Policy

Vulnerable Persons see Multi-agency Policy, Local Joint Working Protocol, and Procedures & Guidance

1 General Statement

1.1. The Sanctuary Trust Ltd is working **directly** and **indirectly** with vulnerable people and every attempt will be made by all staff and volunteers to protect and support service users at all times under the guidance of Sanctuary policy and procedures.

1.2. Staff should follow Lone Workers Policy.

1.2.1. Directly:

- Any service user that has contact with or through any Sanctuary Trust project.

1.2.2. Indirectly:

- Any service user that has contact with or through any homelessness or related projects involved in support or care of vulnerable or potentially vulnerable people.

2 Relationships and Boundaries

2.1. No staff member or volunteer of Sanctuary Trust is permitted to embark on any relationship with the above mentioned people of a personal nature. This is to provide maximum protection for all involved.

2.2. Anyone in breach of this policy will be the subject of disciplinary proceedings

3 Relationships of a Personal Nature: this list is not exhaustive.

3.1. The buying, selling, lending, borrowing or trading of anything

3.2. The giving or receiving of anything without the permission of management

3.3. Visiting to another's home or other equally personal space without it being under the guidance of management, in joint working with other related agencies when applicable, and being part of the action plan.

3.4. Invitation to events outside of a Sanctuary Trust programme or the programme of other related agencies when applicable without it being under the guidance of the manager and part of the action plan.

4 Personal Boundaries:

4.1. Staff, service users and volunteers will be aware of others' personal space and not breach it. This includes tickling, play fighting, removal of clothing or accessories such as hair bobbles etc. See Anti Discriminatory and Prevention of Harassment policy.

4.2. The sharing of personal information and experience will be with done with caution and only if it is helpful for the service user's edification and development but is not encouraged outside of the guidance of management and is subject to disciplinary procedures if it breaches any Sanctuary Trust policy and procedures.

5 Self-Harm and Suicide

5.1. Any service user that is known to have self-harming issues will be monitored closely with regard to this issue but with respect of personal boundaries.

5.2. If a service user is suspected as being suicidal every attempt will be made to refer them to an agency more fitting to these issues, e.g. mental health services, psychological evaluation.

5.3. Self-Harming and thoughts of suicide will only lead to a decline of admission when risk assessments show that issues leading to it are outside of the support programme offered. See admissions procedure.

6 Summary

6.1. All staff and volunteers are aware of professional requirements and in any area of uncertainty will err on the side of caution and confirm their position through management at the earliest opportunity.

7 Raising an alert

This section covers:

- responsibilities of the person raising the alert
- responsibilities of the alerting manager
- factors to consider when raising an alert**.**

7.1. Alerts

7.1.1. Alerting refers to the duty of all staff (professionals and volunteers) of any service involved

7.1.2. with adults at risk to inform the relevant manager of a concern that an adult at risk:

- has been harmed, abused or neglected or
- is being harmed, abused or neglected or
- is at risk of being harmed, abused or neglected.

7.1.3. A concern may be:

- A direct disclosure by the adult at risk
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public
- An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk or of one service user towards another.

7.1.4. Alerts may be made by anyone, including the Adult at Risk themselves.

7.2. Responsibilities of the person raising the alert Taking immediate action

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger.
- Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment, in line with information-sharing considerations (see below).
- Consider contacting the police if a crime has been or may have been committed, in line with information-sharing considerations (see below).
- Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room
- Contact the children and families department if a child is also at risk.
- If possible, make sure that other service users are not at risk.

7.3. **Evidence gathering and victim care**

7.3.1. The Police will always be responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm and should be contacted immediately. However, other organisations and individuals can play a vital role in the preservation of evidence to ensure that vital information or forensics are not lost. Police are required to obtain oral (spoken) evidence in specific ways. For some vulnerable witnesses this means that their evidence has to be obtained in accordance with the Youth and Criminal Evidence Act 1999, which is designed to help them to give evidence and provides a number of 'special measures' to enable them to do this.

7.4. **Preserving evidence**

7.4.1. The first concern must be to ensure the safety and well-being of the alleged victim. However, in situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. The police will attend the scene, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost.

- Try not to disturb the scene, clothing or victim if at all possible.
- Secure the scene, for example, lock the door.
- Preserve all containers, documents, locations, etc.
- Evidence may be present even if you cannot actually see anything.

