# Safeguarding Adults Policy

## Document Title

Safeguarding Adults Policy

## Document Description

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<tr>
<td>Service Application</td>
<td>Whole of service</td>
</tr>
<tr>
<td>Version</td>
<td>1</td>
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<tr>
<td>Policy reference no.</td>
<td>CP/2010/0008</td>
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## Lead Author(s)

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## Change History – Version Control

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<th>Version</th>
<th>Date</th>
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<tr>
<td>Draft 0.3</td>
<td>14.01.2010</td>
<td>Draft document prepared for consultation</td>
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<tr>
<td>1</td>
<td>10.02.2010</td>
<td>Final policy document ratified by Integrated Governance Committee (10.02.2010)</td>
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## Link with the Standards for Better Health Domains

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<td>02</td>
<td>2010</td>
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<td>Review Date</td>
<td>10</td>
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**Executive Summary Sheet**

**Document Title:** Safeguarding Adults Policy

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**What is the purpose of this document?**

This Policy introduces an overarching Safeguarding Adult policy to serve Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT). However, until further notice, staff of Walsall and Dudley will continue to utilise the two separate documentation/procedures operated by Dudley and Walsall Council staff. The policy acknowledges that Safeguarding is an essential element of the work undertaken within Dudley and Walsall Mental Health Partnership NHS Trust and offers guidance for frontline staff and managers concerning how Safeguarding – the protection of vulnerable adults should be undertaken.

**What key issues does this document explore?**

The policy covers local processes for ensuring effective Safeguarding is implemented to ensure vulnerable Adults are protected from harm. It also enables processes to ensure clinicians, service users and carers are able to plan and manage risks highlighted. The policy also identifies that Safeguarding Adults should not be carried out in isolation but should incorporate the consideration from past history together with the views of service users, other professionals and carers. The policy also covers monitoring arrangements within the Trust for ensuring compliance.

**Who is this document aimed at?**

All staff working within Dudley and Walsall Mental Health Partnership NHS Trust.

**What other policies, guidance and directives should this document be read in conjunction with?**


**How and when will this document be reviewed?**

This policy will be subject to review every 2 years by the policy author and in liaison with Dudley MBC and Walsall Council.
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Executive Summary

This Policy aims to introduce an overarching Safeguarding Adult policy to serve Dudley and Walsall Mental Health Partnership NHS Trust (DWMHPT). However, until further notice, staff of Walsall and Dudley will continue to utilise the two separate documentation/procedures operated by Dudley and Walsall Council staff.

The assessment and management of risk to adults is an essential element of the work undertaken within Dudley and Walsall Mental Health Partnership NHS Trust. Therefore, all staff involved with direct clinical care should be trained in the remit Safeguarding Adults.

Key issues

- Local processes for ensuring effective Safeguarding assessments are implemented and local processes for enabling clinicians; service users and carers to plan and manage risk are in place.

- Safeguarding issues must not be considered in isolation – past history should be considered as should the views of service users, other professionals and carers.

- Monitoring arrangements within the Trust for ensuring compliance.

- The abuse of vulnerable adults is wholly unacceptable and any suspected or alleged abuse of a vulnerable adult must be reported for investigation by the individual who has that concern.

- The co-ordinating responsibility for Safeguarding Adults rests with local authorities and DWMHPT is fully signed-up to the multi-agency procedures agreed in each Borough.
Section One

1.1 Introduction

This policy aim is to ensure that Dudley and Walsall Mental Health partnership NHS Trust (DWMHPT) meets the standard of compliance within national guidance for Safeguarding Adults. It is intended for all staff to safeguard the welfare of vulnerable adults and, where there are adult protection concerns, to safeguard them from harm.

Dudley and Walsall Mental Health Partnership NHS Trust is responsible for the coordination of the response to suspected or alleged abuse to vulnerable adults in its area and is committed to working in partnership with all relevant agencies to protect vulnerable adults from abuse and to raise awareness of the abuse of vulnerable adults.

This policy has been written in response to the Department of Health (DoH) document, Safeguarding Adults published in 2000 and in accordance with the DoH (2000) No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

The Safeguarding Adults: A National framework of standards for good practice & outcomes in adult protection work underpins the tenets of this policy. It applies to all individuals and agencies that have responsibility for the wellbeing and protection of vulnerable adults within Dudley and Walsall.

Partner agencies in statutory, private and third sector will have their own procedures, which provides information on the steps to be taken at local level when a Safeguarding Adults enquiry arises, and these will be compatible with the Dudley and Walsall Mental Health partnership NHS Trust own procedures.

This document has been written to:

- Ensure the safety of vulnerable adults.
- Raise awareness of the abuse of vulnerable adults.
- To provide a multi-agency framework for Safeguarding Adults within Dudley and Walsall.
- To provide agreement and ensure co-operation to work on the identification, investigation, handling and prevention of the abuse of vulnerable adults.
- To promote best practice.

The Safeguarding Vulnerable Groups Act 2006 recognises the need for a single agency to vet all individuals who want to work or volunteer with vulnerable people. It sets out the legal provisions in connection with the protection of children and vulnerable adults.

The Independent Safeguarding Authority (ISA) is a Non Departmental Public Body, which has been established to fulfil this role across England, Wales and Northern Ireland through the Vetting and Barring Scheme. (See section 2.5.8 for further information)
1.2 Principles

Everyone has the right to be treated with dignity and should expect to be able to live their life without fear of being abused. In every instance, all reasonable action should be taken to protect vulnerable adults from abuse, exploitation and/or mistreatment.

In pursuit of this objective partner agencies agree to work to the following guiding principles and to uphold these principles:

1. Recognition that all adults have the right to live their life free from violence, fear and abuse and have the right to be protected from harm and exploitation.

2. The prime concern at all stages will be the interests and safety of the vulnerable adult.

3. Vulnerable adults capable of making informed decisions, having been made aware of the choices or options available to them, should be allowed to make their own decisions about their lives. However, it should be noted that an individual’s wishes cannot undermine an individual agency’s responsibility to act.

4. Recognition that adults have the right to independence that involves a degree of risk.

5. Where the vulnerable adult does not have the mental capacity to be able to make an informed choice, any decisions and actions will be taken by those conducting the investigation and planning their protection. These will be based on a judgement of what is in the best interests of the vulnerable adult, informed, where appropriate, by discussion with relatives and carers.

6. Any action taken will respect the right of the vulnerable adult to confidentiality and will involve the least number of people necessary to secure the protection of the vulnerable adult. Action taken will be proportionate to the assessed level of risk.

1.3 Definitions

A vulnerable adult is a person aged 18 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.’ (‘Who decides’) 

The approach for vulnerable young people aged between 16 and 17 years will be through the child protection procedures. 16 and 17 years olds who lack mental capacity in relation to the identified/suspected abuse come under the MCA legislation.
Vulnerable adults could include people with:

- learning or physical disabilities
- a sensory impairment
- mental health needs
- HIV
- substance misuse needs
- dementia
- physical fragilities

1.4 What is Abuse?

The Government guidelines document ‘No Secrets’ uses the following as a basis for defining abuse:

‘Abuse is the violation of an individual’s human and civil rights by any other person or persons.’

Abuse may:
Occur in any relationship and may result in significant harm to, or the exploitation of, the person subjected to it.

Consist of single or repeated acts. It may be emotional, physical, sexual or psychological. It may be through an act of neglect or through an omission to act.

Occur because the vulnerable adult is persuaded to enter a financial transaction or sexual act to which they have not, or cannot consent

Reflects a lack of respect and is an infringement of legal and civil rights. It may be an abuse of power and may constitute a criminal act

Be a single incident or omission, but is more likely to be part of a systematic pattern. These underlined patterns of harmful or potentially harmful behaviour should be investigated

Occur because of a failure to act or a failure to undertake appropriate care tasks

Take place in a variety of settings. These can include a person’s own home, a relative or friend’s home, a day centre, hospital or a residential or nursing home

Take place within both personal and professional relationships. It can be carried out by other service users or people who deliberately form a relationship with a vulnerable person in order to exploit them

Criminal acts carried out by strangers are not usually included within the Corporation’s definition of abuse but in some cases it may be appropriate to use the Safeguarding Adults Procedure to ensure that the vulnerable person receives the services and support needed.
1.5 Types of Abuse

**Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

**Sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

**Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with Wills, property or inheritance or financial transactions, or the misuse or misappropriation or property, possessions or benefits.

**Neglect and acts of omission**, including ignoring medical or physical needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. This may be deliberate or by default where the perpetrator is unable to provide the care or recognise the need for that care.

**Discriminatory abuse**, including racist, sexist, abuse or that based on a person's disability and other forms of harassment, slurs or similar treatment.

**Institutional Abuse**, occurring within residential, nursing or day care settings and in hospitals and includes abuse by a regime as well as by individuals. Examples may include overcrowded or rundown conditions, authoritarian or rigid management, staff not taking account of individual religious or cultural needs.

1.6 Indicators of Abuse

The following list of indicators will help in recognising adult abuse. The list is not exhaustive and mistreatment may occur when none of these factors are present.

Equally, the presence of one or two of these conditions does not necessarily indicate abuse. However, a cluster or the recurrence of one or more raises the probability and may justify referral and investigation.

**Physical signs**
- General unhappiness or depression and low self-esteem
- Excessive drowsiness
- Marks appearing to be burns which are not consistent with the explanations given
- Bruising to inner arms or thighs
- Bruising around wrists or ankles, suggesting the use of restraints
- Injuries to head, scalp or face
- Poor or inappropriate nutrition
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- Dehydration
- The absence of spectacles, hearing aids or stability aids (if these are usually needed)
- Signs of sexual abuse (whether threatened or actual)
- Frequent minor injuries
- Clothes or bedding which are dirty
- Historical signs
- A history of falls
- Frequent minor injuries
- Suicide threats
- Injuries inconsistent with the history given
- Prescribed medication not being administered
- Frequent visits to the GP with the Carer.
- Environmental signs
- Inadequate living conditions (e.g. heating, waste disposal, food supplies, cooking facilities)
- Unclean clothes or bedding, particular infestation
- A marked contrast between the appearance and personal hygiene of the person and the carer
- A marked contrast between the living areas of the person and the carer in relation to quality, facilities, comfort and cleanliness
- Clothing or personal items which are shared with relatives or other residents.

1.7 Who might be the Abuser?

Vulnerable adults may be abused by a wide range of people including 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.

There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the vulnerable person.

Agencies may also have a responsibility to some perpetrators, such as:

- A member of staff, proprietor or service manager
- A member of a recognised group
- A volunteer or member of a community group
- Another service user
- A spouse, relative or member of the person's social network
- A carer, i.e. someone who is eligible for an assessment under the Carers (Recognition and Services) Act 1995
- A neighbour, member of the public or stranger; or
- A person who deliberately targets vulnerable people in order to exploit them
Why a carer might become prone to abuse a vulnerable adult

It is important to consider this issue in order to raise awareness and ensure that carers receive appropriate assistance and support to reduce the likelihood of them committing an abusive act. In some circumstances, the carer may have been abused in the past by the person for whom they are now caring. However, abuse is most likely to occur in the following situations:

- When the person has an illness or condition which affects memory, mobility and general functioning
- When the family is under stress because of low income or debt
- When the family is in poor, inadequate or inappropriate housing, where there is little personal space
- When the caring responsibility has been imposed and the carer is unable to accept the nature of the person's disability for whatever reason
- When the person has a physical and mental dependence on a key family member and will only accept care from that person or demands care from that person only
- When family relationships have been poor or there has been a breakdown in communication.
- When there has been a reversal of roles of the carer and the person or a change in perception of the person by the carer
- When violent behaviour within the family has been usual
- When there has been considerable change or deterioration in the carer's lifestyle or circumstances (particularly if this is a direct result of the caring role)
- The carer does not understand the nature of the persons condition
- Inadequate support from statutory bodies

1.8 The Legal Framework

Agencies will ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to prevention and protection from abuse within the framework of:

The Mental Health Act 1983
The NHS and Community Care Act 1990
The Human Rights Act 1998
The Youth Justice and Criminal Evidence Act 1999
The Care Standards Act 2000
The Mental Capacity Act 2005
The Care Programme Approach
The National Care Standards for Older People
The National Standards for Domiciliary Care Agencies
New Horizon (2009) – A shared Vision for mental Health
Local strategies arising from the National Service Frameworks for Mental Health (1999) and for Older People (2000) and the aims set out in Valuing People, for People with Learning Disabilities (2000)

More information on how these acts should be seen in the context of safeguarding adults enquiries can be found in Section 2 Practice Guidance.
1.9 Responsibilities

1.9.1 The Safeguarding Adults Board

Dudley and Walsall Council have each developed a Safeguarding Adults Partnership Board, which has membership from all agencies that work with vulnerable adults. All members from these various agencies are invited to meetings held periodically, usually every three months. The purpose of these meetings is for all partners to be updated in relation to the work that Adult Services are doing in relation to safeguarding adults and how well multi-agency work is contributing to protecting vulnerable adults.

1.9.2 Monitoring/ Audit

Assistant Director (LA) with Adult Safeguarding responsibilities will provide an overview of trends and issues within the field. Data quality reports are monitored and reported via Safeguarding leads.

In Dudley local authority an internal quarterly case review/ audits for Safeguarding cases identified from their Data Set

In Dudley on a day-to-day basis data quality reports are regularly pulled off the recording system and checked for missing information and data entry errors. The relevant team managers are then contacted to ensure the data is correct. The Administration Team also keep a tracking log of all mental health Adult Safeguarding referrals and ensure that all paper work is present and correct. This is also cross checked with the number of referrals declared each month.

In Walsall All Adult Safeguarding Referrals are received and monitored by the Adult Safeguarding Team who provide quarterly reports to the Walsall Multi-Agency Adult Safeguarding Committee.

The Learning and Development Department will keep records of attendance at all Safeguarding Adult Training to monitor compliance with the Trust’s training expectations.

Compliance with the Safeguarding Adult Policy will be monitored through both the annual Safeguarding audits as outlined within the Trusts Annual Audit Programme. This audit activity will be co-ordinated and monitored by the Governance Department.

Audit results and findings will be reported to the Integrated Governance Committee, and any remedial actions required cascaded through the Trust across both localities. Monitoring for compliance against such identified actions will be undertaken through the Embedding Lessons Group

Ongoing work to promote best practice in this area will include:
- Developing and agreeing interagency policies and procedures consistent with ‘No Secrets’ 2000
- Reviewing the effectiveness of the Policy for Safeguarding Adults
- Evaluating the DWMHPT performance in relation to the requirements of the Policy

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- Ensuring appropriate coordinated, responses and commitment relation to (Safeguarding Adults)
- Monitoring incidents of abuse and the Safeguarding Adult process that follows, by producing an annual report that evaluates the developments and prevalence of abuse (including number of allegations, investigations and outcomes reached and recorded)
- Ensuring the delivery of learning and development opportunities such as structured, inter agency training to staff as well and ongoing supervision
- Encouraging open communication and effective liaison between all relevant agencies in regard to Safeguarding Adults
- Applying lessons learnt from national and local research and experience
- Ensuring agreement and understanding across Dudley and Walsall Council about operational definitions and thresholds for intervention
- Assisting in educating the public in relation to Safeguarding Adults and protection from abuse
- Recognising the role that each agency can play in assisting vulnerable adults to live lives free from abuse and exploitation

Under ‘No Secrets’ (2000) Adults Social Care Services are the designated Lead Agency and have a statutory duty to protect vulnerable adults, to assess their needs and provide care and services where they are found eligible. However neither Dudley nor Walsall Councils operate in isolation. Following an allegation of abuse a number of investigations may be required and co ordination of the action will be necessary via the strategy meeting.

The investigation could include:
- Police investigation of a crime
- Care Quality Commission (CQC)
- An investigation by the Corporation’s contracts section
- A disciplinary investigation
- A health trust investigation
- A social services led safeguarding adults investigation
- An insurance investigation

An initial safeguarding adult’s alert may be received from partner agencies, friends, relatives, carers, members of the public, or by the victim. All cases of suspected abuse are to be referred to Local CMHT managers who have a duty in collaboration with all other involved agencies to assess the needs of, and provide care to, vulnerable adults.

If appropriate the Safeguarding Adults Procedure will be used. Please refer to Dudley or Walsall Multi-agency Adult Safeguarding Procedures in appendices 1 & 2 within which procedures are described in more detail.

A referral will be produced.

The social worker/Nurse making the initial assessment will consult with their line or duty manager, who will make a decision about whether or not the safeguarding adult’s procedures should be evoked. If they are unable to consult with their manager they will discuss the case with the Assistant Team Manager/Senior Practitioner/Clinical Lead or Head of Social Care for Dudley and Walsall MHPT who will make the decision. For residents of Walsall, the
For Dudley referrals, the Team Manager will chair the meeting. In Walsall however, the Adult Safeguarding Unit (ASU) will coordinate the management of the case. Dependent on where the referral is received, the appropriate manager will organise a strategy meeting or a strategy discussion, whichever might be required in the first instance. This will depend on the urgency to act and the seriousness of the allegations.

An Investigating Officer will be agreed. Although Adult Services usually act as the lead agency the multi disciplinary approach to joint working may result in the investigating officer being from another agency.

A safeguarding investigation will take place. The lead worker appointed in the Strategy Meeting will be a Social Worker with 2 years post qualification experience or a Community Psychiatric Nurse with equivalent experience in mental health, provided they have received the appropriate training in adult safeguarding investigations.

