



INTER AGENCY

SAFEGUARDING ADULTS

POLICY

AND ADULT PROTECTION

PROCEDURES

2018-2020

Adult Protection Policy and Procedures

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Foreword

Dr Malcolm Couch – Chief Executive Officer – Department of Health & Social Care

The Department of Health and Social Care is committed to having in place the law, policies and practices which will ensure that people who are vulnerable for any reason are safe from harm, neglect or abuse. Knowing that safeguarding is everyone's responsibility, I share this commitment as an individual and as the department's Chief Executive; and do all that I can to make it a day-to-day reality. Our five year strategy, which was approved unanimously by Tynwald, made safeguarding a national priority.

The agencies having statutory safeguarding functions must work in partnership with each other and in collaboration with public, voluntary and private sector organisations so that vulnerable people and their loved ones experience rapid, professional, seamless and effective support which is tailored both to their needs and wishes. This means that not only must we carry out our protection work to a high standard, but we should also consult with and understand the views of the users of our services and their loved ones, carers and representative groups so that we can check that we are getting our approach right.

This document sets out in detail how we go about our work. I hope that any readers of it will find the guidance that they are looking for set out clearly in plain English. Please feel free to let me or any DHSC safeguarding contact know if that is not the case and we will improve it.

Safeguarding is important.

Statement of Commitment

These Procedures support the statutory guidance of the Isle of Man Safeguarding Board, Safeguarding Act 2018, and have been developed in line with best practice guidance from the U.K; the Care Act (2014)(UK), National Standards Framework "Safeguarding Adults" developed by the Association of Directors of Adult Social Services, London Multi-agency Adult Safeguarding Policy & Procedures and North West Safeguarding Adults Policy (version 4.8).

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 –
 - (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.

This basic criteria must be met to reach the threshold for an Adult Protection Referral.

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.

Whilst The Care Act 2014 is English Law and, therefore, not law on 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 Inter-Agency Adult Protection Policy and Procedures set out in this document should be adhered to by the people employed directly by Adult Social Care, and also by partner agencies and organisations who may come into contact with those people, and act to help and protect adults on the Isle of Man. This will ensure a proportionate, timely and multi-professional approach is taken, and that Adult Protection work is co-ordinated across all relevant agencies and organisations. This is essential for an appropriate response to be provided when concerns are raised with regard to an individual being subjected to harm or abuse.

This document has two parts:

- **Part One** – Sets out the Safeguarding Adult Policy
- **Part Two** – Sets out the Adult Protection Procedures

PART ONE

Aims

The aims of Adult Protection are to:

- Stop abuse or neglect
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that support them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving lifestyle choices for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and how to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse and/or neglect.
- Support the adults to maintain positive relationships with those whom they choose.

Policy Statement

To achieve these aims it is necessary to:

- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities.
- Create strong multi-agency partnerships that provide timely and effective responses to and prevention of abuse or neglect.
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners.
- Enable adults to access mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which may increase the risk of abuse or neglect.
- Clarify how responses to Adult Protection concerns, deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

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 alleged person harmed. 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 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 all adults have the right:

- To live free from 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
- To seek redress through appropriate agencies.
- To decide about how they wish to proceed, in the event of abuse, and to know that their wishes may only be over-ruled if it is considered necessary for the safety of others, or for their own safety and protection. Further information is detailed in the 'Making Safeguarding Personal' approach above.
- 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 appropriately.
- To receive appropriate support, education and, where possible and appropriate, counselling, therapy and treatment following abuse.
- To have their nearest relative, informal carer or advocate included in the process where appropriate.

What is safeguarding?

Safeguarding is defined as "...protecting an adult's right to live in safety, free from abuse and neglect". (Source: Department of Health: Care and Support Statutory Guidance, Chapter 14.)

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 adults at risk of abuse or neglect. Providers of services, across Health and Social Care have a core responsibility to provide safe, effective, high quality care.

Adult Protection concerns require a variety of responses including internal and external investigations, disciplinary processes, clinical governance processes, the involvement of the Police, Regulatory Authorities, staff training and other actions.

The Care Act and accompanying guidance state that Adult Protection:

- Is person led
- Engages the person all the way through the process and addresses their needs
- Is outcome-focused
- Is based on a community approach from all partners and providers.

Safeguarding Adults Principles - with accompanying 'I' statements (Making Safeguarding Personal)

Empowerment Presumption of person led decisions and informed consent.
I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens

Prevention	It is better to take action before harm occurs. <i>I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.</i>
Proportionality	Proportionate and least intrusive response appropriate to the risk presented. <i>I am confident that professionals will work in my interest and only get involved as much as needed.</i>
Protection	Support and representation for those in greatest need. <i>I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I am able. I feel part of the safeguarding process and it is not something which happens around me. I am allowed to take risks.</i>
Partnership	Local solutions through services working with their communities have a part to play in preventing, detecting and reporting neglect and abuse. <i>I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.</i>
Accountability	Accountability and transparency in safeguarding (adult protection). <i>I am clear about the roles and responsibilities of all the people involved in the response.</i>

These six principles should inform the ways in which professionals and other staff work with all adults; and forms the basis of all Adult Protection practice. The principles are not in order of priority, they are of equal importance. However, there is recognition that the prevention of harm is always better than investigating harm that has occurred.

Making Safeguarding Personal Values

Making Safeguarding Personal (MSP) is ".....about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery. MSP is also about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process".

(Source: ADASS Making Safeguarding Personal: Guide 2014)

Making Safeguarding Personal (MSP) is the approach now taken to all Adult Protection work. The key message of MSP is to support and empower each adult to make choices, and for the individual to have control about how they want to live their own life. It is a shift in culture and practice in response to what is now known about what makes Adult Protection more, or less, effective from the perspective of the adult being safeguarded. MSP is about having conversations with people about how responses to Adult Protection situations can be made in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety. It is about seeing people as experts in their own lives, and working alongside them to identify the outcomes they want to make them feel safer.

Making Safeguarding Personal – this approach should include:

- Conversations - Should happen with the adult, at the earliest opportunity, enabling them to identify realistic outcomes and that their views, wishes, feelings and beliefs are central in decisions about how they wish to proceed. Often the most effective way to manage risk and enable positive risk-taking is to work closely with the individual in their own context in order to negotiate the risk enablement and safeguarding that is appropriate for that particular individual. Having honest discussions with people about the possible options, the risks and benefits of each option, can result in more focused risk enablement. The very process of engaging with individuals can often give them a sense of control and self-esteem that enables them to better protect themselves. Their wishes should only be overridden if considered necessary in the interests of their own safety or the safety of others. Information sharing without consent is carried out in the best interests of the service user and is a decision the Adult Protection Team Manager or Senior Practitioner makes. You must document your decision to share and your rationale for this decision. The Caldicott Guardian for Social Care is available for advice regarding information sharing specifically to safeguard or protect.
- Information can be shared against the persons wishes in the following circumstances:
 - The person lacks capacity
 - A crime has been committed
 - Wider public interest / risk to others
 - Risk to life or limb 'vital interest'
 - Belief that their response is as a result of coercion or duress
 - Legal obligation i.e. warrant
- A flexible approach - People are all individuals and want a range of differing options in response to their own lives and experience. Each adult needs to be supported to explore the choices and responses that they may want during an enquiry (which may change from their initial wishes as the enquiry proceeds). Some people have no wish for any formal proceedings to be pursued and may be distressed when this happens without their knowledge or agreement. In complex domestic circumstances, it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action. Whilst most people do want to be safer, other outcomes may be as, or more, important to the individual, such as maintaining relationships. Adult Protection must respect the autonomy and independence of individuals, as well as their right to family life (Article 8 European Convention of Human Rights). In some circumstances it may be necessary to override a person's wishes; however this may only occur if it is lawful to do so. Please refer to above.
- Keeping the adult informed - The adult needs to be kept informed through regular discussion about the factors which may have contributed to abuse and neglect occurring and of relevant information as the enquiry proceeds. Some individuals may want access to some form of justice or resolution, such as through criminal or civil law, restorative justice, or through knowing that some form of disciplinary or other action has been taken. They may feel disappointed or let down if this does not happen. The adult should be supported to understand the options open to them during an enquiry. Other approaches that might help to promote their well-being include therapeutic or family work, mediation and conflict resolution, peer support or group therapy.

