Nottinghamshire Safeguarding Adults at Risk Guidance

Contents

Achieving Best Evidence in Criminal Proceedings

Version number: 1.0	
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1 Achieving Best Evidence in Criminal Proceedings

Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses and guidance on using Special Measures (March 2011) describes good practice in interviewing vulnerable and intimidated witnesses, both adults and children, to enable them to give best evidence in Criminal proceedings. It implements the Speaking Up For Justice Report.

The Youth Justice & Criminal Evidence Act, 1999 recognises 5 categories of vulnerable witnesses:

- Witnesses under the age of 17;
- Learning disabled witnesses;
- Physically disabled witnesses;
- Witnesses with mental disorder/illness;
- Witnesses suffering from fear and distress (intimidated witnesses).

1.1 The Guidance

- Considers preparing and planning for interviews with vulnerable and intimidated witnesses, decisions about whether or not to conduct an interview and decisions about whether the interviews should be video-recorded or whether it would be more appropriate for a written statement to be taken;
- Covers the interviewing of such witnesses both for the purpose of making a video-recorded statement and also for taking a written statement, their preparation for Court and any subsequent Court appearance;
- Applies to both prosecution and defence witnesses and is intended for all persons involved in the investigations, including the Police, Social Workers and members of the legal profession;
- Replaces the 1992 Memorandum of Good Practice on Video Recorded Interviews for Child Witnesses for Criminal Proceedings. The guidance is advisory and does not constitute a legally enforceable code of conduct; however, practitioners should bear in mind that departures from the guidance may have to be justified in the Courts.

1.2 Special measures available with the Agreement of the Court

Not all adults with disabilities will necessarily be vulnerable as witnesses and would not wish to be treated as such. However, those adults who are eligible for Special Measures fall into two groups. Firstly those who have a disability or illness that the Court considers is likely to affect the quality of their evidence, and secondly, those who because of age, personal circumstance and the nature of the alleged offence, satisfy the Court that their evidence is likely to be diminished by reason of their fear or distress. In reaching a decision on whether the Special Measures should be invoked, the Courts must take account of the wishes of the individual witness.

Special Measures available are:

- Screens to shield the witness from the defendant;
- The *live link* to enable the witness to give evidence during the trial from outside the courtroom;
- Evidence given *in private* – exclusion from the Court of members of the public and the press;
- Removal of *wigs and gowns* by judges and barristers;

- A *video/DVD recorded interview* with the vulnerable witness before the trial may be admitted by the Court as the witness' evidence in chief (This evidence is not currently available in the magistrates court);
- E*xamination of the witness through an* ***intermediary*** who may be appointed by the Court to assist the witness to give the evidence (The pilots for this measure are complete however timescales for the implementation in Nottinghamshire have not yet been published);
- *Aids to communication* will be permitted to enable the witness to give best evidence through a communication aid or technique provided that the communication can be independently verified and understood by the Court.

The Police, in consultation with the relevant agencies (via the safeguarding manager), makes the Crown Prosecution Service (CPS) aware of the need for any Special Measures. The CPS will then apply to the Court, who will decide whether to grant permission or not for the Special Measures to be available.

1.3 Mandatory measures available are

- *Mandatory protection of witnesses from cross-examination by the accused in person.* In other types of offences, the Court has the discretion to prohibit an unrepresented defendant from cross-examining vulnerable children and adult victims in certain classes of cases involving sexual offences;
- *Discretionary protection of the witness from cross-examination by the accused person.* In other types of offences, the Court has the discretion to prohibit an unrepresented defendant from cross-examining the victim in person;
- *Restrictions on evidence and questions about complainant's sexual behaviour.* The Act restricts the circumstances in which the defence can bring evidence about the sexual behaviour of a complainant in cases of rape and other sexual offences;
- *Reporting restrictions,* The Act provides for restrictions on the reporting by the media of information likely to lead to the identification of certain adult witnesses in criminal proceedings.

1.4 Implications for Safeguarding Adults Practice

Access services and duty points may get referrals from the Police or the Crown Prosecution Service asking for assistance and/or support relating to Achieving Best Evidence. Such requests should be dealt with in line with the following protocol, which has been agreed with those agencies.

1.5 Protocol for Responding to requests from Police/Crown Prosecution Service, relating to 'Speaking Up for Justice'. The Scope of the Policy, Procedures and Guidance.

The Police or Crown Prosecution Service will request support from Services for the following reasons:

- To help make the judgement about a witness' vulnerability;
- To advise the Police on how to undertake the interview;
- To be present as a support during the interview process (this is assuming no one else is available who is known to the witness).

Request for input from Health Personnel (in particular Speech and Language Therapists) may include:

- Acting as an enabler to facilitate the Police taking a statement from a person with a communication disorder;

- Acting as an enabler to assist the Police to question a person with a communication disorder;
- Provider a professional opinion of the ability of the person to understand what is required of them in relation to a Police Interview (i.e. competence as a witness);
- In due course, acting as an intermediary when this is implemented.

In all of the above situations, in the first instance the Police must identify if someone is known to the Statutory Agencies. It may not be clear which service they may be known to, however, the following categories are used: Learning Disability, Deaf, Mental Health, Visual Impairment, Assessment and Care Management (essentially Older People) and Physical Disability.

It is the responsibility of the service to check whether the person is already known and to provide the Police with the name/number to contact directly to give advice/support as appropriate.

There will be a different response from Nottinghamshire Adult Social Care Departments and the Healthcare Trust depending on whether the adult at risk is a victim of adult abuse or another crime, or a witness to adult abuse or another crime.

Where the adult at risk is a Victim of an Adult Abuse Crime (Physical, Sexual, Neglect, Psychological, Financial or Discriminatory) then the Safeguarding Adults at Risk Procedures must be followed.

If the adult at risk is a Victim or Witness to a crime other than one of adult abuse, the Police would need to seek their consent before making a referral to, or seeking information or support from, Nottingham/Nottinghamshire Social Care/Health Trusts. If the adult at risk is known to services, but refuses to give consent, the police will have to make a judgement on their own about whether to proceed with their enquiries.

The level of support available to the Police in such situations will be dependent on whether the adult at risk is known to the services, and has given their consent to contact being made, resource priorities at the time.

All information given to the Police can be disclosed during the criminal proceedings.

Where the alleged abuse has occurred in a residential or care setting particular consideration must be given at the strategy meeting, not only to the investigation required as part of the assessment but also to the following possibilities:

- Those initially presenting as witnesses to the alleged incidents, may later be discovered to be victims;
- Those initially presenting as witnesses to the alleged incident, may later be discovered to be implicated;
- Those initially seen as a source of support to the victim may later turn out to be implicated i.e. when members of staff are involved in the alleged abuse.

Any combination of victim/witness/implicated person/perpetrator may apply to an individual during such Safeguarding Adults Investigation.

1.5 Complex Investigations

“Adult abuse involving one or more abusers and a number of victims. The abusers concerned may act in concert or in isolation, or may use an institutional framework or position of authority to target victims” (DoH 1999).

Complexity will increase by virtue of the number of people and places involved and the period when the alleged abuse occurred. Proper investigation will be time consuming, resource demanding and will requires specialist skills from both Police and Social Services/Health Care Trust staff.

The complex abuse guidance covers:

- Managing and conducting of an investigation;
- Records: Safeguarding/Preservation: Access/Information Sharing;
- Support to Victims and Witnesses;
- Handling the media;
- De-brief and closure.

Complex abuse investigations of a criminal nature should be undertaken as a joint operation involving the Police and Adult Social Care with a specialist lawyer from Crown Prosecution Service being involved at an early stage as appropriate.

The investigation team should have visible support from the senior management in Police and Adult Social Care (and other agencies) throughout the enquiry (See Guidance for Complex Abuse)

1.6 Witness/Victim Support

The statutory agencies will work together with the Witness Support Scheme to create an individual plan to facilitate preparation for Court (see Roles and Responsibilities below).

1.7 After Court Appearance

Best practice should extend to after the court appearance and there should be at least one debrief interview. Vulnerable witnesses need to be reassured that it is not their fault if there is not a guilty verdict. If there is a finding of guilt, witnesses may have concerns about harassment if they return to their communities and they can be given advice relating to this. At this stage they should also be given information about the Criminal Investigations Compensation Agency.

