

**Derbyshire County Council/Derbyshire Mental Health Services NHS Trust  
For the attention of all managers and practitioners who have responsibility  
for investigating suspected abuse or neglect of vulnerable adults**

**Safeguarding Vulnerable Adults Frequently Asked Questions**

**December 2009**

**Introduction**

All the documentation referred to is on framework I as part of the workflow for safeguarding or [here](#):

**NB** This website address includes a pdf version of the safeguarding monitoring forms for use by Mental Health Services (only- Adult Care use the monitoring form on Framework I )

**The following FAQ provides guidance however the Derbyshire Policy and Procedures should always be referred to:**

**Q. When should the safeguarding notification on FI (or PDF monitoring form - MHS only) be completed?**

A. In **all** cases where a safeguarding referral has been made concerning abuse or neglect in Derbyshire (not for out of county). This includes where a stage three decision (see workflow and stage three of policy and procedures) has been made not to proceed to a strategy meeting. Remember to always inform the referrer of the decision made.

**Q. I am a manager in ASS or MHS. In making a stage three decision what are the reasons not to proceed to a strategy meeting?**

A. Using the policy and procedures a stage three decision not to proceed to a strategy meeting (and therefore NFA on the workflow) will be one of the following;

- The alleged victim is not 18years of age or over
- The alleged victim is not eligible for LA/MHS services by reason of mental ill health, physical or learning disability, illness or age related frailty
- The person is eligible but the specific disability illness or frailty does not impact on the persons ability to protect him/herself against significant harm or exploitation
- The alleged incident does not meet the threshold for the specific type of abuse/neglect or risk of abuse/neglect as defined in the policy and procedures.
- The alleged perpetrator is a stranger and the procedures are not required to ensure the victim receives the services and support they need

- The alleged abuse or neglect occurred outside of Derbyshire (county) (e.g. Nottinghamshire) .The safeguarding actions of the local authority responsible should be recorded in case notes
- Remember that saying no at stage three does not prevent further investigations taking place during which further information may come to light prompting a new safeguarding referral.

Remember to record the reason why not proceeding. Remember that other procedures and guidance (e.g. safeguarding children, MARAC) may still apply. Remember to record the assistance (e.g. signposting) that has been given. Remember to record that you have informed the referrer of reason why it is not proceeding to a strategy meeting.

**Q. Can a strategy meeting be held as a series of face to face and/or telephone discussions?**

A. Yes. In order to complete a strategy meeting it may be necessary to have both telephone discussions and staged meetings to ensure all required parties are included ( for example the alleged victim – or their advocate/representative) on a need to know basis. Both the template for the telephone discussion and the meeting template can be used to complete the safeguarding strategy meeting.

**Q. Do strategy meetings always have to proceed to a separate case conference?**

A. No. Policy and Procedures agenda for the strategy meeting and the workflow allow you to proceed within the strategy meeting to the case conference agenda or to NFA.

This will be where no further investigation is required in order to make a decision as to whether the concern is substantiated or not **and** you have all the information needed (especially the safeguarding risk assessment) to understand the choices made by the person/advocate, **and** the vulnerable adult/representative or IMCA **and** all the agencies required are available to draw up any safeguarding plan required.

**Q. I am a FI user. Do I have to complete the templates for strategy meetings and case conferences straight onto FI?**

A. If at all possible yes. If however you are a business service user you will complete the templates for strategy meetings/case conferences separately and scan on as a document once approved by the chair.

**Q. I am chairing a safeguarding meeting regarding a service user who is funded and care coordinated/managed by an external authority (e.g. Nottinghamshire). What parts of the workflow do I need to complete?**

A. All parts of the workflow need to be completed so that there is a record – the safeguarding risk assessment can be issued to external care managers/coordinators for their completion. The general case record should record in case notes the contact point for the care coordinator.

**Q. Where else should I record safeguarding issues outside the workflow on FI (or templates provided for MHS)?**

A. Case notes should refer to safeguarding issues as they arise and are discussed with managers and should be of a FI case note type “safeguarding issues” or headed as such in MHS services notes to aid future assessments and audits. All assessments/need sections of care plans should be updated. Where it would be dangerous or otherwise inappropriate to record safeguarding needs/plans in the care plan (for instance the perpetrator may have access to the care plan and is not fully engaged) then the reason for this must be recorded and the reader signposted to the current reviewed safeguarding plan.

