protecting vulnerable adults

Surrey

Multi-Agency Procedures

February 2005

Surrey Adult Protection Committee

This document is produced by

Surrey Multi-Agency Adult Protection Committee

February 2005

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Foreword

Surrey Multi-Agency Adult Protection Procedures is an example of how we are working in partnership to empower and protect some of the most vulnerable members of our community. The awareness that some people, who live in Surrey, may be at greater risk of abuse because of their age or the nature of their disability, must be a cause of concern to all of us. Surrey Multi-Agency Procedures represents a real commitment by organisations, which provide a service to the public, to work together to ensure that such people live safe and secure lives.

The Surrey Multi-Agency Procedures have been produced as a result of collaboration and consultation between the key agencies in Surrey. The Procedures have been streamlined and updated to reflect areas of change and new legislation and they set out how agencies in Surrey are implementing the Department of Health's guidance on the protection of vulnerable adults as contained in the publication 'No Secrets' (DOH March 2000).

Alan Adams
Executive Director – Adults and Community Care

As part of their commitment, the key agencies have signed up to the Surrey Multi-Agency Adult Protection Procedures (see next page)

Key agency signatories

On behalf of the five Primary Care Trusts – Nicholas Yeo

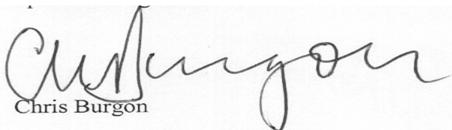
East Elmbridge and Mid Surrey Primary Care Trust
East Surrey Primary Care Trust
Guildford and Waverley Primary Care Trust
North Surrey Primary Care Trust
Surrey Heath and Woking Primary Care Trust

On behalf of Surrey Oaklands NHS Trust - Maggie Somekh

On behalf of N.W. Surrey Mental Health Partnership NHS Trust – Lorraine Reid

On behalf of Surrey/Hampshire Borders NHS Trust – Fiona Green

On behalf of Surrey Police – Assistant Chief Constable Adrian Leppard



On behalf of Commission for Social Care Inspection - Chris Burgon

On behalf of Chief Housing Officer – Richard Woodward

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Part A: Policy

A.1 Statement of principles

The following principles have been adopted by all agencies and professionals working together to protect vulnerable adults.

1. All vulnerable adults have a right to be protected and their decisions respected even if that decision involves risk.

2. The prime concern at all stages will be the interests and safety of the vulnerable adult.

3. The aim will be to give a professional service to support and minimise distress to any vulnerable adult.

4. Everyone will be treated sensitively at all stages of the investigation.

5. The importance of professionals working in partnership with the vulnerable adult and others involved, will be recognised throughout the process.

5. All services will be provided in a manner that respects the rights, dignity, privacy and beliefs of all the individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability, age or sexual orientation.

6. All services will be provided in a manner that respects the rights, dignity, privacy and beliefs of all the individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability, age or sexual orientation.

7. Vulnerable adults who have been abused need the same care and sensitivity whoever the alleged abuser.

8. The responsibility to refer the vulnerable adult thought to be at risk rests with the person who has the concern.

9. All agencies receiving confidential information in the context of a vulnerable adult investigation will make decisions about sharing this information in appropriate circumstances.

10. Procedures provide a framework to ensure that agencies work together for the protection of vulnerable adults. They are not a substitute for professional judgement and sensitivity.

11. Vulnerable adults have the right to have an independent advocate if they wish, at any stage in the process.

A.2 Introduction

This document is intended to provide an overall framework for best practice, plus multi-agency co-operation in all work and relationships with vulnerable adults in Surrey.

Each agency has its own operational procedure to support this document. This policy document will be used when dealing with all vulnerable adults where abuse is suspected and/or reported.

Some instances of abuse will constitute a criminal offence. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways.

Examples of actions which may constitute criminal offences are assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation and certain forms of discrimination, whether on racial or gender grounds.

Alleged criminal offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action invariably rests with the state in the form of the police and the Crown Prosecution Service. Accordingly, when complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency.' *('No Secrets': Guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse. March 2000)*

Criminal investigation by the police takes priority over all other lines of enquiry.

A.2.1 Vulnerable adult definition and definition of abuse

A vulnerable adult is a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. *(Who decides? 1997 Lord Chancellor's Department and 'No Secrets' 2000)*

Whether or not a person is vulnerable in these cases will depend upon surrounding circumstances, environment and each case must be judged on its own merits

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

A.2.2 **Context**

Abuse of vulnerable adults can occur in any setting or any situation and can be a complex area of work. Abuse may occur in domestic, institutional and public settings:

- ♦ Domestic settings: including their own home, or another person's home.
- ♦ Institutional settings: including day care, residential care, nursing homes and hospitals.
- ♦ Public settings: including in the street, any public area or social or work environment.

Abuse of vulnerable adults occurs in all cultures, all religions and all levels of society.

The abuser may be anyone, including a member of the family, friend, neighbour, partner, carer, stranger, care worker, manager, volunteer, another service user or any other person who comes into contact with the vulnerable adult.

A.2.3 **Domestic violence**

Surrey Domestic Violence Strategy Group is responsible for the county strategy on tackling domestic violence. The strategy addresses domestic abuse issues for the benefit of those who have experienced, may currently experience or may experience domestic abuse in the future. (Although other agencies may have their own definition) the definition of domestic violence for the purposes of the strategy is understood to mean:

- ♦ Actual or threatened physical, emotional, psychological and sexual abuse which takes place in the context of a close relationship between adults, usually partners or ex-partners.
- ♦ Domestic violence involves the use of power and exercise of control by one person over another.
- ♦ Domestic violence occurs irrespective of race, gender, ethnicity, class, sexuality, age, religion, mental or physical ability.

People, who are elderly, physically disabled or who have mental health problems are particularly vulnerable to domestic violence/abuse at the hand of their partners, ex-partners, family members or carers. All victims of domestic violence should be treated with compassion and according to their individual needs, without making assumptions or stereotyping. Resources will be directed, where necessary, towards the vulnerable person and those most at risk of repeat victimisation.

A.2.4 **Prevention**

Each agency / organisation has a duty to provide accessible information for users, carers, and the general public. Agencies / organisations must ensure that staff have an awareness of the possibility of abuse, that they have received training and that procedures are in place to deal with any disclosure of abuse. This would

include, for example, an understanding of the type of situations where abuse is likely to occur, the analysis of risk and the importance of recording and sharing information. Adult protection information should be provided to staff and managers through induction training; basic awareness training and multi agency adult protection training.

Agencies / organisations are also expected to have a clear 'Code of Conduct' in place for all staff, which sets out the standards of conduct expected of staff, especially in relation to personal and sexual relationships between people in a position of trust and vulnerable adults *(See 'Caring for Young People and the Vulnerable' Home Office Guidance 1999).*

Internal guidelines should also cover the rights of staff, responsibilities of employers and policies to respond to violence and abuse directed at staff members.

In order to prevent abuse, agencies / organisations will produce for their staff a set of internal guidelines, which relate clearly to the multi agency policy and which set out the responsibilities of all to operate within it. These will include guidance on:

- identifying vulnerable adults who are particularly at risk
- routes for making a referral and channels of communication within and beyond the agency
- assurances of protection for whistleblowers (see Part D)
- working within agreed operational guidelines in relation to:
    - challenging behaviour
    - personal and intimate care
    - physical interventions
    - sexuality
    - medication
    - handling user's money and
    - risk assessment and management.

A.3 What constitutes abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

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

Abuse can be broadly defined under the following categories: see also G.1.1 for general indicators of abuse.

A.3.1 Physical abuse

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

Examples of behaviour: hitting, slapping, pushing, burning, physical restraint, harassment, enforced sedation, inappropriate use of medication, and catheterisation for management ease.

A.3.2 Sexual abuse

Direct or indirect involvement in sexual activity without consent.

Examples of behaviour: Non-contact: looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.

Contact: coercion to touch, e.g. of breast, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth, with or by penis, fingers, and/or other objects.

A.3.3 Neglect

Ignoring or withholding physical or medical care needs.

Examples of behaviour: failure to provide: appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; inappropriate use of medication or over-medication.

A.3.4 Psychological / emotional abuse

Psychological abuse is that which impinges on the emotional health and development of individuals. It also presents with other forms of abuse.

Examples of behaviour: shouting, swearing, insulting, ignoring, threats, intimidation, harassment, humiliation, depriving an individual of the right to choice and privacy.

A.3.5 Financial / material abuse

The unauthorised, fraudulent obtaining and improper use of funds, property or any resources of a vulnerable person.

Examples of behaviour: misappropriating money, valuables or property, forcing changes to will, denying the vulnerable adult the right to access personal funds.

A.3.6 Abuse of individual rights / discriminatory abuse / racial abuse

Abuse of individual rights is a violation of human and civil rights by any other person or persons.

Discriminatory abuse consists of abusive or derisive attitudes or behaviour based on a person's sex, sexuality, ethnic origin, race, culture, age, disability or any other discriminatory abuse.

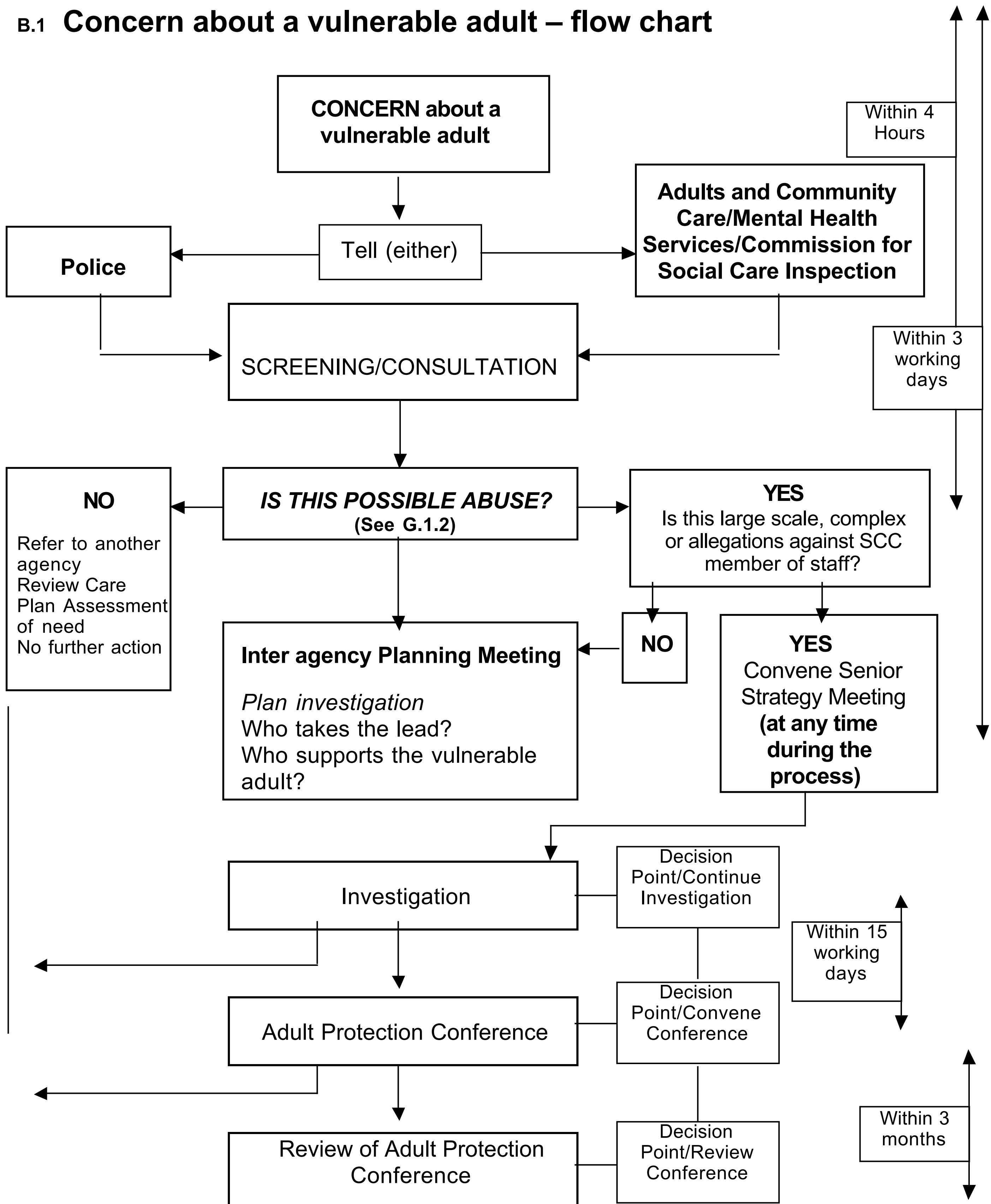
A.3.7 Professional abuse

Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

Examples of behaviour: entering into a sexual relationship with a patient/client, failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice, failure to support vulnerable adult to access health care/treatment, denying vulnerable adults access to professional support and services such as advocacy, service design where groups of users living together are incompatible, punitive responses to challenging behaviours, failure to whistle-blow on issues when internal procedures to highlight issues are exhausted.

Part B: Procedures

B.1 Concern about a vulnerable adult – flow chart



B.2 Multi-agency process

Surrey Adults and Community Care will co-ordinate the response relating to any allegation within the Surrey boundary.

There is an expectation that other local authorities would investigate on our behalf if a Surrey service user is resident in an out of county placement. Surrey, as the placing authority, would continue to have a duty of care to the abused person within the remit of the investigation.

The vulnerable adult as a potential / alleged victim and/or potential / alleged abuser:

B.2.1 Initial referral

Following referral, a decision will be taken within **4 hours** between Adults and Community Care/Integrated Health and Social Care/Mental Health Team and the Police, as to who will lead the investigation, and to take whatever action may be necessary to safeguard the individual and/or others. At this stage there are four possible courses of action:

a) Where it is felt that a criminal offence may have taken place, the Police will take the lead in the investigation
b) Where it is felt that no criminal offence has taken place, Adults and Community Care/Integrated Health and Social Care/Mental Health Team will co-ordinate the investigation
c) Following discussion, it is not felt appropriate to pursue a Vulnerable Adults Investigation
d) Other actions determined e.g. review, complaint etc

This decision will be made by the appropriate manager in Adults and Community Care/Integrated Health and Social Care/Mental Health Team and the relevant Police Officer at the time of referral (within 4-hours) or at an Interagency Planning Meeting. This decision will be dependent on the level of urgency and the assessed risks in relation to immediate intervention. All decisions must be recorded on the relevant forms and signed by the appropriate manager. (See flow chart B.1.)

During initial information gathering and assessment, consideration should be given to the possible role played by the misuse of drugs and/or alcohol.

Consideration must be given to how and when the vulnerable adult will be enabled to be part of the process.

If the referral/allegation is large scale or complex, a Senior Strategy Meeting must be convened (see Part B.2.13)

B.2.2 Interagency planning meeting

If a decision is made to convene an Interagency Planning Meeting, this must be within three working days of receipt of the referral. However, an investigation should not be delayed whilst waiting for an Interagency Planning Meeting to be convened. The safety and

well being of the individual is paramount. An Interagency Planning Meeting between Adults and Community Care/Integrated Health and Social Care/Mental Health Team and the Police can be held by telephone if urgent intervention/investigation is required. In either case, clear records of the meeting must be kept. At this stage, there must be clear delineation of responsibility and it should be clear about what can/cannot be said to the vulnerable adult involved. As the vulnerable adult may be isolated, it could be an appropriate time to involve an independent advocate at this early stage; the advocate should be appropriately skilled.

The chairperson of this meeting will usually be an Assistant Operational Manager or equivalent within Adults and Community Care/Integrated Health and Social Care/Mental Health Team. They will be responsible for ensuring that a record of the meeting and its outcome is made and distributed (where appropriate) to all relevant agencies.

When an Interagency Planning Meeting is convened, the Assistant Operational Manager or equivalent within Adults and Community Care/Integrated Health and Social Care Team, will be responsible for:

- Setting the objectives of the meeting
- Ensuring appropriate representation
- Ensuring the meeting is held within the stated timescales (except in exceptional circumstances – in which case, clear reasons must be given and recorded)
- Ensuring an effective communication strategy is in place (e.g. referrers, employer, alleged perpetrator etc)

Invitees – Consideration should be given to inviting the following representatives:

- Care Manager/Social Worker
- Care Co-Ordinator
- Commission for Social Care Inspection Officer
- Police Representative
- Health Representative (e.g. psychiatrist, community nurse, PCT representative)
- Legal Services
- Service Provider (e.g. residential home, day services, support services)

The alleged incident

The meeting itself should consider:

- Is there a need to investigate (this may not always be appropriate, following the sharing of information, to proceed with the Adult Protection process)
- Who best to investigate the allegation of abuse and carry out any risk assessment
- The time scale of the investigation
- The wishes of the vulnerable adult and the potential role for an advocate
- Any special needs of the vulnerable adult
- The needs of the vulnerable adult, such as the placement, or ongoing support
- The likelihood of media attention
- Who should be the key worker and liaise with the vulnerable adult?

- The timing and need for further interagency meetings
- Any parallel proceedings, e.g. civil or disciplinary action
- A debrief meeting if relevant
- Whether this meets the thresholds for a Senior Strategy Investigation/Meeting

B.2.3 Suspected or actual abuse by a vulnerable adult

It must be recognised that a vulnerable adult can be an offender as well as a victim. In this case, if a crime has been committed, it must not be assumed that the alleged perpetrator does not know the difference between right and wrong.

Where there is an allegation made that a vulnerable adult may be, or is abusing others including the carer, the correct procedures, in relation to the victim/s, must be followed, including child protection and/or adult protection procedures, as appropriate. Investigators working with vulnerable adults as alleged offenders should be of sufficient experience and have undertaken appropriate training.

Where the abuse is so serious that it constitutes a criminal act, the Police must be consulted and will determine how the investigation is to proceed. The Police **alone** are responsible for interviewing the vulnerable adult who is a suspect, although it will be necessary in most cases for an Appropriate Adult to be present during the interview.

B.2.4 Sex offenders and dangerous offenders

Where there is clear evidence that a vulnerable adult may be an offender as defined by the **Multi-Agency Protection Panel Arrangements (MAPPA)**, he/she must be referred to the Responsible Authorities (Police and/or Probation Service). The MAPPA guidance as a result of the Criminal Justice and Court Services Act 2000, requires Police and Probation to work closely together to manage the risks posed by dangerous offenders in the community. Further changes in MAPPA have been made in the Criminal Justice Act 2003 and further guidance is to be given by the Secretary of State in 2004.

Offenders may fall into one of three categories:

Category 1 - Registered Sex Offenders
Convicted or cautioned since September 1997 of certain sexual offences.
Offenders are required to register within three days of date of conviction, caution or release from prison.

Category 2 - Violent and Other Sex Offenders
Violent offenders who have received a sentence of 12 months or more (also applied to those detained under hospital/guardianship orders – for full details see Appendix 1 of MAPPA guidance.

