



social care
institute for excellence

Protecting adults at risk: Good practice resource



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Key messages

'The Government believes that safeguarding is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves. Safeguards against poor practice, harm and abuse need to be an integral part of care and support. We should achieve this through partnerships between local organisations, communities and individuals.'

Statement of government policy on adult safeguarding, Department of Health

In May 2011, the Department of Health (DH) released the Statement of government policy on adult safeguarding (1), which set out six key safeguarding principles:

1. **Empowerment:** a presumption of person-led decisions and informed consent.
2. **Protection:** support and representation for those in greatest need.
3. **Prevention:** it is better to take action before harm occurs.
4. **Proportionality:** a proportionate and least intrusive response appropriate to the risk presented.
5. **Partnership:** local solutions achieved via services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. **Accountability:** accountability and transparency in delivering safeguarding.

The document goes on to describe what these principles might look like from the perspective of the adult at risk:

- **Empowerment:** I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
- **Protection:** I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want to do so and to which I am able.
- **Prevention:** I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
- **Proportionality:** I am confident that the responses to risk will take into account my preferred outcomes or best interests.
- **Partnership:** I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
- **Accountability:** I am clear about the roles and responsibilities of all those involved in the solution to the problem.

The Statement also sets out what these principles might mean for agencies involved in safeguarding adults:

- **Empowerment:** we give individuals relevant information about recognising abuse and the choices available to them to ensure their safety. We give them clear information about how to report abuse and crime, and any necessary support in doing so. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.
- **Protection:** our local reporting arrangements for abuse and suspected criminal offences, along with our risk assessments, work effectively. Our governance arrangements are open and transparent and communicated to our citizens.
- **Prevention:** we can effectively identify and appropriately respond to signs of abuse and suspected criminal offences. We make staff aware, through provision of appropriate training and guidance, of how to recognise signs and take any appropriate action to prevent abuse from occurring. In all our work, we consider how to make communities safer.
- **Proportionality:** we discuss with the individual and where appropriate with partner agencies the proportionality of possible responses to the risk of significant harm before we take a decision. Our arrangements support the use of professional judgement and the management of risk.
- **Partnership:** we have effective local information-sharing and multi-agency partnership arrangements in place and staff understand these. We foster a 'one team' approach that places the welfare of individuals above organisational boundaries.
- **Accountability:** the roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

This resource will help individual staff members from across agencies to put these principles into practice in their day-to-day work.

Introduction

Living a life that is free from harm and abuse should be a fundamental right for every person. We all need to act as good neighbours and citizens by looking out for one another and seeking to prevent circumstances that can easily lead to abusive situations and place adults at risk of harm. This is a fundamental principle of a caring, compassionate and fair society.

When abuse does take place, it needs to be dealt with swiftly, effectively and in a way that is proportionate to the issues, where the adult at risk stays as much in control of the decision-making as possible. The rights of the individual to be central to the process and heard throughout are a critical element of the drive towards more personalised care and support.

In London, as elsewhere, the main statutory agencies – local councils, the police and National Health Service (NHS) organisations – need to work together both to promote safer communities – thereby preventing harm and abuse – and to deal well with suspected or actual cases. That is why we have come together to produce this good practice resource to accompany *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2)*. It is our firm belief that adults at risk are best protected when procedures between statutory agencies are consistent across London.

This resource has been written to assist organisations across the capital that are involved in protecting adults at risk in implementing good practice in their work. Its aim is to explain simply and clearly how agencies and individuals should work together to protect adults at risk, and it can be used in whatever way is most helpful to the organisations concerned. The target audience is everybody working with adults at risk in a paid or unpaid capacity.

The resource is not intended to be a representation of the law and where necessary you should seek appropriate legal advice. Please be aware that recommended policy and practice change over time, and we will reflect this with periodic reviews of the content of this resource.

Recognition and indicators of adult abuse

In many cases multi-disciplinary assessments can help to identify physical, mental or behavioural indicators that suggest physical or mental illness, or some other issue, rather than mistreatment or abuse. This type of assessment can also indicate that abuse and/or criminal offences are taking place, and that the police should be informed.

Some adults at risk may reveal abuse themselves by talking about or drawing attention to physical signs, or – where verbal communication is limited or absent – displaying certain actions or gestures. Practitioners and carers need to be aware of these signs and understand what they may mean. The lists of possible indicators and examples of behaviour are not exhaustive.

See SCIE's *Safeguarding adults at risk of harm: A legal guide for practitioners (13)* for case studies of different types of abuse and the legal considerations surrounding them.

Physical abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Possible indicators

- Injuries are inconsistent with the account of how they happened
- No explanation of how injuries happened
- Injuries are inconsistent with the lifestyle of the adult at risk
- Multiple bruising and/or welts on the face, lips, mouth, torso, arms, back, buttocks and thighs
- Cluster(s) of injuries
- Marks on the body including slap marks and finger marks
- A history of unexplained falls/minor injuries
- Injuries at different stages of healing
- Burns (especially if they are inconsistent with the lifestyle of the adult at risk – e.g. being a smoker)
- Immersion burns or rope burns on arms, legs or torso
- Induced injuries or physical symptoms that are falsely claimed or exaggerated on behalf of the adult at risk by a paid or unpaid carer to attract treatment or services
- Misuse of medication (e.g. excessive repeat prescriptions)
- Unexplained loss of hair in clumps
- Cuts that are not likely to be a result of self-injury

- Subdued behaviour in the presence of a carer
- Being left in wet clothing or bedding
- Malnutrition when the adult at risk is not living alone
- Seeking medical treatment too late or not at all
- Frequent changes of GP, or a reluctance on the part of carers to assist someone to the GP

Examples of behaviour

- Hitting
- Slapping
- Punching
- Hair-pulling
- Biting
- Pushing
- Kicking
- Scalding and burning
- Opening windows or removing blankets
- Physical punishments
- Inappropriate or unlawful use of restraint
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding
- Rough handling

Sexual abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Possible indicators – Physical

- Bruising or bleeding, pain or itching in the genital area
- Foreign bodies in genital or rectal openings
- Infections or discharges in the above areas, or sexually transmitted diseases (STDs)
- Pregnancy in a woman who is at risk or is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language

- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruising to the thighs, buttocks and upper arms
- Wetting or soiling
- Love bites
- Self-inflicted injuries

Possible indicators – Behavioural

- Significant changes in sexual behaviour or attitude
- Overt sexual behaviour/attitude
- Poor concentration
- Withdrawal
- Sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of staff or other carers offering help with dressing, bathing, etc.
- Reluctance of the adult at risk to be alone with an individual known to them
- Self-harming

Examples of behaviour – Non-contact abuse

- Inappropriate looking
- Sexual photography
- Indecent exposure
- Sexual teasing or innuendo
- Pornography/being forced to watch pornographic films or images
- Enforced witnessing of sexual acts or sexual media
- Harassment

Examples of behaviour – Contact abuse

- Rape or attempted rape
- Any sexual assault
- Inappropriate touch anywhere
- Masturbation of either or both persons
- Penetration or attempted penetration of the vagina, anus or mouth, with or by penis, fingers or other objects
- Sexual activity that the person lacks the capacity to consent to

Psychological or emotional abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Possible indicators

- An air of silence in the home or service when the person alleged to have caused the harm is present
- Alteration in the psychological state of the adult at risk (e.g. withdrawal or fear)
- Insomnia
- Low self-esteem
- Excessive ambivalence, confusion, resignation or agitation
- Uncharacteristically manipulative, uncooperative and aggressive behaviour
- A change of appetite
- Weight loss/gain
- Tearfulness
- Unexplained paranoia

Examples of behaviour

- The prevention – without good reason – of an adult at risk from using or gaining access to services, including educational and social opportunities in the wider community
- Denial of access to friends
- Denial of religious and cultural needs
- A general lack of consideration for the needs of the adult at risk
- The adult at risk not being allowed to express an opinion
- The adult at risk being denied privacy in relation to care, feelings and other aspects of life
- Denial of access to the adult at risk, especially when the person is in need of assistance
- Denial of freedom of movement (e.g. locking the person in a room, tying them to a chair or leaving them for excessive amounts of time on a commode)
- Failure to respond to calls for assistance with toileting
- Lack of stimulation, meaningful occupation or activities
- Use of threats, humiliation, bullying, swearing and other abuse
- Intimidation and/or harassment

- Lack of positive reinforcement
- Belittling and undermining the adult at risk
- Using patronising and/or infantilising ways of addressing the adult at risk
- A lack of appropriate communication methods
- No choice about care and support or activities of daily living
- The adult at risk not having their individual abilities and skills recognised, and being prevented from being as independent as they are able to be
- The adult at risk not being provided with information about how to raise concerns

Financial or material abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Possible indicators

- Unexplained lack of money or inability to maintain lifestyle
- Missing personal possessions
- Unexplained withdrawal of funds from accounts, by any party
- Power of attorney or lasting power of attorney (LPA) being obtained after the adult at risk has ceased to have mental capacity
- Failure to register an LPA after the adult at risk has ceased to have mental capacity so that it appears that the adult at risk is continuing to manage their financial affairs
- The person managing the financial affairs of the adult at risk being evasive or uncooperative
- The family or others showing unusual interest in the assets of the adult at risk
- Signs of financial hardship in cases where the adult at risk's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Money being withheld
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the adult at risk
- Disparity between the adult at risk's living conditions and their financial resources

Examples of behaviour

- Stealing money or possessions
- Use of fraud to take money or possessions
- Preventing access by the adult at risk to money, property or inheritance
- Loans between the adult at risk and a member of staff
- Loans made by anyone under duress, threat or undue influence
- Loans dishonestly extracted
- The family of the adult at risk providing a lower standard of care than is needed or wanted, in order to maintain assets to maximise an inheritance
- The adult at risk not receiving appropriate assistance to manage/monitor their financial affairs
- Undue pressure put on the adult in care in connection with wills, property, inheritance or financial transactions
- The adult at risk not being given appropriate assistance to access benefits
- Misuse of personal allowance by the person managing the finances of the adult at risk who is in a care home or service
- People moving into the adult at risk's home and living rent free without any clearly set out financial arrangements
- Neglecting to act in the best financial interests of the adult at risk
- False representation (e.g. using another person's bank account, cards or documents, or impersonating them)
- Abuse of position (e.g. exploitation of a person's money or assets)
- Misuse of a power of attorney, deputy, appointeeship or other legal authority

Neglect and acts of omission

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Possible indicators

- Poor physical environment
- Poor physical condition of the adult at risk (e.g. pressure sores or ulcers)
- Malnutrition or apparently unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication

- Failure to engage in social interaction
- Failure to ensure appropriate privacy and dignity
- Poor personal hygiene
- Clothing is ill fitting, unclean and in poor condition
- Inappropriate or inadequate clothing, or nightclothes worn during the day

Examples of behaviour

- Failure to provide food, shelter, clothing or heating
- Failure to provide or allow access to medical care when needed
- Failure to provide reasonable personal care
- Inappropriate use of medication or over-medication
- Refusal of access to callers/visitors
- Denial of religious and cultural needs
- Denial of educational, social and recreational needs
- Ignoring/secluding/isolating the adult at risk
- Lack of stimulation and activity
- Lack of emotional warmth
- Lack of choice on appearance and activities of daily living
- Sensory deprivation – lack of access to glasses, hearing aids, etc.
- Failure to provide care in a personalised way and involve the adult at risk in decisions

Discriminatory abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Possible indicators

- Signs that the adult at risk is being offered a substandard service
- Repeated exclusion from basic rights such as health, education, employment, criminal justice and civic status
- Tendency of the adult at risk to be withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety by the adult at risk
- The support on offer does not take account of the adult at risk's individual needs in terms of race, age, sex, disability, marital status, sexual orientation, religion or belief, gender reassignment or pregnancy/maternity status (known as the 'protected characteristics' under the Equality Act 2010)

Examples of behaviour

- Lack of respect shown to the adult at risk
- Unequal treatment of the adult at risk based on their protected characteristics
- Verbal abuse
- Inappropriate use of language
- Denial of the adult at risk's communication needs (e.g. not allowing access to an interpreter, signer or lip-reader)
- Derogatory remarks about, for example, the adult at risk's age, disability, race or sexuality
- Harassment on the grounds of disability or other characteristics
- Deliberate exclusion based on the adult at risk's protected characteristics

Institutional abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Possible indicators

- Lack of flexibility and choice for adults using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Pervasive inappropriate care and poor standards of care
- Residents abusive to staff and other residents
- Residents sexually or racially harassing staff or other residents
- Lack of personal clothing and possessions, including the use of communal toiletries
- Lack of adequate procedures for the management of finances
- Lack of adequate procedures for the management of medication
- Failure to ensure privacy and personal dignity
- Lack of respect shown to adults using the service (e.g. use of derogatory language and remarks)
- Poor record-keeping and missing documents
- An ongoing absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters

- Absence of individual care plans
- Lack of management overview and support

Examples of behaviour

- Discouragement of visits to – or the involvement of – relatives or friends in the life of the adult at risk
- Run-down or overcrowded establishment
- Authoritarian or rigid management
- Lack of leadership and/or supervision
- Disharmony and/or very high turnover of staff
- Pervasive, abusive and disrespectful attitudes among staff
- Inappropriate use of restraints by staff
- Poor practice in the provision of intimate care
- Not providing adequate food and drink, or placing it out of reach
- Not offering choice over meals and bed-times
- Misuse of medication on an ongoing basis
- Loss of or failure to provide dentures; failure to ensure that the person's dentures are cleaned and reserved for their use
- Sensory deprivation (e.g. denial of use of spectacles or hearing aids)
- Staff not taking account of individuals' cultural, religious or ethnic needs
- Failure to take action when there have been incidents of racial harassment or other forms of abuse by staff or other service users
- Unwelcoming of people from outside the service making contact
- Interference with mail and/or online communication
- Failure to respond to complaints by adults using the service or their friends and relatives

Situations and responses

The eight situations described below would produce decisions and actions under the pan-London multi-agency safeguarding procedures (2). It is not an exhaustive list, and other circumstances could also result in actions under the procedures.