- Undertaking a discussion regarding the outcomes - At the end of an enquiry it is an expectation that the responsible worker will undertake a discussion with the adult to see what difference the Adult Protection process has made to their life, and whether the outcomes they hoped for have been achieved. Support and measures to restore and enhance their resilience to future risks of abuse and neglect should also be considered and promoted, and recorded.

All statutory and voluntary agencies recognise, within the present legal framework, that there will be some occasions in which adults at risk of abuse or neglect 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 adult perceived to be at risk. Staff may also find that they do not have the power to remove the adult from a risky 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 adult potentially 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.

Risk Management:

Adult Protection is fundamentally around managing risks about the safety and wellbeing of an adult in line with the six safeguarding principles. The aim of risk management is:

- To promote and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers;
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes;
- To promote the adoption by all staff "defensible decisions" rather than "defensible actions".

Effective risk management strategies identify risks and provide an action or means of mitigation against each identified risk, and have a mechanism in place for early escalation if the mitigation is no longer viable. Contingency arrangements should always be part of risk management. Risk assessment and risk management should take a holistic approach and partner agencies should ensure that they have the systems in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention.

Part Two

Capacity, Consent, Best Interest

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. Individuals must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to do so. Where an adult is found to lack capacity regarding a specific issue, then any action taken, or any decision made for or on their behalf, must be made in a best interest's forum. (Please refer to Adult Services Policy on Capacity). Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the Adult Protection process as much as possible.

The Functional Test of Capacity;

In order to decide whether an individual has the mental capacity to make a particular decision you must decide whether there is an impairment of, or disturbance in, the functioning of the person's mind or brain. This is the first stage of the two-part test.

The second stage follows:

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
- Weigh up/evaluate all of the information available and potential outcomes of the information
- 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 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 proven 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, with due care and consideration given to communication preferences. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions about themselves.

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 people as lacking capacity for that reason.

Principle 4: Best interests

If a person has been assessed as lacking capacity in any area of their lives, 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

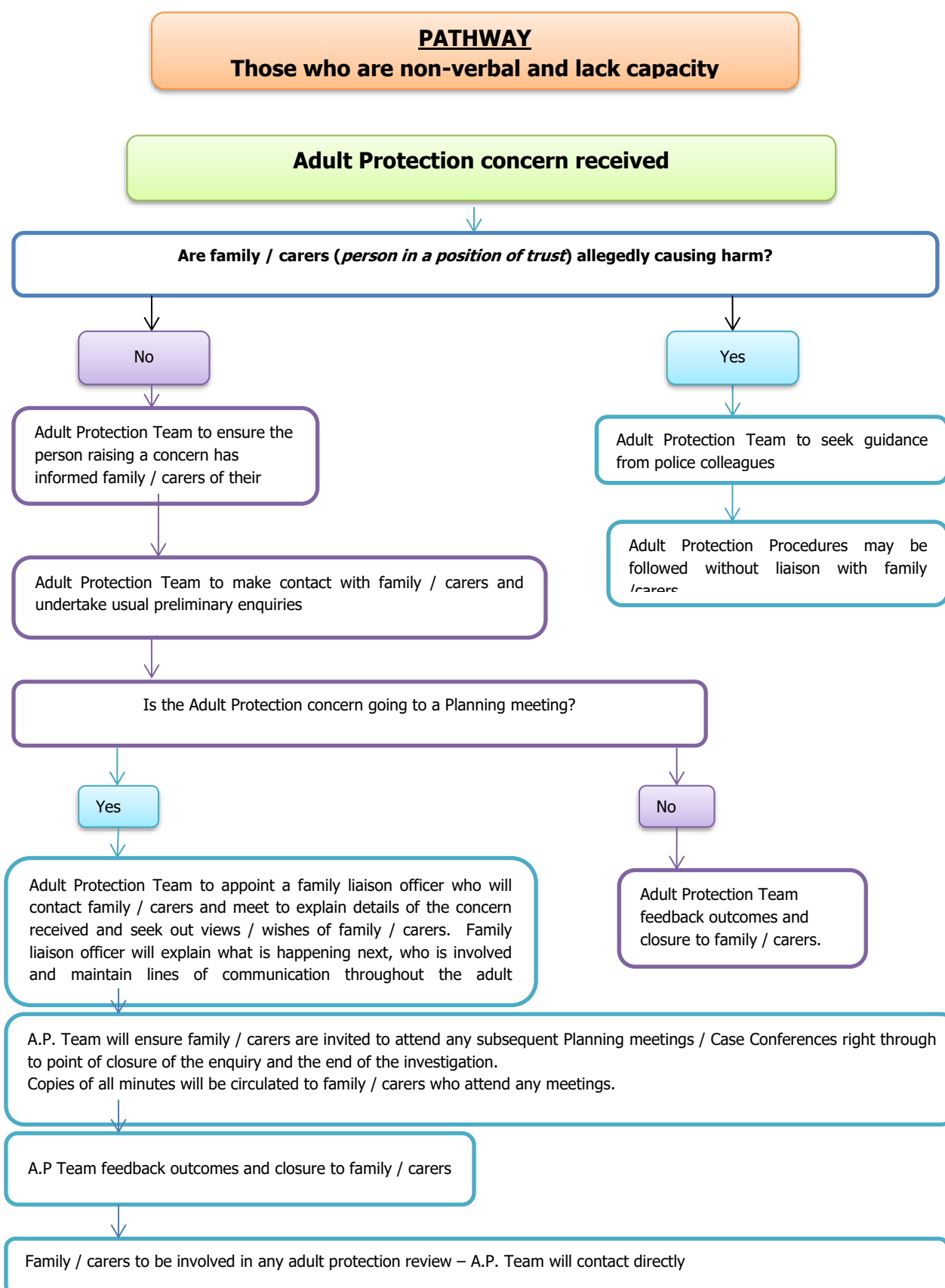
Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action; or whether there is a need to decide or act at all. In essence, any intervention should 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.
- The person's capacity to make decisions.
- Whether to refer to the multi-agency Self Neglect policy.
- 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.

Those who are non-verbal and lack capacity – please refer to the pathway below with regards to involving family/carers (person in a position of trust) in the Adult Protection process.



Advocacy

From information gathering undertaken in any Enquiry, the Adult Protection Team Manager or Senior Practitioner will make the decision whether an independent advocate needs to be sourced. In some instances, the most appropriate person to support the adult at risk and act as an advocate is the primary carer. Assumptions should not be made about carers acting as advocates and each case should take account of the individual circumstances. Advocacy involves taking any action necessary to assist people who experience substantial difficulty contributing to the Adult Protection process to have a voice, promote their rights, and represent the adult's interests throughout.

The advocacy duty will apply from the point of first contact with the Adult Protection Team, and at any subsequent stage of the Adult Protection process. If it appears to the Authority that a person has care and support needs, then a judgment must be made as to whether that person has substantial difficulty in being involved; and if there is not an appropriate individual to support them, an independent advocate must be appointed to support and represent the person where possible.