Category 3 - Other Offenders
Offenders who are not in Category 1 or 2 but are deemed to pose a risk of serious harm to the public i.e. two things must be established.

(i) it must be established that the person has a conviction for an offence which indicates that he is capable of causing serious harm to the public

(ii) it must reasonably be considered that the offender may cause serious harm to the public

Concerns about a vulnerable adult perpetrator/offender should be referred directly to one of the Responsible Authorities. There is a statutory duty for certain agencies to co-operate with the Responsible Authority. Currently they are:

- Housing
- Social Services
- Local Education Authority
- Youth Offending Teams
- Department of Work and Pensions
- Social Landlords
- NHS Strategic Health Authority
- NHS Hospital Trust
- NHS Primary Care Trust

B.2.5 Multi-agency protection panel arrangements (MAPPA)

The Three MAPPA Levels

In order that MAPPA can focus sharply on the 'critical few' in the assessment and management of risk, a three-level structure exists within each Area's MAPPA:

Level 1: involves a single agency, most commonly the probation service, managing the offender without the active or significant involvement of other agencies;

Level 2: is used where the active involvement of more than one agency is required but where either the level of risk or the complexity of managing the risk is not so great as to require referral to Level 3; and,

Level 3: referred to as the Multi-Agency Public Protection Panel (or MAPP). At this level senior representatives of relevant agencies are involved to co-ordinate the management of the very small number (the 'critical few') of high risk or difficult to manage MAPPA offenders.

Cases that fall outside MAPPA

In all cases where it is clear that there are significant concerns regarding the vulnerable adult's alleged abusive behaviour, a comprehensive risk assessment should be considered. Throughout this process it has to be recognised that the vulnerable adult has a right to choice. Every effort must be made to enable the vulnerable adult to understand the process and to take full part where possible. This may include the support of an independent advocate.

Allegations of sexually inappropriate or abusive behaviour by a vulnerable adult can be extremely distressing for their family or carers. Typically family and/or carers may deny or minimise the behaviour. The importance of engaging with the family or carers at this early stage is crucial to ensure co-operation.

Where the vulnerable adult is the potential/alleged abuser, the following should also be considered:

- Degree to which responsibility for the behaviour has been accepted by the vulnerable adult
- The need to share relevant information with the wider community
- The level of risk/danger posed to themselves and others (including children where appropriate – refer back to MAPPA)
- The family background
- The family’s attitude to the concerns, including their level of co-operation
- The agreed intervention strategy
- Access to initial legal advice for the vulnerable adult
- Other forms of support the vulnerable adult may require

B.2.6 The investigation

Immediate consideration should be given to the safety of the individual.

Where the vulnerable adult appears to have the capacity to make decisions regarding their present and future circumstances, the professional should talk through the possible options and respect the vulnerable adult's rights, unless a legal responsibility to intervene exists.

If there are any doubts about the vulnerable adult’s capacity, seek specialist medical advice. This is particularly important where there may be potential legal proceedings.

Where the vulnerable adult is deemed not to have capacity, this must not stop the investigation. However, an independent advocate will be sought to represent the rights and entitlements of the vulnerable adult. Consideration should also be given at this stage to the potential role that could be played by family members, but this may not always be appropriate. If a vulnerable adult is incapacitated then the responsibility to make a decision on behalf of that person rests with professionals acting in the best interests of the vulnerable adult following assessment.

As part of duty of care and best practice, an independent advocate will be sought in these circumstances.

Investigators should be of sufficient experience and should have undertaken appropriate training. The initial investigation should be completed within the shortest possible time. When the investigation is completed all parties should be notified and an Adult Protection Conference convened.

The purpose of the investigation and role of the investigator(s)

The purpose of the investigation is to establish:

- Has abuse/crime occurred?
- The type of abuse and circumstances
- The risk to the vulnerable adult or others

- To take any immediate action to prevent further abuse if necessary
- The level of understanding of the risk by the vulnerable adult
- Where disciplinary action may be required on the part of the employer

The investigation into the circumstances of the vulnerable adult as the alleged perpetrator/offender will need to focus on;

- The assessment of risk to other vulnerable adults or children (see Surrey Child Protection Procedures)
- The abusive behaviour, including any pattern that may have developed
- The alleged perpetrator/offender as a vulnerable adult who might have been, or continues to be the subject of abuse him/herself

The role of the nominated investigator/s is to:

- Gather and preserve evidence
- Assemble background information
- Identify and liaise with other relevant agencies
- Interview the vulnerable adult
- Carry out a risk assessment to assess present and future levels of risk, and the vulnerable adult's ability to understand the risk
- Feedback to all relevant agencies regarding the progress of the investigation. **When the investigation is concluded, notify all relevant parties, including the initial referrer**
- Make recommendations as to further action needed following investigation e.g. disciplinary, complaint
- Agree who, if anyone, should interview care staff about the allegations that have been made

Initial contact with the vulnerable adult

The initial contact with the vulnerable adult will determine what course of action should be taken. The Investigator/s should gather and collate information and consider the following:

- The ability of the vulnerable adult to communicate
- Their means of communication - consideration should be given to how the vulnerable adult communicates, i.e. specific language, Makaton, Communication Board, or language other than English. This will reflect on the way questions are framed/language used and how sentences are constructed
- The degree of disability
- What the alleged incident was and where it occurred
- When the alleged incident occurred. This may be particularly significant when considering the collection of forensic evidence
- The perception of the vulnerable adult
- Any relevant background information
- Issues of capacity (i.e. the understanding of the vulnerable adult in relation to various decisions which are made during the course of the investigation)

- Informing the vulnerable adult about the process and what will happen next
- Recognition of the possible continuing emotional attachment a vulnerable adult as a victim may have for their abuser

The same consideration needs to be taken into account when interviewing a vulnerable adult.

B.2.7 **Issues relating to capacity / consent / coercion** (see also Part E)

Capacity

This is based on understanding of the consequences of taking one option as opposed to another at a particular time. Capacity can vary over time and according to circumstances.

If there are any doubts about the vulnerable adults capacity, seek specialist medical advice. This is particularly important where there may be potential legal proceedings.

Consent

Including the following:

- Understanding what is proposed based on age, maturity, developmental level, functioning and experience
- Knowledge of society's standards for what is being proposed
- Awareness of potential consequences and alternatives
- Voluntary decision
- Capacity (see above)

Coercion

The vulnerable adult who offends/abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses, i.e. loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance. The following questions may be used as a helpful guide in looking at a particular incident:

- What is the nature of the relationship between the perpetrator and the victim?
- How sophisticated is the activity; is the type of activity age-appropriate?
- How often and for how long did the activity take place?
- Has it become more frequent, severe or socially unacceptable?
- Is there overt aggression, coercion or bribery?
- What is the experience of the abused person?
- Have any of the individuals involved attempted to secure secrecy?
- How was the activity revealed; was it disclosed by either the victim or the perpetrator or was it discovered?
- Does the abuser appear to target a particular type of victim?

If during the course of an interview with the alleged perpetrator, under the *Police and Criminal Evidence Act 1984* (PACE), they make an allegation of being a victim of abuse, the Police will make a referral to Adults and Community Care/Integrated Health and Social

Care/Mental Health Team and the normal vulnerable adult procedures will be followed. The timing of the referral will depend on the circumstances. In such circumstances a second investigator from the appropriate agency will be appointed to investigate the alleged perpetrator as a victim. This is in order to avoid conflict of interest.

All those involved with the provision of care for vulnerable adults in a twenty-four hour care setting must be alert to the possibility of abuse by other vulnerable adults. When the abuse is allegedly caused by another vulnerable adult resident in the home, it is necessary to apply the procedures to both the alleged abuser(s) and the victim(s).

When the authority looking after both the abuser(s) and the victim(s) is also the investigating authority, it is considered vital that there should be an independent monitoring of the department's response to this type of complaint.

B.2.8 Record keeping

Throughout the investigation detailed factual records must be kept, including the date, time and circumstances in which conversations or interviews are held. Wherever possible hand-written contemporaneous notes should be taken and retained as these may be required to be submitted in the future should any criminal prosecution take place or where in the case of a registered care service the authority decide to take legal action against a provider which may result in the cancellation of registration or prosecution.

Whenever a complaint or allegation of abuse is made **all agencies** must keep clear and accurate records. Where a service provider is registered with the Commission for Social Care Inspection, records of incidents must be made available to the relevant officer.

If the alleged abuser is a service user then information about his or her involvement in an adult protection investigation, including the outcome of the investigation, should be included in the **confidential** section of his or her case records. It is recommended that all case files, which contain adult protection information, be retained indefinitely. These records must be subject to the same confidentiality protocols as are operated by the agency and compliant with the *Human Rights Act 1998* and the *Data Protection Act 1998.*

All agencies should identify arrangements, consistent with the principles of fairness, for making records available to those affected by and subject to investigation. Each agency should also identify procedures for incorporating, on receipt of a complaint or allegation, all relevant agency and service user records into a file to record all action taken.

B.2.9 Adult protection conference

An Adult Protection Conference will be called where the vulnerable adult is considered to be at risk of abuse or further action is needed.

- The meeting can only take place following an investigation by the lead agency/agencies and by the decision of the Operational Manager or equivalent within the Health/Social Care Team/Mental Health Team.
- A review of the Adult Protection Conference may be held if deemed appropriate by the participants.

The Adult Protection Conference will be held within fifteen working days following completion of an investigation. An additional period of time may be requested where the investigation is particularly complex. Reasons for longer delays must be identified, recorded and the relevant senior manager informed.

An Adult Protection Conference is not a forum for a formal decision that a vulnerable adult has been abused, neither does the Adult Protection Conference have a statutory role in law.

- The meeting provides an opportunity to exchange information and devise an adult protection plan.
- The meeting does not form part of the investigation process, but is a method of pooling resources and information.
- The meeting is the prime forum for sharing information and concerns, analysing risk and recommending responsibility for action.
- The meeting will recognise the inter-agency nature of assessment and management of the abuse of vulnerable adults and where appropriate, a risk management plan will be put in place.

A separate Adult Protection Conference should be held in respect of both the vulnerable adult and the alleged abuser if they are also a vulnerable adult.

Objectives of the Adult Protection Conference

- To listen to and respect the wishes of the vulnerable adult, including acknowledging that person's right to take risks (within the context of their capacity to make informed choices)
- To share and evaluate information gathered during the investigation. The information for consideration must include a chronology of key events from each agency
- To gather further information available to participants about the vulnerable adult and their circumstances
- To agree the level of risk to or from the vulnerable adult
- To agree plans (where possible) for the safety and well-being and support of the vulnerable adult in the future. This will include the circumstances surrounding contact between the vulnerable adult and alleged perpetrator/s.
- To make recommendations to the authorities with legal powers about whether legal action needs to be taken
- To consider the legal context of any possible intervention
- To achieve a framework for inter-agency working and co-operation, including review adult protection conferences
- To clarify the roles and responsibilities of the various professionals involved
- To make arrangements for monitoring and reviewing the situation

- To agree future support for the vulnerable adult (see also Part B.2.14 Psychotherapy and Counselling)

Attendees at Adult Protection Conference

The meeting will include those agencies who have information and can contribute to an understanding of the case. For the meeting to fulfil its purpose those professionals attending must have prepared full reports (written or verbal) for the meeting. The chairperson must be advised if this is not possible and the reasons. If it is not possible for the agency representative to be present at the meeting, a report must be submitted to the chair five working days prior to the meeting.

The vulnerable adult, or their representative, has the right to attend the Conference and express their views and should be encouraged and enabled to do so. (This may include the attendance and support of an independent advocate or appropriate supporter). If the vulnerable adult chooses not to attend, they have the right to nominate an advocate or appropriate representative to attend on their behalf. At the discretion of the chairperson, in discussion with the vulnerable adult and/or their representative, it may be deemed in the best interests that he/she only attends part of the meeting. The vulnerable adult or their representative may not attend part of the meeting if there is confidential third party information that needs to be shared amongst professionals. In the case of an independent advocate attending instead of the vulnerable adult, information that has been deemed not to be divulged to the client shall not be divulged to their representative.

Where a vulnerable adult who is deemed to have capacity to make an informed decision does not wish to attend, their best interests must be addressed within the meeting forum and recorded within the minutes. Their refusal to attend should not preclude the meeting from taking place and the attendance of an advocate on their behalf should be considered.

The following should also be invited:

- Care Manager/Social Worker
- Police
- An advocate/representative/supporter/interpreter as appropriate.

Plus any of the following where they are involved:

- Commission for Social Care Inspection (where the service is registered or inspected)
- Provider manager
- Representative from the Legal Services
- Proprietor of residential establishment and/or their representative
- Manager of day care services
- Housing Authority
- General Practitioner
- Psychiatrist
- Psychologist
- Emergency Duty Worker
- Community/District Nurse
- Health Visitor

- Therapists
- Probation
- Any other responsible person who may be able to give relevant information appropriate to the situation.

It may be appropriate to exclude one or more of the above for all or part of the meeting. **The final decision rests with the chairperson who must discuss this with the relevant parties in advance**.

The number of people attending an adult protection case conference should be limited to those who can contribute to the decision-making process.

B.2.10 Adult protection conference process

The chair will be responsible for leading the process during the conference and the following format should be followed:

1. Identify name of subject, date of birth and address.
2. Participants will introduce themselves and state their role, agency and their contact with the vulnerable adult.
3. The independent chairperson will explain the reason for the meeting; give any apologies for attendance and emphasise the issues of confidentiality, equality and diversity.
4. From their report, the investigator/s will outline the details of the allegation and actions taken to date or planned. These details to include events leading to the specific incident and any previous, relevant instances of abuse.
5. Introduce any other verbal report.
6. Introduce any other written report.
7. The vulnerable adult must be supported to express their views – the meeting will listen and respect those views and those given by their independent advocate or appropriate supporter.
8. A discussion will take place regarding the information provided by all parties.
9. The meeting will decide if the vulnerable adult is at risk.
10. An adult protection plan should be **agreed**, identifying specific actions for each agency, as appropriate, with time scales.
11. Nominate a key worker.
12. The vulnerable adult should be asked how they might wish to receive their copy of the minutes; this may include their nominated person taking the minutes to their home to read through.
13. Where the vulnerable adult has chosen not to attend or been unable to attend the conference for any other reason a person must be nominated to inform the vulnerable adult of the outcome of the meeting. The nominated person must do all they can to ensure that the vulnerable adult understands the decisions/actions agreed and provide an opportunity for the vulnerable adult to make his/her wishes known.
14. Agree the arrangements to review/monitor the case.

The chairperson will ensure that minutes go to all those invited to the meeting within ten working days. Attendees will only receive the part of the minutes relevant to the part of the meeting attended. The outcome will be discussed in full with the vulnerable adult by the person agreed at the meeting to ensure he/she is clear about the recommendations made. Where the vulnerable adult is able to make an informed choice and will not accept the recommendations of the meeting a full record of his/her comments must be made.

Consideration will be given to the following:

- Legal powers of intervention
- Legal framework involved

Where there is no legal power available to protect the vulnerable adult and they are deemed to be able to make an informed choice and choose to continue to live with the risk, either Adults and Community Care/Integrated Health and Social Care/Mental Health or the Police must inform in writing the Surrey Adult Protection Committee (APC).

Where a vulnerable adult does not have the mental capacity to make an informed choice as to whether to accept the outcome of the meeting consideration should be given to the following:

- Legal powers of intervention
- Legal framework involved

The civil rights of the vulnerable adult, as set out in the Human Rights Act, must not be infringed on the basis of not being able to make an informed choice and all efforts must be made to seek a reasonable outcome for the vulnerable adult.

B.2.11 Review of adult protection conference

All adult protection conferences will be followed up with a review within six months, unless it is deemed that a review should be held earlier or a further review is unnecessary.

This meeting will:

- Review the objectives set out in the adult protection plan
- Note any significant changes in circumstances
- Modify the action plan in relation to new information if appropriate

It is preferred that the same person should chair both the Adult Protection Case Conference and any subsequent reviews.

B.2.12 Role of the independent chairperson

(or equivalent manager in Adults an Community Care/Integrated Health and Social Care/Mental Health Team)

The chair is independent of the management of the case and acts in an impartial and objective way in conducting the conference and in reaching decisions and recommendations.

The independent chairperson has an important role in the managing, planning and protection process and has the opportunity and responsibility for promoting an

organisational culture which puts the needs of vulnerable adults first. The chair will also be instrumental in placing a high value on professional practice standards and the pursuit of positive outcomes for vulnerable adults.

- The independent chairperson should not be directly involved with the investigation or the vulnerable adult.
- The independent chairperson is responsible for ensuring that the meeting is properly conducted and is accountable to the Surrey Adult Protection Committee.
- The independent chairperson will establish a culture of working co-operatively on a multi-agency basis.
- The independent chairperson will inform the forum of Surrey's equal opportunities and anti-discriminatory practice principles. Any statements made by attendees that are considered to be discriminatory will be challenged by or through the chair.
- The independent chairperson will establish, preferably through written reports and/or assessments, the structure of the meeting and remind attendees of its confidential nature.
- The independent chairperson will establish:
  - the precipitating incident
  - events leading up to the incident and action taken
  - any previous incidents or concerns
- The independent chairperson will ensure that the meeting comes to a decision as to whether the vulnerable adult is at risk.
- The independent chairperson will also make recommendations on inter-agency working and the dissemination of best practice.

The independent chairperson will seek consensus on those decisions that the meeting can make. If agreement cannot be reached the chairperson has the final decision. Should the decision be against the majority view of the meeting it must be reported to the Surrey Adult Protection Committee (Part F.1). Any member of the meeting (including vulnerable adult, supporter/advocate, relatives and informal carers) may also register their dissent formally for the record and request that the matter is brought to the attention of the Adult Protection Committee as soon as possible, dependent on any perceived risks.

At the discretion of the chairperson, people who did not attend the meeting, but who have a legitimate role in the adult protection process, may also register their dissent, ideally in writing, to the chairperson within ten working days of the date of the meeting.

All agencies need to agree that their role in any plan is immediately operable.

B.2.13 Senior strategy investigation

(Large scale or complex adult protection cases – see also B.2.16 Serious Untoward Incidents)

Senior Strategy Investigations must be considered:

- **Where one or more vulnerable adult/s may have been abused, typically, but not always, in an institutional setting.**
- **Where there is an allegation against a member of Surrey County Council Staff in order to prevent bias, as Surrey County Council lead this process**

Whilst the process of the investigation is being considered, other issues such as the removal of staff or relocation of residents must be discussed in order to maximise the gathering of evidence and minimise the distress caused to the vulnerable adult.

The Police will always be informed of and involved in any such cases.

Examples would include multiple serious allegations of physical, sexual, racial or financial abuse against:

a) Care and/or management staff in a residential setting

b) Staff in a day care setting

c) Nursing/medical staff in a hospital/nursing home

d) A vulnerable adult, suggesting that they may have abused a number of other vulnerable adults in any setting

e) One or more persons who are alleged to have abused a number of vulnerable adults.

