

NO SECRETS IN LANCASHIRE

**A JOINT STRATEGY
TO PROTECT VULNERABLE ADULTS FROM
ABUSE**

**A partnership initiative developed by Lancashire Social Services,
in collaboration with the NHS in Lancashire, District Councils, Lancashire Police,
Voluntary & Private Sector, Carers and Service User interests**

CONTENTS

	Page
Foreword	2
Organisations Endorsing This Joint Strategy	3
Introduction	5
Value Base	5
Policy Statement	6
A Positive Service Culture	7
Scope of this Document	9
Legal Context	9
Definitions & Predisposing Factors	10
Referral Procedure	18

APPENDICES

- A Membership of Multi Agency Steering Group
- B Checklist for Organisations:
Essential Elements for Local Strategies
- C Legislation which may be Relevant
- D Definitions & Indicators: A Practical Guide
- E Social Services District Offices
- F Police Family Protection Syndicate: Local Offices
- G Vulnerable Witnesses
- H Guidance in Relation to Investigations

FOREWORD

The strategy and procedures demonstrate a shared commitment to the protection of vulnerable adults in Lancashire. They build on a partnership formed in 1995 between Lancashire County Council, District Councils, Lancashire Police, local NHS and independent and voluntary sector agencies that produced joint management procedures to assist in the protection of victims of abuse.

We have learned together since 1995 and have used our experience and the Government Guidance *No Secrets* to develop improved measures for achieving protection.

Modern approaches to providing services and the increasing demand for more care at home calls for continued vigilance. We are all committed to maintaining a balance between promoting independence and safeguarding vulnerable adults.

This strategy is a joint response to the *No Secrets* Guidance and represents a commitment to the people living in Lancashire who use or may use health and social care services. It is hoped this partnership strategy will reassure patients and service users, and those who are concerned for their welfare, that health and social care agencies in Lancashire are continuing and enhancing their work to reduce the risk of abuse.



Pauline Oliver
Director of Social Services

October 2001

ORGANISATIONS ENDORSING THIS JOINT STRATEGY

Age Concern Lancashire

Alzheimer's Society

Better Government for Older People

Blackpool Victoria NHS Trust

Blackpool Wyre & Fylde Community Health Services NHS Trust

Burnley Health Care NHS Trust

Burnley Primary Care Group

Chorley & South Ribble Advocacy Service

Calderstones NHS Trust

Chorley & South Ribble NHS Trust

Chorley & South Ribble Primary Care Trust

Chorley Borough Council

Communicare NHS Trust

Community Futures
(representing the Voluntary Sector)

East Lancashire Health Authority

East Lancs Advocacy Service

East Lancs Deaf Society

Fylde Borough Council

Fylde Primary Care Group

Guild Community Healthcare NHS Trust

Help the Aged

Hyndburn Borough Council

Hyndburn Primary Care Group

Integrate

Lancashire County Council Adult & Continuing Education Service

Lancashire Ambulance Service

Lancashire Care Association

Lancashire Carers Forum

Lancashire Constabulary

Lancashire County Care Services

Lancashire County Council Social Services

No Secrets in Lancashire

Lancashire Probation Service	Lancaster City Council
Morecambe Bay Primary Care Trust	NHS Direct (Northwest)
Morecambe Bay Hospitals NHS Trust	North West Lancashire Health Authority
North Sefton & West Lancashire NHS Trust	Pendle Primary Care Group
Pendle Borough Council	Pendle Primary Care Group
Preston Acute Hospitals NHS Trust	Preston Borough Council
Preston Primary Care Group	Preston & West Lancashire Racial Equality Council
Ribble Valley Borough Council	Ribble Valley Primary Care Group
Rossendale Primary Care Group	South Lancashire Health Authority
South Ribble Borough Council	Victim Support
West Lancashire District Council	West Lancashire Primary Care Trust
Wrightington, Wigan & Leigh NHS Trust	Wyre Borough Council
Wyre Primary Care Group	

1. INTRODUCTION

Since the first joint procedures were published in 1995, the benefits of a joint approach to addressing the needs of vulnerable adults who may have been abused has been evident. The publication of *No Secrets* as a statutory guidance changes the emphasis from a reactive response to suspected cases of abuse towards positive action to protect vulnerable adults from abuse. The guidance gives lead responsibility to Social Services but calls for support and commitment from all agencies reinforcing the need for a joint approach.

This joint approach has been embraced. During the County Conference No Secrets in Lancashire it was agreed that a multi agency steering group should be established to develop a strategy in response to *No Secrets*. The steering group is composed of representation from a wide range of organisations drawn from nominations submitted during and following the conference. A list of members of the steering group is available as Appendix A.

The steering group, headed by an independent chair, produced this multi agency strategy drawing on information and first hand knowledge from a variety of sources including user and carer experiences. **This strategy is designed to assist agencies in developing their own practice to protect vulnerable adults from abuse and where there are incidents ensuring a structured timely and sensitive response within the context of this multi agency strategy.**

2. VALUE BASE

To protect basic civil and human rights, a set of values must underpin all work with vulnerable adults. These values should complement a Statement of Principles, which should be developed by every organisation involved in commissioning and delivering health and social care. The Department of Health has identified a statement of values in a number of documents that are considered applicable to all work with vulnerable adults wherever they live.

Privacy - The right of individuals to be left alone or undisturbed and free from intrusion or public attention into their affairs.

Dignity - Recognition of the intrinsic value of people regardless of circumstances by respecting their uniqueness and their personal needs; treating with respect.

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

Choice - Opportunity to select or be supported in selecting independently from a range of options.

Rights - The maintenance of all entitlements associated with citizenship.

Fulfilment - The realisation of personal aspirations and abilities in all aspects of daily life.

3. POLICY STATEMENT

The supporting organisations have agreed the following policy statements on the protection of vulnerable adults:

- ➡ All vulnerable adults are to be protected from abuse and supported in seeking treatment and redress in the event that they have been abused.
- ➡ Action should be taken against those who deliberately abuse vulnerable adults.
- ➡ Support those who find themselves over stretched in their caring responsibilities.
- ➡ Agencies and organisations will work co-operatively on the identification, investigation, treatment and prevention of abuse of vulnerable adults.
- ➡ Local strategies will be developed within the framework of this document to ensure that a consistent response is given to the vulnerable adult (s) when concerns are raised whether these are reported under complaints procedures, through inspection or registration activity, as a result of whistle-blowing or disclosure on the part of vulnerable adults or their carers.

