Bedfordshire and Luton Joint Strategic SOVA Board

Multi Agency Protocol for Safeguarding Vulnerable Adults
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PART ONE
PARTNERSHIP AGREEMENT

Foreword to the protocol

The need to safeguard vulnerable adults has become of increasing concern as demographic and other changes in society lead to an increase in the number of older and vulnerable people supported in Bedfordshire and Luton.

This protocol has been produced by the Bedfordshire and Luton Safeguarding Adults Board has been developed to address this concern and is a major step forward in the development of a network protection in both authorities. The main aim is to develop a network that will ensure the safety of those who are at risk or suffer abuse in their daily lives and that will respond to allegations of abuse and neglect in a way that minimizes such risks while ensuring choice, dignity and rights are preserved.

The protocol is combined with new information for the public and all agencies that may have contact with and be able to help vulnerable adults.

The Chief Executives signing below fully support the aims of the protocol and commit their agencies to implement the principles and processes contained.

Membership and Signatures of All Agencies

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name and position of signatory</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Bedfordshire County Council</td>
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<td>Luton Borough Council</td>
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<td>Bedfordshire Borough Council</td>
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<td>Mid – Bedfordshire District Council</td>
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<td>South Bedfordshire District Council</td>
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<td>Bedfordshire Police</td>
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<td>Bedfordshire NHS Primary Care Trust</td>
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<td>Bedford Hospital NHS Trust</td>
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<td>Luton &amp; Dunstable NHS Hospital Trust</td>
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</tbody>
</table>
Bedfordshire and Luton
Community Trust

Luton NHS Primary Care Trust

National Probation Service-
Bedfordshire

Commission for Social Care
Inspection

Advocacy Alliance

Bedfordshire Advocacy for Older
People

POhWER IMCA Services

Residential Care Association

Domiciliary Care Association

**JOINT STATEMENT:**

"Bedfordshire County Council and Luton Borough Council will work in partnership with all partner agencies to build a network of support and safety for vulnerable adults through developing good practice in the prevention, investigation and protection from abuse. The safeguarding partnership believes that all people have the right to live lives free from violence and abuse. There will be a policy of zero tolerance of abuse through ensuring that all allegations of abuse are investigated in accordance with their degree of seriousness”

The partnership is therefore committed to work through the Bedfordshire & Luton joint Safeguarding Adults Board to implement the principles and processes contained in the multi agency agreement.

- We will work to plan and provide accessible services to meet the needs of those vulnerable adults who may be subject or at risk of abuse and promote access to services for people regardless of race, religion, cultural background, age, gender, sexuality or physical, sensory or mental impairment.
- Services will also be provided to those vulnerable adults who abuse (intentionally or unintentionally) to change their behaviour.
- The wider safeguarding of vulnerable adults will be ensured through the involvement of other multi-agency partnerships aiming to decrease violence and increase community cohesion, including the Safer Bedfordshire and
Luton Partnerships, Domestic Violence Forum and Crime and Disorder Partnership.

- Each member of the partnership will designate a Lead Manager or Safeguarding of Vulnerable Adults lead (adult protection) at senior level within the organisation to champion the needs of vulnerable adults and develop good practice within their agency.

- Each organisation will work actively in partnership to develop adult protection work in their respective local authority area and will use multi-agency adult protection procedures to protect individuals who may be at risk of abuse.

1.1 INTRODUCTION AND POLICY STATEMENT

1.1 THE BEDFORDSHIRE AND LUTON JOINT STRATEGIC SAFEGUARDING ADULTS BOARD

The Luton & Bedfordshire Joint Safeguarding Adults Board is an executive body established by the two authorities to oversee and ensure the consistent development and implementation of the protocol and linked procedures. The member organisations have committed themselves to this protocol of good practice principles and procedures. The multi-agency protocol represents the agreement made between those organisations as to how we will work together to achieve the aims below.

The local authorities recognise that there are many service users that access health and social care services in both areas and that many member agencies serve both authorities. Bedfordshire and Luton are therefore working together to ensure as much consistency in approach as possible. Where there are differences due to local circumstances, these will be clearly identified to allow both service users and member agencies to easily access their local service.

The Board will oversee the consistent development and implementation of the joint protocol and other matters affecting the both local authorities. More details of the structure and function of the Board are contained in Section 4 of the protocol.

1.2 BEDFORDSHIRE AND LUTON LOCAL SAFEGUARDING ADULTS BOARDS

The Local Safeguarding Adult Boards for Bedfordshire and Luton are executive bodies established by their respective local authorities and agency partners with the responsibility of ensuring that the protocol is implemented within their locality. The Boards will oversee local activity to safeguard vulnerable adults, consult with service users and carers and issue an annual report on the activity in their area. More details of the structure and function of the Boards are contained in Section 4 of the protocol.

1.3 JOINT POLICY: STATEMENT OF PRINCIPLES IN PROTECTING VULNERABLE ADULTS

The principles below describe the way in which agencies will work together to safeguard vulnerable adults and the beneficial outcomes we are aiming for when operating the Safeguarding protocol and procedures. It will be the responsibility of the Partnership and the Local Safeguarding Boards to monitor and review these outcomes, measuring...
progress in achieving them as far as possible and ensuring that action is taken to address any difficulties that arise. It is intended for the local boards to scrutinise the working of the protocol in detail and then to report to the partnership as needed but at a minimum twice yearly and for the partnership to agree a joint long term strategy:

- The Bedfordshire and Luton Safeguarding Adults Board are committed to work together through the framework of this protocol to provide a network of services to safeguard and support vulnerable adults.

- Each partner will promote and publicise the protocol through inclusion in their internal policies, information leaflets and web-site. Member agencies will contribute to the cost of joint training and communication initiatives decided by the board.

- This protocol will apply to all adult service user groups whether living in their own home, residential care or in a health setting.

- All agencies will give priority to the safeguarding of vulnerable adults ensuring they use the information and processes in the protocol to report and provide protection to vulnerable adults within the function of their agency, and the agencies involved will facilitate access by providing appropriate support e.g. an interpreter.

- Staff of all member agencies will operate the principles and processes in this protocol and will have the appropriate level of information and training to understand the needs of vulnerable adults.

- All vulnerable adults regardless of race, religion, cultural background age, gender, or physical, sensory or mental impairment will have access to safeguarding services.

- Any vulnerable adult who has or is likely to suffer from abuse will be viewed as being in substantial or critical need and therefore eligible for assessment and support under this protocol.

- Carers will be supported in the care of a vulnerable adult through an assessment of need and the provision of services by agencies for their support.

- The staff of member agencies will be clear about their role and responsibilities through being provided with internal training and procedures for the safeguarding of vulnerable adults and will have access to appropriate external training opportunities.

- All partners will give priority to raising the awareness of abuse and the entitlement of vulnerable adults to the protection of the law and access to services.

- Agencies will work in the best interest of adults who lack capacity within the principles of the Mental Capacity Act 2005.

- Safe recruitment practices for staff and volunteers will be applied by all by member agencies and any providers with whom they have contracts.

- The views and wishes of vulnerable adults and their carers will be obtained by partner agencies and will become central to the work of the partnership and the local safeguarding adult boards.
1.4 OUTCOMES FROM THE PROTOCOL

We will seek to safeguard vulnerable adults through the following outcomes:

- Services will be provided to remove or reduce the risk of abuse to vulnerable adults and to promote their health, dignity and independence ands safety.