If a situation arises that indicates the possibility of large-scale or complex abuse, it is the responsibility of the Operational Manager or their equivalent to inform their manager of the details. In consultation with the Police and other investigating authorities, the senior manager will then decide whether or not a Senior Strategy Meeting is indicated.

An investigation should not be delayed whilst waiting to convene a Senior Strategy Meeting. Senior Strategy Meetings may be held either prior to the start of the investigation, during the investigation, or following the completion of the investigation.

This decision would be made in consultation with and at the discretion of the senior manager involved.

If, following the Interagency Planning Meeting, a decision has been made to convene a Senior Strategy Meeting, it is the responsibility of the relevant Operational Manager or equivalent to:

1. Encourage all agencies to work together to achieve the best possible outcome.
2. Ensure any necessary action is taken to safeguard the vulnerable adult/s or any other person, which may include relocation or removal of staff, following careful consideration by the employer.
3. Ensure that disruption to any establishment is kept to a minimum subject to the requirements of the investigation and any necessary action.
4. Assess with the relevant agencies what resources may be required. Resources should be pooled if appropriate.
5. Give consideration to the consequent support/therapeutic work which may be needed by the vulnerable adult/s and their families following such investigations.

6. Make the necessary arrangements for convening the meeting, including invitations, venue and any secretarial support.

Senior Strategy Meeting

The following people should be invited to all Senior Strategy Meetings:

- Service Manager/Area Manager (Mental Health)/Independent Chair (Chair)
- Senior Police Officer
- Investigating Care Manager/Social Worker
- Commission for Social Care Inspection Inspector
- Investigating Police Officer
- Representative from County Council Legal Services
- Appropriate senior managers from Health Services, PCT, Mental Health Trust
- Where appropriate the manager of the establishment concerned
- AMIIS (where the allegation involves a member of Surrey County Council staff)

Care must be taken not to invite any person who may be subject to or involved in the allegation, i.e. line managers.

In the case of investigations involving a Health Trust, the Trust Managers should be represented at any Senior Strategy Meeting. It may be appropriate to consider inviting other professionals/agencies particularly if there are medical issues to be addressed or if other local authorities are involved. Such invitations should only be made after consultation with the chairperson.

A Senior Strategy Meeting should consider:

- The most appropriate way to deal with the investigation
- Extent and scope of the investigation, including timescales and general risk factors
- Resource issues, e.g. number of investigators required, facilities for conducting interviews, gathering of forensic evidence and placements required if any vulnerable adult needs to be accommodated
- Is the team likely to need a base away from the normal centre of operation?
- Who should be notified of the investigation, by whom, and in what manner?
- Who holds management responsibility if the investigation crosses boundaries?
- The roles and involvement of other authorities who have placed vulnerable adults within Surrey
- Requirements relating to confidentiality and access to records
- Involvement of relatives
- Appropriate interview plans
- Other complex issues, such as sexually transmitted diseases
- How to deal with media enquiries and notification of elected members County Council and District/Borough on a ‘need to know basis’
- Timescale for further Senior Strategy Meetings
- The risk to each vulnerable adult must be assessed and responses agreed.

- The need, or the vulnerable adults wish for independent advocates
- Support, consultation and supervision for staff

In addition as a result of the abuse allegations there may be legal and/or criminal issues relating to the home's ongoing registration with the Regulator body, (Commission for Social Care Inspection), and in some exceptional cases an urgent closure of an establishment may be required to protect clients. In this instance the Senior Strategy Meeting must ensure that this legal imperative is not overlooked in the desire to conduct the investigation into the abuse allegations.

B.2.14 Psychotherapy and counselling

Once an investigation has been completed and the Crown Prosecution Service has decided to proceed with legal action, then consideration should be given of how to support the service user. The primary duty of staff involved in the service user's care is to promote his or her health and welfare by providing any psychotherapy or counselling required, whether or not it relates to the specific incident. This primary duty must however, be balanced against the possible risk that the proposed psychotherapy or counselling might prejudice the legal proceedings. Before any such psychotherapy or counselling is started, the issues should be discussed with the service user's solicitor*. (see also 'Provision of Therapy for Vulnerable or Intimidated Adult Witnesses Prior to a Criminal Trial' Practice Guidance - Home Office 2001)*

B.2.15 Vulnerable adults who make repeated or unfounded allegations

Where a service user has made repeated allegations of abuse which have each been thoroughly investigated and found to be unsubstantiated, the service user's multi-disciplinary team together with the Care Manager/Social Worker can agree that making repeated allegations is part of the person's normal repertoire of behaviour. This must lead to the development of a risk management plan and guidelines surrounding similar future allegations. All allegations must be dealt with and recorded as agreed in the risk management plan.

B.2.16 Serious untoward incidents (SUI)

The County Council, PCTs and NHS Trusts within Surrey have developed their own SUI policies, which are complementary to the Vulnerable Adults Procedure. These policies are developed in accordance with guidance issued by the Strategic Health Authority and the DOH.

Where the Vulnerable Adult procedure is enacted the incident will be treated as a **serious untoward incident**.

The SUI investigation process will be collaborative and complementary to the Adult Protection Procedures. The agencies involved will agree at the initial Interagency Planning Meeting as to the joint reporting process and format to be used.

Part C: Roles and responsibilities

C.1 What to do and who to tell

Who can refer

Family members, carers, volunteers, paid care staff, professionals supporting or working with adults who are vulnerable, other service users and members of the general public can make referrals when they have a concern that a vulnerable adult may be abused, exploited or the victim of a crime.

Anyone who knows or has a concern that a vulnerable adult has been abused and/or may be the victim of a criminal offence has a duty and responsibility to contact the Police or Adults and Community Care/Integrated Health and Social Care/Mental Health Team. People with concerns are also able to contact Crimestoppers (see Part I).

What a referrer can expect

All those making a complaint or allegation or expressing concern, whether they be staff, service users, carers or members of the general public, will be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
- Anyone who is perceived to be at risk will be given immediate protection from the risk of reprisals or intimidation
- If staff, they have the right not to be subject to any detriment, or to be selected for dismissal or redundancy on the basis of having made a protected disclosure. *Public Interest Disclosure Act 1998*. (See Part D - Complaints and Whistle Blowing)
- They will be dealt with in a fair and equitable manner
- As far as it is possible, they will be kept informed of action that has been taken and its outcome

Those reporting incidents or worries should follow the procedures for reporting and referral. Referrals can be made in writing or by telephone. When contacting the Adults and Community Care/Integrated Health and Social Care/Mental Health Teams, ask to speak to the duty worker, not a clerk/receptionist and ensure that your concerns are passed on to an appropriate person. Make sure that you know the name of the person you are speaking to, report your incident, ask that you be kept informed of the outcome, make a record, report the date, time and name of the worker and follow up with a written referral to the named worker within three days.

C.1.1 Any individual becoming aware of potential abuse should take action to:

- ♦ Listen to what the vulnerable adult is saying
- ♦ Only ask questions if you are concerned the vulnerable adult is at immediate risk of harm
- ♦ Safeguard the vulnerable adult, alerting emergency services if necessary
- ♦ Record the words of the vulnerable adult and accepting the statements as fact, record the full details, including the time, date and location that disclosure was made. All written notes must be made as soon as practicable and kept
- ♦ Discuss and negotiate with the vulnerable adult as to who will be informed and why (see Section E Confidentiality)
- ♦ Do not promise the vulnerable adult that what has been disclosed/witnessed will be kept secret or confidential. Their right to confidentiality is not absolute and may be over-ridden where there is concern or evidence that the individual or others may be at risk of harm or that a serious crime may have occurred
- ♦ Ensure that actions are taken to preserve possible forensic evidence that may assist an investigation
- ♦ Do not confront the alleged abuser as this could place you at risk, give the alleged abuser an opportunity to destroy evidence, or intimidate vulnerable victims or witnesses

The initial conversation should be regarded as a source of evidence. It is therefore important to listen and not ask leading questions which may suggest or invite an anticipated or acceptable answer, and to record the concerns precisely, as expressed by the vulnerable adult and referrer. This initial conversation may become the basis for a formal interview at a later date.

The appropriate authorities to respond to referrals regarding the possible abuse of a vulnerable adult will be Adults and Community Care/Integrated Health and Social Care/Mental Health Team and the Police. If there are concerns, a referral should be made direct to Adults and Community Care/Integrated Health and Social Care/Mental Health Team, or to the Police if a criminal offence may have been committed.

Line management responsibility should be clearly specified in each agency's own procedures for dealing with allegations of abuse. All organisations working with vulnerable adults should have appropriate procedures in place for the referral of concerns to be dealt with quickly and effectively.

A vulnerable adult may be in need of protection from someone close to them, this can include staff and volunteers working in voluntary or independent sector organisations. Where the person making the referral is concerned about the possible involvement of staff or a volunteer, or there is delay in dealing with the referral within the organisation, they should make a direct referral to Adults and Community Care/Integrated Health and Social Care/Mental Health Team, or the Police as appropriate.

C.1.2 The role of Adults and Community Care / Integrated Health and Social Care / Mental Health Teams

1. **Co-ordination**
   The Local Authority Social Services Department (Adults and Community Care) has the lead responsibility for coordinating investigations into suspected abuse of vulnerable adults even though another agency may take a lead in conducting the investigation. This means that Adults and Community Care will be responsible for liaison with other agencies and co-ordination of their respective contributions to the investigative process. They will also be responsible for convening, chairing and recording planning meetings and case conferences where adult protection plans will be agreed and decisions made to continue or close down investigations.

2. **Assessment**
   Social Services are required to assess vulnerable adults and carers who are or may be in need of community care services and now have strengthened guidance in 'Fair Access to Care Services' which includes adult protection issues as a criteria for access to services. Adults and Community Care are also in the process of designing a format for 'Single Assessment' with Health colleagues, some of which may include the assessment of risk of abuse as a specific section.

3. **Care Management**
   As representatives of social services departments, care managers and social workers have responsibility to regularly review and reassess services. This role will include actions necessary to protect the vulnerable adult from abuse. Following an adult protection concern, care managers/social workers have the following responsibilities:

   - **Receive referrals, adult protection concerns and alerts (see Part B.2.1)**
   - **Safeguard the interests of the vulnerable adult.** Working alongside the vulnerable adult, the care manager/social worker will ascertain the needs and wishes of the person in relation to the abuse. Keeping the person central to the decision-making process is vital. Care managers/social workers are only empowered to make decisions contrary to express wishes of the person in circumstances where other vulnerable people are at risk or where the person lacks the mental capacity to make informed decisions to protect themselves.
   - **Safeguard the vulnerable adult.** After any immediate remedial action has been taken, care managers/social workers may consider providing increased care services, removal of the risk or the review of contract or placement arrangements in order to safeguard the person.
   - **Provision of additional care services.** Following a multi-agency meeting, care managers/social workers will carry out a risk assessment and put in place the necessary review and monitoring arrangements in conjunction with the vulnerable adult.
   - **Removal of person alleged responsible.** This may not fall to care managers/social workers alone and will often depend on close joint working with Police, housing, CSCI and health colleagues and providers to remove the alleged abuser.

- **Action to ensure the safety of others.** Care managers and social workers are empowered to share information where they believe other vulnerable adults may be at risk of abuse. If the alleged perpetrator is also a vulnerable adult, this may include a review of the person's support needs or placement, again in conjunction with CSCI, health colleagues and/or providers where appropriate.
- **Joint Interviewing.** Care managers and social workers have been trained to work with Police colleagues to joint interview vulnerable victims and witnesses in relation to crime and abuse *(Youth Justice and Criminal Evidence Act 1999).*
  This brings together care management and police skills in order to best support the vulnerable victim in giving their best possible evidence.
- **Emergency Duty Team** to coordinate an 'Out of Hours' emergency response to urgent adult protection referrals and concerns

4. **Statutory Powers**

Adults and Community Care have few direct powers in relation to the protection of vulnerable adults. However, there are a number of pieces of legislation and guidance which can be used, sometimes in conjunction with local authority, CSCI, Police or health colleagues to prevent abuse or protect adults in circumstances where they are being abused or neglected. (See Part G).

C.1.3 The role of the police

It is the responsibility of the Police to investigate allegations of crime, by preserving and gathering evidence. When a crime is being investigated the Police will be the lead agency and will investigate accordingly. In carrying out their responsibility they will inform Adults and Community Care, consult and work with other agencies and individuals as appropriate. All crime investigations are carried out in a professional and sensitive manner working closely with the victim. Where a vulnerable adult is a victim of crime he/she will be dealt with in a compassionate and professional manner by a Police Officer. The nature and seriousness of the crime will determine which department within Surrey Police will deal with the allegation.

Surrey Police Public Protection Investigation Units (PPIU) and other jointly trained divisional officers, have a specific role in relation to one particular group of vulnerable adults. Where a vulnerable adult meets the definition below, then the Public Protection Investigation Unit will deal with the allegation and investigate accordingly. The adult's evidence will be gathered in line with *Achieving Best Evidence in Criminal Proceedings 2001*. The PPIU define a vulnerable adult as follows:

A person aged 18 or over who:

(i) suffers from mental disorder within the meaning of the Mental Health Act 1983, or

(ii) otherwise has a significant impairment of intelligence or social functioning;

(iii) has a physical disability or is suffering from a physical disorder.

(section 16(2) Youth Justice and Criminal Evidence Act 1999)

The PPIU will deal with adults who meet this definition **and** if they consider that the quality of evidence given by the adult is likely to be diminished by the circumstances above.

Evidence gathering

The Police will always be responsible for the gathering and preservation of evidence, **but** other agencies and individuals who have the crimes reported to them have an important role in ensuring that evidence is not lost. Gathering oral evidence may now be by way of a video-recorded interview which can be presented to the court as a witnesses' evidence-in-chief. The presentation of video evidence is just one of a number of 'special measures' provided for in the Youth Justice and Criminal Evidence Act (1999) to help vulnerable and intimidated witnesses give their evidence. It is important to remember that if it is suspected that a crime may have been committed there will be a 'crime scene.' The scene may contain valuable evidence that should be left in situ and preserved until the arrival of Police.

Any response in gathering and preserving evidence should be proportional with the best interests of the adult. The need to preserve evidence following an assault should be balanced with the need to treat and care for the victim. Where the informed consent of the victim is not present (see Part E: Consent & Confidentiality) it will be necessary for the Police and Adults and Community Care to consider alternatives, such as the victim's own GP, following discussion with the investigating officer.

Sexual assault

Where an allegation of a sexual assault is reported to an individual it must be reported immediately to the Police in order to preserve any potential forensic evidence. It is important if at all possible, not to allow the victim to use the toilet, wash, wash bedding or have a drink until the Police have attended, in order that vital early evidence may be preserved.

Evidence may be gathered from the clothing worn at the time of the offence. The victim should not change their clothing, if there is the slightest possibility that the clothing was worn at the time of the assault. Any clothing not worn by the victim, but believed to have been worn at the time of the assault, should be put to one side for the Police.

The scene of the assault should be preserved as a crime scene. If it is clear where the assault took place and this is a room or premises, no one should be allowed in. If this is where the victim is, nothing should be touched or moved unless absolutely necessary.

Physical assault

When a vulnerable adult has been physically assaulted there may be physical evidence of the offence. Bruises, marks or other injuries may need to be examined and noted by a Police Forensic Medical Examiner (FME) for evidential purposes. Police should therefore be informed immediately and a trained Police photographer will photograph any injuries.

C.1.4 The role of the Surrey Coroner

The Coroner is an independent judicial officer who is responsible for carrying out enquiries into deaths. The criteria is laid down by the Coroners' Act 1988 which provides that when a Coroner is informed that the body of a person is lying within their district and that there is reasonable cause to suspect that the deceased had died a violent or

unnatural death or had died a sudden death of which the cause is unknown then whether the cause of death arose within the district or not, the Coroner shall as soon as practical hold an inquest into the death.

If the death is reported to the Coroner then a number of separate parallel enquiries will normally be instigated:

1. by a pathologist who will make an examination of the body and
2. by the Police (see above)
3. through their own office of the doctors and others who may have some responsibility or knowledge of the medical condition, care and circumstances of the deceased and of the death of the deceased.

When all these strands of information have been collected and assessed the inquest will then be convened at which evidence will be heard directed towards finding factual answers to four important limited questions namely, who the deceased person was, how, where and when the death came about.

If the death has arisen because of some criminal action or gross negligence amounting to a crime, the inquest may be adjourned for the criminal proceedings to take place.

Those called to an inquest to give evidence will be expected to answer all questions put to them and of which they have knowledge.

C.1.5 The role of the Commission for Social Care Inspection

From 1st April 2004, this responsibility was transferred from National Care Standards Commission to the Commission for Social Care Inspection (CSCI) in line with the modernisation agenda of the Government.

The primary role of the inspection and regulatory team in these situations has five aspects:

- To assist the Police in any enquiries
- To investigate the measures put in place by independent sector owners
- To ensure the ongoing suitability of care workers
- To monitor the fitness of owners and managers
- To ensure that vulnerable people are protected through the application of the law

Where the alleged abuse has taken place in any service which is registered or otherwise inspected by the inspection and regulatory team, they must be informed immediately.

CSCI, The Association of Chief Police Officers (ACPO), and Association of the Directors of Social Services (ADSS), have recently agreed a joint protocol in relation to adult protection and the roles of the respective agencies.

Social care services inspected by the CSCI include:

- Care homes providing personal and/or nursing care
- Care homes providing adult placement
- Children's Homes
- Residential family centres

- Domiciliary care agencies
- Nurses' agencies
- Independent fostering agencies
- Voluntary adoption agencies
- Local authority fostering services
- Local authority adoption services
- Accommodation provided by further education colleges, boarding schools and residential special schools for students under 19

The inspection and regulatory team has the power to take enforcement action in respect of residential care homes in the event that any investigation clearly establishes that the registered persons, or those he/she employs is not suitable to have the care of residents. In such circumstances an enforcement notice can be issued and where there is non-compliance of registration e.g. the number of residents can be reduced or their registration can be cancelled. This can happen either through the 'ordinary' process of cancellation or where there is deemed to be a high or immediate risk through application to a local Magistrates Court for an urgent order.

The Commission carries out regulatory/statutory functions derived from four main pieces of legislation (see also Part G):

Mental Health Act 1983

Care Standards Act 2000 and associated regulations

NHS and Community Care Act 1990

Children's Act 1989

- To register a wide range of care services for adults and children
- To inspect a wide range of care services for adults and children
- To investigate complaints against registered providers irrespective of whether this relates to an individual or group of individuals
- To take enforcement action against any registered provider who fails to comply with legal requirements and agreed local standards

Within these functions, the team maintains standards of care and its overall function is to protect and safeguard the interests of vulnerable adults and children.

As a result of their statutory duties described above, the team of Inspectors and their Managers have frequent involvement in the investigation (in conjunction with the Police, local Health Authorities and other Adults and Community Care/Integrated Health and Social Care/Mental Health Team colleagues) or allegations of abuse in respect of vulnerable adults.

