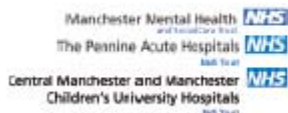


Safeguarding Adults

Multi-agency Safeguarding Policy

Manchester Safeguarding Adults Board
Release Date – June 2010

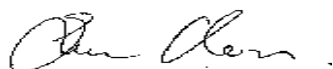


Foreword from Dr Sue Ross, Independent Chair

It has been my privilege, since December 2009, to be appointed the first Independent Chair of Manchester's Adult Safeguarding Board. Since taking on the role I have been really impressed by the commitment shown by the many agencies represented on the Board who are working to protect Adults in the city from abuse and to helping those who have been the subject of abuse, recover and lead safe and fulfilled lives.

As a Board we are absolutely committed to shared values, shared standards for the protection of vulnerable people and to working together effectively to ensure no-one gets lost in the "cracks" which can so easily occur between services if the safeguarding agenda is not uppermost in all our objectives. This is hard and challenging work, in challenging times, but the strength of partnerships based on good working relationships, which is so much in evidence on the Board, gives Manchester the capacity to deliver a shared policy for adult safeguarding which is truly owned by all the partners.

In commending the policy to you I would like to thank those individuals who have worked to bring it about. It represents another important building-block to ensuring that Adult Safeguarding gets the attention from all of us that it truly deserves.



Dr Sue Ross
Independent Chair

Foreword from Liz Bruce, Strategic Director Adults MCC

As the new Strategic Director for Adults I took up post in January 2010 and have been pleased to be part of the Safeguarding Adults Board's developing agenda. Safeguarding has to be our highest priority - in order to achieve our overall objectives to improve the quality of life for citizens of Manchester, we have to ensure we have robust safeguarding arrangements in place that protect the most vulnerable people in our communities. This goal can only be achieved by supporting our staff to deliver effective and efficient services and by strong partnership working. Since joining the Manchester Safeguarding Adults Board I've been impressed by the commitment from partner agencies at the most senior levels, to improving public awareness and developing the quality of safeguarding arrangements across the city. This policy is central to ensuring we fulfil that commitment, and I am pleased to commend this revised and updated version to you.



Liz Bruce
Strategic Director Adults



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Acknowledgements

This policy is a revision of the document published in September 2008. On behalf of the Manchester Safeguarding Adults Board I would like to thank those who made comments on the drafts of the revised document.

Dr Sue Ross
Independent Chair
Manchester Safeguarding Adults Board



1 Background

1.1 Introduction

In 2002, the first Manchester Multi-agency policy for Safeguarding Adults was published, in response to 'No Secrets', a document from the Department of Health (2000) that aimed to create a partnership within which responsibility for Safeguarding Adults is shared between agencies.

Since the publication of Manchester's 'No Secrets' policy, considerable effort has been devoted to achieving the aims outlined in the Director's foreword, namely;

...Developing greater awareness, responding effectively and working together to minimise the possibility (of abuse)

...The creation of a more alert and responsive culture across the city, providing increased safety for those who need it most.

The activities that have assisted with the achievement of these aims include:

- The establishment of a multi-agency Safeguarding Adults Board.
- Training for staff within the City Council and in partner agencies to familiarise themselves with their responsibilities as detailed within the policy and its linked procedures.
- The collection of data regarding safeguarding activity within the city in order to establish the extent of the work being undertaken and to highlight any specific areas of concern, either in relation to the incidence of abuse or the effectiveness of interventions.

Both locally and nationally, knowledge of safeguarding has developed considerably and a number of Government initiatives have been introduced to strengthen the recourse that agencies have when responding to concerns about abuse. It is therefore appropriate that the original policy has been rewritten and reissued to reflect the changes and developments that have occurred.

Nonetheless, the fundamental principles remain the same:

- The new policy is founded on inter-agency co-operation and the sharing of information, skills and regulatory powers to promote the safety and well being of those people who are covered by the policy.
- The policy is founded on respect for the rights and dignity of all adults regardless of their age, gender, ethnic origin, faith, ability or sexuality.



1.2 The Policy

- Sets out the principles underpinning the multi-agency approach to adult safeguarding work in Manchester.
- Defines who can access adult safeguarding work in Manchester
- Identifies the current understanding of the types of abuse that may be perpetrated.

1.3 Definitions

1.3.1 Vulnerable Adults

This Policy and its accompanying procedures, applies to people living in, or ordinarily resident in, Manchester

- who are aged 18 years and over, and:
- Who are, or may be, in need of Community Care Services because of learning or physical disability, older age or physical or mental illness;
- Who are, or may be, unable to take care of themselves, or unable to protect themselves from harm or exploitation by others.

The aim of this Policy is to ensure protection from, and the prevention of, the abuse of vulnerable adults.

The phrase vulnerable adult recognises the high prevalence of abuse experienced by this group, but it should be recognised that this definition is contentious. One reason is that the label can be misunderstood, because it seems to locate the cause of abuse with the victim or survivor, rather than placing responsibility with the actions or omissions of others. Thus, the area of work covered by 'No Secrets' has increasingly become known as 'Safeguarding Adults' at risk of abuse.

1.3.2 Abuse

Abuse is the violation of an individual's human and civil rights by any other person or persons. This occurs in many forms and may consist of a single act or repeated acts. It may also be shown by failure to act in order to protect vulnerable people. Abuse may, or may not, result in the person being physically injured or ill.

1.3.3 Consent, Capacity and Best Interests

During a safeguarding investigation there will be numerous important decisions that need to be made. It is essential to thoroughly explore issues of consent, capacity and best interests in each case.

Practitioners must follow the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Policy and accompanying procedures, available online at www.manchester.gov.uk

Mental Capacity refers to the capacity to

- understand and retain information in relation to a specific act, decision or transaction
- weigh up their consequences
- communicate the decision needs to be made.