- If in doubt contact the police and ask for advice.

7.5. Responding to an adult at risk who is making a disclosure

- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage.
- Do not give promises of complete confidentiality.
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen.
- Explain that you will try to take steps to protect them from further abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Do not be judgemental or jump to conclusions.

7.6. Considering the person alleged to have caused harm

Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the Adult at Risk makes this unavoidable.

7.7. Making a record

7.7.1. It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained, and kept by the person raising the concern. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

7.7.2. You must make an accurate record at the time, including:

- date and time of the incident
- exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- appearance and behaviour of the adult at risk
- any injuries observed
- name and signature of the person making the record if you witnessed the incident, write down exactly what you saw.

7.7.3. The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

7.8. Informing a manager

- Inform your line manager immediately.
- If you are concerned that a member of staff has abused an adult at risk, you have a duty to report these concerns. You must inform your line manager.
- If you are concerned that your line manager has abused an adult at risk, you must inform a senior manager in your organisation, or another designated manager for Safeguarding Adults.
- If you are concerned that an adult at risk may have abused another adult at risk, inform your line manager.

7.9. **Referring**

7.9.1. If the alert was made by a member of staff (or a volunteer), the referral would normally be made by their line manager or the designated Safeguarding Adults lead.

7.9.2. But anyone can refer:

- if discussion with the manager would involve delay in a high-risk situation
- if the person has raised concerns with their manager and they have not taken action.
- If you have authority to decide whether to make a Safeguarding Adults referral, or where professional or service practice allows, you may make the referral directly.

7.10. **Responsibilities of the alerting manager**

7.10.1. An alerting manager is the person within the organisation, designated to make Safeguarding Adult referrals (your line manager). Once the concern has been raised with the alerting manager, they must decide without delay on the most appropriate course of action.

7.11. **Supporting immediate needs**

7.11.1. In line with information-sharing considerations, the alerting manager may need to take the following actions:

- Make an immediate evaluation of the risk to the adult at risk.
- Take reasonable and practical steps to safeguard the adult at risk as appropriate.
- Consider referring to the police if the abuse suspected is a crime
- If the matter is to be referred to the police, discuss risk management and any potential forensic considerations to the police, discuss risk management and any potential forensic considerations.
- Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- If there is a need for an immediate protection plan, refer to the relevant adult care services or CMHT, or the relevant adult care services EDT if out of hours.

- If the person causing the harm is also an adult at risk, arrange for a member of staff to attend to their needs.
- Make sure that other service users are not at risk.
- In line with the organisation's disciplinary procedures, suspend staff suspected of abusing an adult or adults at risk.

7.12. **Speaking to the adult at risk**

7.12.1. It may be appropriate for the alerting manager to speak to the adult at risk. To do this, the alerting manager should consider:

- speaking to them in a private and safe place and informing them of any concerns
- getting their views on what has happened and what they want done about it
- giving them information about the Safeguarding Adults process and how that could help to make them safer
- supporting them to ask questions about issues of confidentiality
- explaining how they will be kept informed
- identifying communication needs, personal care arrangements and access requests
- explaining how they will be kept informed and supported
- discussing what could be done to ensure their safety.

7.12.2. If it is felt that the adult at risk may not have the capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings. It is important to establish whether the adult at risk has the capacity to make decisions. This may require the assistance of other professionals. In the event of the adult at risk not having capacity to make decisions, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision maker will depend on the decision to be made.

7.13. **Person alleged to have caused harm**

- Consider liaison with the police regarding the management of risks involved.
- However, if they are a member of staff and an immediate decision has to be made to suspend them, the person has a right to know in broad terms what allegations or concerns have been made about them.
- If the person causing harm is another service user, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met.

- Ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistle-blowers.

7.14. **Deciding whether or not to make a referral**

7.14.1. As well as deciding whether or not to make a referral the alerting manager must also decide whether to follow other relevant organisational reporting procedures.

7.14.2. Where an alert indicates that a member of staff may have caused harm, referral to the organisation's disciplinary procedures should also be considered.