In any safeguarding situation, remember the Department of Health's key principles:

1. Empowerment: a presumption of person-led decisions and informed consent.
2. Protection: support and representation for those in greatest need.
3. Prevention: it is better to take action before harm occurs.
4. Proportionality: a proportionate and least intrusive response appropriate to the risk presented.
5. Partnership: local solutions achieved via services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability: accountability and transparency in delivering safeguarding.

Empowering people throughout the safeguarding process is key, whether or not they have mental capacity to make decisions about keeping safe. It is important, though, for practitioners to be confident when supporting person-led decision-making, that decisions are truly understood and led by the person at risk, and not by others. In the situations that follow, therefore, it is worth remembering that important decisions such as whether to report a matter to the police will require practitioners to work hard to establish that fully informed choices are being made, and that the adult at risk is really being empowered to make their own decisions.

Situation 1

A person with mental capacity to make decisions about their own safety is abused in their own home by a relative, partner, friend, neighbour, acquaintance or stranger, or neglected by a relative, partner or neighbour.

Possible responses

- Take any emergency action necessary.
- Discuss with the person the various options available for addressing the situation.
- Ask the person if they would like to report the matter to the police, and explain the different ways the police may be able to help.
- If the person wants it, report the incident to the police: an investigation will be carried out if a crime has been or may have been committed.
- Consider reporting the incident to the police even if the person does not want to report it, if the risk is seen to be high, if there are public interest or vital

interest considerations, or if other people could be at risk from the same person.

- If this, or any other action, is taken against the wishes of the person, consider if the action taken meets the key principle of proportionality, and if the reasons should be fully explained to the person.
- Make a referral to the local authority contact point.
- Instigate an investigation and risk assessment under the procedures if this is what the person wants.
- Agree a protection plan with the adult at risk, if this is what they want.
- Discuss with the adult at risk how they want the person alleged to have caused the harm to change their behaviour.
- Conduct an additional risk assessment and assessment of need with the adult at risk, and review existing care plans.
- Review any personal budget arrangements that are in place.
- Provide the adult at risk with an advocacy service.
- Conduct a carer's assessment.
- Investigate possible breaches of tenancy agreement or environmental health regulations.
- Make contact with the local community safety team.
- Contact a solicitor regarding possible civil action.
- The relevant organisation should make a referral to the multi-agency risk assessment conference (MARAC) if there is domestic violence and the risk of harm is high.
- If the person says they do not want any action taken and there are no public interest or vital interest considerations, give them information about where they can get help if they change their mind.

Situation 2

A person with mental capacity to make decisions about their own safety is abused or neglected in a care setting by a relative or friend, but there is no risk to other residents.

Possible responses

- Take any emergency action necessary.
- Discuss with the person the various options available for addressing the situation.

- Ask the person if they would like to report the matter to the police, and explain the different ways the police may be able to help.
- If the person wants it, report the incident to the police: an investigation will be carried out if a crime has been or may have been committed.
- Consider reporting the incident to the police even if the person does not want to report it, if the risk is seen to be high, or if there are public interest or vital interest considerations.
- If this, or any other action, is taken against the wishes of the person, consider if the action taken meets the key principle of proportionality, and if the reasons should be fully explained to the person.
- Consider whether there is a domestic violence aspect.
- Make a referral to the local authority contact point.
- Report it as a serious incident if it has occurred in a health setting.
- Ask the person if they want a safeguarding investigation to proceed. If the person agrees, an investigation and risk assessment that involves the person will be carried out by the manager of the care setting and the care manager or health professional, as agreed with the safeguarding adults manager (SAM).
- Agree a protection plan with the adult at risk.
- Discuss with the adult at risk how they want the person alleged to have caused the harm to change their behaviour.
- Conduct an additional risk assessment and assessment of need with the adult at risk.
- Agree with the adult at risk how the situation will be reviewed.
- Consider if the relative or friend may have community care needs of their own.
- Contact a solicitor regarding possible civil action.
- If the person says they do not want any action taken and there are no public interest or vital interest considerations, give them information about where they can get help if they change their mind.

Situation 3

A person who is assessed not to have mental capacity to make decisions about their own safety is abused or neglected in their own home by a relative, partner, friend, neighbour, acquaintance or stranger, or neglected by a relative, partner or neighbour.

Possible responses

- Take any emergency action necessary.

- Make a referral to the local authority contact point.
- Bear in mind that even where the person lacks capacity they should be involved as much as possible in discussions, and that the least restrictive options in any situation should be sought.
- Identify who can assist with the person's best interest decisions including the instruction of an independent mental capacity advocate (IMCA).
- Report the incident to the police if a crime has been or may have been committed and it is in the person's best interests.
- Instigate an investigation under safeguarding adults procedures.
- Conduct a risk assessment and assessment of need, and review existing care plans under the care management or care programme approach (CPA).
- Conduct a carer's assessment.
- The relevant organisation should make a referral to MARAC if there is domestic violence and the risk of harm is high.
- Report the incident to the Office of the Public Guardian (OPG) if there is a misuse of power of attorney.
- Report the incident to the Department for Work and Pensions (DWP) if applicable.
- Agree a protection plan with those representing the person's best interests.
- Review the protection plan.

Situation 4

A person with mental capacity to make decisions about their own safety is abused or neglected in their own home by a paid carer, professional, support worker or volunteer providing services, or is abused or neglected in a care setting (e.g. hospital, day services, residential or nursing home).

Possible responses

- Take any emergency action.
- Discuss with the person the various options available for addressing the situation.
- Ask the person if they would like to report the matter to the police, and explain the different ways the police may be able to help.
- If the person wants it, report the incident to the police: an investigation will be carried out if a crime has been or may have been committed.

- Consider reporting the incident to the police even if the person does not want to report it, if there are public interest or vital interest considerations, or if other people could be at risk from the same person.
- If this, or any other action, is taken against the wishes of the person, consider if the action taken meets the key principle of proportionality, and if the reasons should be fully explained to the person.
- Make a referral to the local authority contact point.
- Report it as a significant incident if it has occurred in a health setting.
- The manager – possibly in consultation with the police – may suspend the member of staff or remove them from contact with the adult at risk.
- Notify the Care Quality Commission (CQC), which may investigate the situation.
- Instigate an investigation and risk assessment under safeguarding adults procedures.
- Review any personal budget arrangements that are in place.
- Review service commissioning arrangements.
- Make a referral to the professional body and Independent Safeguarding Authority (ISA) if the allegation is proved.
- Agree a protection plan with the adult at risk.
- Review the protection plan.

Situation 5

A person who is assessed not to have mental capacity to make decisions about their own safety is abused or neglected in their own home by a paid carer, professional, support worker or volunteer providing services, or is abused or neglected in a care setting (e.g. hospital, day services, residential or nursing home).

Possible responses

- Take any emergency action.
- Bear in mind that even where the person lacks capacity they should be involved as much as possible in discussions, and that the least restrictive options in any situation should be sought.
- Identify who can assist with the person's best interest decisions including the IMCA.
- Make a referral to the local authority contact point.
- Report the incident to the police: an investigation will be carried out if a crime has been or may have been committed, and it is in the person's best interests.

- Report it as a significant incident if it has occurred in a health setting.
- The manager – possibly in consultation with the police – may suspend the member of staff or remove them from contact with the adult at risk.
- Instigate an investigation and risk assessment under safeguarding adults procedures.
- Review any personal budget arrangements that are in place.
- Make a referral to the professional body and ISA if the allegation is proved.
- Agree a protection plan with those representing the person's best interests.
- Review the protection plan.

Situation 6

A person with mental capacity to make decisions about their own safety is abused or neglected by a personal assistant who is paid from a personal budget that is wholly controlled by the adult at risk.

Possible responses

- Take any emergency action.
- Discuss with the person the various options available for addressing the situation.
- Ask the person if they would like to report the matter to the police, and explain the different ways the police may be able to help.
- If the person wants it, report the incident to the police: an investigation will be carried out if a crime has been or may have been committed.
- Consider reporting the incident to the police even if the person does not want to report it, if the risk is seen to be high, if there are public interest or vital interest considerations, or if other people could be at risk from the same person.
- If this, or any other, action is taken against the wishes of the person, consider if the action taken meets the key principle of proportionality, and if the reasons should be fully explained to the person.
- Make a referral to the local authority contact point.
- Instigate an investigation and risk assessment under the procedures if this is what the person wants, or there are other people at risk from the person alleged to have caused the abuse.
- Conduct a risk assessment and assessment of need, and review existing care plans under care management or CPA/health trust procedures.

- Give the adult at risk information about abuse and neglect, and advise them about support.
- Review the personal budget arrangements.
- Assess mental capacity if this now seems in doubt.
- If the person continues to say they do not want any action taken and there are no public interest considerations, give them information about where they can get help if they change their mind.

Situation 7

A person who does not have mental capacity to make decisions about their own safety, and is in receipt of a personal budget, is abused or neglected by a personal assistant who is employed by a person who is managing their budget on their behalf.

Possible responses

- Take any emergency action.
- Bear in mind that even where the person lacks capacity they should be involved as much as possible in discussions, and that the least restrictive options in any situation should be sought.
- Identify who can assist with the person's best interest decisions including the IMCA.
- Make a referral to the local authority contact point.
- Report the incident to the police: an investigation will be carried out if a crime has been or may have been committed, and it is in the person's best interests.
- Instigate an investigation under safeguarding adults procedures.
- Conduct a risk assessment and assessment of need, and review existing care plans under care management or CPA/health trust procedures.
- Review personal budget arrangements and any employment law implications.
- Report the incident to the OPG if there is a misuse of power of attorney.
- Report the incident to the DWP if applicable.
- Agree a protection plan with those representing the person's best interests.
- Review the protection plan.

Situation 8

An adult at risk abuses another adult at risk who uses the same service.

Possible responses

- Take any emergency action.
- Assess the capacity of both people, and apply the principles of the Mental Capacity Act accordingly.
- Protect the abused adult at risk, and establish whether there are urgent support needs for the alleged abuser.
- Designate staff to attend to the care needs of the adult who is alleged to have caused harm.
- Make a referral to the local authority contact point.
- Report the incident to the police: an investigation will be carried out if a crime has been or may have been committed, and it is the capacitated wish of the abused person, or in their best interests if they lack the capacity to make the decision.
- An appropriate adult – arranged by the police – is appointed if the adult at risk who has caused harm is to be interviewed by them.
- Carry out risk assessments with both adults at risk.
- Review the care plan of the adult who is alleged to have caused harm and the adult who has been harmed.
- Notify the regulator if this is a regulated setting.
- Record it as a serious incident if it has occurred in a health setting.

Information sharing

This section is intended to help managers and practitioners make appropriate decisions concerning the sharing of information when acting to investigate and prevent significant harm occurring to adults at risk.

Each London borough will have its own local agreement on how it shares information with other agencies in the area, and this normally consists of a signed document or policy setting out a framework and process.

This guidance is intended to underpin and reinforce local arrangements and adheres to government guidelines on the sharing of information.

Introduction

There is a recognition among partner agencies of the value of working together as a means of protecting the public, and the importance of information sharing as a means to achieve excellent partnerships. Agencies should seek to share information with partners where there is a lawful reason to do so and when there is an opportunity to make a positive impact on public protection, in keeping with the key safeguarding principle of partnership.

The most recent discussion of all aspects of patient-identifiable information and how this is to be protected is to be found in the Caldicott Committee Report on the review of patient-identifiable information (3) The report recognises that confidential patient information may need to be disclosed in the best interests of the patient, and discusses in what circumstances this may be appropriate and what safeguards need to be observed.

The principles can be summarised as:

- information will only be shared on a 'need to know' basis
- confidentiality must not be confused with secrecy
- informed consent should be obtained but, if this is not possible and other vulnerable adults are at risk, it may be necessary to override the requirement
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where other vulnerable people may be at risk.

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, in line with agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of service users and patients should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the interests of service users. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the

interests of vulnerable adults, then a duty arises to make full disclosure in the public interest (4).

A summary of the legal framework

The main legal framework relating to the protection of personal information is set out in:

- the Human Rights Act 1998, which incorporates Article 8 of the European Convention on Human Rights (ECHR), including the right to a private and family life
- the common law duty of confidentiality
- the Data Protection Act 1998, covering protection of personal information.

Here we summarise these pieces of legislation and others; however, legal advice needs to be sought for a more detailed interpretation of the main requirements of each.

There is no general statutory power to share information, just as there is no general power to obtain, hold or process data. Some Acts of Parliament give public bodies express statutory powers to share information. These are often referred to as 'statutory gateways' and provide for the sharing of information for particular purposes. These gateways may be permissive or mandatory.

