INTER AGENCY
SAFEGUARDING ADULTS

ADULT PROTECTION
POLICY AND
PROCEDURES
2016-2018
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Message from Chair of the Safeguarding Adults Partnership

On behalf of the Isle of Man Safeguarding Adults Partnership, I am delighted to present the new Adult Protection Policy and Procedures.

When it was first established in September 2014, the Safeguarding Adults Partnership committed to ensuring that safeguarding became everyone’s business. This new Policy and related Procedures form a critical part of our plan to secure this goal. It sets out our commitment to protect adults at risk of harm or neglect, our aims and objectives in ensuring adults live their lives free from harm and goes on to set out how we all need to work together to safeguard and protect adults on the Isle of Man.

I would like to thank those from across our Partnership who have contributed to the formulation of this Policy and Procedures. It was critical that we secure ownership of these documents from all services, whether they be Government, Third Sector or private sector services. To this end we have consulted widely in their development and I wish to thank all those who engaged in this process. I would also wish to thank members of our Adult Protection Operational Group and the Safeguarding Adults Team for the work they have undertaken to bring these documents to fruition. Their support in both developing the Policy and Procedures and engaging partners in their production has been invaluable.

The new Policy is shorter and clearer than the one it replaces. It provides some clear definitions of terms that I hope secure better understanding, both individually and collectively – helping us to move towards a common language across our partnership. It also sets out clearly what to do if you identify risk and how to report it. It then outlines what will happen after an alert is raised and how the matter will be investigated, assessed and acted on, as appropriate. There is also guidance for staff on information sharing, data protection and confidentiality.

I believe this Policy and Procedures will make a key contribution to our shared purpose in protecting the vulnerable. I commend them to you and hope you will find them helpful in enabling you to make safeguarding your business. We will, of course, welcome any feedback as you use these documents in your day-to-day practice. The Safeguarding Adults Partnership will be monitoring their impact and any comments you have on both their effectiveness and areas for improvement will be fed into our review processes.

Paul Burnett
Independent Chair, Isle of Man Safeguarding Adults Partnership
Membership of the Safeguarding Adults Partnership

Paul Burnett
Independent Chair
Safeguarding

Malcolm Couch
Chief Executive Officer
Department of Health & Social Care

Henrietta Ewart
Director
Public Health

Mark Kelly
Chief Executive Officer
Department of Home Affairs

Cath Hayhow
Director
Adult Services

Gary Roberts
Chief Constable

Jackie Betteridge
Chair, Council of Voluntary Organisations
Statement of Commitment

This Policy Document constitutes a statement of commitment by the Isle of Man Government to respond to every adult “who is, or may be, eligible for Social Care services” and whose independence/well-being is at risk, due to harm or neglect. For the purposes of this Policy, our definition is based on the following extract from Section 42 of The Care Act 2014 (for references within this extract, relating to a local authority, it should be read as relating to the Department of Health & Social Care) –

Enquiry by local authority

1. This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –
   (a) has needs for care and support (whether or not the authority is meeting any of those needs
   (b) Is experiencing, or is at risk of, abuse or neglect and
   (c) As a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

2. The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom.

3. “Abuse” includes financial abuse and for that purpose “financial abuse” includes –
   (a) Having money or other property stolen
   (b) Being defrauded
   (c) Being put under pressure in relation to money or other property and
   (d) Having money or other property misused.

Whilst The Care Act 2014 is English Law and, therefore, not law in the Isle of Man, the above definitions have been accepted as informing the Adult Protection Policy and Procedures, as well as practice on the Isle of Man.

The procedures apply to all adults at risk of harm, to all who are alleged to have caused harm and in any setting, including people’s own homes, residential and nursing homes, day centres, places of work, colleges, Nobles and Ramsey Cottage hospitals, GP surgeries and Police Stations etc.

It is important that we recognise that safeguarding is everyone’s business and that every Department and individual has a responsibility in ensuring the protection of vulnerable adults. Providers of services, across Health and Social Care have a core responsibility to provide safe, effective and high quality care. Adult protection concerns require a variety of responses including internal and external investigations, disciplinary processes, clinical governance processes and the involvement of the Police, regulatory authorities, staff training and other actions.
Whilst the Care Act 2014 is not law in the Isle of Man, the Safeguarding Adults Partnership, as a matter of principle has accepted the safeguarding principles as follows;

**Safeguarding Adults Principles**

**Empowerment**  Presumption of person led decisions and informed consent.

**Prevention**  It is better to take action before harm occurs.

**Proportionality**  Proportionate and least intrusive response appropriate to the risk presented.

**Protection**  Support and representation for those in greatest need.

**Partnership**  Local solutions through services working with their communities have a part to play in preventing, detecting and reporting neglect and abuse.

**Accountability**  Accountability and transparency in safeguarding (adult protection).

These principles form the basis of all adult protection practice in order to measure our arrangements and to inform future improvements. The principles are not in order of priority, they are of equal importance. However, it is recognised that the prevention of harm is always better than investigating harm that has occurred.

