Staffordshire County Council

city of stoke on trent

Staffordshire and Stoke-on-Trent Safeguarding Adults Partnership

Inter-agency Adult Protection Procedures

September 2010

Staffordshire Police

NHS

CONTENTS

Section	Title	Page number
1	**Introduction**	5
2	**Policy Statement**	6
	Partnership Commitment	6
	Information Sharing Commitment	6
	Values	7
3	**Definitions**	11
4	**Process Terms**	15
	Investigation Procedure Flowchart	17
5	**Roles and Responsibilities**	18
6	**Recognising Abuse**	24
	Physical Abuse	24
	Sexual Abuse	25
	Emotional Abuse	25
	Financial Abuse	26
	Neglect	26
	Discriminatory Abuse	27
	Institutional Abuse	27
7	**Risk Factors**	28
8	**Reporting Abuse**	29
	What to do when abuse is disclosed by a vulnerable adult	30
	Concerns about employees volunteers or adult placement carers	30
	Whistleblowing and confidentiality for referrers	31
	Members of the public who wish to make anonymous referrals	31
	Adult Protection Referral Threshold Flowchart	32
9	**Guide to Referrals**	33
10	**Receiving and Managing Referrals**	35
	Historic Abuse	35
	Situations where an investigation is not required	35
	Immediate Actions	36
	Alleged abuser(s) who is (are) Vulnerable Adults	36
	Assessing the risk of harm	36
	Levels of risk of harm	38
	Assessment of level of risk of harm	38
	Child Protection Referrals	39
	Young People in Transition	39
	Domestic Abuse/Domestic Violence	40
	Multi-agency Public Protection Arrangements (MAPPA)	41
	Health and Safety Investigations	42
	Doorstep Crime	42
	Investigation Procedure Detailed Flowchart	43
11.	**Strategy Discussions**	44

Section	Title	Page number
	Who should be involved in a Strategy Discussion?	**44**
	Allocating Investigating Workers and forming the Investigation Team	**46**
	Initial Contact with Vulnerable Adult	**46**
	Resolving disagreements	**46**
	Referrals to the Independent Safeguarding Authority (ISA)	**47**
	Terminating an Investigation at the Strategy Discussion stage	**48**
12	**Investigations**	**49**
	Responsibility for co-ordination of investigation	**49**
	Types of Investigation	**49**
	The Role of the Investigating Social Care/CMHT worker	**51**
	Initial Contact with vulnerable adult	**52**
	Criminal Investigation Interviews with the vulnerable adult	**52**
	Interviews with the Vulnerable Adult where no criminal investigation is taking place	**53**
	Interviews with Alleged Abusers	**55**
	Interviewing Carers and Relatives	**56**
	Interviewing Other Witnesses	**56**
	Documentary Evidence	**56**
	Visits to key places	**57**
13	**Medical Examinations**	**58**
	Photography	**58**
14	**Statutory Assessment of Vulnerable Adults**	**60**
	Community Care Assessments	**60**
	Carers Assessments	**60**
	Assessment under the Mental Health Act 1983	**60**
	Assessment of Mental Capacity	**60**
15	**Investigating Worker's Reports**	**68**
16	**Investigation Review Meetings**	**69**
	Agenda and Discussion	**71**
17	**Outcomes Conferences**	**74**
18	**The Safeguarding Review**	**77**
19	**Large Scale Investigations**	**78**
	Large Scale Investigation Flowchart	**85**
20	**Representations and Appeals**	**86**
21	**Standard Agendas**	**89**
	Investigation Review	**90**
	Outcomes Conference	**91**
	Safeguarding Review	**92**
	LSI Review	**93**
	LSI Outcomes Conference	**95**
22	**Documentation**	**96**
	Adult Protection Referral (AP1)	**96**

Section	Title	Page number
	Adult Protection Closure Form (AP2)	**101**
	Record of Strategy Discussion	**104**
	Investigating Worker Report Proforma	**110**
	Summary of Initial Contact with vulnerable adult	**112**
	Summary of discussion with alleged abuser	**115**
	Summary of discussion with alleged abuser (if vulnerable adult)	**117**
	Summary of discussion with alleged abuser (if partner/family)	**119**
	Record of Investigation Review Meeting	**121**
	Record of Outcomes Conference	**127**
	LSI Strategy Discussion Record	**133**
	Suspension of Contract Decision Form	**138**
	LSI Investigation Review Meeting	**139**
	LSI Investigation Outcomes Conference	**146**
23	**Standard Letters**	**150**
24	**Legislative Guidance**	**153**
25	**Body Maps**	**167**

1. INTRODUCTION

Arrangements for safeguarding vulnerable adults are overseen by the *Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership*, which brings together local agencies to promote an inter-agency approach to address all forms of abuse.

The principles, aims and objectives of the *Staffordshire and Stoke-on-Trent Safeguarding Adults Partnership* are set out in the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Safeguarding Strategy.

These Adult Protection Procedures replace the *Safeguarding Vulnerable Adults in Staffordshire and Stoke-on-Trent Policy and Procedures* (October 2007); they describe the inter-agency response to the abuse of vulnerable adults in Staffordshire and Stoke-on-Trent. As an agreed inter-agency procedure full compliance is required from all staff in all agencies including social care, criminal justice, health or housing, or other staff/volunteers who are in contact with vulnerable adults.

These procedures specifically relate to issues of abuse and exploitation and are not invoked simply as a response to a perception of 'vulnerability'.

The key changes to previous procedures can be summarised as follows:

- A clearer focus on putting the vulnerable adult at the centre of the investigation process.
- A greater emphasis on the need to assess mental capacity and apply the principles of the Mental Capacity Act 2005.
- A clearer framework for the assessment of the risk of harm in each case and for reviewing this as investigations proceed.
- Documentation which more explicitly supports the investigation process.
- Some changes in terminology where this was previously seen as confusing or unhelpful.

These Procedures will be reviewed in April 2011 and annually thereafter to ensure that they reflect current legislation and guidance.

2. POLICY STATEMENT

Partnership Commitment

Safeguarding vulnerable adults and promoting their well being, personal dignity and respect requires effective co-operation amongst all those who work with, or who are involved with, adults in Staffordshire and Stoke.

The establishment of Staffordshire and Stoke Adult Safeguarding Partnership (SSASP), duly made under the provisions of the National Health Service Act 2006, enables statutory agencies to work in partnership to ensure that appropriate policies, procedures and practices are in place and implemented locally.

The Executive Board has the responsibility to give strategic direction and to ensure that the resources are in place to support the Operational Board and deliver the strategy and annual business plan.

By participating in this partnership, all are stating their intention to fulfil their obligations as identified in the Terms of Reference. Partnership obligations include the following: Committing representatives to participate, in Partnership meetings:

- Promoting the work of the Partnership including compliance with both the Adult Protection Policy and the Mental Capacity Act.
- Ensuring that the appropriate “rank” of staff attend the relevant Partnership meetings.
- Actively participating during all Partnership meetings.
- Ensuring staff attend learning development opportunities as laid out in this strategy.
- Providing information that assists in making the governance arrangements for the Partnership effective.

Information Sharing Commitment

Information sharing is key to delivering a better, more efficient public service that is coordinated around the needs of the individual.

Information will be shared in all areas of Safeguarding and Protection for the purpose of:

- Operational and strategic working together
- Wider partnerships
- The work of the Partnership
- Data, audit and performance information
- Learning lessons
- Identifying best or effective practice

Sharing information in a timely manner is essential in early recognition and intervention in cases of actual and potential abuse. It is important for the wider safeguarding strategy of promoting and maintaining the health and wellbeing of all vulnerable adults.

All individuals (whether paid or voluntary) and organisations are committed to making appropriate Adult Protection referrals as soon as the abuse of a vulnerable adult is recognised.

Each agency represented within the Partnership agrees to take positive action where partners, staff and others are found to have withheld information that could put a vulnerable adult at risk.

The Staffordshire and Stoke Safeguarding Adult Partnership recognises the importance of information sharing in order to protect vulnerable adults. Any information shared in this context will be done in accordance with the Inter-Agency Adult Protection Procedure.

Values

The SSASP recognises that Safeguarding includes a wide range of activities that will be preventative and which will support vulnerable adults to ensure their own protection as well as establishing care provision that combines the need for personalised services with that of ensuring that they also promote protection from abuse.

The SSASP is committed to working in accordance with values stated in key areas of legislation, national guidance and local Policy documents. The values outlined below, will be reflected in the Safeguarding Strategy and supporting Business Plan, the Adult Protection Procedure and in the contracts for all Health and Social Care related services.

All services to vulnerable adults are provided in line with the requirements of the Human Rights Act 1998 citing the articles of the European Convention of Human Rights. Of particular relevance are:

Article 2	-	Right to life;
Article 3	-	Prohibition of torture or inhuman or degrading treatment or punishment;
Article 4	-	Prohibition of slavery and forced labour;
Article 5	-	Right to liberty and security of person;
Article 6	-	Right to a fair trial;
Article 7	-	No punishment without law;
Article 8	-	Right to respect for private and family life;
Article 9	-	Freedom of thought, conscience and religion;
Article 10	-	Freedom of expression;
Article 11	-	Freedom of assembly and association;
Article 12	-	Right to marry;
Article 14	-	Prohibition of discrimination;
Article 17	-	Prohibition of abuse of rights.

The Mental Capacity Act 2005 sets out 5 statutory principles that must be adhered to in relation to any act relating to issues of mental capacity:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because they make 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 the decision is 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.

The Partnership also endorses the Dignity Challenge by accepting the following values as part of its strategy:

- Have a zero tolerance of all forms of abuse.
- Provide support to people with the same respect paid workers would want for themselves.
- Treat each person as an individual by offering a personalised service.
- Enable people to maintain the maximum possible level of independence, choice and control.
- Listen and support people to express their needs and wants.
- Respect people's right to privacy.
- Ensure people feel able to complain without fear of retribution.
- Engage with family members and carers as care partners.
- Assist people to maintain confidence and a positive self-esteem.
- Act to alleviate people's loneliness and isolation.

No Secrets (2000) identifies the following guiding principles for work in Adult Protection:

- **Actively work together** within an inter-agency framework based on the guidance in Section 3 [national and local];
- **Actively promote** the empowerment and well-being of vulnerable adults through the services they provide;
- **Act in a way which supports the rights of the individual** to lead an independent life based on self determination and personal choice;
- **Recognise people who are unable to take their own decisions** and/or to protect themselves, their assets and bodily integrity;
- **Recognise that the right to self-determination can involve risk** and ensure that such risk is recognised and understood by all concerned and minimised whenever possible (there should be an open discussion between the individual and the agencies about the risks involved to him or her);

- **Ensure the safety of vulnerable adults** by integrating strategies, policies and services relevant to abuse within the framework of the NHS and Community Care Act 1990, the Mental Health Act 1983, the Public Interest Disclosure Act 1998 and the Registered Homes Act 1984 [since replaced by the Care Standards Act 2000 and subsequently by the Health and Social Care Act 2008].
- **Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help,** including advice, protection and support from relevant agencies; and
- **Ensure that the law and statutory requirements are known and used appropriately** so that vulnerable adults receive the protection of the law and access to the judicial process.

Based upon the above requirements the *Inter-Agency Adult Protection Procedure (April 2010)* sets out the agreed principles for the work of the Board and its partners:

- The human and civil rights of vulnerable adults in Staffordshire and Stoke-on-Trent will be promoted and protected.
- The independence, well being and choices of vulnerable adults will be actively promoted.
- Partner agencies will work co-operatively with each other and with other agencies to recognise report, investigate and prevent the abuse of vulnerable adults. Defensible decision-making that involves inter-agency liaison, communication and information sharing will underpin investigative practice.
- Allegations of abuse will be co-ordinated by the local agencies serving the area where the abuse is alleged to have taken place.
- Partner agencies will not compromise or obstruct any Adult Protection Investigation by statutory agencies (e.g. Police, CQC, Social Services etc.) through their own inappropriate or premature investigations.
- Vulnerable adults will be assumed to have capacity except where it is established that this is not the case. Where a vulnerable adult lacks the mental capacity to make decisions assistance will be offered on a multi-disciplinary basis to achieve his/her best interests.
- A vulnerable adult who has mental capacity has the right to take risks. Services will recognise and accept that an individual has the right to self-determination that may involve a degree of risk. Agencies will undertake and record risk assessments to monitor this.
- Vulnerable adults have a right to receive the protection of the law, have access to justice and be appropriately supported through the criminal justice process. Services will provide suitable advice and support to enable this to occur.
- Vulnerable adults' views will be considered and where possible they will be fully involved in actions taken under the procedures. A vulnerable adult has the right to an advocate to assist them in this process.
- All investigations and assessments of vulnerable adult abuse will take account of people's ethnic origins, gender, sexuality, age, disability,

religious and cultural background and be carried out in an appropriate setting, manner and language.

- When intervention is necessary to reduce risk to a vulnerable adult, account will be taken of the disruption to the service user and every effort will be made to minimise this and to keep it in proportion to the identified risks.
- Confidentiality relating to vulnerable adults will be ensured when it is practicable and personal information will only be shared with other agencies with the permission of the individual concerned or in line with what is permitted by the law and local policy or protocols.
- Partner agencies will work to promote awareness and understanding of the law, guidance and new initiatives relating to safeguarding vulnerable adults.

This Policy Statement is taken from the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership's Safeguarding Strategy (2010)

3. DEFINITIONS

In these Procedures key terms will be defined as below:

Vulnerable Adult	A person aged 18 years or over, who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation. (*No Secrets*)
Community Care Services	All care services provided in any setting or context, including hospitals; private or rented housing; residential and nursing homes; day services; community services; respite services or voluntary services.
Abuse	A violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (*No Secrets*)
Harm	Should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical) but also the impairment of, or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development. *(No Secrets)*
Safeguarding	All work which enables an adult "who is or may be eligible for community care services" to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect. (*Safeguarding Adults 2005*)
Adult Protection	The identification, investigation and protection of vulnerable adults from abuse by others in line with agreed multi-agency procedures and protocols. (*No Secrets)*

Mental Capacity

The ability to make specific decisions about health, welfare, property and affairs.
Where it is believed that a person may not be able to make the specific decision an assessment of their capacity will be required and this must demonstrate that this is caused by an impairment or disturbance in the functioning of the mind or brain.

A lack of capacity cannot be established merely by reference to age, appearance, a condition or an aspect of behaviour.

(*Sections 2 and 3, Mental Capacity Act 2005,)*

Best Interests

Any act done or decision made on behalf of a person who lacks mental capacity must be done in his or her best interests and regard must always be had as to whether the acts or decisions could be achieved in a less restrictive way.

Best Interests decisions must take account of:

- Whether the person concerned is likely to regain capacity in relation to the decision in question;
- The participation of the person in the decision as far as this is practicable;
- In cases of life-sustaining treatment the decision must not be motivated by a desire to bring about the person's death;
- The past and present feelings and beliefs of the person;
- The views of people engaged in caring for the person or in his or her welfare or any person holding an Enduring or Lasting Power of Attorney or a court appointed deputy.

(*Sections 1 and 4, Mental Capacity Act 2005)*

Deprivation of Liberty (DoLS)	Provisions of the Mental Capacity Act 2005 amended by the Mental Health Act 2007 which permit a person who lacks mental capacity to be deprived of his or her liberty in a hospital or care home where this is in the person's best interests and has been authorised by the relevant local authority or Primary Care Trust following a series of assessments or where an Urgent Authorisation has been issued to enable assessments to take place.
Vulnerable Witness	A person suffering from a mental disorder within the meaning of the Mental Health Act 1983 or who otherwise has a significant impairment of intelligence and social functioning. A person who has a physical disability or disorder. (*Section 16) - The Youth Justice and Criminal Evidence Act 1999*)
Alleged Abuser	Any individual who is believed to be responsible for, or implicated in, the abuse of a vulnerable adult. This may include relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. (*No Secrets)* In these procedures this term will apply equally to people who are believed to have abused a vulnerable adult irrespective of whether the abuse was done intentionally or unintentionally.
Evidence	Any information in the form of statements from the Vulnerable Adult, alleged abuser(s) or other witnesses; also documents, pictures, visual or records which enable a conclusion to be made about the truth of an allegation. In the case of a criminal investigation the evidence presented to a court would need to establish 'beyond reasonable doubt' that the crime has been committed before a conviction could be made. Where there are disciplinary or civil proceedings the evidence needs to demonstrate that the allegation is demonstrated 'on the balance of probability'.

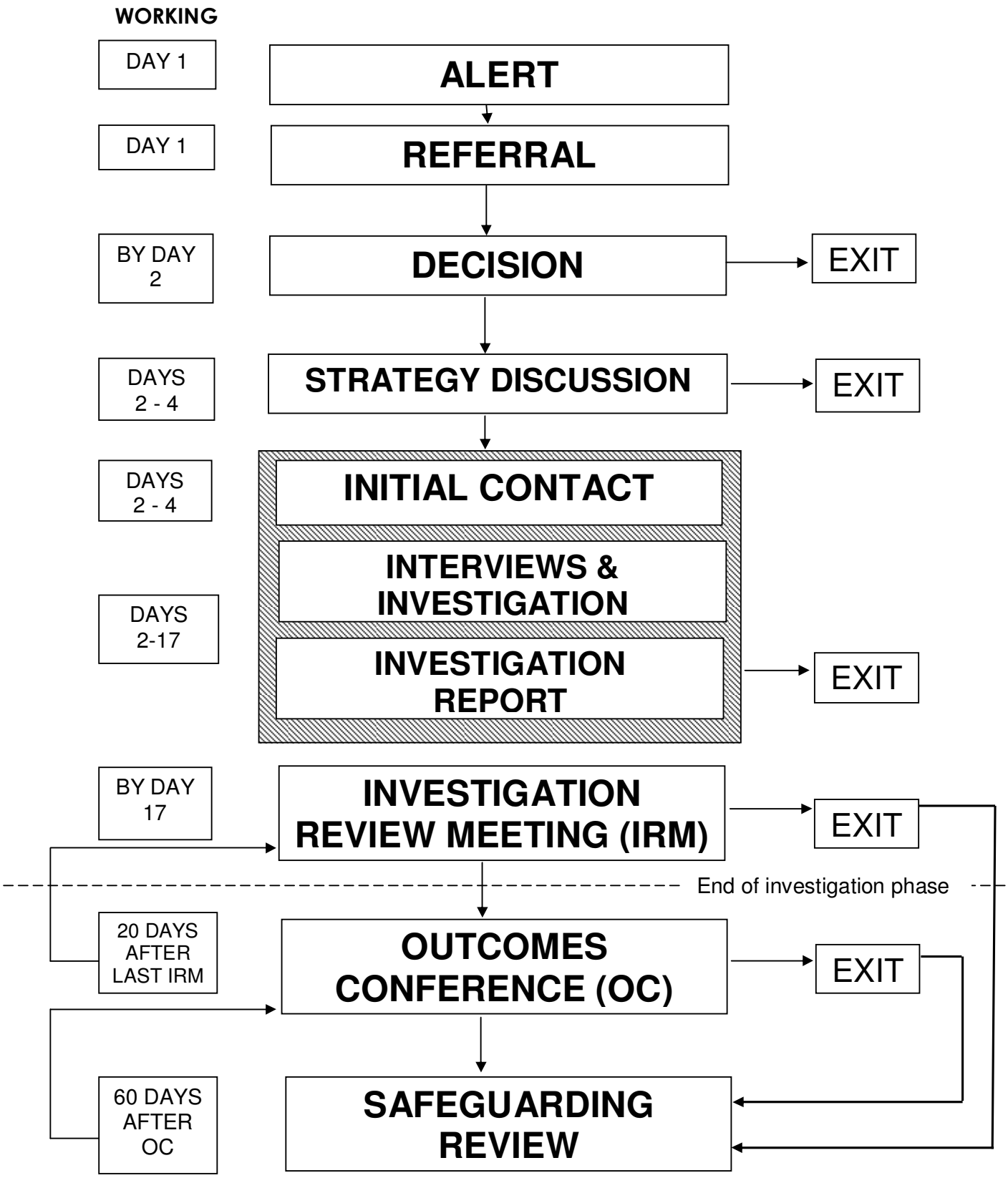
	In assessments by Social Care and Health staff professional judgements will also be made on the basis of the balance of probability as it is on this basis that future challenges might ultimately be determined either through a Complaints process or through application to a court.
Social Care	The directorate within the local authority with social services responsibility that is responsible for assessment and care provision for vulnerable adults under the NHS and Community Care Act. Currently, for Stoke-on-Trent City Council this is called Adult Social Care, in Staffordshire County Council it is called Social Care and Health. Some integrated services such as Mental Health are managed by NHS Trusts on behalf of the local authority and, as such they will carry the same social care responsibilities for their service user groups (e.g. adults with severe and enduring mental health problems).

4. PROCESS TERMS

Alert	The stage at which adult protection concerns are first recognised.
Referral	The notification of concerns to one or more of the statutory investigating or regulatory agencies (e.g. Social Care**,** the Police, the Care Quality Commission).
Strategy Discussion	The initial discussion(s) between the investigating agencies to clarify concerns, identify the risk of harm, agree an interim Protection Plan and plan the investigation. The Strategy Discussion can be either a meeting or a series of telephone conversations.
Protection and Support Plan	The initial actions that will be taken to ensure that the Vulnerable Adult is protected from abuse. Subsequently this will become a plan that clearly outlines the protective measures that will be put into place to ensure that they are safeguarded in future. This will include clearly ascribed roles and responsibilities for those involved and arrangements to address contingencies.
Adult Protection Investigation	The process whereby the adult protection concerns are explored to assess the evidence and to establish whether they are substantiated**.** Investigations have many strands including one or more of the following: criminal justice, protection of others, regulation, contract compliance, employee discipline, serious untoward incidents (SUI), care management, health and safety, trading standards or professional practice and registration.
Investigation Review Meeting	A meeting that brings together investigating staff and other relevant people to review the interim Protection and Support Plan, review progress of the investigation, share information and agree further action. This meeting will be as inclusive as the circumstances permit and may include the participation of the service user or their advocate but in all cases will ensure that the service user's views are fully included.

Outcomes Conference	A final meeting that brings together all those involved in an investigation to confirm the outcomes and to agree the details of a Safeguarding Plan that will continue after the closure of the investigation.
Safeguarding Review	A meeting held within 3 months of the Outcomes Meeting to review the effectiveness of the Safeguarding Plan; this may be done as part of assessment and care management or CPA processes.

INVESTIGATION PROCEDURE AND REVIEW FLOWCHART



5. ROLES AND RESPONSIBILITIES

All Staff in all agencies

All staff who come into contact with vulnerable adults have the following responsibilities, irrespective of the setting where this is done:

- To provide care and treatment that promotes the vulnerable adult's choice and autonomy as far as this is possible.
- To work in compliance with policies and procedures that promote the safety of the vulnerable adult (e.g. medication, moving and handling, management of violence and aggression etc.).
- To work in compliance with the principles of the Mental Capacity Act 2005.
- To be aware of how to recognise and report possible abuse.
- To report all instances of possible abuse immediately in accordance with these procedures.
- To contribute to and co-operate with adult protection investigations where necessary or when requested to do so.
- To contribute to Protection and Support Plans and Safeguarding Plans.
- To be aware of agency whistle-blowing procedures and use them where appropriate.
- To produce reports as requested by the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership to contribute towards Serious Case Reviews.

Staffordshire Police

- To lead the investigation of possible criminal offences against vulnerable adults.
- To ensure that crimes against vulnerable adults are investigated in accordance with these procedures.
- To act in accordance with the requirements of the Police and Criminal Evidence Act 1984 (PACE) and the Youth Justice and Criminal Evidence Act 1999 when interviewing vulnerable adults.
- To involve specialists (such as intermediaries) in interviews with vulnerable adults where there may be communication and/or comprehension difficulties.
- To contribute to Strategy Discussions with Social Care and Mental Health Managers where necessary to plan investigations.
- To share information with other investigating agencies to ensure that vulnerable adults are protected from harm and investigating staff are fully informed of the status of an investigation.
- To contribute to multi-agency risk assessments of the risk of harm.
- To attend Investigation Review Meetings and Outcomes Conferences and submit reports as requested.
- To liaise with the Crown Prosecution Service (CPS) to ensure that all relevant evidence is available to inform possible prosecutions.

