IDENTIFYING HARM, ABUSE, NEGLECT OR EXPLOITATION

EDITION: APRIL 2012
REVIEW: SEPTEMBER 2012
These new procedures build upon the excellent work already undertaken to improve adult safeguarding in Trafford. They will support practitioners, from all agencies, to work in partnership with adults at risk where safeguarding issues arise. This continued partnership between public services and local people is crucial in identifying when people are at risk of harm, danger or abuse. Once identified, that partnership is a key element in keeping people safe as well as influencing and changing behaviours.

Our new procedures place people who use our services at the centre of decision making in adult safeguarding, and support our multi-agency mission to ensure people who use services are consulted, listened to and supported to make their own decisions whenever possible.

Where people are unable to make their own decisions, perhaps because of fluctuating mental capacity, we are committed to using mental capacity processes. Wherever possible, we are committed to engaging and working with people who know that person, well to make decisions in their best interests.

A continuous cycle of learning has been embedded within our new procedures, to ensure that “lessons” can be learned when things go wrong. This will support us in preventing those things occurring again.

This is an organic set of documents, which will change and grow to reflect new research, guidance, best practice and the law.

Ms. Helen
Chair, Trafford Adult Safeguarding Board
“An adult at risk is a person, aged 18 or older, who is, or maybe, unable to
take care of him or herself or unable to protect him or herself against harm, abuse or exploitation”.

This is our locally adopted definition and the one which applies to these procedures.
Six National Principles

Safeguarding Adults: If you don’t do something, who will?
Empowerment  We give adults at risk relevant information about recognising harm, abuse, neglect and exploitation and the choices available to them to ensure their safety. We give adults at risk clear information about how to report harm, abuse and crime and provide any necessary support to do so. We consult the adult at risk before we take any action. Where an adult at risk lacks capacity to make a decision, we always act in his or her best interests.

Protection  Our local complaints, reporting arrangements for harm, abuse and suspected criminal offences and risk assessments work effectively. Our governance arrangements are open and transparent and communicated to our citizens.

Prevention  We can effectively identify and appropriately respond to signs of abuse and suspected criminal offences. We make staff aware, through setting standards and frameworks for appropriate training and guidance, how to recognise signs and take any appropriate action to prevent harm, abuse or exploitation occurring. In all our work, we consider how to make communities safer.

Proportionality  We discuss with the adult at risk and where appropriate with other relevant agencies the proportionality of possible responses to the risk of significant harm before we take a decision. Our arrangements support the use of professional judgment and the management of risk.

Partnership  We have effective, local information-sharing and multi-agency partnership arrangements in place and our staff understand these. We foster a “one” team approach that places the welfare of individuals above organisational boundaries and at the centre of our work.

Accountability  The roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.
STAGE 1:
Identifying harm, abuse, neglect or exploitation

This section covers:

• responsibilities of the person identifying harm, abuse, neglect or exploitation
• responsibilities of the manager of the person identifying harm, abuse, neglect or exploitation
• factors to consider when considering making a referral

1.1 It is the duty of all staff (professionals and volunteers) from any service involved with adults at risk to inform the relevant manager of a concern that an adult at risk:

• is being harmed, abused, neglected or exploited
• has been harmed, abused, neglected or exploited
• or is at risk of harm abuse, neglect or exploitation

1.2 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 member of the public
• an observation of the behaviour of the adult at risk,
• An observation of the behaviour of another person(s) towards the adult at risk or
• An observation of the behaviour of one service user towards another.

1.3 A Concern for welfare referral, an Adult Safeguarding referrals, a TARGet referrals or Domestic Abuse Referrals may be made using the Adult at Risk Referral Form to the
1.4 Responsibilities of the person identifying harm, abuse or exploitation

1.5 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

- If the person is alleging sexual assault do not let them drink or wash, secure any clothing (this must be touched by as few people as possible), if possible leave in the locked room. Do not allow clothing or bed linen (or other items) to be removed for laundering.

- Contact the Children and Young People’s Service if a child is also at risk

- If possible, make sure that other service users are not at risk.

1.6 Evidence gathering and victim care

1.6.1 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 if you reasonably believe a crime has been committed.

