

Brighton & Hove

**Safeguarding Adults Board**

**ANNUAL REPORT**

**2009/2010**

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## 1. Foreword



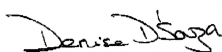
I am pleased to introduce this annual report of the Brighton and Hove Safeguarding Adults Board. This report sets out the work that has been achieved over the last year to help keep vulnerable people in Brighton and Hove safer from being abused or neglected, and also makes clear the plan for the work that still needs to be done. It also shows data on the referrals and investigations that have been undertaken over the last year, showing the types of abuse that vulnerable people suffer, and where the abuse is alleged to have taken place and how we are receiving reports about abuse. This data is crucial in gaining an understanding of the patterns and prevalence of abuse, and can then help us to raise awareness with professionals and the public in recognising and reporting abuse, and to help vulnerable people to keep themselves safe.

Since the last annual report there have been changes in the management of Adult Social Care, and I have again taken on the role of Chair of the Brighton and Hove Safeguarding Adults Board. As you may be aware, more changes are to come in the management structure within the whole of the City Council, but I can reassure you that this crucial work to ensure that the City's most vulnerable people are kept safe will continue to be a priority for us all.

This year has also resulted in close scrutiny of the work that has been achieved due to an inspection by the Care Quality Commission. The Care Quality Commission is the independent regulator of health and adult social care services in England, and has a programme of inspections of local authorities and health providers. The inspection was to look at how well Brighton and Hove was safeguarding adults whose circumstances made them vulnerable. It was a very thorough process which involved meeting vulnerable people directly and listening to their views, meeting staff from many of the organisations in the City who work with and support vulnerable people, and looking at case files to closely monitor the work that has been done when abuse has been investigated.

Such close scrutiny of the work that is done here in Brighton and Hove was obviously a daunting experience for all involved, but also a positive one as it confirmed the really good work that was being done. It also helped us to clearly identify any areas that needed improvement. I am delighted to now be able to report that following the inspection the Care Quality Commission has concluded that Brighton and Hove is **performing well** in safeguarding. This is extremely positive and encouraging, and I give my wholehearted thanks and appreciation to all the staff who are so dedicated in working with vulnerable people. The result of the inspection is a real credit to you all.

We now look to the year ahead, with a clear plan of action to ensure this good work is built on and continues. The action plan at the end of this report sets out the plans for the years ahead, so the hard work will continue to make 2010-11 an even more positive year!

A handwritten signature in black ink that reads "Denise D'Souza".

Denise D'Souza, Acting Director

## **2 Summary of the Year**

### **Developments in 2009/10 and Challenges for the Year Ahead**

#### **Safeguarding Adults Board**

In February 2010 Joy Hollister left Brighton and Hove to take up a new post, and Denise D'Souza has taken up the role of Director for Adult Social Care and Health, and as the Chair of Brighton and Hove Safeguarding Adults Board. The Board has continued to work to the Business Plan agreed in 2009, which is updated quarterly for each Board meeting. The version updated at the Safeguarding Board in June 2010 is included in this report.

A Monitoring and Development Group for Mental Capacity and Deprivation of Liberty Safeguards (DoLS) has started, and is in the process of developing an action plan which will link in with the Safeguarding Business Plan. This group will report to the Safeguarding Board on a quarterly basis.

#### **Multi-Agency Safeguarding Vulnerable Adults Procedures and Operational Instructions**

In 2009 Pan Sussex Operational Instructions for safeguarding investigations were written, and shared with staff in draft. During the process of writing these it became apparent that the current Multi Agency Policy and Procedures, launched in 2005, now needed to be updated. The Safeguarding Boards in East Sussex, West Sussex and Brighton and Hove all agreed that this piece of work was required, and that the updated Policy and Procedures should include the recently written Operational Instructions. This piece of work is currently going ahead, with a plan for the new draft policy and procedures to be circulated for comment by the end June 2010.

#### **Safeguarding Investigations Auditing**

This year an ongoing process for auditing safeguarding investigations has been introduced. Senior Managers are auditing a number of cases every quarter and reporting their findings into the Safeguarding Adults Board. The key themes from this will be used to influence training plans, procedures and the Board's Business Plan.

The next step for the year ahead is to develop this audit process so that it includes feedback from service users who have been part of a safeguarding intervention, so as to gather information from them as to how the process was for them, and whether in their view the outcome was positive.

#### **Training**

In December 2009 the 5th Multi-Agency Safeguarding Adults Conference was held. This was attended by 120 staff from all partner organisations, and was a full day of guest speakers and workshops focusing particularly on Hate Crime, with Kathryn Stone from Voice UK giving a very inspirational, emotional and thought provoking talk. 5 different workshops were held, covering topics such as Hate Incidents, the Vetting and Barring scheme, Dignity, Domestic Violence and the future regulation of Adult Social Care. This year's conference is still in the process of being planned, but is to focus on the vulnerable person's experience of the safeguarding process.

A Pan Sussex Competency Framework for social care and health staff was also launched this year.

## **Data Collection**

This annual report summarises the safeguarding activities for the period April 2009 to end March 2010. From this we can see that there has been a large increase of alerts this year, 51% more than last year. This has obviously put pressure on staff who are responsible for investigating alerts, and measures are being put into place to support this increase in volume.

More detailed data has been able to be collected this year, and in this report we can see data such as the source of alerts, and the location where the alleged incident took place.

From 1<sup>st</sup> May 2010, Adult Social Care staff started to use Care Assess, an improved database, for safeguarding work. This means that data will continue to be more detailed and accurate with this system. Care Assess also ensures a robust management sign off for all safeguarding investigations.

## **Self Directed Support**

The Council continues to contract with the Brighton and Hove Federation of Disabled People (a user-led organisation) to provide a range of services to support all service users to control their own support. They provide the Direct Payments Support Service which is funded via a multi-agency contract, including Adult Social Care; Learning Disabilities; Sussex Partnership Foundation Trust; and Children and Young Peoples Trust, ensuring that all services users receive support with the options of accessing a Direct Payment. The service is available to both individuals funded by the Local Authority and those who pay for their own support needs. The service provides advice and information; support with recruitment, including assistance with producing Job Descriptions; PO Box numbers for application forms; involvement where requested in the interviewing process; facilitating CRB (funded by the Council); and template contracts.

Additionally they provide two further services which can be purchased either by the Council or by the individual directly. These are the Payroll Service and Supported Bank Account (SBA) service. The latter provides a comprehensive service managing the administration of the Direct Payment account. The use of the SBA can be to support individuals who lack capacity, or those who may potentially be at risk of financial abuse. Additionally the Council can provide Indirect Payments to an authorised individual to manage a Direct Payment on behalf of an individual who lacks capacity. Those individuals who currently receive their Personal Budget via a Direct Payment have access to all of the above services, and work is being done with the Federation to identify more support to individuals who wish to take greater control, this would include a potential Personal Assistant register and an Induction Pack for employers to work through with new employees.

In addition to the above we have a local Peer Support Group made up of service users who access Direct Payments. The group is jointly facilitated by the Federation and the Adult Social Care Self Directed Support Lead. This group provides peer support and can be involved in consultation activities

### 3. Performance and Practice

#### 3.1 Activity and performance information key points for 2009 to 2010

The following data refers to distinct elements of safeguarding vulnerable adults process.

An '**alert**' refers to an individual reporting a suspected incident of abuse or possible harm. Not all alerts will result in a safeguarding investigation, as there may be other processes that will resolve the situation more appropriately, for example an assessment of the person's needs. There are also times when there are real concerns, but the person who is being harmed is adamant that they do not want an investigation to take place.

Seven categories of abuse have been agreed by Sussex agencies. These are **Discriminatory, Physical, Sexual, Psychological, Financial, Neglect/acts of omission and Institutional**. These are described in more detail in **Appendix 1**.

**Response levels** refer to the level of investigation agreed for each safeguarding vulnerable adults investigation. There are 4 levels of response, and they are decided by assessing the potential seriousness of the alert, and should be proportional to the perceived level of risk and seriousness. See **Appendix 2** for further detail on each level of response.

**Outcomes of investigations** are determined at the end of an investigation, as to whether abuse has happened or not.

The outcome can be either;

**Substantiated** – the allegation of abuse is substantiated, on the balance of probability.

**Not Substantiated** – it is not possible to substantiate on the balance of probabilities the allegation of abuse made

**Inconclusive** – it is not possible to record an outcome against either of the other categories. For example, where a suspicion remains but there is no clear evidence.

**Case Conference** – for all level 3 and 4 investigations there should be a case conference. The purpose of the Case Conference is to ensure an effective protection plan is in place, to agree the outcome of the investigation to ensure feedback to those that need to be advised, and to ensure the views of the person alleged to have been harmed are heard.

#### Summary of Main Points to Note

- There has been a year on year increase in safeguarding alerts for adults since 2004. Last year showed the smallest increase of 2%, when in previous years the increase has been between 20% and 60%. This year there have been 1,288 safeguarding alerts, making an increase of 437 alerts from last year, a 51% increase, which is the highest increase for 3 years.
- The proportion of alerts which were not considered appropriate for investigation under the safeguarding procedures is 17.3%. This is slightly higher than last year, where alerts not for investigation were 13.8%. This year 1,065 investigations have been undertaken, compared to last year's figure of 734.
- The proportion of alerts by client category continues this year at similar proportions to last year. For

example, the proportion of alerts for people over 65 was 52%, and this year it is 54%. For people with a learning disability it was 23% and this year it is 22%.

- Allegations of physical, psychological and financial abuse and neglect are the most frequent. This is similar to last year, although this year allegations of physical and psychological abuse have increased slightly, and allegations of financial abuse have decreased from 23% to 18.8%, and allegations of neglect have decreased from 22% to 15%.
- The levels of investigation have had some change since last year. Last year Level 1 was 34%, Level 2 28%, Level 3 34% and Level 4 was at 4%. This year Level 1 has increased to 39.3%, Level 2 has increased to 31.2%, and Level 4 has increased to 6%. Level 3 investigations have decreased to 25%.
- Despite the decrease in Level 3 investigations, the general increase in numbers of alerts and investigations across all client groups is having an impact on investigating teams. It is as yet unclear as to why safeguarding alerts have increased so steeply this year, although safeguarding work continues to be increasing nationally, as well as locally. Measures are in place to ensure that the right staff are in the right place so that this work can be dealt with appropriately.
- Figures 7-9 show information for 8 months, from October 2009 to end March 2010. This information started to be collected from October as this is data that is now required to be reported on nationally. This is therefore the first time we have been able to analyse this information. From figure 9 we can see that for the 6 month period allegations of abuse in the vulnerable person's home and in supported accommodation are the most frequent. Figure 8 shows that the most common relationship of a person alleged to have caused harm to a vulnerable person is a relative or partner, followed by other family members and other vulnerable adults.
- Figure 7 shows the source of safeguarding referrals, for the 6 month period. The highest source of referrals come from staff working in health services, and staff from the private and voluntary sector. The data in figures 7-9 will now continue to be collected, and a full year's data will be available in next year's annual report.
- The outcome from investigations is shown in figure 10. This shows that 48.7% of completed investigations into allegations of abuse have been either substantiated or partially substantiated. This is an increase from last year, where 'inconclusive', 'substantiated' and 'not substantiated' were evenly divided.