A safeguarding plan will be put in place to protect the adult from future abuse and or significantly reduce risk factors.

The situation/case will be reviewed by an allocated social worker/Nurse.

Recording will be done throughout the process, but the outcome will be recorded and monitoring done in relation to the situation.

**Lead Responsibilities**

The Assistant Director for Dudley with lead responsibility for safeguarding adults must be informed of any Safeguarding Adults concern arising in any agency and of the action being taken. In Walsall the ASU leads on Adult Safeguarding and in Dudley the relevant Team Manager co-ordinates the work.

Following notification, they have over-all responsibility to ensure that:

- Action being taken by agencies is co-ordinated and monitored.
- A decision is made in consultation with that agency on whether, after initial inquiries there are grounds to instigate an investigation, in line with the Safeguarding Adults Policy and Procedures.
- A multi-agency Safeguarding Adults Strategy is formulated, and ideally a Strategy Meeting is held in the first instance to ensure that all the relevant agencies are involved. In Dudley, where possible the Lead Manager will chair these meetings, or will appoint another manager to convene the meeting. In Walsall the ASU chair the meetings.
- They conduct of the enquiry and decide who will conduct the investigation.
- A record is taken of the decisions made at the Safeguarding Adults Strategy Meeting and that this information is shared with attendees.
The Safeguarding Adults plan is co-ordinated.

An overview is maintained where staff disciplinary proceedings or police investigation procedures are being followed.

Those with a need to know, including the vulnerable adult are kept informed of the proceedings.

Any Safeguarding Adults monitoring documentation is completed.

An update on Safeguarding Adults is delivered at the Partnership Board as requested.

1.9.3 Multi-agency collaboration

Multi-agency collaboration takes place.
The Police act as the Lead Agency

Where a crime has alleged to have been committed in relation to an adult abuse enquiry the police will act as the lead agency. This may be in relation to:

- sexual abuse
- physical abuse
- financial exploitation
- theft and fraud
- some forms of psychological abuse

In such cases, early referral and consultation with the Police is essential, either directly or through Adults Social Care Services. No action should be taken in relation to the investigation without their agreement. This applies to all other investigations including disciplinary, or investigations carried out by CQC or Adult Social Care Services. Although the process may not always result in criminal proceedings, the Police have a statutory duty to the victim to assist, support and obtain evidence of alleged offences and a responsibility to investigate a reported crime as well as interview any identified suspects.

The following points should be borne in mind:

- A higher standard of proof is required in criminal proceedings (beyond reasonable doubt) than is required for civil, disciplinary or regulatory proceedings.
- Early referral or consultation with the Police will enable them to establish whether a criminal act has been committed and this will give them the opportunity to determine if, and at what stage, they need to become involved.
- Early involvement of the Police will ensure that forensic evidence is not lost or contaminated.
- Police officers are skilled in investigating and interviewing, and early involvement may prevent the abused person being interviewed unnecessarily on subsequent occasions.
1.9.4 Other Health Services
There are services in both hospital settings and in the community that may identify actual or potential abuse of vulnerable adults.

1.9.5 Within the Hospital
Within the Hospital staff play a vital part in responding to emergencies and will be responsible for the immediate safety of an adult at risk if medical care is required or mental health needs are to be addressed. Allegations or incidents of abuse in hospital settings may be subject to investigation under the Serious Untoward Incident Procedures. Like other agencies, health providers are required to work with other partners in a multi-disciplinary fashion to ensure an individual’s needs are met adequately. All staff are responsible for reporting instances of alleged, suspected or actual adult abuse to Adult Social Care Services through their line managers.

1.9.6 In Community
The services where a vulnerable adult may be identified will be referred onto either:
- Community Nursing
- General Practitioners
- Community Psychiatric Nurses and related Mental Health Professionals
- Ambulance Services
These services may be involved in assessing and meeting the needs of an abused vulnerable adult and determining their capacity to be involved in the Safeguarding Adults Process.

1.9.7 Care Quality Commission CQC
The Care Quality Commission (CQC) is a regulatory body that monitors the performance of social care provision as well as the performance of social services. All investigations relating to residential or nursing homes or domiciliary care agencies used within Dudley and Walsall Council will involve CQC.

Any investigation carried out by CQC will usually have a different focus, examining general issues concerning the care of residents or service users, rather than the particular circumstances of an individual adult.

The investigation carried out by CQC will be independent of the investigation carried out by social services or the police, but information should be shared and CQC should be invited to participate in the strategy meeting prior to any investigation.

In relation to the protection of vulnerable adults, the CQC will:
- Ensure that vulnerable adults are protected under the application of the law.
- Monitor the fitness of owners and manager.
- Ensure the ongoing suitability of care workers.
- Investigate the measures put in place by independent sector owners.
- Assist the police with any enquiries.
- Contact the authorities who have made placements.

Where an allegation of abuse is made concerning a vulnerable adult in a care
setting a referral must be made to the CQC regional office which regulates the care provision in that area. This has to be done within 24 hours.

There are National Minimum Standards for all aspects of social care services that are regulated and these will include standards on adult protection. For more information on the work of the CQC as well as Inspection reports on providers see: www.cqc.org.uk.

1.9.8 Private and Voluntary Sector
The Private and Voluntary Sector have an important part to play in safeguarding adults within Dudley and Walsall and may work with people who may not use statutory services. Private and Voluntary organisations have a duty to make available the appropriate resources to safeguard vulnerable adults. If they suspect abuse they have a duty to report it to the Adult Services team. They must also notify the regulatory body if they are a registered provider.

Where there are concerns of abuse, homes are required to notify registration authorities, they will also be advised to contact the host and placing authorities.

1.9.9 The Adult Services Commissioning Team
Officers involved in contracts and commissioning will be invited to participate in strategy meetings/case conferences. When all safeguarding investigations have been completed, they may then investigate into the circumstances surrounding an allegation of abuse of a vulnerable adult, when it occurs in a setting where services have been purchased or commissioned.

The focus of their investigation will be the standards required in the provision of services outlined in the contract. In such cases a team member would be expected to attend the strategy meeting prior to an investigation.

1.9.10 Responsibilities for Host Authorities
The host authority is the one in which the abuse occurred and will always take lead responsibility for the initial referral, irrespective of where the service user was placed from. The host authority will co ordinate initial information gathering, background checks and ensure prompt notification to the placing authority and other relevant agencies. Where abuse has occurred in a residential or nursing home setting the host authority must consider that other people could potentially be at risk and enquiries should be carried out with this in mind.

1.9.11 Responsibilities of Placing Authorities
The placing authority will be responsible for providing support to the vulnerable adult and planning and reviewing their future care needs. Where abuse is reported the placing authority should nominate a link person for liaison purposes during the investigation. This person should be invited to the strategy meeting and maybe required to provide written reports
1.10 Failure To Investigate
If the Police, DWMHPT, PCT or Adult Social Care Services fail to investigate any allegation of abuse, service users, carers, relatives or partners are entitled to use the relevant complaints procedure.

If one agency or section believes another agency or section not to be fulfilling its obligation to investigate or contribute to the investigation then a complaint should be sent to the manager of the section or agency concerned.

If a satisfactory response is not received then the complainant should;
- Consult with their own manager
- Discuss with the Assistant Director with lead responsibility for safeguarding adults.

1.11 Training
High quality supervision, support and training for staff is crucial in promoting effective practice. It is expected that all staff responsible for Safeguarding Adults will attend the training provided by the Dudley / Walsall Council and the Trust.

The Trust will seek to ensure that appropriate training is provided to all relevant staff in order to implement this policy. Training to underpin this policy will be provided as identified in the Trusts Training Needs Analysis. Such training will be undertaken with assistance from the Dudley and Walsall Council.

1.12 Process for monitoring compliance
Safeguarding procedures within the Trust will subject to regular monitoring and audit.

This as a minimum will include:
- Monthly exception reporting to the Integrated Governance Committee
- Quarterly update reporting to the Integrated Governance Committee
- Annual full reporting to the Integrated Governance Committee
Section Two - PRACTICE GUIDANCE

2.1 Confidentiality And Information Sharing

2.1.1 The Government guidance document ‘No Secrets’ recognises that there are circumstances in which it will be necessary to share confidential information.

2.1.2 This Multi-agency Policy and Procedures document establishes a general principle within agencies that an incident of suspected or actual abuse will be reported and that in so doing, some information will need to be shared. Decisions about what information is shared and with whom, will be made on a case-by-case basis.

2.1.3 The balance between protecting the interests of vulnerable people and respecting their autonomy and confidentiality is difficult to strike. Inevitably individual practitioners will have to exercise judgement and decisions around information sharing and intervention and should be looked at on a case-by-case basis.

2.1.4 Workers in all agencies should consider the complexity of the situation in which the vulnerable adult(s) might find themselves, as well as their mental capacity and should talk to them about the concerns and the risks involved.

2.2. Confidentiality Guidance

2.2.1 Information will only be shared on a “need-to-know basis” when it is in the best interest of the patient/service user.

2.2.2 Confidentiality must never be confused with secrecy (i.e. the need to protect the management interests of an organisation should not over-ride the need to protect a vulnerable adult).

2.2.3 It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in situations when other people may be at risk.

2.2.4 Individuals normally have a right to decide how they wished to be helped and if they have capacity should be a contributing to the Safeguarding Adults Assessment Strategy and the process as a whole. They should be supported in their decisions as to how they wish to proceed should they find themselves in a situation where they are abused.

2.2.5 There will be circumstances when the wider public interest will outweigh the responsibility to any one individual. In this situation the vulnerable adult should be informed of the duty to pass on the information, to who the information is to be passes and the reason for doing so.

2.2.6 It should not be assumed that consent to the sharing information regarding one particular set of circumstances gives consent to share information about another different set of circumstances.
2.2.7 Difficulties in working with the principles of maintaining confidentiality of the vulnerable adult should not lead to failure to take action to protect that adult from abuse.

2.2.8 Where language or communication difficulties exist it is important to use independent advocates and independent interpreters to liaise with the adult to gain consent for sharing information. A family member should not be used for interpretation purposes, nor someone from a local cultural or religious organisation of which the victim or suspected abuser is a member.

2.3. Capacity, Consent and Best Interests

2.3.1 Mental Capacity Act 2005 (MCA)
The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.

The whole Act is underpinned by a set of five principles:

i. A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

ii. The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.

iii. That individuals must retain the right to make what might be seen as eccentric or unwise decisions.

iv. Best interests – anything done for or on behalf of people without capacity must be in their best interests; and

v. Least restrictive intervention – anything done for or on behalf of people with capacity should be the least restrictive of their basic rights and freedoms.

The Act introduces a new criminal offence of ill treatment or wilful neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to five years.

2.3.2 Capacity
The above principles and issues of capacity defined by the MCA 2005 are central to our understanding of adult abuse. Wherever possible, it is essential that vulnerable adults understand the nature and effects of the alleged abuse and the choices and possible outcomes facing them. In the context of adult abuse there are two stages at which the capacity to give consent requires consideration:
Safeguarding Adults policy

1. The act, relationship or situation that constitutes the allegation of adult abuse
2. Any actions that professionals wish to take to investigate the matter further and to take steps to prevent further abuse.

2.3.3 Although a vulnerable adult may not have consented to the abusive act, he or she may not agree to any subsequent agency intervention. It is important to establish a vulnerable adult's capacity, on each particular issue/area of concern, at an early stage in the investigation. This is necessary to ensure that his/her rights are not violated under the Human Rights Act 1998.

2.3.4 The Mental Capacity Act 2005 (MCA) states that an individual lacks capacity if they are unable to make a particular decision. This inability must be caused by an impairment or disturbance in the functioning of the mind or brain whether temporary or permanent.

It introduced the two-stage test of capacity as follows:
Stage 1: "Is there an impairment of, or a disturbance in, the functioning of the person’s mind or brain". If so
Stage 2: “Does that impairment or disturbance make the person unable to make that particular decision.”
Both stages MUST be applied and shown to apply for the person to be deemed as lacking capacity.

2.3.5 The MCA states that the person will be unable to make the particular decision (stage 2) if after all appropriate help and support they cannot do one of the following:

- Understand information given to them
- Retain that information long enough to be able to make the decision
- Weigh up and use the information available to make a decision
- Communicate their decision (whether by talking, using sign language, blinking or any other means)

2.3.6 If it is shown that the person lacks capacity to make a particular decision then the decision maker must act in that person’s ‘best interests’ as defined by the MCA 2005 – see 2.3.8

2.3.7 Consent
"Consent is the voluntary and continuing permission of a patient to be given a particular treatment, based on a sufficient knowledge of the purpose, nature, likely effects and risks of that treatment, including the likelihood of its success and any alternatives to it. Permission given under any unfair or undue pressure is not consent." (Mental Health Act 1983(MHA) code of practice 2008, 23.31)

“For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question” (Reference guide to consent for examination or treatment 2009)
Permission given under any unfair or undue pressure is not ‘consent’.

There are a number of decisions for which consent cannot be given on behalf of an incapacitated person using the MCA 2005 – for example consent to marriage, divorce or sexual relationships. However a lack of capacity to formally consent to a sexual relationship would not necessarily mean that it should be prevented or discouraged – the key issue is are both parties willing and content for it to continue? Should there be signs of abuse or exploitation, to either party, a report to the police should be made.

The Sexual Offences Act 2003 identifies a range of offences against ‘persons with a mental disorder impeding choice’. These include specific offences relating to sexual activity between a care worker and a person with a mental disorder.

2.3.8 Best Interest

Where it is shown that a person lacks capacity under the MCA 2005 in determining what is in the person’s best interest the decision maker must consider the items listed in the Acts best interests checklist as given below:

a) Encourage the person to take part as much as possible
b) Identify all relevant circumstances
c) Find out the person’s past and present wishes and feelings, beliefs, values and any other factors they would be likely to consider if they had capacity, including any advanced statements
d) Assess whether the person might regain capacity
e) If the decision concerns life-sustaining treatment then the best interests decision should not be motivated by the desire to bring about the person’s death.
f) Consult with others where it is practical and appropriate to do so. This includes
   (i) anyone previously named as someone to be consulted
   (ii) anyone engaged in caring for the person
   (iii) close friends, relatives or others with an interest in the person’s welfare
   (iv) any Attorney or Deputy of the Court
(g) Avoid restricting the person’s rights by using the least restrictive option
(h) Abide by any advanced decision
(i) Take account of any report by an Independent Mental Capacity Advocate (IMCA) where one is involved
In determining for the purposes of this Act what is in a person’s best interests, the person making the determination must not make it merely on the basis of

(a) the person’s age or appearance, or
(b) a condition of his, or an aspect of his behaviour, which might lead others to make unjustified assumptions about what might be in his best interests.

2.3.9 When determining ‘best interests’ in safeguarding issues staff must also refer to chapter 14 of the MCA 2005 code of practice as some items of the ‘best interests’ checklist may not be appropriate for the particular case. Where not appropriate the reason should be clearly documented.

2.4. Preserving Evidence

2.4.1 The term “victim” is used in place of vulnerable adult as the following has been written from the perspective of the Police.

2.4.2 Whilst your first concern will be the immediate well-being of the victim, your efforts to preserve evidence may be vital. When Police involvement is required following suspected physical or sexual abuse, they are likely to be on the scene quickly. To enable the Police to investigate effectively, it is imperative that vital evidence is preserved. For that short time before the Police arrive, what you do or do not do, can make a vital difference. What follows is a checklist that may help to ensure that evidence is not destroyed.

In all cases, the following apply:

Obtain consent before examining the victim

- Where possible, leave things as and where they are. If anything has to be handled, keep this to a minimum.
- Do not clean up. Do not touch what you do not have to.
- Leave weapons where they are unless they are handed to you. If you have to receive them, take care not to destroy fingerprints. Do not wash anything or in any way remove fibres, blood etc.
- If you have been given items of possible interest, e.g. a weapon, avoid handling them wherever possible. Keep in a safe, dry place until the Police are able to collect.
- Preserve the clothing and footwear of the victim. Handle these as little as possible.
- Preserve anything used to comfort or warm a victim – e.g. a blanket.
- Note in writing the state of the clothing of both alleged victim and alleged perpetrator. Note injuries in writing. Make full written notes on the conditions and attitudes of the people involved in the incident.
- Note and preserve any obvious evidence such as footprints or fingerprints.
- Secure the room and do not allow anyone to enter until the Police arrive.
In addition, in cases of sexual abuse, the following apply:
- It is crucial for both the victim and the alleged perpetrator to be medically examined for forensic evidence at the earliest opportunity.
- This examination will always be carried out by an appropriately trained Forensic Surgeon.
- Physical contact with the victim or alleged perpetrator should be avoided as cross-contamination can destroy evidence.
- Preserve bedding where appropriate.
- Note and preserve any bloody items.
- Preserve any used condoms.

In any instance where a victim is seriously injured and is taken to hospital, ask that a sample of blood be taken before any transfusion is given as a transfusion will invalidate evidence in relation to blood.

2.4.3 Methods of Preservation

For most things, use clean brown paper, a clean brown paper bag or a clean envelope. If using an envelope, do not lick it to seal.

For liquids, use clean glassware. Do not handle items unless it is necessary to move them and make them safe.

These are obviously ideal solutions and may not be possible at a time of trauma. Do the best that is possible in the circumstances.

2.5. Legal Framework

2.5.1 The Legislative issues relating to protection of vulnerable adults are complex. The existing legal framework is not wholly effective in protecting vulnerable adults, and not very helpful in balancing the issues of autonomy, individual rights and protection.