A person's mental capacity may change, may be regained or developed with support, over a period of time and/or they may have a condition that leads to fluctuations in mental capacity

The Investigating Officer must follow the procedures to ensure that they have:

- supported and empowered the person to make decisions for themselves or to assess whether the person **has capacity** to make each individual decision.
- If the person lacks capacity to make a specific decision, it will be necessary for professionals/family/carers to **make decisions** on their behalf or consider whether the appointment of an Independent Mental Capacity Advocates would be appropriate.
- Independent Mental Capacity Advocates (IMCA) should be appointed in cases where there is a decision to be made for serious medical treatment or long term care.
- In safeguarding adults cases **only**, access to IMCAs is not restricted to people who have no one else to support or represent them. Therefore, people who lack capacity who have family and friends can still have an IMCA to support them through the safeguarding process.

1.3.4 Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS)

There will be occasions during safeguarding investigations, when decisions may involve the need to deprive someone of their liberty (in their best interests) for care or treatment.

Deprivation of liberty Safeguards apply to hospital or 24 hr care settings.

If there is no agreement following the decision making and best interests procedures and the healthcare or social care professional thinks that an authorisation is needed, they should inform the managing authority (care provider).

Depriving someone who lacks the capacity to consent to the arrangements made for their care or treatment of their liberty is a serious matter, and the decision to do so should not be taken lightly. The Deprivation of Liberty Safeguards makes it clear that a person may only be deprived of their liberty:

- in their own best interests to protect them from harm



- if it is a proportionate response to the likelihood and seriousness of the harm, and
- if there is no less restrictive alternative.

Practitioners must follow the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Policy and accompanying procedures, available online at www.manchester.gov.uk

1.3.5 Power and Unequal Situations

Even if an individual can make judgements about another person's behaviour, they may be in a situation, or relationship, where they cannot give meaningful consent. Such situations are essentially those where power and inequality are involved. The following considerations may be useful in judging whether or not any form of abuse has taken place:

- Parental or familial relationships where one person has physical or emotional control of others
- A custodial or care taking relationship on which the individual relies.
- The use of threat or reprimand by another person
- Where an individual has difficulties with communication and relies on another person for their communication to others

Social Care staff and appropriate relationships

During a review of his care, Mr Johnson (name changed), a wheelchair user with a visual impairment complimented one of his support workers. He said that she was very affectionate towards him. He used to be very lonely as no-one visited him and he never got out. But the support worker had started to visit him in her own time and they went out together.

Following a safeguarding investigation, the support worker was warned about her conduct in relation to service users and given further training about appropriate relationships with service users.



1.3.6 Forms of Abuse

- **Physical Abuse**

Physical abuse includes: hitting, slapping, pushing, kicking, squeezing, shaking, pinching, misuse of any medication, undue restraint, or force feeding.

Physical Abuse

Mr Young, (name changed) attends day services regularly. He lives with his family, who are committed to supporting him. He arrived one morning with a bruising to his face and when asked what happened, he said he couldn't remember. Later in the day he said his daughter got angry with him the previous night.

Mr Young agreed to stay in temporary accommodation whilst the matter could be investigated. His daughter was interviewed by a police officer and a care manager. She stated that she had hit her father, but that she was under pressure because of job insecurity and because of the responsibilities of caring for her father. Mr Young did not want charges to be made against his daughter. Mr Young and his daughter agreed to additional support in the home and regular respite care.

- **Sexual Abuse**

Sexual abuse includes: sexual assault, rape or other sexual acts, the inappropriate touching of the individual's sexual areas, or coercion into the viewing of pornographic materials. Compelling, inciting or facilitating a person with impaired capacity for choice to engage in sexual activity without consent is an offence under the Sexual Offences Act 2003.

- **Psychological Abuse**

Psychological abuse includes: threats of harm, abandonment, withdrawal of social contact or family networks, isolation, humiliation, shouting, bullying, name calling, intimidation, harassment, or the denial of or withdrawal from required services.

- **Financial or Material Abuse**

Financial or material abuse includes: withholding of money or possessions, intentional mismanagement of the person's finances or property, theft, fraud, embezzlement, exploitation and stealing person's money.



Financial Abuse

Mrs Ahmed (name changed) has been diagnosed with dementia and she lives alone with domiciliary support. Her support worker was concerned that Mrs Ahmed had very little money despite having cashed her benefits and was struggling to pay essential bills..

Mrs Ahmed told the support worker that she lent the money to a 'friend' who lives nearby. She explicitly told the support worker not to report it. The support worker revealed that this has happened a number of times, but they didn't report it as Mrs Ahmed asked them not to.

Mrs Ahmed refused to make a further statement about her friend. However, she did agree to having her money paid into a bank account and for all her bills to be paid directly.

The support worker was questioned about their conduct because they had not reported the previous incidents of money being lent. She was also sent to a safeguarding training course.

- **Neglect and Acts of Omission**

Neglect or acts of omission include: the failure to access appropriate services for recognised needs, avoidance of required health care, ignoring physical care needs, withholding of adequate nutrition, clothing or warmth, exposing the person to unacceptable risk, lack of action to provide or ensure adequate supervision.

Neglect

Mr Collins (name changed) is physically disabled and unable to move from bed without assistance. He lives in a care home. He reported that staff on duty at night removed his emergency call button, telling him that they were too busy to assist him when he needed to be helped to go to the toilet in the night.

The home manager, together with a care manager investigated the claims and confirmed their accuracy. The member of staff was dismissed from their post and a referral made to the Independent Safeguarding Authority barred lists.

- **Discriminatory Abuse**

includes: any acts that use hurtful language, cause harassment or similar treatment of the individual because of their race, sex, age, disability, faith, culture or sexual orientation. Such abuses are increasingly being recognised as hate crimes.