- ➔ Action will be co-ordinated against perpetrators to ensure that parallel processes are dovetailed including prosecution, disciplinary action and removal from, or notification to professional registers and similar bodies.
- ➔ Agencies share a common understanding relating to the principles of confidentiality and sharing information on a need to know basis so that effective decisions can be made and appropriate preventative action taken. Such principles will serve the best interests of service users and should not be confused with secrecy or serving management interests.
- ➔ Equality of opportunity will be available to all vulnerable adults regardless of their age, race, gender, sexuality, class, religion, culture or disability.
- ➔ Agencies and organisations will record, monitor and report incidences of abuse to appropriate authorities in accordance with the multi agency strategy, local procedures and service agreements or contracts.

4. A POSITIVE SERVICE CULTURE

Whilst procedures govern practice in respect of individual cases, it is acknowledged that the organisational culture within and between service agencies is an important factor in serving to protect vulnerable people.

Adult protection strategies should not be seen as separate from, nor a substitute for, effective care management. Safe services depend on clear standards, and definitions of abuse that reflect clarity about good practice, particularly in difficult areas of practice such as challenging behaviour, sexuality and restraint.

Adult protection strategies sit alongside a range of policies which “set the tone” in a safe service. Policies on issues as diverse as medication, handling clients money and whistle-blowing all play a part. Organisations which are open, and have effective human resource management policies in place avoid the extremes of isolation which, research has shown, lead to abuse occurring and remaining unchallenged over time. Adult protection strategies also dovetail with, and provide a backstop for a range of policies that govern staff

behaviour and provide avenues for resolution of conflict and difficulties such as grievance, disciplinary and supervision procedures. Where these are used to set clear boundaries around professional conduct and to assure fairness in the allocation of resources they also provide an important reference point.

A culture of respect for the contribution which carers or families can make should be encouraged by agencies. Where carers are over-stretched the aim should be to support them. However, realistic recognition should also prevail that family carers can sometimes be perpetrators and also victims of abuse.

Many of the principles set out in this document are not unique to adult protection. Set out below are areas of practice, which impact on the effectiveness of an organisation in protecting vulnerable adults from abuse.

- ➡ Rigorous recruitment
- ➡ Induction and training
- ➡ Supervision
- ➡ Record keeping
- ➡ Staff development programmes
- ➡ Workplace counselling schemes
- ➡ Whistle-blowing
- ➡ Accountability and systems of delegation
- ➡ Disciplinary action
- ➡ Grievance
- ➡ Complaints
- ➡ Advocacy
- ➡ Confidentiality
- ➡ Information sharing
- ➡ Health and safety
- ➡ Contracts, specifications, service level agreements and monitoring

5. SCOPE OF THIS DOCUMENT

This document applies to all vulnerable adults in any situation, be it in their own home, a supported living scheme, residential or nursing home, day care centre or hospital. This strategy recognises that the abuser could be a member of staff, other professional, a relative, volunteer, visitor, spouse or partner, unpaid carer, member of the same household or other service user or patient.

The strategy is intended primarily to protect vulnerable adults from abuse but where this breaks down and abuse is suspected ensure swift and appropriate responses. Separate action may be required to examine the conduct of individuals or others and this action will be the responsibility of the employing agency registration authority or police using whatever procedures are appropriate. In line with Government Guidance organisations and agencies endorsing *No Secrets in Lancashire* will develop their own in-house strategies which will operate within the framework of this joint document for the services they provide.

To assist in developing or updating in-house strategies organisations should consider the checklist for action included as Appendix B.

6. LEGAL CONTEXT

Adults have a right to make their own decisions and choices about their lives, and any intervention would normally require the individual's consent and co-operation. In situations where the individual is mentally incapacitated decisions may have to be made on their behalf.

There is no specific legislation or body of common law relating to situations of abuse of vulnerable adults. However, agencies and organisations will work to ensure the safety of vulnerable adults through integrating strategies, policies and services relevant to abuse, within the framework of the NHS and Community Care Act 1990, the Mental Health Act 1983, the Public Interest Disclosure Act 1998 and the Registered Homes Act 1984, replaced by the Care Standards Act 2000 from April 2002. Other legislation, which may be relevant, is set out as Appendix C.

Where it is considered appropriate to seek legal advice on specific cases it should be recognised that the interests of a vulnerable adult may not be best served by the agency's own lawyer. This would particularly apply where the agency services or commissioning arrangements are implicated in the abuse.

As a matter of good practice, victims of abuse and service users suspected of abuse should be assisted in accessing an independent advocate. This could be a lawyer or by use of a bona fide independent advocacy service. For contact details of local advocacy services please see page 20.

7. DEFINITIONS & PREDISPOSING FACTORS

This section gives guidance to readers by defining what is meant by a Vulnerable Adult. It identifies the various types of abuse, where they can happen and who might be an abuser. It also describes situations where abuse may be more likely to occur. More detailed information and indicators of possible abuse are included as Appendix D as a practical guide.

Adult

In this guidance 'adult' means a person aged 18 years or over.

Vulnerable

Home Office Guidance makes the point "that there is no simple definition of vulnerable adult based on age or disability. For example, there is no one age at which elderly people should be classed as vulnerable and many would rightly resent such a classification. Nor could or should all those with physical or other disabilities be classed as vulnerable. Moreover, some people might go through periods of being vulnerable". It is important to recognise that carers can be both the abuser and the abused.

The broad definition of a vulnerable adult referred to in the 1997 Consultation Paper *Who decides?* issued by the Lord Chancellor's Department, is a person:

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

This definition has been repeated in *No Secrets* which further clarifies that **“For the purposes of this Guidance (*No Secrets*) ‘Community Care Services’ will be taken to include all care services in any setting or context”**. This definition is now established as the working definition to be applied to all adult protection strategies.