### 3.2 Performance Data 2009 – 2010



Figure 1: Shows the proportion of safeguarding alerts raised divided into the needs of the vulnerable person

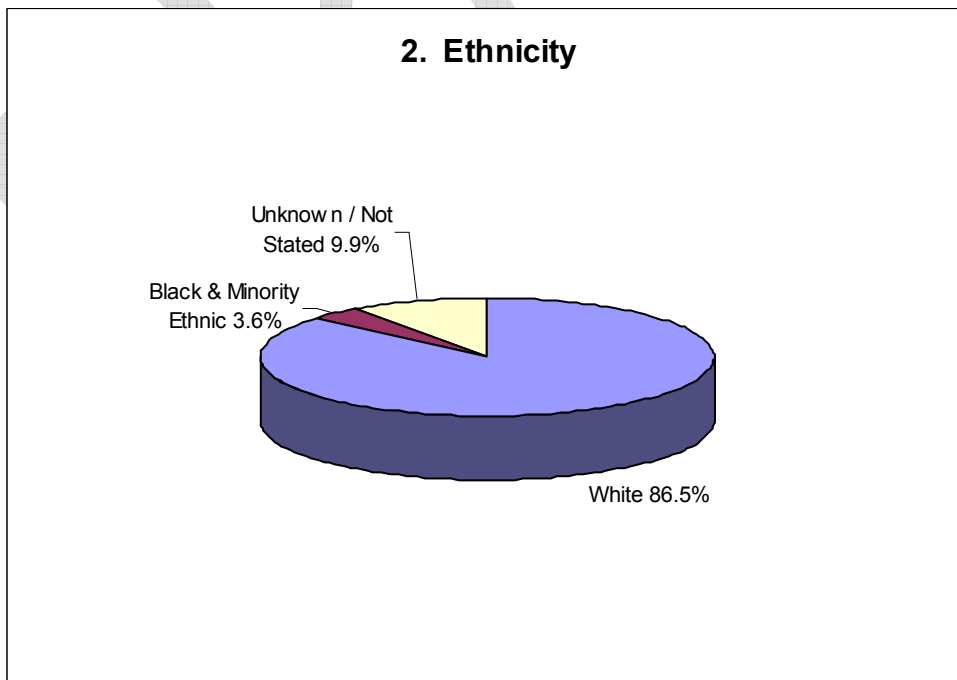
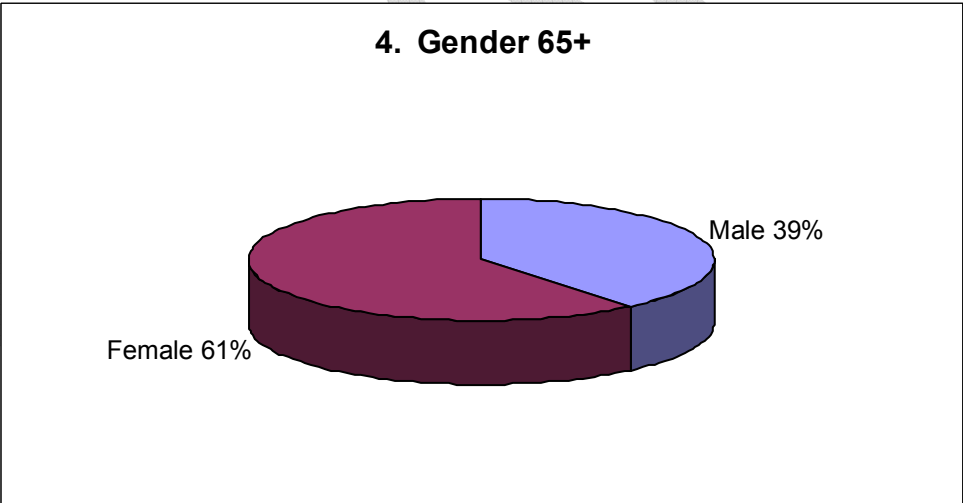
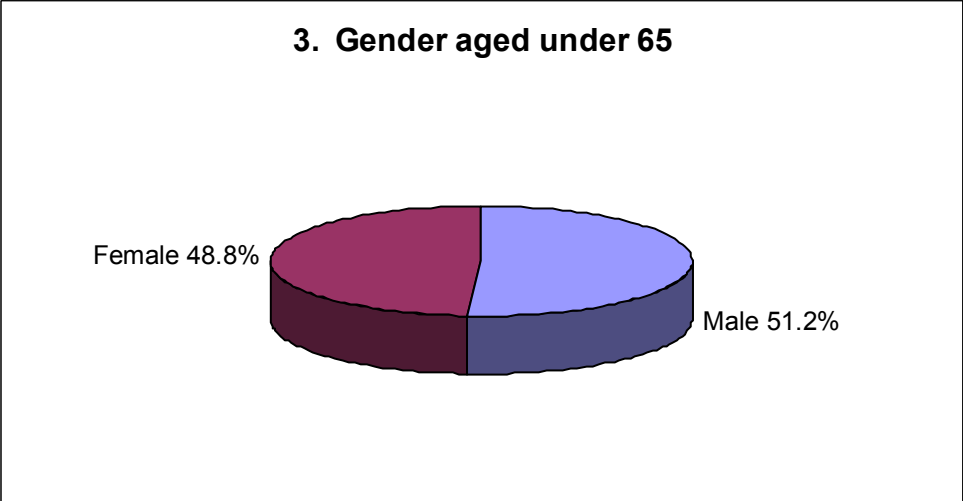


Figure 2: Shows the ethnicity of the vulnerable person for whom a safeguarding alert has been raised



Figures 3 & 4: Shows the Gender of the vulnerable person for whom a safeguarding alert has been raised, divided into under and over 65 years of age

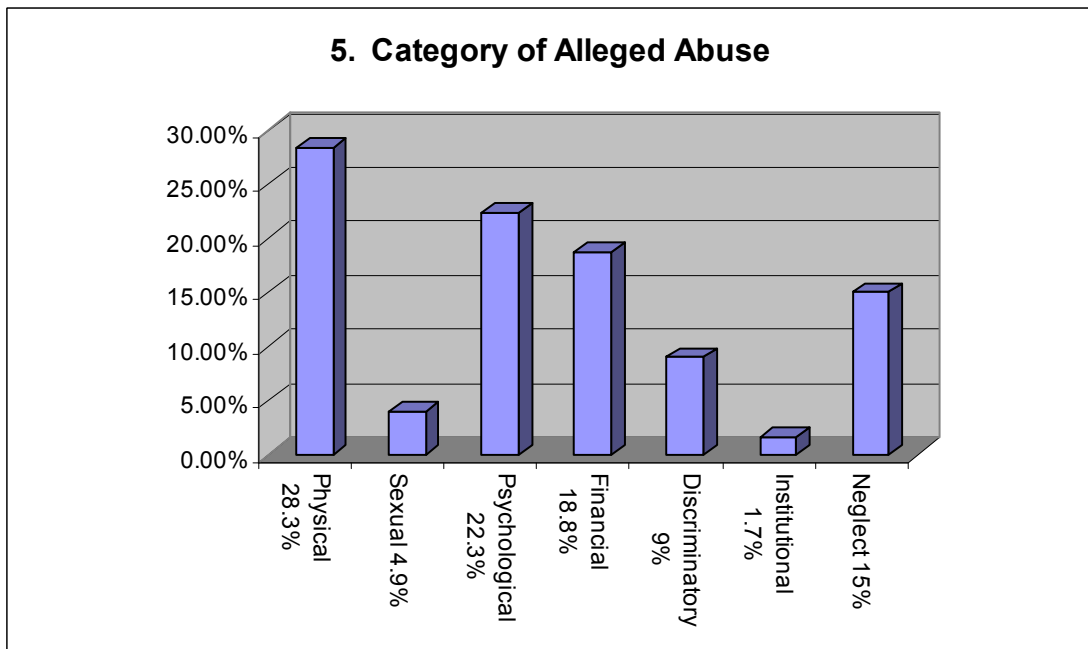


Figure 5: Shows the type of abuse alleged against the vulnerable person

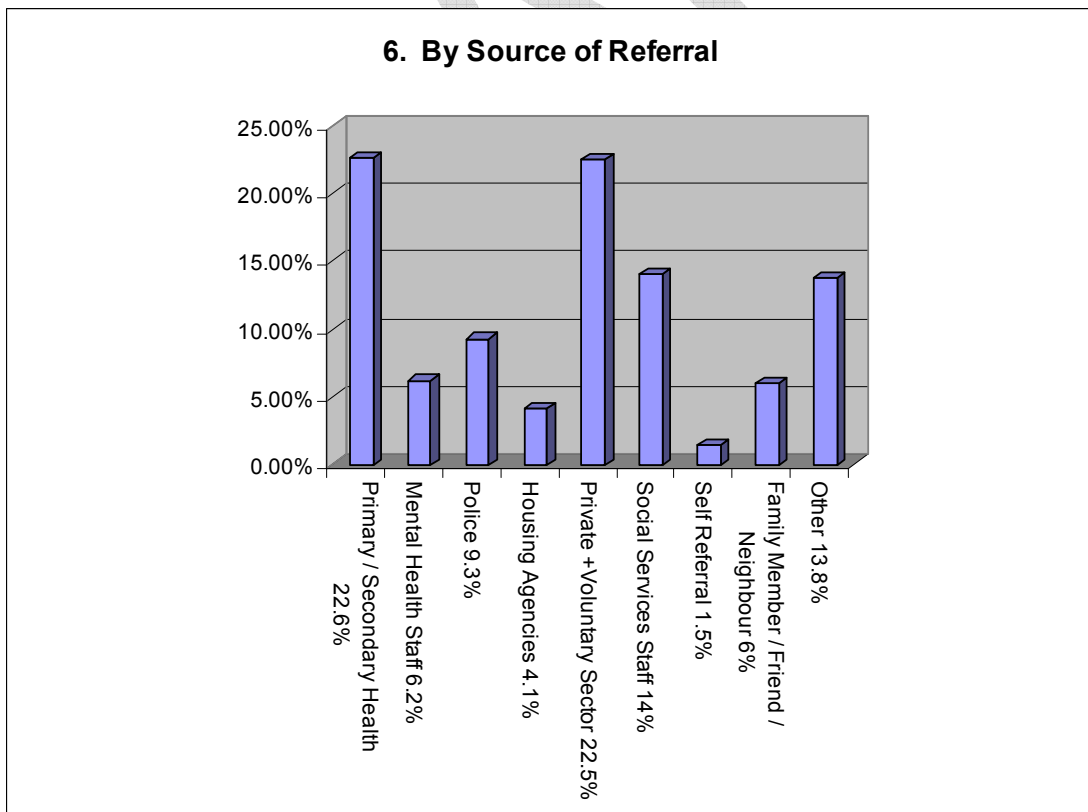


Figure 6: Shows the breakdown of the source of the safeguarding alert, showing who has raised the concern with social services



Figure 7: Shows the relationship to the vulnerable person of the person alleged to have caused the vulnerable person harm