- Information will be provided to service users, carers and any /alerter about what our response will be/ how we will make them safe and the services we will provide

- Known perpetrators will be removed through suspension and dismissal of staff in a care service or criminal/ civil justice measures

- Health risks will be assessed and healthcare provided e.g. treatment of pressure sores

- Hazards will be identified and removed i.e. faulty equipment making the care environment safer

- Staff will be recruited and managed to provide safe care, priority will be given to appropriate management and supervision

- Advice and support will be provided to staff responsible for safeguarding adult

- Staff will have knowledge and skills from training to care effectively for vulnerable adults

- Justice is provided for victims and potential perpetrators are deterred

- The Prevention of Vulnerable Adults Register is used effectively to prevent social care staff about whom there is concern from working in care. All staff within the criteria of the register will be referred to the Prevention of Vulnerable Adults Register. When this is replaced by the Vetting and Barring Scheme in 2008/9 the guidance will be followed and adhered to by partner agencies and organisations

- Carers will have information and support in safeguarding a vulnerable adult who is their responsibility. Particular attention will be given to the support of carers who are vulnerable adults or children

- Information will be shared by staff within the framework of the law to ensure the effective coordination of services to detect, prevent abuse and coordinate services to vulnerable people

- Providers will have Information and support in safeguarding the vulnerable adults for whom they have responsibility

- All victims of abuse will be provided with effective support
PART TWO
DEFINITION OF KEY TERMS AND BACKGROUND

2.1 WHO IS COVERED BY THIS PROTOCOL?

2.1.2 Adults

The adults covered by this policy and procedures are all those in the Luton and Bedfordshire who are 18 and over, and who are, or may be, in need of community care services (No Secrets – March 2000).

2.1.3 Vulnerable adult

A person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation (1997 consultation paper “Who Decides?” issued by the Lord Chancellor’s Department).

2.1.4 Persons in need of community care services

- Persons aged 18 or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them (S.21 National Assistance Act.)
- Persons aged 18 or over who are blind, deaf, dumb, suffering from mental disorder or substantially and permanently handicapped by illness or disability. (S.29 National Assistance Act).
- Pregnant and breast-feeding mothers of any age (S.21 National Assistance Act and Schedule 20 NHS Act 2006)
- Old people (S.45 Health Services and Public Health Act 1968)
- Persons aged 18 or over suffering or having suffered from illness (Schedule 20 NHS Act 2006)
- Persons detained under sections 3, 37, 47 or 48 of the Mental Health Act 1983 who cease to be detained and leave hospital

2.2 ABUSE

2.2.1 Definition

- “Abuse is a violation of an individual’s human or civil rights by any other person or persons” (No Secrets – March 2000). (See also Article 3 of the European Convention of Human Rights)

- Anyone can experience abuse.
• Anyone may be a perpetrator of abuse.

• Abuse may consist of single or repeated acts.

• An individual, a group or an organisation may perpetrate abuse. Most often the perpetrator is someone whom the adult already knows, such as a partner, a relative, a neighbour, a care worker, a social worker, a doctor, a nurse or another service user.

• Abuse may take place in any setting: for example, in a person’s own home, in a community centre, on the bus, in a care home or in a hospital. It may be domestic violence, harassment or hate crime.

• As a result of abuse, harm is done which results in psychological, physical or emotional damage to a person from which they will need care and support to recover.

Abuse includes:

• **Physical abuse** including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanction.

• **Sexual abuse** including rape, sexual assault, sexual innuendos, sexual activity or viewing sexually explicit materials, to which the person has not given consent.

• **Emotional abuse** including threats of harm or abandonment, isolation, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, or withdrawal from services or supportive networks.

• **Financial or material abuse** including theft, fraud, exploitation, pressure in connection with wills or property or inheritance, or financial transactions, or misuse or misappropriation of property, possessions or benefits.

• **Neglect and acts of omission** including ignoring medical or physical care needs, failure to provide access to health, social care or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.

• **Discriminatory abuse** including abuse that is racist, sexist, homophobic, or based on disability or age, or other form of harassment, slurs or similar treatment.

• **Institutional abuse** is mistreatment or abuse by a regime or the individuals within an institution.

### 2.1.2 Community Care Services

Community Care Services are provided by a local social services authority under statutory powers outlined in 2.4.1.

**Community Care Assessment**

A Community Care Assessment aims to arrive at an understanding of an individual’s needs and evaluate the risks to an individual to inform the decision about the provision of a service.
2.1.3 Carers

For the purpose of this guidance a carer is defined as an informal carer i.e. a person who provides emotional or practical support to a family member including a friend or partner who is ill, has a disability, is experiencing mental distress or is affected by substance abuse. A carer can be anyone aged 18 or over (adult carer) or anyone under 18 (young carer who provides this kind of support. A carer is not a paid worker or volunteer for a voluntary agency.

Carer’s Assessment

Carers who provide substantial levels of care on a regular basis to another individual over 18 are entitled to an assessment of their needs in their own right. (See appendix 1 for Carers Acts Recognition and Services Act of 1995 and Carers and Disabled Children’s Act 2000)

2.1.4 LINKS TO OTHER POLICIES

There are a range of policies and services which may be needed to safeguard vulnerable adults:

Domestic Violence

- There is an interagency Domestic Abuse Forum in both Bedfordshire and Luton to link all of the key statutory and voluntary agencies concerned with domestic abuse and to implement the Domestic Violence Strategy 2006-2009 in both areas.

Multi Agency Public Protection Arrangements (MAPPA)

- MAPPA is a multi-agency arrangement by the Police, Probation and Prison service to assess and manage the risk posed by serious sexual and violent offenders in the community. Operational multi agency panels meet in Bedford and Luton to identify who would pose a risk of harm, share relevant information assess the nature and extent of risk and find ways to manage the risk.

- MAPPA only actively manages those cases that are assessed as posing a high risk of harm where the harm is essentially life threatening or severe enough for it to be unlikely that the victim will recover and where the harm caused is going to be imminent. We meet on the perpetrator and the perpetrator must have a conviction or caution.

- The Chair of the Luton Local Safeguarding Board or representative attend MAPPA meetings to feed into this process

Community Safety

- The Community Safety Strategies for Bedfordshire and Luton are delivered by multi-agency operational delivery groups in North, Mid and South Bedfordshire and Luton. The Members of these groups will be committed to making staff aware of the protocol and to include the key elements in their training programme. Staff will be trained to identify vulnerable adults, recognise signs of abuse and will be aware of how to alert under the protocol.
Forced Marriage Unit

- The Forced Marriage Unit is a national single point of confidential advice for vulnerable adults who are at risk of being forced into marriage. The unit has issues guidance that all vulnerable adults in this position must be assessed against adult protection guidance and an agency response co-coordinated.

  www.fco.uk.forcedmarriage

Hate Crime

- Hate Crime is any criminal offence committed against a person or property that is motivated by an offender’s hatred of someone because of their race, gender, ethnic origin, nationality, or national origins, religion, gender, identity, sexual orientation or disability.

The Commission for Social Care Inspection (CSCI)

The Commission for Social Care Inspection is responsible for the registration and Inspection of residential and domiciliary services for adults. The Commission will be informed and involved in investigations where registered services are implicated. The Commission is a member of membership on both Local Safeguarding Adults boards.

- CSCI will utilize local systems to make referrals but using their own recording templates.
- CSCI will alert the local authority should they have serious concerns in relation to any registered provider service that falls below an adequate service.

The Health Care Commission

The Healthcare Commission is responsible for assessing and reporting on the performance of NHS and Independent healthcare organisations, investigating serious complaints and in promoting improvement where needed.

The Healthcare Commission will be informed and may conduct investigations where:

- a higher number than anticipated of unexplained death(s)
- serious injury or permanent harm, whether physical, psychological or emotional
- events which put at risk public confidence in the healthcare provided, or in the NHS more generally
- a pattern of adverse effects or other evidence of high-risk activity
- a pattern of failures in service(s), or team(s), or concerns about these
- allegations of abuse, neglect or discrimination against patients (particularly those less able to speak for themselves or assert their rights)

Human Resources Policies

All partner agencies should have policies that protect staff who need to raise practice concerns with managers and a whistle blowing policy to enable the confidential reporting of abuse by staff or managers within the agency.
Where allegations are made against managers or staff action will be decided using the relevant human resources procedures of the agency.