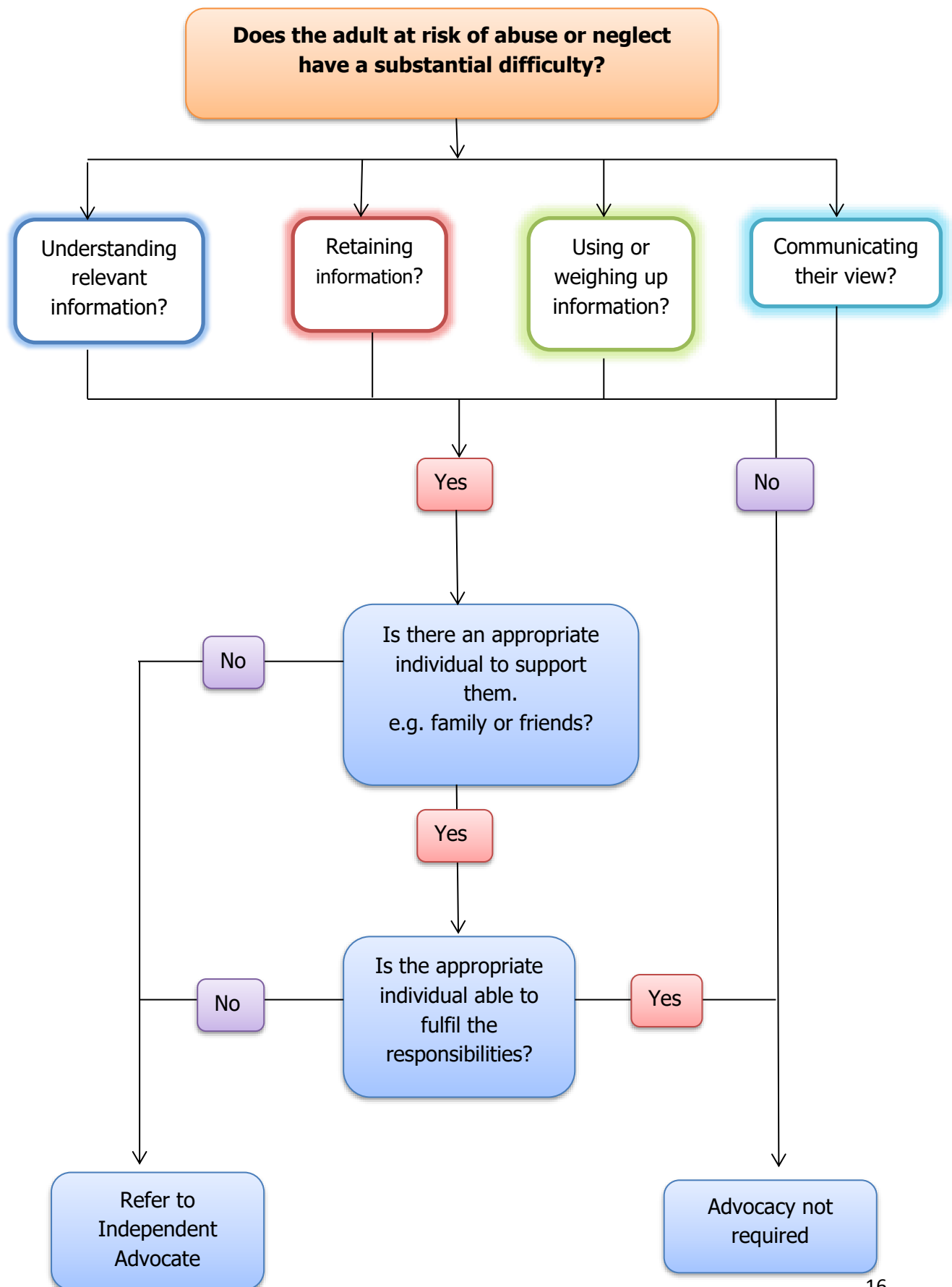
The Adult Protection Team must consider whether there is an appropriate individual who can facilitate a person's involvement in the process, and this includes four specific considerations.

The appropriate individual cannot be:

- already providing care or treatment to the person in a professional capacity or on a paid basis
- someone the person does not want to support them
- someone who is unlikely to be able to, or available to, adequately support the person's involvement
- someone implicated in an enquiry into abuse or neglect or who has been judged previously to have failed to prevent abuse or neglect.

Please consult with the below flowchart around when to appoint an independent advocate. (Pan London Guidance, 2015)

Figure 1. Advocacy Referral Flowchart – When to appoint an independent advocate



Introduction to Adult Protection Process- Reporting Concerns

These procedures are intended to assist in the raising of concerns and improve the understanding of the decision making process within the Adult Protection Policy, once a concern has been raised with the Department of Health & Social Care, Adult Protection Team. The main objective of these procedures is to provide guidance to enable adults to be kept safe from abuse or neglect, and action taken where required in order to achieve this.

The procedures are a means for staff to combine principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal. They are a framework for managing Adult Protection interventions that are fair and just, through strong multi-agency partnerships that provide timely and effective prevention of, and responses to, abuse or neglect. Furthermore, there is accountability in terms of risk management, timely sharing of information and co-operation - working within and respecting legal boundaries. (Pan London Guidance, 2015)

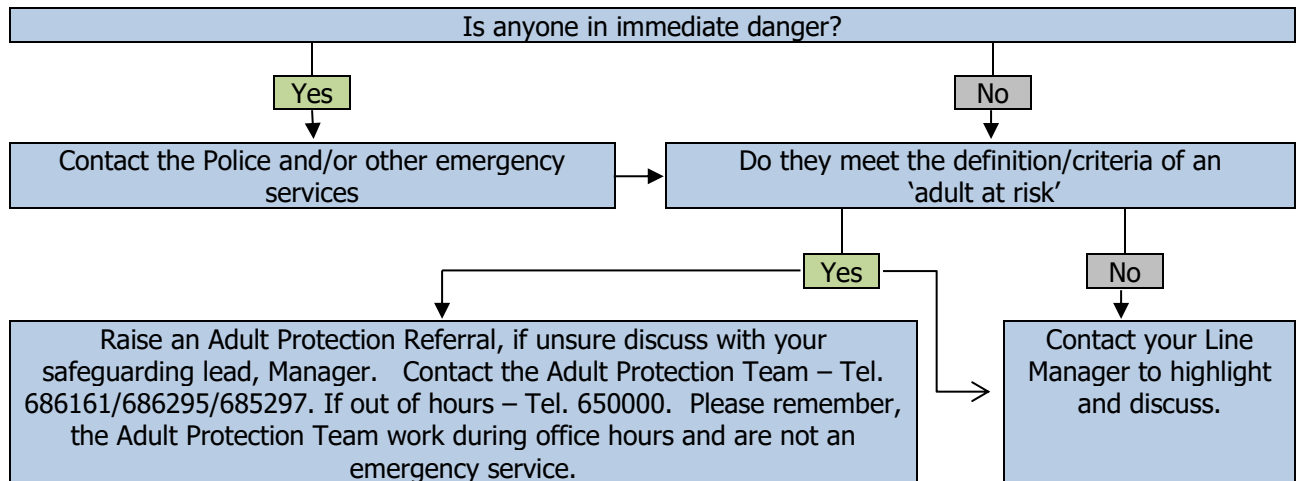
The focus is on developing practice in Adult Protection by highlighting good working practices and promoting reflective practice amongst practitioners, throughout any enquiry.

The Procedures are designed to –

- Work in parallel with any internal policy and procedures.
- Promote the welfare and safety of adults at risk when there are concerns that an adult is being, or likely to be, harmed or neglected by a third party.
- 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.

This document covers the procedure that will be followed on the Isle of Man when an allegation of suspected abuse and/or neglect 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 and in a timely manner.

Guidance for the Referrer



The referrer is required to complete an Adult Protection Concern Referral form. The form is to be signed (electronic signature can be accepted) then dated and forwarded either by fax, email or post. The form should include the following basic information –

- Details of the concern, allegation or incident, including date, time, location and the name of any witnesses.
- Whether consent has been obtained for the concern to be raised and, if not, the reasons why.
- What the adult harmed said about the abuse including their wishes and feelings about what they want to happen next.
- The appearance and behaviour of the adult harmed.
- The name of adult allegedly harmed.
- Any injuries observed.
- Any known details of the person causing the harm, such as name, address and date of birth, and any known risk factors.
- Information relating to vulnerability of the adult 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 person harmed 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 adults at risk or children may be at risk you will need to inform them that you have a duty to raise a concern or inform the Police, if a crime may have been committed. You have a duty to report any safeguarding concerns about children, do this by making contact with children's services 686179 Option 2.