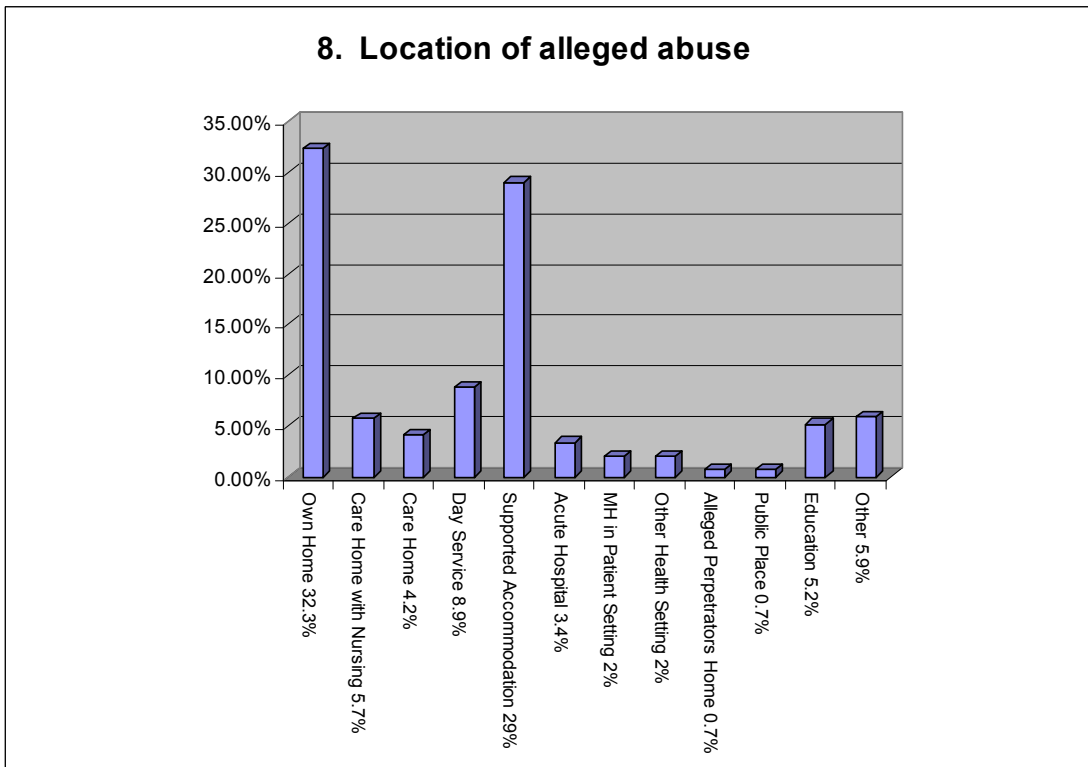


Figure 8: Shows the breakdown of safeguarding alerts by location of alleged abuse

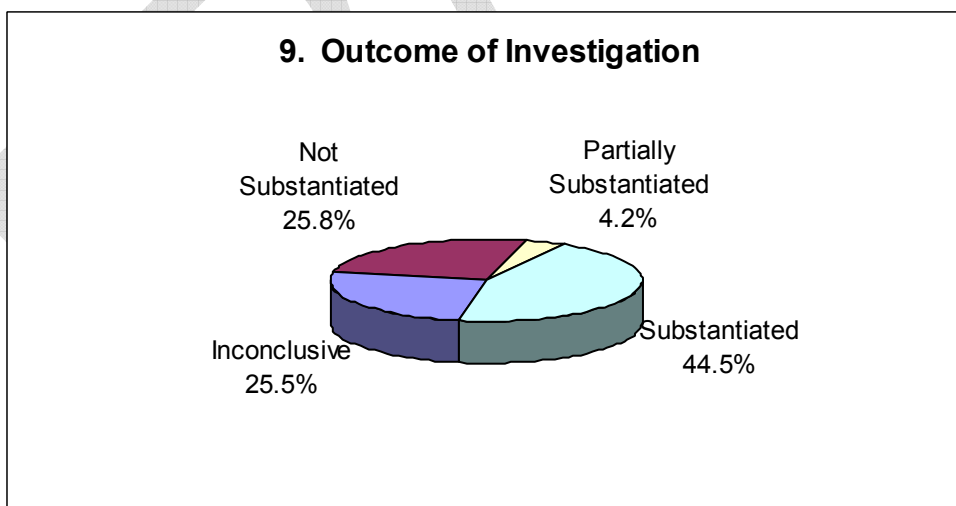


Figure 9: Shows the outcome of concluded safeguarding investigations, showing proportionally the number of investigations where abuse was substantiated

## Partner Organisation Reports

## 4.

### 4.1 Supporting People, Brighton & Hove City Council

Primary Role

**To ensure that service users who receive support funded by “Supporting People” are safeguarded from abuse.**

Key responsibilities

**To ensure that Supporting People contractors fulfil their obligations under the Supporting People Contract by:**

- Assessing each service under section 1.3 “Safeguarding and Protection from Abuse” of the Quality Assessment Framework to ensure a commitment to safeguarding the welfare of adults and children using or visiting the service and to working in partnership to protect vulnerable groups from abuse.
- There are robust policies and procedures for safeguarding and protecting adults and children that are less than three years old and in accordance with current legislation.
- **Ensuring that staff are aware of policies and procedures and their practice both safeguards clients and children and promotes understanding of abuse.**
- **Ensuring that staff are made aware of and understand their professional boundaries and their practice reflects this**
- **Ensuring clients understand what abuse is and know how to report concerns**
- **Ensuring the service is committed to participating in a multi-agency approach to safeguarding vulnerable adults and children**
- **Ensuring that contractors are appropriately alerting Adult Social Care of incidents of suspected abuse.**
- **Ensuring that there is a planned approach to victim support and to dealing with perpetrators.**
- **Ensuring that staff receive appropriate training in the safeguarding of adults.**

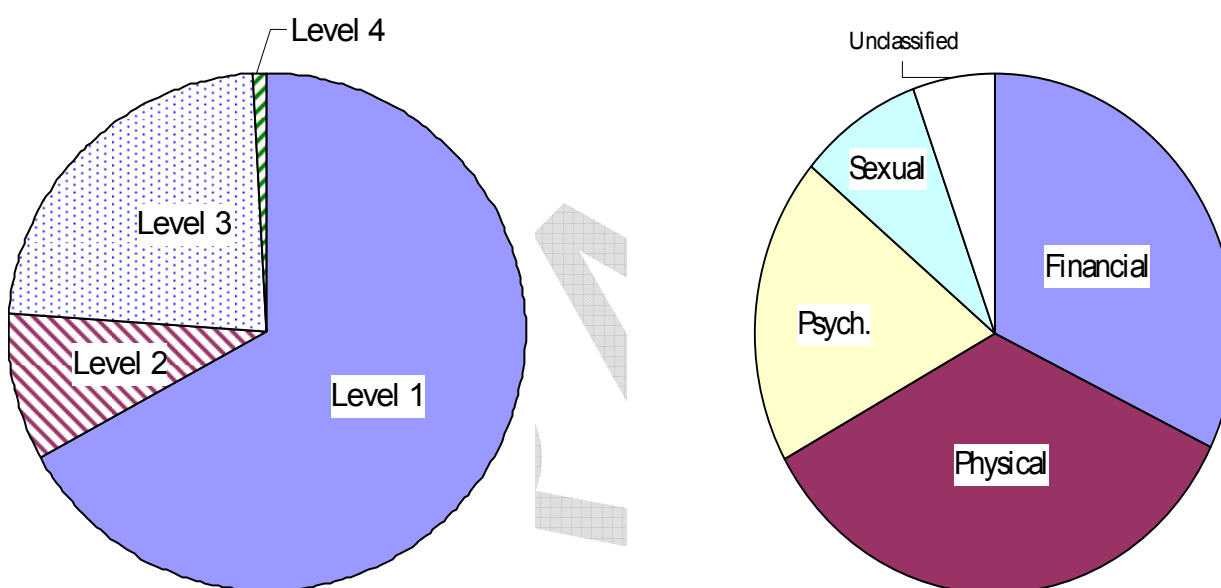
Safeguarding Adults alerts recorded in SP services 2009-10

Since April 2008, services have been feeding back quarterly to the Commissioning Team (Supporting People) on the nature and management of Safeguarding issues in their services. All alerts are brought to the attention of the SP Project Officer monitoring the contract.

The following is a summary of alerts recorded for financial year 2009-10:

Nature of abuse	Total	Level 1	Level 2	Level 3	Level 4
<b>All</b>	<b>109</b>	<b>73</b>	<b>10</b>	<b>25</b>	<b>1</b>
<b>Financial</b>	<b>35</b>	22	6	7	0
<b>Physical</b>	<b>38</b>	30	2	6	0
<b>Psychological / Discriminatory</b>	<b>21</b>	18	1	2	0
<b>Sexual</b>	<b>9</b>	2	1	5	1
Not defined	6	1	0	5	0

The figures show the forms of abuse recorded for each alert. Note that in some instances more than one form of abuse are being investigated.



**In this second year of monitoring, recording has significantly improved with a reduction in the proportion of unclassified cases from 20% to 6%.**

The cases that have been classified indicate:

- Financial abuse and physical abuse remain the most common at 34% and 37%, respectively.
- Psychological/discriminatory abuse incidents comprise 20% of cases
- Of 103 alerts, there were 9 cases of Sexual abuse.

In terms of vulnerability:

- Nearly 40% of cases concerned vulnerable adults in the Single Homeless Integrated Support Pathway, three-quarters of which were recorded at level 1. There were 5 cases at level 3, 3 in relation to the same individual.
- 28% of alerts were recorded by services for people with Learning Disabilities. 7 cases were assessed at level 3, 3 concerning suspected sexual abuse. The service has sought capacity assessment of the affected service user and the alleged perpetrator has been

bailed pending charges.

- 16% of cases are with a specialist money advice service, where in many cases the service has been brought in as part of the protection plan for the client. All but one of the cases relate to financial abuse. Half also address physical threats.
- Levels of abuse in Sheltered services have reduced from 13% to 6% in 2009.
- 6 cases in Mental Health services, including 2 at level 3 relating to domestic violence and sexual assault.
- Alerts at level 4 have reduced from 18 in 2008-9 to 1 in 2009-10. The later case led to a criminal investigation and application for an Emergency Protection order.

### **Provider reports indicate all services act promptly and decisively in addressing concerns.**

Queries are sometimes raised over how alerts are investigated and resolved in cases where clients do not fit within established categories of vulnerability (e.g: homeless clients who do not meet statutory thresholds but whose vulnerability is compounded by a number of issues). Amongst measures being taken to address this, the Rough Sleepers Street Services Relocation Team is opening up its Safeguarding Hub to hostels in the city, to address alerts and associated risks.

## **4.2 Sussex Police**

Safeguarding Vulnerable Adults 2010 – Brighton and Hove

Sussex Police Specialist Investigation Branch (SIB) oversees the policing of Adult Safeguarding across the whole of Sussex. The Branch representatives attend the Adult Safeguarding Board and Performance, Quality and Audit Group. SIB reps. now chair a Pan-Sussex Adult Safeguarding Group which encourages consistency across the whole of Sussex. Reps. also attend the Pan Sussex Investigative Training Group to develop expertise in investigations. Adult Safeguarding investigations continue to be an important part of the role of the Anti-Victimisation Units (AVU) located in Brighton police station managed by a dedicated detective inspector.

In April 2009 the DASH (domestic abuse stalking harassment and honour based violence) risk tool was introduced fully in by Sussex Police and all officers have had the opportunity to attend briefing sessions. Abuse by family members is recorded as domestic abuse and DASH has increased the opportunity to identify vulnerable of victims. Risk management training is now being rolled out to all officers for a better understanding of DASH and vulnerable adults. Newly promoted supervisors are trained to identify vulnerability and safeguarding concerns.

During 2009 police investigators in Brighton and Hove video interviewed 146 vulnerable adult witnesses in the course of investigations, 12 (8%) of these were recorded as having been joint interviews with a police interviewer and a trained social worker. A joint ABE refresher/update training event was held at Slaugham Manor in October 2009 for police officers and social workers to encourage more use of joint interviewing. The ABE interview process will be changing to a digital format and an audit process will be developed by SIB to ensure more accurate data is collected about each interview undertaken. National data is now being collected on the use of intermediaries; used 9 times in Sussex in the last 6 months of the year. Work is now being done to increase awareness of this service and encourage more extensive use to support vulnerable witnesses at court.