The National Protection of Vulnerable Adults (POVA) Register (To be replaced by the Vetting and Barring Scheme organized by the Independent Safeguarding Authority in October 2009)
The POVA scheme is run by the Department of Health. It applies to registered care home providers, domiciliary care agencies and adult placement schemes. It also applies to employment agencies and businesses that provide care workers to these providers. Its main feature is a list of people who are unsuitable to work with vulnerable adults. People should be referred to the POVA list if they have abused or harmed vulnerable adults in their care or placed them at serious risk of harm. Service providers must check the list and must not offer jobs in care to anyone on it. Further guidance on the POVA scheme can be obtained from the Departments of health web page www.dh.gov.uk/pova

Mental Capacity Act, IMCA and Court of Protection
The Mental Capacity Act was introduced during 2007 and implemented a new legal framework of protection for vulnerable adults. Further details are provided in the legal framework section of this protocol. The Act also established the following new services:

- The Independent Mental Capacity Advocacy Service (IMCA) to protect the interests of un befriended adults who lack capacity. In this area the service is provided by POhWER www.pohwer.net
- The new Court of Protection, Public Guardians Office with related powers of Lasting Powers of Attorney and Deputyship www.guardianship.gsi.gov.uk

More details of the Act can be obtained through the Mental Capacity Act Code of Practice 2005 which is also available on the above link and to the Bedfordshire Procedures on www.Bedfordshire.gov.uk

Concerns and Complaints
Arrangements will be developed for service users, carers and staff to raise any concerns with the support of an advocate.

All agencies will ensure that reports can be made with the reassurance that these concerns will be investigated and that there will be no recrimination.

Links to other Adult Services Policies
Bedfordshire and Luton Adult Services have developed a number of policies relevant to the Safeguarding of Vulnerable Adults which can be referenced through the Bedfordshire website: www.bedfordshire.gov.uk. These include Money Management for Adults lacking capacity, health needs, and manual handling. Adult services staff should always reference these policies where relevant to a safeguarding assessment. Partner agencies may view this guidance for information and advice where needed and this is made available on the websites quoted above.
PART THREE
SAFEGUARDING VULNERABLE ADULTS
CORE PROCESS AND SERVICES

3.1 Introduction
The objective of the core process for safeguarding vulnerable adults is to ensure that agencies work in partnership to protect vulnerable adults through:

- Protection and reassurance of the service user/carer and clarifying the responsibilities of carers, professionals and managers.

- The role of all staff will be outlined in the protocol with separate more detailed mandatory guidance

- Agreement of the risk and response level, in each case and whether and in what form an investigation may be needed, if so to hold a meeting.

- Whether there is the need for an emergency visit to the service user and/or perpetrator?

3.2 Responsibilities of Staff and Volunteers
All people working with vulnerable adults covered by this policy have a responsibility to be aware of abuse and neglect, and to report any concern that they have that a person is experiencing abuse or may be at risk.

It is the responsibility of the manager of the agency / team that identifies a concern to ensure that these concerns are passed to the relevant investigating adult services team, as soon as possible.

The manager is entitled themselves to receive advice and support from any investigating team in making a referral and ensuring that it reaches the appropriate team.

Information for members of the public, vulnerable people and their carers will be available in the relevant provider agencies offices and website as to the needs of vulnerable adults and how to refer for support / investigation.

An identified lead officer will distribute and update information in each agency

The intake and investigative service for Safeguarding Vulnerable Adults is provided by Bedfordshire and Luton Adult Services with all management levels to be responsible for maintaining and developing the service.

As lead agency Adult Services will work with partner agencies:

- To provide a wide range of good quality information for potential alerters

- Ensure that alerters have access to intake services
• Provide an effective reception and intake service to receive and give information and take the appropriate actions to safeguard the person(s) who may have or are being abused.

• Continually Develop procedures and practices which improve the safeguarding of all vulnerable adults.

3.3 Investigating Teams in Bedfordshire and Luton

Bedfordshire

A Safeguarding Adults alert in Bedfordshire can be made to the Safeguarding Adults contact centre:
Tel: 01582 818085
Fax: 01582 818031
E-mail adult.protection@bedscc.gov.uk

Emergency Duty Team (out of hours service)
Tel 0870 2385465

A number of teams in Bedfordshire Adult Services will be designated to carry out investigations on Safeguarding Alerts. The Safeguarding Managers, practitioners and administrators will be provided with the training to carry out their respective role in the process. There will be a Rota of managers and staff to take all safeguarding referrals in their specialism. Where direct involvement is not required they will also, assess, advise/cross refer or signpost others to a range of services provided by partner agencies.

Luton

The adult duty desk (Contact Centre) is responsible for receiving all adult protection referrals for the Luton area. The contact centre staff will ensure that those who need to know of the alert are informed. Managers and staff in all adult social work teams are responsible for receiving, investigating and planning of protection in each case. The duty desk can be contacted:

During officer hours:
Monday to Thursday between the hours of 8:45 to 17:15 (Friday 8:45 to 16:15)
Telephone: 01582 547660
Fax: 01582 547773
E-mail: accessandassessment@luton.gov.uk

Out of officer hours:
Emergency Duty Team
Tel: 0870 2385465
Fax: 01525404396

As lead agency, Adult Services will work with partner agencies:
• To provide a wide range of good quality information to potential alerters
• Ensure that alerters have adequate information on how to make a referral.
• Provide an effective reception and intake service to receive information and take appropriate action about a person who may be abused

3.4 Overview of the Process

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<tr>
<th>STAGE</th>
<th>AIM(S)</th>
<th>MAXIMUM TIME FRAME</th>
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<tbody>
<tr>
<td>Alert</td>
<td>Reporting concerns of abuse or neglect that are received or noticed within a partner organisation. Any immediate protection needs are addressed.</td>
<td>Immediate action to safeguard anyone at immediate risk.</td>
</tr>
<tr>
<td>Referral</td>
<td>Placing information about the concerns into a multi-agency context.</td>
<td>Within the same working day.</td>
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<tr>
<td>Decision</td>
<td>Deciding whether safeguarding adults’ procedures are appropriate to address the concern. Pre Investigation – Securing the individuals welfare and deciding whether to hold a strategy meeting and who should attend</td>
<td>By the end of the working day following the one on which the safeguarding referral was made.</td>
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<tr>
<td>Safeguarding Assessment Strategy</td>
<td>Formulating a multi-agency plan for assessing the risk and addressing any immediate protection needs. Determining level of involvement i.e. level of assessment and type of investigation</td>
<td>Within five working days.</td>
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<tr>
<td>Investigation</td>
<td>Co-ordinating the collection of the information about abuse or neglect that has occurred or might occur. This may include an investigation e.g. a criminal or disciplinary investigation.</td>
<td>To complete within four weeks of the safeguarding referral.</td>
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<tr>
<td>Safeguarding Plan</td>
<td>Co-ordinating a multi-agency response to the risk of abuse that has been identified.</td>
<td>Within four weeks of the safeguarding assessment being completed.</td>
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<tr>
<td>Review</td>
<td>The review of the safeguarding plan.</td>
<td>As required but always within six months for the first review and thereafter yearly.</td>
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<tr>
<td>Closure</td>
<td>To record the decision and the reason for this, summarising the outcome and any arrangements for reopening if necessary</td>
<td>Can be decided at all stages of the process.</td>
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3.5 ALERT

Alert - who is an alerter??

The alerter is the member of staff or volunteer who may:

- Receive a disclosure from the person experiencing abuse.
- Be contacted by a relative, friend or carer, a member of the public, or an employee of another organisation.
- Observe abuse.
- Suspect abuse.
- Receive a report of abuse, as part of another referral or for example, a care needs assessment, an inspection, a complaint or an untoward incident report.

Workers cannot keep information about abuse confidential to themselves. They must make it clear to anyone who shares such information with them that they will have to pass it on, in accordance with agreed multi-agency policy.

The Alerter will:

- Take any immediate action needed to safeguard the health and safety of the person for whom there is concern or anyone else who may be at risk.