Care Standards Act 2000

With effect from April 2004, the Commission for Social Care Inspection took over responsibility for the registration and inspection of care homes and other services, providing social care. Further information may be obtained from the website: www.carestandards.org.uk.

C.1.6 The role of voluntary agencies / independent and private providers of care

A wide range of organisations and agencies provide support and/or care to vulnerable adults. Managers and staff in those organisations and agencies have a responsibility to bring those adults in need of protection to the attention of the Adult and Community Care/Integrated Health and Social Care/Mental Health Team and/or the Police.

All organisations and agencies providing support and/or care to adults must have their own supporting adult protection procedures in place.

C.1.7 The role of the Supporting People Team

Supporting People is a Government scheme that started in April 2003. It aims to support people in their own homes so that they can live more independent lives. Surrey has a Supporting People Team who pay providers for the support services that they offer. The team also monitors services provided.

One important aspect of the service review is the Quality Assurance Framework (or QAF). Providers must demonstrate (amongst other things) that, "Service users have the right to be protected from abuse and this right is safeguarded". If the providers do not meet the minimum standards proscribed, in terms of their procedures and practices, then the provider's contract will not be renewed. The Supporting People Team requires that all its providers sign up to the Surrey Multi-Agency Adult Protection Procedures and, in cooperation with the County's Adult Protection Coordinators, offers training sessions to its providers.

C.1.8 The role of the advocate

Independent advocate

An independent advocate is a paid worker or volunteer from an independent advocacy project. The role of the independent advocate includes:

- to listen to their partner (or client)
- to provide information
- in supporting the partner/client to make a decision, explain the options available and the possible consequences of choosing a particular route
- to support the client/partner in expressing their views where appropriate
- represent the partner or client by protecting their rights where a best interest model is being practised.

The independent advocate will always strive to adopt the instructed (direct) model of advocacy first of all as a measure of good practice. Only where this cannot be achieved will a “best interest” (indirect) model be adopted. The independent advocate will always support the client to express their viewpoint even where the advocate does not share it.

Where the partner or client is unable to express a view, or through mental incapacity or any other reason the partner/client is unable to make their own decision, the independent advocate’s role is to protect their rights and entitlements. Advocates representing people

whose mental capacity has declined, so that they can no longer express an opinion (e.g. someone with advancing dementia) will try to represent the views that person was known to have held while still mentally capable, either through their own previous knowledge of the person, or through diligent research in conversation with relatives/friends/colleagues of that person.

Where someone has not had capacity in the specified domain, the advocate will through diligent research in conversation with relatives/friends/colleagues and other significant people to that person gather a view of what might be in that person's best interest.
A relative, carer or friend may also act as an advocate for a vulnerable adult. In such a situation, it should be noted that the relative, carer or friend may have a conflict of interest regarding, for instance, caring responsibilities or financial or property assets. Sometimes a professional or voluntary worker may undertake the advocacy role. Again it should be noted that a conflict of interest may occur with the professional or voluntary worker's official role.

A further area of difficulty occurs where anyone acting as an advocate has not had appropriate training in the principles of advocacy, and imposes their own views of what they think is best upon the vulnerable adult.

Adults and Community Care/Integrated Health and Social Care/Mental Health Team may feel it appropriate to seek the involvement of an independent advocate at an early stage after referral, so that the vulnerable adult can be supported throughout the process. The independent advocate will be expected to contribute to investigations and adult protection conferences in the same way as any professional. Whilst this could include the provision of information, verbal or written, with the clear expectation that the advocate would observe professional confidentiality, advocates should not be party to information about their clients which is not known to those clients themselves; for this reason, advocates must not be expected to refrain from relating to their clients any such information that is revealed for the first time at a meeting of professionals where the subject of the Vulnerable Adult meeting has not been invited. This may mean advocates only attending for an agreed portion of such a meeting. At any such meeting, the advocate would be expected to put forward the views of the vulnerable adult.

C.1.9 The role of the NHS Trust

The role of NHS Trusts is to work in cooperation and collaboration with other agencies to ensure the safety and well being of any person deemed to be a vulnerable adult.

The Trust has a duty of care to protect a vulnerable adult from neglect and abuse by providing medical advice, guidance and other professional help that is within its overall remit in a timely, effective and appropriate manner and will ensure that adult protection standards are included in commissioning arrangements.

The Trust will ensure that its staff are suitably trained to recognise risk factors that potentially might lead to abuse, identify actual abuse situations and bring such situations promptly to the notice of the statutory agency.

The Trust will participate in any investigation, as coordinated by the lead agency or those employed by other agencies, while ensuring the care necessary for the vulnerable adult is

provided or maintained at an appropriate level while the investigation process is going on. The Trust recognises that the investigation could involve its staff as witnesses to various circumstances or possibly having to face allegations of being directly or indirectly involved in the perpetration of alleged abuse.

C.1.10 The role of the appropriate adult
(for vulnerable people facing criminal charges and not witnesses)

Code C of the Police and Criminal Evidence Act 1984 Codes of Practice (as amended), deals with persons of all ages in police custody and concerns their detention, treatment and questioning by Police Officers.

***When is an appropriate adult required*?**

If an officer has any suspicion or is told in good faith that a person of any age may be mentally disordered or otherwise mentally vulnerable, in the absence of clear evidence to dispel that suspicion, the person shall be treated as such. Two new categories are defined and lay down the criteria as to whether an appropriate adult needs to be present in an interview with the Police:

'Mentally Vulnerable' applies to any detainee who, because of their mental state or capacity, may not understand the significance of what is said of questions or of their replies. When the custody officer has any doubt about the mental state or capacity of a detainee, that detainee should be treated as mentally vulnerable and an appropriate adult called.

'Mental Disorder' is defined in the Mental Health Act 1983 S1(2) as 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of the mind'.

If a person appears to be blind, seriously visually impaired, deaf, unable to read or speak or has difficulty orally because of a speech impairment, they shall be treated as vulnerable for the purposes of this Code in the absence of clear evidence to the contrary.

Definition of an appropriate adult

The *Police and Criminal Evidence Act 1984* defines an appropriate adult as:

- A relative or guardian or some other person responsible for their care or custody; **or**
- Someone who has experience in dealing with such people, such as an approved social worker as defined by the *Mental Health Act 1983*, or specialist social worker, but not a Police Officer or someone employed by the Police; **or**
- Failing either of the above some other responsible adult aged eighteen or over who is not a Police Officer or employed by the Police.

Factors in selecting the appropriate adult

It is important when deciding upon an appropriate adult that the vulnerable adult is given some choice. It is vital that the vulnerable adult has confidence in that adult. In the majority of cases the appropriate adult will be the relative or carer. The relative or carer however **cannot** be used in the following circumstances:

- If the relative or carer is suspected of involvement in the offence being alleged
- If the relative or carer is the victim or a witness to the offence being alleged
- If the relative or carer is suffering from a mental illness at that time or has a learning disability

In the case of the mentally ill or those with a learning disability, it may in certain circumstances be more satisfactory for all concerned if the appropriate adult is someone who has experience or training in their care rather than a relative lacking such qualifications. If the person themselves prefers a relative to a better qualified stranger or objects to a particular person as the appropriate adult, their wishes should if practicable be respected.

The appropriate adult must be independent

This independence may be problematic for example, when asking a social worker to act as appropriate adult, if that particular social worker is looking at disciplinary issues within their own organisation. Clearly they may have a conflict of interest. If this is the case then another social worker must be used to act as the appropriate adult. For the same reason an appropriate adult should not act as an interpreter or supporter.

Victim support volunteers can be used as appropriate adults but should only be used as a last resort. This is because the role of the voluntary support worker is to support the victim throughout the investigation and in appropriate cases at court. Difficulties may arise in that defence solicitors could accuse the volunteer of coaching.

If it is necessary to use a victim support scheme (VSS) volunteer as an appropriate adult, the officer in charge of the investigation should liaise with the VSS co-ordinator to ensure that a different volunteer is used thereafter to support the vulnerable adult through the investigative process. This must be done in consultation with the vulnerable adult and the reasons for changing the volunteer explained. In cases of difficulty and out of office hours the Adults and Community Care/Integrated Health and Social Care/Mental Health Team/Emergency Duty Team may be contacted..

C.1.11 The role of the interview supporter

An interview supporter is someone provided to assist a vulnerable witness when providing evidence as opposed to someone who is being interviewed as a suspect.

Support and preparation during the investigative process helps the vulnerable adult to produce better evidence as well as reduce the trauma and distress from participating in the criminal justice process. High stress levels may reduce the witness's ability to participate and respond to questioning or effectively recall events in order to assist the fact-finding process. In addition, the witness may also be coming to terms with severe personal difficulties and trauma. Preparation and support prior to, during and beyond the interview process can help to alleviate many of these problems.

Learning disabled children and adults may have problems with memory, vocabulary, level of understanding and suggestibility to leading questions. The interviewee may also be sensitive to imputations of their own guilt or responsibility for the alleged actions of the accused. Learning disabled people may be acquiescent, or compliant to the demands of

those in positions of power and authority. This is particularly relevant where a Police Officer and/or social worker are the interviewers. It is therefore essential that the witness is supported properly through the process.

Who should be an interview supporter?

This will depend largely on the needs of the witness and the availability of someone who has a particular understanding of these needs. Consideration should also be given to the wishes and the gender, ethnic, racial or cultural background of the adult. It is important when deciding upon an interview supporter that the adult is given some choice in the matter and that he/she has confidence in that person. The victim may already have a named contact person from either a voluntary or statutory agency, who can act as a supporter.

The following persons should **not** be used as interview supporters:

- A person who is suspected of involvement in the offence
- A person who is a victim or witness to the alleged offence
- A person who has a learning disability or mental disorder
- A person against whom the victim has a grievance

or

- Where there is a conflict of interests
- The supporter is not independent of the investigation team

Purpose of the interview supporter

The purpose of the interview supporter is to:

- Advise the person being interviewed about the process
- Observe whether or not the interview is being conducted properly and fairly
- Facilitate communication with the person being interviewed
- They are not present to act as legal advisors

The interview supporter should be made aware of their responsibilities towards the victim before the commencement of the interview by the interview team.

C.1.12 The role of the interpreter

When dealing with vulnerable adults it may be necessary to engage the services of an interpreter. An interpreter is a person who translates from one language to another. Their role is:

- To facilitate communication and understanding of what is being said
- To be impartial and neutral
- Bound by the rules of confidentiality
- To be there for both parties equally to enable understanding between them
- To interpret and not influence the communication – just to relay it
- To ensure material is presented in a logical way, so it can be understood
- May use symbols, photos etc, to help the person follow the flow of communication

The interpreter does not have the same role as an appropriate adult whose function is to safeguard the rights of the vulnerable adult.

Translate in this context not only means translating from a language other than spoken English into English. It also means translating sign language or any other form of communication used by the vulnerable adult.

A professional interpreter will not try and influence the communication, but only act to relay what is said. The interpreter must whenever possible, use the words of the investigator to tell the vulnerable adult what is being asked, and use the 'words' of the vulnerable adult to tell the investigator what is being communicated. Interpreters must not translate what they ***think*** is being said. In the case of signing, the interpreter ensures that he/she is signing the right meaning of the words. Signing is about meaning, not the specific words being used.

The investigator can help by offering alternative ways of saying the same thing, if the original terms and frames of reference are not clearly understood by the vulnerable adult. In this way the roles of the interpreter and investigator do not become confused. The investigator must make the interpreter aware of their respective roles and responsibilities prior to the interview.

The interpreter may become a witness in cases of alleged criminal offences and be asked to produce a statement in the language of the vulnerable adult, as their exhibit. Should the case go to Court it may therefore be necessary to secure the use of a second interpreter.

In order for this process to be effective, wherever possible, it will always be the primary goal to use a trained/skilled interpreter.

C.1.13 The role of the community

The community as a whole has a responsibility for the well being of vulnerable adults in need of protection. Individual citizens can assist the statutory agencies by bringing their concerns about a vulnerable adult to the attention of the Adult and Community Care/Integrated Health and Social Care/Mental Health Team and/or the Police.

(Contact names and addresses can be found in Part I.)

The person the member of the public speaks to will request details of the vulnerable adult felt to be at risk and the reasons for concern. The information given will be held in the strictest confidence; however some of the information given may need to be shared with other relevant professionals.

The member of the public will be asked for their name and address to assist with contact for clarification; their personal details will be held as confidential. Should they prefer to remain anonymous, this will not prevent either a referral or action being taken.

C.1.4 The role of domestic violence service outreach providers and refuge providers

Domestic violence or more accurately domestic abuse is the physical, emotional, sexual, psychological or financial abuse of one person by another in the context of a close relationship between adults, usually partners or former partners. Domestic violence or domestic abuse involves the use of power and the exercise of control by one person over another.

It occurs irrespective of race, ethnicity, gender, class, religion, sexuality, age, mental or physical ability. This relates closely to issues within adult protection and indeed domestic violence may well feature within adult protection. There are a number of domestic violence service providers in Surrey. The Surrey Victim Support Schemes and the various CAB schemes offer support to those experiencing domestic violence/abuse as part of their wider service provision. Surrey Domestic Violence Helpline provides a 24-hour telephone service to the whole of Surrey. Dedicated domestic violence outreach providers offer a more locally based service. All outreach services and the Surrey DV Helpline offer a telephone advice and information service.

In addition, Surrey has a number of domestic violence refuges for women, which offer safe accommodation to those fleeing domestic violence. All service providers, whether offering outreach, helpline or refuge services, will seek to work to maintain the safety of those experiencing domestic violence. With service user consent, they will work in partnership with other agencies, to seek to ensure safety and secure the best possible outcome for the service user.

C.1.5 The role of relatives and carers

Relatives and carers will often have a close and trusting relationship with the vulnerable adult they care for or support. As a result they may witness abuse, have details of abuse disclosed to them, observe unexplained injuries, or see changes in behaviour that may suggest that something has occurred that has distressed the vulnerable adult. They need to be supported to express their concerns and make a referral as detailed in Part B.2.1.

When something has occurred to the vulnerable adult they care for and support, it is natural that relatives and carers would wish to act on behalf of that vulnerable adult, be fully involved in any investigation that may occur, and support them to become survivors of what has happened. This however, may not be possible in a small number of situations as there may be a conflict of interest where:

- ♦ The relative or carer may be a first witness to the alleged abuse or crime and involvement as an Appropriate Adult (see Part C.1.10) or Interview Supporter (see Part C.1.11) may compromise a criminal investigation meaning that a conviction in Court would not be secured.
- ♦ The relative or carer may be the alleged perpetrator of abuse or crime and subject to investigation by Surrey Police or Surrey Adult and Community Care/Integrated Health and Social Care/Mental Health Team

- The relative or other recognised carer may be profoundly distressed or angry as a result of what may have occurred to the vulnerable adult they support and this may have a detrimental effect on the vulnerable adult affecting their ability to give evidence
- The vulnerable adult is unable to express a view, or because of declining mental capacity is unable to make their own decisions, and relatives or carers seek to impose their own views as to what they think is best for the vulnerable adult. In this situation, Surrey Adult and Community Care/Integrated Health and Social Care Teams/Mental Health Team may seek the involvement of an independent advocate (see Part C.1.8 Role of Advocate) to help support the vulnerable adult through the investigation.

Managers and staff in services supporting vulnerable adults or family carers should be:

- Open to the potential that a relative or carer may disclose abuse or an alleged crime. This may come in a form of a complaint, an enquiry or a specific referral
- Reassure the relative or carer that the information will be treated with professional confidentiality, meaning that the concerns may need to be shared if the vulnerable adult or others are at significant risk (see Part E Confidentiality and Capacity to Consent).
- Reassure the relative or carer that the risk to their vulnerable dependent, or themselves for disclosing the experience abuse/crime, will be given serious consideration and protection from reprisals, intimidation or further abuse will be a priority in referring the issue into Surrey Adult and Community Care/Integrated Health and Social Care/Mental Health Teams or Surrey Police as appropriate.

Additionally, those investigating the alleged abuse or crime will:

- Reassure relatives or carer that they will be informed of decisions made and actions that will occur
- Reassure relatives or carer that they will sensitively seek to engage the vulnerable adult in the investigation process
- Give clear explanations as to why the relatives or carer cannot fulfil given roles if there is a conflict of interest in supporting the vulnerable adult through a vulnerable adult investigation
- Advise the relatives or carers not to approach the alleged abuser or question other service users about what they have seen or heard.

C.2 Vulnerable adults who may witness abuse or a crime

Vulnerable adults may witness a crime or acts of abuse or have knowledge of abuse that has been disclosed to them by a friend or someone else they know. They need to be supported to express their concerns and make a referral as detailed in Part B.2.1. Adult and Community Care/Integrated Health and Social Care/Mental Health Team managers and staff should:

- Be open to the potential that any vulnerable adult may witness a crime or abuse and report what they have seen

- Do not under-react or dismiss an allegation of crime or abuse because the allegation is being made by a vulnerable adult
- Reassure the vulnerable person that their disclosure is accepted as truth and that the information they share will be taken seriously
- Reassure the vulnerable person that the information will be treated confidentially, while informing them that their concerns will need to be shared if the person being reported or others are at risk
- Reassure the vulnerable person that they will be informed of what is happening
- Advise the vulnerable person not to approach the alleged abuser or discuss with or question other people about what they have seen and heard
- Record what the vulnerable person has said and any comments/questions made by any staff members in line with the multi-agency adult protection policy and procedures. This record will be shared with the agencies undertaking any investigation of the alleged crime and/or abuse and is a potential source of evidence to the Police and may also form the basis for a formal interview at a later date with the vulnerable person reporting the allegation.
- Consideration will be given to giving the vulnerable person a written copy of the allegation they have made, however staff need to be mindful of any possible security issues relating to the keeping of such a document in the person’s home.

Part D: Complaints and whistle-blowing

D.1 Staff concerns

All agencies whether, statutory, voluntary or private have their own procedures to enable staff to express their concerns.

Some may describe these as ‘whistle-blowing’ procedures or codes of conduct/practice.

All procedures should make plain the moral obligation, right and duty of staff to inform their employer of:

- Issues regarding malpractice, negligence, suspected criminal activity and unprofessional behaviour
- Any situation where the service user is being abused or their rights and dignity are being or have been disregarded or over-ruled
- Where decisions are taken which are not in their interests and put them at risk of abuse, exploitation, oppression or discrimination
- Matters of concern about social care, health care, or practice issues concerned with the delivery of care to service users and/or carers which are detrimental to their interests

Circumstances to do with employment environment, employment conditions or employer practices that place colleagues at risk.

Managers must ensure that staff concerns are dealt with promptly, thoroughly and fairly.

In most circumstances staff are able and willing to inform their managers of any concerns regarding a vulnerable adult. However there are occasionally exceptional circumstances where this may not be possible.

For example: where they have concerns involving their manager or where previous notification of serious concerns to their manager have not been actioned.