Please refer to Appendix 1 for further guidance for staff around supporting a disclosure and issues to consider at the time.

Definitions of Abuse

Types of Abuse

Physical	Can include - hitting, slapping, pushing, kicking, misuse of medication, inappropriate physical sanctions.
Sexual	Can include - rape and sexual assault, inappropriate looking/touching or sexual acts to which the adult has not consented, or could not consent, or was pressurised into consenting.
Psychological or Emotional	Can include - emotional harm, bullying, isolation, humiliation, blaming, controlling, intimidation, coercion, harassment, threats of any nature.
Financial or Material	Can include - 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. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or others, particularly when the person lacks the mental capacity to risk assess for themselves. For information regarding pressure injuries please refer to Appendix 4 (currently still in draft format with Safeguarding Adults Team).
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. Excluding a person from activities on the basis they are not 'liked' is also discriminatory abuse.
Domestic Abuse	Any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional.

Modern Slavery and Human Trafficking

Slavery, servitude and forced compulsory labour. Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Slavery is different to other human rights violations and exist when a person is found in one of the following situations: being forced to work; owned or controlled by an 'employer'; dehumanised as treated as a commodity which can be bought and sold; or physically constrained or has restrictions placed on their freedom of movements.

It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the person's life with little regard for the victim's health and well-being.

Disability Hate Crime

The UK Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime: Disability; Race; Religion; Sexual orientation and Gender.

Pressure Ulcers

Clusters of grade 2 or anything 3 and above – **where there is also** evidence of abuse/harm or negligence having taken place.

Spiritual Abuse

This is experienced as a deeply emotional personal attack and may include: manipulation and exploitation, enforced accountability, censor of decision making, requirements for secrecy and silence, pressure to conform, misuse of scripture or the pulpit to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those externally to the abusive context.

Organisational Abuse

Where the needs of the organisation overtake the needs of the individuals within its care, which may result in abusive or neglectful practices of the residents. Concerns of this kind should be made to the Adult Protection Team who will then determine whether separate and specific Terms of Reference for the enquiry need to be drawn up, depending on the information received. However, any of the previous categories can take place within organisational abuse.

Overview of Adult Protection Procedures

The Care Act (2014) UK provides a statutory framework that requires local authority 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 adults at risk. In terms of the Isle of Man Policy, adult at risk may also be referred to as “person harmed”.

Whilst the Care Act (2014) UK has not been formally adopted on the Isle of Man, these are widely accepted as best practice and 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

The Procedures

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, and to differentiate between Adult Protection and what is complex care.

There are a number of key stages and decision points to the Adult Protection process. 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 adults suspected of being harmed, need to be recorded, along with the rationale for any decision. At any stage during this process it may be decided by the Adult Protection Team Manager, or Senior Practitioner, 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 that all responses to abuse are person centred, transparent, accountable and proportionate.
- To highlight whether the concern raised is considered complex care.
- To reinforce that Safeguarding is everyone’s business, and as such all have responsibilities re promoting wider safeguarding practice.

Adult Protection Process – Four Stages

STAGE 1 – CONCERN

- Adult Protection concern received.
- **Criteria Decision made by Adult Protection Team.**
- Inappropriate referrals returned to referrer with rationale for non-acceptance.
- Information gathering.
- **Decision made by Team Manager/Senior Practitioner.**
Making Safeguarding Personal – who will establish wishes and views of the adult
- **Decision made by Team Manager/Senior Practitioner Adult Protection Team** based on threshold levels (see matrix) whether concern needs to progress to **Enquiry** – and urgency of said enquiry will be deemed critical/urgent/non-urgent – from date of receipt of Adult Protection concern.
- Planning Meeting will be held within the appropriate time scales.

Critical	1 working day
Urgent	2 working days
Non-Urgent	5 working days

STAGE 2 - ENQUIRY

- Planning Meeting (more than 1 Planning Meeting may be held).
- Development of Safe Plan.
- **Decision made by Team Manager/Senior Practitioner whether there is a requirement to progress to an investigation.**

If proceeding to an investigation, a Case Conference will be convened within 4-8 weeks from date of Adult Protection concern received.

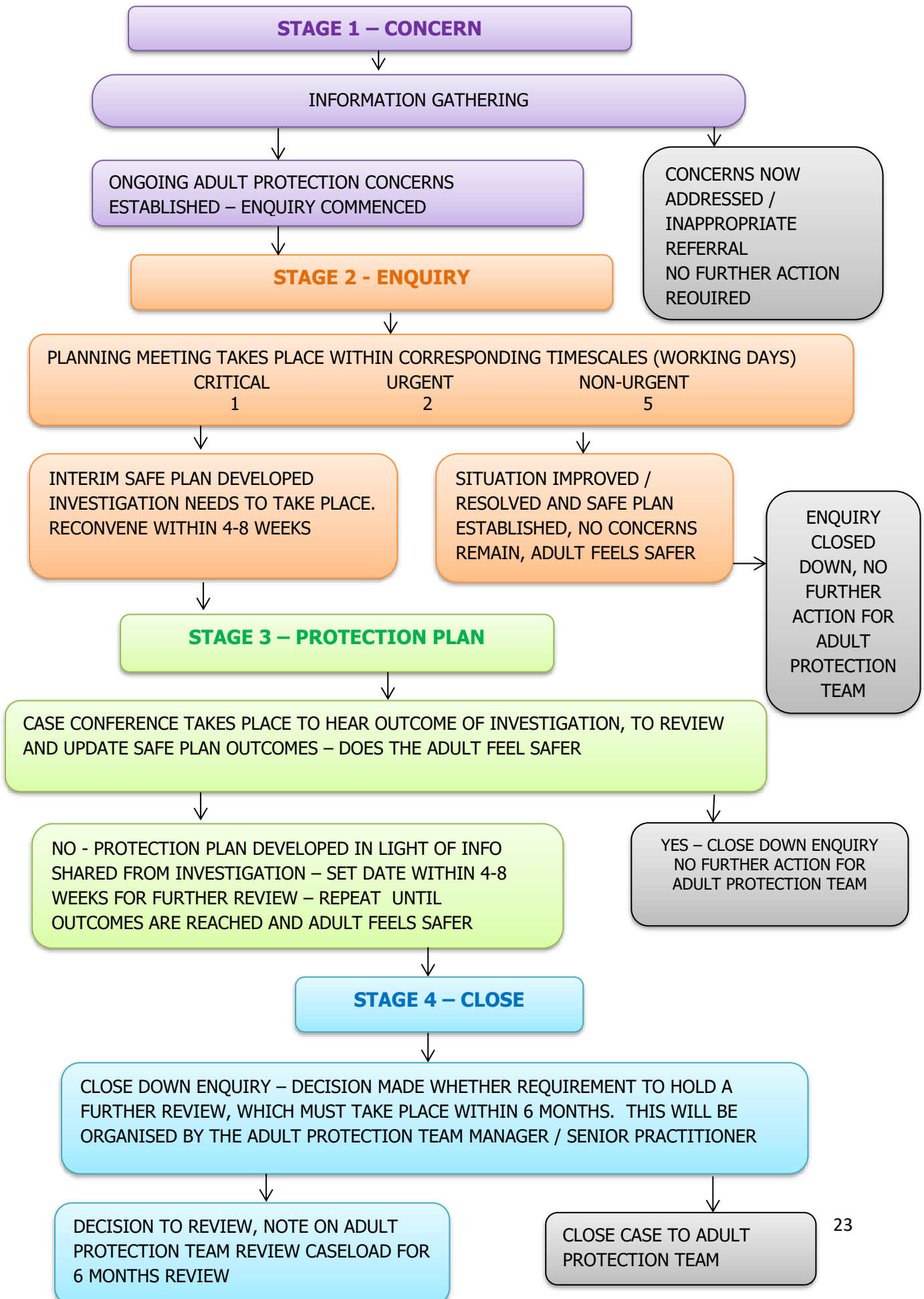
STAGE 3 – PROTECTION PLAN

- Case Conference (more than 1 Case Conference may be held).
- Outcome of investigation shared as appropriate.
- Review effectiveness of safe plan.
- **MSP** Does the person feel safer.
- Reach an outcome for the person and close of the Adult Protection process.