1.8 Roles and Responsibilities

The role of Supporters, Intermediaries and Interpreters is to:

- Assist adults at risk to give their best evidence;
- Enable others who are perhaps not so familiar with aspects of disability, or mental illness to consider ways and means of being responsive to the special needs and receptive to the abilities of each vulnerable witness.

They should never:

- Coach or rehearse the adult at risk with their evidence, put words into their mouths, prompt them;
- Be people who are likely to be called as witnesses;
- Undertake all roles;
- Have knowledge of the evidence.

There are different types of support that can be offered, and these will depend on what the adult at risk needs and wants. Vulnerable witnesses should always be given the opportunity to discuss possible support and decide what they feel will be most helpful.

They can be used at various stages; the Police interview, during the Investigation, Pre-Trial preparation, at Court.

1.9 The supporter

The supporter may have several roles to play:

- To offer emotional support, advice to the Police, particularly on communication needs, ensuring comfort, need for breaks etc. Supporters could therefore be chosen from family, friends, as well as professional health or Social Service staff;
- The Witness Service can co-work with Care Workers to prepare the witness for what to expect in Court, how to behave, to ask for help etc.;
- The CPS and Counsel can apply for special arrangements for the witness, including the presence of a supporter in the TV link room or court, providing that they are made aware of specific needs.

1.10 Intermediary

To assist the witness in understanding the interviewer, and the interviewer to understand the witness. These must be approved by Court.

1.11 Early Special Measures Meeting (ESMM)

An early special measures meeting is similar to a strategy meeting, set up to discuss how evidence will be obtained, how it will be presented to the court and any specific needs of the witness to enable them to give their best evidence.

Useful information regarding an ESMM:

- They may be convened by Crown Prosecution Service doing the Criminal Investigation;
- The Police, Crown Prosecution Service, the Safeguarding Manager, the Adult at Risk and/or their supporter can request a meeting;
- Persons present at the meeting should include; counsel, medical practitioner if appropriate or a Social Worker and the Police;
- It may not always be necessary to have a meeting;
- It should be remembered that each Vulnerable Witness is an individual, and that for Adult Witnesses, terminology such as ‘mental age’ is generally unhelpful;
- The views of the witness must be obtained by the ESMM to prevent presumptions being made.

It would usually be considered helpful to hold a **meeting with the witness.** During this meeting, things such as procedures, roles of court officials, special measures and particular needs of the witness should be explained. This meeting could take place before or after the ESMM or there may be more than one meeting.

1.12 Terms of reference

These meetings are to get the best evidence possible:

- It is not about discussing the evidence;
- It is not about discussing matters regarding their personal, social or health histories, unless material to the issue of giving best evidence.

Agency Information Sharing Guidance

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1. *Bassetlaw Clinical Commissioning Group*

Bassetlaw Clinical Commissioning Group contact details:

Points of contact are as follows:

Email Address - BASCCG.communicationoffice.nhs.net

Nicola Ryan - Head of Assurance/Deputy Nurse - Telephone 01777 863321
Cathy Burke - Safeguarding Consultant Nurse - Telephone 01777 862394

When to contact us:

When there is any safeguarding concern or issue that relates to a patient/resident of Bassetlaw that requires a health input.

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- Details of the concern raised;
- Details of the referrer

Feedback loop:

This would be the officer involved in the case.

2. *District Nursing Team Newark & Sherwood*

District Nursing Team Newark & Sherwood contact details:

Single Point of Access - Telephone 0300 4564951
The line is open 24 hours a day.

The single point of access covers the Newark team which includes Rainworth, Southwell and Edwinstowe as well as Newark.

The best time to speak to a member of the team is between 9am and 1pm or 2pm to 5pm.

When to contact us:

- If there is a safeguarding concern;
- When there is a safeguarding concern regarding a member of the District Nursing Team;
- When advice is needed.

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- The GP contact details;
- Is there a 'keysafe' at the property;
- Are there any safety concerns

Feedback loop:

This would be the member of staff involved in the case.

3. *Doncaster & Bassetlaw NHS Hospital Trust*

Doncaster & Bassetlaw NHS Hospital Trust contact details:

Points of contact are as follows:

Single Point of Contact - 01302 381468 Email Address - safeguarding@dbh.nhs.uk

When to contact us:

- When a referral highlights concerns about the Trust, or individual within the Trust;
- When information is required from a patient's Health Care records;
- When medical/clinical advice is required to inform an investigation.

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- NHS number if known;
- Details of the referrer;
- Initial Fact Finding information;
- Details of any protection plan already in place;
- Any other agencies informed

Feedback loop:

This would be the single point of contact above. If feedback is required elsewhere within the Trust, the Safeguarding Professionals will undertake this.

4. *Newark & Sherwood, Mansfield & Ashfield Clinical Commissioning Group*

Newark & Sherwood, Mansfield & Ashfield CCG contact details:

Points of contact are as follows:

Tracey Johnson	-	Adult Safeguarding Manager	(works Wednesday to Friday)	-	Telephone 07827 980722
Donna Payne	-	Adult Safeguarding Manager	(works Monday to Wednesday)	-	Telephone 07827 873131
Jennifer Milne	-	Team Secretary	(has access to diaries)	-	Telephone 01636 594882
Chris West	-	Head of Quality & Governance		-	Telephone 01636 594882

When to contact us:

- Where there is a concern about care homes within the Newark & Sherwood, Mansfield & Ashfield area;
- To negotiate support with safeguarding investigations in Care Homes if there is a predominant health issue;
- If there is a concern/referral relating to the Clinical Commissioning Groups functions.

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- Details of the concern raised

Feedback loop:

This would be the officer involved in the case.

5. *Nottingham University Hospital NHS Trust*

Nottingham University Hospital NHS Trust contact details:

Points of contact are as follows:

Safeguarding Adults Team - Telephone 0115 9249924 Ext 61627 – or Mobile Number 07812 268216

Generic Email Address- safeguardingadults@nuh.nhs.uk Secure Email Address - NUHNT.safeguardingadults@nhs.net

The Safeguarding Adults Team consists of:
Adults Safeguarding Lead;
Safeguarding Adults Specialist Nurse;
Domestic Abuse Specialist Nurse;
A named doctor for Safeguarding Adults

When to contact us:

- If information is required from Nottingham University Hospital NHS Trust in relation to a safeguarding adults investigation;
- Contact us if a safeguarding referral has been received about care at Nottingham University Hospital NHS Trust;
- Contact us if a clinical opinion is required in relation to a safeguarding investigation.

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- What information is required from NUH;
- Details of the concern raised

Feedback loop:

By secure email for information and feedback to NUHNT.safeguardingadults@nhs.net

6. *Nottinghamshire County Council Community Safety*

Nottinghamshire County Council Community Safety contact details:

Points of contact are as follows:

Newark & Sherwood District Council	– Community Safety Partnership	-	Telephone; 01636 655698
Bassetlaw District Council	– Community Safety Partnership	-	Telephone; 01909 533120
Mansfield District Council	– Community Safety Partnership	-	Telephone; 01623 463285
Ashfield District Council	– Community Safety Partnership	-	Telephone; 01623 457349
Broxtowe Borough Council	– Community Safety Partnership	-	Telephone; 01159 173067
Gedling Borough Council	– Community Safety Partnership	-	Telephone; 01159 013845
Rushcliffe Borough Council	– Community Safety Partnership	-	Telephone; 01159 148234

Each of Community Safety Partnerships hold Local Multi Agency Problem Solving Group meetings looking at vulnerable adults.

When to contact us:

Contact the relevant community Safety Partnership when an adult at risk is subject to anti-social behaviour.

Information we require from you:

- Name;
- Date of Birth;
- Address;
- Any police incident or crime number;
- Outline of the problem;
- Details of any agencies already involved

Feedback loop:

This would be with the officer involved in the case.