The agencies involved in drawing up these procedures recognise, within the present legal framework, that there will be some occasions in which adults at risk remain in dangerous situations. It may be that staff, even after careful scrutiny of the legal framework, still find they have no power to gain access to a particular vulnerable adult. Staff may also find that they do not have the power to remove the adult from a risk situation, investigate the condition of the adult's financial affairs or intervene positively, due to the adult refusing all help. In these extremely difficult circumstances, staff will be expected to continue to exercise as much vigilance as possible.

However, **Government departments will give full support to staff who deal with cases of adults remaining in high risk situations** provided, if appropriate –

(a) It is evident from case records that the Adult Protection Procedures have been properly followed.

(b) Every effort has been made, on a foundation of multi-agency co-operation, to intervene positively to protect the vulnerable adult/adult at risk.

The accompanying procedural framework and practice guidance documents should inform the practice of all organisations working in partnership for the protection of adults at risk and should be applied in all situations where the possibility of harm or neglect from a third party cannot be ruled out.
The aims of the Policy Statement and the accompanying inter-agency guidance are as follows –

- To raise awareness amongst all citizens – paid and voluntary workers, carers, service users and the general public – that some adults may be rendered at greater risk to a range of harm because of age, physical or mental ill-health, learning disability, physical or sensory impairment or substance misuse or dependence. All citizens must have access to information about how to protect themselves or others from harm and violence and that must include information about the Adult Protection Policy and Procedures. In all our work we consider how to make our community safer.
- To ensure that wherever harm or neglect are suspected or reported, a consistent, supportive response will be made from partner agencies across the Isle of Man. That response will recognise each adult’s rights - the right to independence and well-being, to protection from harm and to make choices and take risks. We take responsibility for ensuring that adults at risk are put in touch with the right person or organisation.
- To ensure that quality assurance measures and outcome information, specific to the protection of adults, are used to improve broader safeguarding processes, access and involvement, public information and inter-agency training.
- To ensure a multi-disciplinary approach to adult protection. We foster a ‘one team’ approach that places the welfare of individuals before the ‘needs’ of the system and ensures the adult at risk is at the centre of any decision making.

The Isle of Man Government believes that all adults have the right to freedom from harm. It expects that all statutory, private and voluntary agencies providing health and/or social care to the Island’s population will take the appropriate measures to –

- Ensure that abuse does not occur within any of the services for which they are responsible.
- Report all cases of suspected, alleged or identified abuse of adults, with whom they come into contact, to the Safeguarding Adults Team, within the Department of Health & Social Care.
- Protect and support individuals where harm has been identified.
- Ensure multi-disciplinary involvement is undertaken, as appropriate/necessary.

All cases of alleged or suspected harm will be handled promptly and sensitively. There must be due regard for the needs and wishes of the vulnerable adult. The welfare and protection of the individual is paramount and, although client confidentiality is important, there are occasions when it is necessary to share information with other professionals in order to stop incidents of abuse.
However, when an individual is able to make an informed decision regarding his/her personal circumstances, where risk has been identified, but does not wish to accept the intervention of statutory authorities, then his/her wishes must be respected.

Scope of the Policy

The Policy Statement applies to any vulnerable adult/adult at risk, aged 18 or over, where any category of abuse is identified or suspected. This Policy Statement applies to all agencies providing services to adults who are, or may be, eligible for services and whose independence/well-being is at risk, due to abuse or neglect.

Rights of Adults

It is essential that all work with adults incorporates a set of values which supports the rights of all individuals –

Privacy The right of an individual to be left alone or undisturbed and free from intrusion or public intervention into their affairs.

Dignity Recognition of the intrinsic value of people, regardless of their circumstances, by acknowledging their uniqueness and treating them with respect.

Independence Opportunities to act and think without reference to another person, including a willingness to incur a degree of calculated risk.

Choice Opportunities to select independently from a range of options and, where appropriate, for support to be provided to enable choices to be made.

Citizenship The maintenance of all rights and duties afforded to all people on the Isle of Man.

Fulfilment The opportunity to pursue the realisation of personal aspirations and the recognition of his/her abilities in all aspects of daily living.

The Isle of Man Government believes that the application of these values means that adults who are vulnerable have the right –

- To live safely without fear of abuse in any form.
- To have their money, goods and possessions treated with respect and to receive the same protection for themselves and their property, under the law, as any other citizen.
- To information on and practical help in protecting themselves from harm.
- Decisions about how they wish to proceed, in the event of abuse, and to know that their wishes can only be over-ridden if it is considered necessary for the safety of others, or for their own safety, in circumstances where they may have difficulty in deciding this for themselves.
- To be given information and support in bringing a complaint under any existing complaints procedure.
• To be supported in reporting the circumstances of any harm to independent bodies
• To have alleged, suspected or identified cases of abuse investigated promptly.
• To receive appropriate support, education and, where possible and appropriate, counselling, therapy and treatment, following abuse.
• To seek redress through appropriate agencies.
• To have their nearest relative, informal carer or advocate included in the process, where appropriate.