Significant aspects of the existing legislation are recorded in the enclosed information, which is not fully comprehensive and does not suggest legal interpretation of existing legislation. It is simply a general guide and managers are advised to seek specific individual advice from their legal advisors or local Police if necessary.

‘No Secrets’ guidance document issued by the Department of Health under section 7 of the Local Authority Social Services Act 1970 has placed the lead responsibility for adult protection with Social Services. However, it also requires all agencies including DWMHPT to work in partnership to address the abuse of vulnerable adults in line with locally agreed multi-agency policies and protocols.

2.5.2 The National Assistance Act 1948

Section 47 gives power to a local authority or community physician to apply to a Magistrates Court for an order to remove an adult from a situation, if necessary, to prevent injury to his/her own health, or to prevent serious nuisance.
This section applies to adults who are:

- Suffering from grave chronic disease; or
- Being aged, infirm or physically incapacitated, are living in unsanitary conditions
- Unable to devote to themselves and are not receiving from other persons proper care and attention

In practice, this section of the National Assistance Act is rarely used. However, its use could be considered if there is no alternative and the risk is considered to be very grave. An order will last for up to three months depending on the circumstances in which it is obtained.

Only in exceptional circumstances would Section 47 allow a local authority to take into residential accommodation an adult who was the subject of verbal or physical mistreatment. So far as financial mistreatment is concerned, Section 47 could be used to cover the situation of an adult whose money was being misused to the extent that the other conditions set out above were satisfied. However, this would only assist in cases of financial abuse if it enabled a person who was exploited to be removed from the control of the abuser.

### 2.5.3 Deputy of the Court (Court Appointed Deputy) (MCA 2005)

Where a person lacks capacity an application can be made to the Court of Protection for the appointment of a deputy. This can be for decisions on property and affairs (ie finances) and/or personal welfare (includes health care). The Courts determine what decision(s) the Deputy can make and for what duration. If more than one deputy is appointed then they will either work jointly or jointly and severally. Where a decision is on finances and the person’s only income is benefits then an ‘Appointee’ is used – see 2.5.5. For more information on Deputies see MCA 2005 code of practice chapter 8.

Relevant forms and fees for deputy applications are available from the Public Guardian www.publicguardian.gov.uk tel: 0845 330 2900 or 0300 456 0300

### 2.5.4 Lasting Power Of Attorney (LPA’s) (MCA 2005)

The MCA 2005 allows a person aged 18 and over, with capacity, to appoint an attorney(s) to act on their behalf if they should lose capacity in the future. There are two powers – personal welfare (including health care) and property and affairs. Attorney’s are the person’s choice but must be 18 or over. If a person has been bankrupt they cannot make a property and affairs power or be a property and affairs attorney.

LPA’s must be registered before they can be used. Once registered the attorney then becomes the legal substitute decision maker, for the decisions listed in the power. For personal welfare attorney’s the attorney can not exercise their power unless the donor has been assessed as lacking capacity for the particular decision in question.
Safeguarding Adults policy

For property and affairs the attorney may be able to exercise their power whilst the donor still has capacity if this is stipulate in the power. In both cases staff should see the relevant documentation before allowing an attorney to make a decision and must also check that it has the public guardian stamp as evidence of being registered. Staff need to check the documentation to be clear on what decisions the attorney can legally make for the donor. For more information see chapter 7 of MCA 2005 code of practice.

Forms for LPA’s are available from the Public Guardian, as above, and a solicitor is NOT required for this process.

2.5.5 Enduring Powers of Attorney (1985)
These are for property and affairs only and if ‘taken out’ before 1st October 2007 are still legal and valid and can be registered after that date. See chapter 7 of MCA 2005 code of practice.

2.5.6 As well as following local procedures the Public Guardian must be informed if a Deputy or Attorney is the perpetrator of suspected or actual abuse. A joint protocol for safeguarding vulnerable adults is available on the Public Guardian website.

2.5.7 If there is doubt as to whether an individual is either an LPA, EPA or Deputy then health and social services staff can contact the Public Guardian and request to access the register for confirmation (no charge). This will be given in writing and the Office of the Public Guardian will inform you as to the waiting time for receiving the information. Others can also make this request but will be charged a fee.

2.5.8 Appointee

The Department of Work and Pensions (DWP) can appoint someone else to receive the adult’s benefits and to use that money to pay expenses such as household bills, food and personal items. An appointee should be a close relative or friend or someone who is regularly in contact with the adult. The person who is willing to act as the appointee must contact the local DWP office, who will arrange to interview the adult to decide whether they are mentally or physically incapable of acting on their own behalf. The Appointee can give one month’s notice of their intention to cease the arrangement and the DWP can end the arrangement at any time if it is not working satisfactorily. Some adults unfortunately have no-one to whom they can turn when they need an Appointee.

The DWP Policy Unit considers that Adult Services should assist in that event. An individual within Social Services must be named to take this on. Some adults are not capable of giving informed consent to the appointment of an appointee. The DWP Policy Unit considers that an appointment can, in appropriate circumstances, still be made.
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2.5.9 The Mental Health Act (MHA) 1983

Under Section 115 an Approved Mental Health Act Professional (AMHP) may at all reasonable times enter and inspect any premises in which a mentally disordered adult is living if there is reasonable cause to believe that the patient is not under proper care.

Section 135 allows an AMHP to apply for a warrant to search for and remove adults where there is a reasonable cause to suspect that an adult believed to be suffering from a mental disorder has been, or is being, ill-treated or neglected and not kept under proper control, or is unable to care for himself or herself and is living alone.

Section 136 allows for a police officer to intervene if the adult is in a public place (e.g. wandering outside of their home).

Section 127: Ill-treatment of patients makes it an offence for an officer or an employee or a manager of a mental nursing home or hospital, to “ill-treat or willfully neglect” a patient who is either:

- Currently receiving treatment for mental disorder as an in-patient in that hospital or home
- A patient receiving treatment as an out-patient

This sub-section has rarely been used but potentially could include the mistreatment of a mentally disordered adult by any carer – informal or otherwise.

2.5.10 The Care Standards Act 2000 (and Associated Regulations)

This act gives powers to authorised staff of the regulatory body to enter and inspect organisations providing care services to vulnerable adults either in the community or residential establishments. All such homes must be registered with the Care Quality Commission.

If service providers persistently fail to comply with regulations, then their registration may be cancelled or they may be prosecuted.

If officers of the Commission consider there is serious risk to “the life, health and/or wellbeing of residents”, then they may obtain an order for the immediate closure of the home.

2.5.11 The Independent Safeguarding Authority (ISA).

The Independent Safeguarding Authority (ISA) has been created to help prevent unsuitable people from working with children and vulnerable adults. It was set up in January 2009 and came into full effect in October 2009. The ISA remit is to carry out vetting based on referrals from employers and other sources and taking barring decisions to safeguard both children and vulnerable adults.
Safeguarding Adults policy
ISA does this by working in partnership with the Criminal Records Bureau (CRB) and other delivery partners. Read more about how we will provide this service.

**Vetting and Barring Scheme (VBS)**

Increased safeguards have now been introduced to strengthen safeguarding arrangements under the Vetting and Barring Scheme, from October 12th 2009:

It is now a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults in a wide range of posts - including most NHS jobs, Prison Service, education and childcare. Employers also face criminal sanctions for knowingly employing a barred individual across a wider range of work;

The three former barred lists (POCA, POVA and List 99) are being replaced by two new ISA-barred lists;

Employers, local authorities, professional regulators and other bodies have a duty to refer to the ISA, information about individuals working with children or vulnerable adults where they consider them to have caused harm or pose a risk of harm. Referral forms and referral guidance are available. VBS Guidance is also available covering the increased safeguards and the duties to refer introduced from the 12th October.

**Please note:** ISA-registration for the Vetting and Barring Scheme does not start for new workers or those moving jobs until July 2010 and ISA-registration does not become mandatory for these workers until November 2010. All other staff will be phased into the scheme from 2011. Further information on how to apply for registration will be provided in due course.
2.5.12 The Care Quality Commission (CQC)

The Care Quality Commission (CQC) have the power to refer individuals to ISA if, through evidence that comes to light in the course of their regulatory functions, they consider that a worker not already referred to ISA by their employer is guilty of relevant misconduct. This power may be used in cases where a care home has been closed and the owner refuses to co-operate or in small establishments where the owner may be directly involved in care provision and has caused harm him/herself.

In the Home Office Circular 19/2000 Domestic Violence, the Home Secretary indicates that violent assault or brutal or threatening behaviour within a domestic setting is as serious as violent assault by a stranger. Accordingly, Police Force policy concerning responses to domestic violence should, the circular indicates, contain undertakings, which include: An overriding duty to protect victims and children (if applicable) from any further violence.

Police officers must perform their role diligently and professionally being aware of their legal powers when attending domestic incidents. Where a power of arrest exists, the alleged offender should normally be arrested.

The importance of liaising with statutory and voluntary agencies who can supply other forms of help and support should also not be underestimated.

It is important to recognise that domestic violence incidents may also be adult protection concerns where those affected by the violence are vulnerable adults.

2.5.13 The Data Protection Act 1998

This act came into force in March 2000 and it extends users' rights to see files held on them by social service departments by removing the blanket confidentiality of other people-third parties-named in files. Permission should be sought from third parties prior to disclosure of their information, however, we (DWMHPT) and social services can disclose the information involving third parties without their consent if this is considered "reasonable in all the circumstances".

DWMHPT/Local authorities can only refuse access to records if the disclosure would cause serious harm to the physical or mental health of the service user or another person identified in the records.

In the context of adult protection confidential information may be shared in the best interests of the vulnerable adult(s). It is important to inform and share with the vulnerable adults information that empowers them and enables them to make decisions for themselves. Statements regarding confidentiality and equal opportunities are part of the adult protection protocols.
When there are concerns about sharing information it is important to consider the following points. Is the sharing of information:

- Justified,
- Authorised,
- Proportionate,
- Auditable
- Necessary - This makes up the acronym JAPAN.

2.5.14 No Secrets’ – March 2000

‘No Secrets’ is a Department of Health guidance document requiring the development and implementation of local multi-agency policies and procedures to protect vulnerable adults from abuse. The guidance is supported by a range of other initiatives and is issued under section 7 of the Local Authority Social Services Act 1970.

A section in the document refers to record keeping and requires all agencies to keep clear and accurate records of all actions taken whenever a complaint or allegation of abuse is made. In the case of service providers the records should be available to commissioners, regulatory authorities and to the nominated investigating officer. It provides points to consider when making records in the service user’s file.

Please note this guidance is currently under review.

2.5.15 The National Guidance Document

‘Achieving Best Evidence in Criminal Proceedings’ 2001 This provides guidance on a way in which Police and Social Services gather evidence from children and vulnerable adults in criminal investigations. Only those trained in this guidance should interview victims of and witnesses to suspected crimes. Alt protection guidance

2.5.16 The Public Interest Disclosure Act 1998 (Whistleblowing)

Whistleblowing is the term given to a situation where a member of staff or a volunteer reports a concern about something that is happening in their workplace. This may be with regard to fraud, health and safety issues, abuse or the standard of care provided to a vulnerable adult or child.

The Act sets out a requirement for organisations to have procedures under which staff can raise, in confidence, any serious concerns that they may have and do not feel that they can raise in any other way. These can include situations when an employee believes that:

- A criminal offence has been committed
- Someone has failed to comply with legal obligation
- A miscarriage of justice has occurred
- The health and safety of an individual is being endangered
- There are or may be financial irregularities
2.6 Advocacy

2.6.1 The Role

Advocacy services are available across all service user groups. An independent advocate is a paid worker or a volunteer from an independent advocacy project, or based within voluntary organisations.

It may be appropriate to seek the involvement of an independent advocate at an early stage of the adult protection investigation so that the vulnerable adult can be supported throughout the process.

The role of the independent advocate is to listen to the vulnerable adult, to explain options and to ensure information is communicated to support and/or represent the person in expressing their views. The independent advocate will be expected to contribute to investigations, meetings and conferences. This includes the provision of information, verbal or written.

The advocate should observe professional confidentiality whilst also putting across the views of the vulnerable adult. The independent advocate will always support the views of the vulnerable adult whether or not they agree with these views.

Where the vulnerable adult is unable to express a view, as through mental capacity or other reason they are unable to make their own decision, the role of the independent advocate is then to represent their rights and interests.

A relative, carer or friend may also act as an advocate for a vulnerable adult. The relative, carer or friend may however have a conflict of interest regarding, for instance, caring responsibilities or financial or property assets.

Sometimes a professional or voluntary worker may undertake the advocacy role. Again, it should be noted that a conflict of interest may occur in relation to the professional or voluntary worker’s official role.

A further area of difficulty can occur where a person acting as an advocate has not had appropriate training in the principles of advocacy, and imposes their own views of what they think is best upon the vulnerable adult.

The Mental Capacity Act introduces the Independent Mental Capacity Advocacy (IMCA) Service. The purpose of the IMCA service is to help vulnerable people who lack capacity to make important decisions about serious medical treatment and changes of accommodation.

- Generally, the IMCA service is only to be used for vulnerable people who lack capacity to make important decision, AND who have no family or friends who can be consulted. If the person has no family or friends, and a decision needs to be taken about a change of accommodation or serious medical treatment, then an IMCA must be involved.
However, the original arrangements for the IMCA service have been extended. It is now possible for an IMCA to be involved in safeguarding adult cases and/or case reviews of people who lack capacity. In the case of safeguarding adult cases, there is no requirement for the person to have no family or friends to consult.

- Referral to an IMCA in safeguarding adult cases is a discretionary professional judgment
- This practice guideline sets out the circumstances where it may be appropriate to consider making a referral to the IMCA service, and is to support the professional decision mentioned above.

### 2.6.2 Who is eligible for an IMCA?

A referral to the IMCA service can be made to support and represent a person who lacks capacity where it is alleged that:

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

For Safeguarding adult cases only, access to the IMCA service is not restricted to people who have no-one else to support or represent them. People who have family or friends can be referred.

### 2.6.3 Assessing Capacity in Safeguarding Adult Issues

For a person to lack capacity, they must be unable to make a particular decision at a specific time. This inability must be caused by an impediment or disturbance of the mind or brain, whether temporary or permanent.

In order to make a decision, the person needs to be able to:

- Absorb basic information about the issue.
- Retain the information for long enough to process it.
- Weigh up the issue against their own value system, and arrive at a decision.
- Communicate that decision.

### 2.6.4 When should a person be referred to the IMCA service?

It is not appropriate to refer to an IMCA in all safeguarding adult situations. Below are criteria for prioritising where it would be appropriate to consider making a referral where it is deemed the person who has been abused lacks capacity or the alleged perpetrator lacks capacity:

- Where there is serious exposure to risk
- Risk of death
- Risk of serious physical injury or illness
- Risk of serious deterioration in physical or mental health
- Risk of serious emotional distress
- 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 interests of the person.
2.6.5 At what stage should an IMCA be involved?

This is a professional judgement; it will depend on the particular circumstances. However, the earlier a referral is made, then the more support an IMCA is likely to be able to offer the person:

- It is vital that the IMCA is involved in any strategy discussion or case conference, and any subsequent review. They must also be sent copies of any minutes.
- It should be born in mind that the IMCA has a statutory right of access to relevant case records.
- In all circumstances, the safety and wellbeing of the vulnerable adult is paramount. Referral and involvement of the IMCA in adult protection situations should not delay any actions that are necessary to protect vulnerable adults from immediate risk of harm.

2.6.6 The outcome of IMCA involvement

- The IMCA will produce a report for the case conference following their intervention. They should produce this report in a timely manner.
- The decision maker has to have regard to the IMCA’s report, and is obliged to take into account the information in the report when making their decision. However, a decision may still be made which goes against the IMCA’s points for consideration, as long as the conference minutes can show that there is adequate reason for this. As such, any case conference or strategy meeting should be made aware of the IMCA’s points for consideration.

2.6.7 Referring to the IMCA service

- The IMCA service in Dudley and Walsall is provided by Dudley Advocacy Services. In normal circumstances all referrals for an IMCA must be made to them using the standard IMCA referral form.
- If the person already has an advocate from an approved advocacy service, there should be no need to involve the IMCA service unless the person has a statutory right to an IMCA.
- If during the course of an investigation, it becomes apparent that the person without capacity may need to change accommodation, then consideration needs to be given as to whether referral to the IMCA service is needed as a statutory obligation.
2.7. References

- Department of Health (Mental Capacity Act 2005)
- Department of Health (Code of Practice MCA 2005)
- Department of Health (2007) - Best Practice in Managing Risk
- Department of Health (2001) – Safety First: Five Year Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.
- Walsall – Multi Agency Adult Safeguarding Procedures.
- Dudley Multi-Agency Policy and Procedures For The Protection Of Vulnerable Adults Safeguarding and Protection.
- Lord Chancellor’s Department 1997 and Section 2 ‘No secrets’, DoH 2002
- Department of Health (2009) – Information Sharing and Mental Health
Appendix one

Walsall Council

Multi-agency Adult Protection Procedures
HOW TO USE THESE PROCEDURES

These procedures are designed for anyone involved in protecting vulnerable adults from abuse in the Walsall area and form the mandatory basis for responding to adult protection concerns locally.