Disablist crime can lead to murder (from National Press reports)

An incident in Gloucestershire involved a man with learning difficulties being locked in a garden shed, beaten, burned and humiliated - before he was finally murdered. Another victim with learning difficulties in south Wales was strangled and beaten with a stick in an isolated spot. In Northampton, a man was tipped out of his wheelchair and kicked while on the ground, causing a head injury. He died the next day.

These murder cases show varying levels of disablist crime - from taking advantage of a victim's vulnerability to commit a crime, to the impairment being the reason or motive for the crime. They are symptomatic of the scant disregard for disabled people's dignity and human rights generally in our society, which manifests itself in a number of different ways.

A poll of disabled people carried out by Scope indicated that as many as 47% said they had either experienced physical abuse themselves or witnessed physical abuse of a disabled companion.

- **Institutional Abuse**

Institutional abuse includes: the use of systems, routines, practice or care that neglect individual needs and create an imbalance and control within a managed setting such as residential/nursing care or day services.

- **Abuse of Civil Rights**

Abuse of civil rights includes: the denial of, or coercive influence on, an individual's rights to be registered and to vote, the right to be treated as an equal with dignity and respect, the right of freedom of speech or movement, forced marriage.

- **Domestic Abuse**

People may think of domestic abuse only as a physical assault by a man on a woman, but it can take many different forms. The definition used in Manchester is:

'any incident of threatening behaviour, violence and abuse (psychological, physical, sexual, financial or emotional) between people who are or have been intimate partners or family members, regardless of gender' (Manchester Domestic Abuse Strategy 2007).

This definition includes forced marriage and abuse within same sex relationships.

Domestic abuse is very common and affects one in four women in their lifetime. Although most victims of domestic abuse are women and most abusers are men, domestic abuse can affect anyone. Domestic abuse is a pattern of controlling and aggressive behaviour that is used to maintain power and exert control on victims, including many forms such as physical assault, bullying, sexual abuse, rape and threats. In addition it may include destructive criticism, pressure tactics, disrespect, breaking trust, isolation and harassment.

Domestic abuse may apply to relationships other than those of partners and include sibling and intergenerational relationships (parents–offspring).



Disability is recognised as being one of the risk factors for domestic abuse. Disabled women are twice as likely to experience domestic abuse than non-disabled women. They are also likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of violence.

- **Forced Marriages**

Forced marriages include: one or both spouses **not consenting** to the marriage and some element of duress is involved. Duress includes feeling both physical and emotional pressure. Some victims of forced marriage are tricked into going to another country by their families. Victims fall prey to forced marriage through deception, abduction, coercion, fear, and inducements. A forced marriage is considered to be domestic abuse and an abuse of human rights.

There have been reports of vulnerable adults with mental and physical disabilities being forced to marry. Some individuals do not have the capacity to consent to the marriage. Some individuals may be unable to consent to consummate the marriage – sexual intercourse without consent is rape.

This is not an exhaustive list of examples, but merely a guide to the most frequently identified forms of abuse. Any doubts on whether or not an act or omission is abusive should not prevent a referral being made as this can be determined as part of the investigative process.

- **Safeguarding Children**

Under the Children Act 2004 everyone has a responsibility, whilst undertaking their normal duties, to have regard to the need to safeguard and promote the welfare of children and young people and for ensuring they are protected from harm. This includes work carried out in relation to assessments and reviews of vulnerable adults and carers, provision of services, and in relation to safeguarding vulnerable adults' processes.

In all adult safeguarding cases where an alleged or confirmed perpetrator of abuse is a staff member or volunteer working with vulnerable adults in any setting, an assessment must be carried out through the safeguarding adults' process to determine if the person poses a risk to identified children or young people. If this assessment indicates that there is possible risk to children or young people, a referral must be made to the local authority Children's Services department. They will be responsible for addressing the reported concerns of harm or possible harm to children as a result of the referral.



2 The Policy

2.1 Principles governing the Policy

The 'No Secrets Guidance' advises all local authorities in England to ensure arrangements for the provision of a multi-agency policy to protect vulnerable adults. Manchester's Policy for Safeguarding Adults is agreed by the range of agencies that have contact with vulnerable adults in, or supported by, the city. The basic foundation of the policy is the respect for the rights and dignity of all adults regardless of their age, gender, ethnic origin, faith, ability, or sexuality.

The inter-agency document is based on a collaborative partnership in the city, which supports effective joint working.

The principles underpinning the policy are:

Recognise those individuals to which the policy refers.

Work together and follow the recommendations in the 'No Secrets' guidance.

Positively promote the rights and well being of vulnerable adults through service support and delivery.

Support the rights of individuals by respecting self-determination and informed choice.

Acknowledge risk as an integral part of choice and decision-making, but ensure that the risks taken are assessed, discussed recorded and, where possible, minimised.

Ensure that vulnerable adults are safeguarded by effectively integrating policies, strategies and procedures that are relevant to abuse and harm.

Safeguard the continuation of the right to independence of vulnerable adults by ensuring that risk assessment and appropriate support are provided.

Understand the law and statutory requirements that provide protection and access to the judicial process for vulnerable adults.



2.2 Policy Governance / Structure

The agencies involved in the policy and its operation are:

- Commissioners of health and social care
- Providers of health and social care
- Housing providers including providers of supported or warden housing
- Regulatory bodies for services and agencies
- Voluntary and independent sector agencies
- Carer support groups
- User led groups and services
- Advocacy services
- Police force
- Probationary services
- Judicial and legal services
- Fire service
- Ambulance service
- Advice and support agencies
- Community groups

The primary strategic forum for safeguarding vulnerable adults is the multi-agency **Safeguarding Adults Board**, comprised of lead senior officers from key agencies, led by the Independent Chair, and responsible for:

- reviewing this policy and accompanying procedures,
- co-ordinating effective activity between relevant agencies,
- ensuring the provision of high-quality joint training,
- ensuring public education,
- monitoring and reviewing the strategy that supports the policy,
- commissioning working groups that will inform the work of the Board.