The Sussex Police Vulnerable Adult at Risk form is now in use by police officers and recently became an auditable electronic form. More vulnerable adults in need are now being routinely flagged to social



services by police officers. Changes to the form have already been implemented based on feedback from adult services teams and future plans include a secure email link directly between police and social services to aid communication.

The service at the Saturn Centre (sexual assault referral centre for Sussex) has continued to develop over the last year. This has included the opening of a second medical room to avoid delays at busy times. During 2009 a total of 24 vulnerable people from Brighton and Hove used the service and a further 13 vulnerable people self referred.

2010 will see a new Safeguarding Vulnerable Adults Policy for Sussex Police to incorporate elements of the forthcoming Sussex Policy and Procedures. This will include a more standardised response to adult safeguarding serious case reviews which are placing an increasing demand on statutory agency resources. The introduction of the Domestic Homicide Review process in 2010 will present further challenges but will hopefully improve services across the board through learning the lessons in every serious case.

From April 2010 we welcome a new head of branch, Detective Superintendent Jane Rhodes

**Detective Superintendent Steve Fowler**  
Specialist Investigation Branch, Sussex Police

#### 4.3 South Downs Health NHS Trust (SDHT) Safeguarding Adults' Report for April 2009 – March 2010

<b>SVA Role</b>	<b>Name</b>
Executive Lead	Andrew Harrington Interim Director of Nursing and Governance
Operational Lead	Janet Heath Lead Nurse Manager

#### **SDHT Safeguarding Vulnerable Adults Development and Operational Group, update:**

A new group was formed in July 2009 entitled the 'Safeguarding Vulnerable Adults (SVA) Development and Operational group. The purpose of this group was to:

- Produce a SDHT SVA policy and underpinning procedures that provided a framework for action, emphasising good practice in the prevention of abuse.
- Make recommendations and to ensure robust processes are developed to support SDHT staff in their safeguarding adult's work
- Share recommendations with the Brighton and Hove City Council (BHCC) SVA lead and multiagency safe guarding adults board.

The membership of this group includes managers from all SDHT clinical services (nurses and social workers), BHCC SVA lead, SDHT Clinical Education Manager.

The group is chaired by the SDHT Lead Nurse Manager SVA operational lead with key issues and areas of risk reported to the SDHT 'Clinical Governance Patient Safety Committee'

The group have so far:

- Produced a SDHT SVA policy and discussed in teams with front line staff
- Produced a SDHT procedure for a 'request by BHCC for a Health Investigation Officer (HIO) to support a SVA investigation'.
- Developed a process for recording an alert and the outcome of the investigation
- Designed a Health Investigation Officer training programme
- Reviewed SVA training statistics for 2009/10 and made recommendations for 2010/11

The new process for recording an alert and the outcome will enable SDHT to analyse the number and level of alerts raised, types of abuse and outcomes of investigations. This information will be collated on a quarterly basis, presented to the SVA Development and Operational group where lessons learned and recommendations for future improvements will be made.

For this year the number of incidents raised by SDHT and investigated by BHCC will be included in the statistics and analysis section of this report and therefore not referred to in this chapter.

### **Safeguarding Adults' Training update:**

#### **Basic Awareness Level SVA training**

Over the last financial year (2009/10) South Downs Health Trust has been working to a target of training 388 staff in Basis Awareness. The Trust was able to train a total of 305 staff during this period (85% of yearly target). These staff were trained using face to face sessions and the KWANGO e-learning package.

In 2010/11 the Trust has a target of training an additional 200 staff in Basic Awareness, with a further 200 staff requiring a 3 yearly update.

#### **Provider Manager Training**

No Provider Manager Training was run in 2009/10. Following publication of the BHCC SVA training competency framework in March 2010, SDHT will be reviewing this training in 2010/11 with a view to running additional sessions for the remaining managers who require this training.

#### **Health Investigation Officer Training**

In 2010/11 the Trust will be introducing Health Investigation Officer Training for identified clinical experts to support any potential health investigations within the Trust.

#### **Mental Capacity Act/ Deprivation of Liberty Safeguards Training**

Bespoke training for in-patient areas to be developed in 2010/11  
The National Learning Management System (NLMS), a free NHS e-learning library, has published programmes for both MCA and DOLS. The suitability of these programmes to meet Trust needs will be reviewed in 2010/11 with a view of using them as part of the Trust MCA/DOLS training plan.

#### **Executive Board**

The new SDHT SVA policy identifies that all the executive team will be trained in SVA basic awareness training.

### **The Care Home (with nursing) Specialist Team (CHST) update:**

The SDHT CHST provides support to 27 Care Homes with Nursing (CHwN) including EMI homes in Brighton and Hove. The overriding aim of this service is to work proactively with CHwN to raise standards for residents with both complex and end of life care needs, provide education and clinical skills training, expert advice, reduce unnecessary admissions to hospital and improve the experience of care received by residents.

During the year there have been a number of large scale SVA level 3 and 4 investigations in (CHwN) BHCC have requested input from CHST in the investigation of the health component, when SVA alerts have been raised. This activity is not currently commissioned by NHS B&H PCT and therefore an unmet need, with the CHST being the default service to undertake this work.

The investigation of SVA incidents is often seen by the CHwN to be in direct conflict with the proactive safeguarding role of the CHST that compromises working relationships with the home. During 2009/10, the service spent on average 14 hours a week in SVA work.

Recommendations to review the commissioning of SVA in the nursing home sector with NHS B&H PCT have been stated in a recent review of this service by SDHT.

### **Partnership developments**

#### **Self neglect guidance**

SDHT have a representative on a multi agency group to help develop guidance for practitioners to refer to for when someone shows signs of significant neglect.

#### **Mental Capacity and Deprivation of Liberty group**

SDHT have a representative on this multi-agency group

### **Future organisational changes and new SVA model**

SDHT is undergoing transformation and organisational changes and will be integrating with West Sussex NHS Trust this year, while also being awarded the management contract for East Sussex. To support such changes a project is underway to determine a SVA model for the new Sussex Community NHS Trust.

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## Brighton and Sussex University Hospitals Trust (BSUH) – Safeguarding Vulnerable Adults 2009/10

### BSUH Internal organisation of Safeguarding Vulnerable Adults

In accordance with 'No Secrets' (DoH 2000), the Trust has a Board lead for Safeguarding Adults.

The Chief Nurse is an active member of the multi-agency Safeguarding Adults Committee.

The table below describes the roles, responsibilities and named individuals for SVA in BSUH:

<b>Role</b>	<b>Named individual</b>
Lead Director for Safeguarding Adults	Alison Robertson, Chief Nurse 'till February 2010 Sheree Fagge Chief Nurse from February 2010
Operational Lead for Safeguarding	Caroline Davies, Senior Nurse, Practice Development

The Quarterly steering group meetings with the individuals responsible for Safeguarding Adults in Brighton and Sussex University Hospitals NHS Trust (BSUH) and the Hospital Social Work managers from Brighton and Hove, East Sussex and West Sussex Local Authorities are well established and continue to further develop the Safeguarding Adults agenda in BSUH. At each meeting a summary report of SVA Alerts raised in BSUH is compiled by both West Sussex and Brighton and Hove for discussion.

An Annual Report on Safeguarding is received by the Trust Board.

The Directorate of Professional Standards and Governance holds a database on which all SVA alerts raised concerning BSUH staff or services provided by BSUH are logged.

All these alerts are investigated in accordance with local adult protection investigation arrangements. The Operational lead for SVA monitors the database and the actions arising from the SVA investigations and provides feedback to Matrons and the relevant Associate Chief Nurse as appropriate.

### Alerts made to Brighton and Hove Council April 2009 – April 2010

The following tables summarises the number of alerts made and received:

	Concerning BSUH Services	Alerts made in BSUH about other services (e.g. Nursing Homes)	Total
Level 1	<b>22</b>	<b>4</b>	<b>26</b>
Level 2	<b>0</b>	<b>6</b>	<b>6</b>
Level 3	<b>7</b>	<b>6</b>	<b>13</b>
Level 4	<b>0</b>		
Total	<b>29</b>	<b>16</b>	<b>99</b>

The number of alerts made about BSUH services, has risen from 19 in 2008/9 to 29 in 2009/10. This increase is likely to reflect an increase in awareness and the phenomena has found in other organisations.

About two thirds of alerts concerning BSUH services were at level 1 and investigated internally. The results of these investigations were 8 unsubstantiated and 10 inconclusive in outcome. 1 investigation is still ongoing and the results of the remaining 3 are not recorded.

The total number of alerts raised concerning patients from other services was 16, a reduction from 41 the previous year. The reason for this decrease requires further investigations as it appears to go against the wider trend.

There was a total of 6 alerts raised, both by and about BSUH services, which were deemed not be to safeguarding issues.

37% of all level 1 investigations were completed within the timescales required. The average overrun of the other investigations was approximately 14 days (range 1 – 41 days).

The process for Level 1 investigations has undergone review. There has been investment in investigators training and there are now a pool of 21 investigators (increased from 18), the majority of which are at matron grade. All Level 1 investigations are carried out by an investigator who is external to the area in which the alleged incident occurred to ensure greater objectivity and transparency.

A protocol has been devised to support and clarify the process for performing SVA investigation and internal BSUH Human Resources investigations concurrently, and is currently at the final consultation stage. This aims to ensure efficient and fair investigation of all aspects of an alert by eliminating duplications in the investigation process.

### **Interagency working across the Health and Social Care Economy**

The Senior Nurse for Practice Development has monthly meetings with Brighton and Hove senior hospital social workers to develop practice and improve process. This has proved an effective means of monitoring the quality of Level 1 investigations and raising issues relating to SVA.

The Senior Nurse for Practice Development is an active member of the Sussex NHS SVA Leads forum, which is developing joint working across all NHS organisations and undertaking peer reviews of SVA cases in each others' organisations.

### **Training**

Safeguarding Vulnerable Adults basic awareness training is mandatory for all clinical staff in BSUH. An introductory SVA session is included in the corporate induction process and 754 staff have attended these sessions during 2009-2010. 384 staff have attended the mandatory Basic Awareness training during the past year. This represents a significant improvement on previous the previous years activity (250) but still short of the target of 400. Since 2006 1488 staff have had the Introductory session and 1078 have attend Basic Awareness; about 36% of the total workforce.

There has been an issue with locating and uploading historical training records before April 2009, which means these numbers are likely to be conservative as it is thought that more training may have occurred for which the records are unavailable.

It has been agreed that two yearly update of SVA training will be mandatory. A self assessment tool and associated process has been developed to support this initiative and is currently at the pilot stage.

A briefing on SVA is now part of the Corporate Induction Programme for all staff. All new staff have received this briefing, which outlines everyone's responsibility for SVA and how to alert the Local Authority to concerns.

SVA basic awareness has been running since February 2009 on a monthly basis, as part of a day on Safeguarding Adults, children and domestic abuse and has proved a very popular means of delivery. Ad

hoc sessions are undertaken in specialist areas. To address the shortfall in training numbers; specialist clinical educators in areas such as ITU, renal and cardiac have trained to deliver this teaching. It is proposed to run further 'train-the-trainer' sessions during the coming year and to arrange the first Annual update session in late 2010.

A joint workshop was held September 2009, which will concentrated on SVA investigations which have human resources implication. An update session for investigators will be held in late 2010 to focus on any changes in process or guidance, give investigators the opportunity to share experiences and lessons learnt, and to provide peer support. It is planned to make this an annual event.

The Senior Nurse for Practice Development remained an active member of the multi agency Training Group for SVA, which has been instrumental in the development of accreditation for SVA Training across Brighton and Hove.