7.14.3. A referral should be made when:

- the person is an adult at risk and there is a concern that they are being or at risk of being abused or neglected, and at risk of significant harm
- the adult at risk has capacity to make decisions about their own safety and wants this to happen
- the adult at risk has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- a crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made
- the abuse or neglect has been caused by a member of staff or a volunteer
- other people or children are at risk from the person causing the harm
- the concern is about institutional or systemic abuse
- the person causing the harm is also an adult at risk.

7.15. **Factors to consider when raising an alert**

- Is there any doubt about the mental capacity of an adult at risk to make decisions about their own safety? Remember to assume capacity unless there is evidence to the contrary. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.)
- How vulnerable is the adult at risk? What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse on their independence and well-being?

- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts involving the person causing the harm?
- Is a child (under 18 years) at risk?

7.16. **Getting the consent of the adult at risk at referral stage**

7.16.1. The mental capacity of the adult at risk and their ability to give their informed consent to a referral being made and action being taken under these procedures is a significant but not the only factor in deciding what action to take. The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions:

- about a referral
- about actions which may be taken under multi-agency policy and procedures
- about their own safety, including an understanding of longer-term harm as well as immediate effects and
- an ability to take action to protect themselves from future harm.

7.17. **Making a decision not to refer**

7.17.1. If the adult at risk has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation.

7.17.2. A record must be made of the concern, the adult at risk's decision and of the decision not to refer, with reasons. A record should also be made of what information they were given.

7.17.3. It is recommended that organisations have a separate part of the adult's file or record that is clearly labelled 'Safeguarding'.

7.18. **Making a decision to refer without consent**

7.18.1. If there is an overriding public interest or vital interest or if gaining consent would put the adult at further risk, a referral must be made. This would include situations where:

- other people or children could be at risk from the person causing harm
- it is necessary to prevent crime
- where there is a high risk to the health and safety of the adult at risk
- the person lacks capacity to consent.

The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

7.18.2. If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the alerting manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

7.18.3. The key issue in deciding whether to make a referral is the harm or risk of harm to the adult at risk and any other adults who may have contact with the person causing harm or contact with the same organisation, service or care setting.

7.18.4. If the alerting manager is unsure whether to refer, they should contact the relevant Safeguarding Adults referral point for advice.

7.19. **Who should be informed?**

7.19.1. Where relevant the alerting manager should consider informing:

- the unit or service manager responsible for the management of the service
- the Safeguarding Adults lead in the organisation or service
- the police, if a crime has been or may be committed
- the area CQC if the adult is living in a care home, receiving personal care or another registered resource or service
- the relevant children and families team if children are also at risk from harm.

7.20. **Recording**

7.20.1. If not already done so by the alerter, the person making the referral must record:

- the allegation in the exact words of the person or description of the first witness
- the views and wishes of the adult at risk
- any actions and decisions taken at this point.

7.21. **Supporting staff**

7.21.1. Managers are responsible for:

- supporting any member of staff or volunteer who raised the concern
- enabling and supporting relevant staff to play an active part in the Safeguarding Adults process
- ensuring that any staff delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.

8 *Making/receiving a referral*

This section covers:

- where to refer to and how to make a referral
- receiving a referral and gathering the facts

1. A referral is the direct reporting of an allegation, concern or disclosure to a Safeguarding Adults referral point.
2. A referral will place the information about the concern in a multi-agency context.
3. A referral begins a process of gathering facts, assessment of the allegation, assessment of the adult at risk's needs and a risk assessment to decide whether the Safeguarding Adults policy applies.
4. This should be done in consultation with the alerting manager and all relevant organisations. This decision must be made on the same working day or within 24 hours of the referral reaching the appropriate team.

8.1. **Where to refer to and how to make a referral**

8.1.1. Referrals will be taken from *anyone* who has a concern that an adult is at risk of harm.

8.1.2. The referral may be made by phone or the referrer may use their own agency's referral form or the Multi-agency Referral form

8.1.3. Some referrers in a professional capacity may be asked to complete a Multi-agency Referral Form and send it to the Access and Enablement Team, if the Key Team within Adult Care is not known.

8.1.4. If the referral is made by a member of the public, a member of the family, a friend, a carer, a neighbour or anonymously, a written referral would not be expected.

