

# Gateshead Multi Agency Safeguarding Adults Partnership

**Mistreatment  
and abuse of  
vulnerable adults  
is not  
acceptable**

**Doing nothing  
is not an option**

**Your actions  
can help make  
a difference**

**Annual Report  
2007/08**



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# Forword

By Michael Laing, Director, Adult Care and Housing Services

Over the past three years my colleagues in the Association of Directors of Adult Social Service have published a series of documents including 'Safeguarding Adults - a framework for good practice in 2005', 'a position statement in 2006' and a 'call for legislation 2007.' Dwayne Johnson who was lead Director for Safeguarding gave evidence to the House of Commons Joint Committee on Human Rights in April 2007. These have contributed to the recognition of the need to review 'No Secrets 2000' which is now happening and more detail is provided in Appendix 4.

I am pleased to have this opportunity to assure you of Gateshead Council's continued commitment to working with stakeholders through The Multi Agency Safeguarding Partnership to prevent abuse of our vulnerable citizens. Together we strive to commission, provide and regulate high quality safe services. This Annual Report sets out the broader safeguarding context and issues facing adults considered to be at risk, the Partnerships achievements over the past year and future challenges and priorities.

Since 2003 we have received information of over 1000 situations causing concern and continue to respond in a coordinated proportional manner in an attempt to achieve the best outcomes for all those affected. Whilst this may be 1000 too many, national research and professional judgement indicates many other cases go unreported – adults may be so isolated they have no one to speak up for them or staff may not recognise that poor professional practice can actually be abusive or criminal acts. We must empower people who use services, their carers, relatives, friends, and the general public to adopt the same 'zero tolerance' attitude toward adult abuse that we have increasingly come to expect in relation to child abuse and domestic violence.

Members of the partnership want you to believe that everyone has the right to live a life that is free from fear, violence and harm. If you have concerns about the welfare of a vulnerable adult please contact one of the organisations listed in Appendix 7. Safeguarding is everyone's responsibility and together we can make a difference.

***"I want people to be as outraged  
by the abuse of an older person as they are by  
the abuse of a child. Sadly we are nowhere  
near that as a society but that culture has  
to change"***

*Ivan Lewis Member of Parliament.  
Care Services Minister*

# Strategic Context

## National policy

### No Secrets Guidance 2000 / Review of 'No Secrets' June 2007

Guidance issued by The Department of Health and the Home Office identified Local Authority Social Services departments as having a coordinating role to establish local multi-agency committees, policy, procedures and practice guidance regarding vulnerable adults work. [www.dh.gov.uk](http://www.dh.gov.uk)

No Secrets was a milestone in 2000 but experience is showing that there is confusion regarding definitions, inconsistent collation of referral data and shortfalls in the degree of interagency cooperation. The Department of Health will undertake a systemic review incorporating the views of key stakeholders and consider introducing appropriate legislation. See Appendix 4 for greater detail

### Fair Access to Care 2002

The Department of Health stresses 'risk to independence and well being' as the key criteria for determining eligibility for care services, and therefore replaces the concept of a "vulnerable adult" with an assessment of the risk posed by the abuse and neglect to the quality of life of the individual adult.

Relevant extracts from the two highest categories are

#### Critical – 'really high risk'

- Serious abuse has occurred or is likely to occur

- Imminent risk to life through serious harm to others
- Deliberate or accidental self harm / neglect
- Inability to manage financial affairs

#### Substantial – 'very high risk'

- Individuals lifestyle or behaviour presents a significant risk to the health and safety of the individual or others. (violence, offending, substance misuse, self harm, neglect)
- Limited insight into risk taking behaviour
- Has difficulty in understanding or making choices between financial options

### 'Safeguarding Adults' 2005 – A national framework of standards. Association of Directors of Social Services

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse. This is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. Including

- Article 2: 'the Right to life'
- Article 3: 'Freedom from torture' (including freedom from humiliating and degrading treatment); and
- Article 8: 'Right to family life' (one that sustains the individual).

### The Mental Capacity Act 2005

This Act came into force in April and October 2007 and affects everyone over

16 years of age. It enables mentally capacitated people to plan for their future through such things as Advance Directives, Lasting Power of Attorney for Welfare and/or Financial situations.

It reinforces principles we already practiced in relation to safeguarding adults

- Adults must be presumed to have capacity unless it is established they do not
- A person must not be treated as unable to make a decisions unless all practicable steps to help him have been taken without success
- A person is not to be treated as unable to make a decisions merely because he makes an unwise decision
- An act done or decision made, under this Act, for or on behalf of a person who lacks capacity must be done or made in their best interests
- Before the act is done, or decision made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

### **'Our Health, our care, our say' 2006**

The Governments White Paper outlines reforms for the Health and Social Care partnership. It emphasises the positive aspects of supporting people to assess their lifestyle risks and develop a risk management framework to enable people using services to take greater control over decisions about the way they want to live their lives. It emphasises that health professionals should work with social workers, the police and local housing authorities to protect and support the victims of abuse.

### **Commission for Social Care Inspection Safeguarding Protocol (March 2007)**

The protocol sets out the role of the regulator and how they will work with other agencies to ensure that people who use regulated care services are safeguarded from abuse. Information sharing and

referral processes to lead agencies were agreed by the Association of Director of Social Services, Association of Chief Police officers and the Department of Health.

### **'Death by indifference' MENCAP (March 2007)**

The report describes six deaths of people with a learning disability whom their families and Mencap believe were avoidable. It asserts 'that people with a learning disability face institutional discrimination at every level of the health service.'

The Healthcare Commission announced in March 2007 that it would review these and any others cases identified to see if there are common themes and systemic problems in healthcare for people with learning disabilities.

### **The UK prevalence study The National Elder Abuse Study DH/Comic Relief) (June 2007)**

This was carried out by independent researchers at the National Centre for Social Research and Kings College, London, and was based on a survey over two years of around 2000 people aged 66 and over who live in their own homes (including sheltered housing).

The findings of the study show that:

- 2.6% or 227,000 people were neglected or abused by family, close friends and care workers in the last year.
- 4% or 342,400 people were neglected or abused in the last year by family, close friends and care workers, neighbours and acquaintances (i.e. a broader definition of those who might abuse).
- Mistreatment is broken down into neglect, financial abuse, psychological and physical abuse and sexual abuse.
- The majority of the incidents involved a partner or another family member whilst voluntary or paid care workers accounted for 13%.

In response, Ivan Lewis MP, the Care Services Minister, expects systematic collection of accurate and impartial data that will allow help to be targeted where it is most needed. He also announced a review of the "No Secrets guidance and will consider whether new legislation was required.

### **Royal College of nursing publishing Essential Guide June 2007**

#### **Vulnerable Adults: the prevention, recognition and management of abuse. Nursing Standard/nursing older people**

A guide intended to assist nurses understand their safeguarding responsibilities.

### **2008 Council for Healthcare Regulatory Excellence Guidance.**

"Clear sexual boundaries between Healthcare professionals and patients: responsibilities of healthcare professionals" [www.chre.org.uk](http://www.chre.org.uk)

This work was commissioned by the Department of Health in 2006, following the report in 2005 when Consultant Psychiatrists Dr Kerr and Dr Haslam were convicted of indecent assault.

## **Future national developments**

### **Safeguarding Vulnerable Groups Act 2006**

Implementation of the Independent Safeguarding Authority (ISA), which strengthens the pre and post employment checks designed to safeguard vulnerable people, has been postponed until October 2009. It is planned over a phased period of several years that approximately 12 million staff will be vetted and then either registered or barred. Employers will be informed by a confidential on line system when new 'negative' information comes to light that affects their employee's registration status. The risk applicants are

considered to present will affect the type of work they are allowed to do. ie regulated or controlled.

### **The Mental Health Act 2007**

Amends the Mental Capacity Act from April 2009 in relation to 'Deprivation of Liberty Safeguards' which protect against the arbitrary detention of people who lack the capacity to consent to the arrangements made for their care or treatment and who need to be deprived of their liberty, in their own best interests and for their own safety, in either hospitals or care homes.

They will rectify the breach of Article 5 identified by the European Court of Human Rights in HL v UK 2004 (the 'Bournemouth' case).