#### **Future Plans**

1. To transfer responsibility for SVA to the Nursing Delivery Unit, with the Operational Lead for SVA being assigned to the Senior Nurse for Standards and Quality
2. To explore how intelligence derived from monitoring and investigating alerts can be best used to focus support and effect improvement
3. To introduce Annual Updates for SVA trainers
4. To introduce Annual updates for SVA investigators
5. To roll out self-assessments tools to support the introduction of 2 yearly mandatory updates to SVA training
6. To agree and implement protocol for the concurrent running of SVA and internal investigations
7. To develop and improve the feedback mechanisms to alerters.

Caroline Davies/Shawn Marten

May 2010

#### **4.5 Sussex Partnership NHS Trust – Brighton & Hove Locality**

The Trust provides integrated services across Brighton and Hove. The Trust manages a number of Adult Social Care staff in mental health and substance misuse services under a Section 75 Health Act secondment arrangement..

#### **Performance and Practice**

Overall the data for 2009/10 shows an increase in reporting year on year in seconded services in Brighton and Hove and across the City. Activity is anticipated to continue to increase in the coming year. All care group areas; Older People Mental Health, Working Age mental health and Substance Misuse Services report an increase in adult safeguarding work. A safeguarding audit of case files and electronic recording in Brighton and Hove that included community mental health and substance misuse highlighted the need for improvement to integrated recording and reporting systems. The development of a specific social care admin support team in working age mental health and older peoples services will enable a more stream line pathway for safeguarding referrals in to the Trust from the adult social care "access" point.

Brighton & Hove "provider" training to substance misuse residential provider services have significantly increased alert activity. Most alerts have been dealt with at level 1 of the process and have also led to a number of new service users being engaged into treatment for their substance misuse as a positive outcome

Increase alerts have also led to a renewed action to train more health staff within the integrated teams beyond awareness of safeguarding so they can also act as safeguarding investigators and managers.

Better Information from Safeguarding alerts is also providing valuable data and indicators in some cases around quality of care this is now being used alongside other data such as Serious Untoward Investigations to inform the focus of governance/ service reviews.

### **Training and Governance**

All social care staff receive information on Safeguarding Vulnerable Adults at induction. Further training is provided according to the involvement and requirements of staff specific to their post, role and responsibilities. Those staff groups who have most involvement with service users will have a system of mandatory training and during 2009 the Trust along with Adult Social Care have made further investment in specific e-learning software to further support broader understanding and awareness of safeguarding within the specific context of mental health, and substance misuse services.

**Structural management changes within the Trust has ensured there is a clear link to each of the new integrated governance teams (IGT) in which accountability for safeguarding will come for each care group, whilst also facilitating appropriate accountability to the existing local Safeguarding Adults Boards .**

## **4.6 Brighton and Hove Domestic Violence Forum**

### **Primary Role**

The Brighton & Hove Domestic Violence Forum is the multi agency forum that enables and promotes joint working, co-operation and mutual support to workers and their organisation in dealing with domestic violence. Furthermore it aims to increase awareness of domestic violence and its effects within the community and the public at large, voluntary organisations and statutory agencies. The chair of the forum sits on the Domestic Violence Senior Officers Group which in turn feeds into the Crime and Disorder Reduction Partnership.

### **Key Responsibilities regarding Safeguarding Adults**

- To give the Domestic Violence Forum perspective in the development of Safeguarding Adults policies and procedures
- To contribute and to comment on Safeguarding Adults documents
- Representatives attend Safeguarding adults meetings and conferences
- To promote greater awareness of domestic violence issues, developments and services, and to disseminate information, policies and procedures to Safeguarding Forum members
- To promote greater awareness of Safeguarding adults policies and procedures and issues for Domestic Violence Forum members and to disseminate information
- To work jointly with forum representatives to develop joint protocols, policies and procedures and practices in protecting vulnerable adults affected by domestic violence
- To identify gaps in service provision and training needs for members of both forums
- To promote effective communication between safeguarding adults and domestic violence forums

### **Summary of Activities for 2008-2009**

- The Domestic Violence Forum representative regularly attended Safeguarding Adult meetings
- A workshop on Domestic Violence was co facilitated by members of the Domestic Violence Forum and Adult services at the November 2008 Safeguarding Adults Conference
- Domestic Violence Forum members also attended the conference



- A joint protocol for working with domestic violence and safe guarding adults was developed
- Rise (formerly the Women's Refuge Project) runs Domestic Violence Awareness training for the Brighton and Hove City Council
- Representatives from Adult services attend Multi-Agency Risk Assessment Conferences (MARAC)

#### Objectives for 2009-2010

- A Domestic Violence and Safeguarding workshop will be facilitated by Rise and the Domestic Violence Strategic Co-ordinator at the December 2009 conference
- The new domestic violence and sexual violence occupational standards will be integrated into the way training for adult services teams are developed and domestic violence awareness training will be further developed
- Understanding and further development of the multi-agency forced marriage guidance will be integrated into the working practice of all frontline workers
- Consultation and training and access to training on adult protection policies and procedures for voluntary sector members of the forum to be formalised
- Further embedding of good practice related to identifying, assessing risk and safety of survivors and their families and supporting them through multi-agency working when adults disclose domestic violence
- Review and consolidation of the joint working practices and protocols.

#### 4.7 Practitioner Alliance against abuse of Vulnerable Adults (PAVA)

The Practitioners Alliance Against the Abuse of Vulnerable Adults works in partnership with practitioners in the statutory, voluntary and private sectors to generate positive outcomes in working with vulnerable adults who may suffer from abuse.

The Brighton and Hove PAVA Group is in its 4<sup>th</sup> year and meets quarterly. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

The terms of reference of the Group include increasing skills, knowledge and awareness of Safeguarding Adult issues. Input from Brighton and Hove City Councils Safeguarding Adults Manager and Learning and Development Team provides a unique opportunity for practitioners to liaise, raise concerns and keep abreast of local practice. A PAVA group representative sits on the Safeguarding Adults Board and vice versa and this reporting mechanism formalises and strengthens the link between practitioners and those responsible for the safeguarding in the city.

##### Activities in the year

Updates on changes in legislations and procedures and advance notice on forthcoming changes, such as consultation on a new alerting form, sharing of the new safeguarding Operational Instructions, sharing of safeguarding data for the Brighton and Hove area, and changes to the 'vetting and barring scheme' and the Independent Safeguarding Authority.

Discussion topics include; feedback on alerting and investigations, training, Safeguarding Adults

Conference and Hate Crime reporting.

This year the structure of the meetings has changed, with 2 meetings per year being held as workshops, with case studies being used for learning and reflection.

Workshops held have been

- Financial abuse case studies, looking at recognising signs of financial abuse, and the options available to support someone to manage their monies safely.
- Understanding the levels of investigation, with case studies to consider risk and the impact on the vulnerable person, in order to agree an investigation level.

Speakers for this year

- The Dignity Lead in Brighton and Hove Council, giving an overview of the Dignity Campaign and the 10 dignity practice challenges.
- Sussex Police, from the Chief Inspector who has a lead for domestic violence cases, looking at the similarities and differences between safeguarding adults procedures and those used in domestic violence investigations.

## Future Plans

PAVA Group involved in CQC Inspection

Older People's Event

Disability Day

To use 2 meetings per year as workshops.

## 4.8 Social Care Contracts Unit

The role of the Social Care Contracts Unit is set out in the *Sussex Multi-Agency Policy and Procedures for Safeguarding Vulnerable Adults* which states that it "should assist and support operational colleagues in the event that adult protection concerns are raised in settings where a service user is receiving services under contract, for example in a care home or at home." This role includes attendance at Safeguarding meetings, and the Head of that Unit deciding, from evidence received from the investigating team, whether or not to suspend placements in the case a care home, or preventing the provider from taking on new work in the case of home care agencies.

Throughout the previous year the Contracts Unit has built on its recently acquired role of escalating concerns about individual providers to operational managers in cases where there is a pattern of negative reporting about that service. This is particularly pertinent if there is a flurry of level one alerts, particularly when they relate to a specific area of service provision (e.g. manual handling, diet, equalities), or where these alerts resonate with other concerns, such as poor quality standards, a high number of incident reports submitted to the Unit, or poor outcomes for service users evidenced through completed service user satisfaction questionnaire returns. Within the reporting period there have been two occasions when the Contracts Unit has escalated concerns, both of which related to Older People Mental Health (OPMH) care home services.

The Contracts Unit also has a preventative role, through its monitoring of contracted services. The most intense monitoring occurs in those services involved in providing direct care to vulnerable people. Whilst within care home services this is achieved through the completion of Desk Top Reviews and subsequent monitoring, annual audits are undertaken on all approved providers of domiciliary care. Aligned to nursing home provision is the role of the Clinical Quality Review Nurse who undertakes clinical audit on all in-City nursing homes. Whilst there is no clear evidence to suggest that the monitoring which the Contracts Unit

undertakes on these providers has reduced the number of safeguarding alerts, there has been a definite improvement in the quality of provision within the City as a direct result of these interventions.

Conversely, the Contracts Unit will also address ongoing quality standard issues at the point a safeguarding investigation has reached closure, and more routinely at Contract Review meetings where previous and current safeguarding alerts are included as a standard item across all services, thereby providing a good way of picking up on any outstanding issues in this respect, both from a Council and a service provider perspective.

The Contracts Unit is routinely invited to meetings relating to alerts relating to Older People, OPMH and physical disability care homes. However, this does not happen with the same frequency in Working Age Mental Health Services, and is sporadic with those alerts relating to domiciliary care services, and Learning Disability Services.

There is a Safeguarding lead in the Contracts Unit who meets regularly with the Council's Safeguarding Adults Manager, and attends the Safeguarding Board, and the Safeguarding Adults Multi Agency Forum. The Unit also collates information relating to alerts received and reports these to the Board on a regular basis.

In the year ahead the Contracts Unit will continue to build on its existing roles, and continue to develop relations with those operational teams who do not routinely engage with the Unit over safeguarding matters relating to contracted services. The Unit will be reviewing and amending this role in the light of planned changes within the CQC, and the ending of the star rating system. The Unit has already made a start on this by forming a Care Governance Panel whose aims include co-ordinating the quality monitoring of social care services, and developing a quality rating system to replace that previous used by the CQC.

#### **4.9 DoLS Safeguarding**

The Deprivation of Liberty Safeguards (DoLS) became law in April 2009. These safeguards apply to people in England and Wales who have a mental disorder and lack capacity to consent to the arrangements made for their care and treatment; but for whom receiving care and treatment in circumstances that amount to a deprivation of liberty may be necessary to protect them for harm and appears to be in their best interests. These safeguards only apply to people detained in a hospital setting or a care home registered under the Care Standards Act 2000.

The Deprivation of Liberty Safeguards came into being due to the European Court of Human Rights ruling in 2004 on the Bournemouth case which highlighted the need for additional safeguards for people who lack capacity and might be deprived of their liberty. The Bournemouth case concerned an autistic man with severe learning disabilities who was informally admitted to Bournemouth Hospital in Surrey under common law. The European Court of Human Rights found that he had been deprived of his liberty unlawfully, because of a lack of a legal procedure that offered sufficient safeguards against arbitrary detention and speedy access to a court. The Deprivation of Liberty Safeguards have closed the 'Bournemouth Gap' and will ensure compliance with the European Convention on Human Rights.

In Brighton and Hove the Deprivation of Liberty Safeguards service is being run in partnership with the City Council and the Primary Care Trust (PCT -NHS Brighton and Hove) in order to meet the statutory requirements. The City Council carries out assessments for both the Council and the PCT in their role as a Supervisory Body but separate arrangements for authorisations are maintained.