If an adult is in immediate danger of serious harm the police or other emergency service should be contacted.

- Listen to and record the persons and witness account but do not question the person or any witnesses concerning the offence as this may prejudice a later police investigation

- Contact the police immediately where a serious crime has taken place and consult them about preserving evidence until such time as the police arrive.

- Start the safeguarding adult’s procedures within their organisation by making a referral to the appropriate manager as soon as possible and within one working day. Where there is imminent risk to an individual or the manager/senior should be contacted straight away.

- If it is inappropriate to inform the manager (for example if they are the alleged perpetrator), then the Lead Manager/Safeguarding Vulnerable Adults lead should be contacted. If that is not appropriate Commission for Social Care Inspection or the police should be contacted. (See contact sheet Appendix)

- Staff employed by the Bedfordshire and Luton Partnership Trust (BLPT) should contact their teams SAFEGUARDING VULNERABLE ADULTS lead, BLPT SAFEGUARDING VULNERABLE ADULTS coordinator or Safeguarding Adults Coordinator for Luton or Bedfordshire as applicable

Recording the alert:

All information must be clearly recorded including dates and times when events took place. Facts and opinion should be clearly differentiated. A referral form (AP1) has been designed for the purpose and this can be accessed via Bedfordshire & Luton Borough Council’s Websites.
In addition to the person who has been referred consideration should be given to the welfare of any other vulnerable people who may be at risk. Any relevant observations or allegations should be reported and whether or not these individuals want any action taken.

**Alerts concerning Children or Young People who may be at risk**

If, in the process of the safeguarding risk assessment, any information comes to light that the health or welfare of a child or young person under the age of 18 is at risk, then an immediate referral must be made to Children’s Services. Any child in this position should be referred to the relevant local children's services Intake and Assessment Team.

North (Bedford) Area
Kingsway
Bedford
Tel: 01234 223599

South (Dunstable, Biggleswade)
Vernon Place
Dunstable
Tel: 01582 818499

Luton
Childrens Services
Unity House
111 Stuart Street
Luton
LU1 5NP
Tel 01582 547816

**Out of Working Hours**

Referrals should be made to Emergency Duty Team as with those for Safeguarding Adults:

0870 238 5465

Where there is a risk of serious injury or death, the police should be contacted and the person who may be at risk must be seen as soon as possible and no later than 24 hours after the referral has been made to the Safeguarding Officer.

*If there is immediate danger to the adult concerned or serious harm has occurred then the police should be contacted. Contact should then be made by telephoning, e-mailing or faxing a completed safeguarding referral to the to the local authority duty team, contact centre or emergency duty team*

After receiving details of an alert, a decision will be taken as to obtain the necessary information and decide short –term and longer term actions.

**3.6 REFERRAL**
The referral process will involve the delivery and processing of information from an alert through the agency intake process to enable a decision to be made about the action to be taken.

Reception Services-

Reception staff will take basic personal details from referring agencies or individuals over the phone or in person and ensure that the caller has access to the most appropriate Safeguarding team

Duty/Intake Worker- Responsibilities

The Duty Worker in the Safeguarding Teams will assume the role of Safeguarding Officer until a decision is made about action to be taken and the case has been transferred to an appropriate team.

In taking a referral the intake worker will seek to:

- Obtain the required level of information about the situation;
- Gain the confidence of the alerter;
- Listen to the person and obtain essential details; particularly immediate risks;
- Not question in detail, particularly if the person is the alleged victim or direct witness;
- Explain what will happen next;
- Undertake to keep identity confidential apart from agencies who need to know;
- Check previous records and if possible contact other agencies who are immediately involved;
- Inform their line manager immediately (within 4 working hours) with the relevant facts;
- Assess immediate risks with the manager and relevant professionals to agree an action plan over the next working day including any arrangements that need to be made to safeguard the individual and any others in immediate risk;
- Make direct contact if appropriate with a colleague or other professional including the emergency services if needed;
- If the person referred is not within the service user group for the receiving team the duty/intake worker will contact the relevant investigating team, ensuring they have the relevant information and will undertake the management of the case;
- Record interventions, actions and decisions taken

Use of the Fair Access to Care Criteria in Safeguarding Vulnerable Adults
Bedfordshire County Council and Luton Borough Council currently provide social care services only to vulnerable adults who are assessed as having critical or substantial needs although those with moderate or low needs can be signposted to services in the voluntary and private sector. See full fair access to care criteria in appendix.

All Safeguarding alerts involving vulnerable people whatever their apparent general level of need will be assessed and reported to the same standard:

- Where a vulnerable person who otherwise has low/moderate needs is identified as likely as suffered from or to be at risk of abuse, they will be defined as having substantial or critical needs under the fair access to care criteria and if confirmed as being abused or at serious risk will be confirmed to be at critical risk and be a priority for services.

- Vulnerable people who are referred at risk of abuse (e.g. those 18-25) who do not come within the core service user groups and have otherwise low needs will be assessed by the most immediately available investigative team with a view to referral to an appropriate resource for support.

**Safeguarding Manager**

Safeguarding Managers will be managers of Investigating Teams at Team Leader or Senior Practitioner level in older people, disability and learning disability services. Each service area will identify their Safeguarding Managers and will notify adult services accordingly. The Bedfordshire and Luton Community Partnership Trust will provide safeguarding services as part of their locality community mental health teams.

The Safeguarding Manager will ensure with Safeguarding Officer is appointed where needed to work directly with the vulnerable adult and ensure their safety, ensure that the investigative process is completed effectively and within timescales, liaising as needed with senior managers within adult services and with partner agencies.

**Key Responsibilities**

To work with Safeguarding Officers to:

- Assess whether referred cases require Safeguarding Adult procedures.

- Ensure all relevant facts have been collected.

- Secure agreement on the level of intervention.

- Ensure an accurate risk assessment has been made.

- Ensure action is taken to safeguard the alleged victim and any others. Including the perpetrator if a vulnerable adult

- Ensure that the views of the victim are taken into account and information has been given to them as far as possible concerning the outcome of the investigation.

- Take any action needed to safeguard and ensure the wellbeing of service users, staff and members of the public until the safeguarding strategy meeting/discussion.
• Decide whether internal procedures are needed to suspend a member of staff or to increase monitoring of a service user who may be acting in an abusive way.

• Ensure that any actions taken by the organisation as part of the immediate response do not jeopardise potential enquiries by other organisations, e.g. Police, Commission for Social Care Inspection, Commissioning, Court of Protection, and Coroner.

• Actively propose the role the organisation can play in any safeguarding plan.

• Meet internal requirements, and those of regulatory bodies (e.g.: CSCI) and commissioners of services (e.g. PCT, Supporting People) for information and accountability.

• Ensure that any safeguarding action is in order to minimize the risk to staff concerned ensuring that they are not working alone and have the involvement of the Police if needed.

• Ensure a strategy discussion or meeting is held.

• The investigation is effectively planned.

• Brief senior managers where necessary (always where there is a serious or complex case involving more than one victim or perpetrator).

• Reports and records are completed.

• Bedfordshire and Luton Partnership Trust (both older people and working age mental health) staff should forward any referral and alerts to the team SAFEGUARDING VULNERABLE ADULTS lead and the LBC (via Adult Services Duty Desk) or BCC Safeguarding Adults Coordinators.

**Allocation of the Safeguarding Officer**

Upon receipt of a referral or alert this will be signposted and directed to a team, named worker (Safeguarding Officer) and (Safeguarding) Manager. When referrals are made directly to the responsible social work team the procedures can be invoked directly.

**Safeguarding Officer**

Will be the member of staff allocated to carry out the investigation and coordinate implementation of the safeguarding adults’ procedures: The Safeguarding Officer may be a social worker or community nurse, who has completed the awareness and investigative Adult Protection training.

Safeguarding Officers are to work with service users and partner agencies to:

• Ensure that the person who may be experiencing abuse is consulted and is informed about their options for stopping or reducing any risk of abuse.