The procedures are designed to ensure that when adult abuse occurs or is suspected to have occurred that there is a consistent and timely response from the people best placed to address the problem. It is a supplement to, not a replacement for, the wide range of expertise that staff bring to this field and is designed to be useful to the most experienced staff and those who have come across adult abuse for the first time.

The Introduction lays out the values and context in which the procedure is to be used.

The Procedures are set out on the basis of 10 stages starting with someone identifying that a vulnerable adult may be subject to abuse. They state concisely the duties and responsibilities of different staff at the different stages of an adult protection enquiry. In some circumstances it will be appropriate to vary the stated time limits for actions; permission to do so should be obtained from the relevant Service Manager.

Each Procedure Action Sheet refers the reader to Guidance Notes relevant to that stage of the process. Guidance Notes are numbered and identified by dividers in the ring binder.

From time to time, updated versions of sections of the procedures will be issued, to replace out of date sections.
## ROLES AND RESPONSIBILITIES

The following bodies and individuals have specific roles and responsibilities in protecting vulnerable adults in Walsall

<table>
<thead>
<tr>
<th>Role/ Title</th>
<th>Responsibilities</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care and Inclusion (SC&amp;I)</td>
<td>Previously known as Social Services, the Local Authority Department with lead responsibility for Adult Protection.</td>
<td>See Section 10 for details of operational teams.</td>
</tr>
<tr>
<td>Walsall Multi Agency Adult Protection Committee (MAAPC)</td>
<td>A multi agency committee, comprising senior representatives from the NHS, Social Care &amp; Inclusion, police, voluntary and independent sector and service user representatives. The Adult Protection Committee for approving these procedures for use in the agencies represented.</td>
<td>Chairperson MAAPC, Assistant Director, Adult services (SC&amp;I). 01922 658218</td>
</tr>
<tr>
<td>Adult Protection Unit (ASU)</td>
<td>A specialist section within Social Care and Inclusion (SC&amp;I). Responsible for; • Supporting the Multi Agency Adult Protection Committee • Keeping and distributing these procedures and recommending amendments and up-dates to the MAAPC • Providing a knowledge and information resource to anyone involved in adult protection issues • Coordinating and chairing strategy meetings and case conferences, ensuring that records of meetings are kept and distributed and that protection plans are set up where appropriate</td>
<td>01922 650494/5</td>
</tr>
<tr>
<td>Role</td>
<td>Description</td>
<td>Additional Information</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Social Work Managers</td>
<td>Officers of Social Care and Inclusion, responsible for ensuring the responsiveness and quality of work undertaken by Social Workers in Older People’s, Younger Adults, Learning Disability and Mental Health Services. Job titles include Operations Managers and Team Managers</td>
<td>See Section 10 for details of operational teams</td>
</tr>
<tr>
<td>Senior Social Work Managers</td>
<td>Officers of Social Care and Inclusion, responsible for Social Work Managers. Job titles include Locality Managers and Service Managers</td>
<td></td>
</tr>
</tbody>
</table>

- Setting up and managing the adult protection register and monitoring performance in line with statutory requirements.
- Leading on liaison with CSCI
- Leading on liaison with Contracts section regarding concerns about noncompliance with contracts by care providers.
- Leading on large scale investigations where there are concerns for several people in a similar situation for example living in the same care home.
<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Officer</td>
<td>Member of SC&amp;I staff in day-time or out-of hours Emergency Duty Team (EDT) who may receive an adult protection referral.</td>
</tr>
<tr>
<td>Investigating Officer</td>
<td>A senior grade of social worker allocated to work with a suspected abuse situation.</td>
</tr>
<tr>
<td>Vulnerable Persons Officer</td>
<td>A specialist Officer within the Police Force specialising in work with people at risk.</td>
</tr>
<tr>
<td>Alerter</td>
<td>The person who identifies or suspects that abuse is occurring and initiates action through these procedures. The alerter may be a member of the public, a worker already providing a service to a vulnerable adult from any organisation, regulation and inspection staff, police officer etc.</td>
</tr>
<tr>
<td>Co-worker</td>
<td>The person who is identified to assist the senior grade social worker with information gathering and investigation. This will usually be a social worker but can also be a professional from another agency e.g. Nurse, CSCI Inspector.</td>
</tr>
<tr>
<td>Commission for Social Care Inspection (CSCI)</td>
<td>The regulatory body that inspects and regulates social care providers. These include care homes (nursing and residential) and domiciliary care agencies.</td>
</tr>
<tr>
<td>Contracts and Commissioning Department (SC&amp;I)</td>
<td>The council department that issue and monitor contracts with provider agencies.</td>
</tr>
</tbody>
</table>
### Adult Protection Procedures – Stages Overview

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You suspect or have reason to believe that abuse is taking place against a vulnerable adult.</td>
</tr>
<tr>
<td>2</td>
<td>Referral received / concerns identified by current allocated worker or duty worker (including EDT).</td>
</tr>
<tr>
<td>3</td>
<td>Decision making by social work manager leading to initial information gathering by allocated worker.</td>
</tr>
<tr>
<td>4</td>
<td>Decision to proceed.</td>
</tr>
<tr>
<td>5</td>
<td>Strategy meeting.</td>
</tr>
<tr>
<td>6</td>
<td>Detailed investigation following strategy meeting.</td>
</tr>
<tr>
<td>7</td>
<td>Case conference to share outcome of investigation and arrange any protection plan required.</td>
</tr>
<tr>
<td>8</td>
<td>Protection plan and ongoing implementation.</td>
</tr>
<tr>
<td>9</td>
<td>Review.</td>
</tr>
<tr>
<td>10</td>
<td>Closure (termination of adult protection procedure).</td>
</tr>
</tbody>
</table>
# STAGE 1 – SUSPICION

**YOU SUSPECT OR HAVE REASON TO BELIEVE THAT ABUSE IS TAKING PLACE AGAINST A VULNERABLE ADULT.**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get further information on definitions and indicators of abuse from guidance notes</td>
<td>Anyone</td>
<td>When required</td>
</tr>
<tr>
<td>If the person is in immediate danger or in need of medical attention ring 999 for Police/Ambulance</td>
<td>Anyone who identifies the need</td>
<td>Immediately</td>
</tr>
<tr>
<td>If you are a member of a Social Care &amp; Inclusion Social Work team go to Stage 2 (Referral Taking)</td>
<td>Member of Social Work Team</td>
<td></td>
</tr>
</tbody>
</table>
| Everyone else  
  - Discuss with your line manager unless you think s/he is implicated in the abuse  
  - Contact the Duty Officer in the relevant social work team in Social Care and Inclusion or the Emergency Response Team if out of normal office hours | Anyone else who suspects that abuse has taken place | As a matter of urgency |

## GUIDANCE NOTES

- CONFIDENTIALITY AND INFORMATION SHARING (GN05)
- CONSENT, CAPACITY, PUBLIC AND BEST INTEREST (GN03)
- DEFINITIONS AND INDICATORS OF ABUSE (GN01)
- LEGAL APPLICATIONS (GN08)
- PRESERVING EVIDENCE (GN07)
- RECORD KEEPING (GN06)
- RISK ASSESSMENT (GN02)
- WHISTLEBLOWING (GN04)
## STAGE 2 – REFERRAL TAKING

### REFERRAL RECEIVED/CONCERNS IDENTIFIED BY CURRENT ALLOCATED WORKER OR DUTY WORKER (INCLUDING ERT)

<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker gathers basic information as per guidance note 9 “Referral Taking” and which s/he records without delay on the first part of an Investigation Form. This applies to all workers, including those senior grade staff who might undertake the subsequent investigation.</td>
<td>Existing allocated worker; Duty Officer</td>
<td>Straight away</td>
</tr>
<tr>
<td>Worker takes Investigation Form to Social Work Manager.</td>
<td>Existing allocated worker; Duty Officer</td>
<td>Straight away</td>
</tr>
</tbody>
</table>

### GUIDANCE NOTES

- CONFIDENTIALITY AND INFORMATION SHARING GN05
- CONSENT, CAPACITY, PUBLIC AND BEST INTEREST GN03
- PRESERVING EVIDENCE GN07
- RECORD KEEPING GN06
- REFERRAL TAKING GN09
- RISK ASSESSMENT GN02
### STAGE 3 – INITIAL INFORMATION GATHERING

**DECISION MAKING BY SOCIAL WORK MANAGER LEADING TO INITIAL INFORMATION GATHERING BY ALLOCATED WORKER**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work Manager allocates immediately to a Senior Social Worker or Senior Practitioner and appoints a co-worker for immediate follow up. If no senior worker is available, the manager contacts other teams to secure a same day response. If necessary the manager will contact the service manager who will intervene and ensure that a suitable worker is identified.</td>
<td>Social Work Manager</td>
<td>Immediately</td>
</tr>
<tr>
<td>Social Work Manager notifies their senior manager of the case and the APU, sending them a copy of the first page of the Investigation Form.</td>
<td>Social Work Manager</td>
<td>Same day</td>
</tr>
<tr>
<td>The senior worker allocated the investigation role undertakes initial fact finding, and records this on the second part of the Investigation Form.</td>
<td>Allocated worker</td>
<td>Same day</td>
</tr>
</tbody>
</table>

### GUIDANCE NOTES

- CONFIDENTIALITY AND INFORMATION SHARING: GN05
- CONSENT; CAPACITY, PUBLIC AND BEST INTEREST: GN03
- INITIAL INFORMATION GATHERING: GN10
- PRESERVING EVIDENCE: GN07
- RECORD KEEPING: GN06
<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation Officer then consults with a Social Work manager who decided how to proceed. This is recorded on the investigation form and signed off by both worker and manager.</td>
<td>Investigating Officer &amp; Social Work Manager</td>
<td>On completion of initial information gathering</td>
</tr>
<tr>
<td>If the initial fact finding confirms a potential abuse situation, proceed to a strategy meeting.</td>
<td>Social Work Manager</td>
<td></td>
</tr>
<tr>
<td>If the initial fact finding indicates that this is clearly not an abuse situation, the investigation ends there, but consideration is given to the need for allocation for assessment of support needs etc as per guidance.</td>
<td>Social Work Manager</td>
<td></td>
</tr>
<tr>
<td>If the social work manager is uncertain how to proceed, s/he should consult their line manager who may refer to the APU.</td>
<td>Social Work manager/Senior Manager</td>
<td>When required</td>
</tr>
<tr>
<td>Whatever is decided, the Social Work Manager notifies the Senior Manager and the APU.</td>
<td>Social Work Manager</td>
<td>On completion of initial information gathering</td>
</tr>
<tr>
<td>To progress to a strategy meeting, the investigating officer or Social Work Manager will liaise with APU and make necessary arrangements. S/he copies the Investigation Form to the APU.</td>
<td>Investigating Officer/Social Work Manager</td>
<td></td>
</tr>
</tbody>
</table>

**GUIDANCE NOTES**

- CONFIDENTIALITY AND INFORMATION SHARING: GN05
- RECORD KEEPING: GN06
- RISK ASSESSMENT: GN02
- STRATEGY MEETING: GN11
<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>APU convenes the Strategy Meeting, distributes information to those attending, chairs and records the meeting, which agrees an Action Plan and determines whether further coordination will be required.</td>
<td>APU</td>
<td>Strategy meeting to be held within 5 working days of request</td>
</tr>
<tr>
<td>APU enters information of the monitoring system.</td>
<td>APU</td>
<td>After strategy meeting</td>
</tr>
</tbody>
</table>

**GUIDANCE NOTES**

- CONFIDENTIALITY AND INFORMATION SHARING: GN05
- CONSENT, CAPACITY, PUBLIC AND BEST INTEREST: GN03
- CONTRACT SUSPENSION/LARGE SCALE: GN21
- INVESTIGATIONS: GN06
- RECORD KEEPING: GN06
- RISK ASSESSMENT: GN02
- STRATEGY MEETING: GN11
- PLANNING LARGE SCALE INVESTIGATIONS: GN12
<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigating Officer to undertake work as determined by strategy meeting, with co-worker.</td>
<td>Investigating Officer</td>
<td>According to time scale set at Strategy Meeting</td>
</tr>
<tr>
<td>Investigating Officer completes investigation report as per Guidance Note GN15.</td>
<td>Investigating Officer</td>
<td>Within 10 working days of strategy meeting</td>
</tr>
<tr>
<td>Social Work Manager countersigns report and sends copies to Senior Manager and APU</td>
<td>Social Work Manager</td>
<td>Within 10 working days of strategy meeting</td>
</tr>
<tr>
<td>Investigating Officer or Social Work Manager liaises with APU to convene Case Conference.</td>
<td>Social Work Manager/Investigating Officer</td>
<td>Within 10 working days of strategy meeting</td>
</tr>
</tbody>
</table>

**GUIDANCE NOTES**

- CONFIDENTIALITY AND INFORMATION SHARING: GN05
- CONSENT, CAPACITY, PUBLIC AND BEST INTEREST: GN03
- CONTRACT SUSPENSION/LARGE SCALE: GN21
- INVESTIGATIONS: GN14
- INTERVIEWING: GN13
- INVESTIGATOR’S REPORT TEMPLATE: GN16
- PROTECTION OF VULNERABLE ADULTS (POVA) SCHEME: GN16
- RECORD KEEPING: GN06
- RISK ASSESSMENT: GN02
- STRATEGY MEETING: GN11
- PLANNING LARGE SCALE INVESTIGATIONS: GN12
## STAGE 7

**CASE CONFERENCE TO SHARE OUTCOME OF INVESTIGATION AND ARRANGE ANY PROTECTION PLAN REQUIRED**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>APU to convene, minute and chair case conference following receipt of investigation report.</td>
<td>APU</td>
<td>Conference to be held within 10 working days of receiving report.</td>
</tr>
<tr>
<td>Conference to decide</td>
<td>Chair</td>
<td>At case conference</td>
</tr>
<tr>
<td>• whether protection plan is required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• its content and distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• review schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• allocate task of compiling protection plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• At Risk Registration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### GUIDANCE NOTES

- AT RISK REGISTER (TO BE DEVELOPED) GN18
- CASE CONFERENCE GN17
- CONFIDENTIALITY AND INFORMATION SHARING GN05
- CONSENT, CAPACITY, PUBLIC AND BEST INTEREST GN03
- CONTRACT SUSPENSION/LARGE SCALE INVESTIGATIONS GN21
- PROTECTION OF VULNERABLE ADULTS (POVA) GN16
- RISK ASSESSMENT GN02
- VULNERABLE PERPETRATORS GN19
- PLANNING LARGE SCALE INVESTIGATIONS GN12
<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigating Officer compiles protection Plan in line with Guidance Note 20</td>
<td>Investigating Officer</td>
<td>Within 5 working days of Case Conference</td>
</tr>
<tr>
<td>Protection Plan signed off by Social Work Manager and copy sent to APU and Senior Manager</td>
<td>Social Work Manager</td>
<td>Within 5 working days of Case Conference</td>
</tr>
<tr>
<td>Social Work Manager allocates worker (not necessarily the Investigating Officer) to implement Protection Plan</td>
<td>Social Work Manager</td>
<td>Within 5 working days of Case Conference</td>
</tr>
<tr>
<td>Implementation of Plan as per case conference decisions. Worker to maintain dialogue with Contracts Section where contracting has been suspended</td>
<td>Relevant workers</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

**GUIDANCE NOTES**

- AT RISK REGISTER (TO BE DEVELOPED) GN15
- CONFIDENTIALITY AND INFORMATION SHARING GN05
- CONSENT, CAPACITY, PUBLIC AND BEST INTEREST PROTECTION OF VULNERABLE ADULTS (POVA) SCHEME GN03
- PROTECTION PLAN TEMPLATE GN16
- RISK ASSESSMENT GN02
- VULNERABLE PERPETRATORS GN19
<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection Plan reviewed and documented. Worker to maintain dialogue with Contracts Section where contracting has been suspended.</td>
<td>Allocated Worker</td>
<td>At 3 months and 6 months after the Case Conference unless required earlier</td>
</tr>
<tr>
<td>Protection Plan review report signed off by Social Work Manager and copied to Senior Manager</td>
<td>Social Work Manager</td>
<td></td>
</tr>
</tbody>
</table>

**GUIDANCE NOTES**

- AT RISK REGISTER (TO BE DEVELOPED) GN18
- CONFIDENTIALITY AND INFORMATION SHARING GN05
- CONSENT, CAPACITY, PUBLIC AND BEST INTEREST GN03
- CONTRACT SUSPENSION/LARGE SCALE INVESTIGATIONS GN21
- PROTECTION OF VULNERABLE ADULTS (POVA) SCHEME GN16
- RECORD KEEPING GN06
- RISK ASSESSMENT GN02
- VULNERABLE PERPETRATORS GN19
<table>
<thead>
<tr>
<th>ACTION</th>
<th>BY WHOM</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker completes up-to-date risk assessment.</td>
<td>Allocated worker</td>
<td>Prior to termination</td>
</tr>
<tr>
<td>Worker ensures all recording up-to-date.</td>
<td>Allocated worker</td>
<td>Prior to termination</td>
</tr>
<tr>
<td>Worker discusses case in supervision with Social Work Manager.</td>
<td>Allocated worker</td>
<td>Prior to termination</td>
</tr>
<tr>
<td>Social Work Manager decides whether to terminate Adult Protection Procedure and records decision on day to day case record. Decides whether case should remain open on care management basis. Determines and records who needs to know of termination. Notifies Senior Manager.</td>
<td>Social Work Manager</td>
<td></td>
</tr>
</tbody>
</table>

**GUIDANCE NOTES**

<table>
<thead>
<tr>
<th>RECORD KEEPING</th>
<th>RISK ASSESSMENT</th>
<th>GN06</th>
<th>GN02</th>
</tr>
</thead>
</table>

Forms
The following forms will be used in connection with the Adult Protection Procedures:

1) Contact Assessment
This is the standard form used in Social Care and Inclusion and Walsall Teaching Primary Care Trust to record new referrals and requests for help. It will be completed by the duty social worker receiving a referral in stage 2 of the procedures and will enable the referral to be logged on Paris computer system.

