

GP Safeguarding Adults Training Resource Pack

Links Correct 2 October 2019

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1	<u>Safeguarding Adults at risk of harm tool kit</u>	RCGP
2	<u>Link to Safeguarding Adults Board Website (more info on p4)</u>	Safeguarding Adults Board Website
3	<u>Joint Adults Safeguarding Policy (more info on p4)</u> Care Act Guidance Professionals Safeguarding Referral Form.	Safeguarding Adults Board Website
4	<u>Practical Guidance if you are worried about an adult (more info on p5) Click on the 'recognising safeguarding concerns drop down'</u> An example of how this looks is on p5.	Safeguarding Adults Board website
5	<u>Does this person meet the criteria for a safeguarding response? (more info on p6)</u> Link to Adult Safeguarding Risk Decision Making Tool A copy is in your tools pack , an example of how this looks is on p6.	Safeguarding Adults Board website
6	<u>Information Sharing Agreement (more info on p7)</u> A copy is in your tools pack , an example of how this looks is on p7.	Safeguarding Adults Board website

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7	<p>Other Useful Resources on SSAB</p> <ul style="list-style-type: none"> • Resolving Professional Differences and process for escalating disagreements between agencies about a safeguarding response (more info on p8) • Self-Neglect tool kit (more info on p9) and County Lines (more info on p10) 	Safeguarding Adults Board website
8	Domestic Abuse (more info on p 11)	Somerset Survivors
9	<p>Mental Capacity Online resource training- webinar and presentation</p> <p>E Learning for Health</p> <p>Other</p>	Social Care Institute for Excellence
10	<p>Mental Capacity Online resources – Helping Patients families and carers understand the MCA</p> <p>Easy Read guide for people with learning disabilities</p> <p>Guide for families to understand their roles in decision making- Learning Disabilities Focus</p> <p>Guide for carers</p>	<p>Care England</p> <p>Mencap</p>
11	<p>Lasting Powers of Attorney. Court appointed Deputies, Court of Protection</p> <p>Check if someone has a power of attorney- you can phone or complete a short online form- OPG 100'</p>	Office of the public guardian

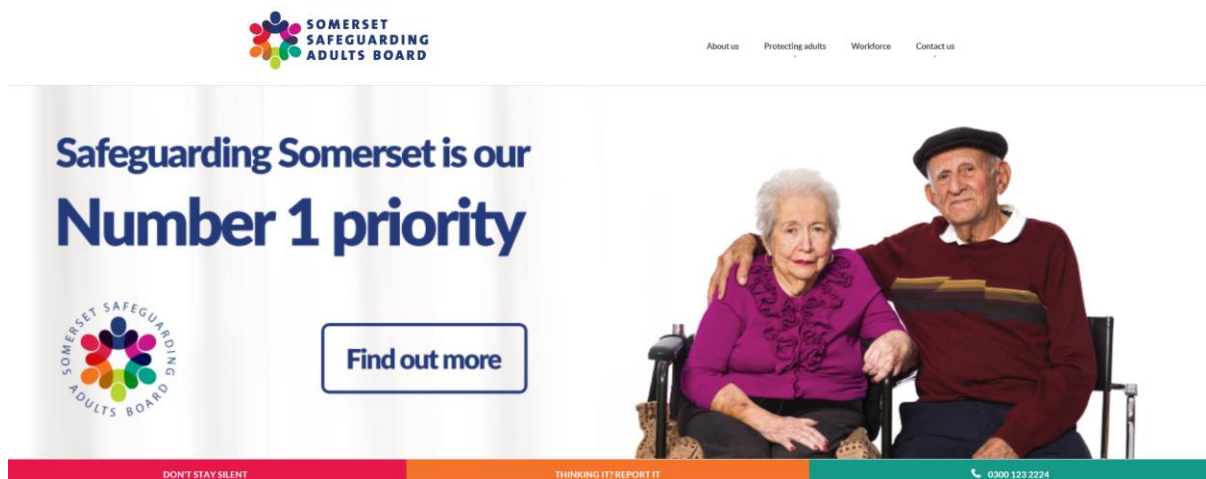
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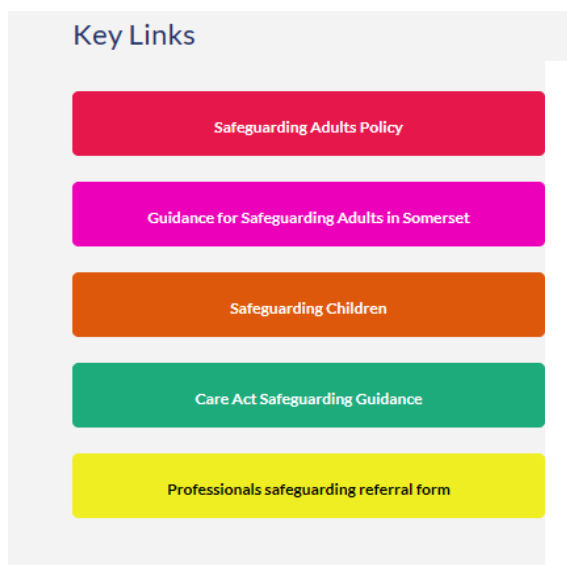
12	<u>Consent and Sexual Intercourse</u> This describes a piece of case law which details how capacity for consent to sexual intercourse is discussed	
13	<u>Covert Medication and Deprivation of Liberty (more info on p12)</u> <u>https://www.bailii.org/ew/cases/EWCOP/2016/37.html#para36</u>	Court of Protection
14	<u>Guidance on Removal of Clinically Assisted Nutrition and Hydration</u>	BMA/RCP