Introduction to Adult Protection Alerting Procedures

These procedures are intended to assist in the raising of Adult Protection Alerts and improve the understanding of the decision making process, once an Adult Protection alert has been raised with the Adult Social Care Safeguarding Adults Team.

More comprehensive operational procedures are available for staff whose role is more directly involved in any ongoing Adult Protection investigation (these are also available to other staff on request).

The focus is on developing practice in adult protection by highlighting good working practices and promoting reflective practice amongst practitioners.

The Procedures are designed to –

• Work in parallel with any internal policy and procedures.
• Promote the welfare and safety of adults when there are concerns that an adult is being, or likely to be, harmed or neglected.
• Assist decision making when there are concerns that an adult is, or may be, at risk of harm or neglect.
• Set out the procedures to be followed when an adult may be, or has been, at risk of harm or neglect.
• Provide guidance to assist practice.

This document covers the procedure that will be followed in the Isle of Man when an allegation of suspected abuse is made. In line with policy, partner agencies are expected to maintain their own procedures for ensuring that instances of abuse are reported to the Department of Health & Social Care’s Adult Services and relevant partner agencies, where appropriate.

These Procedures have been developed in line with best practice guidance from the U.K. The document draws heavily on the guidance contained in “No Secrets (2000)’ The Care Act (2014)(UK) and the National Standards Framework “safeguarding adults” developed by the Association of Directors of Adult Social Services.
Definitions of Abuse

**Significant Harm**

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.

*(Ref: Lord Chancellor's Department – 1977 "Who Decides")*

**Types of Abuse**

- **Physical**
  
  Can include - hitting, slapping, pushing, kicking, misuse of medication, restraint.

- **Sexual**
  
  Can include - rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent, or was pressurised into consenting.

- **Psychological**
  
  Can include - emotional harm, bullying, isolation, humiliation, blaming, controlling, intimidation, coercion, harassment, threats of any nature.

- **Financial or Material**
  
  Including - theft, fraud, exploitation, rogue traders, pressure in connection with Wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits, including internet scams.

- **Neglect and Acts of Omission**
  
  Can include - ignoring medical or physical care needs, failure to respond to call bells, missed domiciliary care calls, failure to provide access to appropriate health, social care or educational services, the withholding of essentials such as food and drink, appropriate heating.

- **Discriminatory**
  
  Can include - any form of harassment including racism, sexism, ageism or other subject based on a person’s race, sex, age, disability, culture, religion or appearance.

- **Organisational**
  
  Can occur when the needs of the establishment or agency take priority over the individual needs of the people within it. However, any of the previous six categories can take place within an institution or an organisation.

Guidance regarding large scale investigations/organisational abuse is provided in a separate policy document.
"No Secrets "(2000) and The Care Act (2014) – these UK documents provide a national framework that require local authority Social Services departments to take the role of lead agency in the development and implementation of multi-agency policies, procedures and codes of practice for the protection of vulnerable adults or adults at risk.

The aim should be to create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety”. ("No Secrets” (2000)(1.2)

Whilst the Care Act (2014) and "No Secrets“ have not been formally adopted on the Isle of Man, these are widely accepted as best practice and both emphasise the need for collaboration at all levels within agencies to ensure an effective response. In addition, account should be taken of the Isle of Man Regulation of Care Act (2013) and the requirements therein, particularly in relation to any overlap with the expectations contained within this Policy –

- Operational
- Supervisory line management
- Senior management
- Corporate/cross authority
- Chief Officer and Chief Executive
- Political Member level

Safeguarding is everybody’s business and arrangements are required to ensure that all agencies share a common understanding of what constitutes abuse and what an initial response should be.

There are a number of key stages and decision points to the Adult Protection Procedures. At the key decision points, responsibilities for the necessary decisions are made clear. All decisions made with respect to reporting, assessment, investigation and planning for vulnerable adults suspected of being harmed, need to be recorded, along with the justification for any decision. At any stage during this process it may be decided by the Safeguarding Adults Team, together with those involved, that an investigation under the Adult Protection Procedures is not appropriate. If this is the case, the reasons for this decision will be recorded and communicated to those involved in order to –

- Promote clarity and consistency in decision making
- Ensure resources reach the most vulnerable people within agreed timescales
- Ensure that all responses to abuse are person centred, transparent, accountable and proportionate.
### Timescales

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<tr>
<td>Alerter to contact the Adult Services Access Team Tel. 686179 as soon as possible. (Out of hours – Tel. 650000). Adult Protection Alert form to be forwarded to ASAT within 48 hrs of alert.</td>
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<th>Stages 2 &amp; 3</th>
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| The Safeguarding Adults Team complete information gathering and a threshold decision will be made. A planning meeting will be held, if appropriate, within the following response times:-  
  - Critical - 1 working day  
  - Urgent - 2 working days  
  - Non-Urgent - 5 working days |

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<th>Stage 4</th>
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<td>Investigation to be completed within 5 weeks of the Adult Protection Alert</td>
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<th>Stage 5</th>
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<td>Case Conference to be completed within 8 weeks of Adult Protection Alert</td>
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<th>Stage 6</th>
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<td>Protection Plan Review to take place within 6 months of Case Conference</td>
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### Overview of the Adult Safeguarding Process

- **Alert**
- **Information Gathering / Threshold Decision**
  - NOT Adult Protection
  - MIGHT BE Adult Protection
  - DEFINITELY Adult Protection
- **Planning Meeting**
- **Other Assessment and Support**
- **Adult Protection Investigation**
- **Case Conference Held and Protection Plan Devised**
  - Concerns not substantiated
  - Concerns substantiated and protection plan in place
- **Case Closed to Adult Protection**
- **Monitor/Review**
  - No longer at risk of harm
  - CASE CLOSED TO ADULT PROTECTION
The following threshold matrix will be used to assist in making threshold decisions.