1.6.2 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 Justice 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.
1.7  **Preserving evidence**

1.7.1  The first concern must be to ensure the safety and well-being of the person alleged to have experienced harm, hate crime or abuse. 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 person alleged to have been harmed or abused 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.

1.8  **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 persons, 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 harm, abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate and accessible to them and that will help them to understand what is happening, e.g. interpreter, speech and language.
therapist. The use of an interpreter service for the individual’s first language or sign language, could be vital at this stage as family members or friends may not be appropriate:

- Do not be judgemental or jump to conclusions.

1.9 **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 vulnerable adult makes this unavoidable.

1.10 **Making a record**

1.10.1 **It is vital** that a written record of any incident or allegation of crime is made using the Account to inform an Adult Safeguarding Investigation form 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.

1.10.2 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 (complete body map);
- name and signature of the person making the record;
- if you witnessed the incident, write down exactly what you saw.

1.10.3 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.

1.10.4 Information from another person should be clearly attributed to them.
1.11 Informing a manager

- You must inform your line manager immediately. A failure to report any issue to your line manager may be considered as colluding with abuse and may result in a range of management action/sanctions up to and including referral to your regulatory body (NMC, GSCC, HPC, GMC etc).

- 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
  If you are concerned that an adult at risk may have abused another adult at risk, inform your line manager.

1.12 Refer immediately without consulting your manager if:

- Discussion with your line manager would involve delay, or the harm, abuse, exploitation or safeguarding concern involves your manager

1.13 Referring

1.13.1 Anyone can refer:

1.13.2 You may refer directly to the Community Screening Team at Trafford Council by completing the Adult Safeguarding Contact Assessment and e-mailing it to IAT@trafford.gov.uk.

1.14 Responsibilities of the referring manager (this is the manager of the person raising a referral)

1.14.1 A referring manager is the person within an organisation, care or support setting designated to decide, with the person or practitioner, when a safeguarding referral is to be made. Once the concern has been raised with the referring manager, they must decide without delay, with the referrer, on the most appropriate course of action. In some cases, it may be appropriate to take management action, revise support or planning arrangements and no safeguarding referral will be made. The referring manager will explore and agree, with the referrer, on a case by case basis, the specific issues relating to each person’s circumstances and action to be taken.

1.14.2 If the referring manager is unsure, or feels they need further advice, they may consult with the Trafford Adult Safeguarding Team 0161 912 3374 or the Designated Nurse for Vulnerable Adults for the Trafford Health Economy 0161 873 6084 or the person nominated within their organisation to lead on Adult Safeguarding. A full list of
nominated Adult Safeguarding representatives and their contact details can be found at www.trafford.gov.uk/myway or www.traffordpct.nhs.uk.

1.14.3 If the person who has identified harm, abuse, exploitation or other safeguarding concerns disagrees with the action proposed by the referring manager or feels for whatever reason, that they have not been taken seriously, then they should document this and contact the Adult Safeguarding Team, the Designated Nurse for Vulnerable Adults or the nominated lead for Adult Safeguarding within their organisation to discuss the issues further. Alternatively, there is information here regarding how to “Whistle Blow”

1.15 Supporting immediate needs

1.15.1 In line with information-sharing considerations, the referrer, in partnership with others, 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 ensure the adult at risk is safeguarded as appropriate
- Refer to the police using the 101 telephone number for non-emergencies and 999 for emergencies if the harm or abuse suspected is a crime – discuss this with the duty Police Officer at the PPIU
- Discuss risk management and any potential forensic considerations with the Police Service.
- 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, ensure this is put into place by the most appropriate professional and refer to the relevant Adult Care Services or Community Mental Health Team, or the relevant health services, including the Emergency Duty Team 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 people are not at risk
- In line with the organisation’s disciplinary procedures, take HR advice with regard to the suspension of staff suspected of abusing an adult or adults at risk.
1.16 Speaking to the adult at risk

1.16.1 It may be appropriate for the practitioner who identifies harm, abuse or exploitation or their manager to speak to the adult at risk. To do this, the practitioner or their manager should consider:

• speaking to the adult at risk 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 and involved in the process;

• 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.