Somerset Safeguarding Adults Board Website

[Guidance on Safeguarding Adults Policies Procedures and Processes in Somerset](#)



[Here you can find the following documents](#)



- The Joint Adults Safeguarding Policy
- The link to make a professional referral
- Care Act (2014) Describes duties of organisations and professionals

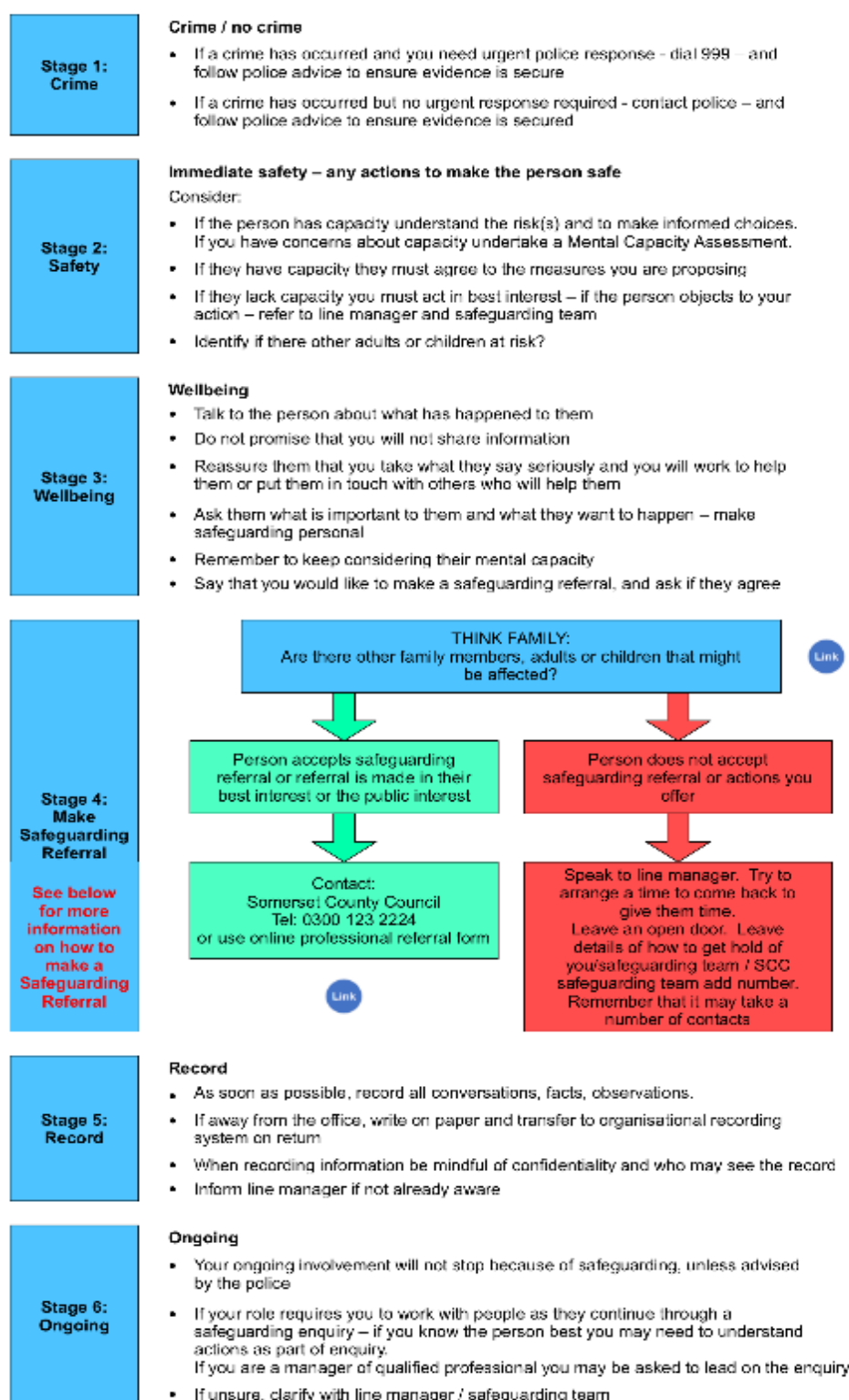
The SSAB has practical advice on what to do if you are worried about an adult who needs safeguarding- Select the 'recognising safeguarding concerns; button