This matrix includes medication as a heading for ease of decision making/reading.

The Safeguarding Team makes this decision

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<tr>
<td><strong>Tier 1 - Managed through other approaches</strong></td>
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<td>• Staff causing no/little harm, e.g. friction mark on skin due to ill-fitting hoist sling</td>
<td>• Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs</td>
<td>• One-off incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused</td>
<td>• One-off incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no, or little, distress is caused</td>
<td>• Staff personally benefit from the support they offer service users, e.g. accrue ‘reward points’ on their own store loyalty cards when shopping, use “buy one get one free”</td>
<td>• Isolated missed home care visit where no harm occurs</td>
<td>• Adult is not assisted with a meal/drink on one occasion and no harm occurs</td>
<td>• Lack of stimulation/opportunities for people to engage in social and leisure activities</td>
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| **Tier 2 - Investigated within own organisation but outcome passed to Safeguarding Adults Team** | | | | | | | |
| • One-off incident involving service user on service | • Recurring missed medication or administration | • One-off incident of low-level unwanted sexualised | • Occasional taunts or verbal outbursts which cause | • Adult not routinely involved in decisions about how | • Inadequacies in care provision that lead to discomfort | • Care planning documentation not person- | • Care planning fails to address an adult’s |

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<th>Tier 3 - Safeguarding Referral</th>
<th>Level 1</th>
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<tr>
<td><strong>Inexplicable marking or lesions, cuts or grip marks found on more than one occasion</strong></td>
<td><strong>Errors in relation to one service user that cause no harm</strong></td>
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<tr>
<td><strong>Marks, lesions, cuts, caused by one person but to several service users</strong></td>
<td><strong>Attention/touching directed at one adult by another, whether or not capacity exists</strong></td>
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<tr>
<td><strong>Multiple pressure ulcers or single</strong></td>
<td><strong>Distress</strong></td>
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<tr>
<td><strong>Recurring missed medication or errors that affect more than one adult and/or result in harm</strong></td>
<td><strong>The withholding of information to disempower</strong></td>
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<tr>
<td><strong>Missed medication where harm does occur</strong></td>
<td><strong>Their money is spent or kept safe – no significant harm occurs, e.g. being left wet occasionally</strong></td>
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<tr>
<td><strong>Reoccurring verbal sexualised teasing</strong></td>
<td><strong>Theft</strong></td>
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<td><strong>Attempt to take camera/video or use other forms of media to attain inappropriate pictures</strong></td>
<td><strong>Denying or failing to recognise an adult’s choice or opinion</strong></td>
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<td><strong>Treatment that undermines dignity and damages esteem</strong></td>
<td><strong>Frequent verbal outbursts</strong></td>
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<td><strong>Denying or failing to recognise an adult’s choice or opinion</strong></td>
<td><strong>Bullying by friends/neighbours/strangers</strong></td>
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<tr>
<td><strong>Frequent verbal outbursts</strong></td>
<td><strong>Bullying by 1</strong></td>
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<tr>
<td><strong>Adult denied access to his/her own funds or possessions</strong></td>
<td><strong>Adult’s monies kept in a joint bank account – unclear arrangements for equitable sharing of interest</strong></td>
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<tr>
<td><strong>Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</strong></td>
<td><strong>Hospital discharge without adequate planning and harm occurs</strong></td>
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<tr>
<td><strong>Partner refusing to pay for care</strong></td>
<td><strong>Partner refusing to pay for care</strong></td>
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<td><strong>Rigid/inflexible routines</strong></td>
<td><strong>Rigid/inflexible routines</strong></td>
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<td><strong>Service user’s dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared under-clothing</strong></td>
<td><strong>Denial of individuality and</strong></td>
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<tr>
<td><strong>Inequitable access to service provision as a result of a diversity issue</strong></td>
<td><strong>Inequitable access to service provision as a result of a diversity issue</strong></td>
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<tr>
<td><strong>Recurring taunts</strong></td>
<td><strong>Recurring taunts</strong></td>
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<td><strong>Recurring failure to meet specific needs associated with diversity</strong></td>
<td><strong>Recurring failure to meet specific needs associated with diversity</strong></td>
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<tr>
<td>pressure ulcer grade 3 or 4</td>
<td>person but multiple victims</td>
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<tr>
<td>Tier 4 - Safeguarding Referral</td>
<td>Level 2 and 3</td>
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<tr>
<td>• Inappropriate restraint</td>
<td>• Deliberate mal-administration of medications</td>
</tr>
<tr>
<td>• Withholding of food, drinks or aids to independence</td>
<td>• Covert administration without proper medical supervision</td>
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<tr>
<td>• Inexplicable fractures/injuries</td>
<td>• Recurring sexualised touch or isolated/recurring masturbation without consent</td>
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<tr>
<td>• Assault</td>
<td>• Being</td>
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<td>• Humiliation</td>
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<td>• Emotional blackmail, e.g. threats of abandonment/harm/threats to kill</td>
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<td></td>
<td>• Frequent and frightening verbal outbursts</td>
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<td>Tier 5 - Serious Case Review</td>
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<tr>
<td>• Grievous bodily harm/assault with weapon leading to irreversible damage or death</td>
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<td>• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death</td>
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<td>• Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user</td>
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<td>• Sex without consent/rape</td>
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<tr>
<td>• Denial of basic human rights/civil liberties, overriding advance directive, forced marriage</td>
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<tr>
<td>• Prolonged intimidation</td>
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<tr>
<td>• Vicious/personalised verbal attacks</td>
<td></td>
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<td>• Fraud/exploitation relating to benefits, income, property or Will</td>
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<td>• Failure to arrange access to life saving services or medical care</td>
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<tr>
<td>• Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk</td>
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<tr>
<td>• Over-medication and/or inappropriate restraint used to manage behaviour</td>
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<tr>
<td>• Widespread, consistent ill treatment</td>
<td></td>
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<tr>
<td>• Hate crime resulting in injury/emergency medical treatment/fear for life</td>
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<tr>
<td>• Hate crime resulting in serious injury or attempted murder/honor-based violence</td>
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STAGE 1 – Raising an Alert (Guidance to Alerter)