The Manchester Safeguarding Adults Board will achieve these objectives by:

- determining how allegations of abuse should be reported, communicated to required agencies, investigated, and recorded for analysis in the city
- clarifying the roles and responsibilities, at all predictable levels, for those who witness or have allegations of abuse disclosed to them
- commissioning research and service improvements that will lead to more effective ways of responding to allegations and protecting potential vulnerable adults

- providing an annual report that evaluates the strategy, developments, and statistics including number of allegations, investigations, prosecutions and levels of training undertaken
- ensuring the inclusion of any new or reviewed policies that affect vulnerable adults
- commissioning a regular audit of how agencies and providers are performing in relation to the requirements of the policy
- ensuring the inclusion of any new or reviewed legislation affecting vulnerable adults
- reviewing the policy at times of significant events and assess its effectiveness
- commissioning Serious Case Reviews that meet the agreed criteria.

The strategy for Safeguarding Adults is underpinned by the Business Plan for the Board which identifies the activities and board objectives to support the policy. The main functions of the business plan are to ensure:

- agencies have procedures relevant to the policy and the existence of joint protocols for shared practice related to vulnerable adults
- identification of specific responsibilities to be included in the contracts of service providers who cater for vulnerable adults or potential abusers
- production and monitoring of a plan of action for educating agency staff, officers, carers, service users and the general public
- completion of an inter-agency development plan, supported by commissioners, to identify vulnerable adults' needs and respond appropriately to ensure services meet those needs

The Business Plan is agreed by the Board and supported by all agencies in the city involved with safeguarding vulnerable adults.

2.3 Application of the Policy

The tenets of this policy apply to all statutory, voluntary, independent and not for profit agencies in Manchester which are involved with vulnerable adults. There are no exclusions relating to the actual size of any of the agencies or the range of roles they play. Rather the policy, and its accompanying procedures, raise an expectation that all agencies in the city will respond to the need to afford a level of protection for those vulnerable adults that they serve. Failure to take reasonable action to protect, report and respond to potentially abusive situations can be considered as culpable negligence on behalf of those agencies entrusted with supporting the care of vulnerable adults.

The policy calls for co-operation between agencies and commissioners of service at all levels in order to ensure a proactive position on safeguarding adults.



- Managers and proprietors have an obligation to ensure that all their members of staff (contracted, sub-contracted and voluntary) are fully aware of the systems which are in place to support the effective operation of the policy. This requires clear lines of responsibility to be set in each organisation, with nominated post holders to act as key drivers for ensuring policy use.
- Each agency/organisation must have a nominated post/ position with responsibility for the policy and monitoring in-house procedures
- All incidents related to the policy must be clearly recorded by the agency/organisation

Each agency must have in-house procedures and policies relating to the safe recruitment of staff and the reporting of allegations of abuse, such as Criminal Records Bureau (CRB) checks and the Safeguarding Vulnerable Groups Act 2006 Vetting and Barring processes. This includes the Independent Safeguarding Authority (ISA) Barred Lists that hold the names of all individuals barred from working with children or vulnerable adults and replaces the POVA list, POCA list, and List 99. ISA is responsible for making all decisions on who should be placed on the Barred Lists and employers are required to make checks against the list before an individual is employed.

All agencies/organisation are required to ensure that all personnel have a baseline understanding of abuse and how it can be recognised

All agencies/organisations need to be aware of how they link into statutory services for the purpose of reporting and responding to allegations of abuse

N.B. It is recognised that some organisations are so small that key roles are often carried by one or a few employees, and that this can cause overload for such post holders. With this in mind, it will be advisable for commissioners and contract managers to discuss the operation of essential policies, such as this one, with the organisation and reach a conclusive, recorded agreement as to where responsibility for its application lies. For registered services, the decision about where such responsibilities lie will have to satisfy the inspection authorities.



3 Procedures to support the Policy

3.1 Procedure for Reporting Allegations of Abuse

Role	Activities
<p>Vulnerable Adults</p>	<p>Because vulnerable adults often feel that they have little control over their lives and because they may be in fear of further abuse, it may be very difficult for someone to report that they are being abused. Agencies have a responsibility to support people in this situation and to provide care and support to people who have experienced abuse</p> <p>When vulnerable adults have been interviewed after a disclosure they frequently say what they most want is:</p> <ul style="list-style-type: none"> • To be taken seriously • The worker to remain calm • Practical assistance <p>What they most fear</p> <ul style="list-style-type: none"> • Getting into ‘trouble’, particularly if their accusation involves a member of staff; • Being taken away from their current home and being moved to institutional care. <p>Anyone reporting that they have been abused should be assisted with making a safeguarding referral and with contacting the police if it appears a crime may have been committed. A referral can be made on the person’s behalf by the person they have disclosed to, if that is the preferred choice of the vulnerable adult.</p> <p>Referrals should be made to the City Council Contact Centre on 0161 255 8250.</p>
<p>Members of the General Public</p>	<p>It is often very difficult for members of the general public to raise such concerns and, with this in mind, a one step procedure should be followed:</p> <p>The concerned member of the public should report their concerns to one of the following:</p> <ul style="list-style-type: none"> • The City Council Contact Centre on 0161 255 8250 • local Health Centre • local Police Station or police contact number 0161 872 5050 <p>There are contact details for some of these offices at the end of this document.</p>



