

**Adult protection protocols contents**

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approach reports of incidents or allegations with an open mind. Some people might need referral to a more suitable service e.g. police, victim support, domestic violence services or a refuge. Others might need the full support of the adult protection process to allow them to deal with their situation and return safely to their desired lifestyle.

In all cases, except where it is immediately clear that the allegations do not constitute adult abuse, an adult protection alert form will be completed. The information as presented will be discussed with the line manager and a preliminary decision taken as to whether any further action is required.

- **Decision not to proceed**

If a decision is made at that point **not** to proceed in line with the adult protection protocols the referrer **will** be informed that the case is not to be addressed as adult protection. It may, for example, be more appropriate to refer the matter to another agency such as trading standards or the police. A decision may be taken to offer an assessment under the NHS and Community Care Act 1990. If there is any disagreement with this decision then the case must be referred to a senior manager. If the issues cannot be resolved then referral may be made to the chair or deputy chair of the Kent and Medway Adult Protection Committee. The complaints procedure may be used by anyone outside social services.

- **Decision to proceed**

This may include emergency protective action. Initial enquiries will be undertaken. A full record will be made of actions taken and information gathered. The line manager will discuss with the senior manager who should take on the role of **designated senior officer** for the case. (See protocol section 13.1)



## 4.7 The factors considered in deciding if concerns constitute adult abuse

In all cases the trained and experienced member of staff in the social services agency receiving the information will engage with referrers or consultees to determine whether the concerns raised constitute adult abuse. The following factors need to be taken into consideration:



### 4.7.1 Whether the situation as described is appropriate to be addressed under the adult protection protocols – see policy sections 3 & 4.

Some people are not normally considered as eligible for an assessment and possible community care services because despite mild disability, age or illness they have previously been able to manage without help. They may for example be accessing Supporting People provision. If they have been subjected to abuse their ability to deal with this and carry on with their normal lives might be reduced. In addition the seriousness or extent of abuse and its effect on the vulnerable adult may not be clear initially. So the vulnerable adult's needs and the appropriateness of interventions should be assessed in light of the situation that has led to contact with the social services agency.

## 8.1 What if the risks involve a care service?

Where there appears, to be significant risks to vulnerable adults/service users or potential service users consideration must be given to informing other interested parties of the concerns and possible risk factors. This may include commissioning authorities outside Kent or Medway.

For organisations with contracts with the social services agencies in Kent or Medway this may be achieved by the use of the flag system on the contract database. Even if the organisation does not have a contract with any agency in Kent or Medway a level of risk should be agreed and commissioning authorities informed of the risk level. Decisions about risk and communication should be made in consultation with the Senior Manager and the relevant Contracts Manager.

Any agreement reached should be recorded in the records of the planning process or in the adult protection paperwork at any stage in the adult protection process.

Levels of risk should be classified in the following way:

- Risk level 1** An adult protection case is being assessed/investigated but there is currently no evidence that other service users are at risk. (For further information contact identified manager).
- Risk level 2** An adult protection case is being assessed/investigated and it is possible that other service users may be at risk of significant harm due to abuse, or poor practice. Some or all service users are being assessed in relation to these concerns. (For further information contact the identified manager).
- Risk level 3** An adult protection case is being assessed/investigated and there is evidence of significant risk to other service users due to abuse or poor practice. No new placements should be made until the issues have been resolved. (For more details contact the identified manager).

At levels 2 and 3 consideration should be given to advising the families/carers of other residents that an assessment/investigation is being undertaken. If other commissioning authorities have not already been informed they should now be contacted and they will be responsible for informing the families/carers of their clients of the assessment/investigation.

If the service provider has not already been involved within the adult protection process they must be advised by either the designated senior officer or the contract manager of any decisions taken during the adult protection process which affect them or their service. They will need to consider the appropriateness of admitting any additional residents to the home when an adult protection risk level 2 or 3 has been agreed and an investigation/assessment is in progress.

(See Guidance section 23 item 8 bullet point 1).



## 14 How Do We Learn from Experience in Adult Protection Cases?

### 14.1 Monitoring

It is essential that systematic monitoring of various aspects of adult protection be conducted on a regular basis in each district and at a county level.

Different agencies will be able to contribute to the information by making sure that they keep information in compatible systems and access their own data sets for the purpose of planning protective services.

Knowledge in your area can draw on a number of sources:

- Numbers of referrals received under adult protection.
- Vulnerable victims of crime where these are identified in generic crime statistics and/or analysed within community safety initiatives.
- Cancellations and enforcement actions taken by the regulatory bodies.
- Disciplinary or professional misconduct hearings.

Aggregation and analysis of quantitative and qualitative information relating to adult abuse should assist in several ways:

- a To raise the profile of adult protection.
- b To inform senior managers and elected members.
- c To monitor the workloads of staff in social services, police, health and voluntary organisations.
- d To ascertain possible resource implications in managing adult protection effectively and bidding for additional resources.
- e For pro-active planning and development of adult protection training and services in conjunction with other agencies.

