance (April 2010) on the implementation of MAPPA.

Appendix F

Alert Form

Reporting a safeguarding concern to Southampton Adult Services.

Each organisation may wish to develop its own ‘alert form’. This form would contain all the details that you, as an organisation, would want to keep in relation to a safeguarding incident. In the past, these alert forms have been sent to Adult Social Services teams. To prevent any delay, Adult Social Services would prefer each organisation to call the relevant team to raise an alert. This can be followed up in writing.

The following is a list of the kinds of questions Adult Services staff will ask when you raise an alert. You do not need to have all this information to hand-

we would rather you let us know immediately of safeguarding concerns. This is just to prepare you for the kinds of questions we are likely to ask.

ALERT FORM

Alert
Your Name:
The Name of the Organisation:
Name of service user:
Date of Birth:
Gender:
Ethnicity plus Principal Language
Any Disability or Communication difficulties:
Contact GP details:
Contact details of significant relatives and friends:
Where, how and when you found out about the alleged/suspected abuse:
Where the alleged abuse is said to have taken place:
Whether the person is a Hampshire resident:
Whether anyone else knows you are raising an alert:
Any actions you or your organisation have taken to protect the person:
Whether the vulnerable adult is at risk of immediate harm
Whether there are any other people (children/other vulnerable adults) at risk
Whether the person has mental capacity to make his or her own safeguarding decisions
Suspected Abuse
When the suspected abuse took place
Details of the suspected abuse – what kind of abuse, how many times it happened and any further details

Whether the police have been informed
'Perpetrator'
Contact details: name, address, gender, age
Relationship to the vulnerable adult
Whether the 'perpetrator' lives with the vulnerable adult
Whether the perpetrator is the vulnerable adult's main carer

INFORMATION FOR ALERTERS

SHIP LOCAL MULTI AGENCY SAFEGUARDING ADULT PROCEDURES

USEFUL CONTACT NUMBERS:

Police: 0845 045 45 45 or 999 in an emergency
 CQC: 03000 61 61 61
 ISA Helpline: 01325 953795

INFORMATION FOR ALERTERS

DISCLOSURE OR EXPRESSION OF CONCERN

Immediate action to be taken:

- Ensure the safety of the individual and if in immediate danger, contact the relevant emergency service e.g. police, ambulance, GP.
- Preserve any forensic or other evidence.
- Support and reassure the person recording what is said or observed but avoid asking leading questions.
- Log nature of alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incident(s).
- Report concerns to appropriate supervisor/manager to evaluate seriousness of the situation & whether it falls within the remit of the policy.
- Consider risk issues and record all discussions and decisions.

Within 24 Hours (record reasons for any variation on timescales):

- Complete the Safeguarding Alert Form.
- Report incident to police if a criminal offence appears to have been committed clearly stating this is a safeguarding adults referral.
- Inform CQC of incident (Regulation 18)
- Refer to Adult Services (or Out of Hours Team) for investigation clearly stating this is safeguarding adults referral.
- (Staff to make direct contact with adult services/ police/CQC if manager is implicated).
- Consider internal management/disciplinary action including the need for suspension and/or referral to ISA, and/or Professional Registration Body.
- Inform service manager (who will liaise with other departments/organisations as required).

Information to be given when making a referral:

- Details of alleged victim (name, contact details, DOB, gender, ethnicity + principle language, any disability, any communication issues.
- Name and contact details of GP.
- Nature of the concerns, reasons and context for these and how they came to light.
- An impression of the seriousness of the situation and any other identified risks.
- Any concerns or doubts about the person's mental capacity.
- The perspective of the person at risk about the situation and whether the person is aware of and has consented to the referral.
- Action already taken to protect the person + any other referrals or information sharing made.
- Other professionals, carers and any significant family members, neighbours and friends involved.
- Details of the alleged abuser + if they too are a vulnerable adult.

On-going action:

- Participate in police and/or adult services investigation.
- Attend safeguarding strategy meeting, case conference and review meetings as required.
- Liaise with the Police and Human Resources as required.
- Continue internal management investigation and seek HR advice on implications of employment legislation.
- Ensure staff member(s) implicated in the alleged abuse receives necessary support.
- Inform alerter of action taken following referral.

APPENDIX G

Key Telephone Numbers

Many of these organisations have a vital role to play in protecting vulnerable adults.