<p>Staff</p>	<p>All staff have a duty to report concerns or allegations of abuse. Reporting these details, even when a colleague or the staff of another organisation may be involved, is essential. Managers have a duty to respond and provide effective support to staff at such times.</p> <p>Staff should be clear that they have a duty of care to the vulnerable adult. This should be reflected in the organisational Whistleblowing Policy. If they do not report suspicions they may be guilty of neglect of their duty of care.</p> <p>Guidance to staff should stress the following;</p> <ul style="list-style-type: none"> • The importance of ensuring that the victim is safe and supported • Avoiding discussions about the abuse with the individuals involved or other staff • The importance of contacting a line manager, or duty manager, as soon as the alleged victim is safe. • If the manager is unavailable (or is the alleged perpetrator), staff should contact their 'head office'. Failing this, they should contact the local authority Adults department, or ring the Contact Centre on 0161 255 8250 to report their concerns. • The importance of accurate recording of what the concerns are, and what evidence there is. The need to be clear, factual and concise, with recordings dated and signed. • That members of staff should not confront the alleged perpetrator about the incident • Contact the police if the person is in danger, or if it is suspected that a crime has been committed or if physical or sexual abuse has taken place. Be aware of the need to avoid the contamination of any evidence that the police would require. Greater Manchester Police must be contacted at the earliest possible moment in such instances.
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The Right to Accessible Information

All of the above groups, vulnerable adults, public and staff have a right to information about the safeguarding process and assistance with reporting concerns in languages and formats that they feel most comfortable with. This will include written information in a variety of languages, prompt contact with translation and interpreting services and audio-visual information sources.



3.2 Procedure for responding to the Abuse of Vulnerable Adults

All agencies in the city must have their own approved procedures for dealing with allegations of abuse to a vulnerable adult. These procedures should be held at all levels in order to ensure the effectiveness of response required. These levels are:

- **Operational**
- **Supervisory management**
- **Senior management**
- **Corporate**
- **Chief officer (local authority)**
- **Local authority member (local authority)**

Each agency's procedures should meet a base line standard as outlined in best practice guidance as determined by the Manchester Safeguarding Adults Board and include sections which describe:

- Roles and responsibilities regarding allegations of abuse
- How to detail any allegation information (reported or witnessed)
- The system for reporting any allegations
- Effective recording of allegations
- Limitations of contact with the alleged victim regarding the allegation
- Boundaries of decision making
- Systems to ensure the ability to protect the individual from further abuse
- The provision of existing or new support
- The responsibility for negotiation with other required agencies e.g. police, medical, legal
- The involvement of regulatory or professional bodies
- The associated use of other relevant procedures e.g. disciplinary or reporting to a professional body

Where an agency does not feel able to produce its own procedures, the base-line procedures contained in this policy are an acceptable format for such agencies to adopt.

Case study 7

Murder victim was failed by the system

- Needless death of man with learning difficulties
- Agencies missed dozens of chances to intervene

Steven Morris, The Guardian, Thursday December 6 2007

Police, social workers and other agencies missed dozens of chances to intervene in the case of a man with severe learning difficulties who was tortured and drugged before plunging to his death from a viaduct, it emerged yesterday.

A serious case review detailed how professionals had a string of chances to take action that could have saved the life of Steven Hoskin but failed to do so. Hoskin, 39, contacted the police 12 times in nine months about his chief tormentor, Darren Stewart.

The Guardian revealed how Hoskin disappeared from the radar of Cornwall's department for adult social care and how the police had received a number of concerned calls about what was going on at Hoskin's flat.

Yesterday the serious case review said the failure was so complete that Hoskin's human rights had been breached.

The review said he should have been under the care of social workers but they had stopped visiting him. Even so, the warning signs should have been picked up. There were dozens of calls to agencies from Hoskin and those around him. But lack of cooperation between the agencies meant the danger Hoskin was in was not picked up, according to the report by Dr Margaret Flynn, of Sheffield Hallam University.

She said: "With better inter-agency working, Steven would have been spared the destructive impacts of unrestrained physical, financial and emotional abuse in his own home." She continued: "The safeguarding systems for children and adults are poles apart."

3.2.1 Managers responding to reporting allegations

Managers must respond to all reported allegations of abuse

Stage	Actions to take
Record all details	REMEMBER Evidencing and factual recording (See section 3.2.3) Record all details reported to you in a clear and concise manner
Supporting	<ul style="list-style-type: none"> • Ensure that the alleged victim is safe and supported



Stage	Actions to take
<p>the alleged victim</p>	<ul style="list-style-type: none"> Consider if the alleged victim requires urgent medical attention and, if so, make arrangements with an explanation to health staff the abuse is suspected. In cases of suspected sexual abuse, medical examination should be referred to St Mary's Sexual Assault Referral Centre
<p>Contacting the Safeguarding Team</p>	<ul style="list-style-type: none"> Contact the local authority Adults Department on 0161 255 8250 and inform them that you wish to make a safeguarding adults referral Take guidance from the appropriate Adults Manager or Safeguarding Adults Team, including discussion of: <ul style="list-style-type: none"> Medical examination/treatment, Police consultation Investigation team members Informing Local Authority and health Commissioners Inform the Care Quality Commission <p>The local authority Safeguarding Adults team can be contacted for advice on 0161 219 6830</p>
<p>Supporting the reporting staff</p>	<ul style="list-style-type: none"> Instruct the reporting staff member, and others on duty, of their responsibilities Ensure that the reporting staff are in a position to be able to continue with their duties. Where this is not possible, make arrangements for cover and ensure that the reporting staff member is supported until they are able to go home. See section 4.2 on Whistleblowing
<p>If the alleged perpetrator is a staff member</p>	<ul style="list-style-type: none"> If a staff member is alleged to have abused a vulnerable adult it is important to ensure that any actions taken protect both the rights of both the vulnerable adult and the staff member. Suspension from duty should be considered. Suspension should always take place if gross misconduct is suspected or if there is a criminal investigation. Suspension must not be seen as an indication of guilt but as a mechanism for ensuring the safety of both the alleged victim and perpetrator. Suspension and investigation should be undertaken in accordance with the internal Disciplinary Policy. In cases where there is an allegation of assault, sexual assault or financial abuse, the staff member MUST be suspended pending further investigation unless there are legitimate reasons within a specific organisation to justify alternative action.
<p>If the alleged perpetrator is another service user</p>	<ul style="list-style-type: none"> If the alleged perpetrator is another service user, ensure that they are also supported so that neither they nor anyone else is at risk



