

**Lucy Butler**

**Assistant Director, Integrated Learning  
Disability Services and Mental Health,  
Hampshire County Council Adult Services**

**Jason Brandon**

**AMHP Professional Development Manager,  
Hampshire County Council Adult Services  
Department**

# No Secrets:

Guidance on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse

Department of Health

2000

Local Authority mandatory coordinating role *but* everyone's responsibility

Local Authority Adult Services Department lead *coordinating* role but safeguarding is *everybody's* business

All have a personal and professional responsibility to respond and act

# A vulnerable adult is:

Someone who “is or may be in need of community care services by reason of mental or other disability, age or illness and is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation”

Department of Health 2000

# Vulnerability also has to do with those people being:

- Placed more at risk
- Not believed if harmed
- Not helped promptly if harmed
- Disadvantaged when it comes to recovery

# Social factors for vulnerability

- Stigmatisation and exclusion persist
- Economic and social discrimination persist
- Discriminatory abuse everyday experience
- People with mental health problems are targets for 'Disability hate crime'
- Perpetrators are interested in perceived easy targets
- Institutional care historically linked to abuse
- MIND: *Ward Watch*, 2004; *Another Assault* 2007

# So there is a need to

- Provide safe services and proactively safeguard people's rights
- Make sure complaints are heard and acted upon
- Ensure appropriate criminal justice responses
- Ensure appropriate support available

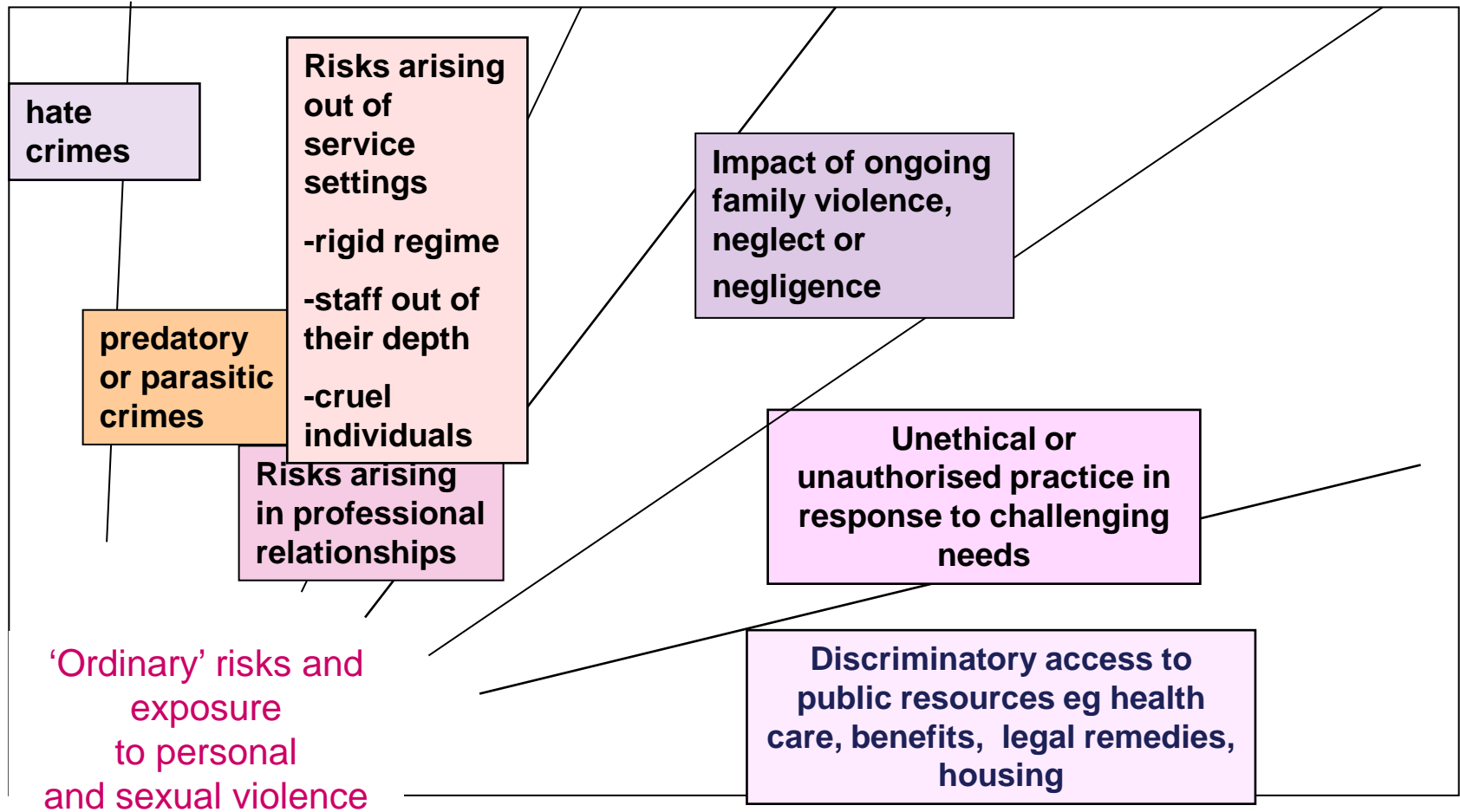
# Definition of “abuse”