#### **Figures & Trends:**

Within the first year of implementation 21 referrals for full DoLS authorisation were received from Managing Authorities (care homes and hospitals). Brighton & Hove City Council was the Supervisory Body for 14 received from care homes and NHS Brighton & Hove was the Supervisory Body for 7 received from hospitals. When arranged into service user groups 10 were known to Mental Health Services for Older People, 5 to Learning Disabilities, 4 for Working Age Adults Mental health services and 2 to Physical Disabilities. Numbers of assessments are reported directly to the Department of Health on a monthly basis. More detailed performance information is reported on a quarterly basis.

Nationally Supervisory Bodies received fewer than planned referrals for DOLS assessments.

48% of referrals led to full DOLS authorisations and 52 % were assessed as not meeting the criteria. This is a higher rate of authorisation than anticipated by the Department of Health but in line with national trends. It was anticipated that only 30% of referrals would lead to authorisation. This might be evidence of a greater level of DOLS knowledge than anticipated and perhaps indicative of an initial cautious approach to the legislation.

The Department of Health anticipated that 80% of authorisation requests would come from care homes and 20% from hospitals. In Brighton & Hove in the first year 33% of authorisations have come from hospitals. The Care Quality Commission has paid particular attention to the numbers of authorisations from hospitals; both psychiatric and acute medical and it will be a challenge in Brighton & Hove to maintain these figures.

The Access Point in Adult Social Care is the central point of contact for all DOLS referrals and enquiries on behalf of both the City Council and the PCT. Within the first year 87 DOLS enquiries were logged by the Access Point in addition to the requests for assessments. The majority of those are clinical case work enquires which are passed on to trained staff to answer.

### **Training:**

Prior to 1<sup>st</sup> April 2009 Brighton & Hove City Council held a 'think tank' in September 2008 attended by multi-agency partners from the NHS, council and the private and voluntary sector.

The Council's Learning and Development Team has provided DOLS briefings since March 2009 and these continue as part of the planned training programme. For the year 2009- 10 the Learning and Development Team delivered training on DOLS to 170 staff. This included staff in Adult Social Care, Learning Disability Services, and Sussex Partnership NHS Foundation Trust. In addition 193 staff from the independent and voluntary sector accessed the Council's DOLS training. 4 carers and personal assistants also attended.

The operational DOLS lead for the Council and the PCT delivered bespoke training sessions to Sussex Partnership NHS Foundation Trust in-patient units, Community Mental Health Teams for Older People, Adult Social Care Access Point, Transitional Care Team, Learning Disability Provider Forum, BSUH Matrons, Leaders Forums for both Sussex Partnership NHS Foundation Trust and Southdowns NHS Trust, Mind, Advocacy Partners, Alzheimer's Society and numerous nursing and care homes across the city. These sessions continue to take place.

Before April 2009 two DOLS bulletins were sent to all Managing Authorities within Brighton & Hove; both registered care homes and hospital trusts. There will be further similar publications in the future to support the on-going implementation of DOLS.

Best Interests Assessor Training was commissioned by the Council and the PCT prior to April 2009 and

delivered by Brighton University. Six members of staff across mental health, learning disability and older people's services passed the training and have been working as Best Interests Assessors since April 2009. Following a brief period with a dedicated worker the Best Interests Assessors have been operating on a rota basis. Further training was commissioned in April 2010 and a further 4 members of staff qualified and will be added to the rota during the summer of 2010. Brighton University has been commissioned by all the Council and PCTs across Sussex to provide the required annual refresher training for Best Interests Assessors which took place in March 2010. Within Brighton & Hove there are regular Best Interests Assessor meetings to address practice and organisational issues.

Since the inception of the Mental Capacity Act there has been a multi-agency Local Implementation Network hosted by the Council. This has now been incorporated into the Safeguarding Adults board and a specific Brighton and Hove Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Monitoring and Development Group has been created to report directly to the Safeguarding Adults Board.

### **Out of Area**

Brighton & Hove City Council and the PCT retain DOLS responsibilities as a Supervisory Body for service users placed in residential care or currently admitted to hospital outside of Brighton & Hove. A national protocol has been written by the Association of Directors of Adult Social Services which details how to arrange out of area assessments.

As Brighton & Hove place significant numbers of service users in East and West Sussex it has been agreed with the DOLS teams in East and West Sussex that they will carry out assessments on our behalf, subject to availability of staff, for service users within their boundaries. In return Brighton will provide independent assessors for their in-house provision. This arrangement has been working well. The Council and PCT retain their responsibilities as the Supervisory Body and continue to agree the authorisations.

### **Medical Assessment**

All the local authorities and PCTs in Sussex have contracted with Sussex Partnership NHS Foundation Trust to provide the medical and eligibility assessments for DOLS. The service specification details that all doctors instructed for DOLS assessments have received the appropriate initial and required follow up training. 10 medical assessments were requested in the first year for Brighton & Hove. Contract review meetings are held quarterly.

### **Independent Mental Capacity Advocates (IMCA)**

Advocacy Partners contract was extended to provide the IMCA service for DOLS and also to provide the role of 'Paid Representative' for those people subject to a DOLS authorisation but who do not have anyone willing or appropriate to act on their behalf. The IMCA contract provider changed to Pohwer on 1<sup>st</sup> April 2010. In the first year 4 referrals were made for an IMCA during a DOLS assessment. A further 8 referrals were made to the IMCA service to act as 'Paid Representative' in the first year. The IMCA service is invited to the Best Interests Meeting and has delivered training jointly with the DOLS operational lead.

### **The year ahead**

Nationally numbers of DOLS assessments have been lower than anticipated and further awareness training required across all Managing Authorities. This will be met by the Council's on-going training programme and bespoke training from the DOLS operational lead. Managing Authorities retain a responsibility to ensure they are aware of the DOLS process and access training and remain accountable to the Care Quality Commission.

Additional Best Interests Assessors will increase the awareness in operational teams across client groups and on in-patients units. The newly formed Brighton and Hove Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Monitoring and Development Group will continue to monitor areas of underreporting and respond accordingly.

At the time of writing an increasing number of assessment requests being submitted are granted authorisation. This may be due to an increasing knowledge of DoLS in Managing Authorities who are subsequently identifying those service users being deprived of their liberty and in need of protection from the safeguards.

East and West Sussex have reduced the numbers of dedicated Best Interests Assessors in their DoLS teams. Potentially they will have less capacity to carry out assessments on behalf of Brighton & Hove so we may see staff having to travel further to carry out assessments and extending the periods of urgent authorisation to accommodate these issues.

The number of family members / partners / carers / friends prepared to commit to becoming a Relevant Person Representative is very small and there is high referral rate to the IMCA service to act as the 'Paid Representative'. There remains a low level of awareness within the general public around DoLS and the Mental Capacity Act more broadly. All assessment teams across client groups will have to continue to raise awareness throughout their daily work.

### **Links to Safeguarding**

Whilst the safeguards directly protect the most vulnerable groups of society in care homes and hospitals there has been no clear link with Safeguarding Vulnerable Adults activity to date. The Department of Health has raised awareness of some practice issues which have clear implications for Safeguarding Adults work.

The DoLS assessment process does allow for a Best Interests Assessor to conclude that a service user is being deprived of their liberty which is not in their best interests. This would automatically trigger a Safeguarding Alert. In Brighton there have been no such incidences to date and only 125 nationally within the first year.

If the DoLS authorisation is a culmination of a dispute between family members and an NHS Trust or a Local Authority as to where a person without capacity should live it has been suggested that this should be resolved via the Court of Protection rather than via the DoLS process.

The Best Interests Assessor is able to recommend conditions which become binding for the Managing Authority on the granting of a Standard Authorisation. The conditions must relate directly to the deprivation of liberty and be in the service user's best interests. A safeguarding alert might be issued when the Managing Authority fails to comply with the conditions as the care being delivered may not be the service user's best interests and compromise the DoLS decision.

Anecdotally the DoLS process has been used to manage contact issues between a person lacking capacity who makes decisions to protect themselves from someone who poses a risk of harm or abuse. Good practice would suggest that these matters are referred to the Court of Protection and the DoLS procedures used only as a short term measure.

John Child  
June 2010

**A competency framework has been introduced in March 2010.** A recommendation of *Safeguarding Adults* (ADSS, 2005) is that each organisation should have a competency framework for the different roles in safeguarding. The Board has asked that staff working in Adult social Care follow the framework, and that partner organisations consider how they will respond to the framework.

**A new course has been introduced, *Understanding the Levels and the Investigators Role*.** This is primarily aimed at people undertaking a level 2 investigation. This has been introduced to meet the development needs of people such as Care Managers assessment teams who are involved in adult protection investigations, but not at level 3 and 4.

**Training figures are broadly in line with the previous year.** The overall face to face training places coordinated by Brighton & Hove City Council Workforce Development Team is around 1,000 a year. (The National Minimum Data Set shows 3165 people working in the private and voluntary sector of adult social care in Brighton & Hove). The Workforce Development Team will always put on extra courses for safeguarding when demand exceeds scheduled supply, from which one can infer that the uptake of places has reached a plateau.

**Accreditation Scheme continues to expand.** The Training Strategy Sub Group has set some standards for basic awareness training, and offers accreditation to existing trainers in Safeguarding Adults. 10 training providers have attained accredited status (excluding statutory services). Most accredited trainers are either free lance or working for social care providers, and running the accreditation scheme has illustrated the extent of training activity across the city, and also provided a means to tap into this and work in partnership to ensure good standards.

**Multi Agency Safeguarding conference held.** This involved key note presentations on hate crime and also the vetting and barring scheme. The evaluations from this have been distributed to the Board. The actions that attendees undertook to implement in their work place include:

- Explore the dignity website and the idea of becoming dignity champion x 2
- Electing a dignity champion. Developing a dignity policy.
- Ensure staff have full understanding on reporting and knowledge of safeguarding procedures.
- Review safeguarding policy so it includes safeguarding regulations.
- Emphasise importance of recording and monitoring hate crime among the services I contract manage.
- Check with the helpline whether the staff and volunteers I manage need to register.
- Look into setting up workshops for Promoting Dignity in my workplace.
- Get the hate crime speaker in to train our staff.
- Will purchase the DVD on Dignity as this was an excellent session and of high value.
- Updating training.