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<https://ssab.safeguardingsomerset.org.uk/adult-safeguarding-procedures-intro/adult-safeguarding-procedures/>

What to do if you recognise abuse or neglect:



Tool to help decide if the person meets the criteria for a safeguarding response- [Link to Adult Safeguarding Risk Decision Making Tool](#)


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This is a four page document. The first page is below. A full copy is included in the tools pack



Adult Safeguarding Risk Decision Making Tool

Factors			Guidance and considerations	
1. Vulnerability of adult at risk	Less vulnerable	More vulnerable	<p>Is there reasonable cause to suspect that the adult has needs for care and support? Remember that this includes people whose needs may not be being met by the Local Authority</p> <ul style="list-style-type: none">Can the adult protect themselves?Does the adult have the communication skills to raise an alert?Is the person dependent on the alleged perpetrator? <p>Does the person lack mental capacity?</p> <ul style="list-style-type: none">Is what you are worried about simply an unwise decision, or is it a symptom of a more significant concern?Has the alleged victim been threatened or coerced into making decisions?	
	 <p>As you progress along this scale the adult is likely to become vulnerable and the abuse more serious. Think about being to describe someone's vulnerabilities and how they may impact on their experience of risk and ability to protect themselves</p>			
The abusive act	Less serious	More serious	<p>Questions 2-9 relate to the abusive act and/or the alleged perpetrator. Assessments must be made on a case-by-case basis. Less serious concerns are likely to be dealt with at initial inquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults process.</p>	
2. Seriousness of abuse	Low	Significant	Critical	<p>Refer to the table overleaf. Look at the relevant categories of abuse and use your knowledge of the case and your own professional judgement to gauge the seriousness of the concern.</p>
3. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	<p>Always seek advice from your own organisation's Safeguarding Lead where there are concerns about repeated low-level harm to agree how these concerns will progress to further stages in the safeguarding adults process.</p>
4. Impact of abuse on victims	No impact	Some impact but not long-lasting	Serious long-lasting impact	<p>Impact of abuse does not necessarily correspond to the extent of the abuse – different people will be affected in different ways. The views of the adult at risk will be important in determining the impact of the abuse.</p>
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	<p>Other people may be affected by the abuse of another adult:</p> <ul style="list-style-type: none">Always remember to Think FamilyAre children, relatives or other residents/service users affected or distressed by the abuse?Are other people intimidated and/or their environment affected?
6. Intent of alleged perpetrator	Unintended / ill-informed	Opportunistic	Deliberate/ Targeted	<ul style="list-style-type: none">Is the act/omission a violent/serious unprofessional response to difficulties in caring?Is the act/omission planned and deliberately malicious?Is the act a breach of a professional code of conduct? <p><i>* the act/omission doesn't have to be intentional to meet safeguarding criteria</i></p>
7. Illegality of actions	Bad practice – not illegal	Criminal act	Serious criminal act	<p>Seek advice from the Police if you are unsure if a crime has been committed.</p> <ul style="list-style-type: none">Is the act/omission poor practice (but not illegal) or is it clearly a crime?
8. Risk of repeated abuse on victim	Unlikely to recur	Possible to recur	Likely to recur	<p>Is the abuse less likely to recur with significant changes (e.g. training, supervision, respite, support) or very likely even if changes are made / more support is provided?</p>
9. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at risk	<p>Are other adults and/or children at risk of being abused?</p> <ul style="list-style-type: none">Very Likely?Less likely if significant changes are made?Very unlikely?