**Purpose:** To raise a notification of concern, allegation or an incident of abuse or neglect

An alert can be raised by anyone and all alerts must be taken seriously. An alert is the generic term used to describe the notification of a concern, allegation or an incident of abuse or neglect. Alerts can be raised from a number of different sources including - Social Work Team, care staff, health colleagues, inspectors or regulators, or direct to the Adult Services Access Team from members of the public, carers or service users.

The person raising the alert should discuss their concerns and why they intend to raise an Adult Protection alert with the person they are concerned about prior to raising the alert. Only in exceptional circumstances should an alert be raised without discussion with the person concerned. In circumstances in which the alerter feels it is appropriate to raise an alert without this discussion, the Safeguarding Team will require a clear rationale for this decision. In addition, if the alerter believes a crime may have been committed, they should discuss this with the person they are concerned about and encourage/facilitate contact with the Police. If the person concerned does not wish contact to be made with the Police, the reason for this should also be documented. If, potentially, the concern that has been raised has implications for staff duty of care to others, the person concerned will need to be informed that consideration may still be given to contacting the Police in order to ensure the safety and wellbeing of others.

- The worker who first becomes aware of concerns of harm or neglect ensures that emergency assistance, where required, is summoned immediately.
- Before raising an alert, the worker should consider whether the person meets the definition of "vulnerable adult" (any person aged 18 or over who is, or may be eligible for social care services and whose independence/well-being is at risk due to harm or neglect).
- If the worker feels the person meets the definition of abuse, then they should raise the alert by contacting the Department of Health & Social Care, Safeguarding Adults Team on 686179.

**Guidance for the Alerter**

<table>
<thead>
<tr>
<th>Is anyone in immediate danger?</th>
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<tbody>
<tr>
<td><strong>Yes</strong></td>
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<tr>
<td>Contact the Police and/or other emergency services</td>
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<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td>Do they meet the definition of a ‘vulnerable adult/adult at risk’</td>
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<tr>
<td><strong>Yes</strong></td>
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<tr>
<td>Contact the Safeguarding Adults Team – Tel. 686179. If out of hours – Tel. 650000. Adult Protection Alert Form to be sent to the Adult Services Access Team within 48 hours</td>
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<tr>
<td><strong>No</strong></td>
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<td>Contact your Line Manager</td>
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The alerter is required to complete an Adult Protection Alert form within 48 hours of raising the alert. The form is to be signed (electronic signature can be accepted) and dated (and forwarded either by fax, email or post) and will include the following basic information –

- Details of the concern, allegation or incident, including date, time, location and the name of any witnesses.
- Where the consent has been obtained for the referral and, if not, the reasons why.
- What the vulnerable adult said about the abuse.
- The appearance and behaviour of the victim.
- Any injuries observed.
- Any known details of the person causing the harm, such as name, address and date of birth.
- Information relating to vulnerability of the person alleged to have been harmed to help establish the level of presenting risk.
- When completing the form, it is important to differentiate between fact, opinion and hearsay.

If at any time you feel the person needs medical assistance, call for an ambulance or arrange for a doctor to see the person at the earliest opportunity, as appropriate.