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. 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 – *it will not always be a social worker.*

1.17 Person alleged to have caused harm

• Liaison with the police regarding the management of risks involved must be considered.

• However, if they are a paid 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 but information such
as the name of the service user and any details should not be disclosed.

• 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 paid member of 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, whistleblowers.

1.18 Deciding whether or not to make a referral

1.18.1 As well as deciding whether or not to refer the issue to the Trafford Community Screening Team, the referring manager must also ensure that staff follow other, relevant organisational reporting procedures. For example, NHS staff will still need to report under incident management processes. Where a referral indicates that a member of staff may have caused harm, the manager will need to refer to the organisation’s Human Resources Team and their policies/procedures.

1.18.2 A referral should be made when:

• the person is an adult at risk and there is a concern that they are being harmed or are at risk of harm, hate crime, abuse or neglect;

• the adult at risk has capacity to make decisions about their own safety and wants a referral to be made;

• 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 paid 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.
1.19 Factors to consider when making a referral

• 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 harm or 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?

1.20 Getting the consent of the adult at risk at referral stage

1.20.1 The mental capacity of the adult at risk and their ability to give their informed consent to action being taken under these procedures is a significant but not the only factor in deciding what action to take.

1.20.2 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 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.

1.21  Making a decision not to investigate

1.21.1  If the adult at risk has capacity and does not consent to an investigation 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.

1.21.2  A referral must be made to log the concern, the adult at risk’s decision and of the decision not to consent to an investigation, with reasons. A record should also be made of what information they were given. It is recommended that organisations have a separate part of the adult’s file or record that is clearly labelled ‘Safeguarding’.

1.22  Making a decision to refer without consent

1.22.1  If there is an overriding public interest or vital interest or if gaining consent would put you or the adult at further risk, a referral to investigate 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 or detect crime

• where there is a high risk to the health and safety of the adult at risk

• the person lacks capacity to consent.

1.22.2  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.

1.22.3  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 referring practitioner or their manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

1.22.4  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.
1.22.5 If the referring manager is unsure whether to refer, they should contact the relevant Adult Safeguarding Team 0161 912 3343 or the Designated Nurse for Vulnerable Adults 0161 873 6084 for advice.

1.23 **Who should be informed?**

1.23.1 Where relevant the referrer or their 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 have been committed
- the Care Quality Commission if the adult is resident or receiving services from a regulated service *eg living in a care home, receiving personal care, is an in-patient in hospital*
- the Children and Families advice line if children are also at risk from harm.

1.24 **Recording**

1.24.1 If they have not already done the referrer must record in their records:

- 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.

1.25 **Supporting staff**

1.25.1 Line 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.
Figure 2.1: The phases of the adult safeguarding process
Flowchart for all staff and volunteers all organisations

Safeguarding Adults: If you don’t do something, who will?
**Figure 2.2: Flowchart of key questions for information sharing**

- You are asked to or wish to share information
- Is there a clear and legitimate purpose for sharing information?
  - Yes
    - Does the information enable a person to be identified?
      - Yes
        - Is the information confidential?
          - No
            - Seek advice
          - Yes
            - Make a best interest decision whether to share
              - No
                - Do not share
              - Yes
                - Do they have the capacity to consent to the sharing of information?
                  - No
                    - Is there vital public interest to share?
                      - No
                        - Do not share
                      - Yes
                        - Share with relevant professionals
                      - Not sure
                        - Seek advice
                    - Yes
                      - Share with relevant party
    - No
      - Do they consent?
        - Yes
          - Share with relevant party
        - No
          - Is there vital public interest to share?
            - Yes
              - Share with relevant professionals
            - No
              - Do not share

**Key principles of information sharing**
- Identify how much information to share.
- Distinguish fact from opinion.
- Ensure that you are giving the right information to the right person.
- Ensure you are sharing the information securely.
- Inform the person that the information has been shared if they were not aware of this and it would not create or increase risk of harm.

Record the information sharing decision and your reasons, in line with your agency’s or local procedures.

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay.

Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

Ref: Information Sharing: Guidance for practitioners and managers HM Government 2008
2.3 Governance and Adult Safeguarding

Step A
EVENT
(Any incident of concern involving people, interventions, equipment, and the environment)

Step B
REPORT
(This could be an incident form, complaint, verbal report etc)

Step C
REVIEW
Key question: IS THIS A SAFEGUARDING CONCERN? – i.e. an adult at risk or abuse/harm concern?
(Organisations should have a locally agreed review process for all types of reports that are consistent, comprehensive, and timely and linked to adult safeguarding and governance processes.)

All agencies and services in Trafford including

Any member of staff from any agency witnessing the event should complete a report immediately

Reports should be reviewed within 24 hours in order to progress to step D.

Local arrangements for this involve partnerships between clinical and social care professionals with the staff from the local Governance team.

Step D
NHS Clinical Governance Process ONLY

Yes

Refer to Screening Team at Trafford Council
A clinical incident report must be made.
Re-consider referral to Police if a crime has occurred

Safeguarding process initiated by relevant Local Authority/CMH/LEARNING DISABILITY/NHS Team
Local Investigation initiated as agreed above
Regular communication maintained

No

And Consider level and type of investigation(s) required and agree these, response methods and timescales

Follow local NHS policies and procedures to progress type of report as above

Has a safeguarding concern been identified following further exploration?

Yes

No

Actions implemented, lessons learnt and shared. Refer to Regulator/H.A if appropriate

Reports produced and actions identified
Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

ACPO (Association of Chief Police Officers), an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services.

Adult at risk are people over 18 years of age who are or may be in need of community care services by reason of mental health, age or illness, and who are or may be unable to take care of themselves, or protect themselves against harm or exploitation. The term replaces ‘vulnerable adults’.

Adult Safeguarding is used to describe all work to help adults at risk stay safe from significant harm. It replaces the term ‘adult protection’, but has a protection element within it.

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.
CAADA (Co-ordinated Action Against Domestic Abuse) is a national charity supporting a strong multi-agency response to domestic violence. The CAADADASH (Domestic Abuse, Stalking and Harassment and Honour-based violence) risk identification checklist (RIC) was developed by CAADA and the Association of Chief Police Officers (ACPO).

CAD (computer-aided despatch) is the Greater Manchester Police Service’s (GMP) call handling system. The operator can also call up details of the nearest police units available to respond and view lists of assigned and unassigned calls for all boroughs.

Capacity is the ability to make a decision about a particular matter at the time the decision needs to be made.

Care setting/services includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone’s own home by an organisation or paid employee for a person by means of a personal budget.

Carer refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be ‘carer’, are called ‘staff’.

CID (Criminal Investigation Department) are the units within the Greater Manchester Police Service (GMP) that deal with the investigation of crime that requires investigation by a detective but does not come within the remit of Police Public Protection Unit (PPIU) or other specialised units.

Clinical governance is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

CMHTs (community mental health teams) are made up of a team of professionals and support staff who provide specialist mental health services to people within their community.

Commissioning Commissioning in the NHS and Council is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring products and services, and managing service providers.
**Consent** is the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

**Continuing care** means care provided by health and social care professionals over an extended period of time, to meet adults’ physical or mental health needs caused by disability, accident or illness. If you need continuing care, your care needs are likely to be complex, substantial and ongoing, caused by a disability or chronic illness, or following hospital treatment.

**Continuing healthcare** (CHC) is a package of NHS continuing care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing healthcare needs.

**CPA (Care Programme Approach)** was introduced in England in the joint Health and Social Services Circular HC(90)23/LASSL(90)11, ‘The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services’, published by the Department of Health in 1990. This requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

**CPS (Crown Prosecution Service)** is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

**CQC (Care Quality Commission)** is responsible for the registration and regulation of health and social care in England.

**CRIS (Crime Recording Information System)** is the Greater Manchester Police Service (GMP) database which allows police officers to input details of crimes directly into it and to conduct online searches of the data.