7. Nottinghamshire County Council Trading Standards

Contact details:

Duty officer – Tel 01623 452005 Email – trading.standards@nottscc.gov.uk
Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4.30pm (answer phone for out of hours)

Secure Email - notts.ts@nottsccts.cjsm.net **or**
clive.ratcliffe@nottscc.gcsx.gov.uk
Web Address – www.nottinghamshire.gov.uk/tradingstandards

Other Useful contacts:

www.nottinghamshirealert.co.uk **community messaging system used by the police, trading standards and neighbourhood watch to keep residents up to date with local issues.**

www.reportaloanshark@stoploansharks.gov.uk **0300 555 2222 (24 hours) Text LOAN SHARK and the lender's details to 60003 – to report a loan shark/illegal money**

Contact details for service users:

Service users who require consumer advice or wish to refer a matter to trading standards need to contact Citizens Advice Consumer Service on 08454 04 05 06. Lines are open Monday to Friday 9am to 5pm

Information we require from you:

We require the following information when you contact us:

- **Name / Address of the Service User**
- **Has consent been given for us to contact the service user:**
- **Framework ID number (if known);**
- **Police incident / crime number, (if applicable);**
- **Details of the incident.**

All information regardless of how trivial it may seem, is considered important intelligence.

When to contact us:

When there is an adult at risk who requires advice and support regarding:

- **Doorstep crime involving rogue trader**
  - **Typically involve, but not limited to: mobility aids, gardening, driveways, roofing & guttering;**
  - **May involve: high pressure sales, unnecessary work, high costs, aggressive behaviour, poor quality work and / or failure to finish work.**
- **Scams**
- **Goods or services that have been purchased and they are unable to contact Citizens Advice Consumer Service themselves.**

Where there is intelligence about:

- **Doorstep crime involving rogue traders;**
- **Sale of age related goods to children, i.e. alcohol, tobacco, knives, fireworks;**
- **Sale of counterfeit / duty evaded alcohol & tobacco;**
- **Animal welfare – concerns regarding farmed animals, including an inability to care for the animals. NB domestic pets would be a matter for the RSPCA**

Feedback loop:

This would be the officer involved in the case.

8. *Nottinghamshire Fire & Rescue Service*

Nottinghamshire Fire & Rescue Service contact details:

Points of contact are as follows:

Senior Manager Responsible	– Deputy Chief Fire Officer - John Buckley	– john.buckley@notts-fire.gov.uk
Safeguarding Strategic Lead	– Chris Hooper	– chris.hooper@notts-fire.gov.uk
Safeguarding Adults	– Emma Darby	– emma.darby@notts-fire.gov.uk
Safeguarding Children's	– Rebecca Casterton	– Rebecca.casterton@notts-fire.gov.uk
Young FireSetters	– Peter Brown	– peter.brown@notts-fire.gov.uk
Risk Reduction Teams	– North	– Tel 01623 412750
Risk Reduction Team	– South	– Tel 0115 9575240
Risk Reduction Team	– City	– Tel 0115 9487860
Referrals Vulnerable people at risk of fire	– vulnerable.people@notts-fire.gov.uk	– Tel 0800 0223235
Out of hours	– Duty Group Manager	– Tel 0115 9670880

When to contact us:

- When there is an adult at risk you believe is at risk from a fire. The general question we are asked have the Fire Service had any involvement at the service user's address, from attending a fire to fitting smoke alarms.

Information we require from you:

- Name service user;
- Address of the service user;
- Date of birth of the service user;
- Details of the concern raised

Feedback loop:

This would be the officer involved in the case, with the Adult and Children's safeguarding officer name (as above) copied in.

9. Nottinghamshire NHS Commissioning

Nottinghamshire NHS Commissioning contact detail:

Secure email; NSHCCG.NewarkandSherwoodQuality@nhs.net

When to contact us:

- When the safeguarding involves people receiving healthcare services within the Newark & Sherwood, Mansfield & Ashfield Districts;
- When you need input for assessing health care provision in nursing homes or homes that provide mixed nursing and residential care;
- When you need input into assessing medicines management in nursing homes and community services;
- When you need advice on which healthcare professional is best to lead for a complex referral.

Information we require from you:

- Confirmation that the concern is health related & whether Continuing Health Care Funded (ideally);
- Demographic details of individual(s);
- Summary of the issues;
- Relevant past history (i.e. to ensure a thorough investigation);
- How to feedback, & how this information will be secure

Feedback loop:

This would be via the secure email address or via Chris West or Elaine Moss.

10. Nottinghamshire Police

Nottinghamshire Police contact details:

Points of contact are as follows:
For Safeguarding referrals and enquiries
- Telephone - 0300 500 80 90 (Professionals only)
- Email – mashpolice@nottinghamshire.pnn.police.uk

Nottinghamshire Police Control Room – Telephone 101

In cases of emergency call 999.

When to contact us:

When a safeguarding investigation has identified that a non-urgent crime has been committed against an adult at risk, that needs to be investigated, you should contact the police via the MASH.

Information we require from you:

- Name;
- Address;
- Date of birth;
- Any known risks;
- Contact details of the person dealing with the matter if it not the referrer

Feedback loop:

This would be the officer involved in the case.

11. Sherwood Forest Hospitals NHS Foundation Trust

Sherwood Forest Hospitals NHS Foundation Trust contact details:

Points of contact are as follows:

Jane Freezer	– Safeguarding Adults Nurse Advisor	– Telephone 07917 555817
Julie Spizer	– Safeguarding Adults Nurse	– Telephone 01623 622515 Ext 6059
Claire Henley	– Learning Disability Nurse Specialist	– Telephone 01623 622151 Ext 6091
Julie Smith	– Domestic Violence Nurse Specialist	– Telephone 01623 622151 Ext 3935

The hospital team covers; Kings Mill Hospital, Newark Hospital and Mansfield Community Hospital.

When to contact us:

- Where there is a safeguarding concern about the care at Sherwood Forest Hospital NHS Foundation Trust;
- When there is any clinical advice required.

Information we require from you:

- Name of the service user/patient;
- Address of the service user/patient;
- Date of birth of the service user/patient;
- Details of the concern raised

Feedback loop:

This would be the officer involved in the case.

Complex Abuse

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1. Complex Abuse Cases

1.1 The definition of Complex Abuse

"Adult Abuse involving one or more abusers and a number (two or more) of adults at risk. The abusers concerned may act in concert or in isolation, or may use an institutional framework or position to target victims" (DoH 1999 Complex Abuse Investigations).

Complexity will increase by virtue of the number of people and places involved and the period over which the alleged abuse occurred.

A full safeguarding assessment relating to a complex abuse situation will be time consuming, resource demanding and will require specialist skills and detailed coordination from Police, Social Care and NHS Staff.

The complex abuse guidance document covers:

- Managing and conducting an investigation as part of a safeguarding assessment;
- Records: Safeguarding/preservation, Access/Information sharing;
- Support to victims and witnesses;
- Handling the media;
- De-brief and closure.

1.2 Points to consider

The following points should be considered along with the full guidance when you are conducting a safeguarding assessment relating to complex abuse, as when a number of adults are at risk, whether in an establishment or through involvement with a particular alleged perpetrator or group of alleged perpetrators, special care, thought and planning is required:

- Such safeguarding assessments will frequently involve a number of agencies and often the police and registering authority or authorities. Therefore, it is vitally important to ensure that all aspects of the investigation are carefully planned and that the agencies and individual professionals involved are aware of their respective roles and responsibilities;
- A key first step is to recognise when a larger scale assessment is involved. Responsible managers and agencies receiving safeguarding adults at risk referrals and assessments need to be aware of the possibility that a number of adults at risk may be at risk. In some cases, for instance where individual adults across a wide area, or over a period of time, are being abused by a serial abuser or group of abusers, the overall picture may not be so clear;
- It is also important that the Multi Agency Safeguarding Hub are aware that more than one adult at risk may be at risk and a key consideration throughout any assessment is this possibility;
- Information search activity (e.g. database checks, consultation with other agencies etc.) should always be undertaken;
- If such a possibility is obvious from the state of a particular investigation as part of the safeguarding assessment, or is suggested as more information becomes available, then the safeguarding manager should be informed immediately. When a larger scale enquiry situation is identified the first task should be to identify a manager to coordinate the overall assessment. This manager will then be responsible for the overall conduct of the safeguarding assessment and ensuring that the relevant agencies are informed and involved. The manager will also need to inform senior agency managers of the establishing of a major safeguarding assessment.

1.3 Recording complex abuse

It is important to note that recording should be against all those individuals at risk of abuse. This is to ensure that consideration is still given to each adult at risk's personal safeguarding plan which, by their very nature, will be specific to the individual.