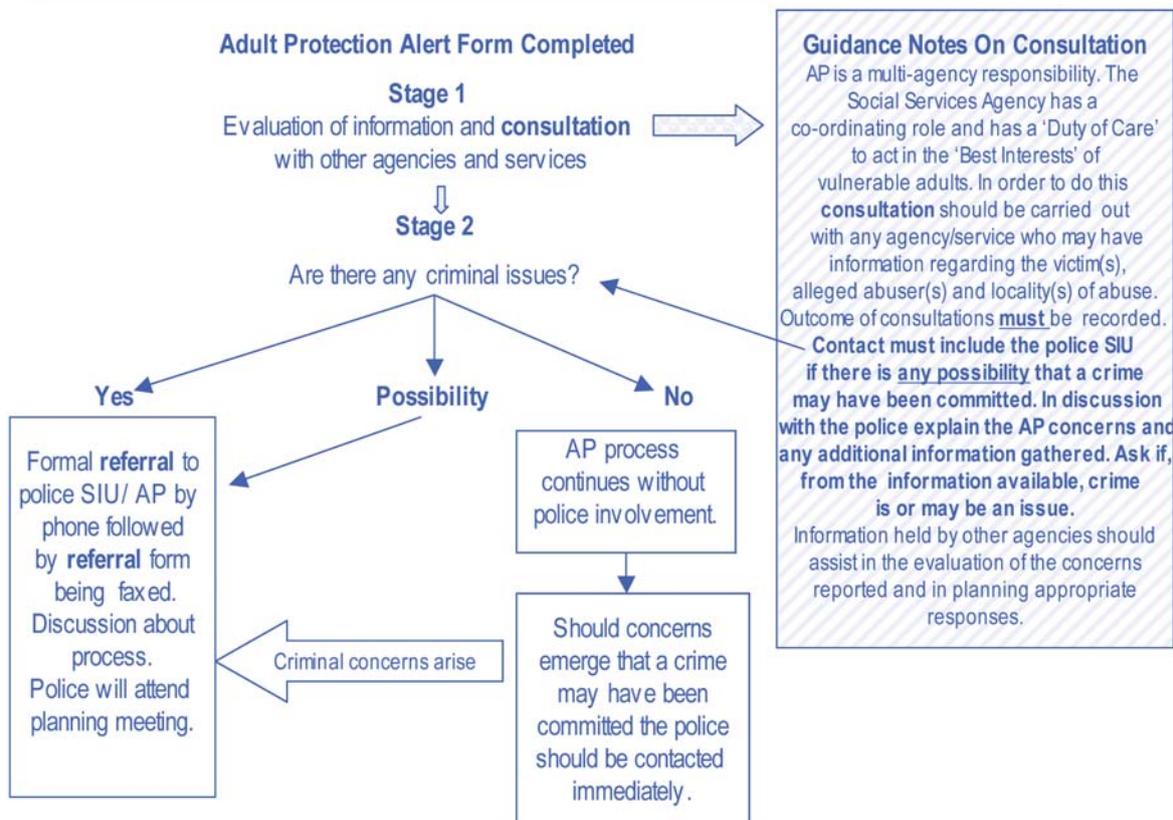
### 14.2 Case review

From time to time it is important to review individual cases to learn about the process of investigation and to revisit these procedures in the light of experience. This process could act as a debriefing for all staff involved in a particularly difficult or stressful case.

Where there are serious concerns about the way a case has been addressed, any agency or person may request that the case be referred for a Serious Case Review. (There are separate procedures for the Serious Case Review process and these are on the K & MAPC Website)

The following template (adapted from Brown, Flynn and Maugham 2000) provides an agenda for such a reflective review.

**Adult Protection Consultation/Referral Protocol  
Between Police and The Social Services Agency**



**GOOD PRACTICE PRINCIPLES**

The views of the vulnerable adult will always be considered but where a crime is believed to have been committed the police must be contacted as they have a central role in criminal matters.

A vulnerable adult who has capacity, is not being intimidated or pressurised and understands the risk issues may decide that they do not want to support a criminal investigation.

If there are any doubts regarding their capacity to make this decision or their understanding of the risk factors or if other vulnerable adults or children may be at risk then the wishes of the vulnerable adult may be over-ridden.

A police officer from the SIU (in plain clothes) will carry out a joint visit with an appointed health or social care representative in all cases where a crime is believed to have been committed. This will ensure that the decision taken by the vulnerable adult(s) has been taken with a full understanding of all the issues.

**IF IN ANY DOUBT THAT THE CONCERNS CONSTITUTE A CRIME CONSULT THE POLICE.**

15/06/05

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## 20 Human Rights Act 1998

The HRA incorporates into UK domestic law the European Convention on Human Rights. It places an obligation to interpret both old and new legislation compatibly with the Convention. The Convention's rights fall into three categories. Some are absolute; others are limited or qualified.

Articles 3, 4 and 7 are absolute.

Article 3. No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

Article 4. Prohibition of slavery and forced labour.

Article 7. Prohibition of punishment without law.

Any interference with a Convention right must be proportionate to the intended outcome and the means to achieving the aim must not be excessive. Interference with a qualified Convention right may be justified if it is:

- In accordance with law
- For a legitimate purpose
- Proportionate

## 21 The Public Interest Disclosure Act 1998 (Whistleblowing)

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.

## 22 Mental Capacity Act 2005

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.