NHS Provider Trusts and PCT Provider Arm

- To work in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009.
- To report all instances of possible abuse in line with these procedures.
- To report significant incidents to CQC as required by regulations.
- To contribute information and specialist skills, knowledge and resources to an investigation.
- To lead and manage investigations where they work as part of a multi-disciplinary team with social care responsibilities and functions (e.g. CMHT – see responsibilities listed under Local Authority Social Care).
- To contribute to the assessment of mental capacity or mental health of vulnerable adults and of alleged abusers where they too are vulnerable.
- To attend and contribute to Strategy Discussions, Investigation Reviews and Outcomes Conferences.
- To produce reports for the above as requested.
- To contribute to clinical assessments and provide specialist advice regarding standards of clinical care.
- To ensure that where complaints, disciplinary or serious untoward incident (SUI) investigations relate to possible abuse, these investigations take place within the framework of these procedures.
- To implement the DoLS provisions of the Mental Capacity Act 2005 as required of a Managing Authority.
- To make referrals to the ISA or to professional bodies where necessary.

NHS Primary Care Trusts (Commissioning)

- To participate in and contribute to Strategy Discussions concerning NHS and NHS commissioned services.
- To allocate an appropriate manager to contribute to investigations.
- To implement the DoLS provisions of the Mental Capacity Act 2005 through fulfilling the role and responsibilities of a Supervisory Body.
- To ensure that contracts promote the safety of vulnerable adults and compliance with the inter-agency procedures.
- Contracts and quality monitoring process that protects and safeguards

Local Authority Joint Commissioning Unit/Contract Teams

- To participate in and contribute to Strategy Discussions concerning Locally Commissioned Services.
- To allocate an appropriate officer to contribute to investigations.
- To advise on the appropriateness of services provided.
- To ensure compliance with these procedures and arrangements by providers and to take action where this does not occur.
- To contribute to assessments, identifying appropriate experts as required.
- To implement the DoLS provisions of the Mental Capacity Act 2005 through fulfilling the role and responsibilities of a Supervisory Body.
- To ensure that contracts promote the safety of vulnerable adults and compliance with the inter-agency procedures.
- Contracts and quality monitoring process that protects and safeguards

Registered Residential and Nursing Care Providers

- To work in accordance with the Care Standards Act 2000 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009.
- To report significant incidents to CQC as required by regulations.
- To report all instances of possible abuse in accordance with these procedures.
- To promote the safety and dignity of all residents in care homes.
- To attend and contribute to Strategy Discussions, Investigation Reviews and Outcomes Conferences.
- To produce reports for the above as requested.
- To contribute to clinical assessments and provide specialist advice regarding standards of clinical care.
- To undertake disciplinary investigations within the framework of these procedures and make referrals to the ISA or to professional bodies where necessary.
- To implement the DoLS provisions of the Mental Capacity Act 2005 as required of a Managing Authority.

Registered Domiciliary Care Providers

- To work in accordance with the Care Standards Act 2000 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009.
- To report all instances of possible abuse in accordance with these procedures.
- To attend and contribute to Strategy Discussions, Investigation Reviews and Outcomes Conferences.
- To produce reports for the above as requested.

- To contribute to clinical assessments and provide specialist advice regarding standards of clinical care.
- To undertake disciplinary investigations within the framework of these procedures and make referrals to the ISA or to professional bodies where necessary.

Local Authority Social Care (Staffordshire County Council and Stoke-on-Trent City Council) & CMHTs

- To co-ordinate adult protection investigations.
- To ensure that there is a route for referral and investigation at all times.
- To allocate a qualified worker to act as an investigating worker.
- To gather information as agreed through a Strategy Discussion including Police and other partner agencies.
- To interview those involved where abuse is suspected and there is no Police involvement.
- To produce an investigation report for all cases that are investigated under these procedures.
- To ensure that Protection and Support Plans and Safeguarding Plans are completed and monitored.
- To ensure that Strategy Discussions, Investigation Reviews and Outcomes Conferences are held and appropriately recorded.
- To ensure that Protection and Support Plans and Safeguarding Plans are completed and monitored.
- To collate and report on data concerning referrals and outcomes in line with the National Mandatory Data Set.
- To ensure that information and findings from adult protection investigations inform the commissioning activity.
- To implement the DoLS provisions of the Mental Capacity Act 2005 as required.

Independent Chair of the Adult Safeguarding Partnership

- To lead the business of the Board according to the terms of reference and the collective will of the Board in taking forward the work of the Board.
- To chair a minimum of six Board meetings per year.
- To ensure that actions agreed by the Board are completed.
- To ensure that minutes and documents distributed by the Board are accurate and accord with the Board's decisions.
- To liaise closely with the Adult Protection / Safeguarding Co-ordinators for Staffordshire and Stoke-on-Trent.
- To raise and pursue issues of compliance or co-operation with the executives of partner or other agencies when appropriate.
- To ensure that an annual report is produced and that members of the Board contribute information regarding their organisation's performance and plans.

- To liaise with chairpersons and executives of other strategic groups to represent the Board and to promote communications and co-operation between these groups.
- To speak publicly on behalf of the Board on Safeguarding Vulnerable Adults matters.

Local Authority Elected Members

All councillors share a responsibility in relation to safeguarding those adults whose circumstances make them vulnerable. 'Best Practice Guidance on the Role of the Director of Adult Social Services' (Department of Health 2006), makes reference to the role of the Lead Member and notes that "local authorities are advised to ensure that the Lead Member has a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies." As well as the key role of the lead member for Adult Social Care, other specific roles are critical to ensuring vulnerable adults are safeguarded. These roles include:

- Scrutiny members;
- Children's services lead members - both for their key role in relation to children, but also because in some households, for example, the behaviour of one adult may be abusive to children and another vulnerable adult;
- Members in Crime and Disorder Partnerships and hate crime and domestic abuse/violence partnerships or sub-committees;
- Members involved in community cohesion work;
- Councillors who are members or non-executives of NHS Trusts or Police Authorities;
- Other Cabinet members and frontline councillors.

- Councillors will therefore have an understanding adult abuse and of their responsibilities. They will engage with the work of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership and ensure that the work is given priority in corporate strategy. They will monitor performance and quality of the services provided to promote safeguarding and adult protection.

Local Authority Legal Services

Good and timely legal advice is essential in complex adult protection cases and the role of local authority legal services is to:

- Provide advice on the legal options available in a case of alleged abuse of a vulnerable adult;
- Attend and advise Investigation Review Meetings and Outcomes Conferences on issues relating to the law;
- Take instructions and make applications where necessary to the County Court, Court of Protection, High Court or other courts or tribunals;
- Write letters or advise on communications where legal proceedings are likely or are taking place;
- Produce witness statements and court bundles;
- Instruct Counsel where necessary.

Care Quality Commission

- Submit a "Safeguarding Alert" to the relevant Adult Protection Team when potential abuse has been identified in a regulated service.
- To participate in Strategy Discussions where there is a regulated service or individual involved.
- To contribute to information sharing and the decision making process at Investigation Reviews and Outcomes Conferences.
- To monitor whether regulated establishments and agencies are working in accordance with the Inter-agency Adult Protection Procedures.
- To monitor the implementation of the DoLS.
- To investigate any breach of Regulations established by the Care Standards Act 2000 or the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009 and take action accordingly.

6. RECOGNISING ABUSE

All people who work with or have contact with vulnerable adults need to be alert to the possibility of abuse and should be able to share their concerns with appropriate people within their own agency or establishment.
All agencies should have their own arrangements, which must be compatible with these procedures, for reporting and recording possible abuse.

A summary of different types of abuse and possible indicators is given below.

Physical Abuse

Includes shaking, pinching, slapping, force-feeding, biting, burning or scalding. It may also involve causing needless physical discomfort and the withholding of care or the use of inappropriate care such as inappropriate restraint, improper administration or denial of medication.

Possible Indicators of Physical Abuse

- History of unexplained falls or minor injuries.
- Bruising on soft parts of the body
  - Clustered as if from repeated striking
  - In well protected areas – thigh, inside upper arm.
- Finger marks.
- Burns of an unusual kind or in unusual places.
- Injuries, bruises, fractures at different stages of healing or where it is difficult to identify an accidental cause.
- Injuries shaped like an object.
- Injuries to head and face.
- Reluctance to seek GP /services help or assistance.
- Frequent attendance at hospital A and E Department.
- Malnutrition or dehydration when not living alone.
- Quiet and subdued when in presence of carers.
- Making flinching movements when approached.
- Ulcers, pressure sores or left in wet clothing.
- Reluctance to undress or uncover parts of body.
- Person asks not to be hurt or repeats what abuser has said e.g. “shut up or I’ll hit you”.
- A person without capacity not being allowed to go out of a care home when they are asking to and no DoLS authorisation in place.
- A person without capacity not being allowed to be discharged at the request of an unpaid carer/family member and no DoLS authorisation or Guardianship in place.

Sexual Abuse

Any form of sexual activity including sexual contact and non-sexual contact that the adult does not want, to which they have not consented, could not consent, or were pressured into consenting to. This includes being encouraged or enticed to touch the abuser, or coercing the victim into watching or participating in pornographic videos, photographs, or internet images. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other e.g. a social worker/residential worker/health worker etc. will be regarded as abuse.

Possible Indicators of Sexual Abuse

- Withdrawal, choosing to be alone.
- Explicit or untypical sexual language and behaviour.
- Self inflicted injuries.
- Poor sleep pattern.
- Self neglect.
- Torn, bloody, stained or missing under clothes.
- Difficulty in sitting or walking.
- 'Love' bites.
- Bleeding, sore, torn rectal or genital area.
- Presence of urinary tract infection, vaginal infections or sexually transmitted diseases that are not explained.
- Women who do not have capacity to consent to sexual intercourse becoming pregnant.

Psychological/Emotional Abuse

Includes the use of intimidation, rejection, threats, shouting, indifference and the withdrawal of approval. This will include oppressive language, the denial of choice, deprivation of dignity or privacy and the denial of human and civil rights (e.g. following one's own spiritual and cultural beliefs and sexual orientation). It includes withdrawal from services or supportive networks, harassment, being threatened or intimidated or being made to fear for one's well being.

Possible Indicators of Psychological/Emotional Abuse

- Change in appetite / unusual weight loss or gain.
- Inability to sleep.
- Low self esteem.
- Confusion, fearfulness or agitation.
- Unexplained uneasiness particularly in presence of alleged perpetrator.
- Person not allowed visitors or telephone calls.
- Person locked in their room.

Financial or Material Abuse

The inappropriate use, exploitation, or misappropriation of property, possessions or financial resources. This includes theft, deception, false accounting, fraud, exploitation or pressure in connection with wills, property, inheritance or financial transactions.

Possible Indicators of Financial Abuse

- Lack or inadequacy of basic requirements – food, clothes, shelter, hygiene.
- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawals from accounts.
- Large withdrawals from accounts.
- Inconsistency between standard of living and income.
- Unwillingness or reluctance to take up assistance which is needed.
- Unusual interest by family and other people in the person's assets.
- Recent changes in deeds/ ownership of property.
- Power of Attorney obtained when person lacks capacity to make the decision.

Neglect or Acts of Omission

The withholding, either deliberately or unintentionally, of help or support necessary to carry out daily living tasks. This includes ignoring medical and physical care needs or failing to provide access to health, social or educational support, the withholding of medication, nutrition and heating. This also includes keeping the person in isolation.

A failure to intervene in situations that are dangerous to the person or to others especially in cases when the person lacks the mental capacity to assess risks would also represent possible neglect.

It can be hard to determine the point at which a person starts to be neglected. For this reason it is essential that any aspects of poor care and treatment are challenged at the earliest opportunity rather than allowing the person concerned to suffer harm through their continuation.

Possible Indicators of Neglect

- Inadequate physical care both of the person and the environment.
- Failure to attend to the person's basic needs – food, clothing and shelter.
- Unmet medical needs, including failing to seek medical attention.
- Frequently using emergency or out of hours services in preference to mainstream medical services.
- Failure to provide essential social stimulation.
- Repeated failure to prevent accidental injuries.
- Callers refused access to the person.
- Pressure ulcers.
- Person malnourished or dehydrated.

Discriminatory Abuse

Abuse motivated by discriminatory and oppressive attitudes towards race, gender, cultural background, religion, disability or sexual orientation. This may also be the motivating factor behind other types of abuse. Such instances may be a denial to follow one's religion, lack of appropriate food, denial of opportunity to develop relationships, denial of health care.

Possible Indicators of Discriminatory Abuse

- Being treated unequally from other users in terms of the provision of care, treatment or services.
- Being isolated.
- Derogatory language and attitude by carers.
- Dismissive language by staff.
- Hate campaigns by neighbours or others.

Institutional Abuse

Institutional abuse occurs when routines and rituals mean residents or patients have to sacrifice their rights to meet the needs of the institution. Professionals should ensure that the activities of the day are centred on the service user/patient and not the institution. Abuse can be perpetrated by individuals or by a group of staff who are desensitised to accepted customs and practices.

The policies of all establishments should ensure that routines do not neglect people's ability to receive personal and individualised care and that users' rights to privacy, dignity, choice and fulfilment are met. See also section on Large Scale Investigations.

Possible Indicators of Institutional Abuse

- Inflexible daily routines, for example: set bedtimes and/or deliberate waking.
- Dirty clothing and bed linen.
- Lack of personal clothing and possessions.
- One commode used by many people and people left on commode/ toilet for long periods.
- Unwelcoming, stark surroundings**,** lack of stimulation.
- Inappropriate use of nursing and medical procedures.
- Lack of individualised care plans and failure to comply with care plans.
- Ritualised or rigid care practices.
- Inappropriate use of power, control, restriction or confinement.
- Failure to access health care, dentistry services etc.
- Inappropriate use of medication.
- Misuse of residents' finances or communal finances.
- Dangerous moving and handling practices.
- Failure to record incidents or concerns.

7. RISK FACTORS

There are certain situations and factors that put people at particular risk of abuse. If one or more of these factors are present, it does not mean that abuse will occur but it will increase the possibility of abuse:

- Living in the same household as an abuser.
- A previous history of abuse.
- The existence of financial problems.
- A member of the household experiences emotional or social isolation.
- Inappropriate physical or emotional environment e.g. lack of privacy and personal space.
- Where there has been a change of lifestyle e.g. illness, unemployment or employment.
- Where an adult is dependent on others for their personal and practical care.
- Where a person is dependent on other people to administer money or where several people manage their money.
- Where the vulnerable person exhibits difficult and challenging behaviour.
- The carer has difficulties such as debt, alcohol or mental health problems.
- Poor leadership in care services.
- Unmonitored provision of care e.g. where reviews or inspection does not take place.
- Failure to comply with standard operating policies and procedures.

8. REPORTING ABUSE

An adult protection referral must be made if the answer to the following questions is yes:

Is the person a Vulnerable Adult (see definitions)?

Is the person potentially being harmed by someone else?

Referrers may become aware of possible abuse when they:

a. Witness an abusive act.
b. Are told about abuse by someone else.
c. Are told about abuse by the service user.
d. Find evidence of abuse.
e. Recognise several of the risk indicators above and become concerned.

No referral is necessary under these procedures in cases of self-neglect although a referral for general assessment would still be necessary.

People who become aware of possible abuse should:	**For the vulnerable adult this means:**
Ensure the immediate safety of the service user. If there is a major injury appropriate health care should be arranged (e.g. an ambulance, visit to Accident and Emergency Department).	*Immediate protection and health care is provided.*
If physical or sexual abuse has just occurred or is still occurring then the Police should be informed immediately.	*Criminal investigation can begin immediately.*
Ensure that any evidence of abuse is kept safe and free from contamination.	*Evidence is secure and the vulnerable adult will have the option of making a complaint.*
Refer the incident / abuse to Social Care.	*Social Care support can be offered as part of the investigation.*
Record all details of the abuse concerns clearly and factually as soon as possible. When recording any disclosure then record the actual words used by the vulnerable adult. If there are any physical injuries these should be recorded on a Body Map.	*A clear record exists of the vulnerable adult's initial comments and injuries. The vulnerable adult will be able to see what is recorded about them and might have a better understanding of what has occurred.*

What to do when abuse is disclosed by a Vulnerable Adult

Do	Don't
Listen carefully, stay calm and make notes of what they say using their own words.	Question, put pressure on the person for more details, start your own investigation or take photographs.
Be aware that medical evidence may be needed.	Act in a way that may prevent the person talking about the abuse in future.
Reassure the person that the information will be treated seriously.	Promise to keep secrets.
Help the person to understand that whatever has happened is not their fault.	Make any promises that you may not be able to keep (e.g. 'It won't happen again').
Explain the referral process and that others will need to be made aware.	Question the alleged abuser.
Explain that the matter will have to be referred on even if they do not consent but that their wishes will be made clear if this happens.	Agree not to refer because the Vulnerable Adult withholds consent.
Make the referral immediately.	Wait to discuss with colleagues or gather more information.

Concerns about employees, volunteers or adult placement carers

In some cases the concerns relate to paid or unpaid workers. All staff have a responsibility to report any suspicions of poor or abusive practice through their internal reporting procedures. This will usually be to their line manager unless it is believed that that person may be involved or colluding with the abusive practice.

Where a concern has been raised in good faith about an organisation or a worker the person raising the concern should be supported whatever the outcome.

Agencies will have their own disciplinary procedures for responding to allegations or concerns involving a member of staff. This will include notifying a senior manager in their agency.

When suspected abuse is reported to managers any necessary action should be taken immediately to ensure the safety of the alleged victim and other service users. It is initially for the manager to consider whether it is appropriate for the worker to continue to work while a referral is being made.

Suspension should certainly be considered in the following situations:

- if there is any possibility of further incidents or abuse;
- if continuing to work might compromise evidence;
- if continuing to work would adversely affect the worker, colleagues or service users, or if it might increase the suspicions or concerns.

No disciplinary investigation should be undertaken prior to a Referral to Social Care, CQC or the Police and a resulting Strategy Discussion. Proceeding with a premature investigation may compromise evidence and adversely affect formal investigations.

Whistleblowing and confidentiality for referrers

All agencies should have a clear policy on Whistleblowing, which highlights how employees can raise concerns about abusive or neglectful acts of colleagues or employing organisations if they feel unable to raise these through their line management. Whistleblowing policies should be consistent with the legal requirements of the Public Interest Disclosure Act 1998.

In most cases staff will make referrals without recourse to Whistleblowing procedures and it is important that the use of Whistleblowing policies is not used as a means of seeking anonymity where there would be no genuine fear of repercussions. All referrers should be aware that while every effort will be made to protect the identity of workers who are raising concerns, the anonymity of referrers cannot be guaranteed throughout the process.

It is particularly important to remember:

- In cases where the police are pursuing a criminal prosecution workers maybe required to give evidence in court.
- All information from the Adult Protection and Disciplinary Investigation will be shared with the person identified as the abuser where a referral to the Independent Safeguarding Authority is made.
- There is a possibility that a worker maybe asked to give evidence at an employment tribunal.
- Anyone can be requested to give evidence when the employer has referred a member of staff to a professional body. e.g. Nursing and Midwifery Council (NMC), General Social Care Council (GSCC), General Medical Council (GMC).
- The alleged abuser may request to see information held about them under the Data Protection Act 1998).

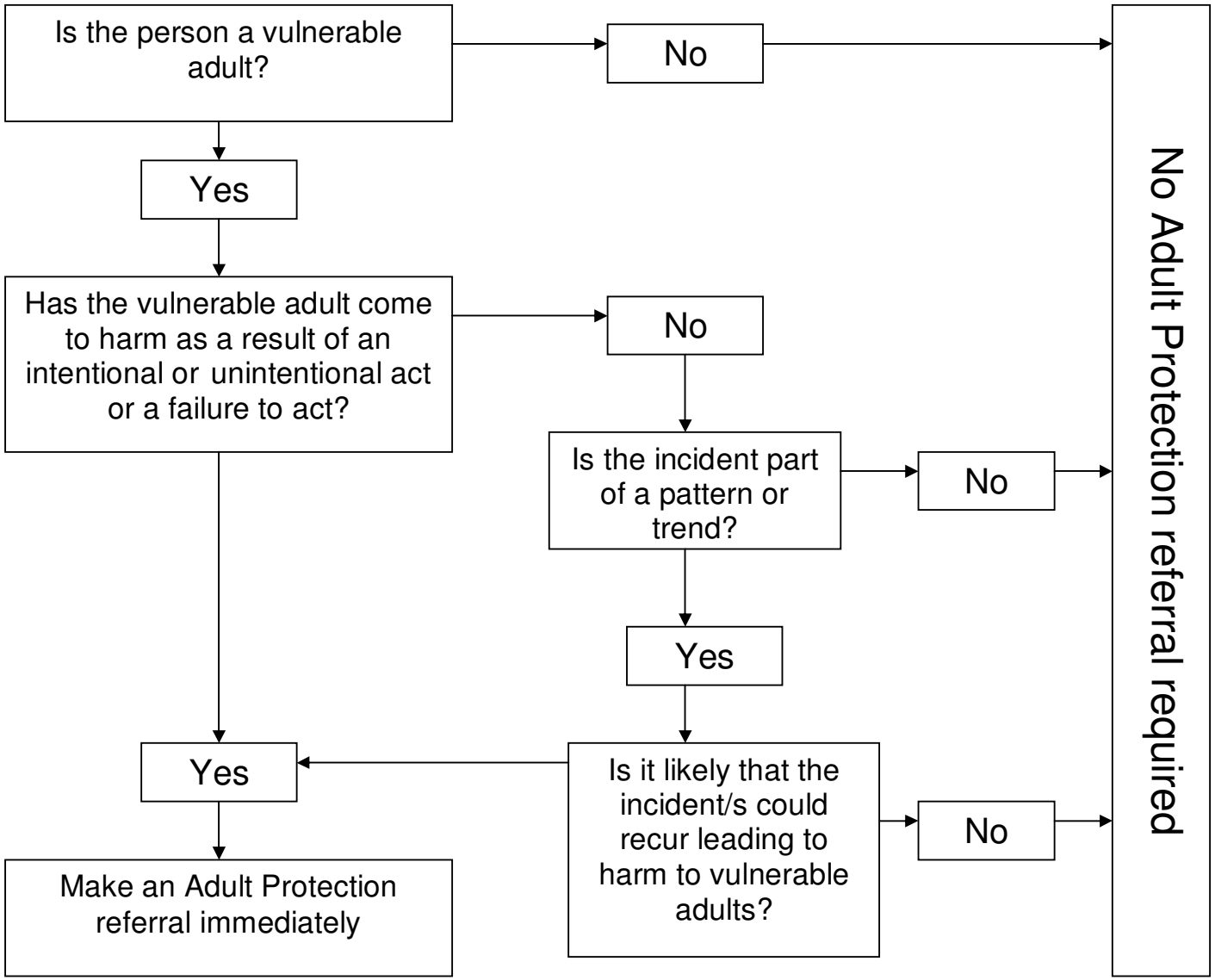
Members of the public who wish to make anonymous referrals

It is always preferable to know who is making a referral. However a member of the public cannot be made to give their personal details.
If the identity of the referrer has been withheld, the investigation will proceed in the usual way. This will include information being recorded onto the Adult Protection Referral Form.

Adult Protection Referral Threshold Flowchart

A **vulnerable adult** is:
"….aged 18 or over and;
is, or may be, in need to community care services by reason of mental or other disabilities, age or illness;
and
is, or may be unable to take care of him or herself, or
unable to protect him or herself against significant harm or exploitation"

Harm is defined as ill-treatment (including sexual abuse and forms of ill-treatment that are not physical) but also the impairment of, or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development.



9. GUIDE TO REFERRALS

Who can make a referral?	Anyone – the vulnerable adult, Carers, paid staff, volunteers, Inspectors, Police Officers, Health and Safety Officers, etc.
How quickly should a referral be made?	Immediately and always within 24 hours.
Who are referrals made to?	In all cases referrals will be made to the local authority where the abuse is believed to have taken place: Staffordshire County Council, Social Care and Health Tel: 0845 604 2719. Stoke-on-Trent City Council, Adult Social Care Tel: 01782 234235 Where a crime has taken place or the vulnerable adult may be in immediate danger contact should be made with Staffordshire Police. In emergencies using 999 or if less urgent using 0300 1234455.
How is a referral made?	By telephone; do not rely purely on letter, email or fax and do not leave messages on answering machines or mobile phones. Staff who make a referral will be asked to follow this up with a completed Adult Protection Referral Form.
What information should be included in the referral?	Personal details of the vulnerable adult (name, date of birth, address, gender, race, faith, culture and current whereabouts). Referrer's name, address, contact number, and relationship to the vulnerable adult. Full description of what has taken place including where and when it occurred. All known details of alleged abuser(s) (name, address, current whereabouts and relationship to the vulnerable adult). Current risk of harm to the vulnerable adult. Immediate action required to protect the vulnerable adult.