If the vulnerable adult wishes to remain in the situation, has the capacity to make this decision and understands the consequences but refuses assistance, their wishes should be respected. However, if other vulnerable adults or children may be at risk you will need to inform them that you have a duty to raise an alert or inform the Police, if a crime may have been committed.

In most circumstances you will not need to take any immediate action, as the person may not have suffered a serious injury or be at immediate risk. However, if you come across someone in serious distress or at immediate risk –

- Keep calm
- Assess the situation
- Make sure that you and the person are safe
- Get help
- Give any emergency help that may be needed and you are confident and competent to give
- Reassure and take care of the person

If you see someone with an injury and don’t know how it happened –

- Don’t jump to conclusions
- It is ok/good practice to ask the person (or if the person is not able to tell you, their carer) how the injury was sustained, e.g. how did you get that bruise?
- Record, as soon as possible, any physical signs or injuries using a body map or hand drawing, if necessary (a template is provided in the back of this document). Photographic evidence may, with the permission of the person, be appropriate in certain cases. Write down a description of any physical signs or injuries, including size, shape and colour. Make sure you sign and date it and ensure it is stored securely.
Key Message –

- If in doubt, raise an alert
- Remember that Data protection is not a barrier to sharing information. A checklist around sharing information is included in the back of this document

Preventing the contamination of possible evidence

Your first responsibility is the safety and welfare of the person harmed, but immediate action may be necessary to preserve or protect evidence.

Your action may be vital in any future proceedings and the success or failure of any investigation may depend upon what you do, or not do, in the time whilst you are waiting for the Police to arrive.

Incident of Physical and/or Sexual Assault

Following allegations of physical and/or sexual assault, consideration will be given to organising, with the harmed person’s consent, a medical examination. Any examination will, ideally, be carried out by a Forensic Medical Examiner who will be contacted by the Police.

| If the person at risk of harm has a physical injury and it is appropriate for you to examine it, always obtain their consent first. | ☐ |
| Only touch what you have to. Wherever possible, leave things as they are. | ☐ |
| Strongly advise the person not to wash themselves or remove clothing. | ☐ |
| Preserve the person’s clothing and footwear, do not wash or wipe them. Handle them as little as possible. | ☐ |
| Preserve anything that is used to comfort the person, e.g. a blanket. | ☐ |
| Do not clean up, do not wash anything or in any way remove fibres, blood and the like. | ☐ |
| Try not to touch items/weapons. If you have to, as before, keep handling to a minimum. Put them in a clean dry place until the Police collect them. | ☐ |
| The room should be secured, where practicable, with no-one allowed to enter unless necessary to support you, the harmed person and/or the person allegedly causing harm, until the Police arrive. | ☐ |
| If the person alleged to have caused harm is also a service user, a separate member of staff will need to be assigned to them. | ☐ |
Incident of Theft/Financial Abuse

With the person’s consent, secure, or cancel, all receipts, cheque books, bank cards and statements, benefit books and other financial documents.

Methods of Preservation

- For most items, use clean paper, a clean paper bag or a clean envelope (do not lick the envelope to seal it).
- For liquids, use a clean glass.
- Do not handle items unless really necessary to move and make safe.

The person alleged to have caused harm should not be contacted until this is agreed through the Adult Protection Planning Meeting (unless this is part of emergency action needed to safeguard the adult, or others, at risk, e.g. an employer suspending staff in response to allegations against them.

Reflective

- Receive
- Reassure
- Respond Record

STAGE 2 – Initial Information Gathering/Threshold Decisions

Purpose; To take details regarding the person harmed, the person causing harm and nature and circumstances of the harm, to gather supporting information to establish whether it is appropriate to proceed through the adult protection process.

In order to accurately make a threshold decision about whether to proceed with the adult protection process, or what alternative action to take, some initial information-gathering may be required.

The Safeguarding Adults Team will be responsible for collating this information within their team. Discussions and interviews with service users may occur at this stage.

If case is already open to a Social Work or Mental Health Team, the Safeguarding Adults Team will consult with the relevant worker and pass on relevant information to that team, if appropriate.

The Safeguarding Adults Team will gather as much information as possible from the alerter at this stage.
The alert will be advised that any information may need to be passed to Police/other agencies, as deemed necessary, for the protection of the adult at risk. The Police will be consulted by the person best placed, if the allegation relates to a potential criminal offence.

If the alert involves any service subject to regulation or statutory inspection, the Registrations & Inspections Unit must be informed by the provider service under regulation 10 of the Regulation of Care Act (2011) and the Safeguarding Adults Team will check this has been done.

If the alert relates to the actions or inactions of a member of staff, then discussions should be held with the line manager and other representatives of the employing organisation, i.e. Human Resources, responsible person, clinical governance teams etc.

**Continuation under the Policy and Procedures must always take place in cases of suspected or alleged harm in any of the following situations** –

- The vulnerable adult does not have the capacity to make informed decisions about what action they want to take (if any) in respect to the abuse they may be experiencing.
- The care of the person who is experiencing the harm is the legal responsibility of an agency or an individual, e.g. people subject to Guardianship or when there is a known Power of Attorney.
- The person alleged to have caused harm is a paid worker or a volunteer.
- The vulnerable adult is receiving care from the Department of Health and Social Care (DHSC) or where the DHSC has contracted the care to another agency.
- The person alleged to have caused harm is another service user.
- Other service users are at risk from the perpetrator.