## 9 Protocol for agencies addressing adult protection concerns for d/Deaf people

This protocol has been developed to assist in the management of adult protection concerns where d/Deaf service users are involved.

The aim of the protocol is to ensure that all agencies and their staff understand how to obtain appropriate expertise and communication services for a wide range of d/Deaf adults, when concerns about abuse are raised.

**The term d/Deaf is used to differentiate between 'd' people who may be described as partially deaf or hard of hearing; 'D' people who can be described as a cultural and linguistic minority group.**

- 1 An adult abuse concern is referred to the social services agency involving a d/Deaf adult(s). The d/Deaf individual(s) may be a:
  - Victim(s),
  - Witness(es) or
  - Alleged Perpetrator(s).
  - a If the d/Deaf individual is the victim, then this is an adult protection issue and must follow the normal referral process for adult protection. The support of the Deaf Services Bureau must be requested as in item 3.
  - b If the d/Deaf individual is a witness then the matter should be referred directly to the Deaf Services Bureau (DSB) who will provide advice and assistance as necessary to the individual and/or the police. This is not adult protection.
  - c If the d/Deaf individual is the alleged perpetrator then the police may ask for assistance in dealing with the case. The matter should be passed directly to the Deaf Services Bureau. This is not adult protection. If the alleged perpetrator is under 18 then the local child protection team should be informed of the case.
- 2 Referrals for adult protection are normally addressed by the social service agency office that is nearest to the victim's place of residence. If the victim has a care manager/social worker the referral may be made directly to them. In Kent the initial call may be routed through the county duty service. In Medway the call may be routed through their duty service. They will pass the caller to the appropriate district/local office or take some basic details of the referral and pass the information to the district/local office by telephone and e-mail.
- 3  The District office must inform the relevant DSB team immediately of the alert (See useful addresses section at the back of this guidance). Their role is to co-work and to provide specialist input with regard to deaf people's cultural and communication issues.  (See the role of the DSB social worker in adult protection).

- 6 Summary of information exchanged. It can be useful to identify separate headings for professionals' input:
- **Care management information** – history, current status, action undertaken
  - **CSCI information** – previous inspections, current knowledge
  - **Contracts information** – monitoring visits, identified concerns regarding quality; open a discussion about whether the contracts database should have an adult protection warning flag placed on it and at what level. (See protocols section 8.1)
  - **Out of hours**
  - **Health Information** – who in health is the key worker, current information, historic information.
  - **Police involvement** – Do the police consider that a criminal offence may have been committed. Clear indication as to what can be communicated and to whom. Endeavour to set time-scale for investigation.
  - **Housing**
  - **Provider** – Have the necessary steps been taken to protect vulnerable adult(s)? Has consideration been given to referral to POVA provisional list?
  - **Other placing authorities** e.g. Local authorities, PCTs or mental health trusts.
- 7 Adult protection status. Discuss whether this adult protection alert should be given the status of an ongoing adult protection referral or to close the alert and address the issues in another way e.g. CSCI, complex case management work, contracting, domestic violence.
- 8 Risk Assessments
- Consider the safety of this individual, other vulnerable adults or children and anyone waiting to be admitted to the home. (See Protocols 8.1).
  - Consider whether immediate action needs to be taken to safeguard vulnerable adult(s) or children. This may be necessary even if it risks interfering with a police investigation.
  - Document the recommendations/decisions about placing a warning flag on the contracts database and indicate the level of risk to be noted on the system. Decide within this meeting who is responsible for confirming this information with the service provider.
  - Discuss and decide the need to indicate/inform other local authorities, care managers, families regarding the level of concern and who should be responsible for this, if this has not already been done.
- 9 Action plan for investigation
- Be clear about the terms of reference for the investigation/assessment and who is doing what, how and to what time-scale.
  - If this adult protection alert is about more than one person, separate out the action plans so that it is clear who will be involved with each vulnerable adult.
  - Ensure that those concerned understand who is the designated senior officer and who is the investigating officer co-ordinating the investigation process.



## 29 Seriousness of the Abuse

This section is designed to assist in the assessment of the seriousness of the abuse, its impact and the risk of it being repeated. Seriousness is broken down into 8 elements that should be considered separately by marking a point on each scale where the left is less serious and the right hand end is most serious.

**The 8 elements are:**

- The extent of the abusive act(s)
- Whether the abuse was a one off event or part of a longstanding relationship or pattern
- The impact of the abuse on the vulnerable adult
- The impact of the abuse on other vulnerable adults or children
- The intent of the person alleged responsible for the abuse
- The illegality of the alleged perpetrators action(s)
- The risk of the abuse being repeated against this vulnerable adult
- The risk of the abuse being repeated against other vulnerable adults or children

**32** **Body Map**

Please mark on these body maps any bruising/friction marks, burns etc. that the alerter may have seen on the body of the adult client, giving rise to the alert.