8.1.5. The matter can additionally be reported to the police where a crime is committed or suspected.

8.2. **Information**

- Where possible, include as much information under the following headings.
- Details of the referrer
- Name, address and telephone number
- Relationship to the adult at risk
- Name of the person raising the alert if different
- Name of organisation, if referral made from a care setting
- Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details

8.3. **Details of the adult at risk**

- Name(s), address and telephone number

- Date of birth, or age
- Details of any other members of the household including children
- Information about the primary care needs of the adult, that is, disability or illness
- Funding authority, if relevant
- Ethnic origin and religion
- Gender
- Communication needs of the adult at risk due to sensory or other impairments (including dementia), including any interpreter or communication requirements
- Whether the adult at risk knows about the referral
- Whether the adult at risk has consented to the referral and, if not, on what grounds the decision was made to refer
- What is known of the person's mental capacity and their views about the abuse or neglect and what they want done about it (if that is known at this stage)
- Details of how to gain access to the person and who can be contacted if there are difficulties

8.4. **Information about the abuse, neglect or physical harm**

- How and when did the concern come to light?
- When did the alleged abuse occur?
- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult at risk?
- What is the adult at risk is saying about the abuse?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult at risk to find out what is happening?
- Is a child (under 18 years) at risk?

8.5. **Details of the person causing the harm (if known)**

- Name, age and gender
- What is their relationship to the adult at risk?
- Are they the adult at risk's main carer?
- Are they living with the adult at risk?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- Which organisation are they employed by?
- Are there other people at risk from the person causing the harm?

8.6. **Any immediate actions that have been taken**

- Were emergency services contacted? If so, which?

- What action was taken?
- What is the crime number if a report has been made to the police?
- Details of any immediate plan that has been put in place to protect the adult at risk from further harm
- Have children's services been informed if a child (under 18 years) is a risk?
- The alerting agency may be asked to confirm the referral in writing if this is a locally agreed requirement.

8.7. Referrals to the police

1. Staff must make it clear whether they are reporting a crime or suspected crime, or seeking advice.
2. Referral must also be made to the relevant local authority.
3. In an emergency call the police on 999.
4. If a crime has been or may have been committed, report immediately to the police *unless* the adult at risk has mental capacity, does not want a report made and there are no overriding public or vital interest issues.
5. The police may also be contacted later, if more information becomes available and it becomes apparent that a crime has been committed.

8.8. Receiving a referral and gathering the facts

8.8.1. On receipt of a referral the Safeguarding Adults referral point should take the following action:

- Clarify basic facts, including who is involved in the allegation. Practitioners must be aware that this is not an investigation, but to enable decisions about the level of risk and the process to be followed. This could involve contact with the referrer and a brief discussion with the adult at risk, but not with the person alleged to have caused harm.
- If the allegation is a potential crime there must be immediate liaison with the police to avoid contamination of evidence.
- Inform other relevant organisations of the nature of the allegation and the actions being taken.

8.9. Referrals to a MARAC (Multi-agency Risk Assessment Conference).

- If the concern indicates high-risk domestic violence, a referral should be made to a MARAC

8.10. Decision to accept as a Safeguarding Adults referral

8.10.1. The following factors apply when making a decision to accept a referral:

- The adult at risk may not have the mental capacity to make decisions about their own safety.
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.

- The person causing the harm is:
  - Staff
  - a volunteer(s)
  - someone who only has contact with the adult at risk because they both use the service
- Other people are at risk from the person causing harm and they are also adults at risk

8.10.2. In the above situations, action should be taken under the Safeguarding Adults procedures even if the adult at risk does not want any action taken. They should be informed of the decision, the reason for the decision and reassured that no actions will be taken which affect them personally without their involvement.

8.10.3. In other situations, for example, domestic violence, if, in consultation with relevant organisations, there is seen to be a high level of risk, a multi-agency strategy discussion or meeting may be held even if the adult at risk does not want any action taken. This would enable discussions around providing the adult at risk with support and signposting to relevant organisations e.g. Victim Support, counselling services, etc.

8.11. **When the adult at risk may not have mental capacity to consent to the process**

8.11.1. Where there is concern that the adult at risk may not have mental capacity to make relevant decisions, it is important that their capacity is appropriately assessed as soon as possible.

8.11.2. It may be established that with appropriate support, they are able to make their own decisions.

8.11.3. If it is established that the adult at risk lacks capacity, feedback will be given to them and anyone who is acting in their best interests, for example, their attorney or court appointed deputy, unless they are implicated in the allegation.