What information should be included in the referral? (continued)	Details of other people who may be at risk of harm. Details of any action already taken (e.g. call to emergency services, crime number, and protection measures.) Details of agencies involved with the vulnerable adult. Whether the vulnerable adult is aware of the referral being made. Whether the vulnerable adult has agreed to the referral being made. Any known views or wishes of the vulnerable adult. Any information that relates to the mental capacity of the vulnerable adult in relation to the circumstances of this referral. Any known language or communication needs (e.g. need for an interpreter or intermediary).
What if the Vulnerable Adult does not wish for a referral to be made?	Where there is a risk of significant harm to the vulnerable adult, a potential offence or disciplinary issues the referral should be made but it must be made clear what the vulnerable adult's view on this is.
What feedback will be given on referrals?	Referrers are entitled to be given information regarding the status of the referral they have made. The extent of this feedback will depend on various things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an investigation). It should normally be possible to advise referrers whether their referral has led to an investigation under the Inter-agency Adult Protection Procedure.

10. RECEIVING AND MANAGING REFERRALS

All referrals will be made to the relevant Social Care team or CMHTs an Adult Protection Referral Form will be completed by the person taking the call and this will be passed immediately to a Social Care / Mental Health manager for a decision on whether an investigation is necessary.

The manager will consider the referral and any available background information and decide whether:

a. The person referred is a vulnerable adult.
b. The information in the referral suggests that abuse has taken place or is taking place and that this may result in some harm to the vulnerable adult.

If both conditions are satisfied then an investigation will take place. In all cases the referrer will be made aware of whether the referral has led to an investigation.

Unfortunately there will be some cases where the vulnerable adult has died by the time of referral or shortly after – this should not be a reason for failing to investigate alleged or suspected abuse. The interests of justice and/or the welfare of other vulnerable adults should be considered in such cases before any decision is made that an investigation is not required or that an investigation should be terminated.

Historic Abuse

Allegations of historic adult abuse will also be investigated under these procedures. Historic child abuse allegations will be referred to the Police for investigation.

Situations where an investigation is not required

No investigation under these Procedures is normally necessary in the following situations:

- Where the vulnerable adult has mental capacity to make the relevant decisions and has suffered and is likely to suffer no harm of any kind, including physical, emotional, psychological or financial (*Disciplinary or regulatory action may still be appropriate where poor practice has taken place*).

- Where the referral arises from self-harm or self-neglect (*n.b. these situations may benefit from a multi-agency approach but do not fall within the remit of this procedure*).

- Where the vulnerable adult is acting in an inappropriate, antisocial or aggressive manner towards people who are not 'vulnerable adults' as defined in this policy.

In these situations appropriate referrals and/or risk assessments should still be made as necessary and all actions must be fully recorded as well as the decisions that led to them.

Where a decision is made that no investigation is required for the reasons above the details of the decision will be recorded on the Referral Form and the Social Care Information databases will be updated to reflect this decision (the systems used will vary between Staffordshire and Stoke-on-Trent). Information regarding the referral and the decision will be sent to the local Adult Protection Team (Staffordshire) or Safeguarding Manager (Stoke-on-Trent) in the agreed way.

Where there has been a previous referral in the past 12 months and this did not proceed to an investigation then an investigation must take place on receipt of a new referral to ensure that the reason for the repeated referrals is understood and that the causes of this have been addressed.

Immediate actions

Where a manager decides that an investigation will take place they will ensure that:

- Any necessary immediate action has been taken to protect the alleged victim and/or others.
- All available referral details and other background information held by the agency have been collated.
- The risk of harm has been assessed.
- Other agencies are contacted to hold a Strategy Discussion.
- If there are child protection concerns a referral is made in line with the local Inter-agency Child Protection Procedures.
- If the referral involves a number of vulnerable adults consideration is given to whether Large Scale Investigation is required.

Alleged abuser(s) who is (are) Vulnerable Adults

In cases where the alleged abuser is a vulnerable adult they should be referred to the Social Work Team of the Local Social Services Authority that funds their care. This person may need an assessment (e.g. NHS and Community Care Act, Mental Health Act, Mental Capacity Act, DoLS) in their own right to ascertain whether they require any specialist services. They may also be entitled to the support of an IMCA if they have been assessed as lacking mental capacity.

If the incident is subject to a criminal investigation the alleged abuser may need assistance to ensure they are appropriately represented and that they receive appropriate assistance in accordance with the Police and Criminal Evidence Act.

Assessing the risk of harm

It is essential that in any potentially abusive situation, the level of harm the abuse has posed to a vulnerable adult is assessed and managed as far as possible. Risk assessment is integral to the Adult Protection process. The assessment of risk is built into each level of the process and the documentation reflects this.

The definitions set out in the tables below should be used at every stage in the process to establish the level of harm posed to the individual. This enables those involved to identify an initial Protection and Support Plan that is proportionate to the level of harm posed to the individual. It is important that an investigation does not cause greater disruption or distress to the vulnerable adult than was caused by the alleged abuse. Any protective measures must offer better choices and opportunities than those that previously existed.

When assessing the level of harm posed to an adult without capacity, consideration should be given to identifying the potential impact on the person as if they had capacity. For example, the impact of a sexual assault is as serious for a person without capacity even though they may not be able to recall the event or display trauma. In this example, the emphasis is on the serious harm that has been caused rather than their ability to recover from it.

Consideration should always be given to the assessing level of harm to other vulnerable adults. For example, when it is alleged that a staff member, volunteer or organisation has abused a vulnerable adult, the level of harm to others should always be assessed and fully recorded in the appropriate sections of the relevant paperwork.

The level of harm should be reviewed throughout the investigation. A key principle and success measure of the Adult Protection process is to demonstrate that the level of harm to the vulnerable adult/s has been reduced.

The assessment of the level of harm will include consideration of the following:

- The level of threat to independence.
- The impact of the alleged abuse on the physical, emotional and psychological wellbeing of the vulnerable adult.
- The duration and frequency of the alleged abuse.
- The extent and degree of the alleged abuse.
- The level of personal support needed by the vulnerable adult and whether that support is normally provided by the alleged abuser.
- The apparent extent of premeditation, threat or coercion.
- The context in which the alleged abuse takes place.
- Potential risks to other vulnerable adults.

The risk of harm will be recorded in line with the four levels shown below and will take account of the impact and likelihood shown in the following table. Investigating staff will work together to ensure that they share information to arrive at a considered assessment of the level of harm that takes account of the views of the agencies involved.

It is not acceptable for any agency to base its own decision-making about the risk of harm purely on the assessment of risk provided by another agency, for example, the fact that the harm may have been insufficient to sustain a criminal prosecution should not be used to justify a failure to act in respect of other aspects. The lead investigators for each agency are responsible for ensuring that they identify the levels of harm relevant to the concerns that they are investigating.

LEVELS OF RISK OF HARM

None	To be used when abuse is disproved, not substantiated or removed.
Low level of harm	The impact of the abuse is minimal. Recovery is likely to be uncomplicated. There is no injury or distress There has been no significant financial loss.
Medium level of harm	There are signs of harm. Recovery from the abuse is likely to be difficult but possible.
High level of harm	Life is or may be endangered; There are obvious signs of harm with serious health, mental health or financial consequences; Recovery will be very difficult or unlikely. Where there may be dangers to other vulnerable adults

ASSESSMENT OF LEVEL OF RISK OF HARM

		Impact			
Likelihood		**No Impact**	**Low Impact**	**Medium Impact**	**High Impact**
	Unlikely	None	Low	Low	Medium
	Possible	Low	Low	Medium	High
	Likely	Low	Medium	High	High
	Certain	Low	Medium	High	High

Child Protection Referrals

In any case where it appears that a child may be at risk of harm then a referral must be made immediately in accordance with the local Safeguarding Procedures (Child Protection).

There is a duty on all adult services workers to recognise and report possible child abuse and in health and social care organisations workers may also need to complete the *Pre-assessment Checklist* for possible 'children in need' as part of the Common Assessment Framework (CAF).

If a child protection investigation and an adult protection investigation relate to concerns about the same alleged abuser or where there are other significant links the investigating staff should ensure clear lines of communication and should consider the benefits of joint planning processes and meetings.

Young People in Transition

Transition in this context refers to young people with disabilities who are between 16 and 19 years old and who are about to transfer from children's to adult services.

In some cases these young people will have been the subject of some child protection concerns and there may have been statutory meetings or compulsory orders initiated under the Children Act 1989.

Where concern has been expressed about a young person, or where a care order has been in operation to ensure their protection, it is essential that consideration is given to ensuring their safety as they reach adulthood.
In the above situation the following steps should take place:

- As part of the preparation prior to the case handover any child protection concerns must be communicated by the child care case holder to the adult services social worker.
- Full details of the concerns should be provided in writing to the adult services worker.
- Details of any current protective measures such as care orders must be provided.
- The adult services team will then assess the information and decide whether an Adult Protection referral should be taken on the case.
- If it is felt that the concerns are still current then a Strategy Discussion should be held in good time to allow a transfer of protection arrangements (e.g. from Care Order to Guardianship under the Mental Health Act 1983 or Declaration by Court of Protection or DoLS under the Mental Capacity Act 2005).
- The Strategy Discussion should proceed as normal to consider any risk of harm and actions that may be required when the young person reaches 18 years old.
- As described elsewhere in these Procedures the Strategy Discussion may be followed by an Investigation Review Meeting and a Protection and Support Plan, if appropriate.

Domestic Abuse/Domestic Violence

Domestic Abuse – Staffordshire Police definition:
'*any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults,* ***aged 16 and over****, who are or have been intimate partners, regardless of gender and sexuality."*

It is recognised that intimate relationships can legally occur in the UK from the age of 16 years and that there are occasions when these relationships become abusive. A proactive stance must be taken to also protect these victims and halt the beginnings of a cycle of abusive behaviour by their partners.

Instances of Forced Marriage or Honour based violence will be treated as domestic abuse where the victim is over 18 years old and will be dealt with under Child Protection procedures when the victim is 17 or under.

The Crown Prosecution Service (CPS) definition of Domestic Violence is:
"*any criminal offence arising out of physical, sexual, psychological, emotional or financial abuse by one person against a current or former partner in a close relationship or against current or former family member."*

This definition includes:
Behaviour between partners or former partners whether married or not including male victims, victims in same sex relationships. It includes all forms of violent or controlling behaviour (e.g. assault, harassment or threats).

Where an adult protection referral involves family members or partners who are referred to within the Domestic Abuse definitions, then consideration should be given to also referring the incident to the Domestic Abuse officer within the Public Protection Unit.

Victims of Domestic Abuse are risk assessed under the DASH risk assessment model, giving priority to the following factors (see also the risk factors for vulnerable adults):

Separation
Pregnancy or recent pregnancy or birth of a child
Escalation of Violence
Community issues- including isolation, communication, disability, cultural issues.
Choking - strangulation, suffocation or drowning
Stalking behaviour - controlling and jealously
Sexual Abuse – this includes any sexual behaviour which has hurt or is humiliating to the victim or led the victim to be in fear.

If domestic violence and an adult protection investigation relate to concerns about the same abuser or where there are other significant links the investigating staff should ensure clear lines of communication and should consider the possible benefits of joint Strategy Discussions.

Multi-agency Risk Assessment Conferences (MARACs) have been developed across Staffordshire and Stoke-on-Trent and, where these are in operation,

cases involving intimate partners and high risk should be referred for consideration by the MARAC to discuss safety planning for the victim, their family and children and to agree the management of identified risks.

In most cases it will be more helpful for allegations of abuse against vulnerable adults to be investigated within the framework of these procedures only but there will be cases involving domestic abuse against vulnerable adults where there will be overlap with the MARAC process and where this may contribute to additional protection and support.

Many cases referred to the MARAC involve abuse by and against people who have alcohol and substance misuse problems.

Multi-agency Public Protection Arrangements (MAPPA)

In certain rare cases adult protection cases may link with the MAPPA and it will sometimes be necessary for Case Conferences to consider referring certain abusers to MAPPA. Similarly the release of some violent or sexual offenders may have significant issues for the protection of vulnerable adults and the attendance of workers may be required at MAPPA meetings to consider protection issues for specific individuals or groups at risk of harm.
MAPPA has, in common with these Procedures, a methodology of partnership, information sharing, shared risk assessment and joint planning/review.

Multi-agency Public Protection Arrangements (MAPPA) were introduced by the Criminal Justice and Court Services Act (2000) and developed further by additional legislation, The Criminal Justice Act (2003).

The legislation identifies the three key criminal justice agencies the Police, Probation and Prison Services as the *Responsible Authority* for the delivery and management of the multi-agency public protection arrangements.

The legislation recognises and enshrines the value to be added to the MAPPA by other agencies in placing upon them a statutory Duty to Co-operate with the MAPPA.

The purpose of the Duty to Co-operate is to strengthen the MAPPA; recognising that the effectiveness of public protection often depends on more than just a criminal justice response.

Agencies that have a duty to co-operate include:

• Local Authority Social Services • Local Housing Authorities • Registered Social Landlords • Local Education Authorities • Youth Offending Teams • Electronic Monitoring Providers • Job Centre Plus	• NHS Trusts • Strategic Health Authorities • Primary Care Trusts

Health and Safety Investigations

In certain cases where a serious accident or fatality has occurred as a result of a possible failure of equipment or through possibly unsafe working practices it may be necessary to contact the Health and Safety Executive (HSE) or the local authority Health and Safety Officer for advice about whether they should be involved in an investigation. A protocol exists between the HSE, Association of Chief Police Officers (ACPO) and the Crown Prosecution Service (CPS) to describe how such investigations will be carried out. The HSE helpline number is 0845 345 0055.

All organisations are required to submit a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (Riddor) report in connection with any serious injury, fatality or dangerous incident to both employees and members of the public.

Doorstep Crime

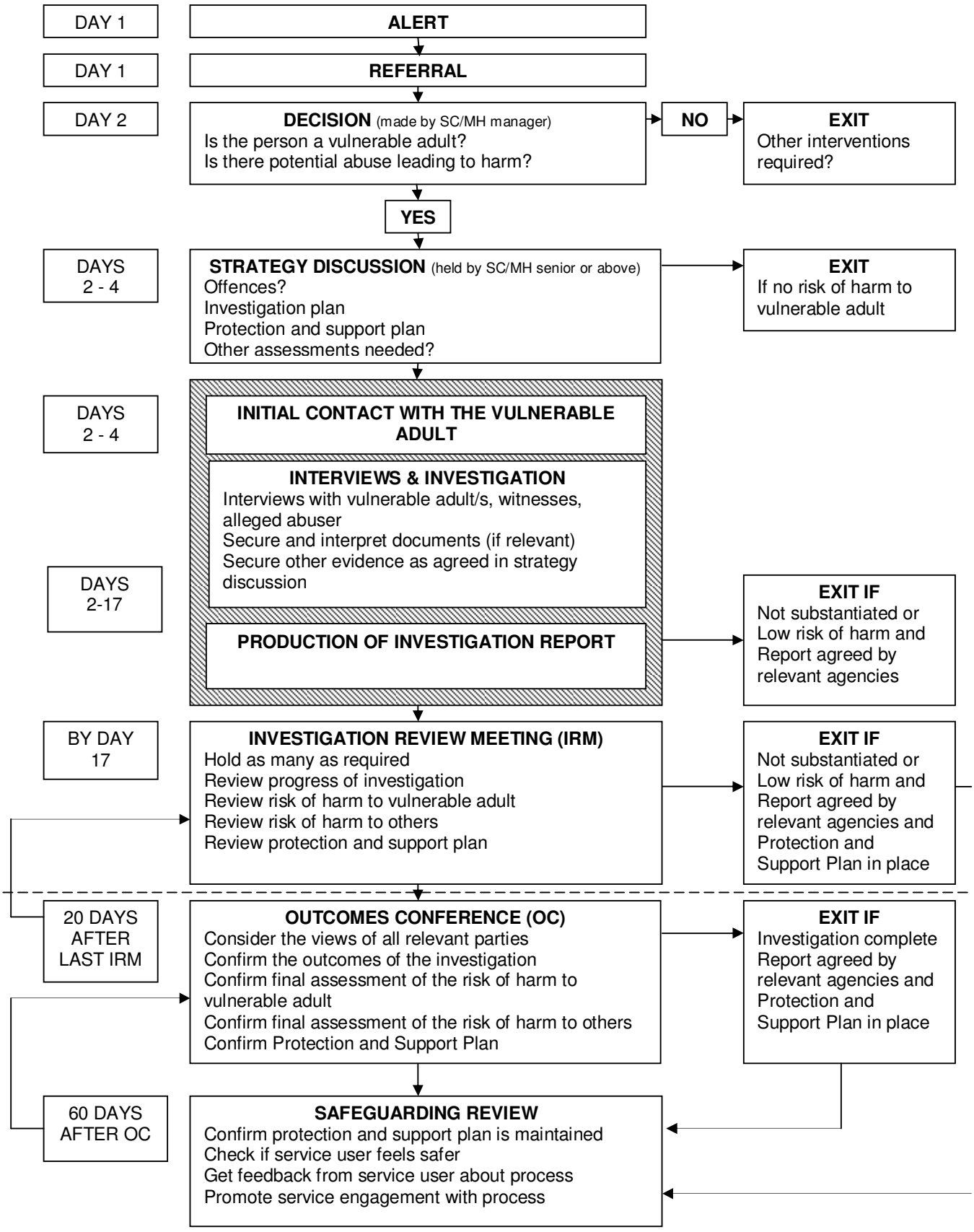
Doorstep crime is a term that describes rogue traders, who call at the homes of vulnerable adults offering to undertake work (e.g. roofing, resurfacing drives) demanding cash in hand and applying pressure to the householder. It also applies to distraction burglars, who call at the homes of vulnerable adults offering services or seeking to distract the householder while an accomplice enters the home to burgle or rob.

In many cases the two types of doorstep crime are linked in that information about vulnerable victims is shared between criminals, especially relating to possible large amounts of cash in the house. Doorstep crime is rarely spontaneous and often well organised. The majority of victims are elderly women who live alone and the rate of reporting is believed to be very low.

It is important that any cases where doorstep traders defraud or trick a vulnerable adult are reported immediately both to the Police and to local Trading Standards Officers as this is often a precursor to robbery or burglary. The subsequent offences can often be prevented through awareness, basic security measures and support/advice to the victim. The health and care outcomes for vulnerable adults who are the victims of doorstep crime are known to be extremely poor with a high proportion dying or requiring long-term care within 12 months of the offence. Every incident of doorstep crime involving a vulnerable adult must be referred under these procedures.

INVESTIGATION PROCEDURE DETAILED FLOWCHART

WORKING



11. STRATEGY DISCUSSIONS

All investigations of the abuse of vulnerable adults need to be planned. No agency should take action in respect of an abuse referral prior to a Strategy Discussion unless it is necessary for the protection of the vulnerable person(s) or others or unless a serious crime has taken place or is likely to.

A Strategy Discussion should be held (normally by telephone) as soon as possible after a referral is received and in all cases should take place within 72 hours but this will be proportionate to the presenting risks.

Who should be involved in a Strategy Discussion?

In all cases	Social Care or Mental Health Manager for area where alleged abuse occurred.
Where it is suspected that a crime has been or might be committed	Police Officer – Central Referral Unit or allocated officers
Where a service registered under the Health and Social Care Act 2008 is involved	Compliance Inspector – CQC
Incident in a NHS service or an Independent hospital.	Senior Manager – Relevant NHS Primary Care or Hospital Trust Compliance Inspector – CQC Senior Manager – local and/ or Commissioning Primary Care Trust
Where disciplinary issues are involved	Manager of relevant agency

The Purpose of a Strategy Discussion is to plan an investigation and clarify roles and responsibilities. The Strategy Discussion will clarify or confirm the following issues:

Current agency information

- Referral information and subsequent developments.
- The risk of harm to the vulnerable adult.
- The wishes and mental capacity of the alleged victim, if known.
- Access to the alleged victim including communication issues (e.g. need for interpreter or specialist worker).
- Are there other (possible) victims? If it is believed that a number of vulnerable adults may be being abused by a network of alleged abusers then consideration should be given to holding a single Strategy Discussion.

Initial Protection and Support Plan

- How will the safety of the vulnerable adult be ensured?
- How will the safety of others who might be vulnerable be ensured?
- Issues of gender, race, culture and language.
- Is an advocate required for the alleged victim?
- Who will support the alleged victim during and after the investigation?
- How could the alleged abuser(s) be supported during and after the investigation?
- Are there health and safety issues relating to equipment or working practices?
- Contingency plans.
- Consideration of possible legal action including application to court.

Investigation planning

- Has a criminal offence taken place, if so what is it?
- What form of investigation will occur (Criminal, Regulatory, Disciplinary, Serious Untoward Incidents (SUI))?
- Who will the investigating workers be?
- Who will interview the Vulnerable Adult?
- Who will interview the alleged abuser(s)?
- Who will interview any witnesses?
- Is a medical examination necessary?
- Other evidence required.

Communication

- Who will keep the vulnerable adult, carers, relatives informed?
- Who will feed back to referrer and clarify their future involvement?
- Should a professional body be informed at this stage?
- Should the Independent Safeguarding Authority (ISA) be notified at this stage?

Assessments

- Is a Community Care Assessment required?
- Is a Mental Health Act 1983 assessment required?
- Is a Mental Capacity assessment required?
- Is a Carers Assessment required?

Review

- Set a date for an Investigation Review meeting (to be held within 10 working days of the Strategy Discussion).

In some cases due to the complexity or seriousness of the situation it will be necessary to hold a meeting to discuss these issues but this is not obligatory.

The Strategy Discussion will be recorded by the Social Care / Mental Health Manager using the Strategy Discussion Record Form and a copy will be sent within 24 hours to all those involved in the discussion.

The Strategy Discussion will lead to an agreed Initial Protection and Support Plan, which describes the steps that will be taken to protect the vulnerable adult from harm. The Initial Protection and Support Plan will assign clear responsibilities and timescales to individuals and also make clear who will be responsible for providing support to, and for communicating with, the vulnerable adult. The Initial Protection and Support Plan will describe any initial action that will be taken against any alleged abuser in connection with the investigation and also make plans for foreseeable contingencies.

Allocating Investigating workers and forming the Investigation Team

Managers from the agencies involved in the Strategy Discussion will allocate the investigating workers.

The investigating workers will be professionally qualified and suitably experienced. Those leading Police interviews must have completed the Multi-agency Investigating and Visual Interviewing Course (MAIVIC) to ensure compliance with the requirements of *Achieving Best Evidence in Criminal Proceedings* and visual interview should be used unless there are good reasons not to do so.

Where visual interview is used the interviewers should not be currently involved in the vulnerable adult's care, as this could compromise the perceived independence of the interview.

Initial contact with the vulnerable adult

The Strategy Discussion will have determined how immediate contact will be made with the vulnerable adult (see section 9.5). This must be done within 24 hours of receiving the referral and will be done even if a formal interview has been planned for a later date or time.

The purpose of the initial contact with the vulnerable adult is to ensure their immediate safety, to confirm the details of the initial Protection and Support Plan, and to begin to gather evidence in relation to the allegations of abuse. In situations where there is good reason to believe that such initial contact may put the vulnerable adult at additional risk of harm or where it would impede a criminal investigation the reasons for not making contact must be clearly recorded as well as the details of how and when this contact will be made more safely.

Resolving disagreements

There will inevitably be instances where professionals may disagree on whether action is required or on the appropriate level of intervention. It is essential that any disagreements are resolved professionally through constructive dialogue and a willingness to consider other points of view.

Any disagreements which cannot be resolved should be recorded and those involved should consider whether they feel that the seriousness of the matter requires them to pursue the matter further.

In cases where the inability to agree could potentially have serious consequences for a vulnerable adult the active involvement of the respective line managers should be sought. If necessary formal communication between senior managers may be required and consideration could, in certain cases be given to using the relevant complaints procedure or notifying the appropriate regulatory body.

The lack of a shared view does not entitle any agency to unilaterally withdraw from a case if that would mean endangering the vulnerable adult.

Clarification on the application of the Inter-agency Procedures can be sought from the Adult Protection / Safeguarding Teams for the respective authorities involved.