### **Proposed Merger of Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Review Commission in 2009 to form The Care Quality Commission**

The Government is committed to establish a new integrated health and adult social care regulator. Over 100 written responses from a wide variety of stakeholders were received by the Consultation that ran from November 2006 to February 2007. Workshops and open forums were also held to consider the document.

Initially the three Commissions will operate in parallel to achieve a seamless transition. There were concerns that social care issues would be overshadowed by those in health, but the Secretary of State is determined to ensure that social care's distinct needs would be recognised by the new regulator.

## Local Policy

### The Gateshead Local Area Agreement (LAA) and Vision 2030 – Gateshead Strategic Partnership

**Partners within Gateshead have set out a farsighted ambition for the borough that is articulated through Vision 2030, Gateshead's Sustainable Community Strategy. The vision recognises the deep-rooted challenges that still remain in Gateshead, but demonstrates high aspirations for local people.**

Gateshead's Next Generation Local Area Agreement reflects the journey of transformation Gateshead has undertaken, based on a long-term vision and commitment to unlocking the potential of Gateshead. The focus of the document 'Gateshead Agreement – Delivering Vision 2030' includes:

- Prevention and focus on children and young people
- Growing the economy for all
- Focus on communities to make them:
- Connected, Stronger, Healthier, Sustainable

The Gateshead Strategic Partnership (GSP) is made up of a family of partnerships that work to deliver the priorities within Vision 2030 and Gateshead LAA. The GSP is supported by the following themed partnerships:

- Economy Skills, Housing and Transport
- Safer Stronger Communities and Culture
- Children and Young People
- Health and Social Care.

Safeguarding Adults work is influenced and informed by these Strategies **The Vision 2030 is for 'Local people realising their full potential enjoying the best quality of life in a healthy, safe, prosperous and sustainable Gateshead.'**

It identifies specific challenges and intended outcomes eg

- all vulnerable and older residents leading fulfilling lives with support of their choice
- work with the voluntary sector and other partners to further develop preventative services.
- by 2017 no child should be the primary carer of a vulnerable adult

### Gateshead Council's Older Person's Service Plan 2007 – 2010 and the People with Disabilities Service Plan 2006 – 2009

These services carry out the statutory requirements of person centred assessment of care needs, care planning, commissioning, monitoring and review for people and their carers deemed eligible for support under fair access to care services. The aim is to promote independence and offer person centred care and choice.

The plans demonstrate a commitment to further integration of services with NHS partners in line with the National Service Framework for long-term conditions.

### The South of Tyne and Wear Primary Care Trust (incorporating Gateshead)

The PCT vision is to maximise the health, potential and well being of individuals living in our communities. They are committed to the implementation of the White Paper 'Our health, our care, our say' and to actively seek out the needs of their clients.

The PCT is committed to ensuring that Safeguarding Adults is an intrinsic part of clinical practice of health professionals who are directly managed within the PCT. These staff may be involved in the early recognition, appropriate referral of suspected abuse and subsequent participation in the investigation and management of cases.

## **Gateshead Multi Agency Safeguarding Vulnerable Adults Policy, procedure and practice guidance.**

These provide practitioners, managers and the public with information and guidance about how agencies work together to prevent and respond to allegations of abuse. All allegations of mistreatment and abuse are taken seriously and investigated.

## **Community Safety and Drugs Team**

This provides a range of support to residents and partners and support the work of Safer Gateshead, a multi agency partnership with the overall vision to achieve 'safer people, safer communities'. The team focus on the following areas:

- Drug and alcohol misuse
- Anti Social Behaviour
- Domestic Violence, including Safer Families Project
- Hate Crime
- Supporting victims of crime.

# The Local Context

## Whom is covered by Gateshead's Safeguarding Adults work?

Potentially all adults over 18 years of age, but particularly those who have a physical or mental condition that increases their dependency on others. It reduces their ability to protect themselves from significant harm and the increased risk of mistreatment, exploitation and abuse by other people. Plans are also implemented for vulnerable adults whose behaviour presents a risk to others.

(The Partnership will contribute to the Review of No Secrets consultation process but when considering the relationship between Safeguarding and other processes it is felt that violence within family relationships is appropriately routed through the Domestic Violence Partnership. There is an increasingly held view that the main focus of our work should be in relation to carers and care workers who abuse their position of trust.)

## What do we mean by abuse?

Mistreatment, exploitation or abuse is a violation of an adult's human and civil rights. It can be single or repeated acts and includes:

- **Financial or material abuse.** Including theft or misuse of finances / property.
- **Sexual abuse.** The involvement of an adult in any sexual activity to which they either have not or cannot give informed consented.

- **Physical abuse.** Physical mistreatment or non-accidental injury eg hitting.
- **Psychological / emotional abuse.** This includes threats of harm, abandonment, isolation or humiliation, which may result in the adult feeling miserable, undervalued and perhaps unnecessarily dependent.
- **Neglect, acts of omission.** This includes deliberate or unintentional failure to respond to an adult's basic medical, physical, spiritual, social or developmental needs.
- **Discriminatory abuse.** Abuse based on prejudice egs age or disability
- **Institutional abuse.** Poor professional practice. Over rigid routines

## What sort of things can contribute to abuse?

- High levels of dependency
- Social isolation
- Family history of mistreatment of animals or children.

## What sort of things should you report?

- Adults being exposed to unacceptable levels of risk
- All suspicions of crime / poor practice

## Position Statement

These figures are approximate and intended only as a broad guideline. More detailed figures may be available from individual agencies. People are living

longer and there is a prediction that by 2029 we will have a 32% increase in the over 60's, and statistically older people are at greater risk of mistreatment which will over time impact upon on the safeguarding workload.

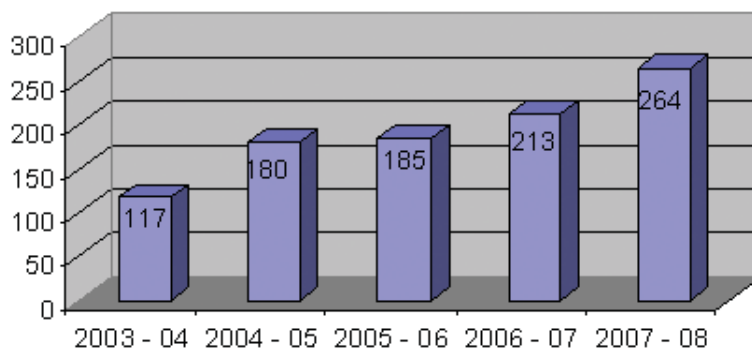
There are 151,000 people resident in Gateshead aged over 18 years of age, of these:

- 3,250 people are registered as either deaf, blind or both
- 700 people have a Learning Disability and receive some form of support service
- 1,000 people aged over 65 live in residential care.  
100 'rehabilitation' beds in the four Promoting Independence Centres
- 260 people aged 18-65 live in residential care
- Whilst there are approximately 80 specifically designated hospital beds, a percentage of all patients being treated by any of the hospital specialisms will have mental ill health including dementia.
- 5770 vulnerable adults are supported to live at home. They may receive day care, meals on wheels or domiciliary support (346 people with mental ill health, 892 with a physical disability, 356 with a learning disability and 4,178 over 65 years of age). There is just over 1 million home support hours provided annually
- 1300 adults accessed drug treatment services from North East Counselling on Addictions (NECA) and the specialist Drug and Alcohol team (24 / 7.)
- A further 1000 adults are estimated to have accessed alcohol treatment services from those two specialist teams.
- 733 people suffering domestic violence were referred to the Safer Families Team. Of these approximately 345 are identified as having substance misuse, mental illness or physical disability.