Abuse

A violation of an individual’s human and civil rights by any other person or persons who have power over the life or well being of any individual. It may be:

- ➡ Physical abuse
- ➡ Sexual abuse
- ➡ Psychological abuse
- ➡ Financial or material abuse
- ➡ Neglect and acts of omission
- ➡ Discriminatory abuse

Institutional Abuse

Neglect and poor professional practice should also be taken into account. Isolated incidents of poor or unsatisfactory practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct – or even a serious arrestable offence - at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.

The Abuser/Perpetrator

Vulnerable adult(s) may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of

the health, safety, welfare and general well being of a vulnerable person.

Agencies not only have a responsibility to all vulnerable adults who have been abused but may also have responsibilities in relation to some perpetrators of abuse. The roles, powers and duties of the various agencies in relation to **the perpetrator** will vary depending on whether the latter is:

- ➡ A member of staff, proprietor or service manager;
- ➡ A member of a recognised professional group;
- ➡ A volunteer or member of a community group such as place of worship or social club;
- ➡ Another service user;
- ➡ A service user who abuses their carer who are themselves a vulnerable adult;
- ➡ A spouse, relative or member of the person's social network;
- ➡ A neighbour, member of the public or stranger; or
- ➡ A person who deliberately targets vulnerable people in order to exploit them;
- ➡ Any other person acting as a carer in a paid or unpaid capacity.

Stranger abuse will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the locally agreed inter-agency adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other vulnerable people.

Where might Abuse take place?

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with a relative; it may also occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into people's own homes, and other places previously assumed safe, or in public places. The trend towards more care at home can make people potentially more vulnerable to abuse.

What might make Abuse more likely?

It is important to say from the outset that just because the situation may lead staff to think that abuse may have taken place, it must never be assumed that it has. If there are physical or other signs present, this still does not mean that abuse has taken place. There should be a thorough consideration of each case on an individual basis, and where necessary by referral to more experienced colleagues, before reaching any conclusions.

However, there are predisposing factors, which may lead to abuse. Abuse is more likely to occur if the dependent person:

- ➡ Has communication problems including lack of knowledge of written or spoken English
- ➡ Is aggressive
- ➡ Rejects help
- ➡ Behaves in an unusual way
- ➡ Is behaviourally disturbed or there are major changes in personality behaviour

In a domestic environment, where the majority of care is provided by unpaid carers

Carers may be under stress and, as a result, express a range of feelings. The frequency and intensity with which these emotions are expressed are important. The expressions of these emotions might indicate not just a desire to share difficulties, which the carer faces, but a growing inability to continue coping in a sensitive and caring manner. The following factors may be relevant:

- ➡ Where family relationships over the years have been poor or where family violence is the norm.
- ➡ Where the family is under stress due to poor income or housing conditions.
- ➡ Where carers have had to change their lifestyle or are grieving for lost personal ambitions and plans.
- ➡ Where carers have a sense of unfairness, of being victimised or of resentment.
- ➡ Where carers are not receiving practical and/or emotional support from their family members or professionals or they have a sense that they are not cared for themselves.
- ➡ Where carers feel that they are not respected or important.
- ➡ Where carers are stressed, showing signs of physical or mental illness or are becoming dependent on alcohol or drugs.
- ➡ Where carers have an unremitting sense of anger, frustration or despair.
- ➡ Where carers are feeling emotionally and socially isolated.
- ➡ Where carers have other responsibilities, e.g. work and family.

- ➡ Where carers have lost self esteem.
- ➡ Where carers are anxious or are worried.
- ➡ Where carers have no personal or private space.
- ➡ Where roles have been reversed, for example a parent becomes a dependent.
- ➡ Where the person cared for becomes self centred and does not consider the needs of their carers and family members.
- ➡ Where carers have frequently requested help from professionals and problems have not been or cannot be resolved.
- ➡ Where carers are being abused or subjected to excessive demands from the dependent person or has feelings of bewilderment or upset caused by that person's behaviour towards them.
- ➡ Where carers feel that there is no relief and that the situation is beyond their control.

Where these factors do apply, carers should be helped and supported to ensure that the situation does not result in abuse taking place. In particular, agencies and organisations should ensure that they work with carers to develop and maintain packages of care to support and train carers in their caring role (*see "Caring about Carers" - DoH 1999*).

Where care is provided by paid staff or volunteers the following factors may be relevant:

Any misuse of the power relationship that exists between staff and those they care for may manifest itself either through the exploitation of individuals or through regimes, which are careless of a person's property or emotional well being.

It is recognised that work in the health and care service can sometimes attract people who intend to abuse, though abuse is rarely the result of a deliberate action by an individual member of staff who intentionally sets out to harm people. Abuse often has its roots in poor practice, which has gone unchecked or unguided. Any indication of poor practice must be addressed as soon as it is identified.

Poor practice may result when the person in day to day charge of the home, or centre is inadequately supervised by a line manager outside the home or centre.

Service users may find it difficult to speak out either because they are inarticulate, do not speak English or because they believe staff will take reprisals against them. Anxieties over job security or promotion may deter staff from raising concerns about bad practice/abuse.

In residential or institutional settings such as residential care homes, nursing homes, hospitals, day care centres, and supported or sheltered housing schemes the following factors may be relevant:

- ➡ Inexperienced or poorly trained staff expected to care for people who either require a high level of assistance or who have specialised needs.
- ➡ Inadequate management support or lack of supervision by trained and experienced managers.
- ➡ Low morale amongst the work force and a defensiveness about their working practices.
- ➡ Insufficient numbers of staff to cope with high dependency levels, high incidence of incontinence.

No Secrets in Lancashire

- ➡ Absence of clear policies and procedures covering operational issues, drug management, safety, handling complaints etc.
- ➡ Poor working conditions or terms of employment.
- ➡ A culture which focuses on the needs and rights of staff rather than on the service users.
- ➡ Constant high turnover of staff or heavy reliance on 'bank' staff. Conversely, a stable but rigid staff team resistant to change.
- ➡ A casual approach to residents' privacy and rights.
- ➡ Poor or no contact between service users and their families, friends etc.
- ➡ An over strict and regimented routine for service users.
- ➡ A high incidence of restraint.
- ➡ A high incidence of accidents.
- ➡ The singling out of individuals for preferential treatment.
- ➡ Inappropriate or over use of medication.
- ➡ Discrepancies or deficiencies in record keeping.
- ➡ Inappropriate level of control of service users finances and personal affairs.