3.2.2 Investigation and Follow up

Stage	Actions to take
Request a Strategy Meeting	<p>You should participate in the strategy meeting which will be chaired by the Adults locality Team Manager.</p> <p>In all cases, the Safeguarding Co-ordinator or Social Worker will request that a multi-disciplinary meeting including all the relevant parties, takes place within 5 working days of the allegation. The Directorate for Adults are the lead organisation in the safeguarding investigation but they may nominate an organisation to take the lead or ask for a joint investigation, as appropriate.</p>
If the police are involved	<p>If the police are involved they will attend the multi-disciplinary meeting and inform all agencies of any action they are taking. If they are leading the investigation they will advise the meeting when interviews can take place if they haven't already done so. The meeting will also agree how all parties are kept up to date on progress and decide if further meetings are required.</p> <p>If the incident has been reported to the police, they will advise on the level of investigation around the specific allegation which can be undertaken by the organisation, to facilitate joint working. The advice given must be discussed with the organisation's personnel department to make sure that we also comply with our own policies and procedures and where appropriate, employment law on misconduct in the workplace.</p>
If the police are not involved	<p>Separate strands within the overall investigation are required to ensure:</p> <ul style="list-style-type: none"> • the victim's story is heard and his/her needs are met • that any other potential victims are identified and supported • appropriate action is taken in relation to the alleged perpetrator • any management deficiencies are identified and put right • the organisation's disciplinary policy is adhered to. <p>An interview with the alleged victim will be held to ascertain:</p> <ol style="list-style-type: none"> a) what happened b) what help and support they need to recover
If the alleged perpetrator is a staff member	<p>Managers should ensure that the staff member is supported throughout the investigation process. Support can come from another colleague or trade union as s/he wish. A staff member suspected of abuse is treated in the same way as those accused of misconduct in the workplace. Investigation will be carried out in accordance with the internal organisation's disciplinary policy and procedures.</p> <ul style="list-style-type: none"> • The staff member must be made aware of his or her rights under employment legislation and internal disciplinary procedures.



Stage	Actions to take
	<ul style="list-style-type: none"> The staff member will have the opportunity to state what happened and what evidence there is to support this account, <p>The organisation can proceed with internal investigations and disciplinary procedures, which may include dismissal, before the outcome of a criminal investigation is known.</p> <p>From an employer's perspective, the allegations will focus on any breaches in procedures and actions carried out by the individual as an employee. This may differ from a breach of criminal law being investigated by the police. Disciplinary findings will be based on the balance of probabilities whereas in criminal proceedings decisions must be 'beyond reasonable doubt'. This means that if a decision is made to dismiss the staff member this must be done in accordance with employment law and employee rights, even if there is no criminal prosecution, or if a criminal prosecution does not find the individual guilty.</p>
If the alleged perpetrator is another service user	<p>There will be a review of and possible interviews with other service users, who, in the light of the allegations may also have been abused by the alleged perpetrator.</p> <p>Where the alleged perpetrator is another service user then support must be provided to that person as well as the victim of abuse. It may also be necessary for someone to be identified as the 'appropriate individual' for the purposes of an interview under the Police and Criminal Evidence Act.</p> <p>The Directorate for Adults will decide whether an alleged perpetrator can safely remain in their residence. Advice from police, the Care Quality Commission, funding authority or the Directorate for Adults will be taken before making this decision.</p>
Conclusion of Investigation	<p>At the conclusion of the investigation, all relevant management decisions must be recorded e.g.:</p> <ul style="list-style-type: none"> Review of care needs and care plan Disciplinary action Change of staff support Environmental alterations Re-writing of policies and procedures Staff training <p>(See section 3.2.3)</p>

3.2.3 Evidence and Factual recording

Protecting vulnerable individuals requires managers and staff to give due attention to the contents of reports and processes involved in collecting information about alleged or actual



abuse.

When a complaint is made it is important to keep clear and accurate records of the complaint and set up a file to include all relevant agency and service user records, recording all the action taken. This file should be made available to service commissioners and regulators on request. It is the responsibility of the Directorate for Adults to set up and maintain this file.

Staff should ensure they make notes of events they have witnessed as soon as they are able.

Giving evidence in a disciplinary hearing or court can be very stressful. In such a situation, particularly in the event of the Crime Prosecution Service (CPS) bringing a prosecution, staff may be required to give evidence. The organisation will support staff in such situations.

If service users are required to make statements then staff should ensure an 'appropriate individual' is present during the interview. In general this should not be a member of staff working with the person concerned. There are organisations who can provide appropriate individuals in such situations and the police will advise on such organisations.

In the event of a service user needing to give evidence in court the CPS will advise on the facilities to support disabled and vulnerable individuals when appearing as witnesses.

3.2.4 Co-ordination of the Reporting of Allegations of Abuse

To ensure the effective audit of safeguarding activity, all allegations should be recorded at a central point. This requires a nominated post holder to receive information that will assist in:

- collating information regarding alleged victims and perpetrators in a confidential manner
- collating outcomes of investigations
- collating statistical data for the purpose of supporting the production of an annual report
- collating data that will assist with the development of the local supporting strategy
- provide advice and information relevant to the investigation team where applicable

In Manchester this is the responsibility of the local authority Safeguarding Adults Co-ordinators who are based within the Safeguarding Adults team. Contact details are available at the end of this document.

Out of office hours, the Emergency Duty Service for the city will provide advice and can be contacted via the Contact Centre.



The Safeguarding Co-ordinators are responsible for the collation of statistical information about the incidence of safeguarding investigations across the city and their outcomes.

The Head of Safeguarding will be responsible for the production of an annual report based on this information which will be presented to the Safeguarding Adults Board and will become a public document once agreed at the Board and signed off by the Strategic Director of Adult Services.