## Referral information in Gateshead. 2007 - 2008

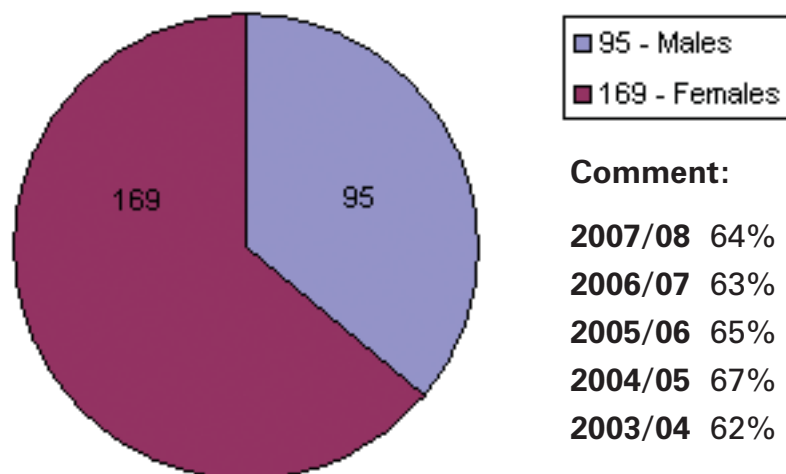
From the 1 April 2007 until the 31 March 2008, there were 264 alerts re individual cases, which is a 25% increase when compared to the 213 cases in 2006 – 2007. (The previous years increase was 15%). Despite this increase it is still thought that many incidents of abuse are dealt with through a care management or disciplinary route and they are not formally reported into the multi agency POVA arena. Work continues to encourage awareness and compliance with procedures.

**Referral Chart**



*Please note that some figures have been rounded for convenience.*

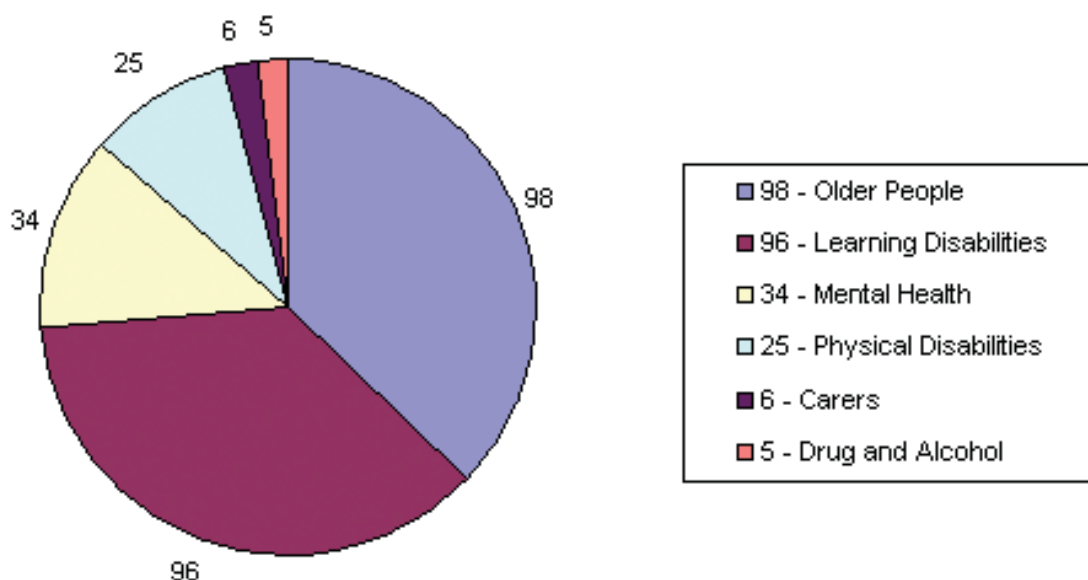
**Chart 1 Gender of the 264 cases (2007/08)**



**Comment:**

**2007/08** 64% related to female and 36% male  
**2006/07** 63% related to female and 37% male  
**2005/06** 65% related to female and 35% male  
**2004/05** 67% related to female and 33% male  
**2003/04** 62% related to female and 38% male

**Chart 2 Figures by main type of vulnerability - 264 cases (2007/08)**



**Comment:**

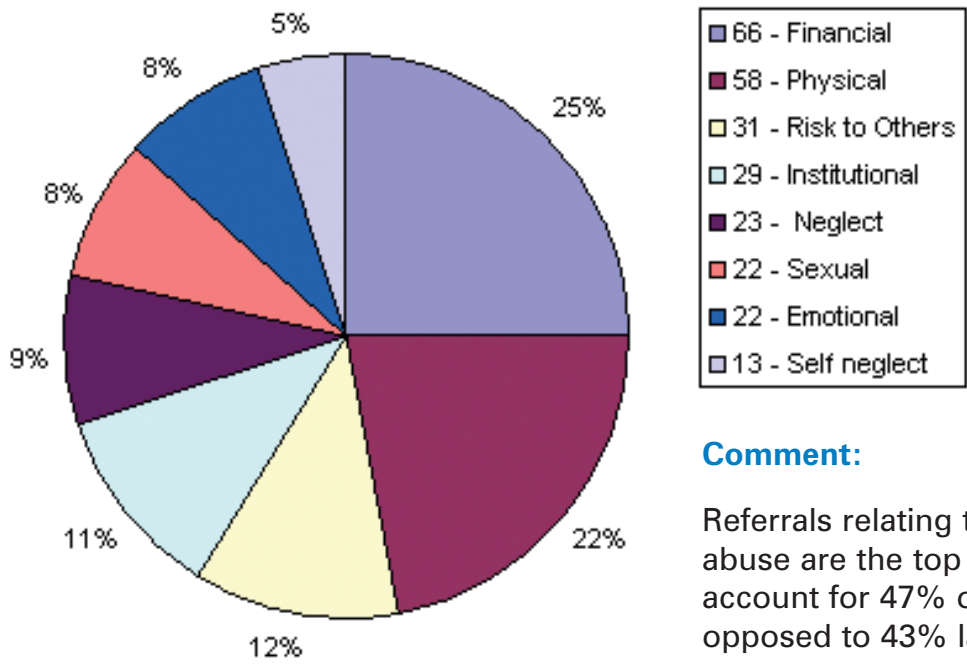
98 cases (36%) related to older people  
 96 cases (35%) related to adults with a learning disability.  
 34 cases (13%) related to adults with mental ill health.  
 25 cases (10%) related to adults with a physical / sensory disability.  
 6 cases (3%) related to carers being harmed  
 5 cases (3%) related to adults with drug or alcohol issues.

The six categories above reflect the information required by the Commission for Social Care Inspection in the Local Authority Self-Assessment Statement.

Alerts relating to Older People show increases of 4% from the previous year and coupled with those for Learning Disability represent 71% of all our alerts.

By 2029 we will have a 32% increase in the over 60's population. Statistically older people are at greater risk of mistreatment and this will have significant implications for future work.

**Chart 3 Figures by main type of abuse - 264 cases (2007/08)**



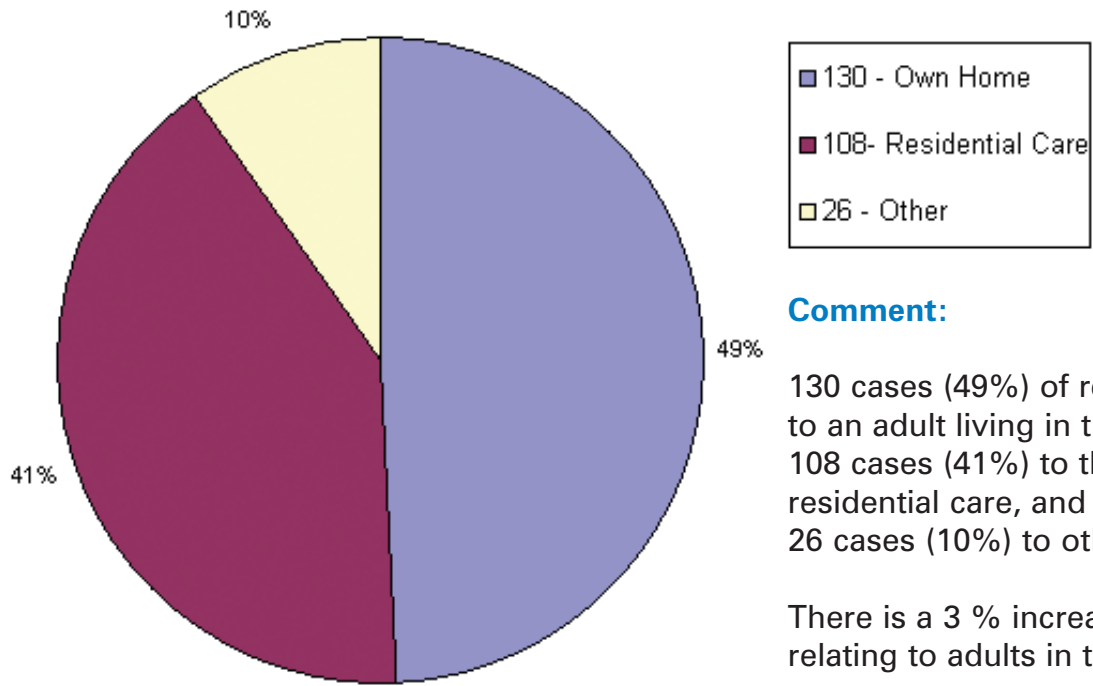
**Comment:**

Referrals relating to financial and physical abuse are the top two categories and account for 47% of the total referrals as opposed to 43% last year.