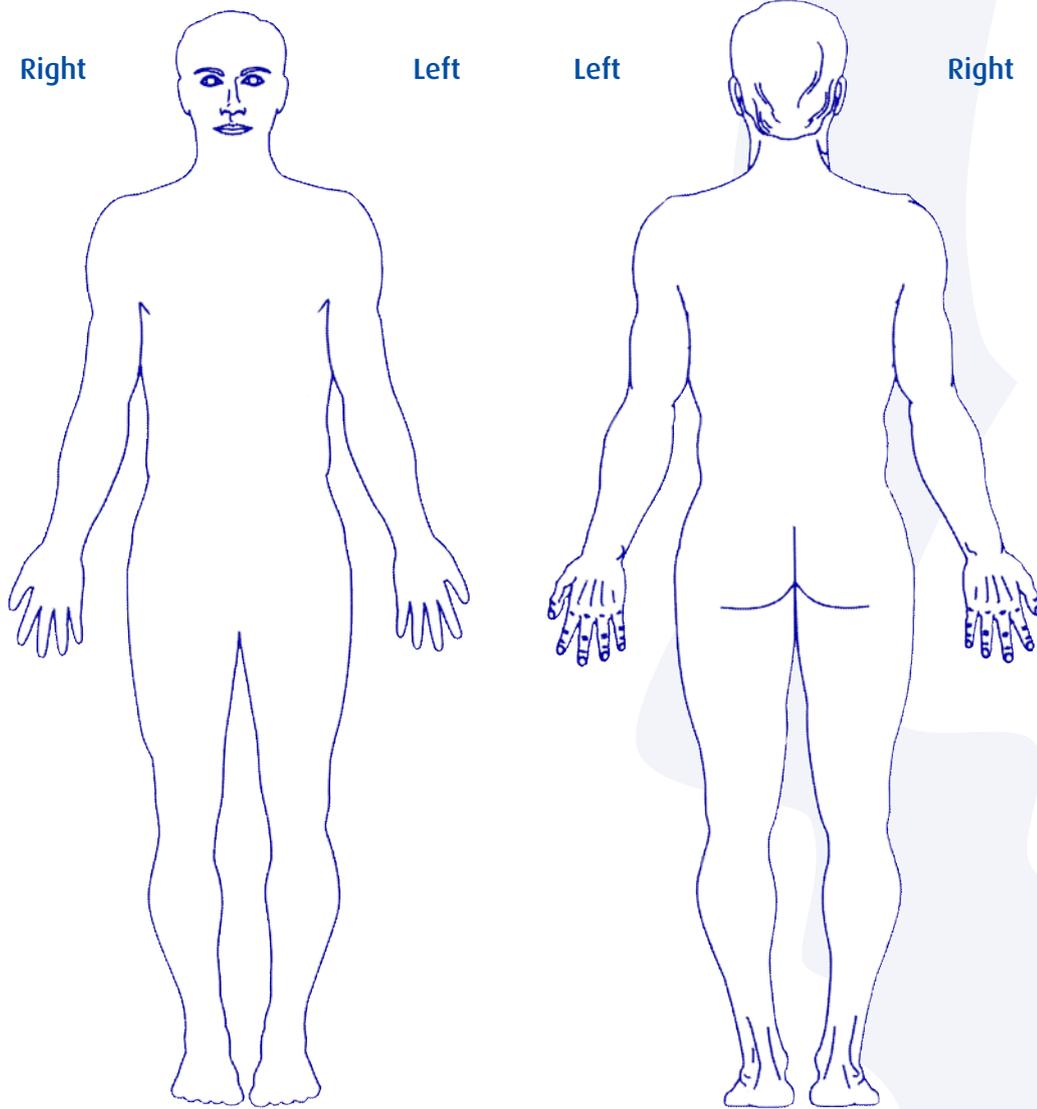
In many cases of physical abuse, injuries are often explained as being accidental but if they are evident in soft parts of the body i.e under arms, stomach, genitals or inner thighs, they are unlikely to have occurred as the result of a fall.

**Client/patient name:**

**Date of birth:**

**Case number:**

**Address:**



**Please describe injury(ies):**

**Date:**

**Time:**

**Signature:**

## 33 Good practice guidelines for organising and managing adult protection meeting/case conferences

### Designated Senior Officer responsibilities

#### Preparation

- Give the admin officer as much notice as possible of all adult protection meetings.
- Ensure that there is an appropriately trained and skilled minute taker for the meeting.
- Provide options for dates and venues.
- Ensure that the admin officer arranging the meeting is informed about the nature of the meeting. Is it a planning meeting, a case conference an establishment meeting or a post abuse review meeting? How urgent is it?
- Give the admin officer a full list of the people to invite and what agencies they represent. E.g. SSD staff including contract staff, health, police, CSCI, provider, advocate. Clarify who is essential to enable the meeting to take place.
- If different people are to be present during separate sections of the meeting ensure that sufficient time is allowed for discussions, to avoid attendees being kept waiting.
- Make appropriate accommodation and refreshment arrangements for people who are not attending the whole meeting. Ensure suitable arrangements are in place to alert the chair of the meeting to the arrival of additional participants.
- Ensure that the minute taker is prepared for the meeting by providing details of the nature of the alleged abuse and any matters likely to be discussed.
- The minute taker should be advised if there are any whistleblowers who wish to remain anonymous. Their names should be anonymised for the purposes of the meeting/minutes. (If any criminal or civil proceedings follow, the whistleblower(s) will be identified to the courts or other civil proceedings).
- Prepare an agenda for the meeting to enable the minute taker to understand how the meeting will be structured. The Aide-Memoire in AP guidance section 23 may assist with setting the agenda. Section 28 may assist if the meeting/case conference is to focus on provider service responses to a case.
- Consider the minute taker in arrangements particularly in relation to travelling time and transport arrangements. If the meeting is away from the minute takers normal base ensure that transport arrangements have been made.