The Head of Safeguarding will also be responsible for ensuring that relevant issues are brought to the attention of the multi-agency Safeguarding Adults Board, responsible for monitoring and reviewing the strategic operation of the policy.

3.3 Serious Case Reviews

All agencies in the city must have their own approved procedures for dealing with serious case reviews.

The Manchester Safeguarding Adults Board (MSAB) has the lead responsibility for conducting a serious case review.

A serious case review should be 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
- Where serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

In such circumstances the Safeguarding Adults Board should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult. The Safeguarding Adults Board will be the only body which commissions any serious case reviews. The Board will publicise both the process under which applications for reviews may be made and the terms of reference for each serious case review.

For more information on dealing with serious case reviews, please refer to the Serious Case Review Protocol, available online at www.manchester.gov.uk



4 Systems supporting procedures

4.1 Information sharing and confidentiality

Please also refer to 'Information Sharing: Guidance for practitioners and managers' published by DCSF and adopted by the Manchester Safeguarding Adults Board. This is available online at www.manchester.gov.uk

"No Secrets" is founded on the understanding that the risk of abuse can be minimised and instances of abuse can only be fully investigated if agencies work together to safeguard adults at risk. Often it is only when the various pieces of information are put together by the agencies involved that a full picture of the concerns can be seen.

There will be circumstances when a duty to protect the vulnerable individual or the wider public interest will outweigh the responsibility to any one individual, for example:

- if the allegation concerns a member of staff or volunteer
- the protection of the individual overrides all other interests
- there is or may be cause for an active Police investigation
- there is a significant risk of suicide or self harm
- there is a significant risk of harm to a third party

The prevention of abuse and the preservation of safety is most frequently tied to the sharing of information between services in the best interests of the abused person and the prevention of criminal activity. Failure to share information can be seen as compounding the abuse a vulnerable adult has experienced.

4.1.1 Seven Golden Rules for Information Sharing

1. **Remember that the Data Protection act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share the consent were appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be

overridden in the public interest. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Failure to share information can put individuals at serious risk.

Confidentiality is a serious consideration for all public services but within the confines of Safeguarding arrangements information can be safely shared. Responsible information sharing plays a key role in enabling services to protect victims of adult abuse and in extreme cases saves lives.

Articles 2 and 3 of the Human Rights Act 1998 place an obligation on public authorities to protect people's rights to life and their freedom from torture, inhumane and degrading treatment. Meeting these obligations may necessitate lawful information sharing.

However, all information sharing should be done on a case by case basis.

In all cases, the worker involved should discuss the proposal to share information with, and seek approval from, their Line Manager. The reasons for sharing information, what information is shared and who this has been shared with should be recorded.

The Data Protection Act 1998 talks of two types of information:

- “Personal Data” which relates to a living individual who can be identified from that information. It includes any expression of opinion about the individual and any implications of the intentions of any person in respect of the individual.
- “Sensitive Data” information concerning racial or ethnic origin, physical/mental health, sexual life, alleged or committed offences.

This is the sort of information agencies are likely to need to share to support victims, conduct risk assessments and help keep the individual safe.

There is no single body of law that governs information sharing. Instead there is a legislation framework of gateways and protections.



The Department of Constitutional Affairs advocates a straightforward 'sequence of consideration'. Lawful information sharing may proceed if the answer to the following questions is yes

- **Do you have a legal power to share information?** e.g. the Crime and Disorder Act 1998 Section 115 provides a legal power to share information to prevent crime. This will apply to the majority of Adult Safeguarding cases.
- **Are you in compliance with Article 8 of the Human Rights Act 1998?** Information Sharing may not interfere with rights under Article 8 (respect for private and family life) unless it is in accordance with the law and necessary in a democratic society in the public interest, public safety for the prevention of disorder or crime, the protection of health or the protection of rights and freedom of others.
- **Are you compliant with common law obligations of confidence?** Common law requires that information may not be lawfully disclosed when given in certain circumstances of confidentiality. Disclosure of confidential information can be justified if; the individual to whom the duty of confidentiality is owed has consented to the disclosure; there is an overriding public interest in disclosure; disclosure may be required by a court order or other obligation. If the individual who is owed confidentiality does not have the mental capacity to consent then disclosure may be made provided the assessment of their mental capacity and their best interests are described in the record of the adult safeguarding procedure.

Under the Data Protection Act information about individuals must be:-

- Fairly and lawfully processed (which includes information sharing)
- Obtained only for one or more specific and lawful purposes and not processed in any manner incompatible with those purposes
- Adequate, relevant and not excessive
- Accurate and kept up to date where necessary
- Not kept for longer than necessary
- Processed in line with the data subjects rights
- Secure
- Not transferred outside the EC.

4.1.2 Consent

As a matter of good practice services needing to share information should routinely consider getting explicit written consent or documented verbal consent to the information sharing from the person about whom the information is concerned. This will give the victim:-

- A degree of control over any decisions and processes in what may be very difficult circumstances for them
- A greater opportunity to accept offers of advice, support and protection
- Provide services with a strong form of protection any future challenges.



Consent must be freely given and cannot be inferred or provided under duress. When gaining consent the individual should be told clearly what the purpose of sharing information is and how it will happen (within the investigation or safeguarding meeting), what information will be shared and with whom. The individual should be informed of their right to refuse consent but assured they will be kept informed about the Safeguarding processes that may share the information).

- The Caldicott Committee “Report on the review of patient identifiable information” recognises that confidential patient information may need to be disclosed without consent in certain circumstances if it is in the best interests of the patient or public and discusses in what circumstances this may be appropriate and what safeguards need to be observed. The Caldicott principles should be applied in adult protection situations and can be summarised as follows
- Information about the alleged abuse should be shared on a ‘need to know’ basis when it is in the best interests of the service user.
- 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 over-ride the requirement.