Many adults will experience multiple types of abuse.

- 66 (25%) cases related to financial abuse.
- 58 (22%) cases related to physical abuse.
- 31 (12%) cases related to vulnerable adults who presented a risk to others.
- 29 (11%) cases related to institutional abuse.
- 23 (9%) cases related to neglect.
- 22 (8%) cases related to emotional abuse.
- 13 (5%) cases related to self-neglect

**CHART 4. Location of alleged abuse - 264 cases (2007 / 08)**



**Comment:**

130 cases (49%) of referrals related to an adult living in their own home 108 cases (41%) to those living in residential care, and 26 cases (10%) to other locations.

There is a 3 % increase in refs relating to adults in their own home.

# Gateshead Multi-Agency Safeguarding Adults Partnership

The Partnership has been established to implement the Department of Health's national policy. Membership includes statutory and voluntary agencies: Council Adult Care Assessment and Commissioning Services, Adult Provider Services, Community Safety and Drugs, the Housing Company, Northumbria Police, National Probation Service Northumbria, the South of Tyne and Wearside Primary Care Trust and Mental Health Trust, Gateshead Hospital NHS Trust, Carers Association, Tyne and Wear Care Alliance, Advocacy in Gateshead and The Commission for Social Care Inspection.

The prime focus of the Multi-Agency Partnership is to work together at a strategic level to prevent mistreatment and abuse and to ensure that procedures are in place to enable agencies to respond to allegations in a coordinated and proportional way.

The remit of the Partnership is to:

- Examine ways of using current capacity more effectively;
- Report to and be tasked by the Health and Social Care Partnership and provide a strategic steer;
- Achieve the challenges contained within Vision 2030 in particular those relating to safeguarding adults;
- Ensure users of service and carers are involved in the development and review of the strategy, policy and services

provided; and

- Maintain links with the Northern Region Safeguarding Adults Co-ordinators and the Association of Directors of Adult Social Services National Reference Group to promote develop and disseminate good practice.

Each agency already has its own defined role either in relation to prevention and detection of crime; regulation of registered care providers; commissioners or providers of safe, high quality social and health care services. Representatives consult with colleagues in their organisations, their users of service and carers in order to understand their views and influence the direction and priority of the Partnership's work.

## Gateshead Council's Community Based Services

Guidance on the role of Director of Adult Social Services in May 2006 requires a strategic approach to services for adults provided by the local authority and, in particular, promoting well being, preventing social exclusion and protection of vulnerable adults.

**Adult Care Services** act as the lead agency in respect of developing effective multi-agency policy, procedure and practice guidance. They commission and provide social care services, which are influenced by national minimum standards and local considerations. Eligibility for services is determined by assessment and the application of the 'Fair Access to Care' criteria.

Their managers usually take the lead in co-ordinating strategy meetings and social workers are involved in making enquiries, risk assessments and developing safeguarding plans to eliminate, reduce or manage risk within a 'positive risk' strategy.

**Council Housing Services** provide services to residents in Gateshead including:

- people who are homeless, or threatened with homelessness
- asylum seekers and refugees
- at risk groups including women and their children fleeing domestic violence
- at risk young people with a range of support needs including drug and alcohol issues, mental health, leaving care and teenage parents.

In conjunction with the Warden Service, they contribute to safeguarding adults by ensuring daily visits to 'at risk' tenants.

## **The Gateshead Housing Company**

The Gateshead Housing Company is an Arms Length Management Organisation (ALMO) that was set up in October 2003 to provide landlord services on behalf of Gateshead Council.

Throughout 2007 the company has been working to widen its role in regards to housing services that incorporate sign posting and referring customers onto appropriate support service or agencies. This has been more evident in the work they have been doing around Safeguarding Vulnerable Adults (POVA), and their aim to develop a single Safeguarding referral form that will be channelled through an in-house co-ordinator (Older Person Housing Manager) in order to work towards the safeguarding of vulnerable adults.

## **Primary Care Teams and Hospital Trusts**

These provide preventative and responsive health care services. They include General Practitioners, Community nurses and hospital based staff. They are ideally placed to promote good quality care advice, to see the signs and symptoms of mistreatment and abuse and to contribute to treatment and risk management.

## **Northumberland, Tyne and Wear NHS Trust**

In April 2006 the Northumberland, Tyne and Wear NHS Trust was formed and in May 2006 the Trust Board approved Trustwide Integrated Governance and Domain Strategy based on Standards for Better Health.

Safeguarding Adults links in with the Safety Domain and is the responsibility of the Director of Nursing.

In January 2007 NTW merged the Gateshead and South Tyneside Localities and reconfigured into a single management structure managed by a Divisional Manager. The Locality Headquarters is based at 3 Walker Terrace, Gateshead. Services are configured into 3 Care Streams each led by a Service Manager. Urgent Care, Planned Care and Rehabilitation and Recovery.

## **Acute Trust**

Gateshead Health NHS Foundation Trust has a role to provide acute services for older people who live in Gateshead. The Trust is committed to raising the profile of vulnerable adults with its employees to ensure a proactive approach to identifying signs and symptoms of mistreatment and abuse. The Trust is also committed to working together with all agencies to safeguard and promote the welfare of vulnerable adults

## **NHS South of Tyne and Wear Primary Care Trust**

Gateshead Primary Care Trust was initially established on 1 April 2002 to deliver better and more responsive health services and generally improve the health of the local population. They have recently merged with South Tyneside and Sunderland.

They steer the work of GP practices and directly provide services such as health visiting, district nursing and occupational therapy. They also ensure that hospital care, and other specialist treatment, is available when needed.

## **The Police**

The Police have a key role in the prevention and investigation of crime. Their focus will be to determine if a crime has been committed, identify and interview witnesses and suspects and to achieve best evidence to enable appropriate decisions about instigating criminal proceedings.

In Northumbria there are 6 Area Commands supported by Central Services. Each Area Command is aligned to the Local Authority structures and has a Chief Superintendent in charge. Each has a Public Protection Unit (PPU) led by a Detective Inspector and the core business is Child Abuse Investigation, Domestic Violence Investigation and Risk Management. The response to Safeguarding Adults issues has recently been coordinated by the PPU, with officers from the unit attending the relevant strategy meetings. Safeguarding issues are then dealt with via the Neighbourhood teams, which are also aligned to the Local Authority structures.

The police coordinate and chair Non MAPPA meetings held under the Multi Agency Public Protection Arrangements.

## **The National Probation Service**

Probation staff are skilled in assessing the risks that offenders present. They have a role in protecting the public, reducing re-offending, rehabilitation, supervising community based sentences and offenders released from prison on licence, recommending appropriate sentences and ensuring offenders are aware of the effect of their crime upon individuals and the wider public.

Probation staff coordinate and chair MAAPA meetings held under the Multi Agency Public Protection Arrangements.

## **Commission for Social Care Inspection (CSCI)**

The Commission for Social Care Inspection was created in 2004 as a single independent inspectorate and regulator for all social care services in England. Since April 2007 the majority of the Commission's responsibilities for children's social care services have passed to the Ofsted. CSCI has a general function to encourage improvement in social care services for adults in England, in local councils and in the public, private and voluntary social care sectors. They aim to put the people who use care services at the heart of everything they do.

Protocols agree that CSCI Regulation Managers should have an advisory role on Safeguarding Partnerships throughout the country and set parameters determine what they can and can't get involved in.