- Ensure that all appropriate paperwork and any reports are passed to the admin officer. This will ensure that the adult protection alert is on the system and any papers needed for the meeting are copied and passed to the minute taker.
- Make sure that the minute taker is aware of any papers that need to be distributed during the meeting, read out at the meeting or subsequently summarised and distributed with the minutes.
- Be clear who will organise refreshments. Don't assume that the minute taker will do this.
- Ensure that appropriate support has been provided to any vulnerable adult (s) and his or her representative (s) prior to the meeting.

## The Meeting

- Ensure that the minute taker sits next to you, that they have adequate space and suitable chair and writing area.
- Make sure that the attendance sheet with the confidentiality and equal opportunities statements is circulated before the main business of the meeting is discussed. The two statements must be read out at the start of the meeting.
- Ensure that the minute taker is introduced as part of the meeting and that they are aware of the names of all those present and, where relevant, the organisations they represent.
- Consider the pace of the meeting, make sure that only one person speaks at a time, try to keep to the agreed agenda and summarise at regular intervals.
- Make it clear that the minute taker can ask for clarification at any time during the meeting.
- Clarify any particular points you want minuted.
- If the meeting is lengthy or very difficult arrange for a short break if possible. This is important for the minute taker and essential if vulnerable adult (s) are present.
- You should summarise the agreed actions at the end of the meeting. Agree with the attendees if necessary to send out a copy of these as a priority.
- Check with the minute taker that any issues that need clarifying by attendees are addressed before the meeting closes.

## After the Meeting

- Thank and debrief the minute taker immediately following the meeting. Discuss the format for the minutes and check if any clarification is needed, particularly in relation to any urgent action points that need to be circulated.

**34**

## Good practice guidelines for organising and managing adult protection meetings/case conferences

### Administrator's/minute taker's responsibilities

#### Preparation

- If you are asked to arrange an adult protection meeting or take minutes you should have an understanding of the adult protection process. If possible you should have attended AP awareness training.
- You should have had an opportunity to attend minute takers training, when available. This training should be specifically designed for adult protection cases.
- If you have never minuted an AP meeting before discuss an induction with your line manager. This may include attending an AP meeting as an observer, then attending another in a supervisory capacity to practise minute taking.
- When asked to arrange any meeting related to adult protection make sure that you are aware of the type of meeting to be arranged and how urgent it is. It may be an initial or review planning meeting, case conference, establishment case conference or a post case monitoring and review meeting.
- Compile a list, in liaison with the Designated Senior Officer (DSO), of those who are essential to enable the meeting to go ahead and those who should be invited but who are not vital. Check availability by phone prior to sending out invitations.
- Discuss the agenda and structure of the meeting with the chair of the meeting or the DSO.
- Send out invitations by e-mail or letter. Service users/relatives should be sent a personalised invitation rather than the formal one.
- Ensure that a room has been booked at a suitable venue. Is disabled access, loop system or a translator required?
- If you have been asked to take the minutes of an AP meeting that is not at your normal work place, discuss travel arrangements to and from the venue with your line manager or the chair of the meeting
- Familiarise yourself with the case and discuss with your line manager/ the chair of the meeting the main issues that are likely to arise.
- Prepare an attendance sheet with the confidentiality and equal opportunities statements at the top. List those people who have been invited and where appropriate the

organisations they represent. If the meeting is divided with different participants attending separate parts of the meeting ensure that the attendance sheet(s) reflects this.

- Prepare a list of apologies and collate any reports, give to the chair of the meeting before the start of the meeting. Familiarise yourself with the contents of any reports as these will assist in compiling the minutes. If the reports are not circulated their contents can assist you to summarise the main issues.
- Advise reception staff of the meeting and the names of those attending and check that there are suitable waiting areas.
- You should provide paper and pens for participants.
- Consider providing name labels on the table to assist with communication and minute taking.
- Ensure that arrangements are in place for refreshments. Once the meeting begins, you should not be asked to leave the meeting unless a formal break is agreed or the meeting is closed.
- When arriving in the meeting room ensure that a space is available for you to sit next to the chair of the meeting. Discuss with the chair how you will gain their attention if necessary to clarify points or catch up.

## The Meeting

- Sit next to the chair of the meeting.
- Don't be afraid to ask for clarification during the meeting.
- Ensure that everyone signs the attendance sheet on arrival.
- If name labels are being used make sure that you can see them. Otherwise familiarise yourself with the attendees and the organisations they represent.
- The formal minutes should be written in the past tense and all names should be typed in full.
- The names of whistleblower's who wish to remain anonymous at this stage should be anonymised. This should have been part of the pre meeting briefing.
- If any reports are tabled during the meeting ensure that you have a copy.
- It is important that the minutes accurately reflect the facts, concerns, risks, recommendations and action points. The discussions and decisions taken may lead to legal proceedings.