8. REFERRAL PROCEDURE

Ensure Safety

The first priority should always be to ensure the safety and protection of vulnerable adults and if medical attention is required this must be sought immediately.

Report

It is the responsibility of everyone to act on suspicion or evidence of abuse or neglect (see Public Interest Disclosure Act 1998 and in-house procedures) and refer to the local Social Services District Team (Adult Services) Customer Service Desk. A list of addresses and telephone contact details including out of hours service are included as Appendix E. Social Services will manage all referrals within the assessment process and apply response time in accordance with Assessment Procedures.

Lead Responsibility

Social Services District Team (Adult Services) will take the lead and be responsible for managing the process by establishing the facts of the case, identify those that need to be involved and co-ordinate the response.

Consult with the Police

When complaints about alleged abuse suggest that a criminal offence may have been committed it is imperative that reference should be made to the police as a matter of urgency. Early referral or consultation with the police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage they need to become involved. Early involvement of the police will help ensure that forensic evidence is not lost or contaminated and this may prevent the abused adult being interviewed unnecessarily on subsequent occasions. Notification to the Police may be done by either the referring individual/agency or by the Social Services District Team (lead agency). This will be dependent upon the information received at the initial point of concern, any subsequent preliminary enquiry and at what point the lead agency is alerted.

To prevent any possibility of failure to alert the police at the proper time the person/agency making the referral should identify whether or not the police have been informed. When Social Services receive the initial referral they will identify and record whether or not the police have been informed.

Lancashire Constabulary has Family Protection officers whose role it is to investigate allegations of the abuse of Vulnerable Adults where the person responsible is a family member or in a position of care. Where the person responsible is not a family member or carer or where the reported incident is one of financial abuse, then the matter will be investigated by local officers.

Criminal investigation by the police takes priority over all other lines of enquiry, however, police investigations may proceed alongside those dealing with health and social care issues. Contact Points for the Police and Family Protection is included as Appendix F.

Inform Inspection Unit

If the vulnerable adult is receiving services in a residential care home or from a domiciliary care service, the Social Services District Team must inform the Social Services Inspection Unit without delay. Similarly, the Health Authority Inspection Units must be notified in cases involving people living in nursing homes.

The execution of the statutory responsibilities of the Inspection Units rely on timely and considered intervention by their officers. It is therefore essential that enquiries into allegations involving residential, nursing or domiciliary care services are undertaken in collaboration with the appropriate inspection unit. **The responsibility for inspection will transfer in April 2002 to the National Care Standards Commission (NCSC) who will after that date be notified about all cases relating to care homes and domiciliary care after July 2002.**

Inspection Units (NCSC after April 2002) must satisfy themselves the local Social Services District Team is aware of incidents or allegations of abuse which come to the attention of the Units (NCSC) from other sources.

Establish Working Arrangements

The enquiry must take account of other agencies and identify those who need to be involved. Where there is a joint interest or responsibility an early agreement regarding lead responsibility and on working arrangements must be clarified. Where agreement cannot be reached or where difficulties are being experienced, the Social Services District Team Manager should be asked to obtain clarification at a senior level with the agencies involved.

Involve Alleged Victim

The process of the enquiries should be carefully explained to the alleged abused person and their consent to proceed with the enquiry obtained if possible.

Arrangements should be made to have a relative, friend or **independent** present if the person so desires. The relative, friend or **independent** advocate should not be a person suspected of being in any way involved or implicated in the abuse. See also reference to vulnerable witnesses as Appendix G

Contact Advocacy Services

For the purposes of these procedures, advocacy and advocacy service are as defined in the Lancashire Joint Health and Social Services Strategy document *Redressing the Balance*. Names and addresses of recognised advocacy services are available from:-

Lancashire Advocacy
Deafway
Brockholes Brow
Preston
PR2 5AL
Telephone (01772) 705355

Bring in Specialist Skills

Consideration must be given to enlisting the services or advice or personnel with specific skills or knowledge, particularly where people involved have limited communication skills, or where English is not their first language.

Co-ordinate

The Social Services District Team, as the lead agency, co-ordinating the response, notify other agencies and identify those who need to be involved and ensure the following processes are addressed:

- ➡ investigation of the incident using the guidance.
- ➡ action to ensure immediate safety of the alleged victim.
- ➡ early involvement of key agencies through a strategy meeting or discussion (by telephone if appropriate).
- ➡ agreement with other agencies who should take the lead in the investigation.
- ➡ assessment and care planning for the vulnerable person who has been abused.
- ➡ action with regard to criminal proceedings.
- ➡ action by employers, such as, suspension, disciplinary proceedings, use of complaints and grievance procedures and action to remove the perpetrator from the professional register.
- ➡ arrangements for treatment or care of the abuser, if appropriate.
- ➡ consideration of implications relating to regulation, inspection and contract monitoring.
- ➡ appropriate measures to reassure and support carers and keeping them informed.
- ➡ development, implementation and monitoring of a care plan.
- ➡ maintain appropriate records.

Investigation

For a variety of reasons, agencies other than the Police may need to conduct investigations into incidents of alleged abuse. This is because absence of (or insufficient evidence to substantiate) criminal activity cannot be taken as confirmation that abuse has not taken place.

Investigation is a process that focuses on gathering “good evidence” that can be used as a basis for the decision whether or not abuse has occurred. It must be a rigorous process and the evidence must be capable of withstanding close scrutiny as it may later be required for formal proceedings. Such proceedings may be against the perpetrator of the abuse or against other individuals or organisations in positions of responsibility and accountability. In these circumstances any decision made on the facts that arise from the investigation is made on the civil standards of proof i.e. on the balance of probabilities. Individuals and organisations conducting investigations should refer to the guidance notes in Appendix H.

Case Conference

Following the investigation or if deemed necessary at any time during the process; it may be necessary to call a case conference involving all relevant agencies and parties. One of the purposes of the case conference would be to make multi agency decisions about future action to address the needs of the individual. An agency involved in the case may ask for a case conference to be held, although the final decision to call a conference rests with the Social Services District Team Manager.