Referrals to the Independent Safeguarding Authority (ISA)

There is comprehensive guidance on the Vetting and Barring Scheme on the ISA website (www.isa-gov.org) and referral forms can also be downloaded from this site. The information below gives a brief summary.

Since October 2009 it has been an offence for an employer to employ anyone who has been barred or for a barred person to seek employment in 'regulated' activity.

'Regulated activity' is fully defined in the ISA factsheets but can be summarised as situations where there is direct contact on a frequent or regular basis with vulnerable adults or children.

The following have a legal responsibility to refer relevant information to the ISA:

- Local Authority adult and child protection teams;
- Professional bodies and supervisory authorities;
- Employers and service providers of regulated and controlled activity
- Personnel suppliers.

Supervisory authorities (e.g. CQC), local authority teams and employers must refer an individual to the ISA if they withdraw permission for them to work with children or vulnerable adults or if they would have done so if they had not already left because of abusive conduct that has led or would lead to harm or if there has been a caution or conviction for a relevant offence.

The referral must be made when there is sufficient evidence to support the decision that the individual should not be permitted to work with vulnerable adults or children.

Where a worker or volunteer has been suspended without prejudice to allow an investigation to take place the referral should be deferred until the conclusion of the investigation unless the evidence of abusive behaviour is already clearly established.

It is essential that the Investigation Review Meetings and Outcomes Conferences ensure that responsibility for making referrals to ISA is clarified wherever necessary and that evidence for this is provided. The ISA is happy to receive

referrals from both employers and other relevant authorities but the latter are not legally required to refer if they are satisfied that ISA is already aware of the individual. Documentary evidence that a referral has been made will normally be requested to support this.

Terminating an Investigation at the Strategy Discussion stage

Where it has been agreed as part of the Strategy Discussion that there is no risk of harm and that there is no other reason why an investigation is required then this will be clearly recorded and a copy of the record will be sent to all parties to the discussion.

The Social Care / Mental Health Manager will ensure that relevant information systems are updated to record the decision and that information is passed to the Adult Protection Team (Staffordshire) or the Safeguarding Manager (Stoke-on-Trent) as required by the local arrangements.

The Social Care / Mental Health Manager will ensure that information is shared appropriately (and within the limits permitted by confidentiality) with the vulnerable adult, the referrer and any alleged abuser about the action taken and the decision that has been made.

12. INVESTIGATIONS

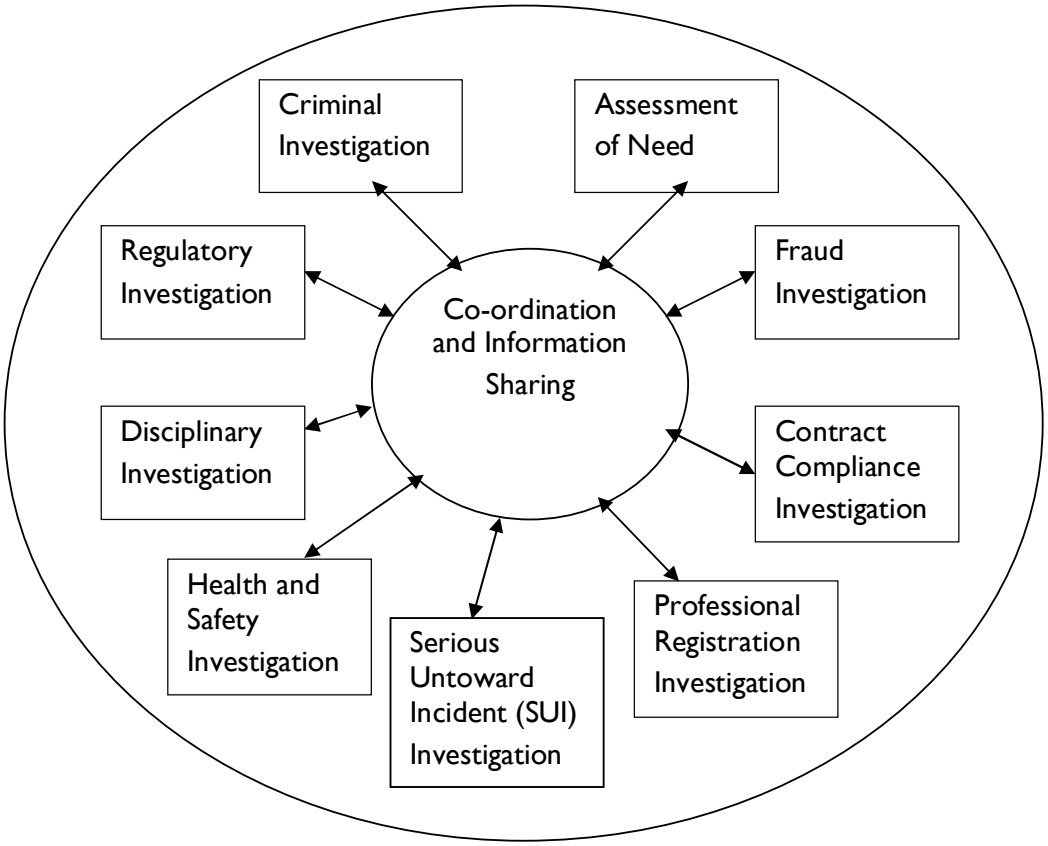
Responsibility for co-ordination of investigation

It is the responsibility of the local authority where the alleged abuse occurred to co-ordinate the investigation process. If other authorities are responsible for funding the vulnerable adult(s) then the respective roles of the authorities should be negotiated and clarified during the Strategy Discussion. A local authority cannot delegate the co-ordination role to a placing authority in these circumstances. For further information consult the ADASS Protocol for Inter-authority Investigation of Vulnerable Adult Abuse.

Types of Investigation

The Strategy Discussion will have determined the type(s) of investigation that is (are) required. Many allegations require several investigation processes to take place concurrently. Where several types of investigation are proceeding simultaneously it is essential that the staff leading them keep in regular contact and that one type of investigation does not contaminate, obstruct or interfere with any other. It is essential that staff who are allocated to participate in Adult Protection Investigations should be suitably trained, qualified and experienced to undertake the role.

The Adult Protection Investigation Framework



Type of investigation	***Relevant powers***	**Lead Investigator**
Criminal	*Criminal law*	Police
Regulatory	*Care Standards Act 2000* *Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, Care Quality Commission (Registration) Regulations 2009* *Health and Social Care (Community Health and Standards) Act 2003* *Statutory Instruments* *Health and Safety legislation* *Safeguarding Vulnerable Groups Act 2006*	CQC CQC Professional Bodies (e.g. Nursing and Midwifery Council (NMC); General Social Care Council (GSCC); General Medical Council (GMC) etc. District Councils or Health and Safety Executive Independent Safeguarding Authority (ISA)
Disciplinary	*Employment law*	Agency Manager and or HR officer
Contractual	*Contract details and law*	Commissioning and Contract Monitoring Teams
Care assessments	*NHS and Community Care Act 1990* *Mental Health Act 1983* *National Assistance act 1948* *Mental Capacity Act 2005* *Deprivation of Liberty Safeguards (DoLS)*	Social Care Teams
Complaints	*Complaints Policies*	Allocated investigating officer of agency against who complaint has been made
Fraud	*Theft Act 1968* *Fraud Act 2006*	Police Local Counter Fraud Specialist (NHS) Department of Work and Pensions Trading Standards
Clinical Governance		Serious Untoward Incident Investigation (Root Cause Analysis).

The Role of the Investigating Social Care/CMHT worker where there is no police involvement

The Investigating Worker will gather and collate evidence from a variety of sources including:

- Interviews with all relevant parties.
- Documentation
- Taped, video or photographic material.

All information will be collated and will be described and analysed in the Investigating Worker's report, where conclusions will be drawn and recommendations made for further action.

Interviews will need to be arranged with:

- The vulnerable adult who is the victim of the alleged abuse.
- Any witnesses to the alleged abuse.
- Anyone identified as an alleged abuser.

Interviews and related notes may be used as evidence in a case that goes to court. It is the duty of any investigator to record and retain, in a durable form, all material relevant to the investigation.

Material is defined as written information, tapes or other forms of evidence.

After the interview the Investigating Worker will follow up any information that is "checkable". This may involve arranging another interview or gathering other evidence.

All information gathered, including the notes of interviews, must be recorded in ink.

	What this means for the vulnerable adult
The investigating worker is responsible for leading and co-ordinating the investigation and for gathering the evidence on which judgements about risk of harm and substantiation of the alleged abuse can be made. The investigating worker is also responsible for ensuring that the vulnerable adult receives appropriate support and protection as far as this is practicable.	*There is a single point of contact and information that is available for the duration of the investigation.*

Initial Contact with Vulnerable Adult	
The first task will be to make early contact with the vulnerable adult (within 48 hours of receipt of the referral) to explain the investigation process and to make an initial assessment of the risk of harm, identify any mental capacity issues and the context of the referral (a formal interview will not normally take place at this stage).	*The vulnerable adult is made aware from an early stage of the concerns and the process is clearly explained.*
Where contact with the vulnerable adult cannot be arranged in a way that is safe for the vulnerable adult or for the worker then this must be recorded and discussions held with the manager and with the Police and/or other agencies about how the risks will be managed.	*The safety of the vulnerable adult is considered and risks are immediately responded to.*
Criminal investigation interviews with the Vulnerable Adult	
The Police will always take lead responsibility for interviews in relation to criminal offences. All interviews must take account of the guidance set out in '*Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and using special measures (Home Office, Ministry of Justice, Departments of Health and Children, Schools and Families 2007)*	*Special measures are in place to ensure that the vulnerable adult is able to give their evidence in the easiest and least oppressive way.*
Police Officers must seek an early assessment of the abilities of the vulnerable adult to anticipate any difficulties that may arise in interview. Access issues should also be considered.	*Any issues about communication and mental capacity are identified prior to the interview but assumptions are not made that a person will not be a competent witness.*
An early planning (Special Measures) meeting may be advisable between the Police Officer and the Crown Prosecution Service to discuss the case and to agree the most appropriate type of statement.	*The CPS is able to consider from the earliest stage how the vulnerable adult will be supported to give evidence and also how far the supporting evidence will render this unnecessary.*

Interviews must be led by a Police Officer or a Social Care Worker who has completed training on the *'Achieving Best Evidence'* guidance.	*The vulnerable adult will be interviewed by workers who have received appropriate specialist training and who have access to specialist support.*
Interviews must be jointly conducted by Police and Social Care/CMHT staff wherever practicable.	
Where a vulnerable adult would have any difficulty in providing a formal statement a visually-recorded interview must be arranged.	*The vulnerable adult is enabled to give visual evidence that will give the fullest picture of the context of the interview and of their responses.*
Where a vulnerable adult has significant communication difficulties a suitably trained interpreter or intermediary must be provided.	*All communication needs are met and specialist support is requested when necessary.*
Where the vulnerable adult's first or preferred language is not English then a qualified interpreter must be used; family members or care staff must not be used as interpreters.	*The vulnerable adult is supported to give evidence in their preferred language*
Interviews with the vulnerable adult where no criminal investigation is taking place	
The investigating worker will arrange to interview the vulnerable adult in accordance with what has been agreed during the Strategy Discussion. The purpose of the interview is to: • Clarify the vulnerable adult's view about the alleged abuse. • Obtain full details about what has occurred. • Elicit the vulnerable adult's view about what action should be taken in response to the alleged abuse and to prevent further instances.	*The vulnerable adult is given the opportunity to give their perspective on the alleged abuse and to consider the options relating to protection.*

All interviews with vulnerable adults require careful planning and preparation. Consideration must always be given to: • Communication needs; • 'Special Measures' considerations; • Access issues if appropriate (e.g. level access, lifts, appropriate toilet etc.); • Gender issues; • Cultural and/or language issues; • Implications of any disabilities (e.g. attention span, speech impairment, memory etc.)	*All possible steps are taken to ensure that the vulnerable adult will only have to tell their story once and that any relevant needs are taken account of.*
The interview also enables the Investigating Worker to assess whether there are any additional care needs or further assessments that may be required, including assessment of mental capacity. The interview will be recorded on the vulnerable adult Statement Form.	*Attention is paid to whether there are any further assessments required.* *Fully informed open and transparent process.*

Where vulnerable adults have been interviewed in relation to serious physical or sexual abuse managers must ensure that appropriate arrangements are made to 'debrief' the staff involved within a reasonable period after the interview.

All staff must note the difference between an *'Appropriate Adult'* who is required to provide assistance when a vulnerable adult has been arrested and detained under the *Police and Criminal Evidence Act (1984)* and a 'supporter' who can provide assistance to a witness or victim in line with *Achieving Best Evidence* following provisions made in the *Youth Justice and Criminal Evidence Act 1999.*

Interviews with alleged abusers

(a) Criminal Investigation

If a matter is the subject of criminal investigation any interviews with an alleged abuser will be undertaken by the Police.

Nothing directly connected with the abuse incident should be discussed with the alleged abuser without prior discussion with the Police, as this may affect the quality of any evidence and could adversely affect the prospects of gaining a prosecution.

If the alleged abuser is a paid worker, a volunteer or an Adult Placement Carer it is essential that any disciplinary investigation does not interfere with any criminal inquiries. It is also important that disciplinary matters are investigated and addressed as quickly as can reasonably be achieved and that appropriate support, advice and information is available to the person against whom the allegations have been made. It is especially important that employers always make clear to staff and others that neither suspension nor disciplinary proceedings are, in themselves, proof of any guilt or malpractice.

If the alleged abuser is also a vulnerable adult consideration should be given to their needs and they should be offered any assessment or support that they may be eligible for. In the interests of independence and objectivity any worker allocated to support an alleged abuser should not be asked to support the alleged victim.

(b) No Criminal Investigation

If it has been agreed by the Police that no criminal investigation needs to take place or that a criminal investigation has been concluded then the alleged abuser will be interviewed as agreed at the Strategy Discussion or subsequent meeting.

Where there is a disciplinary, regulatory or Health and Safety Investigation the interviews should be undertaken by those with the legal powers to do this (e.g. the employer) within those frameworks and they must make reports of these interviews available to the investigation. Where none of these processes apply the Investigating Worker should seek to interview the alleged abuser as soon as is practicable.

Social Care staff have no statutory powers to interview independently under caution (PACE) or to require any person's co-operation with an investigation but they do have a duty to investigate the circumstances of a vulnerable adult whose welfare is threatened by another person and this will include the request for information. Failure to engage with alleged abusers in an investigation to allow them to give their account may lead to complaints of unreasonable and unfair treatment.

Interviewing Carers and Relatives

An explanation of the alleged abuse of the vulnerable adult may need to be sought from a relative or carer. Where a criminal offence appears to have taken place and a relative or carer is believed to be an alleged abuser or a witness to a crime this interview should be conducted by the Police. In such circumstances relatives/carers should not be approached first by staff from other agencies except by prior agreement with the Police.

The exact timing of when a relative or carer would be informed will depend on whether there are suspicions of their involvement in the alleged abuse. In normal circumstances it would be good practice to inform relatives and carers of incidents at the earliest opportunity subject to the agreement of the service user (if they have mental capacity) or if it is felt to be in their best interests (if they are believed to lack mental capacity).

Carers and relatives have various legal rights depending on their role and status; none of the rights of a relative or carer should be allowed to infringe the civil or human rights of the service user. If there appears to be a conflict of this nature the investigating officers should consider seeking legal advice.

Interviewing other witnesses

An almost unlimited range of people may have knowledge of possible abuse and it may be necessary to interview paid carers, other vulnerable adults, other witnesses or involved parties such as health professionals, solicitors, neighbours etc.

Any such interviews should respect the confidentiality of all parties involved, as far as this is consistent with promoting the vulnerable adult's safety, and the sharing of information should be governed by what has been agreed within the Strategy Discussion. Investigating Workers cannot guarantee absolute confidentiality and must not promise to keep secrets.

The key principle remains that those undertaking investigations should continue to work closely and communicate to ensure the best outcome for all the investigative work.

Documentary Evidence

Evidence may need to be obtained from records and documentation including daily log books, accounts, bank statements, individual files, current and previous staff records, timesheets, supervision records and inspection reports. In cases of alleged financial abuse detailed checks of an individual's personal banking records may be required.

Where written evidence is used in an investigation the source and date of this material should always be recorded and copies taken.

Visits to key places

It may be appropriate to visit the place where the alleged incident occurred to establish any corroborative evidence. This may be part of the process of evidence collection as part of investigating a criminal offence and would usually be undertaken by the Police but it may also be appropriate for the Investigating Worker. It may also be necessary to examine and/or remove pieces of equipment.

13. MEDICAL EXAMINATIONS

A medical examination may be required for two reasons:

1. **Immediate medical assessment and treatment may be needed.**
   In cases where immediate medical assessment and treatment is required then this should be provided in the normal way through access to the usual primary and secondary health services.

2. **For evidential purposes as part of a criminal investigation.**
   Only a Forensic Medical Examiner (FME) with specialist knowledge should undertake such medical examinations, this will be arranged by the Police. An examination would not be lawful if the person has capacity to understand the process but does not give informed consent.

Issues such as the venue, the type of examination and who will undertake a medical examination should in most cases have been decided at the strategy meeting.

If there are doubts over capacity to give informed consent, an assessment of capacity should be made in line with the principles and guidance contained in the Mental Capacity Act 2005 Code of Practice.

Where a vulnerable adult is unable to give informed consent due to a lack of mental capacity a judgement must be made that the examination will be in the vulnerable adult's best interests. The Police can consult with the Crown Prosecution Service as to the need for medical evidence. All discussions regarding medical examinations and treatment must be consistent with the guidance given in the Mental Capacity Act 2005 Code of Practice and consideration should be given to whether it is appropriate to involve an Independent Mental Capacity Advocate (IMCA) in the process.

If there is any doubt about what the law allows then legal advice should be sought. It is ultimately the responsibility of the doctor to consult others, including relatives and carers when appropriate to determine whether an examination is in the service user's best interests.

Photography

The photographing of vulnerable adults will follow the same principles as for any other individuals:

- Consent should be sought from the person before any photograph is taken;
- The person's dignity must be preserved at all times;
- There must be clear evidential or clinical reasons for the use of photography.

This guidance focuses on photographing individuals but it may also apply to premises or rooms.

If the vulnerable adult lacks the mental capacity to consent to being photographed then the principles of the Mental Capacity Act 2005 will apply and it will only be acceptable if photography is considered to be in the vulnerable adult's best interests following consultation with other people who may be able to advise (e.g. carers, relatives or professionals).

It is not possible for any individual to give consent on behalf of the vulnerable adult but it may be possible for others to inform a judgement as to whether photography would be in the person's best interests. In the absence of appropriate consultees a decision will need to be made on the basis of the information available, the urgency of the situation and the anticipated effect that the act might have on the vulnerable adult.

The physical and mental well-being of the vulnerable adult will take priority over the need to gather evidence and investigating staff will always ensure that any plans to take photographs take account of the likely consequences that this will have. Any photography undertaken must take account of all medical or nursing care that is being provided and of any clinical advice provided (e.g. removal of dressings).

The purpose of photographic evidence will be to demonstrate the harm that has occurred to the vulnerable adult with a view to presenting this to a court or for regulatory or disciplinary processes. In some cases (e.g. pressure areas) photography will be required also for clinical care reasons and such photographs may also be admissible as evidence where they indicate neglect or ill treatment. Whenever photographic evidence of injuries has been obtained it will be advisable to obtain a medical opinion to provide expert interpretation of the images.

Where the primary purpose of the photographs is to provide evidence for a criminal investigation the photographer will be a member of the Police service and will have received appropriate training. If the photographs are being taken for clinical purposes then they will be taken by staff who are suitably trained and experienced in this area.

It will never be acceptable for any worker to take photographs of injuries on mobile telephones or on their personal cameras. Relatives and carers should also be discouraged from doing so in the interests of the dignity of the service user and wider confidentiality.

Any photograph that is taken in accordance with the above guidance will be classed as confidential personal data and kept securely and subject to normal record retention procedures.

14. STATUTORY ASSESSMENT OF VULNERABLE ADULTS

Community Care Assessments

Where abuse has occurred or is suspected consideration must always be given to undertaking an assessment under the *NHS and Community Care Act 1990* or at least reviewing existing assessments and care plans in the light of changed circumstances or new information.

Assessments are person-centred, focussing on the skills and abilities of the service user as well as identifying areas where support and advice is required. Where practical support is indicated this can be provided through the provision of a range of services to achieve identified outcomes, which will be described in a written care plan.

Assessments will be undertaken in accordance with the Single Assessment Process (Older People, People with a Physical and/or Learning Disability) or Care Co-ordination/ Care Programme Approach (CPA) for people with severe and enduring mental health problems.

Carers' Assessments

Where abuse of a vulnerable adult, who receives support from relatives or informal carers, has occurred or is suspected, consideration must always be given to undertaking an assessment of the Carer(s) under the *Carers and Disabled Children Act 2000* or to reviewing existing Carers Assessments, Care Plans or Contingency Plans.

Assessment under the Mental Health Act 1983

In some cases the vulnerable adult or the alleged abuser may have a mental disorder that may require assessment or treatment under the Mental Health Act 1983. Where it is felt that this may be the case the matter should be referred to an Approved Mental Health Practitioner (AMHP), who can co-ordinate an assessment under the Act; this may lead to admission to hospital for assessment and/or treatment for a mental disorder or to an application for Guardianship.

It is an offence under section 127 of the Act for officers, staff and managers in hospital or for Guardians in the community to ill-treat or neglect a person subject to the provisions of the Act.

Assessment of Mental Capacity

The Mental Capacity Act 2005 introduced legal requirements relating to the assessment of mental capacity and also guidelines on making decisions on behalf of some people (aged 16 or over) who lack capacity. Full guidance is contained in the Mental Capacity Act 2005 Code of Practice (henceforth referred to as the Code of Practice), which has the power of statutory guidance.

Any concerns relating to mental capacity should always be addressed through initial reference to the Code of Practice. Chapter 14 of the Code specifically addresses issues of abuse against people who lack mental capacity.

The Act makes clear that any abuse of people who lack capacity should be responded to within the framework of the guidance in *No Secrets* and in line with local multi-agency vulnerable adult procedures.

The Mental Capacity Act 2005 establishes five key principles:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him [or her] to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he [or she] makes an unwise decision.
4. 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 his [or her] best interests.
5. Before the act is done, or the decision is 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.

The Act makes it very clear that there can be no blanket decision that someone lacks the capacity to make all decisions; each area of decision-making must be separately assessed to enable the person concerned to fully participate and contribute as far as they are able.

The need for a full multi-agency capacity assessment will be more likely if the circumstances of the case are complex or risky. It is essential that the people who know the person best are as fully involved as possible. It is also essential that the assessment relates clearly to the decision(s) in question rather than to any wider or vaguer matters.

Situations where mental capacity is an issue in regard to the protection of vulnerable adults tend to fall into the categories below:

1. The vulnerable adult lacks capacity to manage his/her finances or property.
2. The vulnerable adult lacks capacity to understand that he/she is being abused/neglected/exploited.
3. Financial or welfare decisions are being made on the vulnerable adult's behalf that may not be in his/her best interests.
4. The vulnerable adult is placing him/herself at risk of harm from others without understanding that this is the case.
5. The vulnerable adult is fearful of disclosing abuse, not understanding that they can be protected.

The Strategy Discussion will normally identify whether a capacity assessment should take place. This should be done in line with the guidance given in the Code of Practice which describes the 2 stage test of capacity*:*

- *Is there an impairment of or disturbance in the functioning of the person's mind or brain? - If so,*
- *Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision**?***

In most cases the assessment of the existence or nature of the mental disorder will require information from a doctor or qualified health professional but where the decision in question relates to social care issues it will usually be the Social Care worker who is the prospective decision-maker and they should take full account of the knowledge and information held by those who know the person best (e.g. care workers, carers, advocates etc.) in any assessment they undertake.

Best Interests

Once it is assessed that the vulnerable adult lacks the capacity to make a particular decision then it will be necessary to determine what protective action would be in that person's best interests. The Code of Practice makes clear that the *Best Interests Checklist* must be used to demonstrate and record the decision-making process; this can be summarised under the following headings:

- Equal consideration and non-discrimination;
- Considering all relevant circumstances;
- Regaining capacity;
- Permitting and encouraging participation;
- Special considerations for life-sustaining treatment;
- The person's wishes and feelings, beliefs and values;
- The views of other people.

Comprehensive guidance on the application of the Best Interests Checklist is contained in the Code of Practice; Strategy Discussions and subsequent meetings should ensure that it is always available for reference.