Adult Services

- During office hours:
- Hampshire - 0845 603 5630
- Southampton - 023 8083 4567
- Portsmouth - 023 9268 0810

Outside office hours the Emergency Duty Teams can be reached on:

- Hampshire - 0845 600 4555
- Southampton - 023 8023 3344
- Portsmouth - 023 9268 0810

If you think a crime has taken place call

- Local police on 0845 045 45 45

If someone is injured call

- 999

For further information/guidance you can download the Southampton, Hampshire and Portsmouth Safeguarding Adults Policy <http://www.southampton.gov.uk/living/adult-care/careprofessionals/safeguardingadultspolicy.aspx>

Care Quality Commission

Helpline Tel: 03000 616161

Disclosure and Barring Service

Newcastle Upon Tyne

NE1 4PA

T: 08709090811

Customerservices@dbs.gsi.gov.uk

www.gov.uk/disclosure-barring-service/contact-disclosure-and-barringservice

APPENDIX H

LOCAL SUPPORT ORGANISATIONS

Staff supporting people who are deaf should seek the appropriate text-phone number, Type-talk number, Fax number, or e-mail address. If organisations do not have any of these, they should be reminded that this is a requirement of the Disability Discrimination Act.

ADVOCACY

Advocacy is provided by a range of organisations/projects/individuals. Help to access these might be provided via Adult Services department local offices or local Councils of Community Service or via a number of the organisations listed here.

ADULT SERVICES

Contact your nearest Adult Services office and ask to speak to the duty Social Worker. Addresses are listed under Adult Services in the telephone book.

Age Concern Hampshire

www.ageconcernhampshire.org.uk

Tel: 0800 328 7154 (Freephone) 1st St Cross Road, Winchester, SO23 9JA

Age UK Portsmouth

www.ageconcernportsmouth.org.uk

Tel: 023 9286 2121 The Bradbury Centre, 16-18 Kingston Road, PORTSMOUTH, PO1 5RZ

Website: www.age.uk.org.uk/portsmouth

Age UK Southampton

www.ageconcernsouthampton.org.uk Tel: 023 8036 8636 Age Concern Southampton, 1 Saxton Gate, Back of the Walls, Southampton. SO14 3HA

Carers Direct (Hampshire County Council)

Tel: 0845 600 4555 – Out of hours service.

Carers Together

www.carerstogether.org.uk

9 Love Lane, Romsey, Hampshire, SO51 8DE Tel: 01794 519495 (office hours) Carers Active Listening Line (CALL): 0800 0323456

Cisters

(Support network for adult women who were sexually abused in childhood)
PO Box 119, Eastleigh, SO50 9ZF 023 8033 8080
Email: admin@cisters.wanadoo.co.uk

Deaf Services Team

(Voice and Text 'phone) – (Hampshire County Council)

Tel: 01962 845554. Text Phone: 01962 845783 SMS Texting: 07797 877012]

Sensory Impairment And Deaf Services

(Portsmouth City Council)

Tel:02392373362 Text Phone: 023 9232 2117
Horizon Resource Centre, Sundridge Close, Cosham, Portsmouth, PO6 3LP
Duty times: 8.30am to 12 noon Monday to Friday
Email: SensoryTeam@portsmouthcc.gov.uk

Sensory Services Team

(Southampton City Council)

Tel: 023 8083 3025 (Voice), 023 8042 0298 (Minicom)

Herbert Collins House, 5 Northleigh Corner, Wide Lane, Southampton, SO18 2HR

E: sensory.services@southampton.gov.uk

Domestic Violence

See contact numbers under 'National Organisations'

Hampshire Care Association

Helpline No. Tel: 023 8025 5794 (for member advice).

Hampshire County Council – Employee Support Line

(confidential counselling service). Tel. 023 8062 6606. Email: eslhelp@hants.gov.uk

Southampton City Council – Employee Advisory Resource

0800 243 458 or Minicom: on 0208 987 6574 or from outside the uk on +44 (0)208 987 6550

-Local Alzheimer's Disease Society Branches

(see under Alzheimer's Disease Society business section in telephone directories).

Local Citizens Advice Bureau - Across Hampshire

(see telephone directories)

Local Counselling Services – Across Hampshire

(some telephone numbers in telephone directories under name of town/city or via other social/health care agencies).

NB. It is inadvisable to direct individuals to counselling services without the advice of key professionals involved with them.