• Provide support to an alerter, in listening to and communicating the person’s account of their situation while ensuring they are not questioned in a way that would prejudice a later investigation.

• Work individually or as part of an interagency team to assess the situation and coordinate multi-agency work.
• To jointly interview the victim and any vulnerable witnesses with Police.

• Obtain advice from their legal advisor Bedfordshire Police, the Crown Prosecution Service, medical practitioner and any other professional who may be able to advice concerning the medical or legal aspect of the situation

• If the person appears to lack capacity to carry out an assessment and make a decision with other relevant parties in their best interest

• Agree action to protect an adult facing serious risk, with appropriate partner organisation(s).

3.7 DECISION

Decision to Use Safeguarding Adults Procedures

• The decision to use safeguarding adults’ procedures will be made jointly by the Safeguarding Officer and the Safeguarding Manager. A clear record of this decision and any alternative course of action taken should be recorded (See Safeguarding Officers toolkit- Appendix). The decision will be made as soon as possible but within one working day of receiving the referral. An interim protection plan will cover the period until a longer term strategy can be agreed.

• The decision to use Safeguarding Adults procedures must be made in consultation with other relevant agencies particularly those who may have a duty to investigate the allegation.

• Where adult abuse is alleged outside Bedfordshire or Luton Borough Council boundaries, the allegation will be referred to the social services/adult protection procedures of the relevant area.

• Where as a result of this referral Safeguarding Adults procedures are initiated by another authority, the responsible social workers from Bedfordshire and Luton will be fully involved in planning to safeguard the person for whom they are responsible.

• Safeguarding Vulnerable Adult’s procedures must be followed when there is reason to suspect that abuse is occurring, or has taken place and when one or more of the following situations apply:
  
  • The person experiencing abuse lacks capacity to understand or express an opinion on an allegation of abuse
  
  • The care of the person experiencing abuse, or if the alleged perpetrator, is the legal responsibility of an individual or organisation, such as through guardianship or section of the Mental Health Act or Deputy under MCA.
  
  • The abuse has occurred on property owned or managed by an organisation with a responsibility to provide care.
  
  • The alleged perpetrator(s) is/are a member of staff, a volunteer or another service user.
  
  • Other people who are also covered by the safeguarding adult’s policy are also at risk from the perpetrator(s).
The table overleaf provides an overview of who should be contacted and involved in any adult protection investigation.

**Organisations to contact**

<table>
<thead>
<tr>
<th>Location Where Abuse takes place</th>
<th>Alleged Perpetrator</th>
<th>Service User/s</th>
<th>Professional Carer/Member of paid staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own home/Community/day centre/college</td>
<td>Stranger/Friend/Relative/Spouse/Partner/Spouse/Informal Carer</td>
<td>Own home/Community/day centre/college</td>
<td>Own home/Community/day centre/college</td>
</tr>
<tr>
<td></td>
<td>- Police (if crime suspected) Bedfordshire Adult Services - LBC Housing and Community Living contact centre - Professionals from partner agencies who are needed in implementing a protection plan (Referrer, GP, nurse, carer)</td>
<td>- Police (if crime suspected) Bedfordshire Adult Services - LBC Housing and Community Living contact centre - Service deliverer</td>
<td>- Police (if crime suspected) Bedfordshire Adult Services - LBC Housing and Community Living contact centre - Employing organization - Human Resources/Personnel</td>
</tr>
<tr>
<td>NHS service/Hospital</td>
<td>Stranger/Friend/Relative/Spouse/Partner/Informal Carer</td>
<td>NHS service/Hospital</td>
<td>NHS service/Hospital</td>
</tr>
<tr>
<td></td>
<td>- Police (if crime suspected) - LBC Housing and Community Living contact centre - Organization delivering service - PCT, LBC or supporting people as service commissioners</td>
<td>- Police (if crime suspected) - LBC Housing and Community Living contact centre - Organization delivering service - PCT, LBC or supporting people (as service commissioners)</td>
<td>- Police (if crime suspected) - LBC Housing and Community Living contact centre - Organization delivering service, HR - PCT, LBC or supporting people (as service commissioners)</td>
</tr>
<tr>
<td>Nursing home/care Home or involving domiciliary care service</td>
<td>Stranger/Friend/Relative/Spouse/Partner/Informal Carer</td>
<td>Nursing home/care Home or involving domiciliary care service</td>
<td>Nursing home/care Home or involving domiciliary care service</td>
</tr>
<tr>
<td></td>
<td>- Police (if a crime is suspected) - LBC Housing and Community Living contact centre - Commission for Social Care Inspection (CSCI) - Organization delivering service - PCT, BLPT, LBC or Supporting People (as service commissioners)</td>
<td>- Police (if a crime is suspected) - LBC Housing and Community Living contact centre - Commission for Social Care Inspection (CSCI) - Registered provider/manager -- PCT, BLPT, LBC or supporting people (as service commissioners) - Service deliverer</td>
<td>- Police (if crime suspected) - LBC Housing and Community Living contact centre - CSCI - Registered provider/manager - Employer if different form registered provider (i.e. agency) PCT, BLPT, LBC or supporting people as service commissioner</td>
</tr>
</tbody>
</table>
3.9 RISK ASSESSMENT
The aim of any safeguarding adults’ risk assessment is to gather information to identify the level of seriousness and design a plan that decreases the risk of abuse. The risk assessment should be commenced from the earliest alert concerning a vulnerable adult and be continued until the case has been closed.

Variations in levels of seriousness require different levels of response and should be considered at a strategy discussion or multi-disciplinary meeting where the agreed level of risk will be agreed and recorded.

The level of risk to the individual(s) must be judged by incorporating the above principles and recorded.

These principles and the Department of Health Guide and stated risk levels will underpin the judgements that are made and recorded. If the risk is judged to be critical or substantial, multi-agency strategy discussions and actions must be taken without delay:

- Assess the options for a protection plan.
- Gain any evidence or information needed to implement the protection plan.
- Assess the effect that any abuse has had on the person and what may enable them to recover.

The safeguarding risk assessment can be divided into two stages but, in practice, they may overlap.

Risk Assessment Stage One – Engaging the Vulnerable Adult

Except in exceptional circumstances, the first part of the risk assessment should always be to consult the adult who, it is alleged, is experiencing abuse.

People who may lack the capacity to take full part in the process should still be interviewed and have the opportunity to relate their experience and views and receive information that is accessible to them about the safeguarding process.

Interviews with the person affected by abuse will aim to involve them in:
- Assessing the risk of abuse they are facing.
- Making an informed decision about what support, if any, they want to protect themselves.
- Contributing to their protection plan.

Vulnerable adults will be listened to, given advice and arrangements will be made for their protection. They will not be questioned concerning any allegations until a formal investigation is arranged.

During the whole process of contact with a vulnerable person from an ethnic minority proper communication will be ensured, using interpreters if necessary where English is not the first language of the vulnerable adults or family/carers involved.
This means supporting the person through all stages of the safeguarding process, providing the person with appropriate information and considers all relevant issues described in those stages.

The person will be asked to sign a consent form (or otherwise record their consent) to allow information to be collected from, and shared with, other specified organisations to assist the adult protection process. The person will then be involved in this process.

**Risk Assessment Stage Two**

The second stage of the risk assessment will be to combine information concerning the person’s views and wishes with information from other agencies, previous records, and current care arrangements received from other agencies in order to make a decision about the level of risk to the person and the action to be taken.

**If the person does not want action**

If the Individual experiencing abuse does not want action at the time of the alert they will be offered support as needed to:

- Understand that they have been abused and that a crime may have been committed
  - Report the matter to the police
- Build their confidence, self-esteem and acknowledgement of their right not to be abused.
- Enable access to people outside the abusive situation, for example: social or educational activities.
- Access services where they can talk about the abuse they are experiencing, e.g.: counselling services, victim support, domestic violence outreach services or other support group.
- Gain more information about their options, e.g. advocate or legal advice.
- Make a plan about what they would do if they changed their mind or if they wanted help in an emergency.