## **Voluntary Organisations**

Gateshead Voluntary Organisation Council (GVOC) acts as an important communication link with the 350 voluntary organisations providing valuable services within Gateshead. These include the provision of care, advice, advocacy and empowerment.

## **Gateshead Carers Association (GCA)**

The Association support, inform and represent 1,700 carers who either live or care for somebody who lives in Gateshead.

A carer is someone who looks after a relative or friend who is ill, disabled, elderly or has a mental health problem.....  
"You may be a parent, husband or wife, son or daughter, friend or neighbour ... but if you support someone on a regular basis, you are also a carer."

They also provide information for people who work with carers.

## **Advocacy in Gateshead and South Tyneside** *(Soon to be "Your Voice" – a Charitable Company Limited by Guarantee)*

AiG&ST provides Independent Advocacy support for people specifically with learning disabilities which include those who are involved in any Safeguarding Adults situations.

Advocates are skilled in supporting people to understand why they are attending Safeguarding Adults meetings and to understand the outcomes of those meetings.

## **The Tyne and Wear Care Alliance 2003**

The Alliance is a collaboration of Care Sector Employers, Local Authorities and Funding bodies that work together on workforce development to raise the quality of care provided.

The Gateshead network is represented by 93 organisations across the private, voluntary and independent sector providing all aspects of social care.

Engagement with these employers via bi-monthly get togethers and one to one visits ensures that Safeguarding training needs are identified and a consistent standard of training is delivered to ensure the highest quality of care provision.

Safeguarding updates are circulated in partnership with Gateshead Council to the network members enabling them to keep abreast with legislative changes and ensuring they update their practice and workforce on a regular basis.

# Policy Statement and Service Standards

## Policy Statement and Service Standards

The Gateshead Multi-Agency Safeguarding Adults Partnership first agreed the following policy statement and service standards in October 2003 and has reconfirmed them through each subsequent annual report.

*“Everyone has the right to live their lives free from fear, violence or harm.”*

*“Everyone has the right to protection from mistreatment and abuse.”*

*“Everyone has the right to live an independent lifestyle, and to make choices, even if some of those choices involve a degree of risk.”*

In practice this means the Multi Agency Partnership will continue to:

- Work together to safeguard and promote the welfare of adults.
- Respond to concerns and allegations in a considered and proportional manner.
- Act in accordance with the adult’s wishes,
  - balanced against our judgement of their mental capacity to make informed choices,
  - their best interests,
  - whether the alleged abuser was in a position of trust and
  - our duty of care to other adults (and children) whose safety and independence may be at risk.
- Respect equal opportunities, anti discriminatory practice and diversity issues.
- Aim to ensure staff and volunteers receive induction and subsequent training appropriate to their role and in line with national standards.
- Review serious cases and generally seek comments that may help to improve practice and achieve best outcomes.

# Performance Achievements during 2007/08 and some individual agency targets for 2008/09

## Gateshead Housing Company

Examples of other work the Company has carried out to assist their approach to safeguarding adults has been,

- Facilitation of Mental Health awareness training to front line staff
- Domestic Abuse training to front line staff
- Senior managers have undergone Mental Capacity Act training to develop the Company's response to the legislation.
- Mirrored the approach to awareness training for Children by facilitating Child Abuse awareness training and stream lining referrals through one central point of contact within the Company (Customer care Manager)

The Company has established its commitment to safeguarding children and adults; they pledge to continue to build on multi-agency partnerships and to play an integral role in safeguarding. Those staff involved in home reviews will receive further Safeguarding training in September 2008.

## Northumbria Police

Following the Mental Capacity Act there has been closer working together in respect of the safeguarding agenda. PPU staff have attended all strategy meetings where a role for the police has been identified. The Detective Inspector

represents the police at Safeguarding Partnership thereby ensuring a link to the strategic Senior Management team and an operational link to risk management and neighbourhood staff.

Targets for 2008 / 09 include establishing a formal routing process and attendance at strategy meetings for Safeguarding issues.

## Commission for Social Care Inspection

The Regional Director of each CSCI region is usually designated as the safeguarding champion and the Chief Inspector is the national champion for this area of work.

There has been a review of internal forms and processes to improve efficiency and inspectors have involvement in safeguarding work through attendance at strategy meetings, and undertaking random inspection work or enforcement work.

During a 2 week period in May 2008 CSCI will focus their thematic inspections specifically on safeguarding in the large local authority area of Kirklees. In addition, to this, inspectors elsewhere who were doing key unannounced inspections during the same time period will undertake a 'thematic probe' whereby a set of questions about safeguarding will be applied to those services. The results will be in the form of a national report.

## **Gateshead Health NHS Foundation Trust**

A Safeguarding Vulnerable Adults Strategy Group has been established and the first meeting will be in June 2008. The remit is:

- to ensure information on 'potential at risk vulnerable adults' is recorded on the Trust DATIX reporting systems.
- Review the Trust policy in light of the current changes and challenges.

Additionally consideration will be given to looking at a generic referral form.

Nursing and allied professionals at the Trust induction day now receive more in-depth Safeguarding information and a bid has been made for a slot on the mandatory training day for all staff to update and remind them of Safeguarding issues. A Study day on Safeguarding is planned for February 2009.

## **Northumberland Tyne and Wear NHS Trust**

The Rehabilitation and Recovery Service Manager has been identified as having lead responsibilities for Safeguarding Adults across the Gateshead and South Tyneside Locality.

## **NHS South of Tyne and Wear PCT Trust**

New Safeguarding Adults Guidelines have been developed for staff to fulfil the requirement for Individual Agency Guidance (Part 7's) in the Gateshead Multi agency Safeguarding Adults Procedures. The PCT is in the process of agreeing these procedures and identifying appropriate staff in the organisation who will have a role as Alerter, Responsible Person and Safeguarding Manager

Safeguarding Adults training is now mandatory for PCT staff. Work is underway to develop a robust workforce development system to identify who

needs to attend which level of training and to ensure that managers support attendance.

## **Gateshead Council**

The Coordinator and a colleague from staff development continue to offer free multi agency training. Slightly over 1000 staff from over 100 key organisations have attended a range of training courses / specialist workshops / discussion forums. These workshops have been targeted at groups of staff from both assessment and provider services. They continue to attract a wide range of staff from private, voluntary and statutory agencies.

The various Mental Capacity Act sub groups have been consolidated into a single meeting which has improved communication, efficiency and effectiveness. Over 1000 multi agency staff have attended Mental Capacity Act training and more specialist courses are to be provided throughout 2008 / 2009. The Local Implementation Network have also funded staff attendance at specialist conferences.

Maintained links with the work of other Partnerships in the Northern Region through quarterly meetings with Co-ordinators.

Supported several employers to submit names of perpetrators to the Department of Health (DH) POVA Scheme.

Provided advice and support in the 264 alerts.

Assisted several organisations to develop detailed internal policy, procedures and practice guidance that compliment the multi-agency ones.

The Local Authority and Primary Care Trust appointed Skills for People to provide an Independent Mental Capacity Advocacy Service to commence with effect from April 2007

## **Gateshead Carers Association**

Have established a membership of 1700 members, and organised a very active and growing programme of activities and courses.

Work with Black Minority Ethnic carers as a specialist activity.

Undertake health promotion work with carers in the west of Gateshead.

They are working to improve the quality of care service training, via a contract with the Tyne and Wear Care Alliance and have just received funding to develop the Carers Forum which will be undertaking research and campaigns to promote carer issues.

## **Advocacy in Gateshead and South Tyneside**

The Advocates contribution helps to ensure that a person centred approach is adopted within the Safeguarding adults meetings. In 2007 / 08 they supported seven people who were involved in Safeguarding Adults situations.

They have also worked on many more cases where although there were allegations that people were being exploited these did not necessitate specific Safeguarding meetings as risks were managed through Care Programme Approach meetings, reviews etc.