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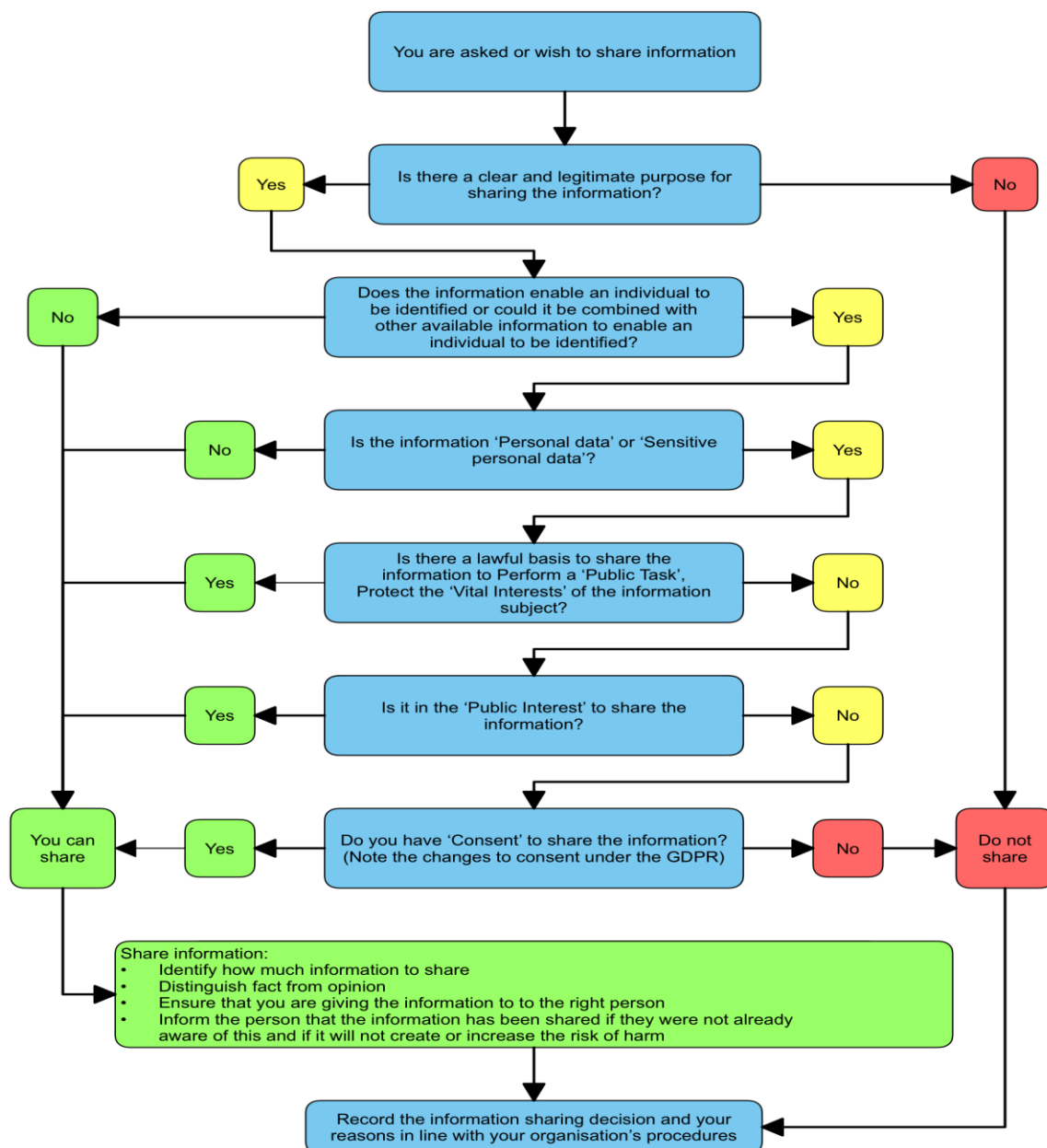
Agreed by SSAB Policy and Procedures Subgroup: 24/09/2019