2) Adult Protection Initial Assessment form
The Duty Social Worker (or the existing allocated worker in a current case) will also complete the first part of the Adult Protection Initial Assessment form. Subsequent parts of the form will be completed by the senior worker allocated the task of gathering initial information. The social work manager will use the form to record key decisions made up to the point of the Strategy Meeting.

3) Adult Protection Formal Investigation Report form
After the strategy meeting, the Investigating Officer will compile a report in the structure given in Guidance note 15. The Adult Protection Formal Investigation Report form will be attached to this report and will formally sign off its contents prior to distribution to the Case Conference.

4) Body Map
In cases involving physical injury, the Investigating Officer will also attach a body map to the Adult Protection Formal Investigation Report.

5) Risk Assessment
See Guidance Note GN 2 for details
Samples of the forms are given below.
**Safeguarding Adults policy**

---

**ADULT PROTECTION INITIAL ASSESSMENT FORM**

(Incomplete forms will not be accepted and will be returned to referrer)

### Section 1 - Referral

<table>
<thead>
<tr>
<th>Referral received</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral taken by:</td>
<td>Job title:</td>
</tr>
<tr>
<td>Service area &amp; Office base:</td>
<td></td>
</tr>
</tbody>
</table>

### THE ALLEGED VICTIM

<table>
<thead>
<tr>
<th>Paris Number:</th>
<th>Male/Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Ethnicity:</td>
</tr>
<tr>
<td>Address:</td>
<td>D.O.B./Age:</td>
</tr>
<tr>
<td>Post Code:</td>
<td>Marital Status: S/M/D/W</td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next of Kin</th>
<th>Main Carer</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Post Code:</td>
<td>Post Code:</td>
<td>Post Code:</td>
</tr>
<tr>
<td>Telephone no:</td>
<td>Telephone no:</td>
<td>Telephone no:</td>
</tr>
</tbody>
</table>

### ADDITIONAL INFORMATION

<table>
<thead>
<tr>
<th>GP name:</th>
<th>GP address:</th>
<th>GP telephone no:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any known disability or chronic illness?:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES give details:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any specific communication needs?:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES give details:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is person at immediate risk?:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES give details:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have police/emergency services been contacted?:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES give details:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does alleged victim know of and consent to this referral?:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES give details:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does alleged victim consent to referral to police if relevant?:</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES give details:</td>
<td></td>
</tr>
</tbody>
</table>

### THE ALERTER

<table>
<thead>
<tr>
<th>Who made the allegation?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to alleged victim:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Code:</td>
</tr>
<tr>
<td>Telephone number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the alerters consent to the alleged victim having access to the information they have given?:</th>
<th>Yes/No</th>
</tr>
</thead>
</table>

### AGENCIES INVOLVED AT POINT OF REFERRAL

<table>
<thead>
<tr>
<th>SC&amp;I – Social Work</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If YES give details:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domiciliary Care/Day Care</th>
<th>Yes/No</th>
</tr>
</thead>
</table>

---

Adult Protection Initial Assessment Form
### Safeguarding Adults Policy

**Walsall Council**

**Social Care & Inclusion**

**Adult Safeguarding Unit (ASU)**

**Adult Services**

Form Code: WSS220

Updated: Nov 2009

<table>
<thead>
<tr>
<th>SC&amp;I – Neighbourhood Care Officers</th>
<th>Yes/No</th>
<th>If YES give details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC&amp;I – Customer Care</td>
<td>Yes/No</td>
<td>If YES give details:</td>
</tr>
<tr>
<td>GP</td>
<td>Yes/No</td>
<td>If YES give details:</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>Yes/No</td>
<td>If YES give details:</td>
</tr>
<tr>
<td>OT</td>
<td>Yes/No</td>
<td>If YES give details:</td>
</tr>
<tr>
<td>Other Health</td>
<td>Yes/No</td>
<td>If YES please specify:</td>
</tr>
<tr>
<td>Police</td>
<td>Yes/No</td>
<td>If YES give details:</td>
</tr>
<tr>
<td>Care Quality Commission</td>
<td>Yes/No</td>
<td>If YES give details:</td>
</tr>
<tr>
<td>Other</td>
<td>Yes/No</td>
<td>If YES please specify:</td>
</tr>
</tbody>
</table>

**Is the service user self funded?** Yes/No

**DETAILS OF ALLEGATIONS OR CONCERNS** (Record all information; differentiate between fact, suspicion and opinion. Include dates, times and if alleged abuse is ongoing.)

<table>
<thead>
<tr>
<th>Allegations/Concerns</th>
<th>Yes/No</th>
<th>If YES give all information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alleged abuse</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
<tr>
<td>Physical</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
<tr>
<td>Sexual</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
<tr>
<td>Psychological</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
<tr>
<td>Financial</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
<tr>
<td>Neglect</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
<tr>
<td>Discriminatory</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
<tr>
<td>Institutional</td>
<td>Yes/No</td>
<td>If YES give all information:</td>
</tr>
</tbody>
</table>

**DETAILS OF PERSON ALLEGEDLY RESPONSIBLE FOR ABUSE**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any other names used</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Post code</td>
<td></td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
<tr>
<td>Relationship to alleged victim</td>
<td></td>
</tr>
</tbody>
</table>
## Safeguarding Adults policy

### Section 2 - Decision Taken by Team Manager

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>If NO state reasons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision to proceed with investigation under Adult Protection Procedures?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Is this a possible criminal matter?</td>
<td>Yes/No</td>
<td>if YES, consult police for advice prior to any contact or discussions with service user.</td>
</tr>
<tr>
<td>Case allocated to Senior grade worker for initial investigation?</td>
<td>Yes/No</td>
<td>if YES, state name of worker:</td>
</tr>
<tr>
<td>Co-worker?</td>
<td>Yes/No</td>
<td>if YES, state name of worker:</td>
</tr>
<tr>
<td>Senior Manager notified?</td>
<td>Yes/No</td>
<td>if YES, state</td>
</tr>
<tr>
<td>ASU notified?</td>
<td>Yes/No</td>
<td>state</td>
</tr>
<tr>
<td>Team Manager (print name)</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

### Section 3 - Start of Initial Assessment by the Investigating Officer

- **DATE AND TIME COMMENCED**
  - Date: 
  - Time: 

- Information received from other agencies about alleged victim, alleged abuser and other relevant persons. (Record contacts made with date/time and information obtained on Record of Contact form)
- Number of Record of Contact forms completed

**INITIAL UNDERSTANDING OF THE CASE**
What is the evidence for considering that this a case of abuse?
In the case of physical abuse have the injuries been medically investigated?

<table>
<thead>
<tr>
<th>SUMMARY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the victim confirm the allegation?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>Are there any concerns about the alleged victim's mental capacity/memory?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>Is he/she agreeing to police involvement?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>Is he/she agreeable to Social Work involvement?</td>
<td>Yes/No/NK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Managing risk:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is immediate action necessary?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>Are other vulnerable people at risk?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>Risk assessment completed?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>Is there a need for interim support services?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>Are other people potentially at risk?</td>
<td>Yes/No/NK</td>
</tr>
<tr>
<td>If YES give details:</td>
<td></td>
</tr>
</tbody>
</table>

**END OF INITIAL ASSESSMENT – CONFER WITH TEAM MANAGER**

<table>
<thead>
<tr>
<th>Initial assessment completed by (print name)</th>
<th>Signature</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

**Send this form to Team Manager.**

---

**Section 4 – Decisions Confirmed by Team Manager**

<table>
<thead>
<tr>
<th>Proceed to strategy meeting?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If NO state reasons:</td>
<td>Comments:</td>
</tr>
<tr>
<td>Further actions required?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Senior manager notified?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
<tr>
<td>ASU notified?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
<tr>
<td>Strategy meeting arranged?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Date:</td>
<td>Time:</td>
</tr>
<tr>
<td>Venue:</td>
<td></td>
</tr>
<tr>
<td>Team Manager (print name)</td>
<td>Signature</td>
</tr>
</tbody>
</table>

**Copy this form to ASU and investigating officer and send original to Locality Manager/Senior Manager.**

---

**Section 5 – Initial Assessment Signed Off**

<table>
<thead>
<tr>
<th>Locality Manager/Senior Manager (print name)</th>
<th>Signature</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

**Send the completed form to APU@walsall.gov.uk and also attach a copy to PARIS Case note (Confidential Legal/Third Party).**
Safeguarding Adults policy

### FORMAL INVESTIGATION REPORT

(Incomplete forms will not be accepted and will be returned to referrer)

<table>
<thead>
<tr>
<th>The Alleged Victim</th>
<th>Persons completing report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paris ID No.:</td>
<td>Name of Investigating Officer:</td>
</tr>
<tr>
<td>Name:</td>
<td>Name of Co-worker:</td>
</tr>
<tr>
<td>Address:</td>
<td>Name of Team Manager:</td>
</tr>
<tr>
<td>Post Code:</td>
<td>Team Name:</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Team Base:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Tel. No.:</td>
</tr>
<tr>
<td>Age:</td>
<td>Fax No.:</td>
</tr>
<tr>
<td>Sex: Male/Female</td>
<td>Email address:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Date of Strategy Discussion/Meeting:</td>
</tr>
<tr>
<td>Single/Married/Divorce/Widow</td>
<td>Date of Case Conference:</td>
</tr>
<tr>
<td></td>
<td>Date of Referral:</td>
</tr>
</tbody>
</table>

### REPORT/RECORD OF INTERVIEWS

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Time</th>
<th>Comments/Outcomes</th>
</tr>
</thead>
</table>

Detailed recordings to be made on continuation sheet YES/NO

### OUTCOME [please delete 'Yes' or 'No' where not supplied]

- Case conference YES/NO
- Disciplinary action taken YES/NO
- Risk assessment completed YES/NO
- Adult protection plan implemented YES/NO
- Complaint investigated YES/NO
- Deceased YES/NO
- Change in care provision YES/NO
- New care plan in place YES/NO
- Police involvement/action YES/NO
- Medical investigation YES/NO
- Abuse/allegation(s) substantiated YES/NO
- Abuse/allegation(s) not substantiated YES/NO
- Abuse/allegation(s) inconclusive YES/NO
- Further action (re: Investigation) YES/NO

### SUMMARY

- Does the victim confirm the allegation? YES/NO
- Were there any concerns with regards to alleged victims capacity to make informed decision? YES/NO
- Is he/she agreeing to police involvement? YES/NO
- Is he/she agreeing to social work involvement? YES/NO
- What is the level of risk? YES/NO
- Are other vulnerable people at risk? YES/NO
- Is there a need for interim support services? YES/NO

If YES, please provide further details.

Brief identification of allegation/abuse to be made on Male Body Map YES/NO

---

Adult Protection - Formal Investigation Report

56
**Safeguarding Adults policy**

**CONFIRMATION AND SIGN OFF**

I confirm that my investigation is consistent with Guidance Notes GN13, GN14 and GN15 of the Adult Protection Procedures.

Print Name: ____________________________  Date: __________

Investigation Officer

Report endorsed YES/NO

PARIS inputting done YES/NO

Copies of report to Locality Manager/Senior Manager

Copy of report to ASU for distribution prior to case conference

Print Name: ____________________________  Date: __________

Team Manager

End of Report
RISK ASSESSMENT
(This to be used alongside Guidance Note 2)

Recording Format

The following format is suggested as a working tool to record decisions relating to risk assessments.

It is intended to assist clear, objective and accountable risk assessments. Its use alongside service users (where possible) will enhance service user involvement in risk decisions. Its use in supervision should enhance the quality of information available to senior managers/team managers. It will therefore also enable shared accountability and support within the supervisory context.
SUMMARY OF RECORDING TOOL

Possible Outcomes

| What benefits might there be for the service user? | What are the potential harms to the service user? |

How Likely Are These Outcomes To Occur?

| Factors indicating likelihood of benefits occurring | Factors indicating likelihood of potential harms occurring |

What Can Be Done To Influence This Likelihood? (to increase potential benefits and reduce potential harms)

| Actions planned to increase benefits | Actions planned to reduce potential harms |

Record of judgments on confidentiality, capacity and legislation

| Sharing information / confidentiality |
| Consent and capacity |
| Potential use of legislation |

Space below for signatures of service users and of managers’ offers the possibility where appropriate for shared responsibility in risk assessment and risk management.

Signature indicates that the service user/manager is informed of and understands the risk assessment and agrees to/ shares accountability for it.

*Service User signature*

..................................................................

*Team Manager / Senior Manager signature*

..................................................................
Possible Outcomes

| What benefits might there be for the service user? | What are the potential harms to the service user? |

(See prompts section on following page)
PROMPTS RELATING TO POSSIBLE OUTCOMES
(Potential Benefits/Harms to Service User)

The following is not an exhaustive list but is intended as a guide to the sorts of elements to be considered:

<table>
<thead>
<tr>
<th>Examples of potential benefits</th>
<th>Examples of potential harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service user maintains independence</td>
<td>Physical injury/accidents</td>
</tr>
<tr>
<td>Service user stays in familiar environment</td>
<td>Life is/will be threatened</td>
</tr>
<tr>
<td>Service user maintains important relationships</td>
<td>Fire/explosion-unlit fire, gas cooker</td>
</tr>
<tr>
<td>Service user's needs can be catered for in this particular setting</td>
<td>Suicide</td>
</tr>
<tr>
<td>Specialist skills to meet particular needs of service user are available</td>
<td>Depressive illness</td>
</tr>
<tr>
<td>Service user is able to continue to pursue interests</td>
<td>Neglect (personal hygiene, cold leading to hypothermia, inadequate diet)</td>
</tr>
<tr>
<td>Service user is safeguarded from abuse</td>
<td>Self neglect As above</td>
</tr>
<tr>
<td>Service user's emotional needs are met</td>
<td>Isolation</td>
</tr>
<tr>
<td></td>
<td>Vulnerability to crime, abuse or exploitation</td>
</tr>
<tr>
<td></td>
<td>Over protection due to other people's responses to hazards/dangers</td>
</tr>
<tr>
<td></td>
<td>Inability to manage finances</td>
</tr>
<tr>
<td></td>
<td>Wandering/getting lost</td>
</tr>
<tr>
<td></td>
<td>Aggression towards others</td>
</tr>
<tr>
<td></td>
<td>Inability to carry out vital personal care</td>
</tr>
<tr>
<td></td>
<td>Support systems/relationships will break down</td>
</tr>
</tbody>
</table>
How likely are these outcomes to occur?

<table>
<thead>
<tr>
<th>Factors indicating likelihood of benefits occurring</th>
<th>Factors indicating likelihood of potential harms occurring</th>
</tr>
</thead>
</table>

(See prompts section on following page)
**Prompts relating to likelihood of benefits/harms occurring**

The following is not an exhaustive list but is intended as a guide to the sorts of elements to be considered:

<table>
<thead>
<tr>
<th>Factors indicating likelihood of benefits occurring</th>
<th>Factors indicating likelihood of harms occurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>High motivation to succeed</td>
<td>Service user lacks motivation</td>
</tr>
<tr>
<td>Past history suggests success</td>
<td>Past history suggests that service user has not achieved good outcome in similar situations</td>
</tr>
<tr>
<td>Able to take small steps towards achieving benefits</td>
<td>Not able to anticipate and plan for risks</td>
</tr>
<tr>
<td>Understands risks and participates in assessment and care plan</td>
<td>Service user unable to understand level of risk and participate in care plan</td>
</tr>
<tr>
<td>General environment conducive to success</td>
<td>General environment contains hazards</td>
</tr>
<tr>
<td>Support is available</td>
<td>Lack of support</td>
</tr>
<tr>
<td>Staff offering support are competent</td>
<td>Lack of adequate training/expertise in staff who are providing care</td>
</tr>
<tr>
<td>Able to summon emergency support</td>
<td>No means of communication with outside world</td>
</tr>
<tr>
<td>A range of resources is available</td>
<td>Lack of resources available</td>
</tr>
<tr>
<td>Physical/psychological condition of service user is likely to improve</td>
<td>Limited/lack of mental capacity</td>
</tr>
<tr>
<td></td>
<td>Susceptible to exploitation by others (Eg leaves door open/unlocked; over-trusting)</td>
</tr>
<tr>
<td></td>
<td>Carer’s are under stress/ not able to continue</td>
</tr>
<tr>
<td></td>
<td>A number of known indicators of abuse are present in situation</td>
</tr>
<tr>
<td></td>
<td>Difficulty in sustaining adequate package of care</td>
</tr>
<tr>
<td></td>
<td>Physical/psychological condition of service user is likely to deteriorate</td>
</tr>
</tbody>
</table>
What can be done to influence this likelihood?
(To increase potential benefits and reduce potential harms)

<table>
<thead>
<tr>
<th>Actions planned to increase benefits</th>
<th>Actions planned to reduce potential harms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(See prompts section on following page)
**Prompts relating to ability to influence likelihood**
(Possible actions to increase potential benefits and reduce potential harms)

The following is not an exhaustive list but is intended as a guide to the sorts of elements to be considered.