Agencies should not give assurances of absolute confidentiality where there are concerns about abuse as in circumstances where the abuse is a criminal act or placing other vulnerable people at risk the information must be disclosed.

If we know that an individual who has been involved in Safeguarding processes moves to another area, and the level of concern has been significant, we have a duty to share certain information about the individual with that area.

4.2 Whistle blowing

Someone blows the whistle when they tell someone in authority about a dangerous or illegal activity that they are aware of through their work. This includes abusive practices, poor standards of care, financial abuse, health and safety risks, environmental issues, fraud, and other problems.

Employees are often the first to realise that there is something seriously wrong within the organisation. However, they may not feel able to express their concerns as they worry that speaking up would be disloyal to their colleagues or to the organisation.

The Manchester Safeguarding Adults Board will not tolerate abuse and is committed to ensuring high quality care and support services. In line with that commitment all employees who have concerns about any aspect of care and support services provided are expected to voice those concerns.

Each organisation should have a Whistleblowing procedure, the purpose of which is

- To provide avenues for staff to raise concerns in confidence and receive feedback on any action taken.
- To ensure that staff receive a response to their concerns and that they know how to pursue them if they don't get a satisfactory response.



- To reassure staff that they will be protected from possible reprisals or victimisation if they have a reasonable belief that they have made a disclosure in good faith.

4.2.1 Safeguarding and Victimisation

The decision to report a concern can be a difficult one to make. The Whistleblowing policy should make clear that harassment or victimisation (including informal pressures) will not be tolerated and that appropriate action will be taken to protect staff who raise a concern in good faith.

All concerns will be treated in confidence and every effort will be made not to reveal the identity of staff raising an issue under the whistleblowing procedure if this is their wish. At the appropriate time, however, they may need to come forward as a witness and in these circumstances they should be supported to do so.

This policy encourages you however to put your name to your concern whenever possible. Please note that:

- Staff must disclose the information in good faith.
- Staff must believe it to be substantially true.
- Staff must not act maliciously or make false allegations.
- Staff must not seek any personal gain.

5 Contacting for Help

For support and guidance on interpretations, resolution of problems, and special situations, please contact:

Safeguarding Adults Team

Directorate for Adults

Manchester City Council
Directorate for Adults
Level 3
Number One First Street
Manchester
M15 4FN (for sat nav please use M1 5DE)

Phone: 0161 219 6830

Fax: 0161 274 7025

In all other cases, please contact the **Contact Centre on 0161 255 8250**



6 Appendices

Key Roles and Responsibilities in Safeguarding Adults

Investigation and the Management of the Multi-agency Policy

Role	Activities
Independent Chair	Chair of the multi agency Safeguarding Adults Board
Head of Adult Safeguarding/ Safeguarding Adults Co-ordinator	<p>Supports the work of the Multi-agency Safeguarding Adults Board and is responsible for:</p> <ul style="list-style-type: none"> • Advice and support to the board • Advice and support to board members in the implementation of 'Safeguarding Adults' work within their organisation • Maintain an overview of the development of local 'Safeguarding Adults' work • Provide information about relevant national and regional developments • Collate monitoring and quality assurance information • Provide information and advice on the implementation of the 'Safeguarding Adults' procedures to all • Plan and commission work to be undertaken by the partnership <p>Manages work undertaken by the board. This often includes the board's joint training and information strategies. Manage the local authority Safeguarding Adults team</p>
Team manager In local authority Adults, Community Care Teams.	<p>Responsible for:</p> <ul style="list-style-type: none"> • ensuring that referrals relating to allegations of abuse are dealt with appropriately; • the effective co-ordination of process; • collating of reports from investigating officer and chairing strategy meeting.
Investigating Officer	<p>Responsible for:</p> <ul style="list-style-type: none"> • carrying out the investigation into the allegation according to policy and agreed practice (this can be the role of one or two individuals from one or two organisations); • reporting to the responsible team manager.
Safeguarding Lead	<p>Responsible for:</p> <ul style="list-style-type: none"> • gathering data and report forms from allegations and their investigation; • reporting data to the Safeguarding Adults team for the

Role	Activities
	<p>purpose of the collating statistical information</p> <ul style="list-style-type: none"> • Monitoring that the investigation information is being reported in a timely manner by the service involved; • Working with the Safeguarding Adults team to develop and improve safeguarding practice • reporting to the Safeguarding Adults Board when issues arise.
Policy manager	<p>Nominated post holder within each agency/ organisation/establishment, who is responsible for:</p> <ul style="list-style-type: none"> • Ensuring that the policy is in operation, understood and effective; • Reviewing the use of the policy after any incident within their organisation; <p>This role can be undertaken by, for example, registered managers, home owners, senior support workers, volunteer co-ordinators, personnel advisors etc and is responsible to the contracting authority/ inspection authority.</p>
Multi-agency Safeguarding Adults Board	<p>Identified senior personnel from key stakeholder organisations who meet at regular intervals and report to the Directorate for Adults. Responsible for:</p> <ul style="list-style-type: none"> • Managing the strategic support and development of the policy, and commissioning appropriate working groups to support this role. • Reviewing the policy at regular intervals and evaluate its effectiveness.
Strategic Director, Directorate for Adults	<ul style="list-style-type: none"> • Has the key responsibility to ensure that an appropriate policy, business plan or strategy, and Multi-agency Safeguarding Adults Board are in place. • Provides an annual report on activity around the policy and referrals/outcomes in the city

0161 856 1337

'C' Division

Covers: Chorlton, Didsbury, Withington, Wythenshawe, Northenden

**Elizabeth Slinger Rd Police Station
Elizabeth Slinger Road
Didsbury
Manchester
M20 2ES**

CDivision.NoSecrets@gmp.police.uk

0161 856 4855

If the safeguarding concerns require an urgent response and you have not been able to get an answer from the above numbers- please contact the main GMP switchboard on 0161 872 5050. In an emergency contact 999