The Court of Protection encourages the use of a 'balance sheet' towards establishing Best Interests, whereby the factors in favour of a specific decision are listed in comparison with those against. This approach enables workers and others to demonstrate the decision-making process and the factors that have been taken account of through consultation with others.

Consent issues for vulnerable adults who lack capacity

Among the other decisions that require mental capacity are those relating to consent. In line with the above principles vulnerable adults may be able to consent to some matters and not to others and therefore the assessment of mental capacity is crucial. It is not possible for a vulnerable adult to give valid consent on a matter where the assessment has shown that they lack mental capacity. In cases where the vulnerable adult is unable to give consent the Best Interests principles and checklist must always be applied.
In practical terms this could affect a wide range of decisions and issues ranging from the sharing of information to the provision of medical examinations or treatment following alleged abuse.

The Code of Practice gives the following guidance regarding the assessment of capacity and this is relevant to any matter requiring consent to a course of action or any other type of decision:

- *Does the person have a general understanding of what the decision is and why s/he is being asked to make it?*
- *Does the person have a general understanding of the consequences of making, or not making, this decision?*
- *Is the person able to understand and weigh up the information relevant to the decision, and use it as part of the process of arriving at a decision?*

The Mental Capacity Act 2005 makes clear that there are certain decisions and acts that can never be carried out under the Act's provisions:

- Decisions concerning family relationships – including consent to marriage or civil partnership, sexual relationships, divorce, placing a child for adoption, taking over parental responsibility for a child, or consent to fertility treatment;
- Decisions to give, or to consent to, treatment for a mental disorder of people who are liable for detention and treatment for mental disorder under the Mental Health Act 1983;
- Decisions on voting or casting a vote at an election or a referendum on behalf of a person lacking capacity to vote;
- Any acts or decisions concerning unlawful killing or assisting suicide.

Protection options

The Best Interests Checklist should assist workers to establish a means for protecting a vulnerable adult, who may be suffering abuse. This may include the following options:

- A decision that services or support can be provided in the vulnerable adult's best interests.
- Registration of an Enduring or Lasting Power of Attorney.
- Application to the Court of Protection to take over the financial and property affairs of the vulnerable adult.
- Application to the Court of Protection for a welfare decision.
- Involvement of an Independent Mental Capacity Advocate (IMCA) to contribute to the decision-making process (see below).
- Application for an authorisation under the Deprivation of Liberty Safeguards (DoLS).
- Prosecution of an offence under section 44 of the Act for ill-treatment or wilful neglect of an adult who lacks capacity.
- Appointment of a Deputy by the Court of Protection.

Independent Mental Capacity Advocates (IMCAs)

An Independent Mental Capacity Advocate (IMCA) must be involved in any decision about serious medical treatment, long-term hospital moves (over 28 days) or long-term care moves (over 8 weeks) made on behalf of a person who has been assessed as lacking mental capacity.

An IMCA can also be instructed to support and represent a person who lacks capacity where it is alleged that either:

The person is or has been abused or neglected by another person,
or
the person is abusing or has abused another person.

If adult protection measures are proposed or have already been taken an IMCA must also be instructed by the co-ordinating Manager for a vulnerable adult who lacks mental capacity to make a decision when one of the following occurs:

1. Where there is a serious exposure to:
    - risk of death
    - risk of serious physical injury or illness
    - risk of serious deterioration in physical or mental health
    - risk of serious emotional distress.

2. Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart.

3. Where there is a conflict of views between the decision-makers regarding the best interests of the person.

4. Where there is a risk of financial abuse which could have a serious impact on the person at risk's welfare. For example, where the loss of money would mean that they would be unable to afford to live in their current accommodation, or to pay for valued opportunities.

Examples (these are not exhaustive) of these types of decisions might be:

- Medical examinations
- Counselling in response to abuse
- Protective accommodation on an interim or longer-term basis
- Denying access to an alleged abuser
- Provision of a Protection Plan
- Access to/involvement of an advocate

The IMCA should be involved at the stage where a protective measure is planned or being considered rather than being involved in the planning process, as their role is to be consulted on specific decisions rather than a general advocacy role. The primary foci of IMCAs in safeguarding adults proceedings are the decisions concerning protective measures (including decisions *not* to take protective measures). IMCAs have a statutory role to represent and support the person at risk in relation to these decisions which must comply with the MCA. The IMCA will produce a report for the co-ordinating Manager of their views of factors that should be considered in the decision-making process.

IMCAs have a particular responsibility to ensure that the person's feelings and wishes are represented in discussions concerning the protective measures. To do this they will need to:

- interview or meet the person if possible

- talk to professionals– paid carers and other people who can give information about the person's wishes and feelings, beliefs and values
- access relevant records.

IMCAs will seek to establish that all possible protective measures have been considered and that consideration has been given as to whether the proposed measures are the least restrictive of the person's rights.

IMCAs should find out whether the person at risk has been given as much support as possible to participate in the decision-making process. This could include asking whether the person at risk has been invited to and supported to participate in safeguarding meetings as appropriate. Local authorities and NHS bodies which instruct an IMCA for adults at risk are legally required to have regard to any representations made by the IMCA when making decisions concerning protective measures.

In the case of alleged abusers who lack mental capacity to make a decision, referral to the IMCA service should be made in the following situations:

- Where a life-changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the person's best interests at heart;
- Where there is a conflict of views between the decision makers regarding the best interest of the person.

N.B. The IMCA is not an emergency service and is not available to participate in emergency decisions.

The IMCA service is provided by:
ASIST – Tel & Fax: 01782 845594; email: imca@asist.co.uk

Full information about the role and function of the IMCAs can be found in Chapter 10 of the Mental Capacity Act Code of Practice. For full guidelines on the role of the IMCA in Safeguarding see SCIE Guide 32 – **Practice Guidance on the Involvement of IMCAs in Safeguarding Adults (SCIE/ ADASS 2009).**

Deprivation of Liberty Safeguards (DoLS)

Under the DoLS amendments to the Mental Capacity Act 2005 made by the Mental Health Act 2007 it is permitted for a hospital or care home (Managing Authority) to deprive a person on their liberty if this has been authorised by a local authority or Primary Care Trust (Supervisory Bodies) following the 6 statutory assessments (Age, Mental Capacity, Eligibility, No Refusals, Mental Health, Best Interests).

Where a Managing Authority is already depriving a person of their liberty or needs to do so immediately it can grant itself an Urgent Authorisation to allow time for assessments to take place and a Standard Authorisation to be granted if necessary.

In the context of adult protection the DoLS may be used to prevent a person from re-entering a situation in the community where they may be abused or to prevent access by a person who is believed to be likely to abuse them. Conversely any institution which applies restrictions that deprive a person of their liberty without legal authorisation is acting unlawfully and this would potentially be an abusive act that should be investigated under these procedures; anyone who believes that this is occurring should raise this with the relevant care home or hospital or with the Supervisory Body.

The Court of Protection

Ultimate jurisdiction on disputes and appeals relating to the Mental Capacity Act and DoLS falls to the Court of Protection. Applications can be made to the Court by any interested party to request or challenge action under the Act. The Court has the power to make orders regarding health, welfare, property and affairs in relation to people who lack capacity and it can also determine whether a person has capacity if this is a matter of dispute. Additionally the Court can appoint Deputies to make health and welfare or property and affairs decisions on behalf of a person who lacks capacity.

In any situation where there is likely to be a need to remove a person who lacks mental capacity from their home (except under the Mental Health Act 1983) or where other contentious protective measures are being considered (e.g. restrictions on sexual activity, marriage, access to or by specific individuals, specified accommodation in the community), legal advice should be sought as to whether the Court should be approached for authorisation. Any situation where there may be a need to deprive a person of their liberty in a setting not covered by the DoLS (i.e. not in a care home or hospital) would need to be approved by the Court of Protection.

All judgements of the Court are based upon the principles of the Act and the person's Best Interests. Where an application to the Court is made the Official Solicitor will usually be asked to represent the vulnerable adult.

Office of the Public Guardian

Where a vulnerable adult is already subject to the supervision or support of the Court of Protection it is essential that the Office of the Public Guardian is made a full and active partner in the investigation. The Public Guardian is responsible for the administration and supervision of donees of Lasting and Enduring Powers of Attorney and Deputies appointed by the Court. The protection options could then also include:

1. Investigate the actions of the holder of the Enduring or Lasting Power of Attorney and possibly revoke the attorneyship.
2. Investigate the actions of an appointed Deputy.
3. Involvement of a Court of Protection Visitor.

Mental Capacity Act Code of Practice/DoLS Code of Practice

The two Codes of Practice give excellent practical advice and case examples. All agencies should obtain their own legal advice in complex cases that involve adults who are assessed as lacking mental capacity, especially those that are to be referred to the Court of Protection.

15. INVESTIGATING WORKER'S REPORTS

The Social Care/Mental Health Manager co-ordinating the investigation will ensure that one or more Investigating Worker's Reports are produced to describe the investigation process and the outcomes. The Investigating Worker's Reports are key documents for discussion at the Investigation Review Meetings and Outcomes Conferences, where they will be considered and discussed.

The Investigating Worker's Reports will be written in accordance with the template given in these procedures and will give a clear and succinct account of the following:

- What was the allegation or concern that was under investigation?
- What action has been taken so far to protect the vulnerable adult?
- Who was interviewed in the investigation and how was this done?
- What evidence or information was gathered from these interviews?
- What assessment of mental capacity has taken place?
- What other information has been identified (e.g. documents or objects)?
- What are the views of the vulnerable adult and/or their advocate?
- What are the views of any family carers involved?
- What are the views of the alleged abuser?
- What conclusions or professional judgements can be reached from the above information?
- Has the allegation of abuse been substantiated?
- What is the current risk of harm?
- What additional measures need to be taken to protect the vulnerable adult from harm?
- Is there further investigation that needs to take place?
- Are there any communication issues that need consideration?

The Investigating Worker's Report(s) will be recorded on the vulnerable adult's social care record and on the records of the agencies that have contributed to it.

16. INVESTIGATION REVIEW MEETING

An Investigation Review Meeting will be held within 15 working days of the Strategy Discussion for all cases except where it has been closed at the Investigation Report stage because:

- an investigating worker's report has been completed that demonstrates that allegations are Not Substantiated or there is a low risk of harm.
- the Investigating Worker's Report makes clear that the vulnerable adult and the alleged abuser have been interviewed in relation to the allegation of abuse.
- the Investigating Worker's Report has been agreed by other agencies involved in the investigation.
- the Investigating Worker's Report has been seen and approved by the Social Care/Mental Health Manager.

The meeting will enable multi-agency discussion and information sharing but it is not a substitute for good day to day communication between investigating workers.

It is possible and often desirable to hold several Investigation Review Meetings to ensure that all parties are aware of the progress of an investigation and to promote good information sharing and a jointly agreed assessment of the risk of harm.

Purpose of Meeting

The purpose of the Investigation Review Meeting is to ensure the following:

- Review of the Initial Protection and Support Plan.
- Review of the investigation process.
- Consideration of Investigating Worker's Report(s).
- Clarification of initial outcomes.
- Information sharing including the provision of legal advice.
- Communication with the vulnerable adult, any alleged abuser(s) and to others (e.g. family carers).
- Assessment of the current risk of harm.
- Planning further investigation.
- Agree an updated Protection and Support Plan.
- Setting timescales and responsibility for future actions.
- Setting a timetable for future meetings.
- Agreeing the termination of an investigation where the allegation is shown to be unsubstantiated or where the risk of harm is agreed to be low.

Attendance at an Investigation Review Meeting

The Social Care/Mental Health Manager will ensure that all those who are known to have information to contribute to the meeting are enabled to express their views in person or through written reports. The meeting should not be limited to professionals and should be as inclusive as the risks and circumstances allow.

It is essential that the views of the vulnerable adult are shared at the meeting, this may be through their attendance but, if this is not possible, through an advocate or through a written report of their views and wishes.

Attendees will include those directly involved in the investigation and in the vulnerable adult's care or treatment or financial management and also people who are responsible for commissioning or regulating services (subject to agreed protocols).

If an agency invited to the Investigation Review Meeting is unable to attend the relevant representative will send a written report of their involvement, their assessment of the situation and their recommendations for action.

People or agencies that are subject to continuing criminal, Health and Safety or disciplinary investigation will not be invited to attend the Investigation Review Meeting although their views may be represented if this would not compromise the continuing investigation(s). Agencies that are subject to regulatory investigation will only be invited to attend if this has been agreed with the regulator.

Chairing and recording the Investigation Review Meeting

Wherever possible the Investigation Review Meeting will be chaired by a Social Care/Mental Health Manager who is independent of the investigation.

A record of the meeting will be produced in accordance with the template in these procedures and will be circulated to all those invited to the meeting within 5 days. The original notes of the meeting will be retained in line with agency requirements but normally for 6 years.

Conduct of the Investigation Review Meeting

The meeting will be planned and managed in such as way as to be accessible to the vulnerable adult and to avoid oppressive practice. Issues such as accessibility, communication and advocacy will therefore have been considered well in advance and steps taken to ensure that interpreters or supporters have been arranged.

The meeting will not be unduly lengthy and the Chair will ensure that where necessary comfort breaks are taken if the meeting becomes protracted. This will be in the interests of all parties.

There may be some situations where some information cannot be shared with all participants for reasons of confidentiality or because disclosure would prejudice an investigation or where doing so would expose them to potential serious risks of harm. As a principle of the meeting is one of maximum possible transparency then the Chair will seek to plan the meeting in such a way that these issues are explained to participants and they may be excluded from the meeting in some circumstances when this is necessary for the above reasons. Any such exclusion should be for as short a period as possible and only for as long as necessary. Records of the meeting sent to participants will not include those sections that were not discussed with them unless this has been subsequently agreed but the record will make clear if there have been any deletions.

Agenda and discussion

Details of allegations

The meeting will start by confirming the allegations that are being investigated. Issues that have been raised as concerns subsequently will be identified as such.

Review of the Initial Protection and Support Plan

The Initial Protection and Support Plan was agreed at the Strategy Discussion. The meeting will be advised of its implementation, effectiveness and of any variations or contingency planning that has been necessary.

Review of the investigation process

The investigation will be discussed and will confirm what action has been taken, what workers have been involved and any actions that are still to be completed. The findings of the investigation will not be discussed at this stage. If there are any delays or obstacles to investigation they will be identified at this stage.

Investigating Worker's Reports

If it has already been possible to produce an Investigating Worker's report then this will be considered and will lead to discussion and agreement of the outcomes. If this has not yet been possible then the investigating workers will give an estimate of when the report will be available.

Initial Outcomes

Any initial or final outcomes of the investigation will be discussed where they have been identified.

Information sharing including legal advice

There will be an opportunity for all participants to share information that is relevant to the allegations, the investigation or the safety of the vulnerable adult or others.

Where legal advice may be required by the meeting a lawyer should be involved or it may be agreed that legal advice will be sought. Clarity is required regarding

the exact questions on which a legal view is required. Legal advice will always be required where there is consideration of an application to the Court of Protection, a civil injunction or the displacement of a Nearest Relative under the Mental Health Act 1983. It must be noted that legal advice is provided to clarify options and possibilities, it is not the same as legal representation nor will it be binding on all parties. Agencies will need to take their own advice regarding any legal action that they instigate.

Communication with the vulnerable adult, alleged abuser and others

Wherever possible the Investigation Review Meeting should accommodate all relevant parties and should be planned to facilitate this. Where this is not possible steps will be taken to ensure that the discussion and decisions of the meeting are communicated to all parties unless there are clear reasons why this is not possible or safe.

The involvement of advocates is to be encouraged (including IMCAs where appropriate). The involvement of legal representatives at Investigation Review Meetings is not necessary but in some cases an alleged abuser may wish for this and this wish must be accommodated. Vulnerable adults and alleged abusers may wish to be supported in the process by a friend or relative; the confidentiality agreement must be made especially clear in these situations.

Assessment of the current risk of harm

The meeting will consider the current risk of harm in the light of the information available and the principles set out in section 10.

Planning further investigation

Where the investigation is still in progress the meeting will consider and agree the further action that is necessary and when it will be reviewed. In this situation a further Investigation Review Meeting will be required to monitor the progress of the investigation.

Updated Protection and Support Plan

The meeting will agree on how the vulnerable adult is to be protected and supported following the meeting and will clarify the roles and responsibilities regarding this.

Setting timescales and responsibility for future actions

The meeting will agree the timescales for future actions and decisions. It will make clear who is responsible for each action and how this will be communicated to other participants.

Setting a timetable for future meetings

A timetable for future meetings will be decided. If it is believed that the investigation will be able to identify clear outcomes and that Investigating Worker's reports will be available then an Outcomes Conference will be arranged. Where the purpose of the planned meeting is to review the investigation, Initial Protection and Support Plan and share information then a further Investigation Review Meetings is preferable.

Agreeing the termination of an investigation

Where the allegation is shown to be unsubstantiated or where the risk of harm is agreed to be low the investigation can be terminated if the meeting agrees this. **This can only occur if an Investigating Worker's report has been produced and submitted to the Investigation Review Meeting and where it has been considered and accepted.**

Where outcomes are agreed as part of an Investigation Review Meeting it remains open to any party to contact the Social Care/Mental Health Manager within 14 days of the record being sent out to make representations and request that an Outcomes Conference is convened.

17. OUTCOMES CONFERENCES

Purpose of Outcomes Conferences

The Outcomes Conference will be held where an investigation has taken place and where it has not already been possible to show that an allegation of abuse was unsubstantiated or that the risk of harm was low. The Outcomes Conference will be a single final meeting that will conclude the investigation process and all the necessary investigation and reports must have been completed for it to take place successfully.

An Outcomes Conference may also be convened where the outcomes decided at an Investigation Review Meeting are challenged by any party through the representations and appeals process.

An Outcomes Conference will consider the views of all relevant parties and seek to confirm the outcomes of the investigation in respect of the vulnerable adult, the alleged abuser(s), the allegation itself and for any services involved or implicated.

The Outcomes Conference will make a final assessment of the risk of harm arising from the allegations and where there is a high or medium risk of harm it will identify a Protection and Support Plan that will clarify how the vulnerable adult can be protected in future and how this will be reviewed.

Principles of Outcomes Conferences

- Outcomes Conferences will treat the protection and best interests of the vulnerable adult as paramount but the rights of other parties will be fully respected.
- Consideration will be given to the Outcomes Conference being chaired by a Social Care/Mental Health Manager who is independent of the investigation process.
- The fullest possible participation of the vulnerable adult will always be sought and advocates will be involved wherever desirable.
- If the vulnerable adult is unable to attend the Outcomes Conference arrangements will be made to ensure that their views are represented as independently as possible and measures will be taken to ensure full disclosure and clarification of the meeting to them.
- The meeting will be planned and managed in such as way as to be accessible to the vulnerable adult and to avoid oppressive practice. Issues such as accessibility and communication will therefore have been considered well in advance and steps taken to ensure that interpreters or supporters have been arranged.
- Participants at Outcomes Conferences will be encouraged to treat each other respectfully.
- No decisions will be made or agreements reached on behalf of agencies or individuals in their absence.
- All information and discussion in the Outcomes Conference will be treated as confidential and governed by a standard confidentiality statement.

Chairing and Recording the Outcomes Conference

Consideration will be given to the Outcomes Conference being chaired by a Social Care/Mental Health Manager who is independent of the investigation.

Convening an Outcomes Conference

At least 7 days notice of the holding of an Outcomes Conference will be given in writing by the Social Care / Mental Health Manager to all parties. Information about the purpose and conduct of the meeting will be sent to vulnerable adults, Carers and (where appropriate) alleged abuser(s) with the meeting invitation.

An Investigating Worker's report will be submitted to the Chair of the Outcomes Conference at least 5 days prior to the meeting. It is the responsibility of the Social Care/Mental Health Manager to ensure that this has occurred and to defer the meeting if it is not provided within this period. Reports from other agencies will be requested with the meeting invitations.

Relevant access and Health and Safety factors will be considered and addressed by the Social Care Mental Health Manager in planning the meeting.

The provision of any necessary interpreters or supporters will have been arranged before invitations are sent out.

A record of the meeting will be sent out within 10 working days of the Outcomes Conference. The original notes of the meeting will be retained in line with agency requirements but normally for 6 years.

Details of how representations can be made will be sent with the meeting record.

Exclusion

A decision to exclude a family member or carer will be exceptional but may be necessary when there is a risk of violence or serious disruption to the meeting or where there is a prosecution or disciplinary action pending in relation to that person. Any decision about exclusion must be made prior to sending out invitations to the meeting.

Where it is decided that any person is to be excluded then arrangements will be made to establish what their views are and to ensure that they are represented. Written submissions should be encouraged.

Where an alleged abuser has been invited and chooses to bring a legal representative the Social Care / Mental Health Manager may wish to ensure that a solicitor from the local authority is also present.

Terminating the Investigation

On the conclusion of the Outcomes Conference the investigation will be concluded and this will be recorded by the Social Care Manager and the statistical datasheet will be sent to the Adult Protection/Safeguarding Teams, this information will inform submissions to the Department of Health and the mandatory National Data Set.

The Protection and Support Plan

In all cases where the Outcomes Conference decides that there is a high or medium risk of harm a Protection and Support Plan will be produced. This will identify the Protection and Support arrangements that will be put in place to address or mitigate the identified risks.

The Protection and Support Plan will clearly identify who will be responsible for each aspect, who will co-ordinate the plan, communication arrangements and when it will be reviewed. The Protection and Support Plan will also identify any contingency measures that are in place and how they will be triggered.

The agreement or acceptance of the vulnerable adult will also be recorded if they have the mental capacity to make that decision; if the vulnerable adult lacks mental capacity to consent to the Protection and Support Plan then the Mental Capacity Act principles will apply. If the vulnerable adult has mental capacity but does not consent to the Protection and Support Plan then all efforts should be taken to identify steps that would be acceptable. Any offers of support that have been rejected should be clearly recorded as well as the details of alternatives offered or other mitigating action that has been considered.

Workers who have defined responsibilities for any actions outlined in the Protection and Support Plan must ensure that these are documented in their own records. They must make the person who is co-ordinating it aware of any decision to withdraw from the case and this should instigate a review of the plan to ensure that it does not have an adverse effect on the risk of harm.

18. THE SAFEGUARDING REVIEW

Protection and Support Plans will always be reviewed within 3 months of the Outcomes Conference. This will normally take place as part of a standard service review but must still take place if no other services are provided.

The Safeguarding Review will always include discussion with the vulnerable adult about their experience of the adult protection process and whether they feel that this could have been done differently.

The Protection and Support Plan will not be terminated except following discussion and agreement at a review.

The review will consider whether the plan has been and remains effective in protecting and supporting the vulnerable adult. It will also review the risk of harm and decide whether the Protection and Support Plan is still required. If the Protection and Support Plan is terminated at the review this will be clearly recorded on the vulnerable adult's Social Care records and the reasons will be documented.

19. LARGE SCALE INVESTIGATIONS

When an investigation involves a number of vulnerable adults, whether in an establishment or through involvement with a particular alleged abuser(s), special care and planning is required. There are two situations where this situation is likely to occur:

1. There have been several individual referrals that have been referred and investigated and where the investigation indicates that there may be concerns about institutional abuse.
2. There has been a general concern expressed about abusive practice within an institution; these concerns arise from complaints or reviews.

In some cases information about the names or needs of the alleged victims is not available yet there is information that a service may be abusive. In other cases the investigation of allegations relating to an individual has led to the discovery of concerns about other vulnerable adults.

Institutional Concerns

Most commonly Large Scale Investigations will be instigated in response to concerns about institutional abuse where the action or inaction of a service provider is placing vulnerable adults at risk of harm. Due to the potentially high demand for staff and other resources as well as potential risks to operational capacity and reputation the decision to commence a Large Scale Investigation will be made by a local senior Social Care or Mental Health Manager in consultation with relevant local commissioners.

A Large Scale Investigation should be considered when any of the following apply:

- There are concerns about institutional abuse within a care or health service.
- There have been Whistleblowing allegations about the management or regime within a care or health service.
- Any statutory service has concerns about a service provider and feels that this process should be instigated.

Principles of Large Scale Investigations

- The protection and well-being of vulnerable adults is seen as paramount.
- Issues of capacity and service demand or the size or ownership of the service are not a satisfactory reason for failing to investigate institutional concerns.
- Investigations fully involve the managers and staff from all the relevant statutory agencies in the planning and investigation of the allegations.
- Investigations bring together those who are responsible for the regulation, commissioning and reviewing of services to ensure that information is shared and that any action is co-ordinated and jointly owned.
- Investigations are fully recorded and will produce evidence on which action and decisions will be based.