1.4 Considerations prior to starting a Safeguarding Assessment

This section aims to provide a checklist or 'aide memoire' that should be considered prior to the commencement of such a safeguarding assessment and a periodic reviews while it is being conducted. The list is not exhaustive, nor will every issue be relevant to every assessment, but each item should be properly considered, not least to ensure that in planning for the 'unexpected' adequate attention is given to the 'obvious'.

1.5 Planning the Safeguarding Assessment

This is a complex task and consideration needs to be given to the following:

- Joint response and decision making;
- Ascertain exactly what is to be investigated;
- Ascertain what in NOT to be investigated;
- Maintain a file of all policy decisions affecting or concerned with the assessment;
- Consider the time of the investigative actions;
- What background enquiries are needed;
- Obtain details of those people (staff and adults) affected by the assessment;
- If an establishment or other unit is involved, obtain details of the normal regime;
- Maps of the area;
- Plans of building accommodation.

1.6 Management Issues

Effective joint working is essential to ensure that the following take place:

- Identify key managers from all appropriate agencies;
- Jointly agree staffing and the location for the assessment;
- Ensure that staff involved with the assessment are relieved of other responsibilities;
- Identify funding and resourcing for the assessment;
- Prepare for medical examinations – staff available and location;
- Clarify legal advice arrangements – Criminal Prosecution and Service and Solicitors;
- Prepare joint press release/liaise with press officers;
- Consider other local and central government agencies, not normally involved;
- Thought is given to the need for staff counselling/welfare arrangements and general health and safety issues.

1.7 Professional Issues

Early consideration of the following issues will facilitate the assessment process:

- Identify differing agency priorities and goals;
- Team building;
- Regular briefings: daily for very large scale assessments;
- Early contact with non-abusing carers;
- Support to referrers;
- Legal position and opportunities;
- Care arrangement for the adult at risk;
- Implication of any ethnic/religious differences;
- Language and communications considerations;

- Therapeutic services;
- Help-line facility;
- Debriefing at conclusion of the assessment;
- Handling of the press.

1.8 Post Assessment

At this stage it is important that the lessons learnt from one larger scale assessment are available to a range of agencies and staff involved in the protection of adults at risk.

Making Safeguarding Personal

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1. *Making Safeguarding Personal*

This guidance should be read in conjunction with Planning a Visit or Interview with an Adult at Risk guidance.

1.1 What is making safeguarding personal?

The development of the 'Making Safeguarding Personal' agenda was 'drawn up in response to feedback from people using safeguarding services, stakeholders and practitioners that the focus of safeguarding work was on process and procedure. People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control' (Making Safeguarding Personal, Sector Led Improvement, LGA ADASS, April 2013).

Although it is a broad term to mean all work throughout the process, in Nottinghamshire there is a focus on ensuring that we get the views of the adult at risk at the beginning of the process and working towards the outcomes they want becomes the main focus of the safeguarding assessment. To help put this into context, these procedures ask you to work with the adult at risk towards their 'desired outcomes' in the form of a 'personal safeguarding plan'.

1.2 Desired Outcomes

The full title of 'Desired outcomes' is 'the desired outcomes of the adult at risk in relation to managing the risk of future abuse'.

Outcomes should be person centred and be achievable. For example, a desired outcome might be:

- 'Mr A. no longer wishes to receive his care from care worker B'.

A desired outcome could not be:

- 'Mr A. would like care worker B to be sent to prison'.

This second example is an outcome against someone else, which Mr A. cannot influence or determine, although this might be the end result.

There may be times when you are unable to get the views of the adult at risk because:

- They are unable to communicate;
- They lack the mental capacity to understand what has happened or what they would like to happen;
- Discussing this with them would put them at increased risk or cause greater distress.

Therefore, the views might be those gained through consultation with people that know the adult at risk and be outcomes which are deemed to be in their best interests. This should be fully recorded.

1.3 Negotiation

When meeting with an adult at risk or the person representing them or their best interests, to understand their desired outcomes, it is necessary to understand what the person wants and negotiate what can be done to work towards this.

Taking the example above, if Mr A. states that they want care worker B to be sent to prison, we need to understand what they mean by this to make it personal to them and achievable:

- Does it mean they no longer want to have to see the person?
- Does it mean that they would like support to report the abuse against them as a crime?

These would then become the desired outcomes of the adult at risk.

1.4 Mental Capacity Act and Making Safeguarding Personal

If you are of the opinion that the adult at risk does not have the mental capacity to give their views about the desired outcomes they would like, you are required, by law, to act in accordance with the provisions set out in the Mental Capacity Act (2005).

As a result of following the Mental Capacity Act (2005), you may need to consider instructing an Independent Mental Capacity Advocate (IMCA). The following guidance is taken from the Social Care Institute for Excellence website (http://www.scie.org.uk/publications/guides/guide32/whetherinstruct.asp 24th March 2014)

1.5 Deciding whether an IMCA should be instructed

Under the regulations, responsible bodies are required to consider whether instructing an IMCA for adults at risk would be of 'particular benefit' to the individual. The MCA code of practice expects responsible bodies to develop a local policy to support decision-making in this area (see 8.6.5 in procedure guidance).**link**

If the person at risk lacks capacity to consent to one or more of the protective measures being considered (or interim measures put in place), this guidance recommends that an IMCA should be instructed if one of the following applies:

Where there is a serious exposure to risk:

- Risk of death;
- Risk of serious physical injury or illness;
- Risk of serious deterioration in physical or mental health;
- Risk of serious emotional distress.

2. Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart;

3. Where there is a conflict of views between the decision-makers regarding the best interests of the person;

4. Where there is a risk of financial abuse which could have a serious impact on the adult at risk's welfare. For example, where the loss of money would mean that they would be unable to afford to live in their current accommodation, or to pay for valued opportunities.

1.6 Working towards Desired Outcomes

The very nature of making safeguarding personal means that the approach needed to work towards desired outcomes is wide and varied. The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) have produced a 'toolkit of responses' which demonstrates some possible ways of working towards desired outcomes:

http://www.local.gov.uk/c/document_library/get_file?uuid=80a319db-b5f9-46e0-872b-1fcb6b6367fd&groupId=10180

It is worth bearing in mind that some outcomes can be reached more easily than others and the response should be proportionate to both the concern and the views of the adult at risk.

Out of Area Arrangements

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Contents;

1. Out of Area Safeguarding Adults Arrangements

In Nottinghamshire, the multi-agency procedures will follow the ADASS Policy Network guidance for Out-of-Area Safeguarding Adults Arrangements.

ADASS members recognise the increased risk to adults at risk, of harm from abuse or neglect, whose care arrangements are complicated by cross boundary considerations. These may arise, where funding/commissioning responsibility for an individual lies with an authority in one area and where concerns about potential abuse and/or exploitation subsequently arise in another area.

The following terms are used throughout this guidance:

- Host Authority – The Local Authority or NHS Body in the area where the abuse occurred;
- Placing Authority – The Local Authority or NHS Body that has commissioned the service for an individual involved in a safeguarding adults allegation.

The guidance from ADASS aims to clarify both strategic and operational responsibilities and actions to be taken by host authorities and placing authorities with respect to people who live in one area, but for whom commissioning responsibility remains with the area from which they originated.

It can be particularly complex and demanding for a host authority to manage a large scale safeguarding adult assessment when there are many different placing authorities involved.

The Host Authority will have overall responsibility for deciding what course of action is most appropriate for reducing the risk and for ensuring clear communication with all the placing authorities and other stakeholders, especially with regards to the scheduling of meetings and the planning of the investigation.

The Local Authority or NHS Body that has commissioned the service for the adult at risk is known as the Placing Authority.

For full details of the 'ADASS Out-of-Area Safeguarding Adults Arrangements follow this link; http://www.scie.org.uk/publications/adultsafeguardinglondon/files/outofareasafeguarding.pdf

1.1 Inter District Arrangements

If there is an adult at risk who is funded by one district in Nottinghamshire (including Nottingham City) but who is resident in another district, the 'host authority' will be responsible for coordinating the safeguarding assessment following the same process as above. For example, if an adult at risk was funded by Gedling but was allegedly abused while residing in Rushcliffe, then Rushcliffe would be responsible for coordinating the safeguarding assessment.