In this instance it is important that they are able to bring the matter to the attention of others, including Adults and Community Care/Integrated Health and Social Care/Mental Health Team, the Police or Crimestoppers.

All agencies must be aware of the legal responsibilities placed on employers by the provisions of the *Public Interest Disclosure Act 1998* which provides workers who make disclosures in relation to the activities of their employer with specific employment rights. These include the rights of a worker:

- Not to be subjected to any detriment by any act, or any deliberate failure to act by his employer done on the ground that the employee has made a ‘protected’ disclosure, as defined under the act

D.2 Person alleged to be responsible

When a complaint or allegation has been made against a member of staff, he or she should be made aware, by their employer, of his or her rights under employment legislation and internal disciplinary procedures.

In criminal law the Crown or other prosecuting authority has to prove guilt, and the defendant is presumed innocent until proved guilty.

Alleged perpetrators who are also vulnerable adults themselves, in that they may have learning disabilities or mental health problems and are unable to understand the significance of questions put to them or their replies, should be assured of their right to the support of an 'appropriate' adult (see part C.1.10) whilst they are being questioned by the police under the *Police and Criminal Evidence Act 1984 (PACE).*

D.3 Staff discipline and criminal proceedings

As a matter of course allegations of criminal behaviour should be reported to the police, and agencies should agree procedures to cover the following situations:

- Action pending the outcome of the police and the employer's investigations
- Action following a decision to prosecute an individual
- Action following a decision **not** to prosecute
- Action pending trial; and
- Responses to both acquittal and conviction

Employers who are also service providers or service commissioners have not only a duty to the victim of abuse but also a responsibility to take action in relation to the employee when allegations of abuse are made against him/her. Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect vulnerable adults.

Following any such allegation, the police investigation should take priority over any disciplinary or complaints procedure. This is in order to safeguard the integrity of the investigation.

With regard to abuse, neglect and misconduct within a professional relationship, some perpetrators will be governed by codes of professional conduct and/or employment contracts which will determine the action that can be taken against them. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation.

Suspension from duty

The employee may be suspended pending the outcome of the employer's investigation. Decisions not to suspend an employee and/or not to inform the police, must be fully documented and endorsed separately by an independent senior officer from within the investigating agency. Close co-operation should be achieved between the employer and the investigator including the commitment to share relevant information where possible.

Appropriate independent support should be made available to staff who are suspended. Staff also have the right to the support of their Union or professional body.

In any case of a proved complaint or allegation, particularly where this involves professional malpractice, the lead agency should ensure that relevant agencies/professional bodies are appropriately informed (the *1999 Home Office document Caring for Young People and the Vulnerable* offers guidance for preventing abuse of trust).

The Government has introduced a statutory workforce ban mechanism for people found to be unsuitable to work with vulnerable adults (*Protection of vulnerable adults register POVA*). *The Care Standards Act 2000* sets out the basis of the mechanism which closely mirrors that in the *Protection of Children Act 1999*. In this system 'vulnerability' of adults is defined in relation to those services where adults are inherently at risk of harm. The new mechanism will complement the General Social Care Council (GSCC) and together, they add significant new safeguards for vulnerable people.

If the abuse has occurred within a regulated service, once the safety of the service users has been established and any immediate investigation is completed, the appropriate regulatory body should establish the need for any enforcement action.

If a member of staff is alleged to have abused a service user and suspended, the procedure will be as follows:

- It should be explained to the member of staff that an allegation of abuse has been made against them
- The member of staff should be advised that they are being suspended, the reason for suspension should be confirmed in writing within seven working days either notifying of the intention to hold a disciplinary hearing or confirming the continuing suspension of the person and the reasons
- The member of staff should be advised that an investigation is being carried out under the Surrey Multi-Agency Procedures and the member of staff should have a copy of the Procedure made available to them
- The member of staff should be given any relevant information about sources of help, support and advice, e.g. Staff Helpline
- The member of staff should be informed that there may be a police investigation into the allegation and that in this case they should seek legal advice

The member of staff should be advised to contact their Union representative for support and a contact number should be provided

Sharing of information relating to an investigation

Surrey Police and Adults and Community Care/Integrated Health and Social Care/Mental Health Team owe a duty of confidentiality to all people who are interviewed as part of an investigation and each agency is bound by its own protocols for disclosure of that confidential information.

There is an implied undertaking in taking statements from any party that the material will only be used for the purpose for which it is obtained. In order to disclose this type of material for the purposes of a disciplinary or complaint investigation, the agency

concerned must first have written authority from the individuals concerned. This can be obtained in two ways. Firstly, at the time of making the statement, or secondly by written consent after the conclusion of the investigation or trail.

Surrey Police and Adults and Community Care/Integrated Health and Social Care/Mental Health Team have agreed that it will be a matter for the police officer leading the investigation, or the team manager (Adults and Community Care/Integrated Health and Social Care/Mental Health Team) to decide when is the most appropriate time to raise with a party the possibility that another agency might have an interest in the statement or records of the investigation.

In practice it is often clear from the outset whether it is likely that disciplinary matters may be associated with the investigation. It is therefore recommended that this issue is given consideration at the first Interagency Planning Meeting or Senior Strategy Meeting. (See Adult Protection Information Sharing Guidance on SCC website).

D.4 Protection of vulnerable adults (POVA) register

Provision for the Protection of Vulnerable Adults (POVA), is set out in Part VII of the Care Standards Act 2000. The scheme will create a list of people, held by the Secretary of State who are considered unsuitable to work with vulnerable adults in England and Wales because their conduct has harmed, or placed at risk of harm, a vulnerable adult in their care. It became operational on 26th June 2004.

Care home owners, domiciliary care agencies and employment agencies which supply care workers are required to request checks against the POVA list as part of a range of rigorous pre-employment checks, including disclosures from the Criminal Records Bureau (CRB). Requests for such checks must be made to the CRB. Enhanced CRB checks will automatically include checks against the POVA Register.

Care providers and suppliers of care workers are also required to refer workers to the Secretary of State for possible inclusion on the POVA list where, in their view, the individual has been guilty of misconduct which harmed or placed at risk of harm, a vulnerable adult.

People who know they are confirmed on the list but seek employment in care positions will face criminal charges including possible imprisonment.

The POVA list runs alongside the Protection of Children Act (POCA) scheme which has been in force since 2000 and contains similar provisions in relation to childcare organisations.

See www.doh.gov.uk/vulnerableadults/index/htm

Part E: Consent and confidentiality

Vulnerable adults have a right to be full participants in decisions being made about their lives if able.

E.1 Informed consent

There is no simple definition available of what constitutes mental capacity (or in other words ability to consent to a specific step at a specific time). The Law Commission has issued a number of consultation papers in recent years, culminating in its report entitled: *Mental capacity*, published in 1995. Those recommendations are now in the paper issued by the Lord Chancellor's Department 1997: *Making decisions on behalf of mentally incapacitated adults*. This was followed in October 1999 with the Report – 'Making Decisions'. This went to a Joint Scrutiny Committee who reported in the Summer 2003 with 99 recommendations, and in February 2004 a response was published from the The Department for Constitutional Affairs. Work is now progressing towards the introduction of a revised Bill later in this Parliamentary session.

The Mental Capacity Bill contains a statement of principles:

- Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless proved otherwise
- Everyone should be encouraged and enabled to make their own decisions, or to participate as fully as possible in decision-making, by being given the help and support she/he needs to make and express a choice
- Individuals must retain the right to make what might be seen as eccentric or unwise decisions
- Decisions made on behalf of people without capacity should be made in their best interests, giving priority to achieving what they themselves would have wanted
- Decisions made on behalf of someone else should be those which are least restrictive of their basic rights and freedoms.

E.2 Consent to treatment

In most cases health professionals cannot legally examine or treat a patient without his or her valid consent. Therefore the vulnerable adult has to:

- Have the capacity to give consent
- Be given appropriate information prior to giving that consent
- Give that consent to the particular treatment/examination proposed, **and**
- Give that consent voluntarily

Without such consent, a doctor examining/treating the vulnerable adult could be accused of assault.

Capacity to give consent

This depends on the nature of the treatment/examination proposed as well as the ability of the vulnerable adult.

Some people have the capacity to consent to some decisions and not to others. It should never be assumed that a person can take no decisions for themselves, just because they have been unable to take a particular decision in the past.

Consent should not be confused with your assessment of the reasonableness of the decision. People are entitled to make a decision based on their own religious belief or value system, even if that decision is thought by others to be irrational. Compliance is not the same as consent.

All relevant parties must use appropriate strategies to maximise the chance that persons will have the capacity to make decisions. This might include using specific communication strategies, providing information in more accessible form, or treating an underlying mental disorder to enable a person to regain capacity.

The procedure for assessing this capacity and the final decision taken must be recorded by the investigator/s.

Vulnerable adult unable to give consent

A person is unable to make a decision for him/herself if:

- He/she is unable to understand the information relevant to the decision
- He/she is unable to retain the information
- He/she is unable to use the information as part of the process of decision making
- Or he/she is unable to communicate the decision (whether by talking, using sign language or any other means)

In circumstances where the vulnerable adult is not able to give consent, the common law doctrine of necessity allows a doctor to examine/treat the adult, if such treatment/examination is considered by that doctor to be in the best interests of the vulnerable adult.

Best interest means:

> ‘Necessary to save life or prevent deterioration or ensure improvement in the patient's physical or mental health.’

It may be difficult to justify examination for the purposes of obtaining evidence as being necessary. This is the doctor's decision. However the doctors have to show that they acted in accordance:

> ‘With the practice accepted as proper by a reasonable body of medical practitioners skilled and experienced in the relevant speciality or suitably qualified practitioners.’

The doctor needs to take account of the views of relevant people, for example, a person having responsibility for the vulnerable adult in either a professional or personal capacity. In deciding whether to act in the person's best interests the following should be considered:

- Might the person have capacity in relation to the matter in question at some time in the future?
- Has the person been permitted and encouraged to participate as fully as possible in acts done for them and decisions made for them?
- Ethical and religious issues
- The person's previously stated preferences and beliefs
- Which action would promote the person's autonomy?
- Who would benefit from the outcome?
- What would be the least invasive/restrictive approach?
- Does everyone agree with the planned approach?

E.3 Consent to sexual activity

The common law test of capacity to consent to sexual activity in general follows the precedent, that the person concerned must be capable of understanding what is proposed and its implications, and of exercising choice.

The Sexual Offences Act 2003 received Royal Assent on 20th November 2003, with a commencement date of May 2004. This legislation makes it an offence where the person does not consent or there is no reasonable belief of consent to sexual activity. There will be a presumption that the person did not consent where there is violence or an immediate threat of violence, the person is asleep or unconscious, unable to communicate consent due to their physical disability or under the influence of drugs where they have been administered without the person's consent.

E.4 Confidentiality

Adults and Community Care/Integrated Health and Social Care/Mental Health Team professionals, health professionals and professionals in allied services have a common law duty to safeguard the confidentiality of personal information which they hold. Where there is perceived a need to disclose confidential information to another person or agency it will be necessary to consider carefully whether this is lawful under common law and under the *Data Protection Act 1998.*

Specific DOH guidance for health authority professionals can be found in Section 3 of the document *'Confidentiality: the Protection and Use of Patient Information'*, guidance from the DOH HSG(96)18 and in the *Data Protection Act 1998: Protection and Use of Patient Information* (HSC2000/009).

Specific DOH guidance for Social Services can be found in Section 6 of the document *'Data Protection Act 1998: 'Guidance to Social Services'* LASSL(2000)2.

See also *'No Secrets: DOH Guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse'* Section 5.5 and 5.6.

Whenever there is doubt about a decision to disclose confidential information, legal advice should always be sought and the reasons for disclosing must always be recorded.

Personal information and records

All personal and medical records, any information therein and any information about a person known to health care and allied services must be regarded as confidential under the key principles on confidentiality.

Consent to disclosure

Wherever possible the person's explicit and valid consent must be obtained where disclosure of such information is to be made.

Restriction of purpose

Information given or obtained for one purpose should not be used for a different purpose without the express or implied authorisation of the provider of the information. When wider disclosure of the information is being considered the provider should always refer back to the information source for authorisation.

Consent and mental capacity

Whilst every effort should be made to obtain a person's views, where an individual is unable to give informed consent, such consultations should be recorded in writing.

Refusal or absence of a person's consent to disclosure

A person may positively refuse to give consent to disclosure or his/her consent may be absent. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary in exceptional cases, for example, because of:

- The power of the courts
- The power of certain tribunals
- As a requirement of legislation, e.g. statutory assessment under the *Mental Health Act 1983*.
- To prevent:
  - serious crime
  - danger to a person's life
  - danger to other people
  - danger to the community
  - serious threat to others, including staff
  - serious infringement of the law
  - breaching a legal obligation to supply certain information

- The health of the person
- Public health concerns

(This list, though comprehensive, is not exhaustive.)

Consideration should be given to consulting colleagues where disclosure of information without the person’s consent is being considered

E.5 People unable to give consent

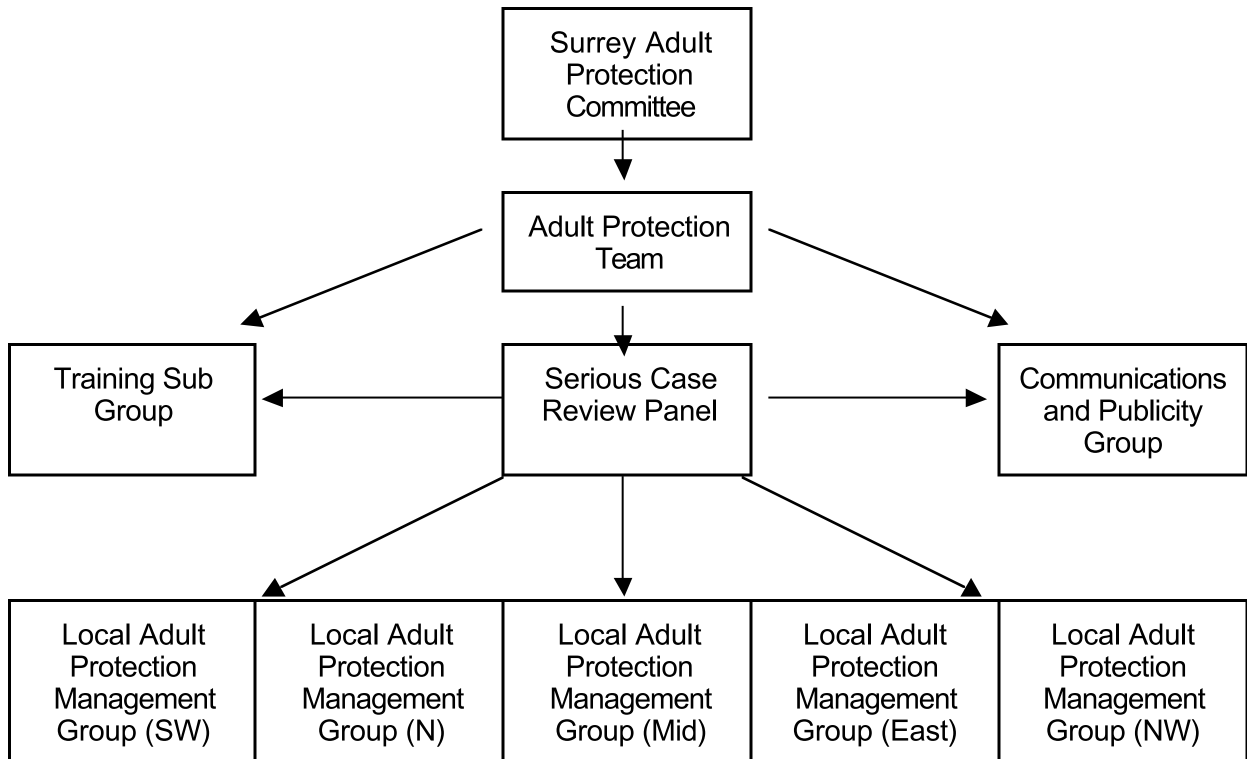
Under current law nobody is empowered to give consent to disclosure of personal records to third parties on behalf of an adult except in exceptional circumstances. For example, if a person is unconscious or unable due to their mental or physical condition to give informed consent or to communicate a decision, decisions to pass on information will in practice usually be taken by the professionals concerned, taking into account the person's best interests, any known advance directives, and, as necessary, the views of relatives or carers. Such circumstances will usually arise when a person has been unable to give informed consent to treatment. An earlier refusal to particular information being passed on, given while a person had the capacity to decide, unless there are overriding considerations to the contrary outlined in the key principles of confidentiality should be regarded as decisive in similar circumstances.

For many vulnerable adults, valid consent may not have been given because of a number of barriers to consent that exist. These include:

- -the presence of a parental or familial relationship between the persons involved
- -the presence of a custodial or care taking relationship between the persons involved
- -the use of a weapon, threat of injury, or use of force by the first person
- -the presence of a cognitive inability in the victim to understand the basic elements of sexual or other behaviours
- -the presence of a power imbalance between them, which precludes consent by the weaker person

Part F: Surrey Adult Protection Committee

F.1 Surrey Adult Protection Committee



F.1.1 Terms of reference

Policy statement

Surrey Adult Protection Committee's policy is to work with users, carers and other agencies to protect vulnerable adults from abuse, in line with the agreed procedures.

Adults who are vulnerable will be treated in a way which respects their individuality and does not undermine their dignity or their human or civil rights. The decisions of all vulnerable adults will be respected unless there is a legal responsibility to intervene or where there is a risk to others.

The terms of reference for the committee are:

- To oversee the implementation and working of the adult protection procedures, including publication, distribution and administration of the document
- The management of inter-agency organisational relationships to support and promote the implementation of the procedures
- To make links with other areas of policy and good practice guidance, including, contracting, care management and child protection within the statutory, voluntary and independent sectors

- To oversee the training strategy, and to maintain a strategic overview of adult protection training
- To identify sources of funding required to implement the training and development needs associated with the procedures and to monitor the use of these resources
- To oversee the development of information systems which support the gathering of information necessary to carry out the evaluation of policy and practice
- To regularly review the monitoring and reporting of adult protection concerns and investigations and to undertake a full review annually
- To make recommendations for revisions and changes necessary to the procedures, identified as a result of the monitoring process
- The promotion of multi-agency working in adult protection, through formal events or information campaigns to ensure a wider professional and public understanding of adult abuse
- To support and advise operational managers working with abuse, through the local groups, Case Audit Group and Training Sub Group
- To agree and maintain links with relevant corporate management groups
- Manage and support the work of the sub groups

F.1.2 **Membership of the Surrey Adult Protection Committee**

Senior managers from each of the statutory agencies in Surrey who have regular contact with vulnerable adults from:

- Primary Care Trusts
- Surrey Police
- Surrey County Council Adults and Community Care (Chair)
- Commission for Social Care Inspection
- Surrey Probation Service
- Legal Services
- Surrey Community Safety Unit
- Local Adult Protection Management Group Chairs
- Learning Disability/Mental Health NHS Trust(s)
- Housing – Surrey Chief Housing Officers
- Adult Protection Manager

Meetings take place bi-monthly

F.1.3 **Reporting and accountability**

The Adult Protection Committee (APC) is constituted under “No Secrets” March 2000, Section 7 Guidance.