- Unless you take shorthand or the meeting is being tape-recorded it will not be possible for the minutes to reflect everything that is said. If you have been well briefed about the case before the meeting you will be aware of the important points.
  - Listen carefully and record essential/ factual information.
  - Separate facts from opinion.
  - Write down key words; don't try to write down everything being said.
  - Rely on the chair to advise you if an essential point needs to be noted.
  - A lot of information will be repeated or not relevant to include in minutes.
  - You may be able to develop your own form of speed writing.
  - Remember to ask for clarification if you need to. If it does not make sense in the meeting it is unlikely to when you come to write up the minutes.

## After The Meeting

- Try to have a short de-brief with the chairperson immediately after the meeting.
- Ensure that no papers related to the meeting are left in the meeting room.
- Aim to produce draft minutes as soon as possible after the meeting and pass them to the chairperson for approval. If the chairperson is not your line manager, agree with your line manager a timescale that reflects the urgency and priority that should be awarded to the task.
- If you are distressed by the content of the discussions during the meeting talk through the issues with the chair of the meeting or arrange to meet with your line manager to discuss the issues in confidence.
- The responsibility for the content of the minutes rests with the chair of the meeting and they rely on you to produce the draft and the final version of the minutes as soon as possible after the meeting has concluded.
- Ensure that you know exactly who should have the minutes or part of the minutes and any additional papers that may have been agreed.
- Adult protection minutes should be sent out within 28 days of the meeting either by confidential e-mail or by 1st class letter post, marked confidential.
- If another meeting has been discussed ensure that an appropriate meeting room is booked.

## 35 How the Social Service Agency May Respond to Adult Protection Concerns

Everyone has a responsibility to ensure that concerns about the abuse of vulnerable adults are addressed in a proportionate and timely manner. The lead responsibility for co-ordinating responses to adult protection concerns lies with the Social Services Agency (Social Services and the Mental Health Trust) although the government requires other organisations to work in partnership with them. Every reported incident of abuse, or suspected abuse, must be taken seriously and addressed with appropriate urgency. Service providers may complete an AP 1 form (included in the adult protection guidelines) and contact the social services agency duty care management / social work team by telephone to report their concerns. A copy of the AP 1 may be forwarded to the relevant team.

Whenever concerns about the abuse of a vulnerable adult are received by the Social Service Agency an Adult Protection Alert Form CM31 must be completed for the vulnerable adult(s) involved. Initial assessment and evaluation of the available information must be carried out as a matter of urgency and a decision made about the most appropriate response. The following are possible responses that may be made at any stage in the adult protection process from initial consultation / formal referral to case conference:

- There is evidence of abuse but following assessment of the issues reported it appears more appropriate to address the situation in a less formal way e.g. through the provision of support services for a stressed carer.
- It does not appear to be adult abuse but an assessment of social care/support is instigated.
- It is abuse but the victim is not a vulnerable adult. Referral to a more appropriate service may be suggested e.g. police domestic violence officers, housing services
- The concerns are of a general nature relating to poor standards of care in a regulated setting and referral to the regulatory authority and/or the contract team is more appropriate. (If their assessments identify the abuse of individual service users then adult protection referral(s) should be made).
- It is abuse, the alleged victim is a vulnerable adult and the formal adult protection process is followed.
- Initial assessment and evaluation of the concerns concludes that there is no evidence of abuse or abuse is discounted following investigation.

## Framework for Responding to Adult Protection Concerns

This framework may be used to assist managers and practitioners to determine the most appropriate level of response to an initial adult protection alert/referral of concern. It is designed as a tool to assist in the promotion of consistent decision making when an adult protection concern has been raised. It is not exhaustive and should be used as a prompt to effective decision making, not as a checklist or scorecard. It is also important that the level of response is kept under constant review, as additional information becomes available. This information may suggest that an alternative level of response is indicated because the perceived level of seriousness or risk has either increased or reduced. E.g. the decision to review the care package may result in further evidence that abuse is, or may be taking place.

RESPONSE	PRESENTING INFORMATION	ACTION & OUTCOMES
<p><b>Level 1</b></p> <p><b>Intervention by 'Service Providers' indicated</b></p> <p>Adult protection concern reported to service provider.</p> <p>If the service provider reports the abuse concerns to the agency with social service responsibilities an <b>Alert form CM31 must be completed.</b> (this includes allegations of abuse in acute hospital settings) The service provider must report back the outcome of their assessment / investigation. Ongoing monitoring will usually be by the service provider in liaison with the care manager/social worker.</p>	<ul style="list-style-type: none"> <li>● 'one-off', isolated incident that has not adversely affected the physical, psychological or emotional well-being of the vulnerable adult</li> <li>● no previous history of similar incidents recorded for the vulnerable adult</li> <li>● no previous history of similar incidents recorded for the service provider</li> <li>● no previous history of abuse by the person alleged to be responsible</li> <li>● not part of an apparent pattern of abuse</li> <li>● no clear criminal offence described in referral</li> <li>● there is not a clear intent to harm or exploit the vulnerable person</li> </ul>	<ul style="list-style-type: none"> <li>● Service provider must recognise and record concern under their AP procedures</li> <li>● Action taken by Service Provider to address 'presenting concerns' AND report outcomes to care manager/social worker</li> <li>● May lead to minor alterations in the way service is provided to a vulnerable adult and/or alterations to the way staff or other resources are deployed in the delivery of health and social care</li> <li>● No on-going risk to the vulnerable adult or other vulnerable people</li> </ul>