However, if the abuse is alleged to have happened against an adult at risk in a district where they don't normally reside, this would initially be sent to the relevant team where the person does normally reside. This should result in early discussion prior to the initial discussion to agree who is best placed to undertake the role of safeguarding manager – either the team where the person lives or where the abuse took place.

For example, if an adult at risk, normally resident in Newark was allegedly abused while having respite care in Mansfield, the initial referral would go to the relevant team in Newark. This would

be followed by early discussion between the relevant team in Newark and the relevant team in Mansfield to consider who would be best placed to undertake the role of safeguarding manager.

Consideration should still be given to the involvement of both teams regardless of who is undertaking the role of safeguarding manager.

1.2 Concerns raised in Hospital Settings

Where concerns are raised in a hospital setting, the same process as above should be followed i.e. early discussion should take place between the team where the person normally resides and the hospital social work team to agree who will undertake the role of safeguarding manager. This should be done prior to the initial discussion. Consideration should also be given to the involvement of both community and hospital social work teams regardless of who is undertaking the role of safeguarding manager.

Planning a Visit or Interview with an Adult at Risk

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Contents

1. Planning visits and interviews

1.1 Things to consider when planning a visit or interviews

The following is a list of things that you may find useful to consider as part of planning a visit to the adult at risk, or where a more formal interview is required as part of a safeguarding assessment:

- Consider any communication needs (e.g. interpreters, intermediaries, advocates) (see below);
- Consider/Identify and take into account any equality issues;
- Arrange a time and place to meet;
- Decide whether a video interview will be undertaken, and if so by whom, or who should be present;
- Consider the need to obtain legal advice;
- Follow the Mental Capacity Act (2005) where you are of the opinion that the adult at risk lacks capacity to make specific decisions;
- Consider using the 'Root Cause Analysis' tool (for more information see below)
- Repeated interviewing may cause distress and should be avoided if possible;
- Repeated interviewing may also be regarded as 'coaching' as this may give the impression to the adult at risk that they are not believed or are under pressure to embellish;
- The interview process may need to include breaks where this is in the interest of the adult at risk;
- Ensure discussions are recorded.

2. Communication

2.1 Introduction

When communicating with an adult at risk, special consideration should always be given to any communication factors. Below is a guide to assist you when meeting or conducting interviews with adults at risk:

Being unable to speak is not the same as having nothing to say. Equally, having verbal fluency does not always represent the individual's ability to understand spoken or written language.

You should always consider if there is any special communication factors that should be taken into account when communicating with an adult at risk;

- The adult at risk should be communicated to in the language in which he or she is most fluent and most able to both comprehend and express themselves. In the case of bilingual individuals this would normally be his or her first language and should preferably be used directly by the safeguarding officer. Where this is not possible appropriately trained interpreters should be involved;

- If the adult at risk requires access to any aids to ensure maximum communication (including spectacles, hearing aids or other specialised communication equipment) this should always be available;

- If the adult at risk has any disability, attention should be given to the effect of this on communication. Being unable to speak is not the same as not having anything to say. Equally, having verbal fluency does not always represent the individual's ability to understand spoken or written language. Expert assessment and advice from a relevant

professional such as a Speech and Language Therapist should be sought where appropriate;

- The adult at risk should be given the opportunity to make a choice regarding the preferred mode of communication for both expression and reception of information. Where the nature of their communication difficulty makes this difficult to ascertain, a best interest judgment should be made via the involvement of key people familiar with the individual;

- Where appropriate, users should be made aware of augmentative or alternative means of communication. Such methods could include drawing, writing, signing, a range of pictorial or symbol materials, or voice output communication aids. Careful consideration of the communication tools used by the person in their everyday life should be taken into account in selecting materials for use during the interview. Advice should be sought from a Speech and Language Therapist or a person who knows this individual as well as needed;

- Profoundly deaf adults should be communicated with by social workers who have specialist knowledge of deaf people and skilled in the relevant sign language such as British Sign Language or Sign Supported English. If no such social workers are available, then sign language interpreters should be employed;

- People with learning disabilities who use signing as a means of communication are likely to use a key word sign supported system including signs taken from an agreed vocabulary for Nottingham (shire). This will include signs taken from Makaton and other collections of signs. As their use of sign is likely to be very individualised and also reflect other aspects of their underlying communication difficulties, it is important to be aware of their individual style of communicating before conducting an interview. A person familiar with their signing may be needed to validate the interpretation of their signed interview;

- Any interpreters used, whether for sign language or other languages, should be appropriately qualified and objective. It may be necessary to use a communication facilitator who is known to the adult at risk. Care should be taken to ensure this third party understands the implications of the role and can accept adequate briefing;

- There may be circumstances where the adult at risk's need for support and encouragement to say what they have to say is of paramount importance. Advocates can have a vital role to play here;

- When an evidential statement is being taken in a form for which "special measures" under the Youth Justice and Criminal Evidence Act (1999) will be applied for, the police should consult with the Crown Prosecution Service according to policy guidance (see guidance for Achieving Best Evidence in Criminal Proceedings).

Sources of Speech and Language Therapy support

Learning Disabilities;

Nottingham City Health & Care Point, Speech and Language Therapy Department, New Brook House, 385 Alfreton Road, Nottingham, NG7 5LR. Telephone 0115 8834707 Fax 0115 8834755;

Newark and Sherwood, Mansfield, Ashfield, Bassetlaw – Professional Lead, Speech and Language Therapy, Team Byron House 01636 685990.

3. Planning to interview someone with a learning disability

The advocate's gateway website provides useful toolkits which you may wish to consider when planning to interview someone with a learning disability, although these may be useful to consider when interviewing anyone. They are available at http://www.theadvocatesgateway.org/toolkits

4. Supporting the adult at risk

It is essential that the adult at risk can understand the reason for the visit or interview prior to it taking place and what will happen. Consideration should be given to the most suitable venue, how the person will get there, who will accompany them and the best time for the adult at risk.

The adult at risk should be asked if they wish to be accompanied by a friend of supporter. The role of the supporter is to provide non-intrusive support to the adult at risk prior to, during and after the interview. If the supporter is in the interview room during the interview, they must not play any part within the interview process and must not answer any questions or prompt the adult at risk in any way, nor should the supporter have any knowledge of the evidence.

It should be made clear that the role is not to question the adult at risk, or comment upon, or add to what is being said. The supporter will need to be briefed of their role prior to interview.

Where the adult at risk has communication difficulties, consideration will need to be given to using an intermediary or interpreter.

If you are of the opinion that the adult at risk does not have the mental capacity to give their views about a decision within the safeguarding assessment, you are required, by law, to act in accordance with the provisions set out in the Mental Capacity Act (2005).

As a result of following the Mental Capacity Act (2005), you may need to consider instructing an Independent Mental Capacity Advocate (IMCA).

5. Supporting the Alleged Perpetrator

A decision needs to be made about who will interview the alleged perpetrator and/or give them information about the allegations (and when this should happen). This should be agreed either as part of the initial discussion or strategy meeting.

The primary concern must be the safety of the adult at risk, but the alleged perpetrator has a right to have information about any accusations and the process that will be followed. Decisions about notifying the alleged perpetrator need to be made at the strategy meeting, weighing up potential repercussions of further risk of abuse.

If the alleged perpetrator is also an adult at risk, a decision must be made about how their needs are to be met during the safeguarding assessment, e.g. if they lack capacity, they will also need someone who can represent them, possibly an IMCA.

6. Carrying out a visit or formal interview

Visits and interviews should begin with building a 'rapport' to help all involved relax and feel as comfortable as possible with the situation. This may include talking about something totally unrelated to the allegation of abuse.

In addition to this you should make the adult at risk aware of who is present and why, ensuring that they are comfortable with this and also how the interview will be recorded.

Ensure that the adult at risk being interviewed understands that it's okay to say 'I don't know' if they don't know the answer to a question.

A 'free narrative' stage can then encourage the adult at risk to freely recall in their own words the events that they have experienced before moving onto specific questions or clarification if required.

6.1 Question Types

The following, about the different types of questions, may help you when you are conducting interviews as part of a safeguarding investigation:

Open-ended questions

Open-ended questions are ones that are worded in such a way as to enable the witness to provide an unrestricted response. These also allow the witness to control the flow of information. This type of questioning minimise the risk that interviewers will impose their view of what happened. Such questions usually specify a general topic which allows the witness considerable freedom in determining what to reply.