In the above situations, the Adult Protection Procedures **must** be used, even where a person with capacity has asked for no action to be taken, in which case they will be informed of the duty to investigate (see Social Services Act 2011, Part 1, Section 1(2)(a)).

A decision not to conduct an Adult Protection investigation will be based on the following –

There is sufficient information available to make the decision that no abuse or neglect has taken place and that significant harm is not indicated and that action through other approaches if appropriate or that the person is not an adult at risk, in which case, if the person agrees, a referral will be made to service such as the Police, or the person will be given information about other relevant services.

**Adult Protection Alert and Threshold Flowchart**

Do the following apply to the person concerned?

(a) has needs for care and support (whether or not the authority is meeting any of those needs)
(b) is experiencing, or is at risk of, abuse or neglect and
(c) as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it
Once an alert is raised and the initial information has been gathered and recorded, then a threshold decision will be taken about whether it should proceed through the Adult Protection Process. The Safeguarding Adults Team will record the decision about the level of urgency.

Where immediate action is needed to protect the safety of one or more adults, information is passed to the appropriate person in the organisation(s) best able to implement those safeguards, as soon as possible. This happens within the same day that the alert is received and the actions are recorded by the Safeguarding Adults Team and the partner organisation(s).

The Safeguarding Adults Team will complete the information gathering, threshold decision and planning meeting within the following time frames –

<table>
<thead>
<tr>
<th>Critical – 1 Day</th>
<th>Urgent – 2 Days</th>
<th>Non-Urgent – 5 Days</th>
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If no further action is to be taken under the Adult Protection Procedures, the Safeguarding Adults Team is responsible at this stage for –

- Giving a clear response to the person making the alert and the vulnerable adult that no further action is to be taken under the Adult Protection Procedures. It is expected that, wherever appropriate, they will be given information as to why this decision has been made.
- Recording the decision made and the reason why.

- Where the person does not meet the definition of a vulnerable adult, it may be necessary to establish whether other actions need to be taken. This may include contacting the Police, if a crime has occurred, or, in some cases, other agencies for support.
- Notifying the Registrations & Inspections Unit if the person receives care from or in a regulated service or a service subject to statutory inspection.

### Key Message

- Consider carefully the impact of alerting the person/service alleged to be causing harm as a result of this information gathering.
- In all instances, any decisions and reasons will be recorded and communicated to others involved, as appropriate.
- Assess the ongoing risks to the person from the information available and take immediate action to ensure the safety of the vulnerable adult, where necessary and possible. Make use of appropriate Adult Protection Matrix.
- If there is a potential crime ensure the Police are informed of harm or neglect allegations.
- Find out whether there are any other vulnerable adults or children at risk and report them accordingly.
- Ensure that, wherever necessary, a formal assessment of mental capacity is undertaken.
- Ensure any forensic evidence is preserved (usually this will mean ensuring it is not removed or tampered with.
- Ensure a full record is made of any discussions, decisions or actions taken at this stage.

### Decision – Good Practice Guidelines

It is essential, that throughout all stages of the Adult Protection process, the person who has suffered harm is at the centre of all actions and is as fully involved as they can be in all decision making and planning.
For any meeting with the service user, efforts should be made to ensure that the service user feels safe and secure throughout and that they are able to raise and discuss any concerns that they have.

It is critical that practitioners ask sufficiently open questions to enable them to understand the issues, without conducting a formal interview; this may be the responsibility of another agency.

If the service user has mental capacity to make their own decisions, then it is essential that their views are sought, taken account of and acted on at every stage. It is possible that this could lead to some uncomfortable decisions, particularly if the person states that they do not wish for any further action to be taken. Practitioners may need to seek additional support and advice, from managers, particularly if consideration is being given to overriding the person’s views, such as when there are concerns for the safety of other vulnerable adults or children.

**Capacity**

In all cases, consideration regarding capacity is integral to the adult protection process and it may be necessary for a formal capacity assessment from a specialist practitioner/GP/Doctor to be undertaken.

The legal definition of someone who lacks capacity is that they cannot do one or more of the following things –

- Understand information given to them
- Retain information long enough to make a decision
- Weight of the information available
- Communicate their decision

Where an adult is deemed to lack the capacity to understand the process or the decisions made, a person acting in their best interests, e.g. an advocate, key worker or relative, should be identified, where possible. To take part in the Adult Protection process. The Isle of Man does not presently have capacity legislation, but works to the following principles within the UK Mental Capacity Act (2005).

**What does the Act mean by ‘lack of capacity’?**

Section 2(1) of the Act states –

‘For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain’. This means that a person lacks capacity if –

- They have an impairment or disturbance (for example, a disability, condition or trauma) that affects the way their mind or brain works and
- The impairment or disturbance means that they are unable to make a specific decision at the time it needs to be made.
**Principle 1: A presumption of capacity**

Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

**Principle 2: Individuals being supported to make their own decisions**

A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making DECISIONS.