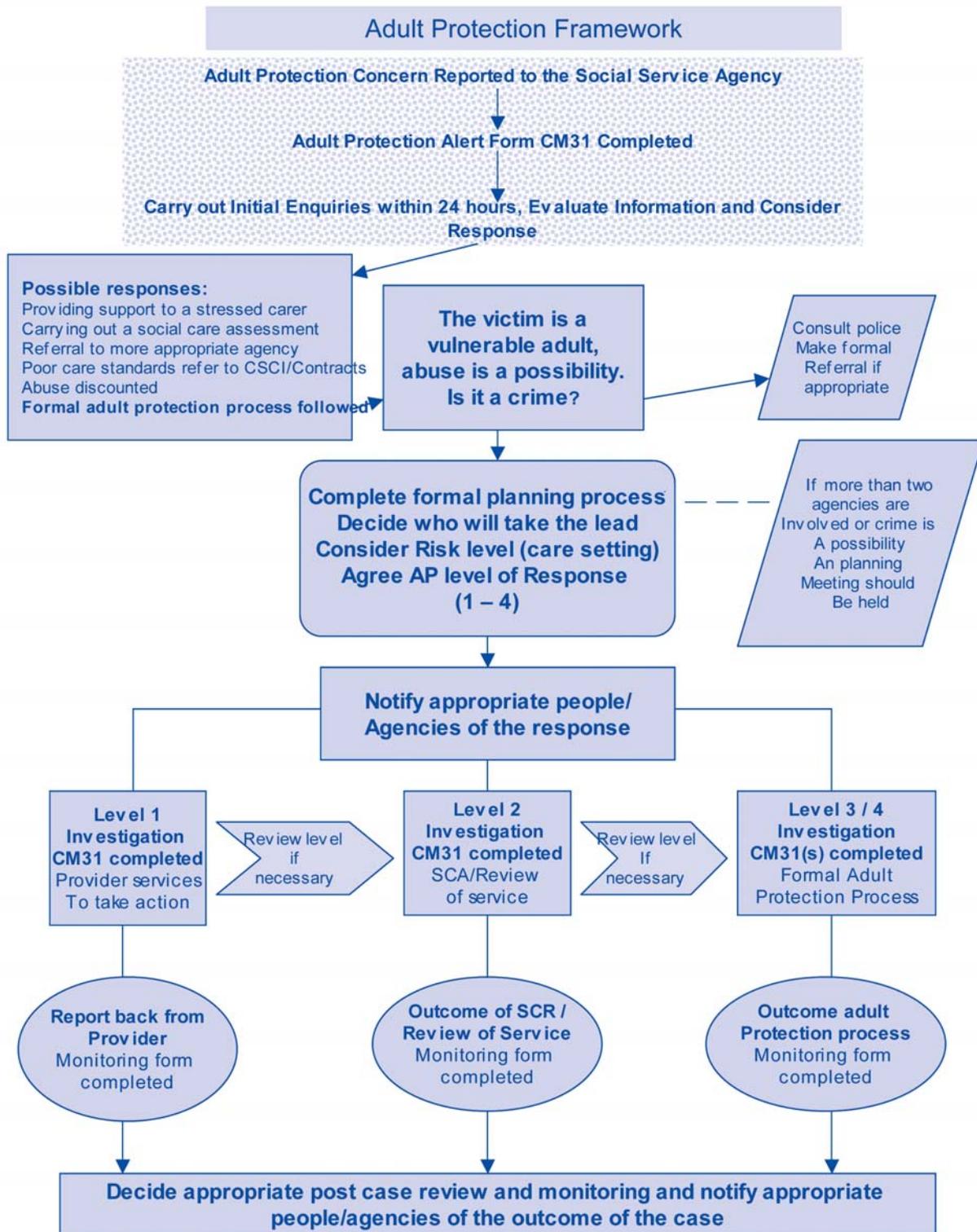
<p><b>Level 2</b></p> <p>AP referral made to the agency with social services responsibilities.</p> <p><b>Adult Protection Alert form CM31 must be completed.</b></p> <p>Need to urgently assess or review the needs of the vulnerable adult within the context of the presenting concern(s)</p> <p>Consult with police where a crime may have been committed. Refer if appropriate</p> <p>If criminal offence, consider if level 3 response may be more appropriate.</p>	<ul style="list-style-type: none"> <li>• The physical, psychological or emotional well-being of the vulnerable adult may be being adversely affected</li> <li>• The concerns reflect difficulties and tension in the way health and/or social care services are provided to the vulnerable adult (e.g. Some perceived inadequacy in the services being provided)</li> <li>• The concerns reflect difficulties and tensions within the network of informal support provided to the vulnerable adult (e.g. some perceived difficulties between the vulnerable adult and family/friends)</li> <li>• Concerns have occurred in the past, but at lengthy and infrequent intervals</li> </ul>	<ul style="list-style-type: none"> <li>• The 'needs' of the vulnerable adult and if appropriate a vulnerable perpetrator are formally assessed or reviewed by a care manager/social worker/health care professional</li> <li>• Determine if abuse occurred</li> </ul> <p><b>If abuse confirmed or there was insufficient information for a determination to be made a post abuse care plan may include</b></p> <ul style="list-style-type: none"> <li>• Possible adjustments to the way health and social care services are provided to the vulnerable adult or vulnerable perpetrator, to ameliorate 'presenting concerns'</li> <li>• Support may be provided to enable the vulnerable adult to explore and negotiate relationships with 'significant others' in their support network e.g. Family group conferencing</li> <li>• Carers assessment and support where indicated</li> <li>• Current and future risks of harm or exploitation are significantly reduced or eradicated by changes to a 'Health and Social care plan'</li> </ul>
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<p><b>Level 3</b></p> <p>AP concern referred.</p> <p><b>Alert form CM31 must be completed</b></p> <p>Multi agency adult protection assessment/investigation undertaken</p> <p>Consult with police to determine if a criminal offence may have been committed. Make a formal referral if appropriate.</p>	<ul style="list-style-type: none"> <li>• The physical, psychological or emotional well-being of the adult has been adversely affected by the alleged incident(s)</li> <li>• Criminal offence(s) may have been committed</li> <li>• There is a possible breach of regulations under the Care Standards Act (2000)</li> <li>• Possible breach of Professional Codes of Conduct</li> <li>• There is an actual or potential risk of harm or exploitation to other vulnerable people</li> <li>• There appears to be a deliberate intent to exploit or harm a vulnerable adult</li> <li>• There is a significant breach in an implied or actual 'duty of care' between the vulnerable adult and the alleged perpetrator.