- An example of a 'permissive statutory gateway' is Section 115 of the Crime and Disorder Act 1998, which permits people to share information to help prevent or detect crime.
- An example of a 'mandatory statutory gateway' is Section 8 of the National Audit Act 1983, which imposes a legal obligation on public bodies to provide relevant information to the National Audit Office.

Where there is no express statutory power to share information it may still be possible to imply such a power from the other duties and powers public bodies have. Many activities of statutory bodies will be carried out as a result of implied statutory powers, particularly as it may be difficult to expressly define all the numerous activities that a public body may carry out in the process of delivering its main duties and exercising its powers.

Having express or implied statutory powers in any particular case does not mean that the Human Rights Act 1998, the common law duty of confidentiality and the Data Protection Act 1998 can be disregarded. Where a statutory gateway explicitly removes the need to consider confidentiality, then confidential information can be shared; however, this will be rare and will apply in limited circumstances. Where there are implied powers you need to consider the language of the gateway and the surrounding circumstances.

The Human Rights Act 1998

The ECHR confers a positive obligation on public authorities to take reasonable steps within their powers to safeguard the rights of individuals. Article 8 of the ECHR was incorporated into UK law by the Human Rights Act 1998 and recognises a right to respect for private and family life.

- Article 8.1: everyone has the right to respect for his private and family life, his home and his correspondence.
- Article 8.2: there shall be no interference by a public authority with exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of crime or disorder, protection of health and morals or for the protection of rights and freedoms of others.

Sharing confidential information may be a breach of an individual's Article 8 right; the question is whether sharing information would be justified under Article 8.2, and whether it would be proportionate. You need to consider the pressing social need, whether sharing the information is a proportionate response to this need, and whether these considerations can override the individual's right to privacy. If an adult is at risk of serious harm, or sharing information is necessary to prevent crime or disorder, interference with the individual's right may be justified under Article 8.

The common law duty of confidentiality

The common law duty of confidentiality provides that where there is a confidential relationship, the person receiving the confidential information is under a duty not to pass on that information to a third party. However, this duty is not absolute and information can be shared without breaching the common law duty if:

- the information is not confidential in nature
- the person to whom the duty is owed has given explicit consent
- there is an overriding public interest in disclosure
- sharing is required by a court order or other legal obligation.

The Data Protection Act 1998

The Data Protection Act 1998 deals with the processing of personal data (both sensitive and non-sensitive). Personal data is data which relates to a living person, including the expression of any opinion or indication of intentions in respect of the individual concerned. Sensitive personal data is that relating to racial or ethnic origin, religious or other similar beliefs, physical or mental health condition, sexual life, political opinions, membership of a trade union, the commission or alleged commission of any offence, any proceedings for an offence committed or alleged to have been committed, the disposal of proceedings or the sentence of any court in proceedings.

Information about an individual will often contain data from several sources – for example, from care agencies, doctors or the police – and may contain their name and address. Such information may also include data about other people – for example, the individual's family members. These people are usually referred to in the Data Protection Act as 'third parties'. Information about third parties is personal information and should be treated accordingly.

If an individual is no longer alive their personal information is not covered by the Data Protection Act, although a duty of confidence may require some or all of their personal information to be kept confidential.

Organisations which process personal data must comply with the data protection principles set out in Schedule 1 of the Data Protection Act. These require data to be:

- fairly and lawfully processed: in particular, data shall not be processed unless a Schedule 2 condition is met, and if sensitive personal data, a Schedule 3 condition
- processed for limited specified purposes
- adequate, relevant and not excessive for those purposes
- accurate and up to date
- kept for no longer than necessary
- processed in accordance with the data subject's rights under the Data Protection Act
- kept secure
- not transferred to non-European economic areas (EEAs) without adequate protection

Personal data must not be processed unless at least one of the conditions in Schedule 2 of the Data Protection Act ('the conditions for processing') is met and, in the case of processing sensitive personal data, at least one of the conditions in Schedule 3 ('the conditions for processing sensitive data'). However, meeting a Schedule 2 and a Schedule 3 condition will not, on its own, guarantee that processing is fair and lawful. The general requirement that data be processed fairly and lawfully must be satisfied in addition to meeting the conditions.

Schedule 2 conditions include:

- the data subject has given consent to the data processing
- the processing is necessary for the performance of a contract to which the data subject is party, or for the taking of steps at the request of the data subject with a view to entering into a contract
- the processing is necessary for compliance with any legal obligation to which the data controller is subject, other than an obligation imposed by contract
- the processing is necessary to protect the data subject's vital interests
- the processing is necessary for the administration of justice; for the exercise of any functions of either House of Parliament; for the exercise of any functions conferred on any person by or under any enactment; or for the exercise of any functions of the Crown, a minister or a government department; or for the exercise of any other public functions in the public interest by any person

- the processing is necessary for the purposes of the legitimate interests of the data controller, or of the third party or parties to whom the data is disclosed, except where the processing is unwarranted by reason of the rights, freedoms or interests of the data subject.

When information is sensitive then a Schedule 3 condition must also be met. These are:

- the data subject has given explicit consent to the processing
- the processing is necessary for the purposes of exercising any legal right or obligation on the data controller in connection with employment
- the processing is necessary to protect the vital interests of the data subject or someone else, in a case where the data subject cannot give consent or consent cannot reasonably be obtained, or, in order to protect another person's vital interests, the data subject is unreasonably withholding consent
- the processing is carried out by a not-for-profit body in the course of its legitimate activities and does not involve disclosure of the personal data to a third party without consent
- the information has been made public as a result of steps taken by the data subject
- the processing is necessary for the purposes of, or in connection with, any legal proceedings, obtaining legal advice or to establish, exercise or defend legal rights
- the processing is necessary for the administration of justice; for the exercise of any functions of either House of Parliament; for the exercise of any functions conferred on any person by or under any enactment; or for the exercise of any functions of the Crown, a minister or a government department
- the processing is necessary for medical purposes and is undertaken by a health professional
- the processing is of sensitive personal data consisting of information as to racial or ethnic origin, is necessary for the purpose of promoting racial or ethnic equality and is carried out with appropriate safeguards.

There is other 'gateway' legislation where cooperation between statutory bodies includes the sharing of information. Below are the Acts most relevant to safeguarding adults at risk.

The Criminal Justice Act 2003

The Criminal Justice Act sets out the arrangements for assessing the risk posed by different offenders. These include relevant sexual and violent offenders and other persons who are considered by the responsible body to be a serious risk to the public. The responsible bodies in this case are the police, probation and prison services. There is a duty on social services to cooperate with these arrangements and that cooperation

may include the exchange of information. The arrangements will be familiar to people as multi-agency public protection arrangements (MAPPA).

The Crime and Disorder Act 1998

The Crime and Disorder Act recognises that key authorities, such as councils and the police, have a responsibility for the delivery of a wide range of services within the community. Section 17 places a duty on them to do all they reasonably can to prevent crime and disorder in their area. Local partnerships will exist to address crime reduction. Section 115 provides any person with the power, but not an obligation, to disclose information to responsible public bodies (e.g. the police, health or local authorities) and their cooperating bodies in pursuing a local crime and disorder strategy. Therefore, this can cover circumstances of criminal activity, but also civil law proceedings and local initiatives of crime prevention and reduction.

The Immigration and Asylum Act 1999

Section 20 of the Immigration and Asylum Act provides for a range of information sharing to undertake the administration of immigration controls to detect or prevent criminal acts under this legislation.

The Mental Capacity Act 2005

There will be circumstances where an individual adult appears not to be able to make a decision about whether to consent to information being shared with others.

The Mental Capacity Act and the associated code of practice contain guidance about the consideration of a person's capacity, or lack of capacity, to give consent to sharing information. The starting assumption must be that the person has capacity unless it is established that they do not, and only then after all practical steps to help the person make the relevant decision have been taken but have been unsuccessful. An unwise decision taken by the relevant person does not mean they lack capacity. Where a decision is made on behalf of the person who lacks capacity to share personal information it must still comply with the requirements of the Data Protection Act and be in their best interests.

Sharing health information can be a contentious area. There is guidance from professional health bodies, which NHS staff refer to, as well as local health trust policies. Local practice agreements need to be in place to ensure consistency across health and social care agencies and it is advisable to find out what these arrangements are when seeking the cooperation of health care staff. The most relevant piece of legislation is outlined briefly below.

The National Health Service Act 2006

Section 82 of the National Health Service Act 2006 places a duty on the NHS and local authorities to cooperate with one another in order to secure and advance the health and welfare of people, which would indicate the requirement to share information.

Practical steps to ensure consent and appropriate information sharing

The No secrets guidance (4) on which local safeguarding adults policies were developed prior to the adoption of the pan-London multi-agency policies and procedures, emphasised the need for joint working to safeguard adults. The guidance recognised a need to balance confidentiality with the need to protect adults at risk, and through the establishment of multi-agency safeguarding committees or boards, laid down a strong expectation of collaborative working. In May 2011, the government gave a clear indication that safeguarding adults boards would be placed on a statutory footing in 2012, requiring the cooperation of partners.

Obtaining consent to share information

If collaborative, multi-agency working is the normal response to safeguarding concerns, then the adult at risk or other person who is the focus of the safeguarding referral needs to be made aware at the earliest opportunity of the need to share information, and to give their consent, if able to do so. This should where possible take the form of something explicit such as signing part of an assessment form with an appropriate information-sharing paragraph inserted; signing a separate consent form; or the referring professional or investigating officer making a clear record. Whatever the practice locally, consent to sharing information should be part of the explanation process to a person early in their contact with any professional who becomes aware of a safeguarding concern.

Where it is not possible for the person to consent to sharing information, after full consideration of the Mental Capacity Act code of practice, a best-interests decision will need to be made. Involved family or friends must be consulted on this decision but they cannot 'sign for' the person without capacity unless they have been authorised to act as a deputy for that person by the Court of Protection, or they have LPA for the person's health and welfare from the OPG. Routine sharing of information would not require a full decision-making process to demonstrate 'best interests' and guidance is available in the relevant code of practice on levels of decision-making for a person without capacity. However, any professional involved should be able to point to evidence of the need for protection in order to demonstrate that information is being shared appropriately.

Refusal to consent to share information

It is not possible to cover here all the circumstances where a person may withhold consent to share information. A common example is where the alleged victim of financial abuse withholds consent to share information with the police out of loyalty to a family member, who is the perpetrator. In these circumstances the professional receiving the information or investigating the abuse can inform the police if they believe a crime has been committed under the Crime and Disorder Act 1998. However, securing the cooperation of the alleged victim to pursue a prosecution in these circumstances is unlikely to be successful.

If consent is not obtained to share information in a safeguarding matter, there are several considerations to be made about sharing information without consent. Sharing information without consent can be legitimate where there is an overriding public

interest, such as where sharing it could help in detecting crime, apprehending offenders, maintaining public safety, and the administration of justice. An example might be an abuser targeting older people in a particular locality where the victims do not want to take action, but others might also be at risk.

There is also the notion of 'legitimate purpose' in sharing information without consent, which can include issues such as:

- preventing serious harm to an adult at risk – including through prevention, detection and prosecution of serious crime
- providing urgent medical treatment
- implementing the Department of Health's 'No Secrets' agenda of protecting adults at risk from abuse

Information can also be shared without consent where the 'vital interests' of the individual are affected (and he or she cannot give consent or consent cannot reasonably be obtained); or where there is a legal duty.

Holding and sharing information: meetings

All agencies involved in safeguarding adults at risk operate within the Data Protection Act and should comply with that Act's requirements on the handling, recording and storing of sensitive information. In relation to safeguarding adults at risk, there are key documents involved in the process (e.g. investigation report and safeguarding conference notes) that need special consideration given their often very confidential contents. Where safeguarding meetings are held it is good practice to have a statement on confidentiality included in the agenda for the meeting and/or read out by the chair of the meeting. Particular consideration should be given to people attending who may not be accustomed to the requirements of confidentiality. An example of a simple statement is set out below:

This meeting is held under the London multi-agency policy and procedures to safeguard adults at risk. All matters presented are confidential to the individuals attending and the agencies they represent. The record of the meeting is distributed on the strict understanding that it will be kept confidential and stored securely. In some circumstances it may be necessary to make the record of this meeting available to other agencies not directly involved (e.g. the civil and criminal courts). Attendees and the agencies they represent should seek the advice of the chair of the meeting if they wish to share the record with others.

Inter-borough and general sharing of information

The Association of Directors of Adult Social Services (ADASS) has set out safeguarding standards which include the following guidance (please note that Protection of Vulnerable Adults (POVA) and Proceeds of Crime Act (POCA) lists have been superseded by ISA referrals):

The wishes of an adult with mental capacity should normally be respected. However, statutory agencies must act to uphold the human rights of all citizens and where others are at risk this duty will take precedence. Any action taken by an organisation to safeguard an adult should meet human rights standards. It should be proportionate to

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

Raising concerns about abuse or neglect nearly always involves sharing information about an individual that is both personal and sensitive (Data Protection Act 1998). Such information about an adult with mental capacity should be shared only with their informed consent, unless there is an overriding duty such as a danger to life or limb, or risk to others. These exceptions are described in the Data Protection Act (1998) and 'Caldicott guidance' (DH 1997),^[3] and case law in relation to human rights legislation. Information about an adult who may be at risk of abuse or neglect must be shared only within the framework of an appropriate information-sharing protocol. Information about a potential perpetrator of abuse must also be shared under an appropriate information-sharing protocol. Local provisions such as MAPPA meetings and national provisions such as the POVA and POCA lists should be used. (5)

Risk assessment

‘The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness. What good is it making someone safer if it merely makes them miserable?’