**Q. I have received a safeguarding referral regarding possible abuse/neglect of a person who is now deceased. How do I record our safeguarding work?**

A. The policy and procedures state that safeguarding will address abuse or neglect where it may be a contributory cause of death in order to assess and address any risks to other vulnerable adults. For persons previously unknown then a new record will need to be created but clearly no standard assessment is required.

**Q. In what circumstances should legal services be represented at strategy meetings and case conferences?**

The threshold for involving legal services includes:

- Where safeguarding may involve legal action to prevent significant harm. Legal action would include applications to the court of protection
- Where formal contracts are required to ensure members of the public adhere to safeguarding plans which reflect the rights and duties vulnerable adults and their families. For example there may need to be a contract which describes the contact arrangements between family members where abuse is suspected

**Q. What are the key issues in dealing with safeguarding concerns regarding group settings (e.g. day care, residential care, hospital settings etc)?**

A. There are a number of issues that need to be addressed:

- Establish which vulnerable adults meet the stage three criteria for requiring a strategy meeting. General statements that the “home is cold” or “medication is left out” or “bills have not been paid” or “there is falsification of files” do not in themselves amount to a vulnerable adult being harmed under procedures. Is there current ( i.e. information that can be ascertained within the one day timescale for stage three decisions) concerns that a resident has (for example) hypothermia, or that medication has been mal administered and resulted in harm. If not is there a judgement that harm is “highly likely and imminently” to result given the information available? Remember that saying no at stage three does not prevent further investigations taking place during

which further information may come to light prompting a new safeguarding referral.

- Are thresholds met for the particular type of abuse faced? In cases of verbal assaults has the threshold been met for psychological abuse? An exchange of strong language between two service users in a group care setting may not result in “repeatedly being made to feel unhappy, anxious, afraid, humiliated or devalued”. However a similar exchange with a member of staff in a institutional setting may be very psychologically abusive given the dependency and power relationship between the two people.
- If more than one vulnerable adult in the same setting is considered as requiring a strategy meeting then they might be held at same time and place to assist best use of time Remember however that separate records of the strategy meeting must be made and careful consideration must be given as to how to stage the meetings to involve the vulnerable adults and/or their representatives
- Often the strategy meeting will consider the risks to other adults in the group care setting resulting from the referral. It is possible that enough information becomes available during the meeting to prompt a safeguarding referral but more likely partners will be tasked to review the circumstances of different users of the group care setting **outside of safeguarding procedures** in light of the risks identified. Often it is appropriate to be very specific concerning the review: “is there any evidence of neglectful skin care” or “has medication been appropriately provided” rather than tasking a full social/health care review. Safeguarding referrals may then arise following the review. **NB** All reviews will need to be recorded against the individual and may require new case records to be created (for example in the case of a previously unknown self funder in a residential home).
- Remember that a care plan review is needed to update the care plan to identify risks identified as part of safeguarding episode and to detail the safeguarding actions being taken

**Q. What is the role of continuing care staff in safeguarding?**

A. Specific guidance is now available through the above link.

**Q. What are the implications of the Mental Capacity Act (including Deprivation of Liberty Safeguards) for safeguarding?**

A. The policy and procedures for safeguarding fully address the impact of the above legislation:

- The use of “informed” advocacy for vulnerable adults to promote the likelihood of victims of abuse or neglect to make decisions regarding safety. Remember to offer the universal advocacy services that are

there to specifically address different types of abuse such as rape crisis or domestic abuse services.

- The safeguarding risk assessment requires consideration of whether a mental capacity assessment is required
- Remember that having mental capacity in itself does not mean that safeguarding arrangements are not required. Mental ill health, physical or learning disability, illness or age related frailty **can severely impact** on a person's ability to protect himself/herself against significant harm or exploitation **whether or not** the person has the mental capacity to make informed choices concerning their own safety.

At the stage three of the procedures there is a need to decide whether the disability/health issue adversely impacts on the persons ability to manage their own safety with respect to the current concern and therefore that safeguarding arrangements would benefit.

- Use the safeguarding risk assessment template to ensure that the person is at the centre of decision making regarding safety
- Where a person is unable to make an informed decisions the procedures ensure that a IMCA is always available and will always be provided where a person has no-one to speak for them or where that person is implicated in the safeguarding referral. This helps the partner agencies make a "Best Interest" decision concerning safeguarding measures.
- A safeguarding referral will be needed where there is concern that there is an unnecessary deprivation of liberty (for example where alternatives to restraint have not been considered).

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