8.11.4. If the person has no suitable family or friend who can be consulted regarding their best interests, an advocate should be instructed.

8.12. **If the adult at risk has capacity**

8.12.1. If the adult at risk has mental capacity to make decisions about their safety, you must:

- find out from them what is happening
- talk to them about your concerns
- carry out a risk assessment with them to find out if they understand the risk and what help they may need to support them to reduce the risk if that is what they want

- be satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation if they decline assistance
- reassure them that they will be involved and supported in all relevant decisions and actions that are taken to protect them.

8.13. **Deciding when not to use the Safeguarding Adults procedures**

8.13.1. It may be decided not to use the Safeguarding Adults procedures when there is enough information to decide that:

- the situation does not involve abuse, neglect or exploitation, in which case another service may be appropriate
- the adult at risk is not an adult who is covered by these procedures. They can then be signposted to other services or resources
- the adult at risk has the mental capacity to make an informed choice about their own safety, there are no public interest or vital interest considerations and they choose to live in a situation in which there is risk or potential risk.

8.13.2. Concerns regarding adults with so-called 'low level needs' will not be excluded from action under the procedures where there are risks that the harm to the person puts their independence and well-being at risk and leads to a deterioration in their ability to protect themselves. Such adults include:

- adults with low-level mental health problems/borderline personality disorder
- older people living independently in the community
- adults with low-level learning disabilities
- adults with substance misuse problems
- adults self-directing their care.

8.13.3. Under adult social care eligibility guidance (DH 2010) published by the Department of Health, the position is as follows.

- For people falling within the community care service user groups (as defined in legislation), a safeguarding concern will give rise to a duty on the local authority to assess that person under s.47 of the NHS and Community Care Act 1990.
- Once an assessment has been carried out (or, in urgent cases, even before), and it is established that abuse or neglect has occurred or will occur, the person's need will – under the guidance – be 'critical' or 'substantial'. A legalobligation then arises to provide assistance, by way of community care services under one or more pieces of community care legislation.

8.13.4. If a decision is made not to follow the Safeguarding Adults procedures a record must be made with the reasons.

8.13.5. 5. The referrer must also be informed of the decision in a timely way, the reasons for it and information given about any alternative services which have been offered, if this does not breach the adult's confidentiality.

8.13.6. The Responsible Manager will designate the most appropriate person to feed back to the adult at risk. This will often be the alerting manager or the alerter.

8.13.7. Where the person does not have mental capacity, they should still be included in the process.

8.13.8. Feedback will also be given to the person acting in their best interests, for example, their carer or court appointed deputy.

8.14. **Role of the alerting manager in contributing to the decision to use the Safeguarding Adults procedure**

8.14.1. The alerting manager must cooperate within the Safeguarding Adults process and play an active role in the decision.

8.14.2. They should:

- take part in a strategy discussion or meeting if required
- communicate all the information they have about the potential risk
- be prepared to give advice about an interim protection plan and receive information about what action is planned
- provide the name of the alerter so that they can be contacted by the Responsible Manager
- find out from the Responsible Manager what they will do next and how and when they will be informed about what will be happening
- agree at this stage what they will tell the alerter and the adult at risk – if possible within the same working day.

8.14.3. If the alerting manager is the manager of the service where the adult at risk attends or where the abuse took place, they have particular responsibilities to:

- feed back to the alerter, thank them for making the alert and make sure the alerter knows how to contact them
- make sure they have the name and contact details of the Responsible Manager
- record all conversations, discussions and decisions at this stage
- feedback as required to the organisation's lead manager for Safeguarding Adults
- meet any other requirements to provide information internally or to external bodies, for example, the CQC.

8.14.4. If the alerting manager does not agree with the decision that has been made, they can ask for an explanation. If they are still not satisfied they can contact the organisation's lead manager for Safeguarding Adults, or if there is no one in that position, another manager within the organisation. If the disagreement remains unresolved, a complaint can be made to the relevant local authority complaints officer.

8.15. **Supporting an adult at risk who makes repeated allegations**

8.15.1. An adult at risk who makes repeated allegations that have been investigated and are unfounded should be treated *without prejudice*.

8.15.2. Each allegation must be responded to under these procedures.

8.15.3. A risk assessment must be undertaken and measures taken to protect staff and others and a case conference convened, where appropriate **e**ach incident must be recorded.