The APC manages the work of the local groups, the Case Audit Group and the Training Sub Group.

Chairs of the above group will be members the APC and provide annual reports to the APC as part of the business planning process.

The APC will set the key priorities of the sub groups, against the annual business plan.

The annual business plan will reflect:
- ♦ National requirements/guidance
- ♦ Relevant performance indicators
- ♦ Identified local needs.

F.2 Local Adult Protection Management Groups

F.2.1 Terms of reference

- ♦ Implementation of the multi-agency policy and procedures
- ♦ Consultation and communication on adult protection issues with local provider organisations, service user groups, carer groups and voluntary organisations
- ♦ To report to, and receive advice from the APC on matters of policy and professional practice
- ♦ Monitoring and evaluation of practice issues
- ♦ Maintaining links with other local adult protection management groups and the Training Sub Group
- ♦ Implement case review and recommendations (The group will preserve the confidentiality of information discussed at the meeting in relation to clients)
- ♦ To ensure the provision of professional advice to those involved in adult protection work
- ♦ To contribute to the revision of policy and procedures
- ♦ To identify local training needs and feed to the Training Sub Group
- ♦ Identify local priorities and areas in need of development to APC – for inclusion in local and county wide strategic planning
- ♦ Dissemination of information
- ♦ Local publicity/community awareness raising
- ♦ Contributing to preventative strategies.

F.2.2 Core membership of Local Adult Protection Management Groups

- ♦ Lead Service Manager, Adults and Community Care (Chair)
- ♦ District and Borough Councils/Community Safety/Housing
- ♦ Carers Representative
- ♦ Surrey Police (Detective Inspectors, Vulnerable Persons)
- ♦ PCT
- ♦ Mental Health/Learning Disability Trusts/Acute Trusts

- Service Users
- Voluntary & Independent Sector
- Care Standards Commission (by invitation for specific issues)
- Joint trained Care Manager/Police Officer
- Adult Protection Manager
- Domestic Violence Local Forums
- Valuing People – Implementation Group
- Surrey Ambulance Service

F.2.3 Key priorities

- Service user engagement/centrality in the adult protection process
- Raising the profile and awareness of adult protection locally
- Bedding adult protection into other strategic protocols.

Implementing the recommendations of ‘Knowledge and Beliefs about Abuse of Vulnerable Adults across Surrey’ Research

F.3 Training Sub Group

F.3.1 Terms of reference

- To implement and oversee a county wide multi-agency training strategy for the protection of vulnerable adults, including awareness raising; joint investigation training and training for managers
- To produce an annual business plan based on the above strategy
- To consult and communicate with all partner agencies
- To communicate and maintain links with the wider reference group
- To make provision for funding the multi-agency training strategy
- To ensure appropriate links between in-house and multi-agency training
- To produce an annual report to the APC

F.3.2 Membership of the Training Sub Group

- NHS Trusts
- Primary Care Trusts (PCT)
- District and Borough Councils
- Surrey Adults and Community Care
- Surrey Police
- Voluntary sector and service users
- Independent sector
- Advocacy in Action
- AMIIS (Advocacy, Mediation and Independent Investigation Service)

F.4 Communication and Publicity Group

F.4.1 Terms of reference

- To report to and receive advice from the APC on matters relating to communication and publicity
- Monitoring and evaluation of communication and publicity policies
- Maintaining links with the Local Adult Protection Management Groups and the Training Sub Group
- Contribute and where appropriate lead, on the revision of policy and procedures, ensuring that these are clearly presented to service users and professionals
- To ensure that adult protection has a high profile with localities and county, and that publicity practices supports this
- To contribute on prevention strategies as required by the APC
- To consult and communicate with all partner agencies, including users and carers
- To produce a clear communication strategy, which will inform the communication and consultation process with partner agencies and service users
- To identify provision for funding to support the work of the Communication and Publicity Group
- To provide, and regularly up-date a portfolio work plan on the priorities of the Communication and Publicity Group, and to advise the APC of outcomes.

F.4.2 Membership of the Communication and Publicity Group

- NHS Trusts
- District/Borough Councils
- Surrey County Council Adults and Community Care
- Surrey Police
- Service users
- Voluntary and independent sector

F.5 Serious Case Review Group

F.5.1 Purpose of serious case reviews

There are three purposes to be fulfilled by a serious case review:

i. To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to safeguard vulnerable adults.

ii. To establish what those lessons are, how they will be acted upon and what is expected to change as a result.

iii. From ii above, to improve inter-agency working and better safeguard vulnerable adults.

Serious case reviews are not inquiries into how an adult died or suffered injury or who is culpable.

F.5.2 Criteria for conducting a serious case review

The Surrey Adult Protection Committee (APC) should undertake the lead responsibility for conducting a serious case review.

The APC should always **consider** conducting a serious case review when a vulnerable adult dies (including death by suicide), **and** abuse or neglect is known or suspected to be a factor in their death.

In addition, the APC should **consider** whether to conduct a serious case review where a vulnerable adult has sustained any of the following:

- **A life threatening injury through abuse or neglect**
- **Serious sexual abuse**
- **Serious or permanent impairment of development through abuse or neglect.**

  AND/OR the case gives rise to serious concerns about the way in which local professionals and services work together to safeguard vulnerable adults*.

*Consideration should always be given to referring cases to the **Local Adult Protection Management Group** for review in the first instance.

(Also see Serious Case Review Protocol on Surrey County Council website)

Part G: Practice guidance and reference

G.1 General indicators of abuse/thresholds for intervention

G.1.1 General indicators of abuse

Where abuse has occurred one or more of the following signs or indicators may have been, or may be present, for example:

- Seeking shelter or protection
- Unexplained reactions towards particular individuals or settings
- Frequent or regular visits to the general practitioner or the accident and emergency department, or hospital admissions
- Frequent or irrational refusal to accept investigations or treatments for routine difficulties
- Unexplained change in material circumstances
- Inconsistency of explanation regarding the area of possible concern
- Carer/care worker or third party always wishing to be present at interviews
- Anorexia/bulimia or eating disorders
- Panic attacks, withdrawal of verbal communication, regressive behaviour
- Disturbed sleep patterns
- Absconding/wandering
- Dislike of being touched and flinching on being touched
- Obsessive or challenging behaviour
- Self harm
- Withdrawal
- History of domestic violence
- History of drug and/or alcohol abuse

None of the previously mentioned indicators, or indeed those given below, definitively suggests abuse. However suspicions should be heightened if one or a combination of factors exist.

Signs of possible physical abuse**:

- **Bruising**
- **Fractures**
- **Sprains or dislocations**
- **Lacerations**
- **Burns – including friction burns and scalds**
- **Drowsiness, confusion due to over-sedation**
- **Pressure sores**
- **Welt marks**
- **Symmetrical grip marks/bruising caused by finger tips**
- **Malnutrition**
- **Cowering and flinching**

In addition to these physical signs, suspicions should be heightened by the following:

- ♦ Injuries not consistent with information given by the vulnerable adult, carer or care worker
- ♦ Injuries in locations where accidental injury is implausible/unlikely
- ♦ The vulnerable adult is unable to explain
- ♦ Repeated unexplained injuries
- ♦ Injuries inconsistent with known lifestyle/habits
- ♦ Failure or unexplained delays in seeking treatment
- ♦ Use of furniture and other equipment to restrict movement
- ♦ Carer, care worker or third party defensive in explanation

As with the indicators for sexual abuse, none of these definitively suggests abuse and care should be taken to investigate each case and the surrounding circumstances thoroughly.

Signs of possible sexual abuse:

- ♦ **Repeated urinary infections**
- ♦ **Incontinence/bed wetting**
- ♦ **Sexually transmitted diseases**
- ♦ **Bruising/bleeding/soreness/cuts/in genital or breast area**
- ♦ **Pregnancy**
- ♦ **Depression/stress**
- ♦ **Deliberate self-harm**

In addition to physical signs, suspicions should be heightened by the following:

- ♦ Increase in sexualised behaviour, e.g. excessive masturbation
- ♦ Inappropriate sexual behaviour/language
- ♦ Excessive washing
- ♦ Inappropriate dressing
- ♦ Self-neglect, poor self-image
- ♦ Panic attacks

Signs of possible neglect:

- ♦ **Poor hygiene – smell of urine / faeces**
- ♦ **Dehydration**
- ♦ **Weight loss or malnutrition**
- ♦ **Hypothermia – or abnormal body temperature**
- ♦ **Inappropriate clothing**
- ♦ **Failure to respond to prescribed medication raising suspicion medication withheld**
- ♦ **Infections**
- ♦ **Pressure sores**
- ♦ **Failure to protect, e.g. lack of safety equipment, such as stair guard**

In addition to these physical signs, suspicions should be heightened by the following:

- ♦ Deliberate deprivation of social contact
- ♦ Sensory deprivation e.g. not allowed to have hearing aid, glasses or other aids to daily living
- ♦ Deliberate withholding of medical care/treatment
- ♦ Deliberate withholding of an adequate environment, e.g. light, heat, space, privacy or food

Signs of possible psychological or emotional abuse:

- ♦ **Sudden changes in behaviour**
- ♦ **Sleep disturbance**
- ♦ **Low self esteem**
- ♦ **Punitive approach to bodily functions on incontinence**
- ♦ **Anxiety/unease/silence**
- ♦ **Fear**
- ♦ **Depression**
- ♦ **Deterioration in ability to exercise choice**
- ♦ **Irrational fears**
- ♦ **Onset of phobias**

In addition to the previously mentioned signs, suspicions should be heightened by the following:

- ♦ Excessive deference to carer, care worker or third party
- ♦ Over-protection
- ♦ Violation of civil liberties

Signs of possible financial / material abuse:

- ♦ **Unexplained loss of funds/sudden large withdrawals from bank accounts, etc.**
- ♦ **Inability to pay bills**
- ♦ **Marked change in lifestyle/standard of living**
- ♦ **Basic needs not being met**
- ♦ **Theft of property**
- ♦ **Misuse of benefits**
- ♦ **Recent acquaintances expressing sudden or disproportionate affection for a person with money or property**
- ♦ **Person managing financial affairs is evasive or unco-operative**
- ♦ **Power of Attorney obtained when a person believed to be unable to comprehend**
- ♦ **Intimidation and extortion**

Signs of abuse of rights (discriminatory and institutional):

- Submission to prescriptive routines
- Lack of choice
- Lack of privacy and dignity
- Lack of personal belongings
- Use of punishment – withholding food, drink
- Poorly trained and unskilled staff
- Needs not being met by available staff levels
- Unacceptable ‘treatments’ or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over-medication
- Lack of disabled access

In addition to the previously mention signs, suspicions should also be heightened by repeated instances of care which fall below current evidence and research based practice.

Signs possible professional abuse:

- Entering into a sexual relationship with patient/client
- Failure to refer disclosure of abuse
- Poor, ill-informed or outmoded care practice
- Failure to support vulnerable to access healthcare/treatment
- Denying vulnerable adults access to professional support and services such as advocacy, service design where groups of users living together are incompatible
- Punitive responses to challenging behaviours
- Failure to whistle blow on issues when internal procedures to highlight issue are exhausted.

G.1.2 Thresholds for intervention

Type of abuse	Type of allegation	Who should take the lead?	What action should be taken? (allegation concerns one person and one alleged abuser)	What action should be taken? (multiple allegations against staff or users or others)
Physical **'The non accidental infliction of physical force that results in bodily injury pain or impairment'**	a) e.g. hitting, slapping, pushing, burning, physical restraint, kicking and punching	• Police, **with** • Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • Consult Police • Inter agency Planning Meeting • Investigation • Adult Protection Case Conference	• Decision as to the need for investigation within 4 hours • Consult Police • Senior Strategy Meeting • Investigation • Review of SSM
	b) e.g. harassment, enforced sedation, inappropriate use of medication, catheterisation for management ease	• Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • Consult Police • Interagency Planning Meeting if appropriate	• Decision as to the need for investigation within 4 hours • Consult Police • Senior Strategy Meeting if appropriate
Sexual Abuse **'Direct or indirect involvement in sexual activity without consent'**	a) Coercion to touch, e.g. of breast, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina. anus, mouth with or by penis, fingers, other objects b) e.g. looking at indecent images, exposure, harassment, serious teasing or innuendo, pornography	• Police, **with** • Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • Consult Police • Inter agency Planning Meeting • Investigation • Adult Protection Case Conference	• Decision as to the need for investigation within 4 hours • Consult Police • Senior Strategy Meeting • Investigation • Review of SSM
Financial/Material Abuse **'The unauthorised fraudulent obtaining and improper use of funds, property or any resources of a vulnerable person'**	a) e.g. stealing money, valuables or property, forging signatures on cheques, falsifying documents for personal gain	• Police, **with** • Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • Consult Police • Inter agency Planning Meeting • Investigation • Adult Protection Case Conference	• Decision as to the need for investigation within 4 hours • Consult Police • Senior Strategy Meeting • Investigation • Review of SSM

G.1.2 **Thresholds for intervention** (continued)

Type of abuse	Type of allegation	Who should take the lead?	What action should be taken? (allegation concerns one person and one alleged abuser)	What action should be taken? (multiple allegations against staff or users)
Financial/Material Abuse **'The unauthorised fraudulent obtaining and improper use of funds, property or any resources of a vulnerable person'**	b) forcing changes to will, denying the person the right to access funds, misappropriating money intended for the benefit of the person	• Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • Consult Police • Interagency Planning Meeting if appropriate	• Decision as to the need for investigation within 4 hours • Consult Police • Senior Strategy Meeting • Investigation • Review of SSM
Neglect **'The repeated deprivation of some assistance that the person needs for important activities of daily living'**	e.g. failure to provide appropriate food, shelter, clothing, medical care, hygiene, personal care, under or over medication	• Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • Consult Police • Interagency Planning Meeting if appropriate • Adult Protection Case Conference	• Decision as to the need for investigation within 4 hours • Consult Police • Senior Strategy Meeting if appropriate • Review of SSM
Psychological/Emotional Abuse **That which 'impinges on the emotional health and development of individuals'**	e.g. shouting, swearing, insulting, ignoring, intimidation, harassment, humiliation and threats	• Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • Consult Police • Interagency Planning Meeting if appropriate	• Decision as to the need for investigation within 4 hours • Consult Police • Senior Strategy Meeting if appropriate
Abuse of individual rights **That which 'prevents him/her from exercising the same civil rights of the rest of society'**	e.g. invasion of privacy, restricted access, discouraging sexual relationships, racial abuse, etc.	• Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours (Should be dealt with through complaints procedures if no investigation)	• Decision as to the need for investigation within 4 hours • Senior Strategy Meeting if appropriate (this may only be needed if this type of abuse is coupled with other types of abuse)
Professional Abuse **Misuse of therapeutic power and abuse of trust by professionals**	e.g. failure to act on suspected abuse/crime, poor care practice, resource shortfalls etc	• Adults and Community Care (Operations Manager or equivalent) **and/or** • CSCI if registered service	• Decision as to the need for investigation within 4 hours • (Should be dealt with through complaints procedures if no investigation)	• Decision as to the need for investigation within 4 hours • Senior Strategy Meeting if appropriate (this may only be needed if this type of abuse is coupled with other types of abuse

G.2 Legal framework

Of the many forms of exploitation and abuse to which vulnerable adults may fall victim, it is a regrettable but important fact that only a very few are sanctionable by civil or criminal courts. Even where a civil wrong or criminal offence has been committed, there may be significant difficulties hampering or preventing the presentation of sufficient evidence to meet the required standard of proof, which is:

- Proof 'on balance of probabilities' in civil cases that the incident or conduct alleged did, or did not, take place
- Proof 'beyond reasonable doubt' in criminal matters

What follows below is a description of the legal powers available to assist in protecting vulnerable adults. It must be stressed that the legal framework to protecting vulnerable adults is potentially complex and expert help will often be needed: in cases where there is any doubt about the legal powers available the Adults and Community Care/Integrated Health and Social Care/Mental Health Team will seek advice from its legal services division.

G.3 Mental Health Act 1983

The act is comprehensive in dealing with the welfare and care of mentally disordered people. Part II of the act deals with the detailed circumstances in which people suffering from mental disorder can be taken to or kept in hospital against their will in order to for them to receive medical treatment and/or assessment for their condition. It is a complex piece of legislation and attempts to balance the civil liberties of people who may be suffering from mental disorder with the necessity to protect the individuals themselves and/or the public in serious circumstances. Consultant psychiatrists and general practitioners have key roles, and the Act also gives specific legal duties and powers to especially trained social workers in the mental health field called ‘approved social workers’, employed by the Adults and Community Care/Integrated Health and Social Care/Mental Health Teams.

G.3.1 Compulsory admission to hospital

Section 2 of the Act gives authority to detain a person in hospital for up to twenty-eight days for assessment and treatment.

Section 3 of the Act gives authority to detain a person in hospital for up to six months at a time for treatment.

It should be stressed that the purpose of admission to hospital is for assessment or treatment, not to remove a patient from an unsatisfactory home environment. Mental disorder must be of a nature or degree to warrant detention and it has to be the case that the patient ought to be detained in the interests of their own health or safety or with a view to the protection of other persons. (See ‘nearest relative’ in next section, G.3.2.)

G.3.2 Guardianship

The Mental Health Act enables a person (the guardian) to be appointed to supervise mentally disordered people in particular circumstances. The powers of the guardian include deciding where the person subject to guardianship should live. However, the person subject to guardianship has to have enough insight to accept its authority over their lives.

Nearest relative

In addition to the duties of the approved social worker, the Act gives special rights to the mentally disordered person's 'nearest relative' to act on behalf of and safeguard their civil rights when compulsory admission to hospital or detention in hospital, or guardianship is being considered. The nearest relative has a specific legal definition in the Mental Health Act and may not necessarily be the relative with whom one lives.

G.3.3 Section 115: Entry and inspection

An approved social worker can at all reasonable times, after producing appropriate identification, enter and inspect any premises (other than a hospital) in the local authority's area where a mentally disordered person is living if they have reasonable cause to believe that the patient is not under proper care. Refusal to allow access is an offence. This power could be used to investigate a suspicion of abuse before considering what other action might be taken. If access cannot be gained a warrant under Section 135 (see below) could be sought.

G.3.4 Section 135: Application for a warrant to enter premises

This section enables an approved social worker to apply to a court for a warrant authorising the police to enter premises where there is reasonable cause to suspect that a person believed to be suffering from mental disorder has been, or is being ill-treated, neglected or kept otherwise than under proper control, or is living alone and is unable to care for themselves. The police constable, accompanied by a social worker and doctor can enter the premises and, if appropriate with a view to making arrangements for their health and care, remove the patient to a place of safety, i.e. local authority Part III accommodation or a hostel, a hospital, police station, nursing or residential home or other suitable place.