Feedback

The accepted good practice concerning recording, minutes and circulation will be observed and **The Social Services District Team Manager must ensure that feedback is given to the referring organisation and family as appropriate.**

MEMBERSHIP OF THE MULTI-AGENCY STEERING GROUP

David Gibson (Chair)	Victim Support Lancashire
Alexander Sunderland (Lead Officer)	Social Services Policy & Review
Jeremy Braund	Lancashire County Council Adult & Continuing Education Service
Claire Diack	Age Concern Hyndburn & Ribble Valley
Jane Killeen	Age Concern Lancashire
Marie Wilson	Alzheimers Society
Susan Lawn	Blackpool Victoria NHS Trust
Derek Weston	Burnley Healthcare NHS Trust
Eric Stead	Lancashire Carers Forum
Michaela Goan	Chorley and South Ribble Advocacy Services
Bridget Hilton	Communicare NHS Trust
Denise Partington	Community Futures
Dave Ashton	East Lancashire Advocacy Service
Meharban Ahmed	East Lancashire Deaf Society
Margaret Standen	East Lancashire Health Authority
Dr Michelle Cornes	Help The Aged

Doreen Singleton	Integrate
Marie Louise Hill	Lancashire Care Association
DCI Kevin Duffy	Lancashire Constabulary
Janet Gray	Better Government for Older People
Tom Daniels	Social Services Area Manager
Judith Eaves	Social Services Learning Disabilities Services
Diana Gordon	Social Services Inspection Unit
Noreen Haselden	Lancaster Older Persons Forum
Wyn Abbot	Morecambe Bay Primary Care Trust
Nargis Vorajee	Sahara in Preston

CHECKLIST FOR ORGANISATIONS ESSENTIAL ELEMENTS FOR LOCAL STRATEGIES

Objective	Activity
1. Alleged perpetrators are dealt with equitably and fairly	<p>Examine current staff disciplinary procedures and amend where necessary to ensure compliance with Guidance.</p> <p>Where the allegation is not proven, the alleged perpetrator is informed promptly.</p> <p>Procedures developed to deal with situations where a vulnerable person is the abuser e.g. use of risk assessments, Care plans and advocacy.</p>
2. Assessment Procedures, Care Plans & Treatment Plans support vulnerable adults	<p>Operational Procedures are in place which ensure assessments and care plans etc are responsive and sensitive to the needs of vulnerable adults.</p>
3. Employment & recruitment practices contribute to protecting vulnerable people	<p>Recruitment procedures satisfy the condition in <i>No Secrets</i> including making written requests for reference. Not accepting unsolicited references and where appropriate following up inquiries with past employers. In addition, organisations should register with the Criminal Records Bureau (CRB), sign up to the CRB Code of Practice and then to access the disclosure service offered by CRB (CRB Website: www.crb.gov.uk).</p>
4. Managers and supervisors are able to support staff.	<p>Managers and supervisors are clear about their responsibilities for training staff and supporting staff who may have identified actual or potential abuse. This is reflected in job descriptions and discussed at performance review/appraisal.</p> <p>Staff manuals or guidance notes for staff give information to staff on how to raise concerns and emphasise a duty to report.</p>
5. Commissioning & contracting arrangements support a position of protection.	<p>Ensure service specifications, invitations to tender, service level agreements (SLAs) & contracts reflect the organisation's position on adult protection.</p> <p>Providers are required to indicate in their tenders and agreements how they will meet the requirements of the Guidelines.</p> <p>Contract & SLA monitoring arrangements to include issues around adult protection.</p>
6. Recruitment, deployment and supervision arrangements for volunteers contribute to the protection of vulnerable adults.	<p>Recruitment and vetting of volunteers attracts the same vigour as for employed workers.</p> <p>Manuals or guidance notes for volunteers give information on how they should raise concerns and emphasise a duty to report.</p> <p>Support arrangements for volunteers are equal to those in place for paid staff.</p>
7. Agreements in place setting out the principles governing sharing of information.	<p>Multi agency protocols are established which are capable of distinguishing between preserving confidentiality and sharing information to protect from abuse.</p> <p>Protocols ensure partner organisations are aware of the type of information which will be shared, how such information will be accessed and any special conditions concerning use.</p>

No Secrets in Lancashire

Objective	Activity
8. The post investigation needs of victims are properly identified and addressed.	Operational Procedures and guidance for staff ensure assessments and care plans etc are responsive and sensitive to the post investigation needs of victims of abuse.
9. Staff & Volunteers are made aware of Individual Responsibilities in Relation to Abuse.	Guidelines are developed for staff and volunteers, which set out the responsibilities of all staff in relation to abuse. Guidelines include: 1. what to do when staff/volunteers suspect or encounter abuse. 2. how to contact line managers out of hours. 3. how managers and supervision arrangements will provide support to staff/volunteers dealing with abuse. 4. how supervision/personal development sessions will provide opportunities for staff/volunteers to discuss their concerns. 5. how to invoke 'whistleblowing' procedures.
10. Agencies in the public, private and voluntary sectors disseminate information about the multi agency procedures	Information should be produced in appropriate user-friendly formats to explain to users, carers and the public what is abuse, how to express concern and make a complaint. There should be an emphasis on reassuring people that complaints will be taken seriously and complaints will be thoroughly investigated. Information should be compatible with other policies such as complaints procedures.
11. Victims of abuse are given access to Advocacy Services	The role of advocacy services is clearly defined and is understood by staff and their managers. Provision of support is identified in SLAs with Advocacy providers.
12. Staff at all Levels are trained on the policy, procedures and practice	Joint training programmes are developed. Training programmes include: awareness, duty to report. More detailed training re: recognition of abuse identifying potential abusive situations applications of procedures working with other agencies investigating skills and joint investigations
13. Adult protection is part of main stream services	Future policies, strategies, guidance and procedures of the organisation embrace the ethos of protection.