8.15.4. Organisations should have procedures for responding to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded allegations.

8.16. **Responding to family members, friends and neighbours who make repeated allegations**

Allegations of abuse made by family members, friends and neighbours should be investigated without prejudice. However, where repeated allegations are made and there is no foundation to the allegations and further investigation is not in the best interests of the adult at risk, then local procedures apply for dealing with multiple, unfounded complaints.

8.17. **Medical treatment and examination**

8.17.1. The individual in the Adult Care Services or the Police taking the initial referral should be aware that if this is a serious or life threatening situation, medical examination may already have been sought. If this is the case, it is important to note where and when the examination took place and by whom. The person taking the referral should immediately request a medical report and if possible photographic evidence.

8.17.2. If medical treatment is needed, an immediate referral should be made to the person's GP, Accident and Emergency (A&E) or a relevant specialist health team.

8.17.3. In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidentally) and medical or specialist advice should be sought.

8.17.4. If forensic evidence needs to be collected, the police should always be contacted and they will normally arrange for a police surgeon (forensic medical examiner) to be involved.

8.17.5. Where it is necessary to arrange a medical examination, the individual's particular needs and circumstances should be taken into account when deciding on who is the most appropriate doctor to conduct it. In a number of cases, a decision regarding medical examination may not be clear. The following factors should be considered during initial emergency inter-agency strategy discussions or planning meetings:

- Length of time elapsed between the alleged abuse and receiving the referral
- The distress to the Adult at Risk of a medical examination
- The significance of information, which may be gained from the examination
- Delay in arranging a medical examination, could jeopardise medical treatment or the collection of forensic evidence
- The involvement of any family members or carers
- The need to accompany and support the adult at risk and provide reassurance and the identification of someone appropriate to do so (consider an advocate)

8.17.6. The Adult at Risk must be asked for their agreement to undergo a medical examination, where this is necessary, unless they lack capacity and the doctor feels a medical examination is in their best interests. The decision must be taken in accordance with the principles of the Mental Capacity Act and with due regard to their previous wishes, views of any family or friends, LPA, or advocates etc.

8.17.7. Where the Police have agreed for the Police Surgeon to see the Adult at Risk the medical examination must be arranged by the Police and investigating care manager or identified health professional as soon as possible. Where the Police do not feel that it is appropriate for the Police Surgeon to see the Adult at Risk and the Investigating Officer or other professionals involved consider that a medical examination is necessary, the Adult at Risk's GP may undertake the examination. The investigating officer should arrange for this. The GP must be informed about why the request is being made and alerted to thefact that a medical report may be required.

8.17.8. If a decision is made not to seek a medical examination, the Investigating Officer or identified health professional must record the reasons for this.

8.18. **Information Sharing**

8.18.1. Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

8.18.2. In this context organisations could include not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and CPS, and organisations which provide advocacy and support where these organisations are involved in Safeguarding Adults enquiries, including raising an alert and participating in an investigation and/or making a contribution to protection plans.

8.18.3. Information will be shared within and between organisations in line with the principles set out below.

- Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.
- The person's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved.
- Information given to an individual member of staff belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk.
- An organisation should obtain the adult at risk's written consent to share information and should routinely explain what information may be shared with other people or organisations.
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm.
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.
- Staff reporting concerns at work ('whistle-blowing') are entitled to protection under the Public Interest Disclosure Act 1998
- Decisions about what information is shared and with whom will be taken on a case by case basis. Whether information is shared with or without the adult at risk's consent, the information shared should be:
    - necessary for the purpose for which it is being shared
    - shared only with those who have a need for it
    - be accurate and up to date
    - be shared in a timely fashion
    - be shared accurately
    - be shared securely

8.18.4. Checklist for staff

1. Sharing Information with someone else

a. Does the person requesting the information need it to do their job?
b. Have you got the client's consent to pass the information on?
c. If not, can you justify passing on the information without consent?
d. Are you sure the person requesting the information is who they say they are?
e. Will anonymised information do?
f. Do you need to pass on the whole record/file? (Try to pass on the minimum information necessary

2. When You Are Requesting Personal Information

a. Do you need the information to do your job?
b. Can you use anonymised information?
c. Do you need the whole file/record?
d. If you only need minimum details, or a summary, please only request this.