An example of an open-ended question is; "You live at Dewhurst House. What happens there?"

Specific Questions

Specific questions can be asked in a non-suggestive way for extension and/or clarification of information previously provided by the adult at risk. For example; for an adult at risk who has already provided information that a young man in the High Street was wearing a jacket, a specific yet non-suggestive question could be "what colour was the man's jacket?".

Although some people may not be able to provide information in a free narrative phase or be able to respond to open questions, they may be able to respond to specific questions. However, interviewers must be aware that specific questions should not unduly suggest answers to the adult at risk. An example of a specific, yet non-leading, question for an adult at risk who has, as yet, provided no relevant information could be "what happens at bath time?"

Leading Questions

A leading question is one which implies the answer or assumes facts which are likely to be in dispute. Of course, whether a question is leading depends not only on the nature of the question but also on what the adult at risk has already communicated in the interview. An example of a leading question could be "so, the man's jacket was yellow wasn't it?"

Closed Questions

Closed questions are ones that provide the interviewee with a limited number of alternative responses. For example, "was the man's jacket black, another colour, or can't you remember?" As long as the question provides a number of sensible and equally likely alternatives it would not be deemed suggestive. Some adults at risk may find closed questions particularly helpful. However, at the beginning of the use of closed questions interviewers should try to avoid using

ones that contain only two alternatives (especially yes/no questions) unless these two alternatives contain all possibilities (e.g. “was it day time or night time?”). If questions containing only two alternatives are used, these should be phrased so that they sometimes result in the first alternative being chosen and sometimes in the second alternative.

Some adults at risk may only be able to respond to closed questions which contain two alternatives. Even in such circumstances it should still be possible for interviewers to avoid an investigative interview being made up largely of leading questions. However, such interviews are likely to require special expertise and extensive planning especially regarding the questions to be asked.

Multiple choice questions

Many adults at risk will have difficulty with questions unless they are simple, containing only one point per question and do not contain abstract words, double negatives, lack suggestion or jargon.

The emphasis should be on ensuring the adult at risk understands what is being asked of them. The ground rules about ‘understanding’ and ‘don’t know’ should be re-iterated to ensure this is the case.

Police Interviews

The police will undertake investigative interviews for use in criminal proceedings, in line with Achieving Best Evidence in Criminal Proceedings.

The Role of the Police

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Contents:Error! Bookmark not defined.

1. The Role of the Police

The role of the Police with relation to Safeguarding Adults is to:

- Investigate criminal activity;
- Offer support and advice, about safeguarding assessments, particularly, where it is unclear if a crime has been committed (and making decision where necessary);
- Keep the safeguarding manager fully informed of the progress of any criminal investigation that is being managed under the Nottinghamshire Safeguarding Adults Procedures, at all stages;
- The role of the Police **DOES NOT** include acting in the role of safeguarding manager;
- The Police will only carry out the 'criminal investigation';
- The Police will always take report of allegations of crimes. They will prioritise their investigative effort where the crime is of a serious nature or where it has a disproportionate impact upon an individual, or the confidence of the community as a whole;
- In the case of adults at risk, they will seek to investigate crimes in a manner which is sensitive to the needs of the victim and, to this end, will seek to provide support to victims and witnesses as laid out in Part II of the Youth Justice and Criminal Evidence Act 1999. (see guidance for Achieving Best Evidence in Criminal Proceedings);
- In addition, the Police will seek to provide appropriate advice and support in relation to other matters which may not necessarily present themselves as a crime, especially in relation to safeguarding adults or where abuse of an adult at risk is suspected. They are committed to working with other agencies to solve problems which affect the quality of life of people in Nottingham (shire), in pursuit of their overall aim of achieving 'A Safer Nottinghamshire for All'.

2. Accessing Police help

In an emergency, the Police should be contacted by using the 999 system. Any none emergency referrals are to be made via MASH, where they will be passed to the relevant Detective Inspector or Detective Sergeant.

The use of the 999 system should be preserved for those most serious cases where the immediate attention of the Police is necessary. This should include circumstances where it is life threatening, a crime is in progress, an offender is still present or vital evidence will be lost.

In those cases where a response is required as soon as possible, but it is not an emergency, dial 101. An appointment will be made for the Managed Incident Car staff or a response officer to take initial details of the report. The officer will then either continue with the investigation or will refer it to the most appropriate department for further enquiries.

When making contact with the Police, remember to indicate your call relates to the **Safeguarding Adults procedures** and that, in addition to any other action taken, it should be brought to the attention of the **Detective Inspector**.

3. The Police investigation

The overall aim of Nottinghamshire Police is to ensure that we have "A Safer Nottinghamshire for all" Their priority is to tackle crime effectively, in a way that reflects and caters for the needs of victims and witnesses.

The Police will investigate all crimes reported by or on behalf of adults at risk in a sensitive and thorough manner.

The Police Officer initially deployed to the scene will be responsible for the initial investigation, including securing and preserving evidence, witness care, scene assessment and initial lines of enquiry. This will include requesting forensic examination if appropriate. See:

- See guidance for Preserving Evidence; and
- See 8.4.2 in the procedures for Medical Examinations;
- Any further investigations will depend upon individual circumstances. The investigatory resources applied will depend upon the seriousness of the offence and will be at the direction of the Detective Chief Inspector.

Any decisions about arrest will be based on the evidence available and will be made by the officer responsible for the investigation. Decisions about the charging of suspects and initial bail will be made by the custody officer, or the Crown Prosecution Service. If the suspect is bailed pre charge any bail conditions are managed by the custody officer. Post charge conditions are imposed at the point of charge and any further decisions about bail will be at the discretion of the court. The decision to prosecute or otherwise rests with the Crown Prosecution Service based on the evidence provided by the Police.

Early discussion and investigative planning should include an indication of timescales to inform the Safeguarding Manager with regard to the progress of the case. However, projected timescales in relation to an investigation are sometimes unavoidably extended for a variety of reasons and changing circumstances. Any changes should be relayed to the safeguarding manager at the earliest opportunity, to help ensure a good inter-agency working relationship.

Once sufficient evidence has been gathered, the case will be presented to the Crown Prosecution Service for a decision as to whether the case will proceed to Court. In minor cases, the Police can elect to caution an offender without reference to the Crown Prosecution Service.

In those cases that have insufficient evidence to present to the Crown Prosecution Service, the case will remain recorded as undetected.

Good communication between the investigating agencies is essential and will enable all parties to remain informed. It is the responsibility of the Police to keep the Safeguarding Manager fully informed of the progress of the criminal investigation.

If there is an allegation that a criminal offence has taken place, the officer responsible for investigating must attend the Strategy Meeting. In the rare circumstance that they are not able to attend they must inform the Safeguarding Manager where a report or a representative may be required.

4. Adults at risk as alleged offenders

Effective liaison between service providers, police, and courts should be maintained in order to ensure satisfactory support to alleged offenders who may be (or have been in the past) identified as an adult at risk. Quick and appropriate advice for such people should be determined at the earliest possible stage in their contact with the Criminal Justice System and an ‘appropriate adult’ should be considered.

Police Officers will be aware of how and when to refer victims of alleged sexual assault to the Sexual Assault Referral Centre (SARC).

Safeguarding Investigations & Root Cause Analysis

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Contents:

1. Safeguarding Investigations and Root Cause Analysis

1.1 What is a safeguarding investigation?

A safeguarding investigation is an investigation, normally undertaken by the safeguarding officer, to determine if abuse has occurred when no other investigation is identified but there is a need to know if abuse has occurred to enable a personal safeguarding plan to be completed.

Alternatively, a safeguarding investigation may be undertaken as part of a joint approach with another agency, including an employer, where it would add independence or transparency to any findings.

Any decision to undertake a safeguarding investigation should only be made at a strategy meeting, as part of a multi-agency response.

1.2 Interviewing

The safeguarding officer may be responsible for carrying out the interviews with the alleged victim, alleged perpetrator and any possible witnesses where a safeguarding investigation is identified.

Interviews should be done in conjunction with the planning a visit or interview guidance.

1.3 Recording

Once the safeguarding officer has completed all the necessary information gathering and interviews they should complete a Safeguarding Officers Report. This report should be used as part of the case conference.