Possible actions to increase the likelihood of potential benefits occurring and to reduce the likelihood of potential harms:

<table>
<thead>
<tr>
<th>Provision of services such as respite care/day care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of aids and adaptations</td>
</tr>
<tr>
<td>Enhance/support input by carer’s</td>
</tr>
<tr>
<td>Psychological assessment</td>
</tr>
<tr>
<td>Psychiatric assessment</td>
</tr>
<tr>
<td>Enhance social networks</td>
</tr>
<tr>
<td>Actively engage service user in the assessment process</td>
</tr>
<tr>
<td>Enhance motivation of service user</td>
</tr>
</tbody>
</table>
Record of judgments on confidentiality, capacity and legislation

Sharing information/confidentiality

Consent and capacity

Potential use of legislation
Safeguarding Adults policy

Prompts relating to judgements on confidentiality, capacity and legislation

Sharing information/confidentiality (See GN 5 for further information)
Considerations should include:
• the ability of others to make a positive contribution (the need to know);
• the rights of the service user to be consulted / informed;
• the service user’s ability to make decisions;
• the level of risk;
• how many people are potentially affected;
• the Data Protection Act and the public interest; the Crime and Disorder Act and permissions to share information to prevent crime.

Consent and capacity (See GN 3 for further information)
In considering issues of choice and whether an individual has the capacity to make a particular decision the following steps should be included:
• Does the person understand what the decision in question is and why they are being asked to make it?
• Do they understand the consequences of making that decision?
• Is the person capable of understanding and weighing up the information provided in order to make the decision?
If the person lacks capacity, what is the nature of that incapacity?
Are there interventions that could enhance capacity?
Where there is incapacity ensure interventions are in the person’s best interests.

Potential use of legislation (See GN 8 for further information)
Consider the use of legislation where protection is necessary and consult with the ASU for further general information, or contact the legal department for access to tailored legal advice.
Safeguard and Protect

Dudley MBC
Multi-agency Adult Protection
Procedures For the Protection of Vulnerable Adults

December 2009
Introduction
This document gives guidance to all those who have a responsibility to investigate, protect and take action when a vulnerable adult is believed to be suffering abuse.

Dudley Adult Protection Committee represents the key agencies in Dudley concerned with the health and welfare of vulnerable adults.

Principles

Self-determination
Where an individual appears able to make an informed choice regarding their present and future circumstances, the investigating workers should make clear the available options and respect the wishes of the individual. Investigating workers and represent their employers in discharging their professional responsibility.

However, self-determination is not an absolute right. It can be affected by the person’s capacity for positive and constructive decision-making, by civil law and moral norms, and by the functions of involved agencies e.g. a statutory responsibility to promote a person’s mental health.

Least disruptive alternative
Where intervention is necessary to reduce risk, and is acceptable to the individual, the investigating workers should pursue action which, whilst reducing the risk, least disrupts the individual’s way of life.

2. Procedures

Summary of Procedures
The Adult Protection procedures have five stages. Each is described in detail on the following pages.

Stage 1 – Identification, Referral and Screening
Someone notices and reports a concern that an adult may be experiencing abuse or neglect.
A referral is made to the appropriate Adult Social Care Team in Dudley Council, either for Learning Disabilities, Mental Health or Older People and Physical Disabilities.

Stage 2 – Strategy
A decision is made as to whether or not to use Adult Protection Procedures. The Adult Protection investigation is planned.

Stage 3 - Investigation and Risk Assessment
The investigation is carried out and the nature of the risk and the options for protection are assessed.

Stage 4 - Adult Protection Case Conference
The Adult Protection Conference considers the Investigation Outcome and agrees whether a Protection Plan is required.

Stage 5 – Review
After an agreed time, the Protection Plan is reviewed and any necessary changes are made.
2.1

STAGE 1 – IDENTIFICATION, REFERRAL AND SCREENING

Who may notice abuse?

Safeguarding is everyone’s responsibility and referrals can come from any source

- Family, friends, neighbours, informal carers
- Health and Social Care staff
- Staff of other statutory, independent sector and voluntary organisations

They may become aware of the possibility of suspected abuse in several ways, for example:

- Specific signs of physical injury
- Changes in a person’s normal behaviour over a period of time.
- Disclosure by the person
- Disclosure by a third party

[see section 3.2 page 63]

Any individual alerted to potential abuse should take the following action:

- Listen to what the vulnerable adult is saying.
- Record full details, time and date that disclosure was made and what the vulnerable adult said. All written notes must be made as soon as practicable and kept as per agency policy.
- If injuries are visible or the person is willing to show injuries, use the body charts to map the injuries observed. Date and sign the charts [see section 6.5 page 208]
- Do not attempt to interview the vulnerable adult – simply note the information given.
- Advise the vulnerable adult who will be informed and why.
Safeguarding Adults policy

- Take immediate action to safeguard the vulnerable adult e.g. if there is a need for urgent medical attention.

**Making a Referral**

Staff should immediately discuss the concerns with their supervisor or Line Manager.

- The supervisor should make a formal referral to the relevant team within the Directorate of Adults, Community and Housing Services, Mental Health Services or the Emergency Duty Team if out of normal working hours, or the allocated worker, if the person already has an allocated worker.

- The receiving team should be clearly informed that you are making a referral about suspected abuse of a vulnerable adult.

- Care Homes and Domiciliary Care Agencies must refer immediately any concerns about abuse of vulnerable adults, either by
  - a staff member
  - another vulnerable adult
  - a relative of the vulnerable adult
  - any other person.

  The referral must be made to (a) the relevant Adult Social Care team and (b) Care Quality Commission (CQC) and (c) Directorate of Adult, Community and Housing Services Commissioning Team.

- Referrals can, of course be made by members of the public directly to the relevant team [see referral points listed in section 2.7 page 65].

- A vulnerable adult who funds their own care, is treated in exactly the same way as other vulnerable adults and can be referred using the same process.

  If in doubt, refer, it is for the responsible manager of the receiving team, working with other involved agencies, to decide whether or not the referral should then be investigated within the Adult Protection procedures.

**Emergencies**

These are situations where it is immediately obvious either that (a) there is severe or immediate physical danger or (b) serious injury has already occurred.

The person with the concern must consult their line-manager and/or the relevant Adult Social Care Team Manager. A joint decision is then taken regarding urgent action to protect the vulnerable adult. This could include:
If a criminal offence appears to have taken place, inform the Police immediately via a 999 telephone call. If there is uncertainty around whether an action is illegal or not the issue should be discussed with the Police.

Ensure action is taken to protect and secure any evidence [see Section 3.1 page 59, on preserving forensic evidence].

Take steps to persuade the abuser to leave the home or to consider alternative accommodation. In doing this, ensure that this does not place the victim of abuse in a more vulnerable situation.

Inform the relevant Directorate team if this has not already been done.

**Taking a Referral**

If the person making the referral has contacted an office which would not deal with the vulnerable adult referred, then every effort should be made to assist the person to contact the appropriate team.

The receiving worker must consult immediately with the Team Manager, who will give advice on how to proceed. The following action will usually be required:

- Take full referral details using the AS34 (which is the DACHS’ form for recording adult protection on SWIFT) together with initial information through the relevant Single Assessment Process forms. Guidance on completion is available in PD 0069 [see Appendix 6.2 page 193].

- Record the referrer’s concerns, type of abuse suspected, use body charts if not already completed [Appendix 6.5 page 208], information about the alleged perpetrator, key agencies involved.

- Check on DACHS records and with other agencies whether the vulnerable adult or the alleged perpetrator is known to them.

- Gather information, if not already known, as to whether the person is vulnerable [see section 1.3 page 14] whether the person lacks capacity within the definition of the Mental Capacity Act 2005 [see section 3.8 page 84] and what are the risks [Appendix 6.8 page 215].

- Consider the following when receiving the referral in order to determine whether abuse has taken place or whether there is a risk of abuse.
  - Do the initial facts constitute a violation of human civil rights?
  - Has there been significant harm?
  - Is the person who is suffering abuse able to protect themselves and do they want help?
  - From the initial information gathered, how long has the abuse been going on and what is the impact on the vulnerable adult?
The worker should remind the referrer that they may be asked to participate in any subsequent investigation.

Advise a referrer, who is a member of the public and wishes to remain anonymous, that every effort will be made to protect confidentiality, but that their evidence may be vital if they have reported a crime.

Advise the referrer that the Team Manager or Assistant Team Manager will decide what action is to be taken as a result of the referral.

Advise the referrer that the information may be shared with the Police and other key agencies.

**Record Keeping at Stage 1**

See section 3.6 page 77 for general rules about record keeping throughout this process.

1. **Case Records**
   - The contact must be inputted on to SWIFT and the Adult Protection flag triggered. Details of the contact information and the subsequent information gathered must be reported in chronological order in case notes.
   - Case records must record conversations with other professionals, family members, etc. as they occur throughout this first stage.
   - If Body charts and statements are received from other agencies at this stage, they must be indexed on the ESCR but the case records should refer to them and indicate the date received.

2. **ESCR (Adult Protection Documents)**
   - Letters/Emails/Records must be indexed on ESCR.
   - Body charts must be recorded on ESCR, dated and signed.
   - Risk Assessment to be indexed on ESCR.

3. **AS34**

   The AS34 must be completed to this stage for the purpose of SWIFT input [see PD Guidance 0060 page 193] and indexed onto ESCR.
2.2

STAGE 2: STRATEGY

A Strategy discussion between the Team Manager and other professionals by telephone may be sufficient if the situation presents as straightforward or there is little or no involvement from other agencies.

In most cases, a formal inter-agency Strategy Meeting will be held. [See Strategy Meeting section 6.6 page 214]

Management Response To Referral

The decision about whether an investigation should be undertaken will be made by the Team Manager of the Adult Care Team. The Adult Protection Manager [see Section 3.12 page 96] can advise on whether the referral constitutes 'abuse' or not. The Team Manager may also consult with the Police, CQC, and DACHS Commissioning section.

The Team Manager may decide:

No further action is needed under Adult Protection procedures [further care management involvement or referral on to another agency may, however, be required].

Having decided that the procedures should not be implemented, the responsible manager will record the reasons for this decision and the referrer must be advised of the outcome.

OR

Further information is required before a clear decision can be made on whether or how to take forward the referral.

OR

Immediate intervention is needed to protect the vulnerable adult, no later than 24 hours from the receipt of the referral.

OR

To convene a multi-disciplinary Strategy Meeting, to plan a coordinated investigation (see next section).
Managing the Process

- Once a decision to hold a strategy meeting is made, that Team Manager becomes responsible for managing the process and ensuring that all stages are followed in a timely and co-ordinated manner.

- If the investigating officer is a DACHS team member, the Team Manager will ensure regular supervision is provided throughout the investigation and decisions made in formal and informal supervision are recorded on the case records and confirmed as appropriate in strategy and case conference minutes.

Responsibilities of the Multi-Agency Partnership within the Process

- If other agencies are involved in the investigation or provide any information relating to the incident, they have a responsibility to ensure the relevant Team Manager is updated regularly throughout the process and to ensure that delays are not caused through poor communication.

- Agencies should ensure that outcomes of investigations are reported back to the Team Manager responsible rather than to other interested parties.

- Agencies should respond to requests for information from the Team Manager in a timely manner.

Chairing

- The chairperson is usually the responsible Team Manager/Assistant Team Manager for the team that has received the referral, or another Team Manager covering in their absence.

- Assistant Team Managers can chair the meetings if agreed with the Team Manager.

- Vulnerable adults may be involved from more than one Adult Team area or client group within Dudley and/or from outside the Borough. The Responsible Manager is the Team Manager where the person lives or for the client group – eg Learning Disability [see section 3.4 page 71]. If the allegation relates to someone living in a care home, the responsible Team Manager is the Team Manager for the area in which the establishment is located, even if the abuse took place elsewhere.

- Where the allegation of abuse involves one of the Council’s own residential care, day or domiciliary services, the Team Manager rather than the Service Manager will be responsible for managing the investigation.
Timing

The Strategy meeting should be convened within five working days of the referral unless there are exceptional circumstances. If this has not been possible, clear reasons for this must be recorded in the Strategy Meeting minutes.

Who attends?

- The chairperson will be responsible for completing the invitation list and ensuring appropriate representation at the Strategy Meeting. The invitation list [see Section 6.8, page 211] must be completed by the Team Manager prior to the meeting. Attendance of the appropriate agencies is vital to ensure that the process is multi-disciplinary and achieves the best outcomes for the service user.

- COC must always be informed and their views sought and recorded where the service is registered with them. COC enquires to examine the adequacy of care and determine whether there has been a breach of regulations should be co-ordinated with other investigations.

- The Commissioning Team and Complaints Team must be informed where the referral involves an independent/voluntary sector provider of care services and invited to attend the meeting.

Purpose

The Strategy meeting will consider:

- The nature of the concerns and other professionals’ views surrounding the incident

- Whether or not a criminal offence has taken place and whether this should be a Police investigation

- Whether this incident indicates a potential risk to others

- Whether the incident refers to a single service user or more than one service user, in which case each service user will be subject of an investigation in his own right

- The individual needs of the service user/s including race, culture [see section 3.15, page 101] age, gender, mental capacity [see section 3.8, page 84].

- Evidence of risk. A risk assessment for the service user and other vulnerable adults may have been completed prior to the strategy meeting for consideration or identified as an outcome for the strategy meeting [see Appendix 6.6, page 215]
Decision-making within the Strategy Meeting

The following issues should be considered

**Investigation**

- If a criminal offence is suspected, consideration should be given as to whether the Police undertake the investigation alone or work with the DACHS social worker to achieve the best outcomes in the investigation. If the Police lead the investigation, the Police Major Incident Procedure may be used to gain forensic evidence and video interview providing appropriate support for the vulnerable adult.

- Language and communication should also be addressed. Use of interpreters should be considered [see section 3.15 page 101] where necessary.

- The Lead worker appointed in the Strategy meeting will be a Social Worker with two years' post qualification experience or a community nurse / CPN with equivalent experience within Learning Disability and Mental Health teams, provided they have received the appropriate training on adult protection investigations.

- In allocating workers to the investigation, the Team Manager will consider issues of gender, ethnicity, specialist service user group knowledge, and communication needs of the vulnerable adult and family members.

- In complex cases, the lead worker may be supported by a second worker employed by the Directorate or by another key agency. Their role is to support the lead worker if, for example, separate interviews need to be undertaken within one household, and through note-taking.

- If it is agreed that an investigation is required, decisions should be made concerning
  
  - Who will interview the vulnerable adult and what information will be disclosed?
  - Who will interview the alleged perpetrator and what information will be disclosed [see section 3.5 page 72]
  - Are there other parties who need to be involved in the investigation?
  - Who will prepare the investigation report for the adult protection conference?
  - In a large scale investigation in a care home, additional staff may have to be identified for the investigation team.

- Management of risk. In a care setting this may involve changes to a care plan
Safeguarding Adults policy

- Is additional support considered necessary at this point for the vulnerable adult, the carers of the vulnerable adult and the perpetrator such as:
  - Victim Support [see section 3.14 page 100]
  - Advocacy/IMCA [see section 3.13 page 97]
  - Carers Assessment [see section 3.11 page 94]

Clear links must be established at the Strategy Meeting with legal, criminal and disciplinary activity regarding the referral or with any measures proposed by CQC and DACHS Commissioning Team.

An effective communication strategy must be put in place and decisions recorded as to what the referrer, employers, the vulnerable person and the alleged perpetrator will be told about the incident and the subsequent investigations [see section 3.5 page 72] and if other interested parties should be told – Assistant Director, Director, Cabinet Member, Press Office.

Timescales for the Adult Protection Conference should be agreed at the Strategy meeting

**Recording the Strategy Meeting**

- The Chairperson will be responsible for summarising and recording the issues raised and the decisions of the meeting on the template provided for Strategy meetings [see Appendix 6.6 page 214]

- Copies should be sent to meeting attendees, invitees and the Adult Protection Manager and to Commissioning and Complaints Section within DACHS

In complex investigations, additional Strategy Meetings may be required to review the progress of the investigation.