Lord Justice Munby (14)

There are multiple ways of assessing risk and each partner organisation working to safeguard adults may use a different method. This will depend on what they are measuring – for example, risk to a person’s health, risk of a criminal offence being committed (with the police) or, if there is an already recognised specific risk assessment format (in the case of domestic violence). It is therefore difficult to formalise a single risk assessment in relation to safeguarding adults, although in any risk assessment model there are key principles and common components, which are outlined below.

A risk assessment is included in the [Resources section](#) of this guidance as an example of good practice.

Key principles

Assessing the risk to vulnerable people against their right to make choices about how to live their life is difficult, and in any given situation different people will have different views on striking the right balance. This means that agreement on the degree of risk in every situation may not be possible. However, professionals should have a common understanding of the principles they are working to, the legal structures in place, and the documentation that can help and that they need to complete. It can be helpful to bear in mind the following key principles:

- Risk work should be person-centred and empowering.
- The Mental Capacity Act asserts people’s right to make decisions, even unwise ones, if they have the capacity to do so. The Mental Capacity Act and the code of practice and Deprivation of Liberty Safeguards that accompany it, are all key legal considerations in evaluating risk.
- Government guidance is that ‘people have the right to live their lives to the full as long as that does not stop others from doing the same’ (15).
- Risk assessments should always consider the benefits of the proposed action on the adult at risk and weigh these against any risks.
- The person’s strengths should always be considered when evaluating risk.

- Multi-agency working is important in assessing and managing risk, but should always take place within a person-centred framework that avoids blanket restrictions.
- Organisations should model a positive approach to risk-taking that supports employees to enable people to live the life they want, rather than a defensive approach that focuses too much on risk to the organisation.
- Decisions on risk should be reasonable, proportionate, accountable and defensible, and rooted in evidence-based practice and partnership working.
- The case of Cardiff Council vs Peggy Ross is included in the **Resources section** of this guidance as a good example of the challenges in balancing risk and choice.

Risk assessment: Factors to consider

This section looks at the mechanics of risk assessment in safeguarding adult cases. Any safeguarding adults at risk assessment should be designed to help determine:

- the circumstances of the adult at risk in terms of safeguarding procedures
- the severity and scope of the current risks to the adult, rating these in a systematic way
- the capacity of the adult at risk to evaluate and make choices about these risks
- the potential risks to the adult if safeguarding actions are not put in place
- the urgency and focus of what these actions might be
- if safeguarding interventions are working or not (and measuring this).

Encouraging the adult at risk of harm to quantify the risks is central to the process – unless this action would place them at more risk at that time. Mental capacity and ensuring compliance with the relevant code of practice also underpin risk evaluation. It is often necessary to strike the right balance between enabling a person to have choice and control while lessening the risks of harm, exploitation or mistreatment that some choices could lead to.

As partners in the adult safeguarding process, difficult judgements have to be made to determine this balance. A good risk assessment tool should aid such judgements by providing a clear, standardised framework for assessing risk as part of the adult safeguarding process.

Any agency with concerns regarding domestic abuse, stalking, harassment and 'honour'-based violence should complete a Co-ordinated Action Against Domestic Abuse - Domestic Abuse, Stalking and Harassment (CAADA-DASH) Risk Identification Checklist. Cases identified as high risk should be referred to the local MARAC.

Relevant forms, agency toolkits and further information about the MARAC can be obtained from the **Co-ordinated Action Against Domestic Abuse (CAADA)** website.

Key stages for the completion or review of risk

Alert stage

A risk assessment should be carried out as part of initial enquiries when the presenting risks indicate safeguarding concerns. There should be a continuous assessment of the severity of impact and the likelihood of harm for any action throughout the safeguarding risk assessment process. This will help to calculate risks and weigh these against the benefits of the action. As information is often limited at the alert stage, this may not be a complete assessment. However, a risk assessment will help to determine if the adult safeguarding process is the most appropriate response and if any immediate action is required prior to the strategy meeting.

Strategy meeting/discussion

The risk assessment may be added to and revised on the basis of new information. The assessment should be used to inform any interim protection plan put in place to safeguard the adult(s) at risk.

The investigation

Information gathered at this stage of the process will indicate whether the person is at risk of significant harm now and in the future. The risk assessment should also include more evaluation of risk and must include the person's own views, wherever possible, so that the case conference has a full picture to base risk decisions on.

The case conference

The nature of the risk – and whether it has previously occurred – should be specified at the conference. The conference should also state the likelihood of the risk escalating and/or reoccurring now or in the near future and the severity of the impact on the person if the harm occurs. Any discussions about risk should be person-centred, and involve multi-disciplinary approaches.

Review

The effectiveness of the protection plan should inform the risk assessment. It should be revised to reflect any new risks identified, risks now removed or risks reduced. There should be ongoing discussions with the person and their carers if appropriate, about their perception of the risks. Comparing one risk assessment with another will provide evidence of the effectiveness of the safeguarding intervention.

Seeing and speaking to the adult at risk

It is often very difficult for someone to talk about experiences of abuse, mistreatment or neglect they have had or may be having. The person may feel that they will not be believed, they may fear reprisals, they may feel they are in some way responsible for what is happening to them, and they may feel ashamed. It could well have taken some time for them to find the courage to talk to anyone, so it is important that they know they are supported in giving their account and that they are confident they are being heard and not judged.

When taking a disclosure the aim is to enable the person to give an accurate account of what has happened or is happening to them, and what impact the experience is having on them. The person should receive reassurance that action will be taken to reduce the risk and make them safe.

The person's account of what has happened will provide important evidence if the abuse is a crime and there is a criminal prosecution, so it is important to use the person's own language and record them accurately wherever possible. Guidance for formal interviews is contained in *Achieving best evidence in criminal proceedings (16)*. This document states that any initial questioning should only be to elicit a brief account of what is alleged to have taken place. The purpose is to obtain information that will assist the early investigation, establish whether a crime has been committed, assess the risk and enable appropriate initial action to be taken.

Any views expressed by the person on what they wish to happen, in terms of future investigations, should be noted, even if the person may lack full capacity to make decisions relating to their own safety.

When listening and responding to a disclosure, remember some important communication points:

- to stay calm and not express dismay or shock
- to allow the person to express their feelings, including their fears
- to try to discover what the person is afraid of and when they feel most at risk
- to listen carefully to what the person is saying
- to assure the person that they are being taken seriously
- to demonstrate regret that abuse has taken place and the impact that it must have had on the person physically and emotionally
- to reassure them that there is help available
- to summarise their account and check that you have it right
- to explain the safeguarding adults process in a way that is meaningful to the person, and provide them with information such as leaflets and contact details for the local authority safeguarding adults service.

Disclosures from certain people will require specific communication considerations.

- Using the person's name at times at the start of a question or comment, so they are clear they are being addressed, may assist adults with learning disabilities who may have difficulty in understanding pronouns such as 'he', 'she', or 'they'.
- Using open questions, i.e. questions that require more than a simple 'yes' or 'no' response, is often the right approach. However, some adults with learning disabilities or autism may find open questions difficult to understand. Adults with autism often have a literal (inflexible) understanding of language and therefore open questions such as 'Do you know why I'm here?' and 'Can you tell me what happened?' can be a problem for this reason. In such cases, try to keep your questions simple, with no more than one or two key concepts, use concrete rather than abstract language, and avoid the use of jargon, abbreviations and metaphors. More detailed advice on communicating with people with autism can be found on the National Autistic Society's [website](#).
- If there is any doubt whether a person understands a question, try asking them to repeat it in their own words. Simply asking, 'Do you understand?' may result in an automatic positive response. Try to avoid the possibility of witnesses trying to answer a question by guessing what was meant.
- An interpreter or appropriate communication aids must be made available if required for clear two-way communication.

Whoever you are speaking and listening to, however, certain things are vital:

- Do not promise complete confidentiality. The adult at risk should understand that the information about the abuse will need to be shared, but that it will only be shared with other people who need to know, such as a line manager and other appropriate professionals.
- If the risk is high and/or other people are at risk, the person must be advised that the information may have to be shared to protect them and others.
- Obtain the person's written permission, if possible, to share the information with other organisations in order for the adult safeguarding work to be facilitated.
- Ensure that the person is able to speak with you privately.
- Clarify the basic facts about what has happened to the person or to other people who may be at risk, but do not ask detailed or probing questions. Such questions are for the investigation.
- Cover the following key points: the current location of the adult; whether there is a need for medical assistance; the nature of the incident; the identity of the person alleged to be causing/have caused harm (if known); whether anyone else was present; and where the incident happened. Consider whether or not it may be a domestic violence situation as this may affect the response and the level of risk.

- When the person is explaining what has happened, keep interruptions to a minimum.
- Take accurate contact details for the person making the disclosure, including how they can be contacted without putting them at further risk.
- Agree with the person what will make them safe while further action is taken.
- Tell them what will happen next, and when and how they will be informed about what actions will be taken.
- Give them your name and details of how to contact you.
- Tell your line manager or other available manager immediately, or within four hours of receiving the disclosure.
- Make an accurate factual record of exactly what the person said as soon as you can after receiving the disclosure, giving times, dates and when the disclosure was made. Make this as comprehensive and verbatim a record of what is said as possible.
- Sign and date the report using a blue or black pen as it may need to be copied.
- Make a record of the person's decision about sharing information with other organisations.

Investigating adult abuse

It is vital that the accounts of any adults at risk, witnesses and suspects are obtained in a way that does not affect their admissibility in the courts. If an allegation of crime is made it is important to follow some central principles:

- Phone 999 for the police and/or an ambulance in an emergency, as appropriate.
- Listen carefully to what is being said and reassure the person that what they are saying will be taken seriously. Often an individual will feel that they will not be believed.
- Only ask questions to establish what has happened and find out if the adult or another person is at immediate risk of harm. Only ask questions to establish the basic facts, and no more. Make a record of the person's name, the name of any carer or other persons present when they are spoken to, the questions asked and the answers provided - as verbatim (word for word) as possible. Record as exactly as possible what the person said and make a note of the time, date and where they made the comment. If notes are recorded in this way they are more likely to be allowed as evidence in court. Taking notes at the time of talking to the adult at risk or immediately afterwards, is a matter of judgement. Sometimes taking notes when someone is in distress could be insensitive. However, this should be weighed against the need to record accurately. A note should also be made of the adult's physical appearance, in particular any visible injuries and missing or damaged items of clothing. If the adult is still at the location of the incident, take a description of any damage that is visible (for further details see [Seeing and speaking to the adult at risk](#)).
- Some adults may not wish to pursue a criminal allegation but the police will continue to secure and preserve evidence and a crime report will be recorded. While adults have a right to make decisions about their lives, including those related to their own vulnerability, in some circumstances the adult at risk's wishes may be overridden given considerations about their own safety or that of others.
- It is important to note the impact on any investigation if forensic or other evidence is contaminated, lost or damaged. The overriding principle is the safety of the adult or others involved.
- Do not make promises that may not be kept regarding confidentiality. If there is evidence of a serious crime or other factors are involved, then it is your duty to share the information.
- Take steps to preserve evidence where possible and explain this to the police. It is equally important to tell them if you have moved or touched something that

might be relevant. Police officers assigned to investigate a crime are responsible for the gathering and preservation of evidence generally. Other organisations and individuals can play an important part in ensuring that evidence is not contaminated or lost by taking steps to preserve evidence when a crime is first discovered or suspected.

- Let the adult know who will be informed, and offer support.
- Do not speak to the person alleged to have caused the harm about the allegation (as opposed to other essential welfare matters) without checking with the police first. Such an action could place both you and others at risk and may compromise the investigation.
- In all situations where an adult has been abused and a crime may have been committed, the first consideration must be the person's safety and respect for their dignity and rights. The person's need for support must be met at this stage.

By observing these simple rules you will assist the victim and ensure that evidence is obtained in a professional manner and that any criminal prosecution will not be jeopardised.

Evidence

The standard of proof for police investigations is 'beyond reasonable doubt'. The evidence they gather about an allegation and about the actions of the person alleged to have committed the crime must therefore be robust enough to provide such proof in court. The standard of proof for non-criminal investigations, to support civil actions or disciplinary procedures, is on the 'balance of probabilities'.

There are four categories of evidence:

- **Direct evidence:** this is the most important evidence and is what the person experienced themselves by their own account – in court referred to as evidence 'in chief'.
- **Hearsay evidence:** evidence of what a person has heard from another person. Hearsay evidence is usually excluded from criminal trials although new rules have been introduced, which allow such evidence to be introduced in certain cases. Hearsay evidence can be used in civil cases or disciplinary hearings.
- **Corroborated evidence:** evidence that supports the evidence of a person in another way, such as evidence contained in records.
- **Circumstantial evidence:** evidence that is not based on the facts in question but on other facts that may support the case. For example, evidence of injury immediately following contact with a particular person, or money having gone missing after a visit by a particular person. Circumstantial evidence alone cannot be relied on to convict a person in the absence of other evidence.

Technological and chemical advances have identified many new methods of recovering evidence. Even though something is not immediately apparent to the naked eye, there may still be minute particles or fragments of material that could yield evidence. As a general rule of thumb, if you do not need to touch or move something, then leave it where it is for an expert examination, unless touching or moving things is absolutely necessary - for example, to save a life. The police will respond quickly and all practical steps should be taken to secure the scene of the crime to prevent contamination or removal of evidence. Do not allow any person or animals into the scene and do not attempt to tidy up or clean anything.