The power to hold in a place of safety does not in itself authorise any treatment to be given but the patient can be kept in the place of safety for up to seventy-two hours with the purpose that it should be investigated whether other intervention such as hospital treatment or guardianship would be appropriate.

G.3.5 Section 136: Place of safety

The police have power to remove to a place of safety for up to seventy-two hours any person who is found in a public place and appears to the police to be suffering from a mental disorder and to be in immediate need of care and control. Again, this

is for the purpose of organising a thorough assessment of the person's needs. The police would immediately contact a psychiatrist and an approved social worker.

G.3.6 **Section 127: Offences**

It is an offence under Section 127 of the Act for an individual to ill-treat or wilfully to neglect a mentally disordered patient under their guardianship or otherwise in their custody or care (whether by virtue of any legal or moral obligation or otherwise).

Prosecutions can only be brought with the agreement of the Director of Public Prosecutions. However, the wide definition of custody or care and the application to all mentally disordered patients should mean that the police could consider taking action against any relative abusing a mentally disordered adult. The accused must have intended ill treatment or neglect, i.e. known or been reckless as to the consequences of their actions.

G.3.7 **Part VII of the Mental Health Act 1983: Protection of property and the court of protection** (The Government is currently reviewing the legislation in relation to mental capacity)

This part of the Act enables the court of protection to appoint a person to manage the property and affairs of persons who because of mental disorder are incapable of managing their own property and affairs. The person appointed by the court could be a relative or family friend or anyone who is concerned about protecting the assets of the mentally incapacitated person, or social worker (although it is not Surrey County Council's policy to act if full receivership is required), or where there is no other person available, the public trustee.

In circumstances where the value of the mentally disordered person's estate does not exceed £16,000 and where there is no property to be sold, it may be possible to avoid a full receivership application by seeking directions of the public trustee. Such applications are within the scope of Surrey County Council policy and the effect of any directions issued would be to enable the applicant to manage the person's financial affairs to the extent prescribed in the directions. There are also other powers to intervene in managing a mentally disordered person's property such as asking the Department of Social Security to redirect any pension or welfare benefits to a nominee.

The court of protection is only concerned with a mentally disordered person's property. It covers persons incapable by reason of any mental disorder, including for example, a learning disability or deterioration of mind due to age or disease, but does not have any powers over the patient's person, where they live or what they do. The court of protection can only assist therefore where the abuse is exploitation of a mentally disordered person's property

G.4 The Official Solicitor

A person who is not mentally capable, because of mental disorder for example, cannot bring or defend civil action in the courts. They need to be represented by someone acting on their behalf, usually a relative (the legal term for somebody acting on behalf of another person is 'next friend'). However, the official solicitor can also act in this capacity and can assist a mentally disordered person who needs to defend an action (for example because they are being evicted from their home or sued for debts), or bring an action (for example to expel someone else from their home).

Intervention by the Official Solicitor with ordinary civil action could be considered therefore if there is no obvious way to assist a mentally disordered person under the Mental Health Act.

G.5 National Assistance Act 1948

Under Part III of the act, the local authority (Surrey County Council) has a duty to provide accommodation for those who by reason of age, illness, disability or other circumstances are in need of care and attention which is not otherwise available to them. However, a person cannot normally be compelled to go into such accommodation if they do not wish to do so. An exception is where Section 47 of the Act applies. This applies to persons who are suffering from grave chronic disease **or** are aged, infirm or physically incapacitated and are living in unsanitary conditions **and** are unable to devote to themselves, and are not receiving from other persons, proper care and attention. Removal from the place where the person is living must be necessary in their interests or for preventing injury to the health of, or serious nuisance to, other persons. Application has to be made to the magistrate's court by the district council for the area supported by a certificate from the medical officer of health.

There is provision for emergency applications, insofar as the urgency of the case allows. The court can make an order for the person to be taken to a suitable place such as a hospital or Part III accommodation. The order can be varied or renewed. This power can be useful where a person is neglecting themselves or is neglected to such an extent that they are living in unsanitary conditions. However, the requirement that, except in the case of grave chronic disease, the person must be living in unsanitary conditions and its public health emphasis means that the section is not available for all cases of adult abuse.

In addition any action taken here needs to include consideration of the person's human rights under Article 2 and 8 of the Human Rights Act 1998 – see Section G.11.

G.6 The Care Standards Act 2000

The Act provides a comprehensive scheme for registration and inspection of all types of care provided in both residential and domiciliary care settings. This included establishing the Commission for Social Care Inspection which took over responsibility from local and health authorities to register and inspect homes to ensure high standards of care. The Commission for Social Care Inspection also has powers of refusal and cancellation of registration

G.7 The Sexual Offences Act 2003

Offences Against Mentally Disordered Persons

Three groups of offences:

(1) Offences against persons with a mental disorder impeding choice

- ss30-33
- causing/inciting person with mental disorder to engage in sexual activity
- engaging in sexual activity in presence of person with mental disorder
- causing person with mental disorder to watch sexual activity

and because of mental disorder/reasons relating to it, the victim is unable to refuse.

'Mental Disorder' = mental illness, arrested or incomplete development of the mind, psychopathic disorder and any other disorder of the mind – importantly this will include a learning disability

'Inability to Refuse' = **(i) absence of capacity to choose *or***
(ii) inability to communicate

(2) Inducement, threat or deception to a person with a mental disorder

- ss34-37
- inducement/threat/deception to procure sexual activity with person with mental disorder
- difference between these and previous offences is that there is no need to prove mentally disordered person was unable to refuse.
- need to prove victim's agreement was procured by threat/inducement/deception by the defendant.

(3) Offences by care workers against persons with a mental disorder

- ss38-41
- offences deal with care workers who involve persons with a mental disorder in sexual activity

- offences mirror the offences relating to an *abuse of trust* in respect of a child (ss16-19)
- **there is no need to prove victim did not have capacity to consent**
- neither is there a need to show the care worker exerted any undue influence
- it is presumed that the care worker knew the victim had a mental disorder unless he/she can provide evidence to rebut this presumption

'Care worker' = wide interpretation – where the mentally disordered person is accommodated and cared for in a care home/community home/voluntary home, children's home or their own home, and the care worker has functions to perform in the home **in the course of employment** which bring him/her in to regular face-to-face contact with them.

G.8 Family Law Act 1996

This Act seeks to protect individuals from domestic violence.

Sections 33 to 41 of the Act deal with occupation orders

A court may make such an order enforcing, or restricting the respective rights of spouses, co-habitees and various other categories of people in a family relationship in respect of their occupation of a property. Where the court decides to make an occupation order, the type of order may range from regulating who can live in the residence to actually ousting an individual from a property.

Section 42 of the Act deals with non-molestation orders.

A court may make such an order to prohibit any person falling within a category of persons/relatives prescribed in the Act from molesting another person in the same household.

G.9 Protection from Harassment Act 1997

This Act creates both criminal and civil remedies for persons who are victims of harassment through another person's 'course of conduct.' A course of conduct must involve conduct on at least two occasions and 'conduct' includes speech. 'Harassment' under the Act includes alarming a person that violence will be used against them, or causing them distress.

G.10 Youth Justice and Criminal Evidence Act 1999

The *Youth Justice and Criminal Act 1999* provides new measures to make it easier for vulnerable witnesses to give evidence in the criminal courts. The court can allow special measures for eligible witnesses, i.e. if the court considers that the quality of evidence given by the witness could be improved because the witness:

- suffers from a mental disorder within the meaning of the *Mental Health Act 1983*
- otherwise has a significant impairment of intelligence and social functioning
- the witness has a physical disability or is suffering from a physical disorder

The possible special measures are set out in **Section 23-30** of the Act. They include provision for screens, video recording of evidence in chief, pre-recorded cross-examination and examination through an intermediary or with the use of communication aids.

A party will apply for special measures in respect of eligible witnesses. If special measures would improve the quality of the witnesses evidence, i.e. improve its completeness, coherence and accuracy, then special measures may be used. The court must balance on the one hand the potential to improve the quality of the evidence with the risk of inhibiting the testing of evidence by the defendant.

G.11 Human Rights Act 1998

Local authorities and health authorities can be directly challenged on action or inaction which leads to a breach of an individual's human rights. The *Human Rights Act 1998.* Articles which are likely to be most relevant in adult protection can be summarised as follows:

Article 2 Right to life

Article 3 Prohibition of torture, inhuman or degrading treatment

Article 5 The right not to be deprived of liberty, save in accordance with the law

Article 6 The right to a fair and public hearing within a reasonable time for the determination of civil rights and obligations

Article 8 The right to respect for private and family life, home and correspondence. A public authority may only interfere with the exercise of this right in accordance with the law and so far as is necessary in the interests of inter alia public safety and for the prevention of disorder or crime, or for the protection of health and morals

Individuals are entitled to enjoy the rights and freedoms set out in the Act without discrimination

G.12 Carers (Recognition and Services) Act 1995

Carers (but not care workers or volunteers) are entitled to an assessment if they are providing or intending to provide regular and substantial care to a disabled, ill or elderly person. The local authority must then include the results of this assessment when making decisions about the services that they may provide to the disabled person (service user). This may include services to enable the carer to continue to care.

A carers assessment is an important opportunity to enable the carer to discuss his own needs.

G.12.1 The Carers and Disabled Children's Act (2000)

Carers (but not care workers or volunteers) aged 16 years and over providing or intending to provide regular and substantial care for an adult may be assessed, whether or not the person they care for chooses to be assessed. The assessment is of their ability to provide and to continue to provide care. A "carer's service" may be provided to help the carer carry out their caring role; it may take the form of physical help or other forms of support, including direct payments. It may also take the form of a service delivered to the person cared for, unless of an intimate nature.

The Act also gives local authorities the power to issue Carer Break Vouchers to enable carers to take a break. These may be issued as a result of a carer's assessment undertaken under either Act.

G.12.2 Carers Equal Opportunities Act 2004

Carers Equal Opportunities Act 2004 extends the duties of local authorities towards carers including ensuring that carers are made aware of their rights to an assessment and that assessments take into account any wishes of carers to work or participate in education and training.

G.13 A note regarding vulnerable adults taking civil action

There is a potential difficulty for some vulnerable adults seeking protection/redress through the civil law (for example the *Family Law Act 1996* and *Protection from Harassment Act 1997).* An individual must make an application in their own right (the Adults and Community Care/Integrated Health and Social Care/Mental Health Team department, for example, is not legally empowered to begin proceedings on someone's behalf). However, a solicitor will not take instructions from a person who is mentally disordered.

Another person (for example, an advocate) can start legal proceedings on behalf of the vulnerable adult and the legal term for somebody acting in this way is a 'next friend.' However, a solicitor and also the (county) court where any application is made will first need assurance that the legal fees can be met. 'Public funding'

might be a possibility but if the vulnerable adult has no entitlement, and a 'next friend' is unable to meet the costs themselves, the court may reject the application. However, the court does have discretion to accept the application and can also decide to refer the matter, if it is sufficiently serious, to the **official solicitor** (section G.4).

G.14 The Public Interest Disclosure Act 1998

Came into force on 2nd July 1999. It mainly takes the form of amendments to the Employment Rights Act 1996. It is designed to protect workers from detrimental treatment or victimisation from their employer if, in the public interest, they "blow the whistle" on wrongdoing.

G.15 The Freedom of Information Act 2000

Is intended to promote a culture of openness and accountability amongst public authorities and facilitate a better public understanding of how such authorities carry out their duties, why they make the decisions they do and how they spend public money. The Act compliments the Data Protection Act 1998; if a disclosure is permitted under the Data Protection Act 1998 then the Freedom of Information Act 2000 gives the right of access to it.

In Brief: *An Act to make provision for the disclosure of information held by public authorities or by persons providing services for them and to amend the Data Protection Act 1998 and the Public Records Act 1958; and for connected purposes.*

G.16 National Health Service and Community Care Act 1990

Section 47 - Where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority:

(a) shall carry out an assessment of his needs for those services; and

(b) having regard to the results of that assessment, shall then decide whether his needs call for the provision by them of any such services.

G.17 Crime and Disorder Act 1998

Section 115 establishes the power to disclose information, which is central to the Act's partnership approach. The Police have an important and general power at common law to disclose information for the prevention, detection and reduction of crime. However, some other public bodies which collect information may not previously have had power to disclose

it to the Police and others. This section therefore puts beyond doubt the power of any organisation to disclose information to Police authorities, local authorities, probation committees, health authorities, or to persons acting on their behalf, so long as such disclosure is necessary or expedient for the purposes of this Act. These bodies also have the power to use this information.

Other pieces of helpful legislation to refer to would include:

G.18 Race Relations Act 1976 (amended 2000)

G.19 Disability Discrimination Act 1995

G.20 Sex Discrimination Act 1975 (amended) Regulations 2003

Part H: Glossary of terms

Abuser
A person who is stated to have abused a vulnerable adult.

Advocate
A person who supports another to speak up for themselves or acts on their behalf to protect their rights. This can be a friend or family member or an independent person acting in a paid or voluntary capacity

Adult Protection Conference
A meeting of all those involved with the vulnerable adult to promote and protect their safety.

Alleged abuser/offender
A person against whom an allegation is made.

AMIIS (Advocacy, Mediation and Independent Investigation Service)
An independent organisation protecting the interests of vulnerable service users and carers in Surrey; advice, guidance regarding Surrey County Council and investigation of complaints; and development of advocacy services in Surrey.

Approved social worker
Social worker trained and appointed to undertake assessments under the *Mental Health Act 1983*.

Carer
A carer is a family member, friend or neighbour who takes the unpaid responsibility of someone who is mentally ill and/or learning disabled, and/or physically disabled and/or whose health is impaired by illness or age.

Care plan or care programme approach
A procedure to assess, plan and review a person's health and social care needs.

Care manager/social worker
Adults and Community Care/Integrated Health and Social Care/Mental Health Team professional who screens referrals, commissions assessments, reviews services, etc.

Care worker
A person who is paid to provide personal/practical care to an individual.

Chronology
A consecutive record of known key events.

Commission for Social Care Inspection (CSCI)
"Regulates, i.e. inspects and registers independent residential care homes, local authority care homes, domiciliary care agencies, private and local authority children's homes, day nurseries and independent boarding schools."

Community Mental Health Team
Team of professionals from Adults and Community Care/Integrated Health and Social Care/Mental Health Team and the NHS Trusts who assess and provide services to individuals with mental health problems.

Community Services Team
Locally based Adults and Community Care team, with responsibility for assessing, providing and reviewing services to adults in the community with learning disabilities.

Consultant
The most senior grade of doctor in a given speciality who accepts ultimate responsibility for the treatment and care of patients.

Domiciliary care agency
Service that provides personal/ practical care to individuals/families in their own home.

Emergency Duty Team
Adults and Community Care/Integrated Health and Social Care/Mental Health Team out of hours (normal office) team

Guardian
In terms of the *Mental Health Act 1983 (Section 7)*, a person who has particular powers in relation to the individual named in the guardianship order.

Health Trust/PCT
Body designated by the government with executive responsibilities to provide local health and welfare services.

Inter-agency Planning Meeting
Meeting which comprises of a number of professionals, e.g. social worker, police, health professionals

Investigator
A trained professional from either the Police and/or Adults and Community Care/Integrated Health and Social Care/Mental Health Team who are required to inquire into referrals regarding a vulnerable adult.

Medical Practitioner/GP
One who practises medicine - in this document normally hospital/community trust-based.

Mentally Disordered Offenders Unit
Provide assessment and support to vulnerable adults who become involved with the criminal justice system.

National Health Service
Body that funds, plans and develops services.

Nearest relative
Defined under section 26 of the *Mental Health Act 1983*. Has legal rights concerning the service users/client/patients detention and discharge.

Official Solicitor
An office unique to the High Court. In High Court proceedings relating to the welfare of the vulnerable adult it is normal for the official solicitor to be appointed as the vulnerable adult's solicitor.

Probation officer
A person with responsibility as supervisor for an offender on probation.

Provider
Statutory, independent, private or voluntary agencies that provide services.

Psychiatrist
A doctor who specialises in mental health.

Psychologist
Clinical psychologists are trained to assess and help with emotional and behavioural difficulties using non-medicine based treatments. These can include one or more of the following: behavioural work, talking therapies, cognitive work or “systems” work.

Risk Management Plan
A clear plan which takes into account the type and level of risk and attempts to reduce the identified risks through the offering/reviewing of appropriate services.

Senior Strategy Meeting
Multi-professional meeting to provide an action plan in large scale or complex adult protection cases (or where there is an allegation against an SCC member of staff)

Social Care Team
Locally-based Adults and Community Care Team with responsibility for assessing, providing and reviewing services to Older people and People with Physical Disabilities in the community.

Statutory
Regulation that is based on statute based on an Act of Parliament.

Surrey Adult Protection Committee

Responsible for co-operation between agencies in the field of vulnerable adult protection.

Therapeutic process
A process or a manner of addressing a specified problem, normally through a specialist service.

Third party
Includes any body, authority, agency concerned with the vulnerable adult and/or another who is not the principle party.

Treatment programme
A process or manner of addressing a specified problem.

Volunteer
A person who is not paid by the agency for whom they work, other than for expenses incurred.