**Record Keeping at Stage 2**

1. **Case Records**
   - Case records must record the decisions reached at this stage, who made these decisions and the reasons why.
   - Case records must record the date the Strategy meeting was held with a brief summary of the outcomes.
   - Case records must record that the Strategy meeting has been indexed on ESGR and any other reports presented at the meeting and the date they were indexed.
   - Case records must record who has been informed about the strategy meeting outcomes and the plans for further investigation, if required.
2. ESCR (Adult Protection Documents)
   
   > The invitation list must be indexed on ESCR
   > The Strategy meeting minutes must be indexed on ESCR
   > Any reports presented at the Strategy meeting must be indexed on ESCR

3. AS34

This stage of the AS34 must be completed for SWIFT data collection and indexed on the ESCR.
2.3

STAGE 3: INVESTIGATION AND RISK ASSESSMENT

The Investigation Structure

Unless the police-led “Achieving Best Evidence” investigative interview structure for vulnerable and intimidated witnesses is being used [see section 3.21 page 112] then the investigating officer should:

- Ensure that the rights and choices of the vulnerable adult are ascertained and acknowledged within the investigation.
- Focus on achieving the best outcome for the vulnerable adult
- Confirm who will be interviewed and the sequence of interviews.
- Decide the most appropriate place to interview the people concerned and support required to achieve this.
- Note any signs of injury, if not already noted, and use the Body charts to record this [see Body Charts section 8.5 page 208].
- Note the general condition of the person together with any explanation as to the cause of injuries
- Make an initial assessment of the concerns and of family history and relationships and identify factors which may have contributed to abuse.
- Assess any relevant physical or mental health problems, communication, learning or physical disabilities - to gather or update a social history.
- Establish who is undertaking which tasks, when, where and how.
- Evaluate the need for further comprehensive social and medical assessments
- Identify the degree of risk to the vulnerable adult as a result of the incident and complete a risk assessment or update it if one was completed at the referral stage. [See Appendix 6.6 page 215]
- Determine whether there is a need for a multi-agency adult protection conference and a protection plan to prevent further abuse
Safeguarding Adults policy

- Identify whether other procedures apply or need to be invoked, for example:
  - Mental Capacity Assessment
    [see section 3.8 page 84]
  - Mental Health Act Assessment or Care Programme Approach
    [Refer to the appropriate CMHT in the Mental Health Trust]
  - Complaints Procedures
    [see section 3.17 page 105]
  - Contract Monitoring Procedures
    [see section 3.16 page 104]
  - Disciplinary Procedures
    [see section 3.3 page 66]
  - Criminal Investigation
    [see section 4.3 page 118]
  - Health and Safety
    [Refer to Health and Safety Officer in DACHS]

- Identify options which appear available and discuss them with the appropriate people – i.e. vulnerable person/carers/other professionals.

Conclusion of the Investigation

The investigation process should conclude with

- A summary of the interviews and discussions which have taken place.
- An outline of any action which may need to be taken in accordance with the Council’s statutory responsibilities.
- The availability of interim support and ongoing involvement required with the vulnerable adult either under safeguarding or care management.
- Seeking agreement that information can be disclosed to other agencies that may have been involved.
- Where necessary, a decision to convene an adult protection conference.

Record Keeping at Stage 3

1. Case Records
   - Case records should record that an investigation has taken place, who was interviewed and where and when the interview took place.
   - When contacts have been made to establish facts and gather further information, these must be recorded in case records.
   - When formal investigation interviews have been recorded, these must be indexed on ESCR and a record made in the case records that an interview was conducted and the date it was held and indexed on ESCR.
A reference to the investigation report prepared for a case conference must be made in the case records.

2. ESCR (Adult Protection Documents)

- Formal investigation interviews with the person who has been abused, with the alleged perpetrator and any other relevant people must be recorded and a record of these interviews indexed on ESCR.
- Where it is not feasible to have a face to face interview with a carer/family member, etc and a lengthy phone call interview takes place to obtain information for the investigation, the person who is being interviewed should be informed that the phone call will be used as part of the investigation and should be recorded on ESCR.
- The Investigation Report compiled for the case conference must be recorded on ESCR.
- Letter/emails must be indexed on ESCR.
- Risk Assessment to be indexed on ESCR.

3. AS34

AS34 must be completed to this stage for the purpose of SWIFT input [see PD Guidance] and indexed on ESCR

Decision-Making Following the Investigation

The responsible manager will review all the information available and will determine what action should be taken.

Decisions that the responsible manager may take:

- To Close the Incident at Investigation Stage

Where evidence of abuse is not substantiated, the responsible manager can determine that no further action is necessary. The referral is, therefore, closed with all involved persons being notified.

Alternatively the responsible manager may feel that support services, through normal case management arrangements are appropriate.
Arrangements should be made for the investigating workers to share the decisions with the identified vulnerable adult and their carers, and the alleged perpetrator, as appropriate, and brief them as to any actions which need to be taken, if the case is closed at this point.

or

- **Immediate action to protect the vulnerable adult**

  In some cases there will be an urgent need to protect a vulnerable adult. Where removal of a person from their home is appropriate, the vulnerable adult will have priority for a placement in an alternative care setting.

  The Police should also be consulted if it becomes clear at this stage that a crime has been committed.

  and/or

  - To convene a multi-agency Adult Protection Case Conference within 10 working days of the conclusion of the investigation or sooner in more urgent cases.

  Consideration should be given to interim provision of support services to the vulnerable adult, pending the outcome of the case conference.
2.4.

STAGE 4: ADULT PROTECTION CONFERENCE

Timing

An Adult Protection Conference should be held within 10 days of the completion of the investigation.

Purpose

The purpose of a multi-disciplinary Adult Protection Conference is to:

- Examine the evidence gained at the investigation stage
- Exchange information between professionals who know the vulnerable adult
- Determine, on the balance of probabilities whether abuse has taken place
- Formulate a risk assessment based on the evidence gathered during the investigation
- Agree a protection plan
- Set clear outcomes for both vulnerable adult and perpetrator[s], (to be recorded in the "SWIFT Outcome Options" field).

The Adult Protection Case Conference makes recommendations to agencies. Decision-making is the responsibility of managers within each agency.

Involvement of the vulnerable adult and/or their representative/advocate

The vulnerable adult who is the subject of the conference should be advised that a Conference is to take place and be invited to attend, or to nominate a representative to attend on their behalf. In some instances, it may be appropriate to have the conference in two parts to allow appropriate input from the service user and/or carers.

The vulnerable adult should be offered a choice of ways in which to participate. Attention must also be paid to any communication difficulties.

Where a vulnerable adult has an advocate, the advocate should be invited to attend, and to represent the vulnerable adult’s interests.

The carer of the vulnerable adult may also be invited, having regard to the wishes of the vulnerable adult, provided that the carer is not the alleged perpetrator.
Sharing of Information

There should, in the interests of the protection of the vulnerable adult, be a full exchange of factual information between participants in a Conference. This information is confidential to participants at the conference.

The deliberate withholding of information cannot be defended on the grounds of confidentiality alone as non-disclosure may jeopardize the safety of the individual. [see section 3.7 page 80]

Where non-professionals are invited to attend, because of their personal knowledge of the case, the chairperson should ensure that they are properly briefed beforehand as to the purpose of the Conference and the need for confidentiality.

Preparing for the Conference

The Team Manager will ensure that:

- Relevant agencies have been invited to attend [see section 6.6 page 211 Invitation List] and requested to provide reports. All invitees should give the highest priority to attendance. When not able to attend, a written report should be submitted.

- Attendees will normally be the same as for the strategy meetings and in addition others who have contributed to the investigation information, as appropriate.

- The vulnerable adult is prepared and supported, as are any carers, paid or unpaid, or advocates and interpreters.

- A written report from the lead investigating worker is supplied [see Appendix 6.6 page 218].

Chairing

The Conference will normally be chaired by the responsible Team Manager or Assistant Team Manager.

In exceptional cases of particular complexity and/or where an independent chair is required, the Team Manager may request that the Conference is chaired by:

- another Team Manager who does not have line-management responsibility for the case

- the Head of Service

- the Adult Protection Manager
Implementing the recommendations of the case conference remains the decision of the manager within the team who requested the case conference and not the independent chair.

Arrangements for minute taking and distribution of minutes will be the responsibility of the Manager chairing the Conference.

**The Chairperson is responsible for:**

- Ensuring that the meeting is conducted effectively in accordance with the standard agenda for Adult Protection agenda.
- Making clear the purpose of the meeting
- Reminding attendees about confidentiality.
- Ensuring that the meeting comes to a decision as to whether the vulnerable adult is at risk
- Making clear recommendations about an inter-agency protection plan and the roles of agencies in the plan.

**Adult Protection Conference – Outline Agenda**

A standard Agenda pro-forma must be followed for all Adult Protection Conferences, as follows (see section 6.6 page 220):

- Chairperson identifies subject, date of birth and address.
- Chairperson explains the reasons for the Case Conference being called, and shares any apologies for non-attendance.
- Participants are invited to introduce themselves and state their role, agency if applicable, and their contact with the vulnerable adult.
- The investigating workers report their findings and actions taken to date.
- Chairperson introduces any other reports supplied
- The vulnerable adult is then supported to express their views
- Other participants in turn share their information and knowledge
- The conference members will then review the outcomes from the investigation
- Determine on the balance of probabilities whether abuse has taken place
- Formulate a risk assessment based on the evidence gathered during the investigation
Safeguarding Adults policy

- Consider measures to ensure protection from contact with the perpetrator
- Consider the need for a carers assessment
- Set clear outcomes for the vulnerable adult
- Agree a protection plan for the vulnerable adult and (or any community services they may need as agreed)
- Consider the appropriateness of support services such as victim support [section 3.14 page 101] and advocacy [section 3.13 page 99]

Additional Considerations for Adult Protection Conferences involving Care Homes and Domiciliary Care

- Where the vulnerable adult is in a care home or the investigation involves more than one service user, separate conferences may be needed to discuss the concerns about, and the protection plan for, particular individuals who have been identified as victims.
- Consider the relocation of some or all of the residents/other changes in care arrangements which may be necessary
- Note any measures proposed by CGC and DACHS Commissioning Team
- Recommend improvements in the management of care in the establishment – eg staffing levels, supervision, training
- Ensure disciplinary and criminal proceedings are in place, as appropriate, and led by the managers from the service where the perpetrator is employed
- Consider referral to professional regulatory bodies, the vetting and barring scheme under the Independent Safeguarding Authority.
- Agree arrangements for briefing senior managers, members and handling enquiries from the media

To Close the Incident at the Conference Stage

If it is agreed that no protection plan is required, the investigation will close at this stage. The Conference minutes must indicate the reason for this decision.

If the victim is not present at the meeting, consideration must be given as to who will inform the victim/carers and other interested parties, and must be recorded in the minutes.

If the perpetrator needs to be informed, the case conference must confirm how this will be achieved.
A decision will be made at this stage whether ongoing work is required under care management or whether other agencies will provide support to the person involved in the incident. This must be recorded in the Conference minutes.

**Content of Protection Plan**

If it is agreed that a Protection Plan is required, it should address the following areas [see Appendix 6.8 page 223]

- The need for further medical, social or other specialist assessments, including a carer’s assessment.
- The need for a criminal investigation
- Any legal action, which should be considered.
- Identification of appropriate resources
- Responsibilities of the agencies; and how these will be communicated between participants.
- Identification of a named key-worker to take forward the conference recommendations, and to act as a central focus for communication and action, and a core group of professionals who are in direct contact with the vulnerable adult.
- Determine how the outcomes will be shared with those not attending the Conference. This will include the vulnerable adult, if absent from the meeting.
- Setting up, monitoring, and feedback arrangements which support implementation of the Protection Plan, until the date of the next [Review] Conference.
- To set the time and date of the next Review Adult Protection Conference.

**Recording at Stage 4**

**Case Records**

- The case records must indicate the date that a conference has taken place, that it is indexed on ESCR.
- The case records must summarise the outcomes of the conference and the decisions made
- The case records must summarise the protection plan if one has been agreed
ESCR (Adult Protection Documents)

- The Adult Protection conference minutes must be indexed on ESCR
- Any other reports provided to the conference must be indexed on ESCR
- The protection plan must be indexed on ESCR

AS34

- The AS34 must be completed [see PD 69 page 193]
- The protection plan section of the AS34 must be completed at this stage [see PD 69] and indexed on ESCR
2.5

STAGE 5: REVIEW

Review Adult Protection Conferences

Each vulnerable adult who is subject of a protection plan within these procedures must be formally reviewed within the first three months of the plan and not less than every six months thereafter.

Any agency can request a Review Adult Protection Conference at any time through the named key-worker. The decision whether to action the request will be taken by the responsible manager.

Chair

The Review should be chaired by the Team Manager who chaired the original Adult Protection Conference, if possible.

Written Reports

The named key worker should produce a report which covers each heading of the specific Protection Plan for the vulnerable person. No proforma is available as it is recognised each protection plan differs in content.

Outline Agenda

- The Protection Plan will be reviewed and any necessary adjustments made
- If there has been a disciplinary investigation as a result of this Safeguarding incident, the Review Conference should consider the progress of this and the implications for the protection plan
- The Review Conference may decide that the vulnerable adult is no longer at risk and that she/he no longer requires a protection plan
- The Review Conference will consider whether other forms of support should now be offered to the victim and his/her carers
- The Review Conference will consider whether the adult protection episode can be closed and whether further care management support is required
- The Review Conference will consider who will inform the victim, carers and other interested parties about the meeting outcome.
Minutes

The minutes will address the above and record the decisions agreed.

The minutes will be circulated to those identified at the meeting and will seek their agreement to the decisions made.

Any comments received within five working days will be considered by the Chairperson and revised minutes reissued if necessary.

Closing the Safeguarding Incident

Prior to closing a safeguarding incident, the manager must ensure that:

- All verbal and written reports have been completed;
- The case file on ESCR contains all the necessary information, reports and forms in the correct place;
- Agencies who have been involved in the Adult Protection Plan are aware of their responsibility to re-refer the vulnerable adult should circumstances change or risks increase significantly to the vulnerable adult;
- All decisions have been recorded in writing with evidence to support the decisions clearly documented;
- The reasons for closing the incident are recorded on SWIFT;
- The investigation is closed on SWIFT;
- If a vulnerable adult or a vulnerable witness wishes to seek justice or redress through the criminal justice system, consideration should be given to contacting the Witness Service.

Record Keeping at Stage 5

Case Records

- The case records must record that a Review Adult Protection Conference was held and provide a summary of the decisions

- Any action arising from the Review Conference must be recorded on the case records
ESCR (Adult Protection Documents)

- The amended protection plan must be indexed on ESCR
- The reports to the Review Conference must be indexed on ESCR
- The Review minutes must be indexed on ESCR
- Risk Assessment to be indexed on ESCR

AS34A

The AS34A must be completed for each review and indexed on ESCR
2.6 Adult Protection Flowcharts

Referral

Management decision

Strategy meeting within 5 working days

Investigation and Management decision

Adult Protection Conference within 10 working days of the end of investigation

Review Adult Protection Conference within 3 months

Closure

Closure

Closure

Closure
Stage 1
Identification, Referral and Screening

Information received regarding suspected abuse

Notify own Manager

Refer to Adult Social Care Team/Specialist Team/Emergency Duty Team in DACHS

If in DMBC Day/Residential/Domiciliary Care
Notify Service Manager responsible for Residential/Day Services

If in Private Residential/Nursing/Domiciliary Care
Notify Commissioning Team

Information received from referrer. AP Contact Input to SWIFT

Gather Information From

Service User
Committing
Police

Carer
CQC
Health

Consult with Team Manager

Team Manager considers initial referral and risk assessment

Team Manager decides whether to invoke Adult Protection Procedures

Y: High Likelihood
Team Manager identifies investigating officer
Team Manager decides whether to involve Police and/or IMCA service
AS34 Initiated TM ensures Admin enter Adult Protection Details to SWIFT
Consider interim Protection Plan if needed to make person safe

N: No further action under these procedures. Process as Duty referral
Advice refferal of outcome

December 2009
Safeguard & Protect
STAGE 2
Strategy

Complex case (several agencies involved?)

Strategy Meeting within 5 working days of referral

Team Manager decides who should attend

Strategy meeting decides whether Adult Protection procedures should be invoked

Investigation required?

Y

Initial risk assessment
Identity investigating officers
Plan investigation
Interim Adult Protection Plan
Link to

N

Close or refer for assessment

Service user/carer notified of outcome and/or need for further meetings

Further Strategy Meetings in complex investigations
STAGE 3
Investigation and Risk Assessment

Strategy Meeting to plan the investigation (see stage 2)

Senior Social Worker carries out and records checks, interviews and makes assessment

Immediate action necessary to protect vulnerable adults

Adult Protection Case Conference within 10 working days

Adult Protection concerns confirmed but immediate action not required

Adult Protection Case Conference within 10 working days

No Adult Protection concerns

Record decision not to proceed further under Adult Protection procedures

Close or refer for further assessment/care management
STAGE 4
Adult Protection Conference

Investigation Officer/Team Manager
- Invite relevant agencies
- Invite vulnerable adult, advocate or carer (where appropriate)
- Identifies Chair
- Prepares Report

Adult Protection Case Conference formulates risk assessment

Protection Plan required?

N
- Close or:
  - Further assessment
  - Provide services

Y
- Agree
  - Need for further medical/specialist assessments
  - Criminal/legal proceedings
  - Named key-worker
  - Responsibilities of agencies
  - Monitoring arrangements/services needed
  - Date of Review Conference
  - Measures to be taken by CSCID/ACHS Commissioning team
  - Disciplinary Proceedings
  - Communication of decisions
STAGE 5
Adult Protection Review Conference

Review Conference convened by Team Manager and attended by Key Worker

Are the risks reduced to an acceptable level?

Y

Does Client continue to Need Services?