STAGE 4 – CLOSE

- Closure of the Enquiry.
- **Decision whether to review within any set time scale made by Team Manager/Senior Practitioner.**

Adult Protection Flow Chart



Stage One - Concerns

Purpose: On receipt of an Adult Protection Concern, to undertake preliminary investigations and? begin consideration of Adult Protection processes.

A concern may be raised by anyone and can be:

- An active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse and/or neglect;
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries;
- An allegation of abuse by a third party, for example a family/friend or neighbour who have observed abuse, neglect or have been told of it by the adult;
- A complaint or concern raised by an adult or third party who does not perceive that it is abuse or neglect;
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public;
- An observation of the behaviour of the adult at risk;
- An observation of the behaviour of another;
- Patterns of concerns or risks that emerge through review, audits and complaints or regulatory inspections or monitoring visits.

If the person raising the concern is a professional or paid carer, they should discuss this with the individual allegedly harmed prior to submission of the Adult Protection concern. This links back with the Making Safeguarding Personal ethos and the individual's feelings and wishes should also be included. Only in exceptional circumstances should an Adult Protection Concern be raised without discussion with the individual or their representative. In circumstances in which the referrer feels it is appropriate to raise a concern without this discussion, the Adult Protection Team will require a clear rationale for this decision. **If the Adult Protection Team feel that the referrer is simply avoiding a difficult conversation, the Adult Protection Team may insist on the referrer discussing with the person harmed (or their representatives) prior to acceptance of the Adult Protection Concern.** In addition, if the referrer 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 individual does not wish contact to be made with the Police, the reason for this should also be documented on the Adult Protection Concern submitted. 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.

Adult Protection Team will not begin working on any concerns until a written Adult Protection Concern Referral Form has been received – unless in certain circumstances (i.e. origin of concern is a family member, member of the public or informal carer). This is to ensure that information is accurate, clear, and that there is no room for misunderstanding or misinterpretation. Third party information will not be accepted; again this is to remove possibility of exaggeration, misunderstanding, vexatious intentions or acting on information which is simply untrue.

Police Engagement

Contact with the Police will fall into four main areas:

- Reporting a crime – if an individual witnesses a crime, they have a duty to report it;
- Third party reporting of a crime – if an individual is made aware of a crime, they should support the adult at risk to report it to the Police, or make a best interest decision to do so;
- Consultation with the Police – seeking advice;
- Sharing intelligence and managing risk.

Adult Protection Concern – criteria reminder:

Do the following apply to the adult?

- (a) Has needs for care and support (regardless of whether or not the authority is meeting any of those needs)
- (b) Is experiencing, or at risk of, abuse or neglect by a third party, and
- (c) As a result of those needs, is unable to protect himself or herself against the abuse or the risk of it.

No Further Action – Rationale for this Decision

If no further action is to be taken after the initial information gathering stage, then the Adult Protection Team will:

- Give a clear response to the person submitting the concern (and, if appropriate, adult named as being at risk) that no further action is to be taken under the Adult Protection Policy. 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 an adult at risk, 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 Messages for Referrer –

- Please remember that the Adult Protection Team is not an advisory hotline. Although the Team are happy to give advice and support to third sector and voluntary agencies, and members of the public, please remember that as professionals or paid carers working with complex individuals, the Adult Protection Team cannot make decisions on the basis of a few sentences or a brief conversation. Please own your concerns as a professional and recognise your role and responsibilities within these Multi Agency Policy and Procedures.
- If in doubt, raise a concern or speak to your Safeguarding Lead or Manager for your service area.

- Remember that Data Protection is not a barrier to sharing information. Further support around sharing information can be found towards end of this policy.
- Consider carefully the impact of alerting the person/service alleged to be causing harm and the implications of this on the immediate safety of those involved.
- Assess the ongoing risks to the person from the information available and take immediate action to ensure the safety of the adult at risk, where necessary and possible.
- If there is a potential crime ensure the Police are informed of harm or neglect allegations.
- Find out whether there are any other adults at risk or children at risk and report them accordingly to the relevant agency.
- Ensure any forensic evidence is preserved (usually this will mean ensuring it is not removed or tampered with) as far as possible.
- Ensure a full record is made of any discussions, decisions or actions taken at this stage.
- Remember that safeguarding is everyone's business, and at this stage the concerns are yours, and you need to ensure you are working within your own professional guidelines.

Threshold Matrix

The following matrix should be used to assist in making threshold decisions, and when an Adult Protection Concern Referral should be submitted. The Adult Protection Team will make the decision as to whether the threshold has been met. These are just some examples.

Type of Abuse	Managed through other approaches i.e. Complex care.	Low Level Concern This should initially be discussed with a senior manager or safeguarding lead within your area. If a decision is subsequently made to submit an Adult Protection referral, the Adult Protection Team will make a decision on whether a formal referral is appropriate or they will guide the referrer to other relevant people or services as appropriate	Significant Concern An Adult Protection Concern must be submitted to the Adult Protection Team	Critical Concern An Adult Protection Concern must be submitted to the Adult Protection Team
Physical	<ul style="list-style-type: none"> Staff causing no/little harm, e.g. friction mark on skin due to ill-fitting hoist sling Minor events that still meet criteria for 'incident reporting'. 	<ul style="list-style-type: none"> One-off incident involving service user on service user Inexplicable marking found on one occasion. 	<ul style="list-style-type: none"> Inexplicable marking or lesions, cuts or grip marks found on more than one occasion Marks, lesions, cuts, caused by one person but to several service users Multiple pressure ulcers grade 2 or single pressure ulcer grade 3 or 4. Inappropriate restraint Withholding of food, drinks or aids to independence 	<ul style="list-style-type: none"> Grievous bodily harm/assault with weapon leading to irreversible damage or death.

			<ul style="list-style-type: none"> • Inexplicable fractures/ injuries • Assault. 	
Sexual	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • One-off incident of low-level unwanted sexualised attention/ touching directed at one adult by another, whether or not capacity exists. 	<ul style="list-style-type: none"> • Reoccurring verbal sexualised teasing • Attempt to take camera/ video or use other forms of media to attain inappropriate pictures • Recurring sexualised touch or isolated/ recurring masturbation without consent • Being made to look at pornographic material without consent • Being subject to indecent exposure • Attempted penetration by any means (whether or not is occurs within a relationship) without consent • Sexual harassment • Sexual exploitation. 	<ul style="list-style-type: none"> • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without consent/rape.
Psychological	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Occasional taunts or verbal outbursts which cause distress • The withholding of information to disempower. 	<ul style="list-style-type: none"> • Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Bullying by friends/ neighbours/ strangers • Bullying by 1 person but multiple victims 	<ul style="list-style-type: none"> • Denial of basic human rights/civil liberties, overriding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks.

			<ul style="list-style-type: none"> • Humiliation • Emotional blackmail, e.g. threats of abandonment/ harm/threats to kill • Frequent and frightening verbal outbursts. 	
Financial	<ul style="list-style-type: none"> • 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". 	<ul style="list-style-type: none"> • Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered • Theft. 	<ul style="list-style-type: none"> • Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest. • Adult denied access to his/her own funds or possessions • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control • Personal finances illegally removed from adult's control. 	<ul style="list-style-type: none"> • Fraud/ exploitation relating to benefits, income, property or Will.
Neglect / Acts of Omission	<ul style="list-style-type: none"> • Isolated missed home care visit where no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs. 	<ul style="list-style-type: none"> • Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally. 	<ul style="list-style-type: none"> • Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs • Partner refuses to pay for care • Ongoing lack of care to extent that health and wellbeing deteriorate significantly, e.g. pressure wounds, dehydration, malnutrition, loss of independence/ confidence. 	<ul style="list-style-type: none"> • Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk.