1.4 What is root cause analysis?

There are times where an investigation is not required to determine if abuse has occurred or not but there is benefit in understanding *why* abuse has occurred. Alternatively, an investigation (either safeguarding or other), might lead to a decision to understand *why* abuse might have occurred. In these instances, it may be useful to undertake a root cause analysis.

The following root cause analysis tool has been developed with thanks to Southampton City Council.

Nottinghamshire

Safeguarding Adults at Risk

Root Cause Analysis Tool

Root Cause Analysis (RCA) Tool.

This tool is based on the Root Cause Analysis process which is an investigative tool used to clarify why an adverse incident has occurred and to analyse the contributory and causal factors leading to the incident e.g. the root causes and to identify the corrective measures needed to reduce the likelihood of the problem reoccurring. The focus is placed on understanding the root cause of a problem and not just at the 'symptom' of the problem (e.g. the unwanted incident or outcome). When things go wrong, the knee jerk reaction is to look to apportion individual blame and fault. However, RCA can help an organisation develop an open culture where staff can feel supported to report mistakes and problems in the knowledge this will lead to positive change, not blame.

Principles of Root Cause Analysis

Its basic tenet is that problems are best solved by attempting to correct or eliminate root causes;

It must be performed systematically, with conclusions and causes backed up by evidence;

There is usually more than one potential root cause for a problem and all relevant root causes of an incident, not just the most obvious;

It can transform an old culture that reacts to problems with a new culture that looks to understand and learn from problems;

It can lead to a culture that is open and seeks to identify & solve problems before they escalate.

Purpose of this RCA Tool

This tool has been specifically adapted for the social care environment and can be used when a care provider is asked to investigate an incident as part of a safeguarding investigation or a contractual obligation or through direction from the Care Quality Commission. This tool provides a robust methodology for such investigations, and it could be used in a number of circumstances, such as:

- A service user has an accident, fall or other avoidable injury;
- Medication is wrongly or inappropriately given;
- Service user has an avoidable pressure sore;
- Appropriate care is not given in a timely way to service user(s);
- To investigate why an incident of abuse or neglect has occurred;
- To investigate a health and safety related incident or accident;
- Any other type of incident or complaint.

How to complete this document

The guidance below outlines type of and information and issues to consider when completing the RCA. It is important to positively enter information. For example, in section 5, even if policies were followed and were in date, state this – otherwise there is no evidence that you have considered the possibility.

The examples given in the guidance notes are not exhaustive but are provided as examples. Consider whether anything similar might be relevant to the particular incident you are investigating.

Following completion of the form, review any areas in which 'yes' has been ticked. For each section with a 'yes' consideration should be given to an action to prevent or minimise the problem from recurring. In developing the actions analyse the problem by way of the following hierarchy of controls in the order given:

- ***Eliminate -*** can the problem be eliminated? e.g. stop using an agency that sends unreliable, poorly trained locum staff;
- ***Substitute -*** can the problem be substituted with something less harmful or risky? e.g. using a different moving & handling technique?
- ***Isolate & distance -*** can the problem be isolated or distanced from people?
- ***Safe systems of work*** -can safe working procedures be created, or improved upon, to minimise or eliminate the problem?
- ***Training, Knowledge and supervision -*** can additional training or staff supervision be provided to minimise or eliminate the problem?
- ***Protective equipment -*** can protective equipment be provided to minimise harm, e.g. sharps boxes, pressure mats, sensors etc.
- ***Actions should be S.M.A.R.T:***

    - Specific - Be very clear about exactly what action is going to be taken and who is responsible for each action;
    - Measurable - Clearly quantify or demonstrate that the improvement has occurred;
    - Achievable - Ensure actions are attainable;
    - Realistic - Make sure that the action planned is the most practical way to achieve the improvement identified;
    - Time Bound - Specify the time period in which each action will be accomplished.

Below is:

Appendix A; RCA Tool guidance form;

Appendix B; RCA Tool for completion, this is available electronically.

Root Cause Analysis Tool		**Date RCA Tool Started;** *give details of when this form was started*	**Lead Investigator;**	**Case number;**
Questions		**Findings**		
1	Give a background history and description of this incident.	*Guidance notes;* *Outline who was involved, what happened, who witnessed it, how it was reported, and what the subsequent outcomes were and how key parties feel about it.*		
2	Give day, date, time incident occurred, and was reported.	*Give details of when and where the incident occurred, (and how this is known), and details of when/how/who reported it.*		
3	What are the key issues to be analysed?	*Outline the purpose and parameters of the Root Cause Analysis. What key issues will be examined and what aspects of the incident need to be analysed, e.g. why was the adult at risk given the wrong medication at the wrong time? What caused staff member to hit the adult at risk?*		
4	What evidence has been gathered to inform this analysis?	*Outline the sources of evidence that have informed the analysis, e.g.* *Care plans, risk assessment, medication records, daily care records;* *Staff supervision, training & appraisal records;* *Internal and external policies and procedures;* *Interview, statements or other written records, etc.*		

5	Did existing systems or processes, or a deviations of current systems or processes, contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Internal/external policies or procedures (or the lack of them);* *Are these up to date, available at appropriate locations and widely known?* *Are these accurate, understandable, clear, and available in a range of languages and formats?* *Did staff follow these appropriately?* *Do members of staff agree with the policy, procedure or process and is there ownership?*
6	Did service-user factors contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Medical conditions or care needs e.g. complexity of clinical care or need, general health, pre-existing or new illnesses/disabilities, poor sleep pattern, malnourishment/dehydration;* *Language or communication needs;* *Social factors e.g. culture/religious beliefs; lifestyle choices – alcohol/drugs/smoking/diet, living conditions (dilapidated/unsafe), support networks;* *Mental or psychological factors e.g. motivation, stress – family pressures/financial pressures;* *Emotional trauma, existing or new mental health needs;* *Interpersonal relationships – service-user to staff, service-user to service-user, family relations.*

7	Did circumstances relating to the alleged perpetrator contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Issues relating to carer responsibilities and support which may have resulted in additional stress to the carer* *The ability of the alleged perpetrator to understand their actions, or to know that they have caused abuse (where the alleged perpetrator is also an adult at risk)*
8	Did staff behaviour contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Physical & mental health e.g. fatigue, disability, stress, depression, impairment due to illness;* *Substance misuse e.g. drugs, alcohol, etc.;* *Staff motivation e.g. boredom, low job satisfaction, overload, distraction, pre-occupation;* *Personality issues e.g. low/over self-confidence, risk averse/risk taker, shy/timid or outspoken;* *Staff member domestic or lifestyle issues;* *Interpersonal relationships with service-users, colleagues, managers.*
9	Did communication factors contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Did poor or inadequate communication affect the incident?* *Were verbal commands/directions clear and unambiguous, made to the right person, use of language correct for the situation, was style of delivery appropriate & effective, were established communication channels used and were they effective?* *Written communications – as above, plus were records easy to read and available in the right location when required? Are records complete or are records missing or been tampered with?* *Any non-verbal communication issues e.g. aggressive or intimidating behaviour, body language e.g. closed, open, relaxed, stern faced, etc.*

			Did communication systems (or lack of these) influence the incident/event e.g. handover, communications book, etc.?
10	Did staff training/skill contribute to this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Level of staff knowledge, skills, length & quality of experience, familiarity with tasks;* *Availability of an up to date job description;* *Regularity of testing or assessment of relevant staff knowledge & skills;* *The quality and content of local induction training or other relevant training;* *Regularity and quality of staff supervision, appraisal and/or mentoring;* *Access to refresher training and opportunities to maintain CPD.*
11	Did staff resources or work conditions contribute directly to the incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Skill mix, use of agency/bank staff, workload/dependency assessment. Staff turnover/retention;* *Workload & hours of work e.g. shift related fatigue, staff to service-user ratio;* *Breaks during work hours, extraneous tasks, social relaxation, rest & recuperation;* *Time pressure, delays caused by process design or failure of systems or processes;* *Recruitment practice.*
12	Did an absence or malfunction of equipment contribute to the adverse incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Was the equipment subject to an up to date maintenance programme, correctly stored, labelled, relevant instructions in place & legible, new or familiar to the user(s), fit for purpose?* *Was the equipment familiar to those using it and if so were they competent to use it?* *Did a safety mechanism fail?*