**If the person does not want further contact**

Individuals have the right to refuse contact with professionals, services or support. A Safeguarding Assessment could still be needed to establish:

- If the person has capacity and if not what action would be in his/her best interest
- Whether a crime has been committed and if any other people are at risk
- Whether action needs to be taken in respect of a perpetrator

**Involvement of care providers**

Where organisations have a duty to act, the Safeguarding Officer ensures that they are all invited to take part in the planning process, and contribute to the risk assessment.
Where the lead role is to be taken by the organisation within which the abuse is alleged to have taken place, for example a disciplinary procedure or an internal investigation, this should be agreed with all other organisations who are involved. These could be for example Bedfordshire Police, organisations contracting the service, the employer of a perpetrator and The Commission for Social Care Inspection.

Levels of Intervention

The levels below are options to be considered by the Safeguarding Manager on receipt of information received of a safeguarding adult concern. At any stage the response level can be escalated or reduced based on information received by the Safeguarding Manager at level one or a strategy meeting for levels two to four

**Level One** – A single incident with no previous history or criminal offence identified may be investigated by a provider or professional after a strategy discussion and a report made to an investigative officer within an agreed period

**Level Two** – A more complex incident with no criminal offence identified but with wider concern about the welfare of the person or the practices of the service provided may be investigated through a multi agency contract compliance assessment following a strategy meeting and formally reviewed through a case conference

**Level Three** – Where a specific allegation of abuse has been made, and the levels of concern indicates high risk or that a criminal offence has been committed a formal multi agency investigation may be made jointly with Police CSCI or the Healthcare Commission following a strategy meeting

**Level Four**- Multiple allegations involving multiple victims or perpetrators
(Or a very serious single offence) may be managed through a strategic conference to coordinate a number of investigations

(For more detail concerning the options and possible outcomes see Appendix 1 or seek advice from a service manager or safeguarding adult’s coordinator)

3.10 SAFEGUARDING ASSESSMENT STRATEGY

As a result of the risk assessment the Safeguarding Officer will co-ordinate the planning process and a strategy will be agreed for the remaining steps of the procedure. The strategy should be agreed as soon as possible and within five working days of the referral to the Safeguarding Officer.

The process

Developing the strategy is a multi-agency process involving all those agencies appropriate to the particular situation (See Chart x). The Safeguarding Manager and Safeguarding Officer must decide whether to involve agencies through a strategy discussion through telephone fax or e-mail or hold a strategy meeting. This decision will depend on the level of risk and complexity of each case.

The timing of strategy discussions/meetings must reflect the level of risk presented and in any case must be completed within 7 days of a safeguarding referral being made and 5 days from allocation to a Safeguarding Officer.
In situations that are complex or which involve a large number of people, a strategy meeting should be held, chaired by the Safeguarding Manager/Safeguarding Adults.

All partner organisations involved should work actively to co-ordinate the strategy and share their information. All relevant information known to the organisations concerned should be shared as being strictly confidential to workers involved in the process. Partner organisations and the Safeguarding Officer should record such information and the method by which it was shared, e.g. telephone, letter or meeting using the documentation provided.

**The primary consideration in forming the strategy should be:**

- The safety of the person/s that may be experiencing abuse.
- The identification and protection of anyone else who may be at risk.
- To minimise trauma for the victim(s) care should be taken to ensure that the person experiencing abuse is not interviewed about the incidents on multiple occasions.
- To gather evidence to enable action to be taken against the perpetrator, e.g.: by Police, Commission for Social Care Inspection, and their employer. Care should be taken throughout that actions do not prejudice gathering of evidence by partner organisations.
- To carry out enquiries without delay.
- The safety of those who made the alert.

**The outcome of the strategy process should include:**

- The decision as to whether or not a risk assessment will take place.
- A clear record of decisions taken.

The Safeguarding Officer, from Adult Services, will arrange a Strategy Meeting with the Police Witness Liaison Team within 24 hours where the situation concerning the vulnerable adult is critical and 5 working days from allocation where the situation is not critical. Any reasons for deviations from these periods should be recorded and justified.

**Strategy meetings:**

- All Strategy Meetings will be chaired by an Adult Services Team Manager or officer with similar seniority and will include representatives of those agencies to be involved in the investigation.
- In cases where a person has died as the result of abuse or where there are multiple and ongoing concerns (see level four cases) the meeting may be chaired by the Safeguarding Adults Coordinator or a more senior manager.
- Attendance at strategy meetings will be deemed a high priority for all concerned. The meeting shall include all persons who may be involved in making further enquiries or be required to take actions e.g. Social Worker, Police, Health Professional.
• Where a person has been assessed as lacking capacity it may be in their best interest to involve an Independent Mental Capacity Advocate IMCA. For details of the criteria for this please see guidance sheet MCA 4 in the relevant policy guidance for Bedfordshire and Luton

• Recording will be by trained minute takers who will be responsible for ensuring that minutes and agreements made at the meeting are distributed

The objectives of a strategy meeting are to ensure effective multi agency discussion and agreements in response to an allegation of concern about a vulnerable adult by:

• Exchanging relevant information and clarifying the facts of a referral

• Reaching an agreed assessment of the risk to the adult and any other people

• Agreeing if an investigation is needed and the level that it should be.

• Agreeing tasks and timings for each phase of the investigation.

• Identifying the professionals that will undertake those tasks.

• Planning to provide any emergency protection needed.

• Setting a provisional date for a case conference and any interim strategy meetings that are needed.

• Identifying whether the vulnerable adult is a parent/carer and whether those children are at risk of significant harm, if so then a referral is to be made to the relevant intake and assessment team.

• In exceptional circumstances, the Safeguarding Vulnerable Adults Board or a partner organisation may be requested to commission a risk assessment from an independent organisation in line with the serious case review protocol (Appendix xx).

• Those people notified in the first instance will be invited to the strategy meeting. Where key agencies fail to attend Strategy Meetings they will abide by decisions made unless they have new information to add.

**Core members – to be invited for all strategy meetings**

Please refer to chart

3.11 **INVESTIGATION**

The objectives of an investigation are to:

• Establish facts about one or more incidents in which abuse is alleged or concerns have been raised.

• Establish what assessed support and protection needs of the vulnerable adults(s) have and how they were planned to be protected

• Determine who was responsible and /or culpable and what action should be recommended.
• To review the management of the setting/service and any improvements required or action to be recommended.

**Investigation Report:**

The investigators report will cover the following areas:

- Details of the initial alert
- Outline of the current allegations and any previous allegations
- An assessment of the seriousness of the alleged abuse
- The wishes and views of the victim and any significant others
- Location of the abuse
- Possible causes of the abuse
- Background Information about the vulnerable adult including information from other agencies
- Issues and opinion relating to consent and capacity
- Social situation/network of the vulnerable adult (are any children in the household?)
- Information about the alleged perpetrator (if applicable)
- A description of the investigation process
- (What was involved) and the level of cooperation received from various people involved
- Presentation and evaluation of the evidence
- Risk Assessment
- Referral to Children Social Care to be considered if the vulnerable adult is a parent/carer.

**Action Plan**

Depending on the stage of the investigation process the following will be considered:

- Further interviews needed with Victim/Witnesses
- The need to involve an IMCA
- Investigation of perpetrator
• Prosecution

• Recommendation disciplinary action

• Who needs to be informed of the outcomes and recommendations

Case Conferences

For all level 3-4 investigations there will be a case conference to consider outcomes of the investigation, recommendations of the plan and consider these for inclusion in the protection plan.

If at any time the Safeguarding Manager and the lead Police Officer feel that the investigation does not justify a case conference the reasons for this should be written and communicated to the other agencies involved. If any agency disagrees with this decision they can request that the conference will be held.