LEGISLATION WHICH MAY BE RELEVANT

Carer's (Recognition and Services) Act 1995	Local Authority Social Services Act 1970
Chronically Sick and Disabled Person Act 1970	Mental Health Act 1959
Data Protection Act 1998	Mental Health Act 1983
Disability Discrimination Act	National Assistance Act 1948
Disabled Persons (Services, Consultation and Representation) Act 1986	National Health Service and Community Care Act 1990
Employment Rights Act 1996	National Health Service Act 1977
Enduring Power of Attorney Act 1995	Police & Criminal Evidence Act 1970
Health Act 1999	Power of Attorney Act 1971
Health Services and Public Health Act 1968	Public Health Acts 1936 and 1961
	Public Interests Disclosure Act 1998
	Race Relations Act 1976
	Race Relations (Amendment) Act 2000
Housing Act 1985	Registered Homes Act 1984
Housing Act 1996	Registered Homes (Amendment) Act 1991
Human Rights Act 1998	Sexual Discrimination Act 1975
	Sexual Discrimination (Amendment Act) 1983
	Sexual Offences Act 1956
	Sexual Offences Act 1967
	Youth Justice & Criminal Evidence Act 1999

DEFINITIONS & INDICATORS

(A Practical Guide)

A number of the indicators present should alert practitioners to consider that abuse may have occurred. However, the presence of one or more does not confirm abuse/mistreatment. A cluster of several signs and indicators may indicate a potential for abuse/mistreatment and the need for further assessment.

PHYSICAL ABUSE/MISTREATMENT

Definition: The infliction of pain or physical injury, which is either caused deliberately, or through lack of care. This can include:

- ➡ Hitting
- ➡ Slapping
- ➡ Pushing
- ➡ Kicking
- ➡ Punching
- ➡ Forcing...including force feeding
- ➡ Inappropriate use of restraint
- ➡ The use of incorrect moving and handling techniques that are potentially dangerous and are known to cause distress
- ➡ The misuse of medication

Indicators:

- ➔ A history of unexplained falls, minor injuries or malnutrition
- ➔ Unexplained bruises in various stages of healing
- ➔ Unexplained fractures or fractures in various stages of healing
- ➔ Injuries reflecting the shape of an object
- ➔ Unexplained burns, particularly to the soles of the feet, palms of the hands or back
- ➔ Immersion burns, rope burns or cigarette burns
- ➔ Injuries to the head, face or scalp
- ➔ Varicose ulcers, pressure sores
- ➔ Being left in wet clothing or bedding
- ➔ Signs of under or over use of medication

SEXUAL ABUSE

Definition: The involvement of a person in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent. Or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent sexual abuse include:

- ➔ Touching
- ➔ Fondling
- ➔ Sexual intercourse/buggery

- ➡ Attempted sexual intercourse/buggery
- ➡ Offensive or inappropriate language
- ➡ Indecent exposure
- ➡ Sexual teasing
- ➡ Looking
- ➡ Inflicting pornography on an individual

Indicators:

- ➡ A significant change in sexual behaviour
- ➡ Sexually implicit/explicit behaviour around certain individuals
- ➡ Unexplained changes in behaviour
- ➡ Unusual difficulty in walking or sitting
- ➡ Torn, stained or bloody underwear
- ➡ Sexually transmitted disease
- ➡ Urinary tract or vaginal infection
- ➡ Full or partial disclosure or hints of sexual abuse

N.B. Sexual abuse is usually thought of as the involvement of a person in a sexual activity to which they have not consented or which they do not truly comprehend. However, it must be remembered that to prevent a person from expressing their chosen sexuality may also threaten their human rights and may be considered to be a form of abuse.

PSYCHOLOGICAL ABUSE

***Definition:** Acts or behaviour, which cause mental distress or anguish to the victims or which negate the wishes of the vulnerable adult. These can include:*

- ➡ Threats of harm or abandonment
- ➡ Intimidation
- ➡ Scolding or treating like a child (infantilisation)
- ➡ Making a person feel ashamed of involuntary behaviour
- ➡ Blaming someone for attitudes or actions or events beyond their control
- ➡ Use of silence
- ➡ Effects of other forms of abuse (e.g. financial when family member is perpetrator)
- ➡ Humiliation
- ➡ Controlling or creating over dependence
- ➡ Lack of privacy/dignity
- ➡ Deprivation of social contact
- ➡ Deliberate isolation/denial of access to visitors
- ➡ Threats to withdraw help/support
- ➡ Denial of cultural/spiritual needs
- ➡ Denial of choice

- ➔ Failure to respond adequately to emotional needs
- ➔ Failure to protect from the emotional abuse of others

Indicators:

- ➔ The person appears to be withdrawn, agitated or anxious in general
- ➔ The person appears to be intimidated or subdued in the presence of the carer
- ➔ The person appears to be frightened of making choices or expressing his/her wishes
- ➔ The person appears to be fearful or flinches on approach
- ➔ There may be changes in sleep patterns
- ➔ The person may be tearful
- ➔ Threats of medical or legal consequences if individual do not comply with desired behaviour

FINANCIAL OR MATERIAL ABUSE

Definition: The inappropriate use of the money, property or possessions of a vulnerable adult by another, including:

- ➔ Misuse of a person's money, property or possessions
- ➔ Refusing a person access to his/her own money, property or possessions
- ➔ Extortion of money, property or possessions through theft
- ➔ Failing to account satisfactory for the use of a person's money, property or possessions

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- ➡ Pressure in connection with wills; property; inheritance etc
- ➡ Misuse or misappropriation of property; possessions or benefits (e.g. personal income subsumed into household income)

Indicators:

- ➡ Disparity between assets and living conditions, reluctance to incur expenses when finances should not be a problem (e.g. little food in the house, wearing worn out clothes), - *the natural thriftiness of some should be borne in mind*
- ➡ Denying the right of someone who may be competent to handle own financial affairs
- ➡ Unexplained withdrawals from bank or building society accounts
- ➡ Unexplained disappearance of financial documents
- ➡ Sudden inability to pay bills
- ➡ Disparity between assets and apparent living conditions
- ➡ Carer asks financial questions of the worker, does not ask about care or well being
- ➡ Person managing finances is uncooperative
- ➡ Carers or professionals fail to account for expenses incurred on a person's behalf

NEGLECT OR ACTS OF OMISSION

Definition: A vulnerable person may be suffering from neglect when their general well being or development is impaired, for example:

- ➔ Lack of adequate food and fluids
- ➔ Lack of adequate heating/lighting
- ➔ Lack of appropriate medical care
- ➔ Being allowed to take unwarranted/unreasonable risks
- ➔ Poor hygiene/cleanliness
- ➔ Lack of attention to toe and finger nails
- ➔ Lack of attention to teeth (natural or false)