13	Did management or leadership affect this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Were the relevant roles in staff team known, understood & followed?* *Were lines of reporting and accountability clear?* *Were professional boundaries & codes of practice known and followed?* *Was there effective leadership & management?* *Did the manager/leader 'walk the floor' and/or carry out spot checks?*
14	Did culture or organisational factors affect this incident?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Type of culture and ethos in the service;* *Organisational issues e.g. value driven practice or hierarchical/inflexible structures and routines, closed culture, not conductive to information or problem sharing/discussion, lack of safety culture or over focus on safety;* *Organisational priorities e.g. safety driven, financially focussed, performance driven, risk averse;* *Staff morale, motivation;* *Style of conflict management.*
15	Did controllable environment factors directly affect the outcome?	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Design of physical environment e.g. cramped, temperature, panic buttons, lighting, noise levels?* *Environment issues e.g. water on the floor, a door that was locked preventing entry/exit?* *Has the relevant environment/task been subject to a risk assessment? If answering yes, provide a copy. If answering no, state why.*

16	Are there any uncontrollable external factors truly beyond the organisation's control? Give reasons why.	Yes ☐ No ☐	*Guidance notes – issues to consider in this section include:* *Examples might include an internal or external agency staff strike, adverse weather conditions, national pandemic, a failure of telephone systems, etc.*
17	Are there any other factors that have directly influenced this outcome?	Yes ☐ No ☐	*Please give details.*
18	Summary of conclusions	*Guidance notes;* *Use this section to list the findings from the investigation and analysis, and summarise the conclusions reached.*	

Appendix A: RCA Guidance Tool

Root Cause Analysis Tool		**Date RCA Tool Started;** *give details of when this form was started*	**Lead Investigator;**	**Case number;**
Questions		**Findings**		
1	Give a background history and description of this incident.			
2	Give day, date, time incident occurred, and was reported.			
3	What are the key issues to be analysed?			
4	What evidence has been gathered to inform this analysis?			
5	Did existing systems or processes, or a deviations of current systems or processes, contribute to this incident?	Yes ☐ No ☐		

6	Did service-user factors contribute to the incident?	Yes ☐ No ☐	
7	Did circumstances relating to the alleged perpetrator contribute to this incident?	Yes ☐ No ☐	
8	Did staff behaviour contribute to this incident?	Yes ☐ No ☐	
9	Did communication factors contribute to this incident?	Yes ☐ No ☐	
10	Did staff training/skill contribute to this incident?	Yes ☐ No ☐	
11	Did staff resources or work conditions contribute directly to the incident?	Yes ☐ No ☐	

12	Did an absence or malfunction of equipment contribute to the adverse incident?	Yes ☐ No ☐	
13	Did management or leadership affect this incident?	Yes ☐ No ☐	
14	Did culture or organisational factors affect this incident?	Yes ☐ No ☐	
15	Did controllable environment factors directly affect the outcome?	Yes ☐ No ☐	
16	Are there any uncontrollable external factors truly beyond the organisation's control? Give reasons why.	Yes ☐ No ☐	
17	Are there any other factors that have directly influenced this outcome?	Yes ☐ No ☐	

18	Summary of conclusions	

Lead Investigator Name: Signature:

Role: Organisation:

Date RCA investigation completed:

This RCA investigation has been overseen and quality assured by (e.g. by a senior manager):

Name: Signature:

Role: Organisation:

Staff as Alleged Perpetrators

Version number: 1.0	
Approved with effect from: 01/05/2014	Previous Version:
Amendments: Full update and reformatting	

Contents;

1. Staff as Alleged Perpetrators

1.1 Staff as Alleged Perpetrators

When members of staff are alleged to have perpetrated abuse against an adult at risk there will always be a need for a 'Referral to the Local Authority' in line with the Thresholds and Pathways Guidance. 'Staff' includes care workers, both paid and voluntary, those employed under the adult placement scheme as well as professionals such as doctors and social care staff.

ACTION TAKEN UNDER DISCIPLINARY PROCEDURE SHOULD NOT DELAY THE IMMEDIATE SAFEGUARDING OF AN ADULT AT RISK.

1.2 Professional Bodies

With regard to abuse, neglect and misconduct in a professional relationship, many staff will be governed by codes of professional conduct and / or an employment contract which will determine the action that can be taken against them. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation. Consideration must also be given to the involvement of the police and / or regulatory bodies.

Investigations into allegations against the Police will be carried out under the regulation imposed by the Police and Criminal Evidence (P.A.C.E) Act 1984.

1.3 Disciplinary Investigation

Where there is a disciplinary investigation, this will normally be carried out by the employing agency whose aim is to establish whether the staff member has been guilty of misconduct in the course of their duties. This approach may pose a different question to whether abuse occurred or not. Therefore, it is important to distinguish between these different facets as part of the strategy meeting, and determine who is best placed to undertake this work where it is required.

There may also be times where a joint investigation would add independence or transparency to an investigation. This should also be agreed as part of the strategy meeting.

As part of any disciplinary proceedings, it should be made clear to the employer that the outcomes and any relevant documentation will be shared as part of the safeguarding assessment.

1.4 Suspension from Duties

The employee would normally be suspended from duty pending the outcome of the employer's investigation. Decisions not to suspend an employee following an allegation of abuse must be fully documented and endorsed separately by an independent senior officer from within the employing agency in consultation with the safeguarding manager. This information must also be made available to the safeguarding manager, the registering authority or authorities and the police where relevant.

None of the above affects the adult's rights to approach the police directly or to instigate civil action against the staff member or agency involved.

1. Disclosure and Barring

1.1 Introduction

In December 2012 The Disclosure and Barring Service (DBS) replaced the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS provide a joined-up service to combine criminal records and barring functions.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including adults and children.

It is against the law for employers to employ someone or allow them to volunteer for this kind of work if they know they are on one of the barred lists.

The DBS is responsible for:

- Processing requests for criminal records checks;
- Deciding whether it is appropriate for a person to be placed on or removed from a barred list;
- Placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland.

Employers Responsibilities

Employers must refer someone to the DBS if:

- They have been dismissed the because they harmed a child or adult;
- They have dismissed them or removed them from working in regulated activity because they might have harmed a child or adult otherwise;
- They were planning to dismiss them for either of these reasons, but the person resigned first.

Referrals are made to the DBS when an employer or organisation, for example a regulatory body, has concerns that a person has caused harm, or poses a future risk of harm to a vulnerable group, including children.

For more information in relation to your responsibilities and for the latest information follow this link; https://www.gov.uk/ following the disclosure and barring service.

Working with Service Users who have the Capacity to Remain in an Abusive Situation and Choose to do so

Version number: 1.0	
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Amendments: Full update and reformatting	

Contents

1. *Working with Service Users who have the capacity to remain in an abusive situation and choose to do so*

1.1 Introduction

If you are of the opinion that an adult at risk has the mental capacity to make a decision about what they want to happen, they wish to remain in the abusive situation they are and all of the following are true statements, intervention is limited:

- No one else it at risk (including children),
- The allegation does not involve a staff member or volunteer;
- There cannot be a prosecution by the police without a complainant.

Where the allegation concerns a member of staff or volunteer the relevant disciplinary investigation should take place along with the safeguarding assessment.

However, the following checklist explains what actions should be taken to minimise risk to the adult at risk:

- Documentation - in full (see guidance for Record Keeping);
- Ensure the service user has someone to listen to them talk about the abuse they are experiencing;
- Increase the person's self-esteem/belief that they do not deserve to be treated badly;
- Enable the person to explore options of different ways of living with, decreasing or stopping the abuse;
- Ensure that the service user has access to information about different options for protecting themselves;
- Complete a risk assessment and safeguarding plan to cover situations they experienced/are worried about;
- Assist in enabling the individual to gain protection skills, for example: assertiveness course, assistance with money management;
- Consider with the individual other sources of support, e.g. domestic violence organisations, local or national charities;
- Revisit at regular intervals- An initial rejections of help should not be taken at face value and risks may change over time;
- Consider the domestic violence policy & procedure;
- Subject to the consent of the alleged victim and relevant risk assessments, consider the appropriateness of challenging the alleged perpetrator about their behaviour (possibly in partnership with the police).