# Key Objectives for 2007/08

## Update multi agency policy, procedures and practice guidance

- Contribute to the Review of No Secrets consultation
- Determine the Partnership's core business
- Consult on the merits of having a consistent South of Tyne and Wear procedure
- Update and gain approval for the Serious Case Review and Coroners protocols
- Contribute to a wider range of accessible safeguarding information for service users
- Contribute to development of a policy on Friendships and Relationships for adults using services
- Contribute to update of policy on physical interventions / restraint

## Develop a 'Safeguarding Adults' Workforce Safe Recruitment / Practice Strategy

To produce a greater range of courses, with a wider range of agencies providing facilitators. Enable organisations and their staff to provide safe services and achieve positive outcomes. Ensure employers aware of their responsibility to refer abusive staff to POVA Scheme.

## Continued Implementation of the Mental Capacity Act 2005

Through the Local Implementation Network Provide a range of basic awareness and specialist training.

Ensure that all adults without capacity who meet the criteria receive an Independent Mental Capacity Advocate.

The PCT and the associated three councils to appoint a team of three coordinators with administrative support to work across South of Tyne and Wear to drive forward the Mental Capacity Act agenda with particular reference to The Deprivation of Liberty Safeguards.

## Mirror the Adult Social Care Strategic Information Group pilot scheme on Data collection. 2008 - 2009

This will develop and refine a data system that will improve data collection, enhance interrogation and enable meaningful comparisons to be made with other authorities.

# Monitoring and Performance

The Multi-Agency Safeguarding Adults Partnership will report to and be tasked by the Health and Social Care themed partnership of the Gateshead Strategic Partnership (GSP). The Health and Social Care partnership will oversee the development of the service delivered to those adults deemed to be 'at risk'. It will ensure that the Partnership contributes to the achievement of its targets to help drive forward the Community Strategy.

It is important to note that the Partnership will not solely be responsible to the Health and Social Care partnership, it will also have responsibilities towards the Community Safety partnership. The Safeguarding Partnership will therefore provide updates and report to Safer Gateshead as appropriate.

Partnership members will discuss with each other any developments in adult protection / safeguarding adults work. They will also share this information with their colleagues, line managers, users of service and carers. Feedback helps guide the direction of the Partnerships work and also contributes to continuous improvements in practice. Each agency will have its own auditing and complaints procedure.

## Commission for Social Care Inspection [www.csci.org.uk](http://www.csci.org.uk)

The Care Standards Act 2000 created the National Care Standards Commission. In April 2004 that commission merged with the Social Services Inspectorate

creating the Commission for Social Care Inspection. The commission is independent and undertakes registration, inspection and enforcement in relation to registered services that provide personal and nursing residential and domiciliary care.

In addition to their general duty to encourage the improvement of services, the commission is required through Part 2 of the Care Standards Act to notify the Secretary of State about the availability of provision and quality of services.

Information on Safeguarding Adults is shared with, and commented upon by CSCI via the Council's Self Assessment Statement. Extracts from the CSCI summary report dated 21st October 2007 shows they allocated Adult Social Care a three star rating and states.

### Key strengths:

- Multi agency safeguarding arrangements in place and are embedded
- The number of people helped to live at home
- The number of council staff and staff in the independent sector trained in addressing work with vulnerable adults

### Key areas for improvement:

- Understand changes to adult safeguarding referral patterns and completion rates

## **The Healthcare Commission** [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

The Healthcare Commission is the independent watchdog for healthcare in England. They promote continuous improvement and provide detailed information about the performance of NHS and independent healthcare organisations.

## **The General Social Care Council** [www.gsc.org.uk](http://www.gsc.org.uk)

The General Social Care Council (GSCC) regulates the social care workforce in England. They are responsible for ensuring only those workers who are trained, fit and committed to high standards work in social care. The protection of people who use social care services and the public is paramount to the GSCC as a regulator. They expect the highest standards of conduct and care from registered social care workers, in accordance with the codes of practice that they sign up to when they register.

The Social Care Register is a register of people who work in social care, and have been assessed as trained and fit to be in the workforce. Social workers and social work students were the first groups to join the register which will eventually include care workers through to directors of social services.

The Conduct Group has a duty to look into information received about social workers who may have breached the Codes of Practice. If misconduct is found that is judged serious enough to question the registrant's suitability to remain on the register, they can remove or suspend them from the register or place an admonishment on their registration.

Taking action when a registered social care worker breaches the codes of practice will mean better services for those using social care, and a better reputation for the sector.

## **The Nursing and Midwifery Council**

Parliament set up this organisation to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients.

To achieve its aims, the NMC:

- maintains a register of qualified nurses, midwives and specialist community public health nurses
- sets standards for conduct, performance and ethics
- provides advice for nurses and midwives
- considers allegations of misconduct, lack of competence or unfitness to practise due to ill health.

## **The General Medical Council**

The General Medical Council is the independent regulator for doctors in the UK. Their statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

They do that by controlling entry to the medical register and setting the educational standards for medical schools. They also determine the principles and values that underpin good medical practice and take firm but fair action where those standards have not been met. They have strong and effective legal powers designed to maintain the standards the public have a right to expect of doctors. They are not there to protect the medical profession - their job is to protect patients. Where any doctor fails to meet those standards, they act to protect patients from harm - if necessary, by removing the doctor from the register and removing their right to practise medicine.

The law gives them four main functions under the Medical Act 1983:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

## **Department of Health POVA Scheme [www.dh.gov.uk/pova](http://www.dh.gov.uk/pova)**

There are approximately 2000 people registered as being considered to be unfit to work with vulnerable adults in social care. This is one way people known to pose an unacceptable risk are prevented from entering the workforce as employees must request a POVA check prior to offering employment.

### **Do you have any comments or questions?**

If you would like to comment on the format or content of this report, or require further information please contact  
Mike Routledge, Safeguarding Adults Co-ordinator.  
Telephone: 0191 433 2345.

# Appendix 1

## Update from 2006/2007 annual report 'featured' Appendices

### Domestic Violence

Overall referral figures to the Safer Families Project have risen slightly in 2007/2008 from 728 to 735 but of particular significance is the increase from 150 to 345 of referrals identified as having substance misuse, mental illness or physical disability. This probably reflects a change in recording data rather than an actual change in the nature of the referrals themselves.

The strategic Domestic Violence Partnership continued to meet four times a year. Extracts from their report which are of particular note include:

- During October 2007 all the court legal advisors attended multi-agency Domestic Violence awareness training
- In February 2008 the court in conjunction with Crown Prosecution Service ran 3 training courses for magistrates around issues of Domestic Violence, sentencing and bail decisions.
- At the end of March 2008 Gateshead became the first accredited Domestic Violence court in the area. There is a huge commitment from partners to develop this work further and provide an improved service for victims of Domestic Violence going through the criminal justice system in Gateshead.
- In September 2007 the Local Safeguarding Children Board formally endorsed the Multi Agency Risk Assessment Conferences (MARACS) process for victims assessed to be Very High Risk. In February 2008 CAADA national trainers came to Gateshead and facilitated a training session for 25 participants from a wide range of

partner agencies both statutory and voluntary sector.

- Early statistics indicate a drop in repeat victimisation rates from 50% to 17% for those cases within MARAC but more work needs to be done to establish the reasons why.
- The Gateshead Council DV Policy is available on the website.
- Twenty Multi Agency Domestic Abuse Awareness training events were delivered.
- The Directory of Domestic Abuse Services was reprinted in March 2008.
- The links with drug and alcohol services have been further strengthened by the agreement that a Manager from the Substance misuse project 24 / 7 will sit on the MARAC. This is extremely positive as it has been identified as a gap for a while and partners have often struggled as to how to offer interventions / effective risk management when entrenched substance misuse is an issue.
- The Partnership now needs to collect data around the DV Court outcomes as well as MARAC repeat victimisation rates and inform the Council's Strategic Self Assessment.
- All partners have expressed a commitment to develop their own responses to policies around Domestic Violence rather than just referring to Safer Families.

### The Mental Capacity Act 2005

Owing to its significance further details of this will feature as Appendix 2 In Gateshead during 2007 / 2008 an IMCA was involved in two safeguarding cases.

# Appendix 2

## Mental Capacity Act 2005

### Independent Mental Capacity Advocates (IMCA)

Guidance for NHS and Local Authority decision makers when considering the making of a referral to the local IMCA service in relation to safeguarding decisions.

#### 1. Safeguarding:

This guidance refers to situations where it is alleged that a person lacking capacity has been abused or neglected by another person, or that the person is abusing or has abused another person, and that protective measures are being considered, or have been taken by the NHS or Local Authority within the Safeguarding Adults procedures of the local area.