- The focus of the investigation is on the alleged abuse but does not ignore other aspects of poor or unsafe practice that may be identified during the investigation.
- Resource issues are identified by managers and addressed quickly and decisively.
- Unless they themselves are clearly implicated in the allegations or under investigation managers and proprietors of services are given an early opportunity to hear what the concerns are and to be involved in responding to them.
- Large Scale Investigations reach a conclusion as to whether the allegations were substantiated, partly substantiated, not substantiated or not determined.
- Vulnerable adults and their carers are fully informed as far as possible about the allegations and the subsequent investigations and their views will be sought.
- Any decision about suspending or terminating contracts is made by commissioners and not by operational staff; operational staff will make recommendations for suspension or termination of contracts when they feel this is necessary to protect vulnerable adults from harm.
- Where a Large Scale Investigation identifies failings in a service the investigation will remain open until there is evidence of sustained improvement.

Large Scale Investigation Referrals

Referrals will be made in the usual way to the Social Care Team or CMHT for the area where the service is based or where it primarily operates. The Social Care or Mental Health Manager will consider whether there is a need for a Large Scale Investigation and, if so, will raise the matter with a senior manager who will consider the available information and decide whether a Large Scale Investigation will take place.

Where the name of the vulnerable adult(s) is not known a referral will be opened in the name of the organisation until individuals have been identified as being at risk of abuse.

Strategy Discussion

If it is decided that a Large Scale Investigation is required the lead Social Care or Mental Health manager will hold a Strategy Discussion within 72 hours with other relevant agencies to make them aware of the concerns or allegations and to plan any immediate action and deployment of investigating staff. The Strategy Discussion will always include the CQC Regulatory Inspector for the service if it is registered under the Health and Social Care Act 2008. There will be some complex situations where it will be simpler to hold a single meeting rather than multilateral discussions but this must be done as quickly as is necessary to protect vulnerable adults from possible harm.

The Strategy Discussion will:

- Share information about the allegations or concerns.
- Clarify the vulnerable adults who may be affected.
- Clarify whether there has already been some investigation into individual concerns and to confirm the outcome of this where it is known.
- Clarify who will visit the service and what information needs to be gathered (e.g. number of service users, names of placing authorities etc.).
- Make arrangements for the immediate safety of service users.
- Agree the levels of investigation required and what will be investigated.
- Agree who will be responsible for co-ordinating and recording the investigation, normally a Social Care or Mental Health Manager.
- Agree which staff will be deployed to undertake the investigation.
- Establish the arrangements for communication and information-sharing.
- Agree how new information, allegations or referrals will be handled.
- Consider if there are other organisations that need to be informed or brought into the investigation (e.g. commissioners from other funding authorities).
- Consider whether the concerns warrant a recommendation for the suspension of local authority and PCT placements or contracts.
- Consider the implications for the assessment and care planning of service users and to decide whether some or all service users should be reviewed.
- Agree a date for a Large Scale Investigation Review Meeting within 10 working days. All agencies that have an interest will ensure the attendance at the meeting of relevant staff and managers to ensure that action can be agreed.

Large Scale Investigation process

The nominated Social Care/Mental Health Manager will ensure that any Police or Regulatory investigations are co-ordinated with any planned reviews or assessments. Social Care staff will be deployed to accompany Police officers or CQC Inspectors on visits to service premises if required.

All partners will be primarily interested in the documentary records of care and these should be photocopied as quickly as possible and examined by staff who are able to fully interpret their content.

The initial focus should be clearly on the specific concerns and vulnerable adults that have been identified in the allegations. If vulnerable adults have been named they should be interviewed as soon as possible by a member of the investigating team.

If staff members have been identified as being responsible for the abuse the Social Care / Mental Health Manager will discuss this with the manager or proprietor of the service and will share sufficient information to allow them to reach a judgement about the appropriateness of instigating disciplinary action against them, including possible suspension.

Managers of services may also be required to undertake other internal investigations into care or other practices and to make these available to the Large Scale Investigation.

The Social Care/Mental Health Manager will make a clear distinction between investigating the specific allegations of abuse and undertaking reviews of the service users to inform judgements on the overall quality of the service.

Where the Large Scale Strategy Discussion has agreed that service users will be reviewed this will be done in a methodical and systematic way that will ensure that possible abuse is identified. In the course of the review the following will occur:

- The service user will be seen and specifically asked about the care they receive and whether they have any complaints or concerns.
- Any observations about their appearance will be appropriately recorded.
- Any medical attention that may be required will be organised immediately.
- The Care Plans will be examined.
- Medication records will be seen and checked.
- Involvement of other professionals will be checked and they will be consulted as part of the review.
- Financial arrangements and financial records kept by the service will be examined.
- Relatives and friends will be consulted about the service user's care and treatment.
- Care records will be checked to identify any mental capacity or DoLS issues.
- In the case of domiciliary services the call log records will be examined to ensure that calls were as required and none were missed.
- In the case of nursing homes these reviews are more effective if undertaken in partnership with a qualified nurse independent of the service.

Initial Large Scale Investigation Review Meeting

Someone independent of the investigation (this could be a member or the Adult Protection or Safeguarding Team) will chair the Initial Large Scale Investigation Review Meeting, this will be held within 15 working days of the Strategy Discussion. Attendees will include:

Social Care / Mental Health Managers
CQC Regulatory Inspectors
Police Officers
Other investigating staff
PCT Commissioning Managers
Local Authority Commissioners (local and external)
Health and Safety Officers
The Manager of the service under investigation (as long as this does not compromise any regulatory or criminal investigation).

N.B. Due to the complexity and size of the investigation and the subsequent meetings it will not be appropriate or possible for individual vulnerable adults to attend the Large Scale Investigation Review Meeting. It is therefore essential that arrangements are made to communicate with vulnerable adults and their relatives through other means and to ensure that each person directly affected by abuse is able to have their own Outcomes Conference as required elsewhere in these procedures.

The purpose of the Initial Large Scale Investigation Review Meeting is as follows:

- Review the progress of the investigation.
- Clarify how far the evidence gathered substantiates the allegations.
- To confirm what action, if any is being taken against individual staff members or against the service.
- Consider any other information relating to the service that has been identified through regulatory inspections or from reviews that have been undertaken.
- Consider whether there are any leadership or management issues that may be relevant to the service's performance.
- Consider what action the service should take to address any concerns that have been highlighted.
- Consider sharing information with other agencies and especially the commissioners of externally funded placements.
- Consider if there are specific protective measures required for individual service users.
- Ensure that information is given to service users and carers regarding the progress of the investigation.
- Consider any recommendations regarding suspension or termination of placements.

Any suspension of placements or contracts should be considered on the basis of the safety of service users and the restoration of contracts does not necessarily equate to, or coincide with, the termination of the investigation. Where there is a high risk of harm there should also be consideration of whether service users should be moved or a new provider engaged.

Individual Outcomes Conferences

Where medium risk of harm or above has been identified an individual Outcomes Conference will be held for each service user affected. This will encourage the participation of the vulnerable adult and/or their representative in the process.

Large Scale Investigation Review Meeting(s)

Large Scale Investigation Review Meetings will be held within 20 working days of the Initial Large Scale Investigation Review Meeting in order to review information from the investigation and to take account of information and views from the Individual Outcomes Conferences. This meeting will confirm the end of the investigation and to:

- Receive written reports from those involved in the investigation.
- Confirm the allegations and concerns that were investigated.
- Confirm the outcomes for vulnerable adults.
- Confirm the outcomes for the service (regulatory or contractual).
- Confirm the outcomes for alleged abuser(s).
- Confirm the outcomes for placing organisations.

If the Investigation Review Meeting is not satisfied that the service is operating safely the investigation must continue until these reservations have been allayed. Agencies involved and the investigation team will be responsible for reaching their own judgement on the effectiveness and safety of the service and decisions will not be made solely on the regulatory rating given.

If it has been a requirement of the investigation that the service produces an action plan this will be integrated into the plans made by the investigation. The investigation will not be concluded until there is evidence of the plan's effectiveness and that improvements have been sustained.

It is the responsibility of all agencies to monitor the effectiveness of an action plan at timely intervals. In monitoring service improvements partners in Social Care will do this through reviews and contract monitoring and NHS organisations will also report on how the safety of service users is being ensured and sustained. CQC is responsible for monitoring compliance with Health and Social Care Act Regulations and for taking action where services do not comply. Where there has been a decision by CQC to cancel a service's registration the Large Scale Investigation Review will need to develop contingency plans for all service users with regard to alternative placements or other services.

It will be possible to have as many Large Scale Investigation Review Meetings as may be necessary.

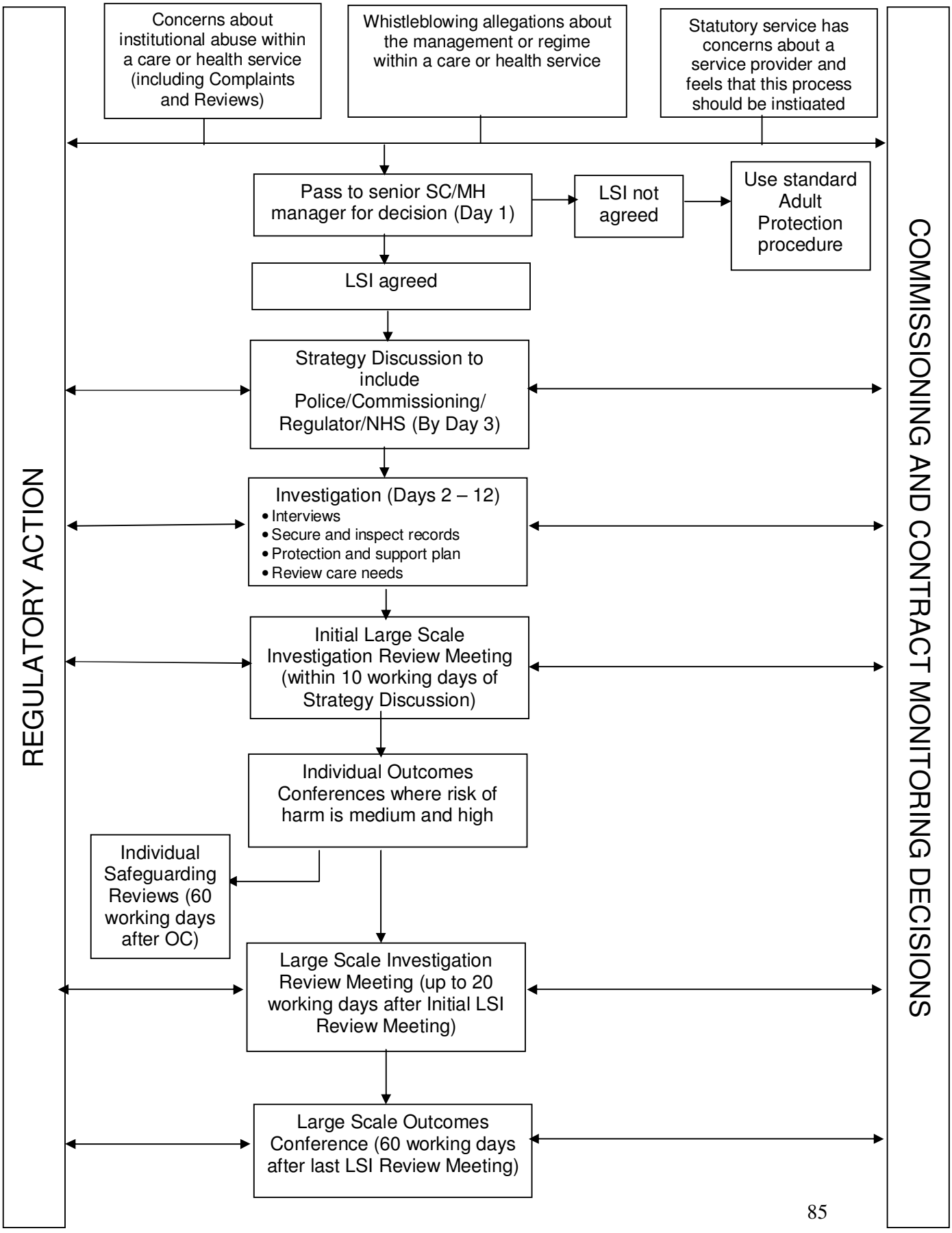
Large Scale Outcomes Conference

The Large Scale Outcomes Conference (LSOC) will be held 3 months after the final Large Scale Investigation Review and it will be chaired by a manager who is independent of the investigation. The LSOC will conclude the Large Scale Investigation process and it will:

- Ensure that there is a complete report of the investigation, the Meetings and the outcomes and that this is shared with all the statutory agencies and the service provider; copies must also be sent to the Adult Protection/Safeguarding Teams.

- Confirm that the service is operating safely and maintaining any improvements that have been required.
- Clarify how lessons are learnt, how and by whom these are to be communicated to a range of agencies and staff.

Large Scale Investigation Flowchart



20. REPRESENTATIONS AND APPEALS

As part of the Investigation Review Meeting or the Outcomes Conference a decision will be reached about the outcomes of the investigation. In some cases there will be agencies or individuals who dissent from the general view or who wish to bring forward information that has not been considered or to which they believe that insufficient weight has been given. In the interests of fairness and transparency it will be possible for any party to make representations to the Social Care / Mental Health Manager to request that an Outcomes Conference should be (re)convened.

Requests under Representations and Appeals process

A request under the representations process will be made in the following way to the Social Care / Mental Health Manager:

- It will be made in writing by an individual directly involved in the investigation or their advocate within 14 days of the record of the meeting where outcomes were determined.
- It will explicitly state the area of disagreement and give details of why they believe that the decision of the Investigation Review Meeting or the Outcomes Conference was incorrect.
- It will clearly show whether the area of disagreement relates to the conduct of the meeting(s) or the basis for the decisions made.
- It will make clear what alternative outcome is believed to be more appropriate.
- It will identify what evidence there is to support the above contentions.

Responding to representations

On receipt of the written request the representations will be passed to a senior Social Care/Mental Health Manager who will consider the content and the request. Where outcomes have been determined at an Investigation Review Meeting an Outcomes Meeting will always be convened within 20 days.

Where the representations follow an Outcomes Conference consideration will be given by the senior Social Care Manager as to whether the records of the meeting support the representations made. They may also wish to make contact with others who were present at the meeting to obtain their views on the suitability of the representations.

The senior Social Care Manager will agree to convene an Outcomes Conference if the representations demonstrate that:

- Significant information was overlooked or disregarded in determining the outcomes.
- Key individuals were not able to give their views.
- There is evidence that there were failings in the conduct of the meeting that had adversely affected the decisions on outcomes.

Where it is decided that an Outcomes Conference will be reconvened this will occur within 20 days of that decision being notified to the person who has made the representations.

Where it is decided that the representations do not justify a further Outcomes Conference this will be communicated to the person who has made them within 7 days of receipt of the request.

Terminating an Investigation

An investigation can be terminated at any stage of the procedure as long as the criteria below have been met. In the case of repeat referrals, if the vulnerable adult has been referred in the preceding twelve months, an Investigation Review Meeting must always take place.

Referral stage	No investigation is required: • Where the vulnerable adult has mental capacity to make the relevant decisions and has suffered and is likely to suffer no harm of any kind, including physical, emotional, psychological or financial (*Disciplinary or regulatory action may still be appropriate where poor practice has taken place*). • Where the referral arises from self-harm or self-neglect (*n.b. these situations may benefit from a multi-agency approach but do not fall within the remit of this procedure*). • Where the vulnerable Adult is acting in an inappropriate, antisocial or aggressive manner towards people who are not 'vulnerable adults' as defined in this policy.
Strategy Discussion	An investigation can be terminated if: • Where it has been agreed as part of the Strategy Discussion that there is no risk of harm and that there is no other reason why an investigation is required then this will be clearly recorded and a copy of the record will be sent to all parties to the discussion.
Investigation	An investigation can be terminated if ALL of the following apply: • An investigating worker's report has been completed that demonstrates that allegations are Not Substantiated or there is a low risk of harm. • The Investigating Worker's Report makes clear that the vulnerable Adult and the alleged abuser(s) have been interviewed in relation to the allegation of abuse. • The Investigating Worker's Report has been agreed by other agencies involved in the investigation. • The Investigating Worker's Report has been seen and approved by the Social Care / Mental Health

	Manager. • A Protection and Support Plan is in place (where required).
Investigation Review Meeting	An Investigation can be terminated if ALL the following apply: • The allegation is shown to be Not Substantiated or, where the meeting agrees the risk of harm is low. • An Investigating Worker's report has been produced and submitted to the Investigation Review Meeting, where it has been considered and accepted. • A Protection and Support Plan is in place (where required).
Outcomes Conference	An Investigation will be terminated if: • An Investigating Worker's Report has been submitted and considered by the meeting. • The outcomes of the investigation have been determined by the meeting. • There is a Protection and Support Plan in place that addresses the assessed risk of harm.

In all cases feedback will be given to the original referrer to advise them that the investigation has been concluded.

21. STANDARD AGENDAS

The detail for each agenda listed below can be found on subsequent pages.

- Investigation Review
- Outcomes Conference
- LSI Review
- LSI Conference

Investigation Review Meeting

1. **Introductions and Apologies**

2. **Confidentiality Statement**
   Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

3. **Purpose of Meeting**
   - Review of Investigation
   - Clarification of initial outcomes
   - Assessment of current risk of harm
   - Agree updated Protection and Support Plan

4. **Details of allegations**

5. **Review of the Initial Protection and Support Plan**

6. **Review of the investigation process**

7. **Investigating Worker's Reports**

8. **Initial Outcomes**

9. **Information sharing (including: legal advice, consideration of legal action, need for ISA referral)**

10. **Communication with the vulnerable adult, alleged abuser and others (options and consequences)**

11. **Assessment of the current risk of harm**

12. **Planning further investigation (options and consequences)**

13. **Updated Protection and Support Plan (options and consequences)**

14. **Confirming actions, decisions, timescales and responsibility for future actions**

15. **Setting a timetable for future meetings**

16. **Agreeing the termination of an investigation**

Where the allegation is shown to be unsubstantiated or where the risk of harm is agreed to be low the investigation can be terminated if the meeting agrees this. This can only occur if an Investigating Worker's report has been produced and submitted to the Investigation Review Meeting and where it has been considered and accepted. Where outcomes are agreed as part of an Investigation Review Meeting it remains open to any party to contact the Social Care/Mental Health Manager within 14 days of the record being sent out to make representations and request that an Outcomes Conference is convened.

Outcomes Conference

1. **Introductions and Apologies –** participants to sign attendance sheet

2. **Confidentiality Statement**
   Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

3. **Purpose of meeting**
   - To share findings from the investigation.
   - To reach a decision about whether or not allegations of abuse have been substantiated.
   - To assess any continuing risks
   - To agree the Protection and Support Plan and determine appropriate support packages.
   - To plan any further actions including arrangements for reviews.

4. **Details of original allegations**

5. **Reports –**
   - Presentation of investigating worker's report(s)
   - Presentation of other written submissions
   - Verbal submissions

6. **Decision on outcomes of investigation –** Substantiated, Partly substantiated, Not substantiated or Not determined

7. **Decision on outcomes for the vulnerable adult**

8. **Outcome for the alleged abuser –** confirmation of any prosecution, disciplinary action, referral to ISA etc.

9. **Outcome for services (where applicable) –** confirm any action taken.

10. **Assessment of the current risk of harm to the vulnerable adult –** High, Medium, Low or No harm

11. **Details of the Protection and Support Plan –** clarify roles and responsibilities

12. **Communication Plan –** clarify who is not present who may need to be advised of the outcomes and plans.

13. **Responsibility for recording –** who will be responsible for completing documentation and sending it to Adult Protection/Safeguarding Team.

14. **Set date for Safeguarding Review Meeting (if appropriate).**

Safeguarding Review Agenda

Meeting to be recorded as a standard care review but with reference to the following agenda.

1. **Details of Protection and Support Plan**

2. **Effectiveness of Protection and Support Plan**

3. **Risk of harm assessment**

4. **Service user's views on current arrangements**

5. **Service user's views on their experience of the adult protection process**

6. **Decision on whether Protection and Support Plan is still required**

7. **New care planning arrangements**

8. **Date of next review**

Large Scale Investigation Review Meeting

1. Introductions and apologies

2. Confidentiality Statement

Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

3. Purpose of meeting:

- To review the progress of the investigation.
- To clarify how far the evidence gathered substantiates the allegations.
- To confirm what action, if any is being taken against individual staff members or against the service.
- To consider any other information relating to the service that has been identified through regulatory inspections or from reviews that have been undertaken.

4. Review of investigation:

- What action has been undertaken?
- Who has been interviewed?
- What reassessments have taken place?
- What actions have not yet been completed?
- What contingencies have emerged?
- What additional concerns have been raised?

5. Investigation reports

- Findings, conclusions and outcomes for service users

6. Assessment of level of risk of harm to service users

7. Protection and support plans

- Are there are any specific protective measures required for individual service users?

8. Views of service users and carers/relatives

9. Views of service provider

10. Views of Regulatory Body

- Is there any enforcement action planned?

11. Further investigation

- What further information is required?
- What further actions are planned?

12. Outcomes

- Information from individual Outcomes Conferences
- Outcomes for alleged abuser(s)
- Outcomes for the service provider
- Are there any leadership or management issues that may be relevant to the service's performance?
- What action should the service take to address any concerns that have been highlighted?
- What recommendations will be made regarding suspension or termination of placements?
- What are the outcomes for placing authorities?

13. Communication

- Who will feed back to referrer and clarify their future involvement?
- Should a professional body be informed at this stage?
- How will new information, allegations or referrals be handled?
- Consider if there are other organisations that need to be informed or brought into the investigation (e.g. commissioners from other funding authorities).
- What arrangements are needed to respond to media requests for information?
- Should the ISA be notified at this stage?
- What information is to be given to service users and carers regarding the progress of the investigation?

14. Dates of future Investigation Review Meetings (within 20 working days) or, if no further investigation is required, an Outcomes Conference (within 60 working days).

Large Scale Investigation Outcomes Conference Agenda

1. **Introductions and apologies**

2. **Confidentiality Statement**
   Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

3. **Purpose of meeting**
   - To ensure that there is a complete report of the investigation, the meetings and the outcomes.
   - To share the above with all statutory agencies and the service provider.
   - To confirm that the service is operating safely and maintaining any improvements that have been required.
   - To clarify how lessons are learnt and how these are to be communicated to a range of agencies and staff.

4. **Details of allegations of abuse**

5. **Investigation Report(s)**

6. **Outcomes of Large Scale Investigation**
   - Confirm all outcomes for service users, alleged abusers for the service and for commissioning bodies.

7. **New information regarding concerns or abuse**

8. **Views of service users, carers and relatives**

9. **Confirmation that service is operating safely and maintaining improvements**

10. **What lessons should be learned from this investigation and how will they be communicated to agencies and staff?**

11. **Agreement that investigation can be concluded**

12. **Confirmation of who will be responsible for sending documentation to Adult Protection/Safeguarding Team**

ADULT PROTECTION REFERRAL To be used in **all** situations where a vulnerable adult is thought to be at risk of abuse	**AP1**

Vulnerable Adult Details			
Surname:		**Forenames:**	
Title:		**CareFirst/CISS Number:**	
DOB and Age:		**Sexuality:**	
Gender:		**Ethnicity:**	
1st Language:		**Religion:**	
Address: **Postcode:** **Telephone Number:**			
Category of Current Residence:			

Primary Client Type *(primary nature of vulnerability)*							
Mental Health	☐	**Learning Disability**	☐	**Frailty**	☐	**Substance Misuse**	☐
Sensory Impairment	☐	**Physical Disability**	☐	**Dementia**	☐	**Other**	☐

Type of Alleged Abuse *(tick all that apply)*							
Physical	☐	**Discriminatory**	☐	**Financial**	☐	**Neglect/Acts of Omission**	☐
Sexual	☐	**Institutional**	☐	**Psychological/ Emotional**	☐		

Date of alleged abuse if known:		**Location of abuse:**	
In all cases give the date abuse disclosed or suspected:		**Previous AP Ref in past 12 months?**	**Yes/No/Not known**
If abuse is within an organisation please specify the name:			
Has the person had an assessment, review or service from the Council in the past 12 months:		**Yes/No**	

How is the person supported?	
Is the vulnerable adult from this local authority?	**Yes/No**
If no please specify:	

Details of alleged abuse*:* (use body maps if applicable)

Details of Alleged Abuse *(continued)*

How often has this abuse occurred?