Action taken to secure a crime scene and preserve evidence must include preservation of evidence contained in written records, case files and notes, so that these can be referred to in any investigation and cannot be altered after the event. Records and information held by social care and health services may themselves provide useful evidence-gathering opportunities for civil and criminal investigations.

Although adult social care services have the lead responsibility for adults at risk under the No Secrets Guidance (4) and s.47 of the NHS and Community Act 1990, it is the responsibility of the police to conduct the criminal investigation. Information from partner agencies is key to any investigation and it may often be useful for liaison between agencies to take place at an early stage. For example, a social worker accompanying a police officer during some stages of the investigation, such as during evidential interviews.

The Metropolitan Police are committed to ‘total policing’, to cut crime and care for the victims of crime. In adult safeguarding this involves holding perpetrators to account, providing enhanced victim care to vulnerable people and working with partners to safeguard adults at risk.

Support for the victim entering the criminal justice process

Criminal justice agencies are required by law to provide minimum standards of service to victims of crime. There is an enhanced service for vulnerable and intimidated witnesses as defined by the Youth Justice and Criminal Evidence Act 1999. For further information see The code of practice for victims of crime (17).

How witnesses can expect to be treated by the police if they witness a crime or incident is detailed in The witness charter (18). This document also outlines the standard of care required from other criminal justice agencies. Although the Charter is not statutory it does set out provisions that include:

- an initial needs assessment to be conducted by the police, to establish language and communication requirements and enable them to provide the best evidence at court
- identification of special measures for vulnerable or intimidated witnesses
- arrangements for witnesses attending court who have disabilities or medical conditions that mean they need help for them to attend
- provision of communication aids such as intermediaries, signers or interpreters.

Case studies of different types of abuse, and the legal considerations surrounding them, can be found in SCIE's Safeguarding adults at risk of harm: A legal guide for practitioners (13)

Sexual assault – issues to consider

Sexual abuse is defined as direct or indirect involvement in sexual activity without consent. It may involve rape and sexual assault, including penetrative or non-penetrative sexual acts, that the adult at risk has not consented to, lacks the mental capacity to consent to, or is pressurised into consenting to.

In an emergency, call the police on 999. If a crime has been or may have been committed, refer immediately to the police unless the adult at risk has mental capacity and does not want a report made, and there are no overriding public or vital interest issues. The police may also be contacted later, if more information becomes available and it is then apparent that a crime has been committed.

Where an allegation of serious sexual abuse is identified it must be reported immediately to the police to preserve any forensic evidence. If it is thought that the event occurred within the previous seven days, it is important (if at all practical) to advise the adult at risk not to use the toilet, wash or have anything to eat or drink until the police have attended. This is so that vital evidence, which can still be in place some days after an assault, may be preserved by medical examination. A victim of rape or serious sexual assault may wish to:

- use the lavatory or discard underwear or sanitary products
- wash, shower or bath
- wash their hands
- remove, wash, discard or destroy clothing worn at the time of the incident or subsequent to it
- drink, eat or take non-essential medication
- clean their teeth
- smoke
- clean up, especially if it is their home.

If so, it should be carefully explained to them that they may destroy valuable evidence by carrying out any of the above or by not protecting the physical scene. Such advice should balance the victim's wishes with the need to preserve potential evidence. Advise the person not to discard sanitary products or condoms.

All of this will clearly be distressing to the victim. Early evidence kits are available from the police if the adult at risk wishes to clean their teeth or have a drink. Use of the kit ensures quick and effective recovery of forensic evidence that can be lost due to time delays between reporting and medical examination. If the person does not want to wait until a kit can be used and wishes to clean their teeth or have a drink they should be advised to place the toothbrush in a clean plastic bag and give it to a police officer on arrival. Any clean drinking vessel used should also be preserved in the same way.

If this is a case where the police are not involved, the adult at risk should be informed about the availability of specialist centres in London for people who have been raped or sexually assaulted where they can seek support, advice and treatment. If the police are made aware of the assault they will make contact on the person's behalf.

Evidence may be found on clothing worn by the person at the time of the offence. The person should not change their clothes if there is any possibility that they were wearing them at the time. Any other items that may have been worn at the time of the offence should be left where they are for the police. If you have had to move anything, tell the police where you have put it and why it had to be moved.

If it is known where the assault took place, this scene may also yield evidence. If the location is indoors no one should be allowed inside. If the adult at risk is in the building or room, nothing should be moved or touched unless absolutely necessary. By restricting access to scenes of crime, contamination from people walking over evidence or inadvertently disturbing things can be minimised.

Many specialist support agencies offer an independent sexual violence adviser (ISVA) service to victims of rape and sexual assault. An ISVA is trained to look after a person's needs and ensure they are receiving appropriate care and understanding. They will help the person to understand how the criminal justice process works. There are also specialist ISVAs to assist people with learning disabilities and mental health needs.

Physical assault – issues to consider

When a vulnerable person has been assaulted there may be some visible signs of attack, such as bruising, reddening or other more serious wounds. These injuries should be examined and noted by a medical practitioner. Ideally this should be the person's GP, but in some cases – such as the possibility of a conflict of interest and in certain criminal offences – a police surgeon (forensic medical examiner) will perform this task. The police should be informed immediately and a qualified police photographer will take a photographic record. Should the adult at risk be in an accident and emergency (A&E) department, then locally agreed protocols for reporting to the police should be followed.

Advice should be given to observe and record the physical and emotional demeanour of the adult at risk. This may be of assistance to any future criminal or civil proceedings.

Consent to medical examination

An adult must consent to a medical examination, so they need to be able to understand what they are giving consent to, and have the capacity to do so voluntarily. It will normally be the responsibility of the forensic medical examiner to ensure that true consent has in fact been given. If a person lacks capacity, medical staff need to make a decision about continuing in line with the best interests principles contained in the Mental Capacity Act 2005. There may be occasions where consent to examination is not given. In such circumstances it might be possible to arrange for the victim's GP to assist in the examination, if that would be reassuring for the person involved. This should be discussed with the senior police investigating officer and the appropriate agencies.

For information refer to the Department of Health's guidance (19).

Financial or material abuse – issues to consider

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. As well as the examples of possible financial abuse of adults at risk by people in positions of authority or responsibility listed in **Recognition and indicators of adult abuse**, adults at risk might also be targeted more generally. For example:

- mass market fraud such as letters, phone calls, emails and other 'scams'
- rogue traders and cold-callers providing or over-charging for unnecessary or unwanted repairs, goods or services.

If the adult at risk has been subjected to systematic theft or bank account fraud, it is important not to handle documents, bank books, wallets, envelopes, etc. This may destroy possible fingerprints or other evidence. Retain any letters, statements or other documentation together with any containers they have been stored in. Similarly, if property is stolen from cupboards, tins, etc. preserve these for detailed examination.

Be aware that investigating financial abuse often involves wider networking than people may be used to, including working with trading standards, finance officers, or the OPG, for example. Remember too that financial abuse may go hand-in-hand with other types of mistreatment, and there should be a holistic assessment of the person's situation.

Reporting a crime

In an emergency you should phone 999 for an immediate police response (i.e. if a crime is happening now or if anyone is in immediate danger). Where the offence is remote from the victim, not immediate and/or the offender is unknown, the crime can be reported through normal police contact numbers or online at **Action Fraud**.

Neglect and acts of omission – issues to consider

Neglect or acts of omission amount to a failure to meet the adult at risk's basic physical, medical and/or psychological needs which may result in serious impairment of the person's health and wellbeing. They include failure to provide access to health care or the necessities of life such as adequate nutrition and hydration.

Section 44 of the Mental Capacity Act 2005 created offences of ill-treatment and willful neglect in the case of people lacking capacity. These offences already existed in relation to people with a mental disorder under Section 127 of the Mental Health Act 1983. These offences, under either Act, can be committed by anyone responsible for a person's care. However, it should be noted that the offences apply only to people who lack capacity or to people with a mental disorder; there are no such offences in relation to other adults at risk.

- ill-treatment covers deliberate acts of ill-treatment and those acts that are reckless as to whether there is ill-treatment
- willful neglect means a serious departure from the required standards of treatment and usually means a person has deliberately or recklessly failed to carry out an act that they were aware they were under a duty to perform.

In suspected cases of neglect, it is important to make a holistic assessment of the situation, taking into account the views of the person and their carers, where applicable, on the reasons behind the neglect. As well as looking at Section 44 of the Mental Capacity Act, it is useful to consider the key principles of it, including the importance of responding in the least restrictive way to a situation.

Forced marriage – issues to consider

Allegations of forced marriage must be taken seriously. The risks may be high and can escalate quickly. Do not confuse the term ‘arranged marriage’ with ‘forced marriage’. There is a clear distinction between an arranged marriage and a forced marriage. Arranged marriages have been customary in many communities around the world for a very long time. In an arranged marriage the families of both spouses take a leading role in arranging the marriage, but the choice of accepting the arrangement remains with the individuals.

In a forced marriage at least one party does not consent to the marriage and some element of duress is involved. A marriage involving someone who lacks the mental capacity to consent to it should also be considered as a forced marriage.

The person’s capacity to consent to a marriage should be clearly assessed through a properly conducted capacity assessment on that specific issue. There will be situations, however, where there are reasonable grounds to question a person’s lack of capacity to consent to a marriage (e.g. the person is known to have severe learning disabilities), even though an assessment has not been carried out. Any proposal to prevent the marriage of someone suspected to lack capacity has to be referred to court. The court can issue an interim prevention judgement, prior to a full hearing, when the marriage is thought to be imminent.

There is specific government [guidance on forced marriages involving people with learning disabilities](#), to which you should refer.

Related incidents

Incidents related to forced marriage can involve threats to kill, common assault, harassment, false imprisonment and kidnap, and may lead to even more serious crimes such as rape, physical assault and murder. For more information refer to the Forced Marriage Unit’s Multi-agency practice guidelines: handling cases of forced marriage (20).

Motives prompting forced marriage

Parents who force their children to marry often justify their behaviour as a way of protecting their offspring, building stronger families and preserving cultural or religious traditions. They do not see anything wrong in their actions. In some cases where young adults at risk are forced into marriage, family members believe they are providing a future ‘carer’ for their adult child, and the intended spouse may have no idea of the levels of care required by their bride/groom-to-be.

Criminal law and forced marriage

Although there is no specific criminal offence of ‘forcing someone to marry’, the law does provide protection from the crimes that can be committed when forcing someone

into a marriage. Perpetrators, usually parents or family members, have been prosecuted for offences including threatening behaviour, harassment, assault, abduction, rape and murder.

The needs of victims will vary widely. Police Community Safety Units contain specially trained officers to deal with such investigations. Situations involving forced marriage can be high-risk and fast-moving, so early liaison with the police is vital.

Victims and potential victims can now be given the protection of the civil courts via a forced marriage protection order (21).

Needs of victims

People forced into marriage often become estranged from their families. Sometimes they themselves become trapped in a cycle of abuse with serious long-term consequences. Many women forced into a marriage suffer from domestic abuse and serious sexual assault. They feel unable to leave because of a lack of family support, economic pressures and other social circumstances. They may remain in the marriage for years before they feel able to challenge the situation.

Isolation is one of the biggest problems facing victims of forced marriage. They may feel they have no one to speak to about their situation, and these feelings of isolation are very similar to those experienced by victims of domestic abuse.

Investigator's report

The safeguarding adults investigation report is key to the safeguarding process. It draws together all the information relevant to the allegation of abuse or exploitation. It presents an analysis of this information, keeping the alleged victim central to the process, and enables the safeguarding conference to make sound, professional, evidence-based decisions on the protection of individuals and others. An investigation report must be thorough and objective, be written in precise and clear language, make a distinction between fact and opinion and state the evidence that accounts for both.

Each London local authority will have a particular format for their investigation report, perhaps linked to their computerised system. This section represents what is good practice and, as such, is not prescriptive as to exactly how investigation reports should be completed. It lists what elements a good investigation report should contain, to which London local authorities can add any local requirements. Ensuring these elements are included in all reports will enable consistency across London and better inter-borough working.