#### 2. Local policy position statement

Where appropriate, mainstream advocacy services should be engaged to support individuals within the local safeguarding arrangements, particularly in circumstances where the person does not have mental capacity to make the relevant decisions and has nobody speaking on their behalf. Where conditions are met and it would most benefit the service user, the appointment of an IMCA will be made.

#### 3. Safeguarding reviews, legislative and regulatory summary:

- i. The Mental Capacity Act 2005, sections 35 to 41, set up the legal basis of the Independent Mental Capacity Advocates. The

(Independent Mental Capacity Advocate (Expansion of Role) Regulations 2006 [Statutory Instrument 2006 No. 2883], extend the powers of Local Social Services Authorities and NHS bodies to instruct IMCA's in certain cases concerning safeguarding vulnerable adults. The NHS and LA's have a duty to decide in which cases IMCA's would most benefit their clients. The regulations specify requirements that must be met prior to the exercising of this power to consider instructing an IMCA.

- The person concerned must lack mental capacity in relation to the decision to be made.  
And
- The NHS or Local Authority decision maker proposes to take or have taken protective measures in relation to the person who lacks capacity in accordance with arrangements relating to the protection of vulnerable adults from abuse issued under Section 7 of the Local Authority Social Services Act 1970[10]. (See also "No Secrets": guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse)
- NOTE: the requirement that the person who lacks capacity has nobody to speak on their behalf or support them does not apply to this referral pathway for IMCA. Therefore, people who have family and friends

or an appointed Deputy etc can still be considered for referral to an IMCA.

It would be unlawful not to consider the exercise of these powers to instruct IMCA's in the context of safeguarding decisions. It is not the intention however that every person without capacity subject to local safeguarding procedures will be referred to IMCA.

- ii. Given the circumstances above, the LA or NHS decision maker **must** make and record consideration of these factors (see attached MCA 4), and then **may** instruct an IMCA to represent the person concerned if satisfied that it would be of particular benefit to the person to do so.
- iii. Where an IMCA is appointed, the LA or NHS body must take into account any information provided, or submission made, by the IMCA when making any decision about the safeguarding plan in respect of the person concerned.

#### 4. Guidance:

Having the power to instruct an IMCA means that the LA or NHS decision maker needs to consider, for each individual who meets the qualifying criteria, whether an IMCA should be instructed.

Outlined below is a framework for decision makers to consider in each individual case when deciding if an eligible individual would benefit from having the safeguard of an IMCA.

- **Serious exposure to risk:**  
Is there a risk of death, serious physical injury or serious illness, serious deterioration in physical or mental health or serious emotional distress of the person concerned?
- **Conflict of interest:**  
Is there a life changing decision to be made and after consulting family or

friends there is a reasonable belief that those consulted would not have the person's best interests at heart?

- **Conflict of views:**  
Is there a significant decision to be made where there is a significant conflict of views between those making the decision regarding the person's best interests?
- **Authority:**  
Access to relevant records held by the NHS, Local Authority or registered home is being restricted or denied; therefore the statutory authority of the IMCA is required.
- **Any other significant factor**  
Are there factors individual and unique to the case?

It is accepted that each individual case must be considered on its own merits at the time of the involvement.

The intention of the framework above is to create a matrix of relevant considerations to assist the decision maker in formulating a determination with regard to the appropriateness of an appointment of an IMCA. There is no intention to attach greater or lesser value to the areas identified, nor is it intended that all themes must be present. Severity and effect on the person without mental capacity should be the primary focus of consideration – (it is anticipated that the greater the severity or effect of the decisions to be made about the person without mental capacity, the greater the likelihood that an IMCA should be appointed).

#### 5. Alternate IMCA referral pathways:

If the protection plan involves a person without mental capacity to make the relevant decisions, who has no one speaking on their behalf, and the decisions are about accommodation or serious medical treatment, consideration must be given to the appointment of an IMCA for

qualifying individuals. (See also Code of Practice guidance on accommodation review, change of accommodation and serious medical treatment).

**6. When to make the decision to involve an IMCA in the Safeguarding process:**

Within the local safeguarding adults procedures, consideration of the appointment of an IMCA should ordinarily be made at a strategy discussion stage.

Where there is no existing IMCA involvement, a mental capacity assessment must have been undertaken prior to the referral to IMCA, and the 'decision maker' for the purposes of the referral identified. The referral to IMCA should have appended to it the notes of the strategy meeting (this should be agreed at the meeting) and a completed MCA 4.

Where an IMCA is already involved because of other matters, a second referral should be made to extend the decisions that the IMCA is considering.

M.Routledge, Gateshead Council  
W. Austin, North Tyneside Council

**Additional reference**

Mental Capacity Act, Code of Practice, Chapter 10

**MCA 4**

Mental Capacity Act 2005 (as amended by the Mental Health Act 2007)  
Record of consideration to appoint an IMCA as part of a safeguarding plan.  
Guidance: Parts 1 and 2 should be completed in all cases.

<b>Part 1: General information</b>	
Name of Person without capacity who is subject to safeguarding procedures	
Organisation's unique reference number relating to the person	
Address of the person subject to safeguarding (where are they now?)	
Date(s) of strategy meeting / discussion Is there police involvement?	
Under what category(s) of safeguarding are they being considered?	

Part 2: Threshold for consideration			
	YES	NO	
Has a mental capacity assessment been undertaken relevant in time to the decisions that must be made?			Date assessment recorded and by whom:
Have safeguarding measures been put in place, or are they being considered?			

*Guidance: if you have answered Yes to the questions above, you must consider making a referral to appoint an Independent Mental Capacity Advocate.*

Part 3: Themes/Issues for Consideration	
Is there serious exposure to risk? - death - physical injury - serious illness - deterioration in health - emotional distress	Notes
Is there a conflict of interest between the person and their family/friends?	
Is there significant conflict of views amongst professionals about best interests?	
Are there difficulties in obtaining relevant information?	
Are there any other factors unique to the case that should be considered?	
Based upon the information available it is / is not appropriate to appoint an IMCA in this safeguarding case because:	Decision
Name / status of person completing form and making decision	
Signature	Date

*Guidance 1: if the decision to appoint an IMCA is made, this form should be attached to the IMCA referral*

*Guidance 2: all safeguarding actions must be recorded on your Computer system*

## Appendix 3

### The Death of Steven Hoskin. A Serious Case Review Extracts from the Review and subsequent articles

Steven Hoskin's body was found on 6 July 2006 at the base of the St Austell railway viaduct. In addition to the catastrophic injuries associated with falling 30 metres, a post-mortem examination found that Steven had taken paracetamol tablets, had been drinking alcohol and had sustained injuries from cigarette burns. He had neck bruises from being hauled around by his own pet's dog-lead and there were footprints on the backs of his hands which finally caused him to fall to his death. His final hours were described as harrowing.

In September 2007 Margaret Flynn undertook the serious case review on behalf of Cornwall County Council into the events leading up to Steven's murder. She is a principal research fellow in the Centre for Health and Social Care Research, Sheffield Hallam University; the Independent chair of Lancashire county council's safeguarding adults partnership board, and an editor of the Journal of Adult Protection.

Steven was a 39 year old man whose needs were well known to the local NHS, council adult care services and housing services. So too was Darren Stewart, the principal perpetrator of his murder who was sentenced to 25 years imprisonment. Two others also received prison sentences.

In the year before Steven died, Adult Social Care had numerous contacts with him, the Housing Association had monthly contact, the police had 13 calls and visited him twice, and he saw NHS services 16 times. No one applied the multi agency Safeguarding Vulnerable Adults procedures.

The police noted, "Darren Stewart had recognised the clear vulnerability of Steven Hoskin and 'moved in' on him... he recognised the opportunity for accommodation... [He] was fully aware of Steven's vulnerability and took full advantage of these facts to control both Steven and the premises."

Darren was also well known to all NHS services, including mental health services. His own history was chaotic: from being a runaway child, he became a violent and self-harming young man, leading a nomadic existence and making frequent suicidal gestures. He had convictions for arson and assault. Within eight years, he had five children with three partners, all of whom were teenagers and two of whom were ex-care leavers, known to be vulnerable themselves. The relationships were volatile and emergency protection orders were sought for the children following the hospitalisation of one of his babies.