Is the abuse likely to happen again?

Details of any injuries:

What other harm has occurred or might occur?

Continue on a separate sheet if required

Details of Alleged Abuser *(person alleged to be responsible for harm)*

Surname:		**Forenames:**	
Title:		**CareFirst/ CISS Number:**	
Gender:		**Sexuality:**	

1st Language:		**Ethnicity:**	
DOB/Age:		**Religion:**	
Disability:			
Address: **Postcode:** **Telephone Number:**			
Does alleged abuser live with the vulnerable adult:	**Yes/No**	**Is the alleged abuser the main family carer:**	**Yes/No**
Role of alleged abuser:		**Is alleged abuser vulnerable?** *(if yes, assessment required)***:**	**Yes/No**
If alleged abuser is an employee or volunteer, give name of organisation/service:			
Has this person/service been investigated in the last year?		**Yes/No**	
Are children potentially at risk in this situation? (if yes refer to Children's Services)		**Yes/No**	

Immediate Protection	
Have you taken any immediate steps required to protect the vulnerable adult? *(if yes, provide details below)*	**Yes/No**
If no, state what could be done:	

Key Agencies/Professionals Involved	
Name	**Agency**

Referrer Details			
Name of referrer:		**Date of referral:**	
Telephone number:		**If general public, prepared to be contacted:**	**Yes/No**
Source of referral:		**If other please state:**	
Organisation/Company name *(if relevant)***:**			
Signature of referrer:			

Person Completing Form *(if different from referrer)*			
Name:		**Team name:**	
Organisation/ Company name *(if relevant)***:**		**Telephone number:**	

FOR OFFICE USE ONLY

Decision Making Record

(to be completed by Social Care or Mental Health Manager)

Do the concerns reach the threshold for investigation?	**Yes/No**
Date threshold decision made:	

If the threshold is not met outline the reasons below *(refer to Policy & Procedure)*

Not a vulnerable adult	☐
No abuse alleged	☐
No harm identified	☐

If no investigation is taking place please detail your professional reasoning for this decision and any actions taken including signposting to other services:

If the threshold is met proceed to Strategy Discussion *(refer to Policy & Procedure)*

Team undertaking investigation if applicable:			
Please indicate a risk level and provide your reasoning below:	**Low** ☐	**Medium** ☐	**High** ☐

Signatures

Name of manager:		**Designation:**	
Signature:		**Date:**	
Team:		**Telephone:**	

ADULT PROTECTION CLOSURE FORM	AP2

Vulnerable Adult Details					
Surname:				**Forenames:**	
Title:		**Date of Birth:**		**CareFirst / CISS Number:**	

Strategy Discussion					
Date strategy discussion held on:					
Agencies involved in discussion *(tick all that apply)*					
Police	☐	**CQC**	☐	**Primary Care Trust**	☐
Social Care	☐	**G.P**	☐	**Hospital NHS Trust**	☐
Other Local Authority	☐	**Residential Home**	☐	**Mental Health Community**	☐
Dom Care Agency	☐	**Nursing Home**	☐	**Mental Health Hospital Service**	☐
Provider Agency	☐	**Other**	☐	**Please Specify:**	

Outcome of Strategy Discussion			
Single - agency investigation	☐	**Multi - agency investigation**	☐
If multi – agency, investigation by *(please state)*:			

Type of Investigation (Tick all that apply)					
Criminal	☐	**Disciplinary**	☐	**CQC**	☐
Serious Untoward Incident	☐	**Complaints**	☐	**Other (Please Specify)**	☐

Allocated Investigating Worker(s)			
Name of worker:		**Responsible team:**	
Date of allocation:		**Telephone number:**	
Details of Interview - vulnerable adult			
Date when vulnerable adult was first seen:		**Date of interview with vulnerable adult:**	
Did the vulnerable adult agree to investigation proceeding?			**Yes/No**
Did assessment of mental capacity take place?			**Yes/No**

Details of interview – alleged abuser			
Date when alleged abuser was first seen:		**Date of interview with alleged abuser:**	
Did assessment of mental capacity take place?			**Yes/No**
Investigation Review Meetings *(first meeting to be held within 15 days of Strategy Discussion)*			
Date of meeting:		**Name of Chair:**	
Date of meeting:		**Name of Chair:**	
Date of meeting:		**Name of Chair:**	

Investigation Report			
Date Completed:		**Investigation end date:**	

Outcomes Conference and Outcomes of Investigation			
Date of Meeting:		**Name of Chair:**	
Status of Allegation:			
Substantiated	☐	**Partly Substantiated**	☐
Not Substantiated	☐	**Not Determined/Inconclusive**	☐
Outcome for Vulnerable Adult:			
Increased Monitoring	☐	**VA Removed from Property or Service**	☐
Civil Action	☐	**Community Care Assessment & Services**	☐
Restriction/Management of access to alleged perpetrator	☐	**Application to Court of Protection**	☐
Application to Change Appointeeship	☐	**Referral to Advocacy Scheme**	☐
Referral to Counselling/Training	☐	**Moved to Increased/Different Care**	☐
Management of VA's Finances	☐	**No Further Action**	☐
Review of Self Directed Support	☐	**Mental Capacity Act/DOL Authorisation**	☐
Guardianship/use of Mental Health Act	☐	**Action refused**	☐
Referral to MARAC	☐	**Other**	☐
Outcome for Alleged Abuser/Organisation/Service:			
Exoneration	☐	**Police Action**	☐
Criminal Prosecution/formal Caution	☐	**Removal of Alleged Perpetrator from property or service**	☐

Community Care Assessment and Services for Perpetrator	☐	**Management of Access to the VA**	☐
Action under the Mental Health Act	☐	**Referral to Registration Body**	☐
Alleged Perpetrator referred to ISA	☐	**Action by CQC**	☐
Disciplinary Action	☐	**Continued Monitoring of Alleged perpetrator**	☐
Counselling/Training/Treatment	☐	**Referral to Court Mandated Treatment**	☐
Referral to MAPPA	☐	**Action by Contract/Commissioning**	☐
No Further Action	☐	**Not Known**	☐

How were the views of the vulnerable adult included? *(tick all that apply)*		
Personal attendance	**Written submission**	**Through an advocate**
☐	☐	☐
How were the views of the alleged abuser included? *(tick all that apply)*		
Personal attendance	**Written submission**	**Through an advocate**
☐	☐	☐

Risk of harm at conclusion			
No Harm ☐	***Low*** ☐	***Medium*** ☐	***High*** ☐

Protection and Support Plan			
Protection plan offered?	**Yes/No**	**Protection plan accepted?**	**Yes/No/Lack of capacity**
Responsible Team:		**Date of closure of AP episode**	
Date of Protection Plan:		**Safeguarding Review Date:**	

Signatures			
Team:		**Telephone:**	
Name of manager:		**Designation:**	
Signature:		**Date:**	

Estimated Time taken to conduct and record investigation?	**Investigating workers**	**hrs**
	Team manager	**hrs**
	Administrative staff	**hrs**
	Meeting chairs	**hrs**

ONCE COMPLETED PLEASE EMAIL THIS FORM TO THE RELEVANT ADULT PROTECTION TEAM/SAFEGUARDING TEAM FOR YOUR LOCAL AUTHORITY

RECORD OF STRATEGY DISCUSSION

This can be held as a meeting if the situation if this would be more effective.

Date:	
Details of vulnerable adult	
Name:	
Care First/CISS Number:	
Current location of vulnerable adult:	
Are there other vulnerable adults at risk of abuse?	
Are there any children at risk of abuse?	
Are there any young carers involved?	

People involved in discussion

Name	Role and contact details

Confidentiality Statement – to be agreed with all participants.
Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

Management of Police Information (MOPI) -
The following information is being requested to facilitate a risk assessment of an individual or an address to protect the health and safety of any vulnerable adults. Only relevant information is being requested.

Contact details of significant others (if different from those stated on referral form).	
Name	Role

Alleged Abuser(s) (if different from those stated on referral form).	
Name:	
Role:	
Current location:	
Other information	

Details of abuse allegations

Name of referrer:	
Summary of allegations:	

Criminal offences
(To be determined in discussion with Police officers).

What offences may have been committed?
If an offence has been named but will not be investigated by the Police, please state why not.

Current agency information
What is known about the vulnerable adult?

Police
Social Care
Employer
Regulator
Commissioners

NHS Bodies
Others

What is known about the alleged abuser(s)?

Police
Social Care
Employer
Regulator
Commissioners
NHS Bodies
Others
Views of the vulnerable adult (if known)
Access to the alleged victim

Give details of any mental capacity issues
(n.b. capacity is decision specific and should be assumed unless otherwise assessed).

Communication issues
(e.g. need for interpreters or intermediaries)

Cultural, religious, gender and sexuality factors

Disability issues

Comment on the following in order to determine the risk of harm

Impact of the alleged abuse
Duration and frequency of alleged abuse
Apparent premeditation, threat or coercion
Threat to independence, wellbeing and choice
History of abuse

RISK OF HARM
See Procedures for full definitions

No harm ☐	Low ☐	Medium ☐	High ☐

Termination of investigation

If all agencies agree that there is no risk of harm and no other reason why an investigation is required please record below.

WHERE INVESTIGATION IS TO PROCEED

Name of allocated worker(s)

Name	**Agency**

Investigation Plan

Action	**Person Responsible**	**Time scale**
Interview vulnerable adult **Video Interview** ☐ **Statement** ☐ **Other** ☐ ***(give details)***		
Interview alleged abuser(s)		
Interview witnesses		
Medical Examination (if required)		
Health and Safety Investigation (HSE/Local Authority)		
Other evidence required – please state below:		

Other actions – please state below		
Feedback to referrer		
Feedback to relatives/ informal carers		
Inform Professional Body?		
Inform ISA?		
Civil Court or Court of Protection?		

Protection and Support Plan for the Vulnerable Adult

Action	**Person responsible**	**Time scale**

Support to alleged abuser(s)

Assessments required		
Assessment	**Person Responsible**	**Time scale**
Community Care Assessment		
Mental Capacity Assessment		
Assessment for alleged abuser		
Mental Health Act Assessment		
Carers Assessment		

Date of Investigation Review Meeting:	
Signed by Social Care/Mental Health Manager:	
Date:	
Date copies sent to others involved in Strategy Discussion:	

INVESTIGATING WORKER REPORT PROFORMA

THIS PAPERWORK IS CONFIDENTIAL
Each box should be completed. This report should always be typed and presented to the Investigation Review Meeting or Outcomes Conference. Please use extracts from other documents or sources where appropriate.

Name of vulnerable adult:	**Reference number (if known):**
Name of investigating/interviewing worker:	**Name of team:**
Role of investigating worker:	**Contact details (phone number and email address):**
Summary of service user's assessed needs and relevant background information	
Assessment of capacity to be interviewed and participate in the process (if relevant)	
Summary of the adult protection referral	
Summary of the investigation (i.e. what did you do, how did you do it, who else contributed)	
Chronology of events	
Level of Harm Assessment (explain how the abuse has affected, potentially affected if lacking capacity, or could affect the person physically, psychologically and/or financially?	
What is the current level of harm? (based on the investigation, please circle) **NONE LOW MEDIUM HIGH** Date:	

Conclusions of the investigating worker:	
Outcome(s) for the vulnerable adult (including relevant protection plan):	
Signature of investigating worker:	**Date report completed:**
List of supporting evidence	**Please initial when adding document, state N/A if not relevant to investigation**
Vulnerable adult statement	
Record of injury document	
Witness statement/s	
Alleged abuser statement/s	
Disciplinary investigation document/s	
Care plan/s	
Risk assessment/s	
Medication records	
Adult protection pressure ulcer assessment	
Incident/accident report/s	
Communication records	
Staff related records (e.g. supervision and training records, recruitment information)	
Institutional review document	
Financial investigation	
Other supporting evidence (please specify)	

SUMMARY OF INITIAL CONTACT WITH VULNERABLE ADULT

THIS PAPERWORK IS CONFIDENTIAL AND SHOULD BE MARKED AS SUCH
Each box should be completed. If the vulnerable adult is being interviewed by the Police, please complete the form as far as possible.

Name of vulnerable adult:	**Care First/CISS Number:**
Name of investigating/interviewing worker:	**Name of team:**
Date of interview:	**Time of interview:**
If interview is not taking place within 1 working day, please explain why:	
Details of all others present (include name, organisation and phone no):	
Vulnerable adult's expectations of the investigation:	
Do they want their family/carer/parent told? (please comment):	
Yes/No	
Does the vulnerable adult consent to participate in the investigation? (if no, please explain):	
Yes/No	

Name of vulnerable adult:	**Care First/CISS Number:**
Record of the interview (use service user's own words. If it is thought the vulnerable adult lacks capacity to consent to be interviewed, please explain the attempt you have made to interview the person and how you have reached this conclusion. Use additional pages if needed.)	

Name of vulnerable adult:	**Care First/CISS Number:**

List other services who have been involved in the past, including hospitals

Details of significant informal carers (including family)

Is any of the following support needed?	**If no, please explain why not**
Advocate (incl. IMCA) Yes/No Victim Support Yes/No Witness Support Yes/No	

Name of interviewer:	**Signature of interviewer:**	**Date:**
Name of vulnerable adult:	**Signature of vulnerable adult:**	**Date:**

Detail the Initial Protection and Support Plan (add boxes if needed)

Action to be taken:	**Who is responsible for action:**	**Date to be done by:**
Information to be shared with family/carer/parent		

SUMMARY OF DISCUSSION WITH ALLEGED ABUSER

Name of vulnerable adult:	**Care First/CISS Number:**

Date of birth:	**Date of interview:**

Name of alleged abuser:	**Relationship to vulnerable adult:**

Points to discuss during the interview

- Reason for the interview
- Their view/version of the situation
- Their history with the vulnerable adult
- What happens next in the Adult Protection process

Record of the interview (use the person's own words. If it is thought the person lacks capacity to consent to be interviewed, please explain the attempt you have made to interview the person and how you have reached this conclusion. Use additional pages if needed).

Name of vulnerable adult:	**Care First/CISS Number:**

Record of the interview (continued)

Name of interviewer:	**Signature of interviewer:**	**Date:**

Name of person interviewed:	**Signature of person interviewed:**	**Date:**

SUMMARY OF DISCUSSION WITH ALLEGED ABUSER (IF VULNERABLE ADULT)

Name of vulnerable adult:	**CareFirst / CISS number:**

Date of birth:	**Date of interview:**

Name of alleged abuser:	**Relationship to vulnerable adult:**

Points to discuss during the interview

- Reason for the interview
- Their view/version of the situation
- Their history with the vulnerable adult
- Current support received
- Whether their Community are Assessment/Care Plan/Care Programme Approach/Risk Assessment reflects their current needs
- What happens next in the Adult Protection process

Record of the interview (use the person's own words. If it is thought the person lacks capacity to consent to be interviewed, please explain the attempt you have made to interview the person and how you have reached this conclusion. Use additional pages if needed.)

Name of vulnerable adult:	**Care First/CISS Number:**

Record of the interview (continued)

Name of interviewer:	**Signature of interviewer:**	**Date:**

Name of person interviewed:	**Signature of person interviewed:**	**Date:**

DISCUSSION WITH ALLEGED ABUSER (IF PARTNER/FAMILY)

Name of vulnerable adult:	**Care First/CISS Number:**

Date of birth:	**Date of interview:**

Name of alleged abuser:	**Relationship to vulnerable adult:**

Points to discuss during the interview

- Reason for the interview
- Their view/version of the situation
- Their history with the vulnerable adult
- Their routine with the vulnerable adult
- Their routine outside their relationship with the vulnerable adult
- Current support received
- Whether the is an up to date Carers Assessment
- If a professional assessment is needed
- What happens next in the Adult Protection process

Record of the interview (use the person's own words. If it is thought the person lacks capacity to consent to be interviewed, please explain the attempt you have made to interview the person and how you have reached this conclusion. Use additional pages if needed.)

Name of team:

Name of interviewer:	**Signature of interviewer:**	**Date:**

Name of person interviewed:	**Signature of person interviewed:**	**Date:**

RECORD OF INVESTIGATION REVIEW MEETING

Date of meeting:	Time of meeting:	Meeting venue:

Name of vulnerable adult:	Date of referral:	Care First/CISS Number:

Meeting chaired by:	Meeting recorded by:

Present at Meeting:

Name	Agency	Contact details

Apologies:

Name	Agency

Confidentiality statement to be agreed by all participants

Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

Purpose of Meeting

Review of the investigation

Clarification of initial outcomes

Assessment of current risk of harm

Agree updated Protection and Support Plan

Details of original allegations

1.
2.
3.
4.

Summary of initial Protection and Support Plan agreed at Strategy Discussion

Action	**Person Responsible**	**Timescale**

Review of the Protection and Support Plan

Implementation and effectiveness
Contingency measures taken

Review of Investigation Process

Investigating workers
Action taken
Action planned but not yet taken

Investigating Worker's Reports

Written reports received from:	**Agency:**

Views of vulnerable adult

Views of alleged abuser(s)

Initial Outcomes

Allegation	Outcome	Evidence

Information Sharing

Police

Social Care

NHS

Others

Legal advice

Assessment of current Risk of Harm *(see section 7.5 of Procedures)*

High	Medium	Low	No harm

Further Investigation

Action	Responsible worker	Date for completion

Updated Protection and Support Plan

Action	Responsible worker	Date for implementation	Agreed by vulnerable adult?

Future Meetings:

Date	Time	Venue	Investigation Review Meeting or Outcomes Conference?

Communication Plan

Information to	Who will do this?	When by?
Vulnerable adult		
Alleged abuser		
Carer(s)		
Referrer		
Regulator		
Commissioners		
Others (specify)		

Termination of Investigation

1. a) Allegations Not Substantiated? **b) Risk of Harm is Low?**	**Yes/No** **Yes/No**
2. Investigating Worker's Report received and considered?	**Yes/No**
3. Meeting agrees that investigation can be terminated?	**Yes/No**
When the answer to 1a or 1b is Yes and where the answers to 2 and 3 are also Yes the investigation can be terminated and AP2 must be completed and sent to Adult Protection Team/Safeguarding Team.	
All parties to be made aware of Representations and Appeals process.	

Name of chair:
Signature of chair:
Date:

RECORD OF OUTCOMES CONFERENCE

Date of meeting:	Time of meeting:	Meeting venue:

Name of vulnerable adult:	Date of referral:	Care First/CISS Number:

Meeting chaired by:	Meeting recorded by:	

Present at Meeting:

Name	Agency	Contact details

Apologies:

Name	Agency

Confidentiality statement to be agreed by all participants

Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

Purpose of meeting

- To share findings from the investigation
- To reach a decision about whether or not allegations of abuse have been substantiated
- To assess any continuing risks
- To agree the Protection and Support plan and determine appropriate support packages
- To plan any further actions including arrangements for reviews.

Details of original allegations

1.
2.
3.
4.

Investigating workers' reports

Written reports received from:	**Agency:**

Other submissions

Name:	**Agency/Role:**	**Written/verbal:**

Summary of verbal submissions

Describe any disagreement with the above or representations that have been made

Views of the vulnerable adult

Views of alleged abuser (if known)

Outcome of Investigation

On the balance of probabilities did abuse take place?		
Case Conclusion	**Tick**	**Types of Abuse**
Allegation substantiated		
Allegation partly substantiated		
Allegation not substantiated		
Investigation not conclusive		
Record any individual or agency who disagrees with case conclusion		
Who will inform the vulnerable adult of the case conclusion if they are not present?		Name:
Who will inform the alleged abuser of the case conclusion if they are not present?		Name:

Outcome for vulnerable adult

Describe what has changed for the vulnerable adult as a result of this investigation
1.
2.
3.

Outcome for alleged abuser

Exonerated	**Yes/No**
Formal action taken (e.g. criminal justice, disciplinary, regulatory, referral to ISA etc.)	**Yes/No**
Details:	
Assessment and support	**Yes/No**
Details:	
Outcome for alleged abuser not known	**Yes/No**
Details:	

Outcome for service (if appropriate)

Regulatory	
Commissioning	
Health and Safety	
Civil action	
Other (please state)	

Assessment of risk of harm

High	**Medium**	**Low**	**No harm**

Protection and Support Plan
Always required where risk of harm is high or medium.

Action	**Responsible Person**	**Date for implementation**	**Agreed by vulnerable adult?**	**Safeguarding Review date**

Disagreements

Record below any disagreement relating to Outcomes, Risk of Harm or Protection and Support Plan.

Communication plan (to those not present at the meeting)

Information to	**Who will do this?**	**When by?**
Vulnerable adult		
Alleged abuser		
Carer(s)		
Referrer		
Regulator		
Commissioners		
Others (specify)		

Recording

Who will complete Adult Protection documentation (AP2)?	
Who will send documents to Adult Protection / Safeguarding Team?	
Who will update IT systems (CISS/ Care First)?	

Termination of investigation

Investigation concluded	**Yes/No**
Further action still pending (e.g. court action etc.)	**Yes/No**
Details:	
Lessons learned	**Yes/No**
Details:	
All parties informed of representations process?	

Name of chair:
Signature of chair:
Date:

LARGE SCALE INVESTIGATION

Strategy Discussion Record

Name of service:	
Address:	
Telephone:	
Name of service manager or responsible person:	
Is this a service registered with CQC?	**Yes/No**
Is this a service commissioned by Social Care?	**Yes/No**
Is this a service commissioned by Supporting People?	**Yes/No**
Date of referral:	
Date LSI commenced:	
Responsible Senior Social care or Mental Health Manager:	
Social Care or Mental Health Lead Officer for this investigation:	

Summary of Concerns	**Who has raised these?**

People involved in discussion

Name	**Role and Contact details**

Confidentiality Statement – to be agreed by all participants
Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

Management of Police Information (MOPI)
The following information is being requested to facilitate a risk assessment of an individual or an address to protect the health and safety of any vulnerable adults. Only relevant information is being requested.

Names of vulnerable adults who may have been abused

Name	Date of birth	Care First/CISS Number	Brief summary of alleged abuse	Has a separate adult protection referral been made? Yes/No

Criminal offences

What offences may have been committed?

If an offence has been named but will not be investigated by the Police please state why not.

Are there any Health and Safety offences?

Regulatory issues

Might there be a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations or the Care Quality Commission (Registration) Regulations? Give details below.

Current agency information

Police

CQC

Commissioner(s)

Social Care

Primary Care Trust

Others (e.g. hospitals, GPs, Health and Safety etc.)

Risk assessment

What are the immediate risks to vulnerable adults?

How will immediate risks be managed

Are there particular risks for certain service users (e.g. moving and handling, restraint, pressure care)?

Investigation plan

Investigating staff			
Name	**Agency**	**Contact number**	**Date of planned visit**

Which service users will be visited?

What documentation will be inspected/seized?

How will concerns be shared with managers of the service?

Do some or all service users need to be reviewed?

Do the concerns warrant a recommendation for the suspension of contracts or placements?

Describe other resource issues.

Who will gather information on names of service users and funding/placing authorities?

Information Sharing

Who will co-ordinate information sharing?

Communication Plan

Action	**Worker**	**Date**
Information to service provider		
Information to service users		
Information to carers and relatives		
Media issues		
Briefings to Senior management		
Information to Adult Protection/Safeguarding Team		
Information to other commissioners		
Coroner		
Other		

Date of initial Large Scale Investigation Review Meeting *(within 10 working days)*	
Manager name:	
Manager signature:	
Date:	

SUSPENSION OF A CONTRACT - DECISION RECORD FORM

1	**DATE**	
2	**NATURE OF SERVICE**	
3	**NAME OF SERVICE**	
4	**CONTRACT REF**	
5	**INFORMATION TAKEN INTO CONSIDERATION IN MAKING DECISION TO SUSPEND CONTRACT**	**Please Tick and add relevant information (please use 'other' section if you require more space or a separate sheet)**
5a	Adult protection investigation being Undertaken by Staffs (Where level of risk to SCC residents is deemed high)	
5b	Multiagency Large Scale Investigation	
5c	Adult protection investigation being undertaken by another authority (Where level of risk to SCC residents is deemed high)	
5d	Suspension of a contract by another authority due to Adult protection concerns(Where level of risk to SCC residents is deemed high)	
5e	A statutory enforcement notice issued by CQC	
5f	Other (please state)	
6	Is a suspension of the contract recommended?	**YES** ☐ **NO** ☐
	RECOMMENDATION MADE BY:	**PRINT NAME:**
		SIGNATURE:
		DESIGNATION:
6	**DECISION TAKEN TO SUSPEND CONTRACT?**	**YES** ☐ **NO** ☐
8	**AUTHORISED BY:**	**PRINT NAME:**
		SIGNATURE:
		DESIGNATION:
7	**REVIEW DATE OF SUSPENSION**	**DATE:**

LARGE SCALE INVESTIGATION REVIEW MEETING

Date of meeting:	Time of meeting:	Meeting venue:

Named vulnerable adults:	Date of referral:	Reference number:

Meeting chaired by:	Meeting recorded by:

Present at Meeting:

Name	Agency	Contact details

Apologies:

Name	Agency

Confidentiality statement to be agreed by all participants

Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

Purpose of meeting:

Review of the investigation

Clarification of initial outcomes

Assessment of current risk of harm

Agree updated Protection and Support Plan

Details of original allegations:
Add as necessary

1.
2.
3.
4.
5.