“Abuse is the harming of another individual usually by someone who is in a position of **power, trust** or **authority** over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse. Abuse may happen as a ‘one-off’ occurrence or it may become a regular feature of a relationship. Other people may be unaware that it is happening and for this reason it may be difficult to detect. In many cases, it is a **criminal offence.**” Centre for Policy on Ageing.1996

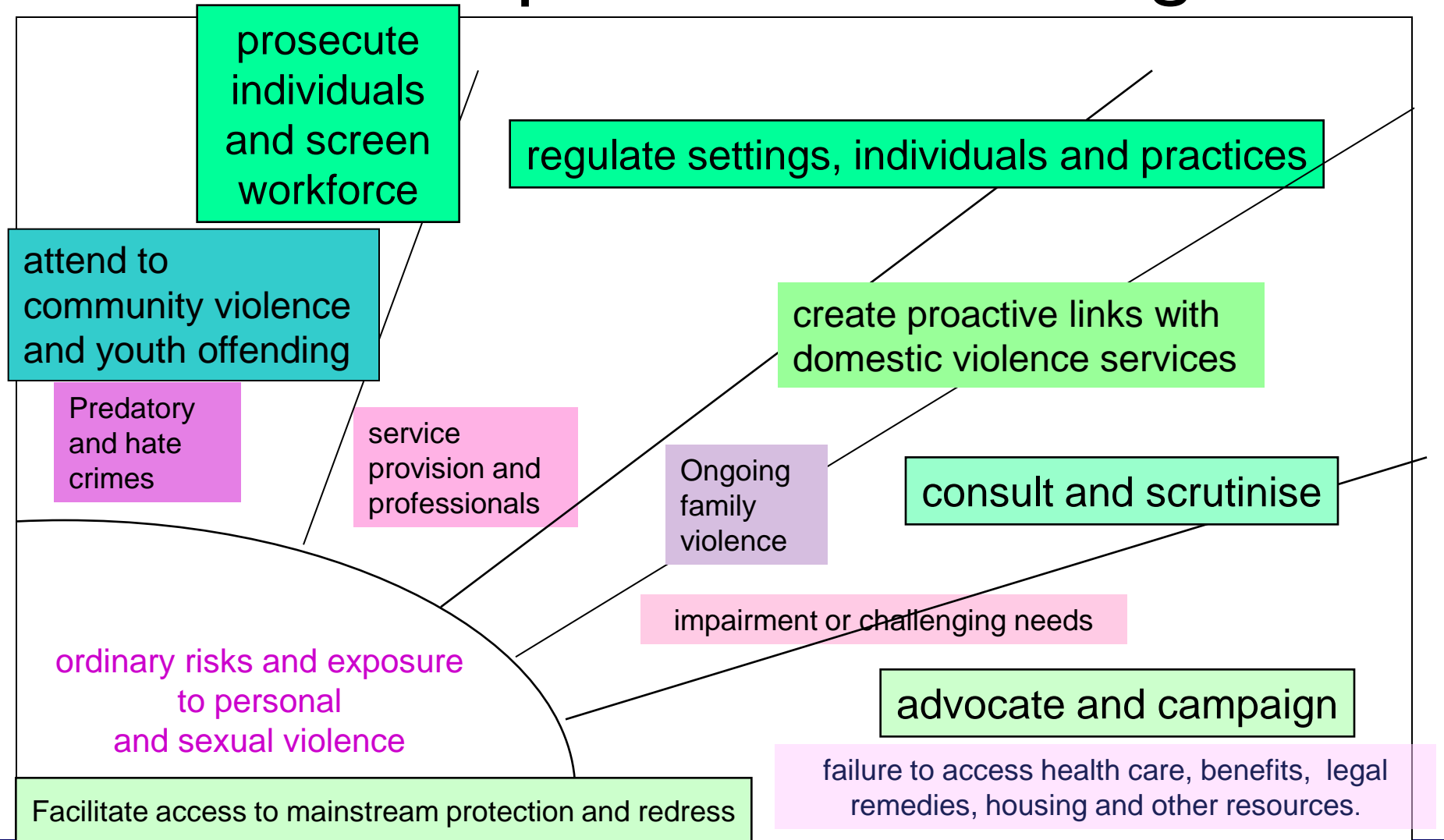




# Constellations ( not types) of abuse emerging from literature...



# Differential preventative strategies



Just as vulnerability has to do with a person's situation as well as inherent characteristics so the actions and outcomes need to be based on:

- The victim/survivor need for protection/justice/recovery/service provision
- The perpetrator's need to be subject to measures such as: disciplinary measures; screening out of workforce; prosecution; treatment/supervision; help and support
- The need for issues in services to be addressed: inspection; training of staff; closure; improvements against standards; clearer care planning; prosecution of staff



# Risk assessment

Crucial in safeguarding individuals from abuse. Risk assessments must capture all of the vulnerability factors not just those inherent in the individual. This informs us as to:

- The levels of response required
- Who needs to be involved
- What needs to be investigated
- What the legal options might be
- What preventative measures might be taken

In order to minimise risk and maximise gains

Criminal	
Breach of Health and Social Care Act,2008	
Breach of rights of a person detained under the Mental Health Act 1983	
Breach of terms of employment	
Breach of professional code of conduct	
Breach of health and safety legislation	
Complaint re failure of service provision	
Breach of contract to provide care	
Ill treatment or neglect of a person lacking capacity	
Anti social behaviour	
Suspicious death	
Concerns about the actions of a Deputy or registered Attorney	
Failure to meet standards in NHS hospitals*	
Assessment of need for health and social care services	

*Adapted from 'Safeguarding Adults' 2005*

# Mental Capacity Assessment:

Crucial in making specific decisions in the context of safeguarding from abuse:

- Level of involvement of the individual
- Sharing of information
- Possible legal remedies
- Best interests





# NHS Trust/PCT

- Commission and provide safe services
- Ensure patient safety
- Statutory duty of care
- Cooperate and collaborate in accordance with 'No Secrets'
- Member of Board
- Professional Codes of conduct on abuse
- Contribute to Interagency Planning Meetings
- Ensure safeguarding links with SUI and Clinical Governance
- Staff training (Skills for Health)



# Regulation 9 Health and Social Care Act 2008

The registered person must make suitable arrangements to ensure service users are protected against risk and abuse.

Guidance states people using the service:

- Are protected from abuse, or the risk of abuse, and their human rights are respected

This is because providers who are compliant with the law will:

- Take action to prevent abuse from happening in a service
- Respond appropriately when it is suspected that abuse has occurred
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice
- Make sure that any means of restraint or management of disturbed behaviour that is used is appropriate, reasonable, proportionate and justifiable for that individual
- Protect others from the effect of the person's disturbed behaviour

Providers who are compliant with the law will:

- Know how to identify and investigate abuse because there are clear procedures about this that are followed in practice, monitored and reviewed.
- Are aware of and understand what abuse is, the differences between supporting children and adults who are at risk of abuse, what the risk factors for abuse are, and what they must do if a person is being abused, suspected of being abused, is at risk of abuse or has been abused.

Providers who are compliant with the law will:

- Follow the referral process and timescales as described in local and national multi-agency procedures when responding to suspected abuse, including ‘No Secrets’ and ‘Working Together to Safeguard Children’.
- Understand the roles of other organisations who may be involved in responding to suspected abuse, to the extent that is appropriate to their role.
- Are confident to report any suspicions without fear that they will suffer

# Themes: personalisation and safeguarding

- Service user empowerment, involvement, participation
- Partnership working
- Reducing isolation
- Prevention and early intervention
- Market development
  - to reflect choices
  - to ensure good quality/safe services
- Outcomes focus



# Themes: personalisation and safeguarding

- Positive risk policy in place
- Workforce developed and skilled in positive risk taking
- Develop service users in assessing and managing risk
- Workforce developed in working within the principles of MCA
- Develop and support service users in safeguarding
- Work with service users to produce measurable outcomes

# Themes: personalisation and safeguarding

- Market development and information
- Peer support
- Reducing isolation
- Develop financial abuse practice and policy
  - finance departments locally
  - financial and needs assessment
  - work with national bodies
- Develop Family Group Conference model

# Themes: personalisation and safeguarding

- Process issues
  - review frequency
  - financial assessment
  - level of support
  - commissioning support
- Safe commissioning
- Data Collection