



# **Additional Guidance for Health and Care Service Providers in Kent and Medway**

## **When Adult(s) with Care and Support Needs or Care or Support Needs alone Abuse Each Other**

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Any issues arising from the contents of this document may be addressed to **Adult Safeguarding** at:

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## 1. Preface

This document was originally developed in 2002 to support social care or health services to appropriately address service user to service user incidents of abuse. It was approved by the Kent and Medway Multi Agency Adult Safeguarding arrangements. It aims to provide additional guidance to agencies and service providers who work with adults at risk who abuse other adult service users. The information and guidance contained in this document is included in the main Kent and Medway Multi Agency Adult Safeguarding Policy and Protocols and Guidance (KMMAPPG). It has been revised and republished at the request of service providers to enable easy access to guidance about this specific area of abuse.

[https://www.kent.gov.uk/\\_data/assets/pdf\\_file/0018/11574/multi-agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf](https://www.kent.gov.uk/_data/assets/pdf_file/0018/11574/multi-agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf)

The Department of Health (DoH) Care Act (2014) guidance provides definitions of what constitutes abuse and these definitions are included in the Multi Agency Adult Safeguarding Policies for Kent and Medway. The KMMAPPG Protocols section 4.5 provides detailed guidance about the steps that should be taken when reports, concerns or disclosures of abuse are made. All organisations that provide services to adults with care and support needs or support needs alone in Kent and Medway must comply with the policy and protocols and have an internal policy and procedures in place that complements the multi-agency documents.

This document should also be read in conjunction with Serious Incident Framework (2013) Reporting Procedures:

<https://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf>

## 2. What does this guidance cover?

This document provides guidance to agencies and services who have to address safeguarding concerns raised when adult(s) with care and support needs or support needs alone abuse each other. It aims to provide advice about:

- a) Reporting concerns outside your service i.e. to adult social care services or to the police.
- b) When it is appropriate to address the concerns within the organisation.
- c) Sharing information in the best interests of the victim(s), confidentiality not secrecy.
- d) The decision making process regarding the actions to be taken to support and protect both the victim and the alleged perpetrator.

### **3. What do we know about this type of abuse?**

Abuse by one adult at risk of another within a service setting should be addressed as an adult safeguarding issue. This situation has traditionally been framed in terms of the perpetrator's challenging behaviour and is often not identified as an abusive act. The trigger for recording and reporting concerns is the abusive act itself and not the degree of responsibility or intent of the person carrying out that act.

Many organisations have become accustomed to responding internally to incidents of service users who abuse other service users. This has meant that regulatory, and commissioning agencies for both the victim and the perpetrator may not have not been informed of the concerns, or been given an opportunity to engage in decision making around the issues. It has also resulted in the multi-agency adult safeguarding protocols being ignored and abuse, which may have constituted a criminal offence, not being addressed.

When adults are subject to sections of the Mental Health Act 1983 or to the Mental Capacity Act 2005 or to the criminal justice system, they are still entitled to be both protected from abuse and prevented from abusing other adults.

Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victim(s) may suffer mental health problems, low self-esteem and may also become perpetrators of abuse against others.

### **4. What are my responsibilities?**

Services that aim to provide support to adults who present with challenging behaviours need to have an understanding of the history and needs of the adult service user to ensure that they are able to protect them from abuse and prevent them from abusing other adults within the service. The organisation must carry out pre-placement assessments to ensure that they are able to meet the needs of the potential service user and to develop a care plan and risk assessment to meet those needs e.g. lessons learned from Winterbourne View and Mid Staffordshire Hospital.

It is important therefore to adopt a culture of zero tolerance. An acceptance by the service of low level abuse and or bullying from whatever source, will ultimately, if allowed to continue, lead to a culture that is damaging to all those who receive and participate in that service.

It is important that all instances of abuse are recognised, and addressed in the most appropriate manner and that records of what has been witnessed or reported are factual and do not attempt to minimise adult abuse and/or criminal actions.

Examples of good recording may include objective information about: What was witnessed? What were you told? Who was involved? When and where did this happen?