Content

- Basic personal details including ethnicity: as required by local systems.
- Summary of current allegations: the 'who, what, when and how' including if, on investigation, a crime appears to have been committed.
- Summary of any previous allegations and their outcome: the chronology of previous allegations.
- Description: a brief description of the person, the nature of their disability and their capacity to take action to protect themselves. This includes the person's mental capacity where there is evidence to question this.
- Living/support arrangements: summary of current living and support arrangements, including family, friends and formal services.
- List of documents read, persons interviewed and places visited relevant to the investigation:
 - documents and their source (e.g. hospital records)
 - persons seen or spoken to on the telephone, with a chronology
 - locations visited relevant to the investigation
 - photographic evidence seen and its source.
- Process of investigation and evidence that supports or refutes the allegation(s):
 - this forms the heart of the report, looking at each allegation and considering them in turn with the relevant evidence
 - where there is conflicting information or differing accounts of events given, this is acknowledged and efforts made to resolve this are demonstrated

- the perspective of the person who has allegedly suffered harm must remain central to the process of investigation.
- Evaluation of the evidence gathered so far: this draws together the information from the previous section, evaluating what weight is given to each element in order to arrive at an initial conclusion on what may or may not have occurred.
- Seriousness of risk to alleged victim: a separate formal risk assessment may have already been completed, which can be included or quoted here. If not, then a statement needs to be made on what risks have been identified so far in the investigation process, in order to help shape protection planning at the safeguarding conference.
- The views of the person harmed or at risk of harm: the views of the person harmed must be expressed. Wherever possible, it is helpful to quote their exact words. Every effort must be made to ascertain their views even where there may be, for example, communication or mental capacity difficulties. Where the person lacks any ability to express their views it would be reasonable to explore what their previous opinions, values and beliefs may have been prior to losing capacity, or what is known of their opinions, values and beliefs by those most familiar with them, to arrive at some indication of what they would have thought.
- The views of relevant others (e.g. family, other professionals): where the opinions of others are being recorded it is important to represent these correctly. If any of the 'relevant others' are attending the safeguarding conference, then they will be able to express their views directly, so only a summary needs to be given under this section.
- Desired outcome, as expressed by the alleged person harmed: a succinct statement of what the person wants from the safeguarding process in terms of action to be taken and outcomes to be achieved. Where the person is represented by another individual (e.g. family member), include their views.
- Recommendation of investigating officer for action and/or further investigation: within the timescales set, it may not always be possible to conclude all aspects of the investigation required by local procedures. People may not be available or information may not yet have been provided. This section allows the investigating officer to cover any gaps identified and put forward further investigatory actions for the conference to consider.
- Attachments and sign-off: in discussion with the safeguarding adults conference chair, some information may need to be directly given to attendees, rather than quoted in the investigation report or noted as something read. This would be appropriate where, for example, specific written submissions are provided to the conference by family or others.

Each London borough will have its own management arrangements for reviewing the content of and approving investigation reports prior to distribution. Managers will be aware that crucial decisions are made based on the information presented in an investigation report, so they need to be satisfied that systems are in place to ensure a consistent high standard of report writing.

Referrals to other processes

In the course of adult safeguarding work, it will often be necessary to make referrals to other parts of the safeguarding or health and social care systems.

Multi-agency risk assessment conference

Referrals to MARAC can be made in high-risk cases of domestic abuse, stalking and 'honour'-based violence. Practitioners should complete a CAADA-DASH RIC prior to referral.

Disclosures to MARAC should be consistent with the principles and rules contained within the common law, the Data Protection Act and the Human Rights Act. Information can be shared when it is necessary to prevent a crime or to protect the health and/or safety of the victim and/or the rights and freedoms of those who are victims of violence and/or their children. Information sharing must be proportionate to the level of risk of harm to a named individual or known household. It is good practice for the referring organisation to discuss referral to MARAC with the victim if it is safe to do so.

The recommended referral criteria for MARAC are:

- Professional judgement: if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of the case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues and/or language barriers – particularly in 'honour'-based violence. The judgement should be based on the professional's experience and/or the victim's perception of the risk even if they do not meet the criteria given below.
- Visible high risk: if 14 or more 'yes' boxes have been ticked in the RIC, the MARAC referral criteria would normally have been met.
- Potential escalation: the number of police callouts to the victim as a result of domestic violence in the last 12 months. This criterion can be used to identify cases where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information through MARAC. It is common practice to start with three or more callouts in the last 12 months but this will need to be judged on a case-by-case basis.

In a situation of domestic violence where children are also at risk, referral must be made to the relevant children and families social work team.

Refer to local MARAC procedures for a list of local representatives and referral details.

Multi-agency public protection arrangements

MAPPA are a set of statutory arrangements to assess and manage the risk posed by certain sexual and violent offenders. MAPPA bring together the police, probation and prison services and MAPPA areas are coterminous with police force areas. (6)

Referral should be made to the MAPPA process if it appears to a senior manager in the relevant agency that:

- the likelihood of harm occurring is considered to be high or very high
- the level of harm, if this occurs, would be high and potentially life-threatening
- there is a substantial chance of a serious offence being committed
- the potential victim is known specifically or by type
- this cannot be managed alone by the referring agency
- this cannot be managed by normal liaison between two agencies
- there are no other procedures under which this would normally be managed.

(7)

Common Assessment Framework

The Common Assessment Framework (CAF) offers a basis for early identification of children's additional needs, sharing of this information between organisations and the coordination of service provision. Where it is considered that a child may have additional needs, with the consent of the child, young person or parents/carers, practitioners may undertake a CAF to assess these needs and to decide how best to support them. Referrals are typically made via a local area's CAF coordinator. The findings from the CAF may give rise to concerns about a child's safety and welfare. In these instances, a child protection referral may be appropriate. (7)

Child protection

In investigating concerns about adult abuse, issues of possible child protection can also be discovered. If somebody believes or suspects that a child may be suffering, or is likely to suffer, significant harm, then this should always be referred to the local authority children's social care services. In addition to social care, the police and the National Society for the Prevention of Cruelty to Children (NSPCC) have powers to intervene in these circumstances. While professionals should seek, in general, to discuss any concerns with the child and family, and, where possible, seek their agreement to making referrals to local authority children's social care, this should only be done where such discussion and agreement-seeking will not place a child at increased risk of suffering significant harm. (7)

Adult social care

If safeguarding work identifies ongoing social care needs, and the adult at risk is not currently known to a local social work team, then a referral should be made to the appropriate team, based on the person's needs.

Cross-borough protocol

This section is based on the ADASS Draft guidance on out of area safeguarding adults of June 2012 (8).

There can be an increased vulnerability for adults at risk whose care arrangements are complicated by cross-boundary considerations. These may arise, for instance, where the funding/commissioning responsibility lies with one London local authority and concerns about potential abuse and/or exploitation subsequently arise in another London local authority. This would apply where the individual lives in another London local authority area to the one they receive services in.

These unique arrangements within the London area recognise that there are large populations across small geographical areas. Commissioning a service in a neighbouring borough is commonplace, and there are no geographical restrictions to a funding authority fulfilling its responsibility to review and monitor a placement in another borough. The key safeguarding principles of partnership and accountability are important to reflect upon in cross-borough working.

Where a London local authority commissions services outside London, or conversely a funding authority outside London has commissioned a service in London, you should refer to the ADASS Draft Guidance on Out of Area Safeguarding Adults of June 2012.

Overall responsibilities

The funding/placing authority has an overall responsibility to ensure that the placement meets the individual's needs when an individual is placed out of their local authority area. This includes responsibility for reviewing the contract specification, monitoring the service provided and negotiating changes to the care plan in a robust and timely way. It is also the funding/placing authority's responsibility to assess placed individuals for specific capacity assessments/decisions in relation to care planning and risk assessment.

The funding/placing authority should source and commission advocates or IMCAs for those individuals who do not have someone to advocate for them in relation to safeguarding proceedings.

During the safeguarding process, the funding/placing authority should inform the host authority of any changes in the individual's needs or provision.

It is the funding/placing authority's ongoing responsibility to ensure that during a safeguarding investigation the placement is appropriate to meet the person's needs. It may become necessary to commission a new service provider if someone's changing needs fall outside the current placement's capacity to meet those needs and/or registration requirements.

When a safeguarding concern is raised the host authority has a responsibility to ensure that the concern/alert/referral is responded to in line with *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse* (2).

The safeguarding pathway

Safeguarding adult alert/referral

The role of the host authority

Once a safeguarding concern/alert/referral has been raised it is the host authority's responsibility to lead the initial response in consultation with the funding/placing authority. However, in some circumstances it may be necessary for the host authority to take immediate action to protect the adult at risk (e.g. contact the police or other emergency services).

If – as part of the initial protection plan – the adult is moved to a place of safety, funding responsibilities remain with the funding/placing authority.

This initial protection plan will be reviewed throughout the investigation process.

In consultation with the funding/placing authority the host authority will seek, where appropriate, medical assessment of any injuries/concerns.

The host authority will coordinate the safeguarding process. This will include gathering information regarding the incident, undertaking background checks of the provider and/or individuals involved, and promptly notifying the funding/placing authority and other relevant agencies.

The host authority will allocate a SAM who will have overall responsibility for coordinating the safeguarding adults investigation.

The role of the funding/placing authority

The funding/placing authority has responsibility to make sure that liaison takes place with the adult at risk/family/carer/advocate as agreed during the safeguarding adults process.

This will include:

- informing and updating them regarding the safeguarding adults process
- informing and updating them regarding the progress of the investigation
- ensuring that the adult at risk's views, wishes and feelings are represented and taken into account within the safeguarding adults investigation process
- actively involving the adult at risk and family members where appropriate, and taking responsibility for ensuring the views of the family are represented in any best interests decisions
- identifying a safeguarding liaison person who will take responsibility for ensuring actions are fed back to the host authority during the investigation process.

When the funding/placing authority is notified of a safeguarding adults alert/referral it will retain the overall responsibility to ensure that the placement can or will continue to meet the individual's needs within a safe environment.

If this is not possible, the funding/placing authority must find an alternative placement. The funding/placing authority must also ensure that the current provider has made adequate provision for the immediate protection and meeting of the individual's care needs until the move occurs, liaising with the host authority where appropriate. The funding/placing authority will provide all relevant information to the host authority's SAM and contribute to initial decisions about the need for further investigation.

Strategy discussion/meetings

The role of the host authority

It is the host authority's responsibility to arrange the initial strategy meeting/discussion and ensure all appropriate funding/placing authorities contribute.

The host SAM will chair the strategy meeting and try to ensure that all agencies are working together effectively. They will invite the funding/placing authority to attend, and wherever practicable, the funding/placing authority should also attend.

The strategy meeting/discussion will agree roles and responsibilities for undertaking the investigation, including those tasks assigned to the funding/placing authority.

Coordination of the investigation, in line with the London multi-agency safeguarding procedures and local guidance, remains with the host authority. Coordination includes, ensuring the investigation report and agreed contributions of other agencies to the investigation process are completed, management oversight, compliance with procedures and compliance with good standards of safeguarding practice.

The host authority's involvement in the actual tasks of investigation – as opposed to their coordination role, and how this is balanced with the role of the placing/funding authority in terms of tasks in the investigation process – has to be resolved at the strategy meeting/discussion. It needs to be concluded in the best interests of not only the individual who may have been abused, but any wider risks to other adults in the location. For example, an allegation concerning an individual who is the responsibility of another authority – but which has clear implications of risks to others in a care home – would see the host authority assuming a major role, especially if other residents are placed/funded by them. An individual incident that has no implications for others would see the placing/funding authority assume a major role. This is because they would normally have an established relationship with the adult at risk and therefore would be the most appropriate body to interview that individual.

In their coordinating role, the host authority also needs to ensure that all parties agree on the practicalities of completing the investigation report at the strategy meeting. For example, whether the host authority collates contributions into the body of one report or whether contributing agencies submit separate reports. Whatever the agreed method, the host authority is responsible for ensuring the investigation report is of a good standard for making informed protection decisions.

The strategy meeting/discussion will set out a clear inter-authority communications plan, which will include communication with the adult at risk, family and advocates, including IMCAs where appropriate. This communication plan should be reviewed regularly.

The strategy meeting will agree how other funding/placing authorities (e.g. of individuals not identified as alleged victims) will be informed of the concerns raised.

The role of the funding/placing authority

The funding/placing authority will attend, engage and participate in all strategy meetings and discussions. As this authority has overall responsibility for the adult at risk, it may be the most appropriate body to undertake or be involved in the investigative interview of the individual.

The strategy meeting will decide if there are specific investigative tasks or activities in relation to the person placed or funded, and the funding/placing authority will carry these out.

If Mental Capacity Act assessments are needed as part of the safeguarding investigation, these will also remain the responsibility of the funding/placing authority.

Following completion of the investigation

The role of the host authority

When the safeguarding adults investigation is completed – and prior to the case conference – it is the host authority's responsibility to arrange a planning meeting or discussion with the funding/placing authority. The purpose of this meeting is to:

- share the findings of the investigation
- agree the content of the investigator's report(s)
- agree recommendations to the safeguarding adults case conference
- agree the process of communication with the adult at risk/family/carers/advocates regarding the outcome of the investigation and content of the case conference report(s)
- agree if and how attendance at the case conference of the adult at risk/family/carers/advocates will be managed
- discuss the content of the protection plan, where appropriate.

The role of the funding/placing authority

When the safeguarding adults investigation is completed the funding/placing authority will attend/contribute to the planning meeting/discussion arranged by the host authority. At this meeting the funding/placing authority will:

- agree the content of the investigator's report
- agree the recommendations to be made to case conference
- lead on communication with the adult at risk/family/carers/advocates regarding the outcome of the investigation and the content of the case conference report(s)
- agree if and how attendance at the case conference by the adult at risk/family/carers/advocates will be managed
- where appropriate, lead on the discussion of a protection plan to be agreed at the case conference

- propose how the protection plan will be reviewed by the funding/placing authority.

Safeguarding adults case conference

The role of the host authority

The host authority will arrange the case conference with the funding/placing authority, which will contribute to it and attend.

The case conference will be chaired by a SAM from the host authority, who will meet with or telephone the adult at risk/family/carers/advocates before the conference to introduce themselves and explain their role.

The role of the funding/placing authority

The funding/placing authority will attend the case conference. It will ensure that family members are invited and, where appropriate or required, support families with any travel arrangements.

Where the adult at risk/family/carers/advocates cannot attend the case conference the funding/placing authority will obtain their views so they can be represented. It will then feed back to all parties the outcome of the conference.

The funding/placing authority will submit its proposed protection plan for the adult at risk in writing to the case conference for endorsement, if it is not already included in the investigator's report completed for the conference.