Discriminatory	<ul style="list-style-type: none"> Isolated incident when an inappropriate prejudicial remark is made to an adult and no, or little, distress is caused. 	<ul style="list-style-type: none"> Care planning fails to address an adult's diversity associated needs for a short period Isolated incident of teasing, motivated by prejudicial attitudes. 	<ul style="list-style-type: none"> Inequitable access to service provision as a result of a diversity issue Recurring taunts associated with diversity Recurring failure to meet specific needs associated with diversity Being refused access to essential services Denial of civil liberties, e.g. voting, making a complaint Humiliation or threats. 	<ul style="list-style-type: none"> Discrimination results in injury/ emergency medical treatment / fear for life Discrimination results in serious injury or attempted murder/honour-based violence.
Organisational	<ul style="list-style-type: none"> Lack of stimulation/ opportunities for people to engage in social and leisure activities Service users not given sufficient voice or involved in the running of the service. 	<ul style="list-style-type: none"> Care-planning documentation not person-centred. 	<ul style="list-style-type: none"> Rigid/inflexible routines Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared under-clothing Denial of individuality and opportunities for service users to make informed choices and take responsible risks Staff misusing their position of power over service users Bad practice not being reported and going unchecked Unsafe and unhygienic living environments. 	<ul style="list-style-type: none"> Over-medication and/or inappropriate restraint used to manage behaviour Widespread, consistent ill treatment.

Domestic Abuse	<ul style="list-style-type: none"> One off incident with no harm or injury experienced. 	<ul style="list-style-type: none"> Occasional taunts or verbal outbursts Victim has no current fears Adequate protective factors Children in household or present-refer to Children's Services. 	<ul style="list-style-type: none"> Inexplicable marking or lesions or grip marks on a number of occasions Subject to controlling behaviour Frequent verbal/physical outbursts Children in household or present-refer to Children's Services. 	<ul style="list-style-type: none"> Subject to regular violent behaviour Threats to kill/choke/Suffocate etc. In constant fear of being harmed Sex without valid consent (rape) FGM female genital mutilation So Called Honour based violence &/or forced marriage Serious harm/murder Children in household or present-refer to Children's Services.
Modern Slavery and Human Trafficking	<ul style="list-style-type: none"> All concerns about Modern Day Slavery are deemed to be of a significant level or above. 		<ul style="list-style-type: none"> Under control of another/fearful Long Periods at work Unable to get medical treatment Poor living conditions/low wages Regularly moved to avoid detection Lives in work place No health and safety in workplace Under control of other e.g. gang master, pimp. Subject to violence/threats Risk of physical. psychological harm 	<ul style="list-style-type: none"> Risk of fatality/serious injury No freedom Risk of organ harvesting Subject to forced marriage.

Hate / Disability Crime	<ul style="list-style-type: none"> Isolated incident of teasing motivated by prejudicial attitudes towards an individual's difference. 	<ul style="list-style-type: none"> Isolated incident of care planning that fails to address an adults specific diversity associated needs for a short period. 	<ul style="list-style-type: none"> In equitable access to service provision as a result of diversity issue Recurring failure to meet specific care/support needs associated with diversity Recurring taunts Being refused access to essential services Denial of civil liberties e.g. voting, making a complaint Humiliation of threats on a regular basis as a result of a diversity issue. 	<ul style="list-style-type: none"> Hate crime resulting in injury/emergency medical treatment/fear of life Hate crime resulting in serious injury/attempted murder/honour based violence.
Spiritual Abuse	<ul style="list-style-type: none"> Isolated incident of attempted abuse where no harm has occurred 	<ul style="list-style-type: none"> One off incident of adults decision making being censored One off incident where scripture is misused in order to require obedience to the abuser. 	<ul style="list-style-type: none"> Adult coerced into changing Will or signing over property as a result of spiritual manipulation Adult isolated from friends and family by abuser who suggests they have a 'divine' position Evidence that adult has been pressurised to conform Misuse of scripture in order to gain power over another resulting in the adult being manipulated and exploited. 	<ul style="list-style-type: none"> Results in death i.e. suicide or murder. Results in serious injury, attempt murder/suicide.

Stage 2 – Enquiry

Purpose: The principal purpose of the Planning Meeting is to provide a pathway for investigation (if necessary) and the development of an interim safe plan.

The Planning Meeting will be called, co-ordinated and minuted by the Adult Protection Team. Developing the plan is a multi-agency process involving all those agencies appropriate to the situation, including the person who has allegedly been harmed (see Making Safeguarding Personal). On rare occasions it is necessary and more effective to formulate the Planning Meeting through a series of telephone conversations, emails or individual discussions. There may be more than one Planning Meeting due to presenting risks, and further information being shared, the Chair will make this decision.

The timing of the Planning Meeting will reflect the level of risk presented and should be completed within 5 working days of the Adult Protection Concern being accepted by the Adult Protection Team. Any delays on this time scale and reason for it will be recorded on the Planning Meeting minutes. All Planning Meetings will be chaired by the Team Manager or the Senior Practitioner of the Adult Protection Team and minutes will be circulated, including all action points within 10 working days of the meeting. The meeting is multi-agency, and the Chair will make it clear that those professionals who have agreed to undertake an action, that it is their responsibility to make a note of it in order to prevent the multi-agency group from awaiting a copy of the minutes before starting their own action. **It is the responsibility of each professional at the Planning Meeting to put their action into place within the agreed time scale and report back to the Chair as soon as it has been completed.**

The person/s allegedly causing harm will be excluded from the Planning Meeting; this is purposely to allow the adult who has been harmed to be able to speak freely. In exceptional circumstances with the agreement of the Chair and with the expressed consent of the person harmed who strongly indicates that it is their wish for that person to be invited as they need to be part of the solution, the person/s allegedly causing harm will be allowed to attend the meeting.

The main aims of the Planning Meeting are to:

- Formulate an agreed interim safe plan.
- To share all information known about the situation.
- Each organisation is proactive in offering resources within their remit to enable the risk of harm to be assessed and ultimately reduced.
- Actions agreed are designated to the appropriate agency and named worker, and time scales attached to each action.
- Actions concerning people alleged to have caused harm are co-ordinated and action is planned to minimise risks to victims, witnesses and whistle-blowers.

- Facilitate discussions regarding any possible risk to other vulnerable adults or children and if so to formulate a multi-agency response proportionate to the risk identified.
- Agree how any outcomes will be fed back to the person harmed/at risk if they are not present.
- If the person causing harm would meet access criteria as per this Policy, decide how their needs will be addressed, who will be responsible, and how that will be reviewed.

Enquiry -Investigation

Purpose: To establish facts, assess the needs of adults in need of protection and ongoing support and ascertain possible action regarding the person allegedly causing harm.

The lead agency will be determined at the Planning Meeting stage – it is The Department of Health & Social Care’s responsibility for the co-ordination of the Adult Protection process. In addition, the Adult Protection Team is likely to play a significant role in the investigation process. There will be instances where agencies such as the Police, care providers or health professionals are appropriately placed to lead the investigation.

The Registrations & Inspections Unit does not investigate Adult Protection concerns. The Unit will discharge its responsibilities and powers as a Regulator, taking any action necessary to ensure regulated services are safe to use in line with their powers under the Regulation of Care Act 2013. The Registrations & Inspections Unit form part of the multi-agency meetings and work closely with the Adult Protection Team.

The investigation of the situation is one of the most important elements of the Adult Protection process, as such the Police are the only agency with authority to ‘investigate’; all other agencies undertake assessments or enquiries. If a crime is suspected the Police will lead the investigation and other services will support to ensure that the person alleged to have been harmed is protected during the investigation period or for as long as necessary. Each agency is required to carry out the actions as agreed at the Planning Meeting stage and report back to the Chair of that meeting.