Clearly it is not necessary or desirable for every instance of abuse to be reported through formal adult safeguarding arrangements. It is however important that they are recognised as abuse and dealt with appropriately.

## **5. Making decisions about sharing confidential information**

Service providers hold information about individuals, which would normally be regarded, as confidential. The organisation should have policies and safeguards about sharing this. Most information will also be subject to the Data Protection Act 1998. However, concern about the abuse of the adult(s) provides sufficient grounds to share information on a 'need to know' basis and/or if it is in the public interest. Unnecessary delays in sharing information should be avoided.

Whenever possible an adult must be consulted about information being shared on their behalf. Where they have capacity and they are not being pressured or intimidated, their agreement should be sought and their refusal respected unless other adults or children may be at risk of harm. If a crime has been committed the police will be informed and the level of risk to the adult or to other adults or children will inform any actions taken by the police.

Principles governing the sharing of information are discussed in KMMAPPG Protocols section 6.1 and include:

- a) confidentiality must not be confused with secrecy
- b) information will only be shared on a 'need to know basis' when it is in the best interests of the adult
- c) informed consent should be obtained but if it is not possible and others are at risk, it may be necessary to override the requirement
- d) it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse or neglect, particularly in situations where others may be at risk.

## **6. What factors should we consider?**

In deciding who should address each incident, consideration should be given to the following:

- a) The extent of the abusive act(s).
- b) Whether the abuse was a one-off event or part of a long-standing relationship or pattern.
- c) The impact of the abuse on the adult client who has been victimised.
- d) The impact of the abuse on others.
- e) The intent of the alleged person responsible for the abuse.
- f) The illegality of the alleged perpetrator's action.

- g) The risk of the abuse being repeated against this adult client.
- h) The risk of the abuse being repeated against other adults or children.

## **7. What actions can we take?**

Anyone may report concerns regarding actual, alleged or suspected abuse or neglect directly to social services (see KMMAPPG Protocols section 4. Reports can be made by phone; e-mail or in writing. Service providers should use the appropriate alert form for Kent and Medway. Organisational procedures should reflect statutory duties set out within the Care Act 2014 which sets out the duty to co-operate and to report safeguarding concerns. In regulated services such as care homes or domiciliary care services, the Care Standards Act (2000) places the requirement to report to the Care Quality Commission regarding death, illness or other serious events occurring within the service and includes:

- a) any serious injury to any person receiving services from the organisation
- b) any event which affects the well-being or safety of any service user
- c) any allegation of abuse of an adult at risk by the registered person or any person who works for the organisation.

It will also be necessary to report concerns to the commissioning agency and that may be the local authority or Continuing Health Care arrangements made by the Local Clinical Commissioning Group (CCG).

There is a consultation process available from the Central Duty Team (CDT) for adults in Kent; the consultation arrangements are there to support you in your decision making. Additional advice and guidance to assist the decision making process is provided in the KMMAPPG Protocols section 4.5.

The following guidance outlines what may be appropriately dealt with in-house, what needs referring to Kent or Medway Adult Social Care for assessment/enquiries and what should immediately be reported to the police.

### **7.1 Internal Service Level Response:**

There are some adult protection concerns that are raised and acknowledged as such by the senior management of the service, which may be appropriately dealt with internally. This may include a disagreement between two service users, where neither is deemed to be particularly vulnerable to the other. This may be verbal, pushing or shoving, but where there is deemed to be an equal power relationship and no physical harm has occurred. However it is important to recognise that any kind of bullying may be considered by the victim as abusive and may cause long term psychological harm and therefore should be recognised as abusive.

Internal procedures will usually expect that if staff have concerns, then they should report these to a senior manager. Following an internal assessment of the issues reported or witnessed, records must show what actions were taken and by whom, and the outcome. Specific reference must be made to risk

assessment and any additional protective responses necessary for both the victim and the perpetrator. The incident should be reported to the Care Quality Commission (CQC) and the service commissioners.