Indicators:

- ➔ Inadequate food, fluids, heating, lighting
- ➔ Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- ➔ Clothing in a poor condition
- ➔ Failure to seek medical advice or summons assistance as required
- ➔ Failure to access dentistry, chiropody services etc
- ➔ Refusal to allow access to appropriate callers or visitors

DISCRIMINATORY ABUSE

Definition: The inappropriate treatment of a vulnerable adult because of their race, colour, sex (or sexuality), disability etc. This may include:

- ➡ Racist remarks
- ➡ Sexist remarks
- ➡ Comments about disability
- ➡ Other forms of harassment
- ➡ Slurs or similar treatment
- ➡ Deprivation of normal social contact and cultural identity

Indicators:

- ➡ Inappropriate remarks or comments
- ➡ Poor quality care to certain groups of patients/clients
- ➡ Patient or client prefers not to be cared for by certain member(s) of staff
- ➡ Staff member/volunteer may seem to avoid caring for certain groups of patients/clients

INSTITUTIONAL ABUSE

Definition: The inappropriate care of a vulnerable adult in an institutional situation (hospital, residential home, nursing home or in the community) the following factors may be relevant:

- ➔ Poor management and monitoring of staff or volunteers
- ➔ Poor care standards
- ➔ Lack of positive response to complex needs
- ➔ Rigid routines
- ➔ Inadequate staffing
- ➔ Insufficient knowledge base within the service

Indicators:

The vulnerable adult, in an institutional setting, displays any of the indicators mentioned in all forms of abuse described above.

OTHER USEFUL DEFINITIONS

- ➔ Serial abusing is where the perpetrator seeks out and “grooms” vulnerable individuals. Sexual abuse sometimes falls into this pattern, as do some forms of financial abuse.
- ➔ Long term abuse can be in the context of an ongoing family relationship such as domestic violence between spouses or generations.
- ➔ Opportunistic abuse is, for example, theft of money, which has been left lying around.
- ➔ Situational abuse arises because pressures have built up and/or because of difficult or challenging behaviour.

SOCIAL SERVICES DISTRICT OFFICES

Accrington

44 Union Street
ACCRINGTON BB5 1PL
Tel: 01254 398731

Colne

2A Market Place
COLNE BB8 0HY
Tel: 01282 866706

Ormskirk

Greetby Buildings
Derby Street
ORMSKIRK L39 2BP
Tel: 01695 573971

Bamber Bridge

Brindle Road
Bamber Bridge
PRESTON PR5 6UQ
Tel: 01772 904650

Kirkham

29 Station Road
KIRKHAM PR4 2HB
Tel: 01772 685318

Preston

Bhailok Court
Pole Street
PRESTON PR1 1DX
Tel: 01772 263689

Burnley

Chaddesley House
Manchester Road
BURNLEY BB11 1HN
Tel: 01282 425961

Lancaster

White Cross
South Road
LANCASTER LA1 4XQ
Tel: 01524 66246

Rishton

4 Blackburn Road
RISHTON BB1 4BS
Tel: 01254 887124

Chorley

Peter House
Peter Street
CHORLEY PR7 2RP
Tel: 01257 516000

Leyland

4/5 Balfour Court
Leyland
PRESTON PR5 1TD
Tel: 01772 904600

Rossendale

Oakenhead
Haslingden Old Road
RAWTENSTALL BB4 8RR
Tel: 01706 211221

Clitheroe

Joint Divisional Offices
Off Pimlico Road
CLITHEROE BB7 2BL
Tel: 01200 425146

Lytham

Estates Office
Hastings Place
LYTHAM ST ANNES FY8 5LZ
Tel: 01253 738111

Skelmersdale

200/206 Birkrigg
Digmoor Shopping Parade
SKELMERSDALE WN8 9HN
Tel: 01695 724451

Nelson

7/11 Carr Road
NELSON BB9 7JS
Tel: 01282 661366

Morecambe

6/8 Kensington Road
MORECAMBE LA4 5LX
Tel: 01524 418565

Thornton

Four Lane Ends
Fleetwood Road Sth
THORNTON FY5 5EB
Tel: 01253 866130

Out of Office Hours

5.00pm – 8.45am
Weekends & Bank Hols
Emergency Duty Team
Tel: 0845 6021043

POLICE FAMILY PROTECTION SYNDICATE: LOCAL OFFICES

Family Protection Office	Area Covered	Telephone
Clitheroe	Blackburn, Burnley & East Lancashire	01200 458784
Lancaster	Lancaster, Fleetwood and Garstang	01524 596643
Blackpool	Blackpool, Fylde & Wyre	01253 604080
Preston	Preston, South Ribble & West Lincs	01772 413883
Lancashire Police Headquarters	Management & administration	01772 416180

IN URGENT CASES CONTACT THE LOCAL POLICE OFFICE

VULNERABLE WITNESSES DETAILS OF LOCAL VICTIM SUPPORT AND WITNESS SERVICE OFFICES

A vulnerable adult may be required to make a statement to the police and to give evidence in court as a victim or a witness to a criminal offence. The police officer in the case should be made aware that the witness is a vulnerable adult as soon as the offence is reported. This includes any communication difficulties or where English is not the first language.

In addition to any help this officer may provide, witness services are available at all Lancashire Crown and Magistrates Courts to support vulnerable witnesses. They should be contacted as soon as a hearing date is known. Court familiarisation visits can also be arranged by the police witness support officer or by contacting the appropriate Witness Service directly. Details of Witness Service offices are included at the end of this Appendix.

The Youth Justice & Criminal Evidence Act 1999 recognises five categories of vulnerable witness. The first of these are young witnesses under the age of 17. The other four categories are;

- ➡ Learning disabled witnesses
- ➡ Physically disabled witnesses
- ➡ Witnesses with mental disorder/illness
- ➡ Witness suffering from fear and distress (intimidated witnesses)

A vulnerable adult may present with one or more of the above and mental illness or disorder does not itself preclude the giving of reliable evidence. The Action for Justice document Achieving Best Evidence in Criminal Proceedings should be consulted as it contains information about the support and assistance, which may be considered to help the witness to communicate and provide the best evidence.