N

Follow Care Management route

Y

Close Case

N

- 
- Protection Plan
- Take action necessary to reduce risk
- Agree further
2.7 Agencies Providing Support and Advice

General

Adult Drug Services
CRI Adult Tier 2/3 Drug Service
Atlantic House
Dudley Road
Lye
DY9 8EL
Tel: 01384 426120

Advocacy in Action,
Princes House,
32 Park Row,
Nottingham NG1 6GR
Tel: 01602 – 500537

POPAN
(Prevention of Professional Abuse Network)
1 Wyvil Court,
Wyvil Road,
London SW8 2TG
Tel: 020 7622 6334

Public Concern at Work (‘whistleblower’ support)
www.PublicConcernatWork.co.uk

Base 25
(Drug Counselling for Under 25’s)
Tel. 0800 073 0233
www.base25.org.uk

B-Glad
(Birmingham Gay & Lesbian Switchboard)
Tel. 0121 622 6689

Samaritans
Tel: 0345 90 90 90

Women’s Aid National Helpline
Tel. 08457 023468

Emergency Legal Domestic Violence Helpline
Tel. 02476 526450

Bristol Crisis Service for Women
(Telephone counselling on self-injury)
Tel. 0117 9251119
EMERGE
(Victims of Childhood Sexual Abuse)
Tel. 01543 576174

Incest Crisis Helpline,
66 Marriott Close,
Bedfont,
Feltham, Middlesex

OLDER PEOPLE
Action on Elder Abuse,
Astral House,
1268 London Road,
London SW16 4ER
Tel. 0808 808 8141 (Monday to Friday 10.00am – 4.00pm)

LEARNING DISABILITY
Ann Craft Trust
School of Social Studies,
University Park,
Nottingham NG7 2RD
Tel: 0115 951 – 5400
E-mail: Ann-Craft-Trust@Nottingham.ac.uk

RESPOND Helpline
(Sexual abuse counselling for people with
learning disabilities)
Tel. 0808 808 0700
E-mail: helpline@respond.org.uk
www.respond.org.uk

People First
Tel. 020 7485 6660

VOICE (prosecutions of people with learning disabilities)
Tel. 01332-519872

MENTAL HEALTH
Same Line
Tel. 0345 678000

NSF Helpline
Tel. 0800 387034

PHYSICAL DISABILITY
SCOPE (Advice and advocacy)
Tel. 01743-236150
OTHER SOURCES

SCIE
(Social Care Institute for Excellence)
www.SCIE.org.uk

NICE
(National Institute for Clinical Excellence)
www.nice.org.uk

NHS Direct
Tel. 0485 4657

GSCC
(General Social Care Council)
www.gscc.org.uk

NMC
(Nursing and Midwifery Council)
www.nmc-uk.org

GMC
(General Medical Council)
www.gmc-uk.org

CQC
(Care Quality Commission)
www.cqc.org.uk

CHAI
(Commission for Health Audit and Inspection or Healthcare Commission)
www.chai.org.uk

RNHA
(Registered Nursing Homes Association)
www.mha.co.uk

UKHCA
(United Kingdom Home Care Association)
www.ukhca.co.uk

NPSA
National Patient Safety Agency
www.npsa.nhs.uk

Birmingham and Black Country Strategic Health Authority
Tel. 0121-695-2245
Safeguarding Adults policy

Practitioners Against the Abuse of Vulnerable Adults (PAVA),
P.O. Box 4670
Bournemouth
BH6 3BL
www.pavauk.org.uk

Public Guardianship Office
www.guardianship.gov.uk
Enduring Power of Attorney Helpline – Tel. 0845 3302903 (9am-5pm weekdays)
Receiptership: Tel. 020 7664 7696 (A-K)
Tel. 020 7664 7897 (L-Z)
General Tel. 0845 3302900

Official Solicitor and Public Trustee Office
Tel. 020 7911 7127
www.offsol.demon.co.uk

Charity Commission
Tel. 0870 3330123

Dementia Plus
Tel. 01901 575064
## Adult Referral Points

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sedgley Locality Office</strong></td>
<td>Ladies Walk Centre, Dudley, West Midlands, DY3 3UA, Tel: 01384 813250</td>
</tr>
<tr>
<td><strong>Sedgley Community Team for Learning Disability</strong></td>
<td>Ladies Walk Centre, Dudley, West Midlands, DY3 3UA, Tel: 01384 813360</td>
</tr>
<tr>
<td><strong>Dudley Locality Office</strong></td>
<td>7th Floor West Wing, Falcon House, The Minories, Dudley, West Midlands, DY2 8PG, Tel: 01384 813555</td>
</tr>
<tr>
<td><strong>Dudley Community Team for Learning Disability</strong></td>
<td>Ladies Walk Centre, Dudley, West Midlands, DY3 3UA, Tel: 01384 813363</td>
</tr>
<tr>
<td><strong>Stourbridge Locality Office</strong></td>
<td>Wollescote Hall, Wollescote Road, Stourbridge, West Midlands, DY9 7JG, Tel: 01384 813150</td>
</tr>
<tr>
<td><strong>Stourbridge Community Team for Learning Disability</strong></td>
<td>John Corbett Drive, Stourbridge, West Midlands, DY8 4JG, Tel: 01384 813925</td>
</tr>
<tr>
<td><strong>Halesowen Locality Office</strong></td>
<td>Queensway Mall, 5th Floor, The Cornbow, Halesowen, West Midlands, B63 4AZ, Tel: 01384 815900</td>
</tr>
<tr>
<td><strong>Halesowen Community Team for Learning Disability</strong></td>
<td>John Corbett Drive, Stourbridge, West Midlands, DY8 4JG, Tel: 01384 811580</td>
</tr>
<tr>
<td><strong>Brierley Hill Locality Office</strong></td>
<td>Cottage Street, Brierley Hill, West Midlands, DY5 1RE, Tel: 01384 813000</td>
</tr>
<tr>
<td><strong>Brierley Hill Community Team for Learning Disability</strong></td>
<td>John Corbett Drive, Stourbridge, West Midlands, DY8 4JG, Tel: 01384 813930</td>
</tr>
<tr>
<td><strong>Dudley Community Mental Health Team</strong></td>
<td>Castle Court, 5-7 The Broadway, Dudley, West Midlands, DY1 4AN, Tel: 01384 813880</td>
</tr>
<tr>
<td><strong>Halesowen Community Mental Health Team</strong></td>
<td>Highfield Lane, Halesowen, West Midlands, B63 4SG, Tel: 0121 602 8862</td>
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</table>
### Safeguarding Adults Policy

<table>
<thead>
<tr>
<th>Stourbridge Community Mental Health Team</th>
<th>Sedgley Community Mental Health Team</th>
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<tbody>
<tr>
<td>Hill House</td>
<td>Ladies Walk Centre</td>
</tr>
<tr>
<td>High Street</td>
<td>Ladies Walk</td>
</tr>
<tr>
<td>Amblecole</td>
<td>Sedgley</td>
</tr>
<tr>
<td>Stourbridge</td>
<td>Dudley</td>
</tr>
<tr>
<td>West Midlands</td>
<td>West Midlands</td>
</tr>
<tr>
<td>DY8 4DG</td>
<td>DY3 3UA</td>
</tr>
<tr>
<td>Tel: 01384 366700</td>
<td>Tel: 01902 575957</td>
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</table>

<table>
<thead>
<tr>
<th>Brierley Hill Community Mental Health Team</th>
<th>Emergency Duty Team Dudley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Cottage Street</td>
<td>Tel: 01384 818283</td>
</tr>
<tr>
<td>Brierley Hill</td>
<td></td>
</tr>
<tr>
<td>West Midlands</td>
<td></td>
</tr>
<tr>
<td>DY5 1RG</td>
<td></td>
</tr>
<tr>
<td>Tel: 01384 366770</td>
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</table>

<table>
<thead>
<tr>
<th>Brierley Hill Police Station</th>
<th>Halesowen Police Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Street</td>
<td></td>
</tr>
<tr>
<td>Brierley Hill</td>
<td></td>
</tr>
<tr>
<td>West Midlands</td>
<td></td>
</tr>
<tr>
<td>DY5 3DH</td>
<td></td>
</tr>
<tr>
<td>Tel: 0121 626 8127</td>
<td>Tel: 0121 626 8185</td>
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</table>

### Additional Useful Contacts for Staff Undertaking Safeguard Referrals

<table>
<thead>
<tr>
<th>Alzheimer's Society</th>
<th>Age Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pensnett House</td>
<td>The Bradbury Junction</td>
</tr>
<tr>
<td>Pensnett Estate</td>
<td>1 Crabtree Road</td>
</tr>
<tr>
<td>Kingswinford</td>
<td>Netherton</td>
</tr>
<tr>
<td>DY6 7PP</td>
<td>West Midlands</td>
</tr>
<tr>
<td>Tel: 01384 295355</td>
<td>DY2 9RA</td>
</tr>
<tr>
<td></td>
<td>Tel: 01384 354508</td>
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<table>
<thead>
<tr>
<th>Dudley Advocacy</th>
<th>Dudley MIND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medway House</td>
<td>221 Hagley Road</td>
</tr>
<tr>
<td>99-99 Dixons Green Road</td>
<td>Stourbridge</td>
</tr>
<tr>
<td>Dudley</td>
<td>West Midlands</td>
</tr>
<tr>
<td>West Midlands</td>
<td>DY8 2JP</td>
</tr>
<tr>
<td>DY2 7DJ</td>
<td>Tel: 01384 442938</td>
</tr>
<tr>
<td>Tel: 01384 456877</td>
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</table>

<table>
<thead>
<tr>
<th>MENCAP</th>
<th>Physical &amp; Sensory Impairment Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Swan Courtyard</td>
<td>Parkes Hall Centre</td>
</tr>
<tr>
<td>Coventry Road</td>
<td>Parkes Hall Road</td>
</tr>
<tr>
<td>Birmingham</td>
<td>Dudley</td>
</tr>
<tr>
<td>B25 16U</td>
<td>DY1 3RU</td>
</tr>
<tr>
<td>Tel: 0121 707 7877</td>
<td>Tel: 01384 813090</td>
</tr>
<tr>
<td>Hospital Social Work Team</td>
<td>Substance Misuse</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Russells Hall Hospital</td>
<td>National Drugs Help line</td>
</tr>
<tr>
<td>Russell’s Hall, Dudley</td>
<td>Free phone 0800 776600</td>
</tr>
<tr>
<td>Tel: 01384 244819</td>
<td>The Warehouse Recovery Project</td>
</tr>
<tr>
<td></td>
<td>1 Castle Street</td>
</tr>
<tr>
<td></td>
<td>Dudley</td>
</tr>
<tr>
<td></td>
<td>DY1 1LA</td>
</tr>
<tr>
<td></td>
<td>Tel: 01384 237108</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Alcohol Misuse</th>
<th>Action on Elder Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholics Anonymous</td>
<td>Astral House</td>
</tr>
<tr>
<td>Tel: 01902 644026</td>
<td>1268 London Road</td>
</tr>
<tr>
<td>Aquarius</td>
<td>London SW15 4ER</td>
</tr>
<tr>
<td>Cottage Street</td>
<td>Tel: 0808 8708814</td>
</tr>
<tr>
<td>Brierley Hill</td>
<td></td>
</tr>
<tr>
<td>Tel: 01384 261267</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carer Contacts</th>
<th>Victim Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dudley Carers Network</td>
<td>Flat 1</td>
</tr>
<tr>
<td>Advice and information for carers</td>
<td>St. Thomas’s Vicarage</td>
</tr>
<tr>
<td>01384 818723</td>
<td>King Street</td>
</tr>
<tr>
<td>Social Services</td>
<td>Dudley</td>
</tr>
<tr>
<td><a href="http://www.dudley.gov.uk/council/soserv/carers_services.htm">http://www.dudley.gov.uk/council/soserv/carers_services.htm</a></td>
<td>DY2 8QD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Quality Commission (CQC)</th>
<th>Legal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Correspondence Citygate</td>
<td>5 Ednam Road</td>
</tr>
<tr>
<td>Gallowgate</td>
<td>Dudley</td>
</tr>
<tr>
<td>Newcastle upon Tyne NE1 4PA</td>
<td>West Midlands</td>
</tr>
<tr>
<td></td>
<td>DY1 1HL</td>
</tr>
<tr>
<td></td>
<td>Tel: 01384 815325</td>
</tr>
<tr>
<td></td>
<td>Fax: 01384 815325</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult Drug Services CRI Adult Tier 2/3 Drug Service</th>
<th>Cranstoun Drug Intervention Programme (DIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic House Dudley Road Lye</td>
<td>Atlantic House Dudley Road Lye</td>
</tr>
<tr>
<td>DY9 8EL</td>
<td>DY9 8EL</td>
</tr>
<tr>
<td>Tel: 01384 426120</td>
<td>Tel: 01384 426120</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Young People’s Substance Misuse Service (Drugs and Alcohol) Tier 3</th>
<th>Substance Misuse Service Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Zone 27-29 Stone Street Dudley</td>
<td>Rose Cottage</td>
</tr>
<tr>
<td>DY1 1NT</td>
<td>27-29 Hall Church Road Holly Hall</td>
</tr>
<tr>
<td>Tel: 01384 241440</td>
<td>Dudley</td>
</tr>
<tr>
<td></td>
<td>West Midlands</td>
</tr>
<tr>
<td></td>
<td>DY2 0TQ</td>
</tr>
<tr>
<td></td>
<td>Tel: 01384 366813</td>
</tr>
</tbody>
</table>

| Talk to Frank – 0800 776600 (Drug Advice Helpline) | |
|------------------------------------------------------| |
|                                                     | |
Victim Support

1. Victim Support is an independent national charity. Trained volunteers based in Dudley contact people following a crime to offer free confidential support and information.

2. People can be referred to Victim Support by organisations within Dudley or by making direct contact themselves. The support is offered on an outreach basis with volunteers visiting people in their own homes, office appointments or telephone support is also available, on request.

3. The nature of support varies greatly and is dependent upon the needs of the individual but includes:
   - Information on Police and Court Procedures
   - Help with obtaining compensation, assistance with form filling, insurance, etc
   - Support before and after any court hearings
   - Referral to specialist support agencies – ie Hate Crime Officer, Learning Disability Services, Advocacy
   - Independent, confidential, free support and information.

4. If post abuse issues are not addressed for the victim, much of the effectiveness of the intervention under Safeguard & Protect procedures may be jeopardised. It is important that victim support is discussed with the vulnerable adult at the conclusion of the investigation, and where necessary, as part of the Protection Plan.
‘A QUICK GUIDE’

SAFEGUARD AND PROTECT POLICY
AND
PROCEDURES
**Purpose of Procedures**
The purpose of the Safeguard and Protect Procedures is to protect vulnerable adults from harm. At all times, managers and staff in all agencies must act promptly in compliance with the Procedures.

**Summary of Procedures**
The Safeguard and Protect procedures have five stages. Each is described in detail in the Safeguard and Protect manual.

**Stage 1 – Identification, Referral and Screening**
Actual or suspected abuse of a vulnerable adult is identified. A referral is made to an Adult Social Care Team in Dudley Council.

The Team Manager decides whether or not to use Adult Protection Procedures. The Team Manager refers to the Screening Questions to assess the degree and duration of harm, the mental capacity of the client, and the need for intervention. The Team Manager will consider whether the matter should be dealt with in a different way e.g. as a complaint; via CSCI or Commissioning. If Adult Protection, the Team Manager initiates the AS34 and convenes a Strategy Meeting. The Team Manager considers whether any immediate action is necessary in advance of the Strategy Meeting to protect the vulnerable adult.

**Stage 2 – Strategy Meeting**
The purpose of the Strategy Meeting, which is chaired by the Team Manager, is to:

- Share information about the vulnerable adult
- Decide whether abuse has taken place and whether a criminal offence appears to have been committed
- Identify who will carry out the investigation
- Plan the investigation
- Consider how the investigation will be carried out in conjunction with other procedures e.g. complaints.
- Advise whether any employee should be suspended immediately.

The Team manager is responsible for making a written record of the decisions of the Strategy Meeting.

**Stage 3 - Investigation and Risk Assessment**
The purpose of the investigation is to gather further information about the needs of the vulnerable adult, the abuse which may have occurred; the family background and contributing factors to abuse.

If a criminal offence is suspected, the Police carry out the investigation. In other cases, the investigation is led by an experienced social worker, supported as necessary by a second worker, who may be from another agency.

The investigation is planned carefully e.g. who should be interviewed and the sequence of interviews; the need for specialist assessments. All interviews and other contacts are carefully recorded.
The investigating worker complete a risk assessment, which will form part of a report to an Adult Protection Conference if needed. If the investigation is complex, further strategy meetings may be necessary to review progress and plan next stages. When the investigation is concluded, the Team Manager decides whether to:

- Close the case if evidence of abuse is not substantiated and if necessary offer other services.
- OR
- Take action to protect the vulnerable adult (in some cases this may be necessary at an earlier stage), and/or
- To convene an Adult Protection Conference

**Stage 4 - Adult Protection Case Conference**

The purpose of the conference is to:

- Share and review the evidence which was gathered during the investigation
- Agree a risk assessment based on this evidence
- Agree a protection plan if necessary.
- If a protection plan is not needed, consider what other services may be appropriate

The investigating worker prepares a report using the format in the Safeguard and Protect Procedures.
The Conference is chaired by the responsible Team Manager, except in cases of particular complexity where an independent chair may be necessary.
The Conference follows the standard agenda in the Safeguard and Protect Procedures.
Following the Conference, the named Key Worker completes the Protection Plan as a separate document on the file. Advice on the content of the Plan can be found in the Safeguard and Protect Procedures.

**Stage 5 – Review**

Any vulnerable adult who is subject of a Protection Plan should be reviewed in a Review Adult Protection Conference not less often than every six months. If the Review Conference concludes that the vulnerable adult is no longer at risk, other services may be offered or the case closed.
Adult Protection

- Referral
- Management Decision
- Pre-Investigation Planning within 5 working days
- Investigation and Management Decision
- Case Conference within 10 working days
- Review Case Conference within 3 months
- Closure

Timescale to complete this process is 15 working days

Progress report within one month