Any interviews, which may form part of the enquiries should be planned appropriately in order to gain relevant information and to support the person alleged to have been harmed in the process, whilst avoiding any negative impact on possible future criminal or disciplinary proceedings.

Objectives and Outcome

The Enquiry Officer (or Police Officer) should produce a written report within the timescale agreed at the Planning Meeting. There will be circumstances where this is not possible, for

example when a Police investigation, disciplinary or capability proceedings are ongoing. In these circumstances the Chair of the planning meeting must be notified of the delay, the reasons for the delay must be recorded and a revised timescale agreed.

The report should contain:

- Details of the initial concern/with dates times.
- An outline of the current allegations.
- A description of the process of investigation undertaken and who was involved.
- Evidence to support or refute the allegation.
- Evidence to support any action through disciplinary procedures.
- Evidence of any Regulatory concerns.
- Contextual relevant information.
- Indications of the cause of abuse – facts or opinions and both are clearly stated as such.
- Consideration of whether any further action is required and by whom.
- Enquiry Officer's recommendations that reduce further risk of abuse or neglect.

Responsibility of the Adult Protection Team

The Manager or Senior Practitioner of the Adult Protection Team is responsible for reviewing the findings of the enquiry (or Police Investigation) and making a decision whether to convene a Case Conference to discuss any further enquiries in light of any identified risks and the impact of such risks on the safe plan.

Stage 3 – Protection Plan

Case Conference – Protection Plan - closure

Purpose: To fully discuss the outcome of any Enquiry and plan accordingly for the ongoing intervention and any further proceedings.

The Case Conference provides a forum for the exchange of information between professionals involved with the person who has been deemed to be at risk and allows inter-agency, multi-disciplinary discussion of the circumstances of the case following on from the Planning Meeting and subsequent enquiry.

There should be a free flow of information between the participants and it is the responsibility of the participants to protect the confidentiality of the information which has been shared.

The main aim of the Case Conference is:

- Ensure that the preferred outcome of the person harmed has been met, if not why not.
- Does the adult feel safer as a result of the Adult Protection Process, if not, what further actions can be done to make the adult feel safer.
- Where abuse has taken place, or an ongoing risk of abuse is identified as existing, a Protection Plan is agreed with the adult, incorporating proactive steps to prevent further abuse and to minimise risks.
- Positive actions are planned to protect the adult from further harm/neglect.
- Positive actions are planned/in progress to prevent the person causing harm from abusing or neglecting in the future.
- Who is the key worker or agency responsible for ongoing support if required.
- What arrangements are required for review.
- Who is going to communicate the outcome of the meeting to the adult after the meeting if they did not attend.
- Who is going to communicate the outcome of the meeting to the person causing harm if appropriate.

Make decision to close down or review – if review, give a time frame.

Minutes will be taken by the Adult Protection Team (see stage 2), including recording outcomes and reasons for ongoing intervention – or no further action, if this is the case.

Stage 4 – Review / Close

Purpose: To evaluate progress of Protection Plan and identify if the adult feels safer.

REVIEW – if deemed appropriate by Adult Protection Team and agreed as an action at Case Conference.

If the adult is continuing to receive social care or mental health services, a review should be carried out as part of the mainstream care management process **(responsibility for this rests with the key professional who is allocated to the continued care management plan, not Adult Protection Team).**

However, there may be circumstances in which a separate review process needs to be identified and arranged under the Policy, in which case the review will be convened and Chaired by the Team Manager/Senior Practitioner of Adult Protection Team and take place within six months of the final Case Conference. This is the **decision of the Team Manager/Senior Practitioner in the Adult Protection Team**, and this will take the form of a re-convened Case Conference.

The purpose of the Review stage is to:

- Review the impact of the Protection Plan and any requirement for ongoing intervention.
- Establish the wishes and views of the adult and whether they feel safer than at the start of the process.
- Review the roles and responsibilities of those offering ongoing support.
- Determine a timescale for further review, if required.
- Minute meeting and record all decisions made and rationale for same.

Where there is agreement that an adult remains at risk of harm, a case cannot be closed by the Department, arrangements for regular monitoring and reviewing are essential.

If no further concerns noted, case can be closed to Adult Protection Team, and the Adult Protection Process closed down.

Cases may be reopened, or a further Enquiry started, if new or additional concerns are raised. It is important that any new disclosures are directed through the alert stage process, clearly differentiating a new concern. **This is the responsibility of the person raising the concern.**

RESPONSIBILITIES OF THE CHAIR

The Chair will arrange to meet with the adult at risk prior to the Planning Meeting/Case Conference/Review in private, or together with a person of their choice, and will explain the formalities of the meeting and who will be attending and why. The Chair will also ensure

that the adult is not directly questioned during the meeting, and establish an agreed way to stop the meeting at any time if requested to do so.

At the outset of any Adult Protection Meeting, the Chair will read out the ground rules for all Adult Protection meetings, which are compliant with General Data Protection Regulation (GDPR) and Caldicott Principles.

Decision – Good Practice Guidelines

It is essential, that throughout all stages of the Adult Protection process, the person harmed or adult at risk 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 person harmed, efforts should be made to ensure that they feel 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, 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 their own safeguarding leads or Managers, particularly if consideration is being given to overriding the adult's views, such as when there are concerns for the safety of other adults or children.

Decision Making

Decisions need to take into account all relevant information that is available at the time, including the view of the person harmed. If the person harmed does not want to pursue matters through Adult Protection referral, staff should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been fully explored and that not proceeding further is consistent with legal duties. Safeguarding is everybody's business, all agencies have a responsibility to safeguard, which may not necessarily involve a referral to the Adult Protection Team.

Decision makers also need to take into account whether or not there is a public or vital interest to refer the concern to the Adult Protection Team. Where there is a risk to other adults, children or young people, or there is a public interest to take action because a criminal offence had occurred and the view is that it is an Adult Protection matter, the wishes of the individual may be overridden. **Where the sharing of information to prevent harm to others is necessary, lack of consent to sharing of information about the adult can also be overridden.**

Recording, information sharing and confidentiality

It is good practice to seek consent from individuals before sharing their personal data, though this is not always practical in the context of Adult Protection. Information sharing agreements do not in themselves make the sharing of personal and sensitive data legal or ethical. The Data Protection Act (2002) sets out the legal context and is the overarching protocol which promotes best practice and co-operation across partner agencies.

A professional should never assume that someone else will pass on information which they think may be critical to the safety and well-being of an adult at risk of abuse or neglect. If a professional has concerns about an adult's welfare in relation to abuse or neglect they should share the information with the Adult Protection Team by raising a Concern Referral. Sharing information early can be key to helping effectively where there are emerging concerns.

People in the wider community can also help by being aware of signs of abuse or neglect, how they can respond and how to keep people safe.

Decisions about what information is shared and with whom will be taken on a case-by-case basis within the Department of Health & Social Care's policies and with regard to the Data Protection Act (2002), GDPR and Caldicott Principles. Whether information is shared with or without the adult's consent, the information shared should be:

- Necessary for the purpose for which it is being shared.
- Shared only with those who need it.
- Accurate and up-to-date.
- Shared in a timely fashion.
- Shared accurately.
- Shared securely.

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. Please refer to your professional code of practice as issues by [NMC](#), [HCPC](#) or [Police \(Conduct\) Regulations](#) for further information.

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.

Key Message

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

Appendix 1 - Glossary

Adult at Risk or "Person Harmed" – A person aged 18 or over who is in need of care and support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves, previously considered "vulnerable adult".

Adult Protection – Protecting a person's right to live in safety, free from abuse and neglect.

Adult Protection Team Manager – is the person who manages, makes decisions, provides guidance and has oversight of all Adult Protection concerns that are raised to Adult Social Care, and is a Senior Social Worker.

Adult Protection Senior Practitioner – is the person who manages, makes decisions, provides guidance and has oversight of all Adult Protection concerns that are raised to Adult Social Care in the Team Manager's absence, and is a Social Worker.