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Information Sharing Agreement

The document is included in the pack. This gives information to support you in deciding whether to share information about an adult who needs safeguarding; including a flow chart.



Resolving Professional Differences and process for escalating disagreements between agencies about a safeguarding response

All professionals working with adults must be able to challenge each other appropriately. When they believe that others are not working well together and, as a result, the adult remains at risk, or what is thought to be an unacceptable level of risk, and then escalation should take place.

This guidance explains how professional disagreements or issues relating to the safety of adults at risk of abuse should be resolved. It is applicable to all individuals and organisations who have a role in the safeguarding of adults at risk of abuse, and supports Somerset's Multi-Agency Safeguarding policy.

There is an escalation process to be used when initial attempts to resolve the situation have failed.

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Self-Neglect Practice Guidance

This section of the SSAB website has a number of documents

It includes research based guidance on working with people who self-neglect

There is a very helpful flowchart in the document called that guides you as the powers available or not available to professionals when working with people who self-neglect.

This is included in your resource pack- Click below for the guidance and the remaining appendices; including a flow chart.

[Self-Neglect Practice Guidance](#)

[Appendix 1: Legislation](#)

[Appendix 2: Multiagency Hoarding Guidance](#)

<https://ssab.safeguardingsomerset.org.uk/wp-content/uploads/SSAB-Self-Neglect-Practice-Guidance-Appendix-2-Agreed-24-09-2019.pdf> - this seems to be the same link as Appendix 2

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County Lines/ Modern Slavery

This is home office guidance for frontline professionals on dealing with the criminal exploitation of children and vulnerable adults

<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines?platform=hootsuite>

If you believe a child or adult is vulnerable or being exploited, you share intelligence or information with the police that you think they should be aware of. The link to the form is below

<https://www.avonandsomerset.police.uk/forms/vul>

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Domestic Abuse

Resources Specifically for GPs and DASH Risk Assessment

Somerset

<http://www.somerseturvivors.org.uk/information-for-gps/>

Nationally Via Safelives

<http://safelives.org.uk/>

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Covert Medication and DoLS- Case Law From Court of Protection

(i) if a person lacks capacity and is unable to understand the risks to their health if they do not take their prescribed medication and the person is refusing to take the medication then it should only be administered covertly in exceptional circumstances;

(ii) before the medication is administered covertly there must be a best interest decision which includes the relevant health professionals and the person's family members;

(iii) if it is agreed that the administration of covert medication is in their best interests then this must be recorded and placed in the person's medical records/care home records and there must be an agreed management plan including details of how it is to be reviewed; and

(iv) all of the above documentation must be easily accessible on any viewing of the person's records within the care/nursing home.

(v) If there is no agreement then there should be an immediate application to Court

<http://www.bailii.org/ew/cases/EWCOP/2016/37.html#para36>