Local Law Centres

(see telephone directories)

MIND Portsmouth

Fratton Community Centre, Trafalgar Place, Fratton, Portsmouth, Hampshire, PO1 5JJ, Tel: 023 92822690 – www.portsmouthmind.org.uk

MIND Southampton (Solent Mind)

28 The Avenue, Southampton SO17 1XN – Tel 02380 334 977

PLOD

Police Link Officers for Deaf People

Police HQ PLOD Manager: Insp. Malley Cliff Parker

Tel: 01962 871087 Mobile/Text: 07769 871369

Local Police link Officers for Deaf People

North Hampshire: Mobile/Text: 07769 885917 Mobile/Fax: 07769 8890207769
889054

South West Hampshire: Mobile/Text: 07769 881144, Mobile/Fax: 07769
889027, Minicom: 02380 674315

South East Hampshire: Mobile/Text: 07769 885973, Mobile/Fax: 07769
889061

Isle of Wight: Mobile/Text: 07795 301123 Mobile Fax: 07795 307063

POLICE – Hampshire Constabulary

Call 0845 045 4545 and ask for the Public Protection Unit local to your area.

Portsmouth Carers Centre

117 Orchard Road, Southsea, Portsmouth, Hampshire, PO4 0AD Tel: 023
9285 1864 or 023 9275 6780

Rape Crisis Lines

- Across Hampshire – Local telephone numbers in business section of
telephone directories.

Relatives Association (Local Contacts) Portsmouth

- via Carers Centre; Tel: 023 9285 1864 or 023 92575 6780, Winchester: Via
Tel. 01962 845491. Southampton: Via Carers Together Tel: 01794 519495

Southampton Carers Association

32 Ellis Road, Southampton SO19 6GR Tel: 023 8040 2644.

Southampton Carers Support Line

Tel: 023 8023 3344.

Monday – Thursday 5pm – 8.30am Friday 4.30pm – Monday 8.30am and
bank holidays

Victim Support Hampshire & Isle Of Wight

77 Leigh Road, Eastleigh, Hampshire, SO50 9DQ www.victimsupport.org.uk
Tel: 02380 645578

Regional Office: Victim Support South East Region, c/o Lewes Crown Court
Centre, The Law Courts, High Street, Lewes, BN& 1YB

Tel: 0845 3899528

Witness Service

For specialist vulnerable witness support advice centre.

Linda Henley Portsmouth and Fareham Tel: 02392 855370

Southampton Crown Court Witness service Tel: 023 8033 0928

Women's Aid And Women's Advice Centres

- Across Hampshire - (see telephone directories and see under Domestic Violence, Section 9, p2).

LOCAL ORGANISATIONS

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APPENDIX H

NATIONAL SUPPORT ORGANISATIONS

Ann Craft Trust

The Ann Craft Trust, Centre for Social Work, University of Nottingham, University Park, Nottingham, NG7 2RD. A National Association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse. Tel: 0115 9515400 - <http://www.anncrafttrust.org/>

DOMESTIC VIOLENCE

National 24hr Domestic Violence Helpline: 0808 2000 247

If you or someone you know, is experiencing, or has experienced physical, emotional or sexual violence in the home, the Women's Aid 24 hour national Domestic Violence help line can give you support, help and information over the phone for the cost of a local call, wherever you are in the country. You do not have to be in an emergency situation to contact the help line. This helpline will be able to give information about Refuges. Women's Aid is the key national charity working to end domestic violence against women and children. They support a network of over 500 domestic and sexual violence services across the UK. <http://www.womensaid.org.uk/>

A refuge is a safe house where women (and their children) experiencing domestic abuse can live free from violence. A refuge offers temporary accommodation and a breathing space where decisions can be made free from pressure and fear. Staff can discuss practical and legal options available to you and will also provide emotional support. Many local groups also run advice centres, drop in centres or outreach services to more isolated areas as well as local help lines. Hampshire and IOW Police website includes a link to their Domestic Abuse Leaflet. This can be accessed by the following link:

www.hampshire.police.uk/internet/news/campaigns/domesticviolence.htm. To access information about local refuges contact the local police or Adult Services office.

MIND Infoline

Information re mental health related issues. Help in finding out options and local services.

Operates Monday to Friday 9:15 to 5:15.

www.mind.org.uk

Tel: 0300 123 9993

MIND Legal Advice

Tel: - 03004666463, legal@mind.org.uk, Mind LAS, PO Box 277, Manchester M60 3XN

Respond

Provides therapeutic intervention for people with learning disabilities who have been abused.

3rd Floor, 24-32 Stephenson Way, London NW1 2HD, Tel: 020 7383 0700.

www.respond.org.uk

SANELINE

National helpline for anyone coping with mental illness.

SANE 1st Floor Cityside House, 40 Adler Street London E1 1EE m:
info@sane.org.uk www.sane.org.uk Tel: 02073751002 – 6pm -11pm daily

SPOD

Association to Aid the Sexual and Personal Relationships of people with Disability.