**Police Public Protection Unit (PPIU)** operate in every Borough in Greater Manchester with dedicated staff who receive special training in community relations, including local issues. The PPIU will investigate the following incidents: domestic violence, homophobia, transphobia and racism, criminal offences where a person has been targeted because of their perceived ‘race’, faith, sexual orientation or disability.
DASH (Domestic Abuse, Stalking and Harassment and ‘Honour’-based violence) risk identification checklist (RIC) is a tool used to help front-line practitioners identify high-risk cases of domestic abuse, stalking and ‘honour’-based violence.

**Designated Nurse** A senior nurse, identified by the NHS and working within a Commissioning organisation employed to take a strategic lead on Safeguarding Adults and Vulnerability matters across a health and social care economy. The designated nurse has a specific role and responsibilities for safeguarding adults, including the provision of strategic advice and guidance to chief officers, executive directors and organisational boards across the health economy.

**Designated Doctor** A senior doctor, identified by the NHS and working within a Commissioning organisation, to take a strategic lead on Safeguarding Adults and Vulnerability matters across a health and social care economy. The designated doctor has a specific role and responsibilities for safeguarding adults, including the provision of strategic advice and guidance to clinicians across the health economy.

**Designated Professional** (appointed in place of a Designated Nurse) a senior social worker or allied health professional, identified by the NHS and working within a Commissioning organisation, to take a strategic lead on Safeguarding Adults and Vulnerability matters across a health and social care economy. The designated professional has a specific role and responsibilities for safeguarding adults, including the provision of strategic advice and guidance to chief officers, executive directors and organisational boards across the health economy.

**DBS (Disclosure and Barring Service)** is a public body set up to help prevent unsuitable people from working with children and vulnerable adults.

**DoLS (Deprivation of Liberty Safeguards)** are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.
EDO (emergency duty officer) is the social worker on duty in the emergency duty team (EDT).

EDT (emergency duty teams) are social services teams that respond to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

FACS (Fair Access to Care Services) is a system for deciding how much support people with social care needs can expect, to help them cope and keep them fit and well. It applies to all the local authorities in England. Its aim is to help social workers make fair and consistent decisions about the level of support needed, and whether the local council should pay for this.

Funded Nursing Care (FNC) is care provided by a registered nurse, paid for by the NHS, for people who live in a care home.

GMP (Greater Manchester Police Service) is the police service responsible for policing Greater Manchester.
HSE (Health and Safety Executive) is a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

IDVAs (independent domestic violence advisers) are trained support workers who provide assistance and advice to victims of domestic violence.

IMCAs (independent mental capacity advocates) were established by the Mental Capacity Act 2005. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Intermediary is someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

Investigation is a process to gather evidence to determine whether abuse took place.

Investigating officer is the member of staff of any organisation who leads an investigation into the allegation of abuse. This is often a professional or manager in the organisation who has a duty to investigate.
Lasting Power of Attorney is a legal document. It allows you to appoint someone that you trust as an ‘attorney’ to make decisions on your behalf. Attorneys can make decisions for you when you no longer wish to or when you lack the mental capacity to do so. A Lasting Power of Attorney cannot be used until it is registered with the Office of the Public Guardian. You can make a Lasting Power of Attorney for Health & Welfare and/or Property and Finances.

LGBT (lesbian, gay, bisexual and transgender) is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

MAPPA (Multi-agency Public Protection Arrangements) are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’- based violence.

Mental capacity refers to whether someone has the mental capacity to make a decision or not.

Named Nurse is a senior nurse employed within an NHS Trust which commissions or provides services. Named nurses have a key role in promoting good professional practice within their organisation, and provide advice and expertise for fellow professionals relating to adult safeguarding and adult protection. Named Nurses are professionally accountable to the local Designated Nurse or Designated Professional.

Named Doctor is a clinician employed within an NHS Trust providing services. Named doctors have a key role in promoting good professional practice within their organisation, and provide advice and expertise for fellow professionals relating to adult safeguarding and adult protection. Named Doctors are professionally accountable to the local Designated Doctor or Medical Director.
Named Professional is a registered social worker or allied health professional employed within an NHS Trust which commissions or provides services. Named professionals have a key role in promoting good professional practice within their organisation, and provide advice and expertise for fellow professionals relating to adult safeguarding and adult protection. Named Professionals are professionally accountable to the local Designated Nurse or Designated Professional.