Summary of initial Protection and Support Plan agreed at Large Scale Investigation Strategy Discussion
As appropriate

Action	Person Responsible	Timescale

Review of investigation process

Investigating Workers

Action taken

Action planned but not yet taken

Action taken by provider service

Leadership of management issues

Investigating worker's reports:

Written reports received from:	Agency

Outcomes:

Vulnerable Adult	Allegation	Outcome	Evidence
Alleged abuser	**Allegation**	**Outcome**	**Evidence**
Service	**Allegation**	**Outcome**	**Evidence**
Placing Organisations	**Allegation**	**Outcome**	**Action taken**

Vulnerable adults who have been or need to be reviewed:

Name	Placing authority	Date of review

Views of vulnerable adults

Review of the protection and support plans

Implementation and effectiveness
Contingency measures taken

Information sharing

Police
Social Care
NHS
CQC
Commissioners
Others
Legal advice

Assessment of current risk of harm *(see section 7.5 of Procedures)*

High	Medium	Low	No harm

Further investigation

Action	Responsible Worker	Date for completion

Updated protection and support plan for named vulnerable adults

Vulnerable adult	Action	Responsible worker	Date for implementation	Agreed by vulnerable adult?

Protection and support plan - Actions for Service

Action	Responsible Person	Date for Implementation

Recommendation regarding possible suspension of contracts or termination of placements

Individual Outcomes Conferences:

Vulnerable Adult	Date of Outcomes Conference

Communication plan:

Information to	Who will do this?	When by?
Vulnerable adult		
Alleged abuser		
Carer(s)		
Referrer		
Regulator		
Commissioners		
Others (specify)		

Future meetings:

Date	Time	Venue	Large Scale Investigation Review Meeting or Large Scale Outcomes Conference?

Signature of Chair:

Date:

LARGE SCALE INVESTIGATION OUTCOMES CONFERENCE

Date of meeting:	Time of meeting:	Meeting venue:

Named vulnerable adults:	Date of referral:	Reference number:

Meeting chaired by:	Meeting recorded by:

Present at Meeting:

Name	Agency	Contact details

Apologies:

Name	Agency

Confidentiality statement to be agreed by all participants

Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.

Purpose of meeting:

To ensure that there is a complete report of the investigation, the meetings and the outcomes.

To share the above with all statutory agencies and the service provider.

To confirm that the service is operating safely and maintaining any improvements that have been required.

To clarify how lessons are learnt and how these are to be communicated to a range of agencies and staff.

Details of original allegations:
Add as necessary

Allegation/concern	Outcome	Individual Outcomes Conference held?
1.		
2.		
3.		
4.		
5.		

Investigation reports:

Author	Agency	Date

Action taken:

Alleged abuser
Provider service
Commissioning organisations
Others

Details of evidence that service is operating safely:

Evidence	How obtained	Date

Names of vulnerable adults reviewed in the course of the investigation:

Name	Placing agency	Date of review

Views of vulnerable adults involved

Views of carers and relatives

Lessons learnt:

Issues raised	Action required	Responsible person	How will this be communicated

Agreement that Large Scale Investigation can be concluded – give details of any disagreement on this

Documentation to be sent to Adult Protection/Safeguarding Team by:	
Signed (Chair):	
Date:	
Date investigation concluded:	

Please send this copy of this with final investigation report to Adult Protection/ Safeguarding Team

23. STANDARD LETTERS

LETTER 1 – LETTER OF INVITATION - THIS ***MUST BE*** AMENDED TO SUIT THE SITUATION

HEADED PAPER

Dear

Adult Protection Meeting

An Adult Protection Joint Planning Meeting has been called to discuss PERSON'S NAME and CARE PROVIDER'S NAME AND ADDRESS .

The allegation relates to TYPE OF ABUSE by RELATIONSHIP OF ALLEGED ABUSER

Your attendance, or that of a representative of your organisation/team would be appreciated. It is essential to involve those who have relevant knowledge in order to gain a comprehensive picture of the situation.

You will be asked to provide a verbal contribution stating your concerns at the meeting. If you are unable to attend, please provide a written report and send it to me at the above address. This will be added to the minutes for circulation.

The meeting will be held at *(insert date, time and venue)*.

If you have any problems such as getting to the meeting or any difficulties caused by any disabilities, please contact me. I look forward to seeing you then.

Yours sincerely

LETTER 2 – INFORMING AN ALLEGED ABUSER OF CONCERNS - THIS ***MUST BE*** AMENDED TO SUIT THE SITUATION

HEADED PAPER

Dear

STRICTLY PRIVATE AND CONFIDENTIAL

I would like to take this opportunity to explain that a number of concerns have been raised about you/r practice.

The concerns have been raised as follows;

- ??
- ??
- ??

The Inter-Agency Adult Protection Procedure is being used to try to ascertain whether these allegations could be true. A meeting was held on DATE to discuss how to take the investigation forward. A further meeting will be held in approximately two weeks time and someone will be identified to talk to you about the conclusions reached.

Your view of the concerns raised is clearly important to this process and I hope you will work with us in trying to establish the facts about this case.

Your views will be sought through ORGANISATION and the use of their Disciplinary Policy/interview with an investigating worker. Your response will be explained at the next meeting.

I appreciate that this must be a very difficult situation for you to deal with and I will be trying to conclude this investigation as soon as possible.

Yours sincerely

LETTER 3 – CONCLUDING LETTER TO AN ALLEGED ABUSER - THIS ***MUST BE*** AMENDED TO SUIT THE SITUATION

HEADED PAPER

Dear

STRICTLY PRIVATE AND CONFIDENTIAL

I refer to my letter dated ??/??/???? in which it was explained that concerns were raised about you/r practice.

I would like to take this opportunity to confirm the conclusions reached about the allegation made against you.

The group considered the allegation and concluded that:

EXPLANATION OF CONCLUSION

(It may be necessary to include any other recommendations made by the meeting for example, training requirements)

Yours sincerely

24. LEGISLATIVE GUIDANCE

The sections below do not give a comprehensive guide to legislation relating to the abuse of vulnerable adults. In any case where legal advice is required this should be sought from suitably qualified legal professionals.

Human Rights

All references to legislation below are underpinned by the Human Rights Act 1998. It is a requirement that all public bodies including other organisations receiving public money should act in compliance with the Act. The Act contains the following articles from the European Convention on Human Rights:

Article 2: Right to Life
Article 3: Prohibition of Torture or to inhuman or degrading treatment or punishment
Article 4: Prohibition of Slavery and Forced Labour
Article 5: Right to Liberty and Security of person
Article 6: Right to a Fair Trial
Article 7: No punishment without Law
Article 8: Right to respect for private and Family Life
Article 9: Freedom of Thought, Conscience and Religion
Article 10: Freedom of Expression
Article 11: Freedom of Assembly and Association
Article 12: Right to Marry
Article 14: Prohibition of Discrimination
Article 16: Restrictions on Political Activity of Aliens
Article 17: Prohibition of Abuse of Rights
Article 18: Limitation on use of Restrictions on Rights

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	ALLEGED ABUSER		
Physical Abuse				
Hitting **Slapping** **Pushing** **Kicking** **Spitting** **Rough or inappropriate handling** **Beating** **Punching** **Shaking** **Force feeding** **Stabbing/wounding** **Burning or scalding**	Disclosure Fractures Bruising in well-protected areas Physical pain Unexplained weight loss Unexplained falls Unwillingness to undress or uncover parts of body Bite marks Pinch marks Sleep disturbances Flinching	States vulnerable adult is un-cooperative or ungrateful for care provided Lacks understanding of vulnerable adults needs Unable to provide consistent account of injuries In possession of implements/weapons that may provide explanation for unusual patterns of bruising	**Criminal Justice Act 1988** **<u>Section 39</u>** **Common Assault** **Offences against the persons Act 1861** **<u>Section 47</u>** Assault occasioning Actual bodily Harm **<u>Section 20</u>** Wounds or inflicts grievous bodily harm **<u>Section 18</u>** Wounds/causes grievous bodily harm with intent **<u>Section 21</u>** Chokes/suffocates/ Strangles	**Police** **Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Unnecessary or excessive restraint **Strangulation** **Shooting** **Poisoning**	Evidence of old injuries Burns Blisters Explanation not consistent with situation/life-style Subdued personality		**<u>Section 23 and 24</u>** Poisoning with intent to endanger life/cause GBH or with intent to injure, aggrieve or annoy **Common Law** False imprisonment	
Unlawful killing	Suspicious death		Common Law Murder Manslaughter Suicide Pacts **Domestic Violence, Crime and Victims Act 2004** **<u>Section 5</u>** Causing death of vulnerable adult in a domestic setting	**Police** **Police**
Sexual Abuse				
Rape	Disclosure	Over-enthusiastic in providing personal care	**The Sexual Offences Act 2003** **<u>Section 1</u>** – Rape	**Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Sexual assaults involving penetration of any part of body **Inappropriate touching without consent** **Causing a vulnerable adult to engage in sexual activity without consent** **Incest** **Sexual activity involving people with a mental disorder impeding choice**	Sexual intercourse without consent Explicit or sexualized behaviour Self-inflicted injuries Torn, bloody or stained clothes or bedclothes Difficulty in sitting or walking 'Love bites' Urinary tract or vaginal infections Unexplained sexually transmitted diseases Pregnancy	Excessive or inappropriate touching Unwillingness to allow vulnerable adult to e seen alone Overtly sexualised behaviour or language Personal care takes longer than it should Inappropriate or unexplained involvement with groups or couples of vulnerable adults Over-familiarity with vulnerable adult Favouritism	**Section 2** Sexual Assault by penetration **Section 3** Sexual assault **Section 4** Causing sexual activity without consent **Sections 64 & 65** Sexual activity with an adult relative **Sections 30 – 37** Offences against persons with a mental disorder impeding choice **Sections 38 – 44** Care workers: direct or indirect involvement in sexual activity involving a person with a mental disorder	

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Sexual activity involving care workers working with people who have a mental disorder	As above plus oral or anal intercourse without consent Talking about secrets involving other people			
Financial Abuse				
Withholding pension book. **Not spending allowances on individual including fees to pay for care** **Not allowing the person access to their own money** **Misuse of benefits** **Mismanagement of bank accounts** **Misuse of Power or Enduring or Lasting**	Disclosure Insufficient funds in account Account does not balance or errors found in accounting records Unable to account for funds being spent Legal papers missing Over protective of money or possessions	Evasive when discussing Finances Unexplained wealth Keenness to participate in activities involving individuals monies Income or assets of vulnerable adult does not equal that of lifestyle of that individual or that being spent by carers Unable to provide legal evidence of power or	**Theft Act 1968** **<u>Section 1</u>** Dishonest appropriation of property **<u>Section 8</u>** Robbery **<u>Section 9</u>** Burglary dwelling house **<u>Section 15</u>** Obtaining property by deception **<u>Section 15a</u>** Obtaining money transfer by deception	**Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Power of Attorney **Theft of money/property** **Denial of legal advice** **Intimidation** **Extortion** **Deception** **Fraud**	Money not readily available for activities Losses from accounts disguised Forged signatures	Enduring or Lasting Power of attorney	**Section 16** Obtaining a pecuniary advantage by deception **Section 21** Blackmail **Theft Act 1978** **Section 1** Obtaining service by deception **Section 2** Evasion of liability by deception **Mental Capacity Act 2005** **Section12 –** Attorneys may make only reasonable gifts to themselves and others which the donor may have made	**Court of Protection and Office of the Public Guardian**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Neglect				
Non-provision of necessary care or support including basic essentials that promote life and well-being.	Withholding food, drink, medication, heating, money, light, clothing, and communication Not changing continence aids or bed linen when they are wet or soiled Deprivation of necessary personal care Failure to protect from harm Removal of aids to daily living Failure to access health and social care or educational services	Ignoring/denying individuals request. Denying access to individual on request of relatives/friends/health and social care professionals Uncaring attitude/ feelings of detachment from individual Failure in updating necessary records. Failure in reporting progress to other staff/carers General lack of consideration to individuals needs. Failure to give medication. Failure to assess, recognise or manage risks	**Mental Health Act 1983** **Section 2 –** Detention for assessment of a mental disorder for up to 28 days after assessment by an Approved Social worker and 2 doctors **Section 3 –** Detention for treatment of a diagnosed mental disorder for up to 6 months after assessment by an ASW and 2 doctors **Section 4 –** Detention for up to 72 hours in emergency after assessment by an ASW and one doctor **Section 127 –** Officers, staff or Managers working in hospital, independent hospital or care home or otherwise caring for someone may not neglect or ill-treat in-patients, out-patients, care home residents	**Local Authority** **Local Authority** **Local Authority** **Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
	Abandonment Denying access to legal services, limiting personal choice Unsafe environment		**Also applies to Guardians under section 7** **<u>Section 135</u>** Warrant can be sought from magistrates by Approved Social Worker (ASW) to enter and remove a person with a mental disorder to a place of safety for assessment if it is believed that the person may be unable to care for him/herself or is being ill-treated or neglected **<u>Section 136</u>** Removal to a place of safety by a constable of a mentally disordered person found in a public place **Mental Capacity Act 2005 – <u>Section 44</u>** Anyone who cares for, acts as Deputy or Attorney for someone who they believe lacks mental capacity may not neglect or ill-treat that person	**Local Authority** **Police** **Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	ALLEGED ABUSER		
			National Assistance Act 1948 – <u>Section 47</u> Power of local authority to remove a person from their home if they are suffering from chronic disease or living in unsanitary conditions and not receiving proper care/attention. Application to Magistrates Court must be supported by Community Physician and must show that removal is necessary in the person's interests or to prevent injury or nuisance to other people **n.b. These powers may now, due to the Human Rights Act, only be applied in relation to people of unsound mind, alcoholics, drug addicts or vagrants**	**Local Authority**
Emotional/Psychological Abuse				
Threats	Disclosure	General lack of consideration to needs	**Public Order Act 1986**	**Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Restriction of freedom **Withholding of security/freedom** **Provoking fear of violence** **Threat of institutional care** **Threat to withdraw care or support** **Humiliation and ridicule** **Not treating with respect** **Denying choice/ privacy/dignity** **Shouting/yelling/ Swearing**	Frightened of individuals Stress and or anxiety in response to certain people Lack of self esteem/worth Withdrawn Unresponsive and compliant Displays compulsive behaviour Reduction in concentration Lack of trust with significant others Disturbed sleep patterns	Person perceived as being ungrateful or unco-operative Use of abusive/derogatory language Shouting/threats Denial of access to reasonable requests Discriminatory remarks Denies privacy Ignores adult Withholds affection Denies social/ cultural contact	**Section 3** Affray **Section 4** Fear or provocation of violence **Section 4A** Intentional harassment, alarm or distress **Section 5** Harassment/alarm or distress **Protection from Harassment act 1977** **Section 1** Prohibition of conduct amounting to Harassment **Section 3** Injunctions against Harassment **Section 4** Prohibition of conduct that causes another to fear	**Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Name calling **Bullying** **Cruelty** **'Mind games' i.e. raising expectations and then disappointing them** **Imposition of sanctions and punishments**	Uncharacteristic emotional behaviour			
Discriminatory Abuse				
Direct or indirect based on: **Race** **Gender** **Class** **Culture** **Disability** **Sexuality** **Age** **Religion/belief** **Value system**	Disclosure Withdrawal Rejection of inappropriate services – e.g.- food, gender of carer Low self esteem	Use of inappropriate nicknames Use of derogatory language Stereotyping Lack of understanding and /or respect of a person's needs Denial of social and cultural contact	**Crime and Disorder Act 1998** This creates racially or religiously aggravated provisions of the following offences; **Section 29** Racially aggravated assaults **Section 30** Racially aggravated criminal damage	**Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Abuse may be: ***personal*** **namely the prejudice of the person abusing** **OR** ***institutional*** **Where systems and structures directly/indirectly discriminate against potential or actual users of services provided**		Views individuals as not conforming to the system Views individual as being unco-operative May respond on being challenged with a statement similar to "I treat everyone the same"	**<u>Section 31</u>** Racially aggravated public order offences **<u>Section 32</u>** Racially aggravated harassment **Power of Criminal Courts (Sentencing) Act 2000** **<u>Section 153</u>** Requires courts to consider racial/religious hostility as an aggravating factor when sentencing for ANY OFFENCE outside Sections 29 –32 outlined above **<u>Criminal Justice Act 2003</u>** **<u>Section 146</u>** Requires courts to consider disability or sexual orientation as an aggravating factor when deciding upon the sentence for any offence	**Police**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	**ALLEGED ABUSER**		
Institutional Abuse				
Serious incidents **Frequent or repeated accidents** **Poor personal/intimate care** **Poor or dangerous moving and handling** **Poor tissue viability care** **Poor control and administration of medicine** **Inappropriate handling service users' money**	Disclosure Left on commode or toilet for long periods Lack of clothing/personal possessions Lack of stimulation/social interaction High levels of challenging behaviour No care plan Unexplained injuries Recoiling from specific carers Forced removal from place of residence without discussion with appropriate agencies	Staff viewing service users as a nuisance Poor Health and safety practices Lack of understanding re individual service users needs re disability/conditions Misuse of medical/nursing procedures including medication Rough handling Coercion Illegal restraints Inappropriate physical intervention Entrenched views	**Health and Social Care Act 2008** Require registration of all health and social care providers including NHS and independent hospitals, other healthcare providers, care homes and domiciliary agencies **Section 33** Offence of failure to comply with conditions relating to the running of the regulated service **Section 34** Offence of acting as a registered service or manager when registration is suspended or cancelled **Section 35** Offence of contravention of regulations	**CQC**

ABUSIVE ACTS	INDICATORS TO LOOK FOR		RELEVANT LEGISLATION	INVESTIGATORY AUTHORITY
	VULNERABLE ADULT	ALLEGED ABUSER		
Lack of risk assessment and risk management **Low staffing levels** **Lack of Whistleblowing policy or practices** **Service users expected to fit into oppressive or inflexible regimes** **Lack of privacy for personal care** **Service dealing with service users for which it is not registered**	Minimal outside contacts	Working alone/unsupervised Inadequately trained staff Staff feel undervalued Poor balance of experience and skills in staff team Lack of policy on sexuality and relationships Little evidence of training programmes for staff	**Section 36** Offence of using a false description of regulated services provided with intent to deceive **Section 37** Offence of making false statements when applying for registration **Section 62** A person authorized by CQC may be allowed to enter and inspect any premises believed to be regulated **Section 63** A person authorized by CQC may examine the premises and care given, inspect and take copies of records, have access to computers and associated equipment, inspect any item, interview in private any manager, worker or person receiving care at the regulated premises	**CQC**

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership - BODY MAP1 (Female)

Name of vulnerable adult: …….. Date of birth:……..……

Name of person completing body map: ……..……

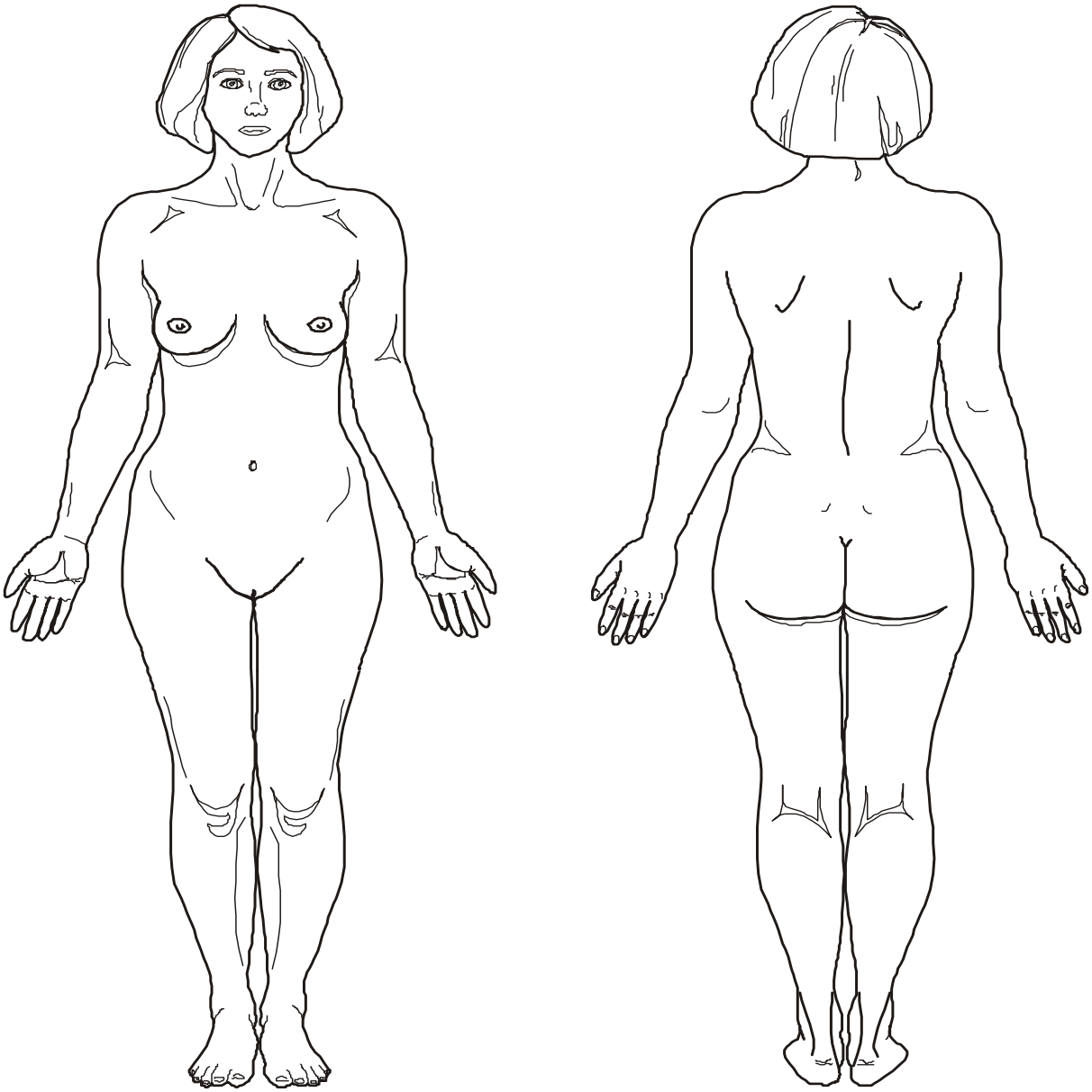
Date/time of completion: …… Date of incident/injury……..

Contact details of completing person: ……..

The Body Map is to be used by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care (as a precursor to medical/police photography). Where used, the Body Map should be submitted with the AP1 Referral forms.

Please draw on the body map, in black ink, using the following key to indicate the different types of injury (alphabetic code), and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc using arrows:

A - Pressure ulcers
B - Bruising
C - Cuts, wounds F - other (specify)
D - Excoriation, red areas (not broken down)
E - Scalds, burns



Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership - BODY MAP 2 (Male)

Name of vulnerable adult: …….. Date of birth:……..……

Name of person completing body map: ……

Date/time of completion: …… Date of incident/injury……..

Contact details of completing person: ……..

The Body Map is to be used by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care (as a precursor to medical/police photography). Where used, the Body Map should be submitted with the AP1 Referral forms.

Please draw on the body map, in black ink, using the following key to indicate the different types of injury (alphabetic code), and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc using arrows:

A - Pressure ulcers
B - Bruising
C - Cuts, wounds F - other (specify)
D - Excoriation, red areas (not broken down)
E - Scalds, burns