**Tim Wilson Development Manager**

Workforce Development Team  
Brighton and Hove City Council

#### 4.10.1 Safeguarding Adults Training attendance to BHCC organised courses April 2009 – March 2010 (inclusive)

Course Title	Course identifier	Number of courses	Local Authority Attendance	Local authority non attendance	SPFT Attendance	SPFT Non attendance	SDHT attendance	SDHT non-attendance	IVS attendance	IVS non-attendance	Other attendance	Other non-attendance	Total non-attendance	Total attendance
Safeguarding Adults Conference	AD05	1	19	5	14	2	6	4	66	16	10 BSUH 1 CSCI 1 trainer 1 police	1 PA 1 CSCI 1 Police	30	117
Undertaking SVA Investigations (ABE)		1	4	0									0	4
SVA Investigating Managers	AD11	1	6	1	2	1	1	0	0	0	0	0	2	9
Undertaking SVA Investigations	AD34	1	9	0	2	0	0	0	0	0	0	0	0	11
Understanding Levels & Investigators Role	AD47	4	28	5	0	0	0	0	0	0	0	0	5	28
SVA Provider Managers	AD42	6	20	3	0	0	0	0	60	6	0	0	9	80
SVA Update (LD)	LDS18	3	32	5	2	0	0	0	7	0	0	0	5	41
SVA Update (Adults)	OP13	11	81	17	0	0	0	0	76	3	2	0	20	159
SVA Trainers Update	IND01	1	2	0	0	0	0	0	10	0	3	0	0	15
SVA Basic (Care Crew)	AD84	11	83	13	0	0	0	0	0	0	0	0	13	83
SVA Basic (LD)	LDS13	12	135	11	1	0	0	0	58	7	2	0	18	196
SVA for Admin	LDS51	1	10	1	2	0	0	1	1	0	0	0	2	13
SVA Basic (Adults)	OP12	16	79	26	0	0	0	1	122	30	0	1	58	201
SVA Basic (MH)	MH04	8	9	2	52	13	2	0	24	6	0	0	31	87
Totals		72	526	89	94	16	9	6	424	68	20	4	193	1053



### Brighton & Hove Multi-Agency Safeguarding Vulnerable Adults Strategic Objectives and Training Plan 2010-2011

Stage	Learning Intervention	Strategic Objective	Actions to Meet Objectives
1a	Safeguarding Vulnerable Adults Basic Awareness	40 % of frontline workforce to be trained to stage 1 awareness	16 courses (OPS) 7 courses (LDS) 12 courses (MH) 6 (Care Crew)
1b	Safeguarding Vulnerable Adults Basic Awareness Update	29 % of frontline workforce to have been received stage 1 level training in preceding two years	9 courses
1c	Administrative Support for Safeguarding Vulnerable Adults Meetings	10 staff across services will have been trained to stage 1c. Minimum 1 per team.	Achieved – 1 course scheduled Feb 2010
2	Safeguarding Vulnerable Adults for Provider Managers	35 % of staff who manage other staff or who need to undertake level 1 investigations are trained to stage 2.	3 courses (BHCC & Ind & Vol)
3	Understanding the levels and the Investigators Role	50 % of people who undertake level 2 investigations will be trained to stage 3	2 courses
4a	Undertaking Multi-Agency Safeguarding Adults Investigations	90 % of staff in each social work team will be trained to stage 4a	1 course

## 5. Headline Standards for Safeguarding Vulnerable Adults, a National Framework of Standards for good practice and outcomes in adult protection work 2005

<b>Standard 1</b>	Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work.
<b>Standard 2</b>	Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.
<b>Standard 3</b>	The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.
<b>Standard 4</b>	Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.
<b>Standard 5</b>	The 'Safeguarding Adults' partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.
<b>Standard 6</b>	All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.
<b>Standard 7</b>	There is a local multi-agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults <i>"who is or may be eligible for community care services"</i> and who may be at risk of abuse or neglect.
<b>Standard 8</b>	Each partner agency has a set of internal guidelines, consistent with the local multi-agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.
<b>Standard 9</b>	The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.
<b>Standard 10</b>	The safeguarding procedures are accessible to all adults covered by the policy.
<b>Standard 11</b>	The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into its: membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

6. Brighton and Hove Safeguarding Adults Board Business Plan 2009/11 UPDATED 26.08.10

Action	Date to complete	Target Completion Date and Key Milestones		Sub group and Lead Officer(s)	Standard 3, 6 and 10 SVA National Framework	Green Achieved Amber Ongoing Red Pending
			Progress			
<b>Objective 1 – All citizens to be able to access information about how to gain safety from abuse and violence, including information about the local multi-agency safeguarding procedures.</b>						
1.1 Launch a Prevention Strategy and action plan for prevention of adult abuse, which links with Risk Policy and Self Neglect Guidance, as well as incorporating the ongoing Dignity Campaign work	April 2011	Prevention Strategy to be approved by all organisations represented at the SAB. Increase public awareness of the safeguarding process, demonstrated by an increase in safeguarding referrals from non professionals		Michelle Jenkins/Sara Fulford		ongoing
1.2 Create a new social work post, whose main purpose is to lead on the implementation of carers' needs, assessment/reviews and other interventions across a range of services – both internal and external to BHCC – in order to improve the support delivered to carers.	April 2011	Continue to monitor alerts raised by and regarding carers, with aim to show increase		Karin Divall/David Jennings		ongoing
1.3 Day Services 'Choices' to offer 'Feeling Safe at Home and in the Community' to people with learning	End Oct 2010	People with learning disabilities to feel more confident in knowing		Naomi Cox		ongoing

Action	Date to complete	Target Completion Date and Key Milestones	Progress	Sub group and Lead Officer(s)	Standard 3, 6 and 10 SVA National Framework	Green Achieved Amber Ongoing Red Pending
disabilities		how and where to gain support if they experience harassment – feedback from course participants				
1.4 Safeguarding training programme to include course for managers of services/teams on raising awareness of safeguarding for people who use services.	April 2011	Vulnerable people to feel more confident and knowledgeable on how and where to gain support if they experience abuse and harassment – increase in self referral for safeguarding alerts. Focus on data from clients with mental health needs.		Tim Wilson/Michelle Jenkins/Annette Kidd		ongoing
1.5 Produce information to aid the understanding of vulnerable people regarding the safeguarding investigation process	April 2011	Monitor feedback from audit of vulnerable people who have participated in the safeguarding process, aim to collate learning and use to update safeguarding action plan.		Prevention and Dignity sub group		ongoing

Action	Date to complete	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 11 SVA national Framework	
			Progress			
<b>Objective 2 – Engagement of service users and carers as key partners in all aspects of safeguarding work</b>						
2.1 Engage with Gateway Providers so as to link to equalities groups and existing service user forums, in order to promote awareness across vulnerable groups about how to keep themselves safe, and also gather views about the safeguarding process	Dec 2010	Links to have been made with Gateway Providers, and input sought regarding raising awareness, and any material produced communicating with the public		Prevention and Dignity Sub Group		Ongoing
2.2 Ensure service users and their carers have participation in outcomes of investigations, and can feedback their views	Jan 2010	Develop audit tool for use following investigation process so vulnerable people's input can be monitored. Systematic user feedback to be in place and informing the audit process		Quality Assurance sub group		Ongoing
2.3 Complete Equalities Impact Assessment for safeguarding work	October 2010	Equalities Impact Assessment completed and recommended actions identified		Michelle Jenkins/Katie Sweeney-Ogede		Ongoing
2.4 Invite a representative from the Community and Voluntary Sector Forum to be a SAB member	Dec 2010	Audit current use of advocacy in safeguarding work. Gather information from		Denise DeSouza		Pending

Action	Date to complete	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 11 SVA national Framework	
			Progress			
		case file audits.				
2.5An audit of current use of advocacy in safeguarding work to be completed	Oct 2010	Audit undertaken, and recommended actions identified		Michelle Jenkins		Pending

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Action	Date to complete	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 1, 5, 7 and 9 SVA National Framework	
			Progress			
<b>Objective 3 – All work, by all partner organisations, undertaken in relation to adults safeguarding is of the highest quality and is based on best practice, in line with the multi-agency procedures.</b>						
3.1 Sussex multi agency procedures to be reviewed Agree definitions and thresholds	Nov 2010	Letter from Chair SAB to Chairs for SAB East & West Sussex – by 30.11.09  Proposal from Consultancy for update and create web based access and updates	Achieved 01.12.09  Proposal agreed. Work in progress, aim draft end June 10.	SAB Chair		Ongoing
3.2 Hold Multi Agency Safeguarding Adults conference. To focus on service user experience in 2010	April 2011	Monitor feedback from audit of vulnerable people who have participated in safeguarding process, aim to collate learning and use to update safeguarding action plan	Programme agreed, invites sent out 23.10.09  Conference held 03.12.09  Conference 2010 on agenda SAB 07.06.10	Workforce Development and Training		Achieved 2009  To be updated for planned Conference 2010
3.3 Implement Training Strategy and Competency Framework	1	See Training Strategy 09/10 Competency Framework to be completed and	Competency Framework consultation completed in ASC	Workforce Development and Training		Achieved

Action	Date to complete	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 1, 5, 7 and 9 SVA National Framework	
			Progress			
		implemented Agenda for SAB 01.03.10	Dec 09 Agreed at SAB 01.03.10			
3.4 Define practice and recording standards and ensure these are understood by all investigating officers and investigation managers. To link to the Competency Framework.	March 2011	Clear standards in place that are understood by staff reflected in consistency of practice and recording as monitored through audits and supervision		Quality Assurance sub group		ongoing
3.5 Strengthen and refocus existing case file audit regime, to ensure that any variability in practice and recording is identified and swiftly tackled.	Oct 2010	More robust audit regime that supports and evidences consistency in practice and recording		Quality Assurance sub group		ongoing
3.6 Management oversight if safeguarding work will be strengthened, to ensure that interventions are only closed once positive outcomes and the mitigation of risk have been secured	Oct 2010	Improved outcomes for service users and risk mitigated as evidenced through audit and monitoring processes		Quality assurance sub group		Ongoing
3.7 Involve a cross section of staff in improvement planning activities, so that their suggestions for change, and ownership of the agenda are secured	Oct 2010	Staff sessions to support improvement completed and their input into the process is confirmed		Quality Assurance sub group		ongoing



Action	Date to complete	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 1, 5, 7 and 9 SVA National Framework	
			Progress			
3.8 Agree quality assurance processes and data requirements for work completed under the Mental Capacity Act	Dec 2010	Monitor data collected and quality audits through MCA/DoLS Group, aim to collate learning and use to update safeguarding action plan		Mental Capacity and Deprivation of Liberty Safeguards Monitoring and Development Group		ongoing

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Action	Date to complete	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 2,4 and 8 SVA National Framework	
			Progress			
<b>Objective 4 – Key agencies responsible for safeguarding adults to work in partnership, to have a consistent and co-ordinated approach to safeguarding adults in the City</b>						
4.1 Agree recommendations from SAB review. Confirm Strategic Plan and reporting arrangements. Agree SAB TOR		Finalise SAB 30.11.09	Achieved	S.A.B - Chair		Achieved For review SAB 06.12.10
To review the Safeguarding Adults Board and arrangements for Chair	Dec 2010	Review completed and recommendations identified				
4.2 Explore links to Safeguarding Boards in East and West Sussex, such as formal sharing of action plans, and learning from Serious Case Reviews	Dec 2010	Report to Board on recommended actions		SAB Chair		ongoing
4.3 Each partner agency to have a set of internal guidelines, consistent with the multi-agency procedures, which set out the responsibilities of all workers to operate within it	April 2011	Guidelines in place, and reported to SAB Chair	SDHT – Safeguarding Policy ratified May 10	SAB Chair		Ongoing
4.4 Establish a multi-agency Quality Assurance sub group to the Safeguarding Board, to analyse the findings from audit reports and data reports	Dec 2010	Sub Group established, and quarterly reports made to Safeguarding Board		Michelle Jenkins		Ongoing

Action	Date to complete	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 2,4 and 8 SVA National Framework	
			Progress			
4.5 Establish a multi-agency Prevention and Dignity sub group to the Safeguarding Board to action the work plan from the Prevention Strategy	Dec 2010	Sub Group established, and quarterly reports made to Safeguarding Board		Michelle Jenkins/Sara Fulford		Ongoing
4.6 Ensure links with Domestic Violence action planning, and Community Safety Team	April 2011	Strategies and Action Plans linked		Michelle Jenkins/Linda Beanlands		ongoing

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## 7. Brighton & Hove Safeguarding Adults Board

The Safeguarding Adults Board is the multi-agency partnership that leads the strategic development of safeguarding adults work in Brighton and Hove.