Never Event is a term used by the National Patient Safety Agency (NPSA) a serious, largely preventable safety incident, experienced by a service user, that should not have occurred if the available, preventative measures had been implemented. The NPSA publishes a core list Never Events for reference, there are currently eight nationally defined Never Events, these are:

- Wrong site surgery
- Retained instrument post-operation
- Wrong route administration of chemotherapy
- Misplaced naso or orogastric tube not detected prior to use
- Inpatient suicide using non-collapsible rails
- Escape from within the secure perimeter of medium or high secure mental health services by patients who are transferred prisoners
- In-hospital maternal death from post-partum haemorrhage after elective caesarean section
- Intravenous administration of mis-selected concentrated potassium chloride

NHS Commissioners are required to monitor the occurrence of Never Events within the services they commission and publicly report them on an annual basis.

NHS (National Health Service) is the publicly funded healthcare system in England.

Nightingale Officers (Police) – each borough has dedicated specially trained officers to investigate rape and to look after victims, ensuring they are provided with the information they need, including the details for any partner agencies, and kept up to date with any developments.
OASys (Offender Assessment System), a standardised process for the assessment of offenders, developed jointly by the National Probation Service and the Prison Service.

OIC (officer in charge) is the police officer responsible for an investigation.

OPG (Office of the Public Guardian), established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

Panel Hearing is a meeting, with a panel of three people, one of whom may be a lay member, held to hear and discuss the outcome of an Adult Safeguarding investigation undertaken under the local multi-agency procedures. Where necessary the panel will make recommendation for protection or safety plans to be implemented by NHS, Police or Social Services organisations, services, team or contractors.

PALS (Patient Advice and Liaison Service) is an NHS body created to provide advice and support to NHS patients and their relatives and carers.

Person causing the harm is the person or adult who is alleged to have caused the abuse or harm.

Public interest – a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

QIPP (quality, innovation, productivity and prevention) is a Department of Health initiative to help NHS organisations to deliver sustainable services in better, more cost-efficient ways.
Referral – a referral is the process of informing the Community Screening Team of concern about the welfare of an adult at risk, concern that an adult at risk is being harmed, abused or exploited, this is done by completing an Adults at Risk Referral Form.

Referrer is the person who raises a concern that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer. It is the referrer who will in most cases make the referral and take part in the Safeguarding Adults process.

Referring manager is the person within an organisation to whom the referrer is expected to report their concerns. They may also be the designated Safeguarding Adults lead within an organisation.

RIC (risk identification checklist), please see DASH above.

Safeguarding Adults lead is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults. The role may be combined with that of referring manager, depending on the size of the organisation.

SAM (Safeguarding Adults Manager) are professionals or managers, suitably qualified and experienced. SAMs are Senior Nurses, Senior Managers, Team Managers or Senior Practitioners responsible for coordinating all Safeguarding Adults activity by organisations in response to an allegation of abuse. SAMs will usually come from Social Work, Nursing or Allied Health Professional Backgrounds.

Safeguarding Adults process refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a Panel Hearing, a care/protection/safety plan and monitoring and review arrangements.
**Serious case review (Adults)** is undertaken by a Safeguarding Adults Partnership Board (SAPB) when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.

**SHAs (Strategic Health Authorities)** manage the NHS regionally and provide a link between the Department of Health and the local NHS.

**SI (Serious Incident)** is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

**Significant harm** is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

**SOCA (Serious Organised Crime Agency)** is a non-departmental public body of the government and law enforcement agency with a remit to tackle serious organised crime.

**Strategy discussion** is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email.

**Strategy meeting** is a multi-agency meeting with the relevant individuals involved, and with the adult at risk where appropriate, to agree how to proceed with the referral.

**TSAB (Trafford Safeguarding Adults Board)** represents various organisations in a local borough who are involved in safeguarding adults.
V

**Vital interest** is a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life threatening situations.

W

**Wilful neglect or ill treatment** is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. Section 44 of the Act makes it a specific criminal offence to wilfully ill treat or neglect a person who lacks capacity.
Safeguarding Adults:
If you don't do something, who will?