Safeguarding adults protection plan

The role of the host authority

The host authority is responsible for keeping the funding/placing authority informed of progress made on any tasks it is allocated, or additional concerns.

It is also the host authority's responsibility to keep the CQC informed of progress and outcomes.

The host authority will ensure that the service provider makes referrals to the ISA or other professional body as appropriate. It will also liaise with the funding/placing authority to ensure that the protection plan is reviewed within the timescale set at the case conference.

The role of the funding/placing authority

Ongoing protection planning is the responsibility of the funding/placing authority, which will convene and chair a protection plan review if required. The funding/placing authority will also identify a core group of key individuals to implement the protection plan. The funding/placing authority will notify the host authority of the outcome of the review agreed at the case conference.

Issues to consider

Where the person who caused the harm is also a vulnerable adult

The funding/placing authority for the person who has caused the harm is responsible for their assessment, including risk assessment and providing support as required. If the person who has caused the harm is self-funding, the above responsibilities fall to the host authority.

Self-funders

The host authority has responsibility for investigating concerns raised about residents where no other local authority or community health service has made arrangements for their current placement. These residents are commonly known as 'self-funders'. Self-funders should receive an equal service in relation to securing their safety as those in placements contracted by a statutory agency.

Where concerns are raised about a service provider, but self-funding residents are not identified as individual alleged victims, the host authority has the responsibility to review the potential impact of the concerns on the care provided to self-funding residents.

Transitional arrangements

Safeguarding children procedures cover children and young adults up to the age of 18 years. Safeguarding adults procedures cover all adults from the age of 18 years.

If concerns are raised about a provider that supplies services for individuals both under and over 18 from the host authority and funding/placing authority, children and adults safeguarding services from the host authority will jointly coordinate the strategy meeting to plan any investigation necessary.

When an alleged victim is over 18 by the time the safeguarding incident is reported, but the incident occurred prior to the individual reaching 18, children and young people's services should lead any investigation into the concern.

If the responsibility for case management of a service user lies with transitional services within children and young people's services when the safeguarding alert is made, this responsibility will remain throughout the investigation. Any discussion/agreement to transfer responsibility should be made subsequent to, and not as part of, the investigation.

Continuing health care

During the safeguarding adults process it is possible to carry out a reassessment of the individual's needs. If as a result they are assessed as eligible for continuing health care, funding responsibility to meet the individual's needs transfers from the funding/placing authority to the NHS.

It is recognised that this change may place the individual at increased risk of harm due to unclear organisational boundaries of responsibility. However, once responsibility is transferred, the NHS has a statutory responsibility to provide care management for the individual, unless a Section 75 partnership agreement under the National Health Service Act 2006 exists.

Where an individual has been identified at the referral stage as being placed by a community health service under continuing health care arrangements, the NHS will be expected to fulfil the requirements of the funding/placing authority as outlined here, subject to the comment above on Section 75.

Areas of difficulty or dispute

The SAM – with the host authority – must immediately report any situations of exceptionally high risk to their senior manager, for example:

- where the provider can no longer meet the needs of the adult at risk and/or other service users, and an alternative is not immediately available
- where there is disagreement about funding
- where funding/placing authorities fail to meet their commitments.

Senior managers with the host authority and funding/placing authority need to resolve such difficulties and disputes by referencing the cross-borough protocol.

Areas for negotiation

We recognise that this protocol will not cover all situations that can arise. In principle the host authority will always be the authority where the alleged abuse took place, and both the host authority and the funding/placing authority must act to fulfil their respective responsibilities. However, circumstances can arise where it is good practice to negotiate between the host authority and the funding/placing authority.

For example, if a funding/placing authority or its local health commissioner has contracted a number of placements in a care home or specialist health provision in another local authority area, then a local protocol could be agreed to give the funding/placing authority overall responsibility for the coordination of any investigation into allegations relating to these residents. Similarly, if the person who has been abused was only a transient visitor in another local authority area (e.g. reported abuse by a carer on a day trip out), then it may be appropriate for the funding/placing authority to be responsible for the coordination of the investigation.

Other complex situations that may involve some negotiation include:

- indications of abuse by family, friends or paid staff in the borough the person is ordinarily resident in, are noticed when a person is admitted to an acute trust or respite care in another borough
- an adult at risk moves from one area to another and then discloses that abuse occurred at their last address.

In such cases, the main role of the authority where the abuse or neglect comes to light is to act as an alerter, ensure the person is safe and provide a link with the statutory services in their area (police, health trust, etc). The key responsibility for managing the coordinated response to the alleged abuse falls to the authority where the abuse is sourced, as there may be implications for other vulnerable adults or children in that area, and the protection plan will have to be agreed by that local authority.

During such a negotiation it is useful to consider:

- if this is a 'one off' set of circumstances where a single agreement is needed, or if it is a set of circumstances that are likely to recur and need an appropriate local written agreement
- the most effective working arrangements and relationships to complete the appropriate level of investigation and protection
- if there are wider concerns for any other adults at risk who may be affected or who are at risk of being affected by the circumstances of what is alleged
- where these other adults at risk are located and who is responsible for them; this will help determine which local authority should lead any investigation.

All the authorities involved should maintain records of the alleged abuse, and include these cases in their statistics.

Concerns about cross-borough providers

This section applies to situations where safeguarding concerns are raised about a provider supporting people from a number of London boroughs. It aims to maintain standards of care and support to adults at risk across London. It also offers service providers an equitable response to concerns about their service. Individual safeguarding boards may want to extend application of the whole section or aspects of the section to authorities outside London if appropriate.

This section applies when there are concerns that:

- an adult at risk may have been abused or neglected
- the abuse or neglect may have been connected to the provision of a service, including the actions of an individual member of staff or a volunteer
- the service is provided to or is available to adults at risk from more than one London borough
- the service is provided to individuals who have chosen and paid for their own care or individuals who organise their own care using self-directed support.

Step 1: first response

Immediate risk assessment and action

When a concern about abuse or neglect is raised there must be an immediate assessment of risk. It may be necessary at this point to take action to protect other adults at risk receiving a service from that provider (the interim protection plan).

The SAM in the host authority (SAM/HA) will be responsible for ensuring that the London procedures for protecting adults at risk are followed. In addition they will collect the following information:

- a list of adults receiving this service including full- and self-funders
- a list of placing authorities and/or trusts for adults receiving this service.

Notifying other placing authorities and trusts of concern

The SAM/HA, in consultation with other partners involved in the investigation, may also decide to notify all placing authorities and/or trusts that there is a concern in relation to a provider. Notification will be given if it has been agreed that there is a potential risk of abuse or neglect to individuals.

Notification will be sent out in line with the host authority's protocol for sharing information across authorities and/or health trusts. The notification will state that there is a concern, the nature of that concern (with due regard to confidentiality) and any action that has been taken or is planned (if relevant).

The notification may include a recommendation that each placing authority and/or trust reviews any client that they have placed with that provider.

Notifying potential placing authorities and trusts of concern

A decision to notify potential placing authorities and trusts would only be undertaken at this point in exceptional circumstances – that is to say, when it is agreed that the risk of placing any new people or business with this provider is too high. This decision would normally be taken if the host authority, or in some cases a dominant placing authority, decides to suspend new business, impose a default notice or withdraw grant funding.

Action to be taken by placing authorities and trusts

On receiving this information, placing authorities should allocate a SAM in the placing authority (SAM/PA) to any client for whom they have commissioned services from that provider (one person can be the manager for all adults at risk receiving services from that provider).

The placing authorities should inform the SAM/HA about the allocated SAM(s) and any plans they have to undertake reviews. The SAM/PA should be prepared to share (with due regard to confidentiality) with the SAM/HA information from any reviews undertaken, and attend or send a representative to any meetings called.

Action to be taken by potential placing authorities and trusts

Commissioners of relevant services in that organisation will hold the information disseminated. They are responsible for proactively ensuring the information is current and updated.

Step 2: coordinated cross-borough action

The cross-borough protocol and the London procedure for safeguarding adults at risk will be followed from this point.

Each authority involved with the investigation will ensure that the contact details for the allocated SAM and whoever is conducting the investigation – the investigation officer – are known to the host authority and are kept up to date.

The host authority will ensure that the name(s) of the allocated SAM(s) and investigation officer(s) – together with their contact details – are known to all placing authorities and any notified potential placing authorities.

The host authority will ensure that all placing authorities and any notified potential placing authorities are kept up to date with progress on the investigation.

Step 3: closing the investigation

When the investigation is closed (normally the case conference), the host authority will take responsibility as the 'safeguarding authority' for ensuring any reports to the ISA are made.

If there has been a suspension of new business with a provider, a timetable for reviewing the suspension and a system for notifying placing (and in some cases potential placing) authorities and trusts of progress must be agreed at the case conference and followed.

Major investigations and reviews

At any time, front-line practitioners and managers from a range of organisations may become involved in one of the many investigation and review processes that can be triggered when an adult at risk dies, is seriously harmed, or where an adult at risk narrowly avoids being killed or seriously harmed. The key processes are listed below.

Serious case reviews

A serious case review (SCR) is called by a local safeguarding adults board (LSAB), and is a multi-agency review looking into the circumstances surrounding the death of or injury to an adult at risk. While SCRs are not mandatory in adult safeguarding, ADASS recommends that one is considered when:

- a vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death
- a vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults
- serious abuse takes place in an institution or when multiple abusers are involved. (9)

SCRs are explicitly not designed to be a reinvestigation of a case, but to review whether there are lessons to be learned about multi-agency working and if procedures are effective. They are designed to improve local practice and inter-agency working. An SCR will report in writing to the LSAB.

Management reviews

In a typical SCR, the agencies involved will each contribute an individual management review (IMR), which should openly and critically explore their role in the case under review. The term 'management review' is also sometimes used for any single-agency review of a case, whether or not it forms part of an SCR

Large-scale investigations

When an investigation involves a number of adults at risk, whether in an establishment or because a particular alleged abuser or group of alleged abusers are involved, a number of different agencies may be part of the investigation. Careful coordination and planning are essential, so that the individuals and agencies involved are aware of their respective roles and responsibilities.

If several referrals are made in relation to one alleged abuser or to a particular setting or service, the possibility of implementing a large-scale investigation must be considered. Senior managers within each agency involved in the investigation should be informed at the point the investigation becomes large scale.

Domestic homicide reviews

Introduced by the Home Office in 2011, domestic homicide reviews (DHRs) are designed to look at what lessons can be learned about agency and inter-agency practice and procedures when the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom they were related or with whom they were or had been in an intimate personal relationship, or (b) a member of the same household (10).

As with SCRs, the purpose is not to apportion blame but to reflect on what happened with a view to preventing domestic homicides in the future. A DHR will be called by the local Community Safety Partnership for the area in which the person lived, and will in turn have been informed of the case by the local police.

Critical incident reviews

The Metropolitan Police define a critical incident as 'Any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family, and/or the community' (11). Where a critical incident has occurred, the police will review what happened and why. While these are usually internal reviews, if an incident relates to social care, particularly its statutory functions, then social care staff may become involved.

Serious incident reviews

A serious incident requiring investigation is defined as one that occurred in relation to NHS-funded services and care resulting in one of the following:

- unexpected or avoidable death of one or more patients, staff, visitors or members of the public
- serious harm to one or more patients, staff, visitors or members of the public, or where the outcome requires life-saving intervention or major surgical/medical intervention, results in permanent harm or will shorten life expectancy or cause prolonged pain or psychological harm. This includes incidents graded under the National Patient Safety Agency (NPSA) definition of severe harm
- a scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver health care services - for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or information technology failure
- allegations of abuse
- adverse media coverage or public concern about the organisation or the wider NHS
- one of the core set of 'never events' as updated on an annual basis (12).

Serious incident reviews are therefore led by the NHS, but will often involve people from a range of agencies.

Resources

Tools for professionals

- **Risk assessment tool - PDF version (with thanks to the London Boroughs of Camden, Hackney, Haringey, Kingston, Southwark & Sutton)**
- **Risk assessment tool - Word version (with thanks to the London Boroughs of Camden, Hackney, Haringey, Kingston, Southwark & Sutton)**
- **London child protection procedures – the London Safeguarding Children Board 2010**
- **Independent Safeguarding Authority (ISA) referral form, Home Office 2011 - PDF version**
- **Independent Safeguarding Authority (ISA) referral form, Home Office 2011 - Word version**
- **Out-of-area safeguarding arrangements, ADASS 2012**
- **Pan London protocol for inter-authority investigation of adults at risk across London, LSAN 2011**
- **Investigation report example**
- **Supported Decision Tool (Annex A) within Independence, choice and risk: a guide to best practice in supported decision making, DH 2007 - PDF version**
- **Supported Decision Tool (Annex A) within Independence, choice and risk: a guide to best practice in supported decision making, DH 2007 - Word version**
- **Court of Protection judgement – Cardiff County Council vs. Peggy Ross, 2011**

Other resources

References

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12. NPSA (National Patient Safety Agency) (2010) National framework for reporting and learning from serious incidents requiring investigation, London: NPSA.
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17. OCJR (Office for Criminal Justice Reform) (2005) The code of practice for victims of crime. London: OCJR.
18. CJS (Criminal Justice System) (2008) The witness charter: standards of care for witnesses in the criminal justice system, London: CJS.
19. DH (Department of Health) (2009) Reference guide to consent for examination or treatment. London: DH.
20. Forced Marriage Unit (2009) Multi-agency practice guidelines: handling cases of forced marriage, London: Forced Marriage Unit.
21. MoJ (Ministry of Justice) (2009) Forced marriage (Civil protection) Act, London: MoJ.