At court special measures may be available for the protection of eligible witnesses such as screens, evidence given by Live Link or in private, removal of wigs and gowns, video recorded evidence in chief or cross-examination, examination of a witness through an intermediary and aids to communication. In addition the witness is protected from cross-examination by the accused in person.

VICTIM SUPPORT BRANCHES

Area Office

1 Chapel Street
PRESTON
PR1 8BU
Tel: 01772/828422/Fax: 01772 256000
Email: victimsupport.lancs@virgin.net

Blackburn, Darwen & District Branch

Richmond Chambers
Richmond Terrace
BLACKBURN
BB1 7AS
Tel: 01254 680442/Fax: 01254 668945
Email: victimsupport@bburn.fsnet.co.uk

Burnley, Clitheroe & Pendle Branch

The Rachael Kay-Shuttleworth Building
62-64 Yorkshire Street
BURNLEY
BB11 2BT
Tel: 01282 455955/Fax: 01282 455022
Email: vss.burnley@virgin.net

Chorley & District Branch

Chorley Police Station
St Thomas' Road
CHORLEY
PR7 1DR
Tel/Fax: 01257 246229

Fylde Branch

National Westminster Bank Chambers
6 Orchard Street
ST ANNES ON SEA
FY8 1RY
Tel: 01253 713222/Fax: 01253 712995

Hyndburn & Rossendale Branch

Office No. 8
Yorkshire Bank Chambers
St James Street
ACCRINGTON
BB5 1NT
Tel: 01254 871198/Fax: 01254 389052

North Lancashire Branch

2a Knowlys Road
Heysham
MORECAMBE
LA3 2PE
Tel: 01524 859044/Fax: 01524 858610

Preston Branch

1 Chapel Street
PRESTON
PR1 8BU
Tel: 01772 201142/Fax: 01772 555899

West Lancashire Branch

Skelmersdale Police Station
Southway
SKELMERSDALE
WN8 6NH
Tel: 01695 728303/Fax: 01695 721523
Email: victimsupport.westlancs@virgin.net

CROWN COURTS WITNESS SERVICE BRANCHES

Burnley Crown Court Witness Service

The Combined Courts
Hammerton Street
BURNLEY
BB11 1XD
Tel/Fax: 01282 452334

Lancaster Crown Court Witness Service

Lancaster Crown Court
Shire Hall
Castle Parade
LANCASTER
LA1 1YJ
Tel/Fax: 01524 62907

Preston Crown Court Witness Service

Preston Crown Court
Law Courts
Ringway
PRESTON
PR1 2LL
Tel/Fax: 01772 832398

MAGISTRATES' COURTS WITNESS SERVICE BRANCHES

Lancaster & Preston

Branch Manager Witness Service
Magistrate's Court
PO Box 52
Lawson Street
PRESTON
PR1 2RD
Tel/Fax: 01772 887439 (Preston)
: 01524 67189 (Lancaster)

Blackpool & Wyre

Branch Manager Witness Service
Blackpool Magistrate's Court
PO Box 27
Civic Centre
BLACKPOOL
FY1 5RH
Tel/Fax: 01253 296253

Blackburn & Hyndburn

Branch Manager Witness Service
Richmond Chambers
Richmond Terrace
BLACKBURN
BB1 7AS
Tel/Fax: 01254 265305

Pennine

Branch Manager Witness Service
Burnley Magistrate's Court
c/o PO Box 64
Colne Road
Reedley
BURNLEY
BB10 2NQ
Tel/Fax: 01282 425780

Chorley, Leyland & Ormskirk

Branch Manager Witness Service
Leyland Magistrates' Court
c/o The Court House
St Thomas' Square
CHORLEY
PR7 1DS
Tel/Fax: 01772 453556
Email: victimsupport.southribble@virgin.net

GUIDANCE IN RELATION TO INVESTIGATIONS

The quality of the investigation and the extent of co-operation between the organisations concerned are crucial to determining whether or not abuse has occurred. For these reasons it is seen as essential to provide some guidance on the conducting of investigations within these procedures.

In summary, the objectives of an investigation are:

- ➡ To establish facts;
- ➡ To assess the needs of the vulnerable adult for protection support and redress;
- ➡ To decide what follow-up action should be taken with regard to the perpetrator, the service or the management of the service in the event of a finding of culpability, neglect or ineffectiveness

A strategy should be formally devised and recorded prior to the commencement of any investigation. Such a strategy must determine:

- ➡ Which agency will take the lead in conducting the investigation?
- ➡ Who is to be interviewed?
- ➡ What questions will be asked?
- ➡ What else will be included - e.g. the checking of records, obtaining photographic evidence?
- ➡ Who will be responsible for doing what?
- ➡ Which person will have overall responsibility for co-ordinating the investigation?

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- ➔ What information is to be divulged to interviewees?
- ➔ Who will make a decision about whether abuse has taken place?

It should be noted that if there has previously been a criminal investigation account may be taken of previous interview records.

This will assist in deciding whether or not someone requires interviewing again or whether additional information is required.

Under the terms of their disclosure policy the Police may release statements with the consent of the person interviewed. The following protocol will provide a framework for interviews:

- ➔ There should always be two persons carrying out the interview.
- ➔ Interviews should be conducted with privacy.
- ➔ A written record should be made at the time which should be dated and signed by the interviewee as being an accurate record of what was said.
- ➔ Where the person being interviewed does not have English as their first language they should be offered the services of an interpreter. (If necessary guidance should be sought on the manner in which this type of interview is to be carried out.
- ➔ Where the person being interviewed is known to be suffering from Mental Ill Health a 'responsible adult' must also be present. This person must not be anyone with a conflict of interest.
- ➔ Where the person being interviewed is the 'abused' person particular care must be taken to minimise the stressful effects of the interview.
- ➔ Where the person being interviewed is not either the alleged perpetrator or the 'abused' person they should be informed that they may be required to support what they say in formal proceedings where they may be questioned further about the comments they make.

Once all the evidence is gathered it has to be analysed. The organisation that has undertaken the investigation should be responsible for preparing a report that outlines the investigation and any conclusions reached. This report will form the basis upon which any decision is made.

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