Advocacy – Support for people who have difficulty expressing their concerns and the outcomes they want during the safeguarding process.

Best Interest – The Mental Capacity Act 2005 (UK) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

Care setting – Where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing home, residential homes and day opportunities arrangements.

Carer – In this document carer refers to family/friend carers as distinct from paid carers who are referred to as support workers.

Concern – Describes when there is or might be an incident of abuse or neglect. Replaces the previous term 'alert' and is a referral to the Adult Protection Team.

Enquiry – An enquiry is the action taken or instigated by the Adult Protection Team in response to a concern that abuse or neglect may be taking place. The purpose of the enquiry is to establish whether or not action needs to be taken to stop or prevent the abuse or neglect. This action could be alongside the individual or other organisation. Replaces the previous term of 'investigation'.

Enquiry Officer – An enquiry officer is responsible for undertaking and co-ordinating actions under the Adult Protection Policy.

Female Genital Mutilation - Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. Please refer to: [FGM](#) Prohibition of Female Genital Mutilation Act 2010.

Forced Marriage - Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse.

Honour Based Violence - Will usually be a criminal offence, and referring to the Police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Some of these victims will contact the Police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

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

Making Safeguarding Personal – This refers to person-centred and outcome focused practice. It is about empowering individuals to express what is important to them by whatever means appropriate. Practitioners must demonstrate through their practice that they have carefully listened to the individual and those important to them and how they want the matter to progress. Outcomes of interventions should be meaningful to the person and at the centre of the enquiry and reflect their original wishes wherever practicable.

Mate Crime - A 'mate crime' as defined by Safety Net Project (UK) is "when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual". Mate crime is often difficult for Police to investigate, due to its sometimes ambiguous nature, but should be reported to the Police who will make a decision about whether or not a criminal offence has been committed. In recent years, there has been a number of Serious Case Reviews in the UK relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Natural justice – Refers to the principles and procedures that govern the adjudication of an issue, which should be unbiased, without prejudice, and there is equal right to being heard.

Person/organisation alleged to have caused harm – The person/organisation suspected to be the source of risk to an adult at risk.

Person in position of trust – When a person holds a position of authority and uses that position to his/her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect themselves.

Procurement – Is the specific function to buy or acquire service which commissioners have duties to arrange to meet people's needs, to agreed quality standards, providing value for money to the public purse.

Regulated Provider – Is an individual, organisation, partnership that carries on activities under the auspices of Registration & Inspections Unit through the Regulation of Care Act 2013.

Restraint - Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.

Self-Neglect - This covers a wide range of behaviour concerning a person's personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision whether a safeguarding response is needed will depend on the person's ability to protect themselves by controlling their own behaviour. An assessment should be made on a case by case basis whether an enquiry is required. See the separate multi-agency Self-Neglect Policy & Procedures for further information which is not led by the Adult Protection Team.

Sexual Exploitation - Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts as money) as a result of them performing, and/or another or others performing on them, sexual activities. People who are sexually exploited do not always perceive that they are being exploited. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. Signs to look out for include not being able to speak with the adult alone, observation of the adult seeking approval from the exploiter to respond and the person exploiting the adult at risk answering for them and making decisions without consultation.

Vital Interest – is a term used in the Data Protection Act 2002 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

Appendix 2 - Immediate action taken by the person raising the concern

The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk.

- a) Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- b) Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the Police);
- c) If a crime is in progress or life is at risk, dial 999 – emergency services;
- d) Encourage and support the adult to report the matter to the Police if a crime is suspected and not an emergency situation;
- e) Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through detailed and factual recording;
- f) Ensure that other people are not in danger;
- g) If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures; including your safeguarding lead.
- h) Record the information received, risk evaluation and all actions to date. Record should include physical signs or injuries using a body map or alternative; this should include a description of the injuries (i.e. shape, colour and size) and documents should be signed and dated.

Appendix 3 - Good practice disclosure guidance

- Speak in a private and safe place
- Accept what the adult is saying and do not jump to conclusions
- Do not “interview” the adult; but seek to establish the basic facts avoiding asking the same question more than once. It is OK to ask the adult how they got their injury for example.
- Ask them what they would like to happen and what they would like you to do
- Do not promise the adult that you will keep what they say confidential but explain who you will tell and why
- Explain how the adult harmed will be involved and kept informed
- Provide information and advice on staying safe and the Adult Protection process
- Make a best interest decision about the risks and protection needed if the adult at risk is unable to provide informed consent

Establish:

- The risks and what immediate steps to take
- Communication needs, whether an interpreter or other support is needed
- Whether it is likely that advocacy may be required
- Personal care and support arrangements
- Mental capacity to make decisions about whether the adult is able to protect themselves and understand the Adult Protection process.

Appendix 4 – Concern Checklist

Concern Checklist – used by Adult Protection Team	
Have you considered what needs to be done to protect the adult who has been harmed immediate safety	<input type="radio"/>
Have you visited the person that the concern was raised about and, if possible, talked to them in their own home, environment or preferred location	<input type="radio"/>
Have you considered how you will identify the level of involvement they would like to have, if appropriate, in the Adult Protection process	<input type="radio"/>
Considered consent and whether best interest decisions have been made and also clearly documented?	<input type="radio"/>
Have you recorded their views, wishes and preferred outcomes?	<input type="radio"/>
Have you talked to other people in the person's life, e.g. GP, District Nurses, Social Worker, Mental Health services, support workers, friends and family(where appropriate)	<input type="radio"/>
Have you reviewed the adult'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)	<input type="radio"/>
Do you need to immediate escalate, via AP Team Manager/Senior Practitioner and Senior Management within the Department of the situation in terms of public vital interest or large scale enquiry	<input type="radio"/>
Have you received an Adult Protection Referral form from the referrer and completed an Adult Protection referral form on RiO	<input type="radio"/>
Have you completed appropriate electronic records on RiO	<input type="radio"/>
Contact the Children's Services Department if a child or young person may be at risk	<input type="radio"/>
Liaise with Registration & Inspections (if a regulated service) to check whether notification has been received.	<input type="radio"/>
Consider if a crime has been committed or may occur, and contact the Police if appropriate	<input type="radio"/>

Appendix 5 – AP Alert Form

Alert Form – Stage 1

This form contains the required information that the alerter should provide when reporting concerns of Adult Abuse. The alerter is required to complete this written report within 24 hours of the alert and forward it to Adult Protection Team, Crookall House, Demesne Road, Douglas or via APTeam@gov.im (please note the boxes expand as required)

DETAILS OF PERSON HARMED									
Name									
Address									
Date of Birth									
Location (✓)	Community		Residential/Nursing		Hospital				
DETAILS OF ALERTER									
Name									
Role/position									
Address									
Tel. No.		Date		Time of alert					
DETAILS OF CONCERN									
What is the nature of the allegation/incident?									
Physical		Neglect/Acts of Omission							
Sexual		Discriminatory							
Psychological/Emotional		Organisational							
Financial Material		Domestic Abuse							
Disability Hate Crime		Spiritual Abuse							
Pressure Ulcers		Modern Day Slavery/Human Trafficking							
<p>Please give details of the alleged incident (including any capacity issues) – When completing the report, it is important to differentiate between, fact, opinion and hearsay.</p> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>									
Date		Time		Location					
WITNESSES									
Name	Address								

Has this alert been fully discussed with the person harmed? Please ensure that their concerns, views and their preferred outcomes are recorded here. If not why not?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have the family/carers been informed? If no, give reason why		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What has the person harmed said about the alleged abuse					
Give a description of the appearance and behaviour of the alleged person harmed.					
Are any injuries visible – if so, please give a description					
Give details of any information relating to the vulnerability of the alleged person harmed, to help establish the level of presenting risk					
ALLEGED PERSON CAUSING HARM, if known					
Name			d.o.b.		
Address					
Any concerns regarding the person alleged to have caused harm (including any capacity issues)					



Signed			
Name		Date	