## **7.2 Reporting Concerns to the Local Authority (LA) Adult Social Care:**

If a service user has been the victim of abuse/harm or there are ongoing concerns regarding an abusive situation, this should be reported to the Local Authority Adult Social Care using the [KASAF](#) referral form for Kent or the [SAF](#) referral form for Medway. A consultation service is available to help you to decide whether you should raise a safeguarding alert or if the matter should be dealt with in a different way.

All staff should be made aware that they can report any safeguarding adult concerns they have independently if they do not believe that these issues are being dealt with appropriately within their service. These concerns can be reported to the CQC, Local Authority Adult Social Care or to the Police if you believe a crime has been or is being committed. For example:

- a) they have concerns that their manager or proprietor may be implicated
- b) they have grounds for believing that the manager or proprietor will not take the matter seriously and/or act appropriately to protect service users.
- c) they fear intimidation and/or have immediate concerns for their own or for a service user's safety.

This is known as 'whistleblowing' and information should be readily made available about how staff can access support and protect their own interests.

Anonymous reports will also be taken into account and treated seriously, however anonymity can be respected but is not always guaranteed, particularly if information becomes part of any subsequent legal proceedings. In addition, The Data Protection Act (1998) removes blanket confidentiality from third party information.

## **7.3 Reporting a Crime to the Police:**

Where reports of abuse indicate that a criminal offence has been committed, you should contact the police immediately. If urgent assistance is required dial **999** or dial **101** and you will be connected to Kent Police Control Centre where you can explain your concerns. You should also report the concerns to Adult Social Care, the Service Commissioners and the CQC as a matter of urgency.

## **8. How should adult(s) at risk be supported?**

Safeguarding adult concerns can result in a variety of actions that affect victim, alleged perpetrator, service or setting, families and/or carers. However the safeguarding adult process was managed, if post abuse issues are not considered much of the effectiveness of the work will be jeopardised. Any post abuse care plan may have cost implications, these need to be discussed and

agreed by funding agencies. It is important that the people/agencies/services responsible for any part of the care plan are clearly identified. The following points might assist in considering a post abuse care plan for actions /support work that may be required:

### 8.1 For the Victim

- a) **Practical:** domiciliary support, closer oversight/monitoring, alternative accommodation, day care, respite care, residential/nursing care, adaptations or aids, advocacy, medical treatment.
- b) **Emotional:** victim support, psychology, counselling, therapy, psychiatric assessment/treatment.
- c) **Legal/Financial:** money advice, legal advice re criminal/civil injury compensation, preparation for court.
- d) **Educational:** assertiveness training, sexuality and relationship training, social skills training, understanding what is abuse and protective measures for the future, to understand the implications of making unfounded accusations.

### 8.2 For the Perpetrator

- **Practical:** domiciliary, respite or day care, longer term residential care, additional/closer monitoring and or supervision, alternative accommodation, adaptations/aids, help with housing.
- **Emotional:** group support, counselling, advocacy, psychiatric/psychological input. Special support if they have been wrongly accused of abuse.
- **Legal/Financial:** legal advice, money advice/debt counselling.
- **Educational:** sexuality and relationships training, understanding about issues of abuse, support to develop social skills.

Other steps may be taken against a perpetrator who is also vulnerable and maybe a service user. These include a review of care and a revised care plan, prosecution or action under the Mental Health Act or the Mental Capacity Act. These actions may require input from mental health services and or psychological services to determine an appropriate course of action.

## **9. What can we learn from addressing allegations of abuse?**

- Could this incident have been avoided?
- Have we reviewed management and practice to protect vulnerable people in the future?
- Were other adults or staff at risk?
- Did we take the appropriate action at the right time?
- Did we receive the support we needed?
- Have risk assessments been undertaken?
- Did we consider the needs/rights of both victim and perpetrator?
- Have we recorded the actions taken appropriately?
- Have we revised care plans and set reviews?
- What have we learnt and what would we do differently next time?

**Appendix 1**

Flowchart to assist service providers to decide how to respond when one service user abuses/harms another service user:

**If you have a concern about possible abuse, how should you respond?**