Initial Case Conference/Strategy meeting

An initial case conference will be held within 4 weeks of the strategy meeting if

• The investigation demonstrates that abuse has occurred
• There are remaining concerns about the safety of a vulnerable adult; at this stage the investigation may be waiting for further evidence.
• The adult who has experienced abuse has capacity, and has asked for a safeguarding plan meeting to organise the support to protect them.
• The adult does not have the capacity to decide about their protection, or their consent is overridden by the duty of a partner organisation to protect them from abuse.

The initial case conference should be chaired by the Safeguarding Manager/Safeguarding Adults Coordinator or a more Senior Manager when appropriate. The person who has experienced abuse must be invited to the meeting, unless they lack the capacity to understand the purpose. They may choose to attend with an advocate or other supportive people. Where an adult does not have capacity, the safeguarding manager will make the decision in consultation with the person’s advocate or IMCA.

The circumstances of the situation will dictate who else it is appropriate to invite to the meeting. This should include all organisations that have been involved in the risk assessment and any other organisations or individuals involved in providing services to the adult, as part of the protection plan.

The Case Conference will:

• Consider the report of the Safeguarding Officer and the outcomes of the investigation
• Establish whether abuse has occurred
• Decide whether any further investigation is needed
• Assess the level of risk
• Formulate a protection plan against any further risk
- Enable the alleged victim and/or carer to participate as far as possible in exploring solutions to the abuse/neglect
- Obtain information and views of agencies who have knowledge of the vulnerable person
- Consider plans for further investigation, assessment and service provision for the vulnerable person and carers/relatives
- Clarify the roles and responsibilities of all involved parties
- Formulate an adult protection plan
- Consider addressing practice issues if appropriate
- Decision agreed to monitor or close the case

The alleged victim will be invited to attend. All support necessary must be provided to enable him or her to make decisions about whether or not to attend all or part of the meeting and who will accompany or represent him or her at the case conference. The person offering support will be independent of the investigation, e.g. family, friend advocate etc.

Others invited to attend may include staff or carers involved with the victim, professionals who can contribute information or advice and, where this would be helpful, any non-professionals who knows the victim well.

**Case Conference/Strategy meeting - guidelines for the agenda**

The Case Conference will be chaired by Team Managers/Service Managers with chairing training. An Initial Investigation will be completed and there will be a completed safeguarding assessment:

- Introductions
- Reason for case conference
- Formal minute-taking
- Participants to agree on the storage of records connected with this incident
- Findings of the investigation reported
- Participants asked to share information which would help implement the action plan
- Any future risks discussed and evaluated as a result of information gained
- Clear decisions made and outcomes agreed
- For recording templates please see Safeguarding Officers toolkit

**3.12 SAFEGUARDING PLAN**
A protection plan may need to be agreed at any stage of the investigation but should certainly be considered during the case conference. The plan will be produced by the professional co-ordinating the care of the person concerned in liaison with all professionals involved. For recording templates please see Safeguarding Officers toolkit (hyper link needed)

The person experiencing abuse should have the opportunity to input to the safeguarding plan, through attending meetings or being represented by an advocate or IMCA, and should always be kept informed of the plans that are being made (within the constraints of the protection of other person’s confidentiality.

The agreed written Protection Plan will state:

- The needs of the victim
- Clear time-scales
- The specific tasks, roles and responsibility of each agency
- A relevant nominated person to co-ordinate information, monitor and review
- The arrangement for monitoring and reviewing the situation
- The person who will inform all relevant parties of the outcomes if they are not present
- Any special measures that will be needed during and after the trial

**Services to Safeguard Vulnerable Adults who may have been abused**

Services to be considered and offered to a vulnerable person who is at risk of or has experienced abuse should include:

- Protection from contact with the perpetrator in the first instance by measures which remove the perpetrator from the situation
- Legal remedies for protection. e.g. application to the Court of Protection
- Money Management Service to secure finance
- Security measures e.g. door locks personal alarms, telephone
- Financial Advice
- Advocacy and support services
- Services that improve self esteem and confidence
- Activities to increase ability to protect self
- Counselling and therapeutic services
### Actions in relation to perpetrator

- Prosecution by the DPS.
- Action by CSCI or HCC.
- Disciplinary proceedings referral to professional regulatory bodies and referral POVA index.
- Civil Proceedings.
- Training needs assessment and supervision of staff members.
- Access to programmes for supporting behaviour change.
- Increased observation of service users with and intervention to prevent abuse.
- Change service provision to remove abusive service user from contact with a person/people to whom they pose a risk.
- Carry out a carer’s assessment and provide support and information to carers to whom they pose a risk.
- Change the care provided to a person to decrease risk.
- Meet with the perpetrator to feedback the results of risk assessment and to negotiate change.
- Application for a court order such as a restraining order or injunction.
- Civil remedies, e.g.: suing the perpetrator for damages caused to individual(s).
- Review of staffing levels, organisational procedures and culture of care.
- Access to programmes supporting behaviour change.
- Carry out a carer’s assessment and provide support and information to carers to improve the care they are able to offer.

The minutes of the safeguarding plan meeting should be circulated to all attendees and invitees. Additional copies must not be made without permission of the chair. A copy of the subsequent safeguarding plan will be given to all those providing service as part of the plan.

### Involvement of the alleged perpetrator

It may sometimes form part of the strategy for the alleged perpetrator to be present at an adult protection plan meeting; for example, if information and support to an informal carer who has been neglecting a person’s care needs is a key part of the protection
plan. This should take place only if the adult experiencing abuse agrees. If they do not have the capacity to make this decision, then it should be taken in their best interest with input from an advocate or IMCA.

The meeting must address the access and communication needs of everyone attending.

**Monitoring and Review**

**Core Groups /Professionals Meeting**

The protection plan will be implemented and monitored by core group of professionals who will monitor the effectiveness of the plan and meet to review as required. All adult protection plans will be reviewed within a period of three/six months.

The purpose of the review is to ensure that the actions agreed in the safeguarding plan have taken place and whether any further action is needed. If there are new concerns of abuse or neglect, these should be considered as an alert and the subject of a new safeguarding referral.

A date for reviewing the plan, no more than three months later, should be set at the safeguarding plan meeting. The responsibility for convening the meeting will be the Safeguarding Officer.

**A Review Case Conference**

This will be held no more than three months after the case conference to:

- Ensure that the actions agreed in the Protection Plan have taken place
- Determine whether the aims of the plan are being achieved
- Decide on any major changes to the Protection Plan
- Decide responsibility for ongoing management and whether further meetings are needed

Any new concerns or incidents of abuse will be treated as a new alert and the subject of a new referral and investigation.

If there is an on-going risk of abuse review meetings should be held at least six monthly intervals and contact be maintained between the core groups during that period.

**Case Closure**

The decision to close and end an investigation is the responsibility of the Investigating Manager after discussion with all agencies concerned. In level 2 to 4 cases closure will only take place following a strategy meeting or case conference. In level 3 to 4 cases approval to closure should be given by the Service Manager.

Outcomes must be recorded against the following basic categories

- Removal of Perpetrator
- Provision or change of service/treatment
- Resolved by guidance
- Victim Moved
- Disciplinary / POVA listing
Responsibilities of Registered Health and Social Care Providers

Provider organisations registered with national regulators are required under the relevant Regulations and National Minimum Standards to take steps to safeguard and promote the welfare of service users. Providers will have responsibilities to act at all stages in the protocol. This section outlines specific responsibilities in relation to their staff and contractual conditions.

Individual providers should all have policies and procedures to safeguard vulnerable adults and they should check these to ensure they are consistent with this protocol.

Provider managers should ensure that all concerns about possible abuse to a service user should be reported to the local authority investigating team using the contact information provided in this protocol. Notification should also be made to the Commission for Social Care Inspection.

Provider managers should give consideration to any area of concern about a service user and consider whether to make a referral under section 37 of the Care Standards Act.