Part I: Contact numbers and addresses

Adults and Community Care / Integrated Health and Social Care / Mental Health Team

Emergency Duty Team

PO Box 473, Guildford
Surrey GU4 7ZL

Telephone: 01483 517898
Fax: 01483 517895
Minicom: 01483 517844
Email: edt.ssd@surreycc.gov.uk

Social Care Teams (including hospitals)

Epsom, Ewell and Banstead Social Care Team

Social Services Centre, The Squirrels
The Horseshoe, Bolters Lane
Banstead, Surrey SM7 2BQ
Telephone: 01737 737100
Fax: 01737 737128

Surrey County Council Local Office
Town Hall, The Parade
Epsom, Surrey KT18 5BX
Telephone: 01372 832300
Fax: 01372 720512

Social Services Team
Epsom General Hospital
Dorking Road
Epsom, Surrey KT18 7EG
Telephone: 01372 735297/8
Fax: 01372 735256

Also covers:

The New Epsom and Ewell Cottage Hospital
Dorking Road
Epsom, Surrey KT18 7EG
Telephone: 01372 734845

West Park Hospital – The Meadows
Horton Lane
Epsom, Surrey KT19 8PB
Telephone: 01372 203429

Guildford Social Care Team

SCC South West Area Office
Grosvenor House
London Square, Cross Lanes
Guildford, Surrey GU1 1FA
Telephone: 01483 517700
Fax: 01483 517350

Social Services Team
Royal Surrey County Hospital
Egerton Road, Park Barn
Guildford, Surrey GU2 7XX
Telephone: 01483 464008
Fax: 01483 406791

Mole Valley and Esher Social Care Team

Social Services Centre
Pippbrook House, Reigate Road — Telephone: 01306 888033
Dorking, Surrey RH4 1SH — *Fax: 01306 742536*

Also covers:

Dorking Hospital
Horsham Road
Dorking, Surrey RH4 2AA — Telephone: 01737 768511

Leatherhead Hospital
Poplar Road
Leatherhead, Surrey KT22 8SD — Telephone: 01372 384391

Surrey County Council Local Office
Civic Centre, High Street — Telephone: 01372 832555
Esher, Surrey KT10 9SD — *Fax: 01372 832502*

Also covers:

Cobham Cottage Hospital
Portsmouth Road
Cobham, Surrey KT11 1HT — Telephone: 01932 584221

Kingston Hospitals
Various addresses — Telephone: 020 8979 4941

Reigate, Redhill and Horley Social Care Team

Social Services Centre
102 Victoria Road — Telephone: 01737 737177
Horley, Surrey RH6 7AB — *Fax: 01737 737173*

SCC East Area Office
Omnibus, Lesbourne Road — Telephone: 01737 737888
Reigate, Surrey RH2 7JA — *Fax: 01737 737651*

Runnymede Social Care Team

Social Services Centre
Heritage House, 93 Eastworth Road — Telephone: 01932 794400
Chertsey, Surrey KT16 8DY — *Fax: 01932 794407*

Social Services Team
Ashford Hospital
London Road — Telephone: 01784 884251
Ashford, Middlesex TW15 3AA — *Fax: 01784 884293*

Services Team
St Peter's Hospital
Guildford Road — Telephone: 01932 722526
Chertsey, Surrey KT16 0QA — *Fax: 01932 722587*

Spelthorne and Weybridge Social Care Team

Social Services Centre
Burges Way, Knowle Green — Telephone: 01932 795295
Staines, Middlesex TW18 1YA — *Fax: 01932 795290*

Social Services Team
Weybridge Hospital
22 Church Street — Telephone: 01932 795151
Weybridge, Surrey KT13 8SY — *Fax: 01932 795155*

Also covers:

Walton Hospital
Rodney Road
Walton on Thames, Surrey KT12 3LD — Telephone: 01932 220060

Weybridge Hospital
As above — Telephone: 01932 852931

Surrey Heath Social Care Team

The Absolute Building
Lyon Way, Frimley — Telephone: 01276 800200
Camberley, Surrey GU16 7ER — *Fax: 01276 800201*

Social Services Team
Larch House
Frimley Park Hospital
Portsmouth Road — Telephone: 01276 604206
Frimley, Surrey GU16 7UJ — *Fax: 01276 62824*

Tandridge Social Care Team

Surrey County Council Local Office
Council Offices, Station Road East — 01883 717311
Oxted, Surrey RH8 0BQ — *Fax: 01883 730178*

Social Services Team
East Surrey Hospital
Canada Avenue — Telephone: 01737 231802
Redhill, Surrey RH1 5RH — *Fax: 01737 231637*

Also covers:

Caterham Dene Hospital
Church Road
Caterham, Surrey CR3 5RA — Telephone: 01883 837500

Harrowlands Neurological Rehabilitation Unit
South Terrace
Dorking, Surrey RH4 2RA — Telephone: 01306 657900

Waverley Social Care Team ______________________________________

Farnham Hospital and Centre for Health
Hale Road — Telephone: 01483 518383
Farnham, Surrey GU9 9QL — *Fax: 01483 518424*

Also covers:

Farnham Hospital
Hale Road
Farnham, Surrey GU9 9QL — Telephone: 01483 782000

Haslemere Hospital
Church Lane
Haslemere, Surrey GU27 2BJ — Telephone: 01483 782000

Social Services Centre
Bridge Street, (above the library) — Telephone: 01483 518998
Godalming, Surrey GU7 1LA — *Fax: 01483 518371*

Also covers:

Cranleigh Village Hospital
High Street
Cranleigh, Surrey GU6 8AE — Telephone: 01483 782000

Milford Hospital
Tuesley Lane, Milford
Godalming, Surrey GU7 1UF — Telephone: 01483 782000

Woking Social Care Team ____

Social Services Centre
Trizancia House, 74 Chertsey Road — Telephone: 01483 518851
Woking, Surrey GU21 5BJ — *Fax: 01483 518811*

Also covers:

Woking Hospital
Heathside Road
Woking, Surrey GU22 7HS — Telephone: 01483 715911

Community Services Teams (for people with a learning disability)

East Surrey Community Services Team ______________________________

Bracketts Resource Centre
116 Station Road East — Telephone: 01737 737242
Oxted, Surrey RH8 0QA — *Fax: 01883 385504*

Colebrook Resource Centre
Greensand Road — Telephone: 01737 733840
Redhill, Surrey RH1 1PT — *Fax: 01737 733844*

SCC East Area Office
Omnibus, Lesbourne Road — Telephone: 01737 737888
Reigate, Surrey RH2 7JA — *Fax: 01737 737651*

Mid Surrey Community Services Team

2 Oakglade
Chertsey Lane — Telephone: 01372 202141 /2
Epsom, Surrey KT19 8NW — *Fax: 01372 202138*

Adults and Community Care
AC Court, High Street — Telephone: 020 8541 9694
Thames Ditton, Surrey KT7 0QA — *Fax: 020 8541 8773*

North Surrey Community Services Team

Social Services Centre
Heritage House, 93 Eastworth Road — Telephone: 01932 794490
Chertsey, Surrey KT16 8DY — *Fax: 01932 794497*

North West Surrey Community Services Team

The Absolute Building
Lyon Way, Frimley — Telephone: 01276 800280
Camberley, Surrey GU16 7ER — *Fax: 01276 800201*

South West Surrey Community Services Team

SCC South West Area Office
Grosvenor House
London Square, Cross Lanes — Telephone: 01483 517460
Guildford, Surrey GU1 1FA — *Fax: 01483 517604*

Community Mental Health Teams (West Surrey) ~ CMHTs

Guildford CMHT

Farnham Road Hospital	
Farnham Road	Telephone: 01483 443551
Guildford, Surrey GU2 7LX	*Fax: 01483 443667*

Runnymede CMHT

Bourne House	
3 Brookfield Close	Telephone: 01932 876600
Ottershaw, Surrey KT16 0JL	*Fax: 01932 874614*

Spelthorne CMHT

Glenthorne	
33 Rookery Road	Telephone: 01784 440204
Staines, Middlesex TW18 1BT	*Fax: 01784 449550*

Surrey Heath CMHT

Sycamore House	
16 Southwell Park Road	Telephone: 01276 671102
Camberley, Surrey GU15 3PX	*Fax: 01276 671031*

Waverley CMHT

Bloggs Way (off High Street	Telephone: 01483 517200
Cranleigh, Surrey GU6 8AW	*Fax: 01483 517210*
Farnham Hospital	
Hale Road	Telephone: 01483 782095
Farnham, Surrey GU9 9QL	*Fax: 01483 782096*
41 Binscombe Lane	Telephone: 01483 415155
Godalming, Surrey GU7 3PP	*Fax: 01483 427792*
Haslemere Hospital	
Church Lane	Telephone: 01483 783090
Haslemere, Surrey GU27 2BJ	*Fax: 01483 783083*

West Elmbridge CMHT

Bourne House	
3 Brookfield Close	Telephone: 01932 876600
Ottershaw, Surrey KT16 0JL	*Fax: 01932 874614*

Woking CMHT

Bridgewell House	
29 Claremont Avenue	Telephone: 01483 756318
Woking, Surrey GU22 7SF	*Fax: 01483 770221*

Primary Care Mental Health Teams (East Surrey) ~ formerly CMHTs

Dorking PCMHT

Clarendon House
28 West Street
Dorking, Surrey RH4 1QJ

Telephone: 01306 502400
Fax: 01306 502608

East Elmbridge PCMHT

Joseph Palmer Centre
319a Walton Road
West Molesey, Surrey KT8 2QG

Telephone: 020 8873 4300
Fax: 020 8873 4356

Epsom PCMHT

Farmside, West Park Hospital
West Park Road, Horton Lane
Epsom, Surrey KT19 8PB

Telephone: 01372 204000
Fax: 01372 204029

Horley PCMHT

Beechcroft, 120 Victoria Road
Horley, Surrey RH6 7DG

Telephone: 01293 774434
Fax: 01293 822536

Leatherhead PCMHT

Tylney House, 23 High Street
Leatherhead, Surrey KT22 8AB

Telephone: 01372 204030
Fax: 01372 204059

Redhill and Reigate PCMHT

Shaws Corner, Blackborough Road
Reigate, Surrey RH2 7DG

Telephone: 01737 272301
Fax: 01737 272346

Tandridge PCMHT

Conifers Mental Health Resource Centre
Church Road
Caterham on the Hill, Surrey CR3 5RA

Telephone: 01883 385481
Fax 01883 385588

Commission for Social Care Inspection (CSCI)

The Wharf, Abbey Mill
Eashing, Surrey GU7 2QN

Telephone: 01483 413540
Fax 01483 413578
Email: enquiries.eashing@csci.gov.uk

Primary Care Trusts (PCTs)

East Surrey PCT

St John's Court
St John's Road
Redhill, Surrey RH1 6DS

Telephone: 01737780209
Fax 01737 767373

East Elmbridge and Mid Surrey PCT

Cedar Court
Guildford Road, Fetcham
Leatherhead, Surrey KT22 9RX

Telephone: 01372 227300
Fax 01372 227368

Guildford and Waverley PCT

Broadmede House
Farnham Business Park, Weydon Lane
Farnham, Surrey GU9 8QT

Telephone: 01252 305700
Fax 01252 305701

North Surrey PCT

Bournewood House
Guildford Road
Chertsey, Surrey KT16 0QA

Telephone: 01932 872010
Fax 01932 875345

Surrey Heath and Woking PCT

West Byfleet Health Centre
Madeira Road
West Byfleet, Surrey KT14 6DH

Telephone: 01932 356809
Fax 01932 358640

Surrey Police

Main switchboard number is 0845 125 222 ~ call then ask for relevant public protection unit.

East Surrey (B Division)

Covers boroughs of Reigate and Banstead; Tandridge

Reigate Police Station
79 Reigate Road
Reigate, Surrey RH2 0RY

North Surrey (A Division)

Covers boroughs of Elmbridge; Spelthorne; Epsom and Ewell

Staines Police Station
22 Kingston Road
Staines, Middlesex TW18 4LQ

North West Surrey (D Division)

Covers boroughs of Surrey Heath; Woking; Runnymede

Woking Police Station
Station Approach
Woking, Surrey GU22 7SY

West Surrey (C Division)

Covers borough of Guildford; Waverley

Guildford Police Station
Margaret Road
Guildford, Surrey GU1 4QS

Farnham Police Station
Longbridge
Farnham, Surrey GU9 9PZ

In the event of an emergency situation then please dial 999

Crimestoppers: Freephone 0800 555111

Part J: Helpful local and national organisations

Local organisations

Organisation	Telephone	Website
Age Concern Surrey		www.acsurrey.org.uk
Guildford	01483 503414	
Banstead	01737 352156	
Epsom & Ewell	01372 732456	
Victim Support (helpline)	0845 30 30 900	www.victimsupport.com
Rape Crisis (helpline)	020 7837 1600	www.rapecrisis.co.uk
Surrey Women's Aid	01483 776822	www.surreywomensaid.org.uk
Samaritans	08457 90 90 90	www.samaritans.org
Citizens Advice Bureaux	Local telephone numbers in directory	
Domestic Violence	01483 776822	www.surreywomensaid.org.uk
PHAB (Surrey)	01306 730929	www.lifetrain.org.uk
Surrey Alcohol and Drug Advisory Service (SADAS)	01483 590150	www.info@sadas.org.uk
HEADWAY SURREY	Helpline 01483 454433	www.headwaysurrey.org

National organisations

Organisation	Telephone	Website
Voice College Business Centre Uttoxeter New Road, Derby, DE22 3WZ	01332 869311	www.voiceuk.org.uk
Victim Support National Office Cranmer House 39 Brixton Road London SW9 6DZ	020 7735 9166 (Local offices in telephone directory)	www.victimsupport.com
PAVA (National) P.O.Box 4670 Bournemouth BH6 3BL		www.pavauk.org.uk

Respond 3rd Floor 24-32 Stephenson Way London NW1 2HD	020 7383 0700 Helpline: 0808 808 0700	www.respond.org.uk
Action on Elder Abuse Astral House 1268 London Road London SW16 4ER	020 8765 7000 Helpline: 080 880 88141	www.elderabuse.org.uk
Pavilion Publishing The Iron Works Cheapside Brighton East Sussex BN1 4GD	01273 623222	www.pavpub.com
Ann Craft Trust ACT Centre for Social Work University of Nottingham University Park Nottingham NG7 2RD	0115 951 5400	www.anncrafttrust.org
Disability Law Service 39-45 Cavell Street London E1 2BP	0207 791 9800	Website not set up yet

Advocacy organisations

Matrix Advocacy Services

Older In-Patient Mental Health

For Heyworth, Spencer, Burwood and Willow Wards — Telephone: 01932 722965
Email: denise@matrixsdt.com

Adult Mental Health In-Patient

For Laureate/Blake Wards — Telephone: 01932 875116
Email: steven@matrixsdt.com

For Claire Ward — Telephone: 01932 723759
Email: asaya@matrixsdt.com

c/o Abraham Cowley Unit
Holloway Hill, Lyne
Chertsey, Surrey KT16 0AE

Older In-Patient Mental Health

For Haliford, Ashford House

Telephone: 01784 884582
Email:
ashfordadvocacy@matrixsdt.com

Adult Mental Health In-Patient

For Charlton Ward, Ashford Mental Health Unit

Telephone: 01784 884582
Email:
ashfordadvocacy@matrixsdt.com

Community Mental Health

For Spelthorne and Runnymede

Telephone: 07903 708406
Email: ian@matrixsdt.com

Ashford Mental Health Unit
London Road
Ashford, Middlesex

For Woking and West Elmbridge

Telephone: 07931 2522120
Email: donna@matrixsdt.com

Corner House
2 Courteney Road
Woking, Surrey GU21 5HQ

Community Learning Disability

For Spelthorne

Telephone: 01784 461795/
07775 794 177
Email: stuart@matrixsdt.com
stuart.wardell@nwsurreymht.nhs.uk

Fairmead
Worple Road
Staines, Middlesex TW18 1ED

Community Partners

Learning disability

For South West, North West and North Surrey (except Spelthorne)

Telephone: 01483 527759
Email: staff@cp-advocacy.fsnet.co.uk
Web: www.cp-advocacy.fsnet.co.uk

Dunedin House
2 The Mews, Wharf Street
Godalming, Surrey GU7 1NN

Advocacy Partners

Learning disability

For East Surrey, LB Richmond, LB Croydon, LB Sutton, LB Merton

Older people

LB Sutton, LB Merton

People with physical/sensory disabilities

LB Sutton

Advocacy Partners
McMillan House
54 Cheam Common Road
Worcester Park, Surrey KT4 8RH

Telephone: 020 8330 6644
Email: info@advocacypartners.org.uk

North West Surrey Association of Disabled People

People (aged 17-64) with physical and sensory disabilities

For boroughs of Woking, Runnymede, Elmbridge, Spelthorne

Telephone: 01483 750973
Email: home@nwsadp.org.uk

Provincial House
26 Commercial Way
Woking, Surrey GU21 1EN

Royal Association for Deaf People

People who are deaf and those who are deaf and have learning disabilities or a mental health challenge

For Surrey, London

Telephone/fax: 01306 881958
Minicom: 01306 876287
Email: dorking@royaldeaf.org.uk

316 High Street
Dorking, Surrey RH4 1QX

Alzheimer's Society

People with dementia and their carers in the community

For borough of Woking and where the GP belongs to Surrey Heath and Woking PCT and the person does not receive a service from a local Alzheimer's branch

Telephone: 01483 771212
Minicom: 01306 876287
Email: dorking@royaldeaf.org.uk

Westgate
Chobham Rd
Woking, Surrey GU21 4AA

ICAS (Surrey)

Anyone receiving NHS medical care who wishes to make a complaint about procedures, communication, treatment (also support carers in complaint against the NHS)

For whole of Surrey, (including Spelthorne as part of North Surrey PCT catchment area)

Telephone: 01753 522227
Email: surrey.icas@dsl.pipex.com

1a Cranbourne Road
Slough, Berkshire SL1 2XF

Advocacy in Action

Provide advocacy for older people/people with a learning disability and/or a mental health need – can also take on Power of Attorney

Telephone/fax: 01306 881804

265 High Street
Dorking, Surrey RH54 1RL

Manager: Diana Porter

Part K: Relevant local and national guidance

Department of Health (November 2003***) The NHS Confidentiality Code of Practice. Confidentiality: NHS Code of Practice***

Department of Health (1997) ***'The Caldicott Committee: Report on the review of patient identifiable information'***

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

Department of Health NHS Exec (1998) ***'Revised framework for reporting and managing serious untoward incidents'***

Home Office (2000***) 'Achieving best evidence in criminal proceedings: guidance for vulnerable or intimidated witnesses, including children'***

Lord Chancellor's Department (1997***) 'Making Decisions on Behalf of Mentally Incapacitated Adults'*** Stationery Office

Surrey Area Child Protection Committee (2000 revision***) 'Manual of Child Protection Procedures: A framework for professional practice agreed by all agencies and to be followed by professionals in cases of actual and suspected child abuse'***

Surrey Domestic Violence Project ***'Domestic Violence: Surrey inter-agency guidelines and information'*** (1998) Surrey Care Trust & Surrey County Council Adults and Community Care/Integrated Health and Social Care/Mental Health Team

Surrey website, ***Surrey County Council Domestic Violence Procedures***

'***Information Sharing Guide Adult Protection',*** Surrey Adult Protection Committee

Department of Health (May 2003) ***What To Do If You're Worried A Child Is Being Abused.***

Part L: Surrey Adult Protection Committee Members

Alan Warren, Joint Services Director & East Surrey Adults and Community Care

Allan Wells, Surrey County Council, Legal Services

Cynthia Dwyer, North Surrey PCT

Daphne McEleny, South West Surrey Adults and Community Care

Ian Dewar/Louise Perry, Surrey Community Safety Unit

Dr Karen Dodd, Surrey Oaklands NHS Trust

Linda Stewart, North Surrey Adults and Community Care, Adult Protection Manager/Independent Chair

Liz Ball, Surrey Probation Services

Louise Lamb, North Surrey Adults and Community Care, Adult Protection Manager

Mary Hendrick, North West Surrey Adults and Community Care

Nigel Andrews, Guildford Borough Council

Doug Ettridge, North Surrey Adults and Community Care

Pauline Hermann, East Surrey PCT

Detective Inspector Paul Noke, Surrey Police

Richard Woodward, Tandridge District Council

Maggie White, Commission for Social Care Inspection

Yvonne Waltham, Mid Surrey Adults and Community Care

Christine Maclean, Independent Chair, Surrey Adult Protection Team