**Principle 3: Unwise decisions**

People have the right to make what others might regard as an unwise or eccentric decision. Everyone has their own values, beliefs and preferences which may not be the same as those of other people. You cannot treat them as lacking capacity for that reason.

**Principle 4: Best interests**

If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests.

**Principle 5: Less restrictive option**

Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person’s rights and freedoms of action, or whether there is a need to decide or act at all. In essence, any intervention should be proportional to the particular circumstances of the case.

As above and irrespective of capacity issues it is essential that the person harmed or at risk of harm is assisted to participate, as fully as possible and remains at the centre of any decisions made. If the individual states that they do not wish for any further action to be taken and they do not have the mental capacity to make this decision, then careful consideration needs to be given to the most proportionate response.

Some important points to consider are –

- The central focus should be the protection, empowerment and well-being of the service user.
- Listen to the service user and ensure that their voice is heard.
- Remember people have the right to make unwise decisions.
- Service users have the right to make choices and decisions – practitioners are there to support the decision-making of the individual; respect their rights.
- Processes should be service user led, not professional led.
- A person’s previous wishes or previous lifestyle and cultural norms.
Practical Considerations and Alert Checklist

There are several practical things that should be considered prior to meeting the person allegedly harmed or at risk of harm -

- Where would the person prefer to talk to you?
- Are there any issues concerning safety for the person or yourself in relation to where you meet.
- Is it possible to talk to them on their own or will they require additional support.
- Do you have accessible information to provide to them/what might be needed.
- How is the meeting going to be recorded
- Can you signpost them to additional support if necessary.

When considering how best to support the person harmed or at risk of harm, it is essential that by the end of the initial information gathering stage you know –

- If the person is currently at risk of harm
- Whether the person wishes the alert to proceed and whether they have the mental capacity to make that decision
- How the person wishes to be kept informed of progress
- How involved they wish to be in the process. If they wish to attend meetings do they require support to do so.
- If not, how will their views be gained and shared.

The following checklist is intended for use by the Safeguarding Adults Team and lists issues they may need to consider when gathering information at this stage –

<table>
<thead>
<tr>
<th>Alert Checklist</th>
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<tbody>
<tr>
<td>Have you considered what needs to be done to protect the person’s immediate safety</td>
</tr>
<tr>
<td>Have you visited the person that the alert was raised for and, if possible, talked to them in their own home, environment or preferred location</td>
</tr>
<tr>
<td>Have you considered how you will identify the level of involvement they would like to have in the Adult Protection process</td>
</tr>
<tr>
<td>Have you talked to other people in the person’s life, e.g. GP, District Nurses, Social Worker, support workers, friends and family</td>
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</tbody>
</table>
Have you reviewed the person’s previous records and past history – talk to colleagues in other agencies for information they may have about the person or the person allegedly causing harm (e.g. Department of Health & Social Care, Police, Mental Health Service)

Do you need to alert the Principal Social Worker Access and Safeguarding Adults or any other members of Adult Services Leadership Team to the situation

Have you received an Adult Protection alert form from the alerter and completed an alert screening form on RiO

Have you completed appropriate electronic records

### Recording, information sharing and confidentiality

Everyone has a responsibility to keep clear and accurate records of the information received and for this information to be reported and shared in a timely manner. Any records kept during the investigation could be used in legal processes; therefore it is essential that accurate records are held appropriately.

All the major professional codes of conduct highlight the need for good record keeping and address issues of confidentiality and information sharing –

**Social Workers**

*Heath Care Professional Council Standards of Proficiency for Social Workers 2012*

“be able to recognise and respond appropriately to situation where it is necessary to share information to safeguard service users and carers or others”

**Nursing and Midwifery**

*Nursing and Midwifery Council The Code Professional standards of practice and behaviour for nurses and midwives – March 2015.*

“Share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information” and “have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people”.

**Police (Conduct) Regulations 2015 and Police Code of Practice (Isle of Man)**

“Police Officers treat information with respect and access or disclose it only in the proper course of Police duties”.

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Caldicott Principles

The key principles underlying use of patient/client identifiable information is summarised by the 6 Caldicott principles, namely –

Principle 1 Justify the purpose(s) of using confidential information
Principle 2 Only use when absolutely necessary
Principle 3 Use the minimum that is required
Principle 4 Access should be on a strict ‘need to know’ basis
Principle 5 Everyone must understand his/her responsibilities
Principle 6 Understand and comply with the law

Caldicott 2 (May 2013) has added a seventh principle:

Principle 7 The duty to share information can be as important as the duty to protect patient confidentiality.

Staff should be mindful of confidentiality; however, the likelihood is that there will be occasions when there is a need to break confidentiality in order to protect the service user(s) and safeguard against the risk of harm.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within the Department of Health & Social Care’s policies and with regard to the Data Protection and Caldicott Principles.

Key Message

Refer your internal agreements or information sharing protocols which exist in your area and make sure you work in line with these agreements.