Having made the referral the manager responsible must follow the guidance given to all alerters and not conduct an investigation into the allegation pending a strategy discussion or meeting. The clear focus must be to support and protect the service user.

Where an allegation is made against a member of staff the manager will consider immediately whether to take disciplinary action. Decisions will need to be taken about suspension, risk to the vulnerable adult and subsequent disciplinary action on this basis.

It is important to ensure that the action:

- Protects the rights and wishes of the vulnerable adult(s).
- Protects the rights of the member of staff concerned.
- Does not prejudice any criminal investigation.
- Any further action in respect of an allegation or a member of staff involved must be taken as part of an interagency protection plan and with the explicit agreement of the agencies involved.

Protection of Vulnerable Adults List (POVA)

The POVA scheme is run by the Department of Health. Its main feature is a list of people who are unsuitable to work with vulnerable adults.

Service providers must refer any people they have employed for inclusion on the POVA list if they have abused or harmed vulnerable adult’s in their care or placed them at risk of harm.

Providers must also check the list and must not offer jobs in care positions for anyone on it.
Service Users must ensure that the requirements of the Vetting and barring scheme are fully implemented when introduced during 2008/9

Further information and referral forms can be obtained from the Department of Health web-site www.dh.gov.uk/pova

3.13 THE LEGAL AND COURT PROCESS

The role of the Crown Prosecution Service

In criminal investigations “beyond reasonable doubt” criminal proceedings will often involve an achieving best evidence interview and can only proceed to a court hearing with the agreement of the Crown Prosecution Service (CPS).

Decisions to caution and prosecute

Decisions to proceed to prosecution are taken after detailed discussion between the investigating police officer and staff of the CPS. The CPS applies the Code for Crown Prosecutors so that it can make fair and consistent decisions about prosecutions. Every case referred from the Police is reviewed against the requirements of the Full Code:

- Is there enough evidence to provide a realistic chance of conviction?
- Is it in the public interest to prosecute?

Achieving Best Evidence (Home Office 2002) outlines the special measures which can be taken to protect vulnerable adults when giving evidence in Court.

Two groups of vulnerable adults could be eligible for this assistance:

- Those who have a disability or illness that the court considers are likely to affect the quality of their evidence.
- Those who because of age, personal circumstances and the nature of their alleged offence may be eligible if the court is satisfied that the quality of their evidence is likely to be diminished by reason of their fear or distress.

A range of special measures may be made available to vulnerable and intimidated witnesses with the agreement of the court. This could include:

- Screens to shield the witness from the defendant
- Live video links to allow evidences to be given form outside the court
- Video recorded evidence and cross examination
- Examination of the witness by an intermediary
- Aids to communication

Prior to the trial witnesses may receive social support at all stages of the process. This could include:

- Interview support provided by a person independent of the police
• Pre-Trial Support provided to the witness in the period between the interview and start of the trial

• Court Witness support – a person known to the witness but not party to the proceedings or have detailed knowledge of the case who may assist in preparing the witness for the court appearance

• An Intermediary appointed by the court to examine and enable a witness to give evidence at court

• Aids to Communication to enable the witness to give best evidence whether through a communicator, interpreter or communication aid or technique
PART FOUR
STRATEGIC MANAGEMENT

4.1 BEDFORDSHIRE & LUTON SAFEGUARDING ADULTS BOARD

Safeguarding Adults services in Bedfordshire and Luton will be coordinated by the Bedfordshire and Luton Local Safeguarding Adults Board. The role of the Board is to promote the safety of vulnerable adults by developing robust multi-agency systems for the prevention and investigation of the abuse of vulnerable adults through:

- Determining inter-agency practice
- Monitoring the level and effectiveness of investigation of reported incidents and service provision to vulnerable adults
- Co-ordinate activities between agencies

- To review and monitor the operation of the Safeguarding Adults’ policy and procedures for responding to concerns of abuse or neglect

- Develop and agree an information sharing agreement.

- To review any relevant POVA concerns and plan a course of action.

- Share information about providers or individuals via concern notifications, complaints, death list collation etc that are retained and collated for future reference.

- Review and monitor systems and processes that are in place and ensure collection and documentation are of agreed standards.

- Monitor outcomes of strategy meetings/case conferences to ensure course of action completed/investigation included.

- Establish training strategies for staff, volunteers, service users and carers and monitor their implementation and relevance.

- Oversee the collection of data on the incidence of adult abuse and the outcomes of investigation.

- Initiate action and/or plans as a result of data collection analysis presented to the Board.

- Develop a strategic/forward plan.

- Audit and develop services for people who are at risk of/have experienced abuse or neglect.

- Audit and develop responses to and services for perpetrators of abuse/neglect.

- Develop strategies for reducing risk of abuse and neglect across a range of settings, including care settings and the community.
• Review the strategic plan and produce an annual report.

4.2 COMMISSIONING

Commissioning plans for all service user groups will ensure that effective systems of assessment, care planning, service design, delivery and monitoring are in place and that these systems promote safety and protection for vulnerable people in Bedfordshire by:

• Identifying and prioritising groups of people who are at the highest risk of harm e.g.
  – People who lack capacity and live alone
  – People with significant disability / support needs
  – Survivors of past abuse
  – People who are distressed and harm themselves or others

• Develop knowledge of and mapping key indicators of concern and failing services

• Ensure that information about the complaints process is readily available and complaints systems are robust, responsive and use friendly.

• Review use of complaints system in each service user group and whether use can be improved.

• Review the level and patterns of concerns and incidents to identify common themes and areas for service improvement

• Identify and secure opportunities for therapy support and counselling for people who have been abused

• Provide support services for staff and families to enable them to recognise the needs of and be able to support vulnerable people who are at risk of or have been abused

• Ensure clinical and therapeutic input is available to support effective care delivery and change

• Secure specialist support for people with the highest degree of impairment and little or no communication

• Provision of management strategies and support services for vulnerable people who abuse others

• Commission a range of advocacy and self advocacy services and ensure they are adequate and effectively monitored.

• Ensuring the effective monitoring of services, involving service recipients and other stakeholders as evaluators incorporating their expertise, experiences and insights into the monitoring programme.

• Commission independent carers services, develop and involve independent carer’s forums.
4.3 OPERATIONAL PLANNING

Operational managers will ensure the provision of effective individual assessment which informs care planning, service design and delivery by:

- Ensuring that Community Care Assessments, Risk Assessments and Healthcare Assessments (Health Action Plans?) are offered to all people who need care services
- Community and health assessments and resulting care plans address safeguarding and protection issues
- Vulnerable people, their families and advocates are fully involved in the assessment and care planning process
- Specialist staff are identified to investigate allegations of abuse and/or support people who have been abused

4.4 CONTRACTING AND COMPLIANCE

- Service level agreements and contracting processes prioritise safeguards and protection alongside empowerment and choice.
- All documents relating to service contacts and agreements reflect local policies and include procedures for safeguarding adults.
- Provider organisations will be equipped with up to date information and procedures relating to safeguarding adults.
- Specialist services will hold up to date policies and procedures reflecting best practice using service level agreements and the contracting process to encourage compliance.
- Action is taken when there is concern about poor practice, through service improvement plans, or contract review and closure or contract termination in extreme circumstances. Ensure that protocols are in place to enable this to happen.

4.5 COMMUNITY SAFETY

- Extend CRB clearance and safeguarding training to staff beyond the caring workforce including receptionists, taxi drivers, transport and leisure workers.
- Information to be provided to community support staff and through them to the public and vulnerable people concerning support services and how to refer themselves or to alert statutory services about anybody (including themselves) who they are concerned about.
- Community Safety staff to be able to identify and refer vulnerable adults and to provide support where available in the community.
4.6 SERVICE USER ENGAGEMENT & RESEARCH

The engagement of service users and their carers is essential for the development of person focused Safeguarding Adults Services.

Bedfordshire County Council and Luton Borough Council are committed to the implementation of the Research Governance Framework to ensure ethical standards in any research carried out with vulnerable adults.