286 Camden Road, London N7 OBJ, Tel: 020 7607 8851/Helpline
02076079191. Spoduk@aol.com. www.spod-uk.org

VOICE

Provides support to people with learning disabilities who have been abused, raises awareness, campaigns and promotes best practice.

Rooms 100-106 Kelvin House, RTC Business Centre, London Road, Derby, DE24 8UP, Tel: 01332 291042 Telephone - Helpline –080 8802 8686

Open Monday, Wednesday, 9 am to 7pm

Tuesday, Thursday, Friday – 9am to 5pm

Helpline text number – 07797 800 642

Email: helpline@voiceuk.org.uk

Windows Live MSN Messenger – helpline@voiceuk.org.uk

Action on Elder Abuse (Aea)

Raises awareness of elder abuse and provides information.

PO Box 60001, Streatham, SW16 9BY, T: 02088359280, UK Helpline:
0808808/8141

Counsel And Care

This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations. Twyman House, 16 Bonny Street, London NW1 9PG

Tel: 020 7241 8555 (Monday-Friday Advice Line 0845 300 7585 4pm

10 am to 4pm (except Wednesday pm 10am – 1pm).

www.counselandcare.org.uk

Alzheimer's Disease Society

Advice and information and has local branches. Helpline: 0845 300 0336
Monday – Friday 8.30 – 6.30 www.alzheimers.org.uk Alzheimer's Society.
Devon House, 58 St Katharine's Way, London, E1W 1LB. T: 02074233500

Broken Rainbow

Helpline for survivors - advice for gay, lesbian, transgendered people
experiencing violence Tel: 03009995428 (LGBT + 5428 on Tele Keypad)
Monday – Thursday 10am – 8pm
Tuesday – Wednesday 10am – 5pm
www.broken-rainbow.org.uk

Care Quality Commission

Register, regulate and inspect health and social care services. Care Quality
Commission National Correspondence: Citygate, Gallowgate, Newcastle upon
Tyne NE1 4PA
General enquiries - 03000 616161 (the customer services team are available
8.30am to 5.30pm, Monday to Friday) Fax: 03000 616171

Languageline Interpreting Service

Tel: 0800 169 2879
www.languageline.co.uk

Mankind

Advice for men who are victims. This line can assist access to male refuges.
Tel: 01823 334244 Flook House, Belvedere Road, Taunton, Somerset, TA1
1BT email: admin@mankind.org.uk

NHS Direct

Provides health information and health contacts to members of the public and
health care professionals. Tel: 0845 4647 – www.nhsdirect.nhs.uk

PASAUK (Formerly known as PAVA)

Practitioner Alliance Against Abuse of Vulnerable Adults. This organisation
seeks to generate positive outcomes in working with vulnerable adults by
empowering and informing practitioners. www.pavauk.org.uk - email
pavauk@hotmail.com For all correspondence please address to The Chief
Executive at P.O. Box 821 Great Missenden HP166AN. Tel: 07917 892350
Info@pasauk.org.uk

Public Concern At Work

This organisation provides legal advice to individuals concerned about
malpractice at work. The service is free and strictly confidential. Suite 301, 16
Baldwin Gardens, London EC1N 7RJ, : 020 7404 6609 (9.00am. - 6.00pm.) –
www.pcaw.co.uk
UK enquiries: whistle@pcaw.co.uk

Relatives And Residents Association

This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations. 24 The Ivories, 6-18 Northampton Street, London, N1 2HY Tel: 020 7359 8148 Helpline: 020 7359 8136 (Monday – Friday 9.30 – 4.30) www.relres.org

Respect

A service for men looking for information and advice to stop their abusive and violent behaviour towards their partner Tel: 0845 122 8609 (Monday Mens Advise)

www.mensadvice.org.uk

Free phone: 08088010327

Respect, 1st Floor Downstream Building, 1 London Bridge, London, SE1 9BG

www.respect.uk.net

WITNESS (formerly POPAN)

Information for anyone concerned exclusively with abuse by Health and Social Care workers. 32-36 Loman Street, London, SE1 0EE Helpline: 08454 500 300; Administration: 020 7922 7800; www.popan.org.uk

Other Contacts:

CROWN PROSECUTION SERVICE

Hampshire & Isle of Wight – 023 8067 3800, 3rd Floor, Black Horse House, 8-10 Leigh Road, Eastleigh, Hants SO50 9FH

Head Offices, London: 020 7796 8000, York: 01904 545400

JUSTICE AND VICTIMS UNIT

020 7273 2168

Justice & Victims Unit, Home Office, 50 Queen Anne's Gate, LONDON SW1H 9AT