

**Manual: Operations Manual - Care Management**  
**Title: Seriously Vulnerable Individuals Procedure**  
**Category: Procedure**  
**Procedure Number: A/CM/094**  
**Service: Adults, Wellbeing and Health**  
**Last Reviewed: 26/04/2010**  
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## **INTRODUCTION**

The purpose of this procedure is to offer a framework to staff when dealing with cases of vulnerable adults who are currently not open cases and who do not want, or are deemed not to require an assessment of need, but who are at risk of serious or significant harm, often because of their behaviour or lifestyle choices.

This often presents as a culmination of events leading to significant cause for concern. Open cases or new cases accepted for assessment, or new cases where there is an immediate safeguarding issue, will be risk assessed as part of the ongoing care management/care co-ordination processes by the caseworker, and concerns dealt with through the usual Safeguarding route.

For the purpose of this procedure the serious harm is defined in the National Offender Management Service MAPPA Guidance 2007 as, that which 'is life-threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'. Significant harm is defined as 'the imminent risk is serious harm that could happen quickly and without warning, and the effect of which could be fatal'.

An example would be a person goes to Accident & Emergency with a stab wound on their arm, although the injury is not life threatening the fact that a knife has been used in the first place is significant and it also means a knife could be used again, the result of which could be potentially fatal. The difference between serious and significant relates to imminence.

The procedure is designed to compliment existing Adult Safeguarding Policies and Procedures and should be considered with appropriate reference to those policies and procedures.

## **BACKGROUND**

Following the serious case review conducted on behalf of Cornwall County Council in response to the death of Steven Hoskins, there is an identified need for safeguarding adults partner agencies to be alert to the fact that some adults may be exposed to serious risk to life and limb, even when there is no apparent evidence of specific/immediate safeguarding adults concerns.

Only when agencies begin to share their disparate and seemingly low-risk pieces of information about such adults, does it become clear that a multi-agency safeguarding response is required.

### **Identification and Referral**

It is the intention of this procedure to focus on those individuals who are at **the highest level of risk** of suffering serious harm who are **not open cases** and where there may appear to be no immediate safeguarding concerns. Therefore it is important that risk assessment identifies those who fall into that category and that the referral is not simply recorded for information.

The Safeguarding Adults procedures require **all staff** in partner agencies to share information/intelligence with Social Care Direct for individuals who:

- have a number of emergency care episodes relating to assault/having taken an excess of drugs and/or alcohol; and/or

- make repeated calls to the Police or other emergency service to any one address or for any one person; and/or

- attract a number of complaints from neighbours, or concern from social landlords in respect of poor tenancy standards; and/or

- make repeated referrals to Adults Wellbeing and Health with concerns about issues including bullying, unpaid rent, stolen money etc.

The types of risk factors associated with seriously vulnerable individuals include but is not limited to:

- vulnerable adults eligible for services but not in receipt of services.

- vulnerable adults who have refused services or stopped receiving them.

- vulnerable adults who do not fit into one service area.

- vulnerable adults who live on their own with little support from family or friends.

- vulnerable adults who are targeted in the local community because of their particular vulnerability or lifestyle choices.

- vulnerable adults who are exploited by others because of their particular vulnerability or lifestyle choice.

## **ABBREVIATIONS**

SCD	Social Care Direct
SSID	Social Services Information Database
EDT	Emergency Duty Team

## **RESPONSIBILITIES**

SCD	To follow this procedure to ensure that information is logged and referred via the most appropriate
Head of Adult Care/Operations Manager	Responsible for convening strategy meetings and appropriate partner agencies are invited and informed
EDT	Responsible for ensuring the safety of vulnerable adults on Holidays and passing this information to Head of Adult Care to arrange the strategy meeting.

## **ACTIONS**

### **Social Care Direct**

1. On receipt of information from third parties or partner agencies in respect of a vulnerable adult who is not currently an open case, SCD will log the information and screen it in the context of the emerging picture building up in relation to the individual concerned. The Safeguarding Adults Risk Support Tool (Appendix 1) can be used to consider the issue of risk and the cumulative risk factors that are inherent in such cases.
2. If when logging the referral, SCD identify a closed or information only and the SSID record indicates examples of previous low levels of concern, the accumulation of these incidents may warrant a higher level of concern. The case will be referred to the Safeguarding Adults Procedural Framework (A/120), through the Executive Strategy route.
3. The referral will be directed to the appropriate Operational Manager and copied to the Head of Adult Care and the Safeguarding and Development Manager, once the worker is satisfied there are no immediate risks that need to be addressed, following the Safeguarding Adults procedural guidelines in terms of timescales.

## **Head of Adult Care/Operations Managers**

1. The Head of Adult Care will assume responsibility for convening a strategy meeting, though in practice this may be delegated to the Operations Managers, ensuring appropriate partner agencies are invited to attend or provide information as appropriate. A SS249 Research Form is provided for agencies to collate the information to be shared at the meeting. The police should attend in all cases. Agencies to be invited include:

- Police
- Probation
- Primary Care Trust
- Fire and Rescue
- Substance Misuse
- Housing
- Probation
- Tees Esk & Wear Valley Trust (TEWV)
- Sexual Abuse Referral Centre (SARC)
- Children & Young People's Service
- Voluntary Sector

### **Note: The above list is not exhaustive.**

2. Whilst the Safeguarding procedure requires a strategy meeting to be convened within 5 working days, given the nature of the cases this protocol is intended for, it would be good practice to convene the meeting as early as is practicable aiming to be within 24 hours of receipt of the referral.
3. The purpose of the strategy meeting is to share information to increase the safety, health and well being of the victim; to construct and jointly implement a Multi Agency Risk Management Plan (Appendix 2) that provides professional support to those at risk and which reduces the risk of harm; and identify any other actions or assessments that are required from partner agencies.
4. Individual agencies would take responsibility for completing the actions assigned to them as part of the Multi Agency Risk Management Plan (Appendix 2) responsibility would not rest with Adult Care. For Adult Care a decision as part of the risk management plan may be to initiate an assessment of need. If such an assessment was commissioned and a service provided this would trigger the care management/care co-ordination procedures. The Head of Service/Operations Manager would convene a review meeting to review progress in respect of the multi agency risk management plan and determine if the risks were sufficiently reduced to enable the Safeguarding process to be closed, though the case may remain open to Adult Care Services if an assessment or service was being provided.

## **Emergency Duty Team**

1. For referrals received out of hours, or over weekends and Bank Holidays, the EDT will screen the information in the context of the SSID history. If the referral along with the SSID history indicates a significant level of concern then consideration will be given to the seriously vulnerable individual criteria and ensure the situation is made safe, pending an Executive Strategy meeting which will be convened at the earliest opportunity. The Head of Service or their Deputy will be informed by the EDT with a view to arranging the meeting as soon as is practicable.

## **RELATED DOCUMENTS**

National Offender Management Service MAPPA Guidance 2007

Safeguarding Adults Procedural Framework

Safeguarding Adults Policy and Statement of Commitment

SS249 Research Form

Safeguarding Adults Risk Support Tool  
Multi Agency Risk Management Plan

Appendix 1  
Appendix 2