Glossary

- **abuse** includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.
- **ACPO (Association of Chief Police Officers)** an organisation that leads the development of police policy in England, Wales and Northern Ireland.
- **ADASS (Association of Directors of Adult Social Services)** the national leadership association for directors of local authority adult social care services.
- **adult at risk** an adult who needs community care services because of mental or other disability, age or illness and who is, or may be, unable to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'.

- **advocacy** taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.
- **alert** a concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident or other signs or indicators.
- **alerter** the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or a member of staff or a volunteer.
- **alerting manager** the person within an organisation to whom the alerter is expected to report their concerns. They may also be the designated safeguarding adults lead within an organisation. It is the alerting manager who will in most cases make the referral and take part in the safeguarding adults process.
- **CAADA (Co-ordinated Action Against Domestic Abuse)** a national charity supporting a strong multi-agency response to domestic violence. The CAADA-DASH (domestic abuse, stalking and harassment and honour-based violence) Risk Identification Checklist (RIC) was developed by CAADA and the Association of Chief Police Officers (ACPO).
- **CAD (computer-aided despatch)** the Metropolitan Police Service's (MPS) call-handling system. The operator can also call up details of the nearest police units available to respond and view lists of assigned and unassigned calls for all boroughs.
- **CAF (Common Assessment Framework)** is a process for identifying the needs of children and young people where those needs fall short of child protection concerns.
- **capacity** the ability to make a decision about a particular matter at the time the decision needs to be made.
- **care setting/services** includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget.
- **carer** refers to unpaid carers – for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.
- **case conference** a multi-agency meeting held to discuss the outcome of the investigation and to put in place a protection or safety plan.

- **CIDs (criminal investigation departments)** the units within the Metropolitan Police Service (MPS) that deal with crime that requires investigation by a detective but does not come within the remit of Community Safety Units (CSUs) or other specialised units.
- **clinical governance** the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.
- **CMHTs (community mental health teams)** teams made up of professionals and support staff who provide specialist mental health services to people within their community.
- **consent** the voluntary and continuing permission of the person to an intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.
- **CPA (care programme approach)** this was introduced in England in the joint Health and Social Services Circular HC(90)23/LASSL(90)11 – The care programme approach for people with a mental illness, referred to specialist psychiatric services – published by the Department of Health (DH) in 1990. It requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill-health in the community. This guidance was updated and CPA reorganised in subsequent guidance issued in 2008 by the DH: Refocusing the Care programme approach: policy and positive practice guidance.
- **CPS (Crown Prosecution Service)** the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.
- **CQC (Care Quality Commission)** responsible for the registration and regulation of health and social care in England.
- **CRIS (Crime Recording Information System)** the Metropolitan Police Service (MPS) database, which allows police officers to input details of crimes and conduct online searches of the data.
- **CSU (Community Safety Unit)** CSUs operate in every area of London and consist of dedicated staff who receive special training in community relations, including local cultural issues. CSUs will investigate the following incidents: domestic violence, homophobia, transphobia and racism, and criminal offences where a person has been targeted because of their perceived 'race', faith, sexual orientation or disability.
- **DHR (domestic homicide review)** is a review of the death of someone 16 or over if that death appears to have been caused by a close relative or someone living with the victim.

- **DoLS (Deprivation of Liberty Safeguards)** measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 as part of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.
- **EDO (emergency duty officer)** the social worker on duty in the emergency duty team (EDT).
- **EDT (emergency duty team)** a social services team that responds to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult, and where it would not be safe, appropriate or lawful to delay the intervention to the next working day.
- **FACS (fair access to care services)** a system for deciding how much support people with social care needs can expect to help them cope and keep them fit and well. It applies to all the local authorities in England. Its aim is to help social care workers make fair and consistent decisions about the level of support needed, and whether the local council should pay for this. Officially, this system is no longer called FACS; the original FACS guidance was replaced in 2010 by the following guidance: Prioritising need in the context of Putting People First a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, England 2010.
- **HSE (Health and Safety Executive)** a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.
- **IDVA (independent domestic violence adviser)** a trained support worker who provides assistance and advice to victims of domestic violence.
- **IMCA (independent mental capacity advocate)** established by the Mental Capacity Act 2005, IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services (such as a family member or friend) who is able to represent the person. However, in the case of safeguarding concerns, IMCAs can be appointed anyway (i.e. irrespective of whether there are friends or family around and irrespective of whether accommodation or serious medical treatment is an issue).
- **ISVA (independent sexual violence adviser)** is trained to look after a person's needs and ensure they are receiving appropriate care and understanding following a rape or sexual assault.
- **intermediary** someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

- **investigation** a process of gathering evidence to determine whether abuse has taken place.
- **investigating officer** the member of staff of any organisation who leads an investigation into an allegation of abuse. This is often a professional or manager in the organisation who has a duty to investigate.
- **ISA (Independent Safeguarding Authority)** a public body set up to help prevent unsuitable people from working with children and vulnerable adults.
- **Jigsaw** the name of the Metropolitan Police Service (MPS) team that deals with the management of sexual and violent offenders who come within the multi-agency public protection arrangements (MAPPA).
- **LGBT (lesbian, gay, bisexual and transgender)** an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.
- **LSAB (Local Safeguarding Adults Board)** is the multi-agency body responsible for strategic oversight of adult safeguarding in a given area
- **MAPPA (multi-agency public protection arrangements)** statutory arrangements for managing sexual and violent offenders.
- **MARAC (multi-agency risk assessment conference)** the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'-based violence.
- **mental capacity** refers to whether someone has the mental capacity to make a decision or not.
- **MPS (Metropolitan Police Service)** the police force responsible for policing Greater London, excluding the 'square mile' of the City of London, which is the responsibility of the City of London Police.
- **NHS (National Health Service)** the publicly funded health care system in the UK.
- **NPSA (National Patient Safety Agency)** the body that supports the NHS and wider health sector to improve the safety of patient care.
- **OASys (Offender Assessment System)** a standardised process for the assessment of offenders, developed jointly by the National Probation Service and the Prison Service.
- **OIC (officer in charge)** the police officer responsible for an investigation.
- **OPG (Office of the Public Guardian)** established in October 2007 the OPG supports the Public Guardian in registering powers of attorney and lasting powers of attorney (LPAs) and supervising Court of Protection appointed deputies.

- **PALS (Patient Advice and Liaison Service)** an NHS body created to provide advice and support to NHS patients and their relatives and carers.
- **person causing the harm** the person or adult who is alleged to have caused the abuse or harm.
- **public interest** a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.
- **QIPP (quality, innovation, productivity and prevention)** a Department of Health (DH) initiative to help National Health Service (NHS) organisations to deliver sustainable services in better, more cost-efficient ways.
- **referral** an alert becomes a referral when it is passed on to a safeguarding adults referral point and accepted as a safeguarding adults referral.
- **RIC (Risk Identification Checklist)** a 24-point questionnaire for non-police agencies considering a MARAC referral when domestic abuse, 'honour'-based violence and/or stalking are disclosed.
- **safeguarding adults** a term used to describe all work to help adults at risk stay safe from significant harm. It replaces the term 'adult protection'.
- **safeguarding adults coordinator** the typical title of the manager in a local authority who supports the work of the Safeguarding Adults Partnership Board (SAPB) and advises on safeguarding adults cases in the borough. The role varies from borough to borough, and may have a different title.
- **safeguarding adults lead** the title given to the member of staff in an organisation who is given the lead for safeguarding adults. The role may be combined with that of the alerting manager, depending on the size of the organisation.
- **safeguarding adults process** refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and review arrangements.
- **SAM (safeguarding adults manager)** a professional or manager (usually in a social work or community mental health team [CMHT]) suitably qualified and experienced who has received safeguarding adults training. SAMs are responsible for coordinating all safeguarding adults activity by organisations in response to an allegation of abuse.
- **SAPB (Safeguarding Adults Partnership Board)** represents various organisations in a local borough that are involved in safeguarding adults.

- **Sapphire Units (police)** each borough has a dedicated Sapphire Unit that has specially trained officers to investigate rape and to look after victims, ensuring they are provided with the information they need, including the details for any partner agencies, and are kept up to date with any developments.
- **serious case review (SCR)** undertaken by a Safeguarding Adults Partnership Board (SAPB) when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.
- **SHA (strategic health authority)** manages the National Health Service (NHS) locally and provides a link between the Department of Health (DH) and the NHS.
- **SI (serious incident)** a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the National Health Service (NHS) requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.
- **significant harm** this is 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.
- **SOCA (Serious Organised Crime Agency)** a non-departmental public body of the government and law enforcement agency with a remit to tackle serious organised crime.
- **strategy discussion** a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with a referral. It can be face to face, by telephone or by email.
- **strategy meeting** a multi-agency meeting with the relevant individuals involved, and with the adult at risk where appropriate, to agree how to proceed with a referral.
- **vital interest** a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations.
- **wilful neglect** an intentional or deliberate or reckless omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.

Further reading

- ACPO (Association of Chief Police Officers) (2004) Guidance on investigating domestic abuse, London: ACPO.
- ADSS (Association of Directors of Social Services) (2004) Protocol for inter-authority investigation of vulnerable adult abuse, London: ADSS.
- ADSS (Association of Directors of Social Services) (2005) Safeguarding adults: a national framework of standards for good practice and outcomes in adult protection work, London: ADSS.
- ADSS (Association of Directors of Social Services) (2007) Vulnerable adult serious case review guidance – developing a local protocol, London: ADSS.
- CQC (Care Quality Commission) (2010) Our safeguarding protocol: the Care Quality Commission's commitment to safeguarding, London: CQC.
- DH (Department of Health) (2001) Fair Access to Care Services (FACS): guidance on eligibility criteria for adult social care, London: DH.
- DH (Department of Health) (2006) Memorandum of understanding: investigating patient safety incidents involving unexpected death or serious untoward harm, London: DH.
- DH (Department of Health) (2010) Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care – guidance on eligibility criteria for adult social care, England 2010, London: DH.
- DH (Department of Health) (2010) Liberating the NHS, London: DH.
- DH (Department of Health) (2010) Clinical governance and adult safeguarding: an integrated process, London: DH.
- EHRC (Equality and Human Rights Commission) (2011) Hidden in plain sight, Manchester: EHRC
- GSCC (General Social Care Council) (2002) Codes of practice for social care workers and employers, London: GSCC.
- Home Office (2009) Handling cases of forced marriage, London: Home Office.
- Home Office (2011) Multi-agency statutory guidance for the conduct of domestic homicide reviews, London: Home Office
- SCIE (Social Care Institute for Excellence) (2010) **Guide 33: Facts about FACS 2010: a guide to Fair Access to Care Services**, London: SCIE.
- SCIE (Social Care Institute for Excellence) (2011) **Report 49: Assessment: financial crime against vulnerable adults**, London, SCIE
- SCIE (Social Care Institute for Excellence) (2011) **Report 50: Safeguarding adults at risk of harm: a legal guide for practitioners**, London: SCIE.

Online resources

General safeguarding and advice

- **Action on Elder Abuse**
- **Action Fraud**
- **Care Quality Commission**
- **Ann Craft Trust**
- **Counsel and Care**
- **Crown Prosecution Service**

Domestic violence

- **Women's Aid**
- **Metropolitan Police Community Safety Unit**
- **Greater London Authority: Know Where To Go**

Rape and sexual assault

- **The Havens**
- **The Survivors Trust**

Financial abuse

- **Metropolitan Police crime prevention**
- **Metropolitan Police Fraud Alert** – Operation Sterling publishes fraud prevention advice.
- **Money Advice Service** – Many vulnerable people need advice in order to manage their finances in a better way. The Money Advice Service publishes a range of leaflets giving impartial advice.

Forced marriage

Forced Marriage Unit – The Unit is open Monday to Friday from 9am to 5pm and can be contacted on 020 7008 0151. For out of hours emergencies call the FCO Global Response Centre on 020 7008 1500.

Autism

- **National Autistic Society**

Methodology

This work complements *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse*, and like the policy and procedures work it has been a collaborative effort between the Social Care Institute for Excellence (SCIE) and the adult safeguarding sector. The work has been carried out in response to sector-led calls for more guidance on good safeguarding practice to support the London policy and procedures, and while it has been coordinated by SCIE, it has been written by safeguarding leads from across London. It has been checked for legal considerations by Michael Mandelstam.

To maintain consistency with *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse*, this good practice resource does not address the issue of self-neglect. We will look to revise this should self-neglect be broadly accepted by the sector as a safeguarding concern.

This resource also does not address the issue of carers being abused by people using social care services, as this situation, serious though it is, is not typically addressed using safeguarding procedures – unless the carer has social care needs in their own right. There should however be a social care response to situations in which a carer is being abused, as they are likely to lead to considerable stress and pressure for the carer.

Protecting adults at risk: Good practice resource

This resource is a tool for staff engaged in safeguarding adults at risk. It gives practical pointers to help people assess the risk of abuse, recognise it when it does occur and respond to it appropriately. It also helps put frontline safeguarding in a context of multi-agency, cross-borough work to prevent and investigate abuse across London. The resource supplements *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse*, which guides the responses of all agencies across London involved in safeguarding adults at risk.

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