In the year and a half before Steven's murder, Darren Stewart made 24 calls to ambulance emergency call-out, at least eight of which were to Steven's bed-sit. By January 2006, the ambulance service knew Darren was dangerous and had a "warning marker" against him. Accordingly, they requested police attendance at all emergency visits. Although Steven was known to have a learning difficulty, the excessive use of emergency services by someone residing at his address did not result in an adult protection alert.

Darren also made at least eight visits to accident and emergency services, seven visits to minor injury units, consulted his GP on 15 occasions and the out-of-hours GP service on 21 occasions. It does not appear that Darren's escalating use of NHS services, irrespective of his poor engagement with mental health services, evoked any concerted effort to bring it to a halt by finding out the reasons for such behaviour. Nor was his relationship with Steven explored.

### Some of the lessons learned:

"All agencies have legal responsibilities, not only to prevent harm being caused by their own agents, but to safeguard vulnerable people against the harmful actions of third parties. What is striking about the responses of services to Steven's circumstances is that each agency, including the NHS, focused on single issues within their own sectional remits and did not make the connections deemed necessary for the protection of vulnerable adults and proposed by No Secrets, the multi-agency adult protection guidance published by the Home Office and Department of Health in 2000."  
"Failure to take reasonable and appropriate steps to safeguard individuals from abuse or life-threatening events is in breach of Articles 2 and 3 of the European Convention on Human Rights. It is important that adult protection is triggered when someone is believed to be at risk of harm / abuse and not only at the point where there is demonstrable evidence of harm. In order to conform to their obligations under human rights law, agencies have to be proactive in undertaking risk assessments (e.g. Monahan et al 2001) to ensure that preventive action is taken wherever practicable.

"It is essential that health and social care services review the implications of acceding to people's 'choice' if the latter is not to be construed as abandonment (e.g. Flynn, Keywood and Fovargue 2003). Steven's 'choice' to terminate contact with Adult Social Care was not investigated or explored with him, or other key agencies involved in his care, even though such choices may compound a person's vulnerability; may be made on the basis of inadequate or inappropriate information.

The review made 17 recommendations covering system wide, agency and individual. Including

- The Chair (of Partnership) to make The Department of Health aware of the need for clear risk criteria and thresholds. All agencies were aware Steven had a learning disability but did not appear to regard him as a vulnerable adult. It was felt Steven disclosed in both disguised and explicit ways that he was being abused. 'I cannot settle in St Austell', increased drinking, 'I have no money' and 'I have been assaulted'.

Examples of possible thresholds:

- 1 Any more than three presentations to accident and emergency or a minor injury unit by a vulnerable adult within a period of three months.
  - 2 Any vulnerable adult who presents to accident and emergency or a minor injury unit having been assaulted or having taken an excess of drugs and/or alcohol.
- The Chair to raise with the Department of Health that the shift to self-directed care for vulnerable adults living alone (e.g. Direct Payments Recipients and those receiving Individual Budgets), should always be accompanied by the monitoring of their personal safety. To be vulnerable is to be in circumstances defined by the continuous possibility of harm or threat (e.g. Flynn 2005).

- Intelligence regarding 'warning markers' against individuals should be shared within the NHS and externally with services in direct contact with vulnerable adults e.g. Adult Social Care. There is no evidence that services in regular contact with Darren were aware of the ambulance services' 'warning marker' that he was dangerous and that they were seeking police attendance when he made emergency calls.

The review was highly critical of the agencies involved and Margaret Flynn has since expressed concern on the subsequently disproportionate focus on Adult Social Care for criticism. "At Steven's murder trial, Mr Justice Owens expressed his grave disquiet about the role of the adult social care service. It is worrying that this focus on social care has persisted since the serious case review.

The review identified major failings in all services, including the police, children's social care, the NHS trust, the PCT, the ambulance service and housing."

The full Serious Case Review and associated reports are available by entering Steven Hoskin into 'google'.

# Appendix 4

## Review of No Secrets 20.02.2008

The Department of Health and the Home office issued the original No Secrets guidance in 2000. Whilst it was an important milestone, experience is showing that there is still confusion regarding definitions, inconsistent collation of referral data and shortfalls in the degree of interagency cooperation. The Department of Health is undertaking a systemic review that will incorporate the views of key stakeholders and consider introducing appropriate legislation. The introduction of the Adult Support and Protection (Scotland) Act 2007 significantly raises the benchmark by providing powers of intervention to statutory agencies not yet available in England.

Action on Elder Abuse had previously held several useful consultation exercises and the Department of Health jointly with the Care Service Improvement Partnership are currently engaged in a series of national workshops identifying key areas for inclusion in the formal. Some initial 'findings' include:

- There is no ring-fenced finance.
- Adult protection should have a similar legislation based as child protection with clarity on interdependence with other relevant legislation e.g. Human Rights Law, Employment Law, Information Sharing and Data Protection, and capacity to make a choice vs protection;
- Powers of entry to investigate premises, powers to conduct private interviews and the power to inspect records.
- The power to remove Vulnerable Adults from unsafe situations. Emergency Protection Orders
- A Duty to report suspected abuse
- A Duty on relevant public bodies to cooperate with one another where abuse is known or suspected. A duty to share information.
- Mandatory requirement for training
- Clear performance indicators for Health, NHS, Police and regulators would focus the minds and possibly encourage more realistic levels of investment.
- We need clarity on definitions and debate about where adult protection fits into the wider safeguarding environment, and how such terminology is used.
- We need clarity around the function of the adult safeguarding process and its interlink into the role of various bodies (including care providers) – what needs legislation and what can be achieved through protocols, memos of understanding, human rights concepts, and codes of practice.

# Appendix 5

## Gateshead Multi-Agency Safeguarding Adults Partnership Members List (as of May 2008)

Tony Hegarty (Chair)  
Head of Adult Services  
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Wearside Mental Health Trust  
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Network Development Officer Gateshead  
Tyne and Wear Care Alliance  
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Graeme Lyall  
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Gateshead Carers Association  
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Marietta Evans  
Public Health Specialist  
(Public Protection)  
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Clarendon  
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Strategy Manager, Community Safety and  
Drugs  
Gateshead Council  
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Tel 0191 433 3973

# Appendix 6

## Financial information 2007/08

Generally the costs associated with the provision of adult services are met by the appropriate individual agencies that commission or provide services. This includes staff costs whilst undertaking Safeguarding enquiries and attending multi agency training which is provided free.

Agencies release their staff to attend Partnership meetings eleven times per year.

### **Specific Expenditure relating to the Safeguarding Partnership**

The Local Authority and the Primary Care Trust have an agreement to share recurring salary and associated costs for the Co-ordinator and the half time clerical support.

In 2007 / 08 these contributions amounted to:

£29,290 Gateshead Council  
£29,290 Gateshead Primary Care Trust

Additionally there was £230 income for providing training to 'external' specialist organisations.

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# Appendix 7

## Referral Contact Addresses

<b>Emergency Services</b>	999
<b>Northumbria Police</b>	0191 454 7555
<b>Commission for Social Care Inspection</b>	0191 233 3333
<b>Gateshead Council</b>	0191 433 3000

### Gateshead Council Duty Points

<b>Out of Office Hours Emergency Duty Team</b>	0191 477 0844
<b>Older People (over 65 years)</b>	
Felling and surrounding areas	0191 433 8030
Whickham and surrounding areas	0191 433 8800
<b>Mental Health</b> Shibden House	0191 433 6622
<b>Physical Disabilities</b>	0191 433 2345
<b>Sensory Support</b>	0191 433 2345
<b>Learning Disabilities</b>	0191 433 2345
<b>Drug and Alcohol Team</b>	0191 445 5400

### Other Contacts

<b>Tony Hegarty</b> <b>Head of Adult Care Services,</b> Chair of Gateshead Multi-Agency Safeguarding Adults Partnership	0191 433 2352
<b>Mike Routledge</b> <b>Safeguarding Adults Co-ordinator</b>	0191 433 2328 mikeroutledge@gateshead.gov.uk



**Notes**