### Members

<b>Denise D'Souza</b>	Acting Director, Adult Social Care & Health	BHCC (Chair)
<b>Karin Divall</b>	Assistant Director, Adult Social Care & Housing	BHCC
<b>Vincent Badu</b>	Director Adult Social Care	Sussex Partnership NHS Trust
<b>Steve Fowler</b>	Detective Superintendent Specialist Investigation Branch	Sussex Police
<b>Sherree Fagge</b>	Director of Nursing	Brighton & Sussex University Hospital Trust
<b>Gail Gray</b>	CEO, RISE	Domestic Violence Forum
<b>Jackie Grigg</b>	Money Advice & Community Support	PAVA Group
<b>Linda Beanlands</b>	Head of Community Safety	BHCC
<b>Andrew Harrington</b>	Director of Nursing	Southdowns NHS Trust
<b>Marilyn Eveleigh</b>	Head of Clinical Performance & Lead Nurse	Brighton & Hove NHS Trust
<b>Jane Mitchell</b>	Safeguarding Adults & Children Manager	South East Coast Ambulance Services
<b>Philip Letchfield</b>	Head of Contracts & Performance	BHCC
<b>Michelle Jenkins</b>	Safeguarding Adults Manager	BHCC

## GLOSSARY

<b>ABE</b>	Achieving Best Evidence
<b>ADSS</b>	Association of Directors of Social Services
<b>ASC</b>	Adult Social Care
<b>ASCH</b>	Adult Social Care and Health
<b>AVU</b>	Anti-Victimisation Unit
<b>B&amp;H</b>	Brighton and Hove
<b>BHCC</b>	Brighton and Hove City Council
<b>BSUH</b>	Brighton and Sussex University Hospital
<b>CMHT</b>	Community Mental Health Teams
<b>CPS</b>	Crown Prosecution Service
<b>HR</b>	Human Resources
<b>IMCA</b>	Implementing Mental Capacity Act
<b>MCA</b>	Mental Capacity Act
<b>NHS</b>	National Health Service
<b>OPCAT</b>	Older Peoples Care Assessment Team
<b>PALS</b>	Patient Advocacy and Liaison Service
<b>PAVA</b>	Practitioner Alliance against the abuse of Vulnerable Adults
<b>SDHT</b>	South Downs Health Trust
<b>SPFT</b>	Sussex Partnership Foundation Trust
<b>SSW</b>	Senior Social Worker
<b>SVA</b>	Safeguarding Vulnerable Adults
<b>SW</b>	Social Worker
<b>CQC</b>	Care Quality Commission

## Appendix 1 – Categories of Abuse

### Discriminatory abuse

The principles of discriminatory abuse are embodied in legislation including the *Race Relations Act 1976 (Amendments) Regulations 2003*, *Disability Discrimination Act 1995* and the *Human Rights Act 1998*. Discriminatory abuse links into all other forms of abuse.

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection.

It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

**Examples of behaviour:** unequal treatment, verbal abuse, inappropriate use of language, slurs, harassment, deliberate exclusion.

### Physical abuse

***The non-accidental infliction of physical force that results in bodily injury, pain or impairment.*** (Stein, 1991, quoted in McCreadie 1994)

**Examples of behaviour:** hitting, pushing, slapping, scalding, shaking, pushing, kicking, pinching, hair pulling, the inappropriate application of techniques or treatments, involuntary isolation or confinement, misuse of medication. Note: inadvertent physical abuse may also arise from poor practice e.g. poor manual handling techniques. (See also neglect).

### Sexual abuse

Direct or indirect involvement in sexual activity without valid consent. Consent to a particular activity may not be given because:

- \_ a person has capacity and does not want to give consent
- \_ a person lacks capacity and is therefore unable to give consent
- \_ a person feels coerced into activity because the other person is in a position of trust, power or authority.

**Examples of behaviour:** Non-contact – inappropriate looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography. Contact – touch, e.g. of breast, genitals, anus, mouth, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus, mouth, with or by penis, fingers, other objects. (Brown and Turk, 1992, 1994).

## Psychological abuse

The use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity.

**Examples of behaviour:** treating a person in a way which is inappropriate to their age and/or cultural background, blaming, swearing, intimidation, insulting, harassing, 'cold-shouldering', deprivation of contact.

## Financial abuse

***"The unauthorised and improper use of funds, property or any resources belonging to an individual"***.

(Stein, 1991, quoted in McCreddie, 1994)

Those who financially abuse may be people who hold a position of trust, power, authority or has the confidence of the vulnerable adult

Local Authorities have in place Appointee and Receivership procedures who may act as Corporate Appointee and/or Corporate Receiver, where a vulnerable adult needs someone to manage their financial affairs and is not able to undertake this themselves. Solicitors may also be appointed to provide this service.

Appointee and Receivership procedures ensure that:

- \_ the correct state pension and benefits are in payment
- \_ any private pensions or other investments are correctly paid
- \_ care fees are paid
- \_ personal allowances are made, and
- \_ other bills are paid (e.g. utilities and rates)

Monies held on behalf of the client are correctly banked and where appropriate excess funds are invested.

Where clients are still living in the community or sheltered accommodation, provision is made for them to be in control of sufficient sums of money to enable them to manage day to day expenditure.

More information on receivership and appointeeship can be found by visiting the Public Guardianship Office website, East Sussex website, or by contacting West Sussex Receivership Unit or Brighton and Hove Finance Department. The Department for Work and Pensions can also provide support and guidance.

**Examples of behaviour:** misappropriating money, valuables or property, forcing changes to a will and testament, preventing access to money, property, possessions or inheritance, stealing.

## **Neglect and acts of omission**

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the vulnerable adult or to others, poor manual handling techniques.

Note: under the *Mental Capacity Act 2005* wilful neglect and ill treatment become a criminal offence.

Self-neglect on the part of a vulnerable adult will not usually lead to the initiation of adult protection procedures unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adult's care. Other assessment and review procedures, including risk assessment procedures, may prove a more appropriate intervention in situations of self-neglect.

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

## **Institutional abuse**

Institutional abuse is abuse (as described above) which arises from an unsatisfactory regime. It occurs when the routines, systems and norms of an institution override the needs of those it is there to support. Such regimes compel individuals to sacrifice their own preferred life style and cultural diversity in favour of the interests of those there to support them, and others. This can be the product of both ineffectual and punitive management styles, creating a climate within which abuse of vulnerable adults, intentional or otherwise, by individual staff and others.

Managers and staff of such services have a responsibility to ensure that the operation of the service is focussed on the needs of service users, not on those of the institution. Managers will ensure they have mechanisms in place that both maintain and review the appropriateness, quality and impact of the service for which they are responsible. These mechanisms will always take into account the views of service users, their carers and relatives.

Poor practice and lack of skills can cause incidents of neglect, where the home is unable to fulfil specific care needs to service users. This may result in increased levels of user-to-user abuse due to insufficient and inappropriate support or residential homes taking placements where they are unable to meet the person's level of care.

**Examples of behaviour:** inflexible routines set around the needs of staff rather than individual service users, e.g. requiring everyone to eat together at specified times, bathing limited to times to suit staff, no doors on toilets. These can arise through lax, uninformed or punitive management regimes. The behaviour is cultural, and not specific to particular members of staff.



## **Appendix 2 - Levels of Response Framework**

The framework described is intended to assist practitioners in deciding the most appropriate level of response to an initial adult protection referral. Whilst not exhaustive, it is a tool to help promote consistent decision-making. Furthermore, the level of response agreed should be kept under constant review. Managers need to be aware that the outcomes of their initial decision (level of response) may lead to further information coming to light, changing the perceived level of seriousness or risk. For example, the decision to review a vulnerable adult's package of health and social care support may result in further evidence that abuse is, or could be, taking place and that a formal Adult Protection Investigation should be undertaken.

The framework is described in terms of linking the presenting information with expected action and outcomes by level of response and then in the form of a flowchart.

### **Level 1 Investigations**

Intervention by service providers.

Presenting the information

- 'One-off', isolated incident that has not adversely affected the physical, psychological or emotional well-being of the vulnerable adult.
- No previous history of similar incidents recorded for the vulnerable adult.
- No previous history of similar incidents recorded for the service provider.
- No previous history of abuse by the person alleged responsible
- Not part of a pattern of abuse.
- No clear criminal offence described in referral.
- No clear intent to harm or exploit the vulnerable person.

Action and outcomes

- Action taken by the service provider to address 'presenting concerns' and report outcomes to the Adult Assessment Teams, including Community Mental Health and Community Learning Disability Teams and other multi-disciplinary teams.
- May lead to minor alterations in the way service is provided to a vulnerable adult and/or alterations to the way staff or other resources are deployed in the delivery of health and social care.
- No on-going risk to vulnerable adult or other vulnerable people.

### **Level 2 investigations**

Intervention by the Investigation Team to assess or review the needs of the vulnerable adult and/or the alleged perpetrator within the context of the presenting concern(s).

Presenting the information

- The physical, psychological or emotional well-being of the vulnerable adult may be being adversely affected.
- The concerns reflect difficulties and tension in the way current health and social care services are provided to the vulnerable adult (e.g. some perceived inadequacy in the services being provided).

- The concerns reflect difficulties and tensions within the network of informal support provided to the vulnerable adult (e.g. some perceived difficulties between the vulnerable adult and family/friends).
- Concerns have occurred in the past, but at lengthy and infrequent intervals.

#### Action and outcomes

- The 'needs' of the vulnerable adult and/or alleged perpetrator of abuse are formally assessed or reviewed by an appropriate member of the Adult Assessment Teams, including Community Mental Health and Community Learning Disability Teams and other multi-disciplinary teams.
- Adjustments may be made to the way health and social care services are provided to the vulnerable adult and/or alleged perpetrator, to ameliorate 'presenting concerns'.
- Support may be provided to enable the vulnerable adult to explore and negotiate relationships with 'significant others' in their support network.
- Current and future risks of harm or exploitation are significantly reduced or eradicated by changes to a 'Health and Social Care Plan' or adjustments with more informal support networks or personal relationships.

### **Level 3 investigations**

#### Adult protection enquiry undertaken.

#### Presenting the information

- The physical, psychological or emotional well-being of the adult has been adversely affected by the alleged incident.
- A criminal offence may have been committed
- Possible breach of regulations provided by the Care Standards Act, 2000.
- Possible breach of Professional Codes of Conduct
- There is an actual or potential risk of harm or exploitation to other vulnerable people.
- There is a deliberate intent to exploit or harm a vulnerable adult
- There is significant breach in an implied or actual 'duty of care' between vulnerable adults and the person alleged responsible.
- The referral forms part of a pattern of abuse either against a particular individual, by a particular individual or by a health or social care service.

#### Action and outcomes

- Strategy discussion/meeting held to agree an 'investigation plan'.
- Investigation plan implemented with further strategy discussions/meetings if appropriate.
- Evaluation of investigation activity and evidence obtained.
- Determine if abuse has taken place.
- Case conference to agree a 'protection plan' that prevents or reduces risk of further abuse.
- Monitoring of protection plan.
- Review of protection plan.

## **Level 4 investigations**

Complex adult protection enquiry undertaken with multiple service users/victims.

### Presenting the information

- Institutional abuse.
- Number of people adversely affected.
- A number of criminal offences may have been committed.
- Multiple breaches of regulations issued under Care Standards Act 2000.

### Action and outcomes

- Notify senior managers throughout the process.
- Allocate resources to undertake, and co-ordinate, the investigation (requiring senior management support)
- Strategy discussion/meeting held to agree an 'investigation plan'
- Investigation plan implemented with further strategy discussions/meetings if appropriate
- Evaluation of investigation activity and evidence obtained
- Determine if abuse has taken place
- Case conference to agree a 'protection plan' that prevents or reduces the risk of further abuse
- Monitoring of protection plan
- Review of protection plan