</li> <li>• There are clear inequalities of power and/or authority between the vulnerable adult and the person alleged responsible</li> <li>• The concerns form part of a pattern of abuse either, against a particular individual, by a particular individual or by a health or social care service</li> </ul>	<ul style="list-style-type: none"> <li>• Multi agency planning discussion/meeting held to agree an 'Investigation Plan'</li> <li>• Investigation Plan implemented with further AP review discussions/meetings, if appropriate</li> <li>• Evaluation of investigation activity and evidence obtained</li> <li>• Report to be completed by investigating officer(s) to enable the case conference to determine the status of the allegations</li> <li>• Case conference to agree a 'Protection Plan' that prevents or reduces risk of further abuse</li> <li>• Agree Protection Plan</li> <li>• Agree review timescales for protection plan and allocate to named people</li> <li>• Agree circumstances where re-evaluation of the situation will be required</li> </ul>
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<p><b>Level 4</b></p> <p>Complex adult protection investigations / assessments undertaken with multiple service users / victims</p> <p><b>Alerts form CM31 to be completed for all clients assessed /reviewed in relation to the alleged abuse</b></p> <p>Consult with police, if crime possible refer issues to police and ensure that regulators are informed of concerns</p>	<ul style="list-style-type: none"> <li>• Investigation of initial concerns for one service user identifies serious concerns for others</li> <li>• Institutional abuse</li> <li>• Number of vulnerable adults adversely affected</li> <li>• Criminal offences may have been committed</li> <li>• Possible multiple breach of Care Standards Act</li> </ul>	<ul style="list-style-type: none"> <li>• Notify senior managers</li> <li>• Allocate resources to undertake, and co-ordinate investigation/assessment</li> <li>• Planning meeting held to agree an 'Investigation/assessment Plan'</li> <li>• Investigation / assessment plan implemented with further review meetings, if appropriate</li> <li>• Evaluation of Investigation /assessment activity and evidence obtained</li> <li>• Report completed by investigator(s)</li> <li>• Determine if abuse has taken place</li> <li>• Case conference to agree a 'Protection Plan' that prevents or reduces risk of further abuse</li> <li>• Agree Protection Plan</li> <li>• Agree review timescales for protection plan and allocate to named people</li> <li>• Agree circumstances where re-evaluation of the situation will be required</li> <li>• Establishment case conference/review meeting</li> <li>• Agree action plan for the service</li> <li>• Monitoring and review of action plan for service provider.</li> </ul>
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- If the minute taker is distressed about any issues discussed during the meeting ensure that they receive appropriate support.
- Make sure the minute taker is aware who should have the minutes or part of the minutes, and any reports.
- Where possible allow the minute taker allocated time away from normal duties to write up the draft minutes. If you are not the line manager for the minute taker liaise with the line manager to agree some protected time away from normal duties.
- When you receive the draft minutes, ensure that they are checked, amended and returned to the minute taker as soon as possible preferably within 5 working days.
- It is your responsibility to agree the final version of the minutes` and to ensure that they are distributed in line with Guidance Section 18 Managing Confidential Information in Documents, Reports and Minutes of Meetings. Minutes for all adult protection related meeting should be sent out within 28 days of the meeting.
- Any matters arising from the minutes should be dealt with by you and not the minute taker.
- If future meetings related to this case are required, it may be helpful for the same minute taker to be available as they will be aware of the issues and many of the people involved in the case.

## 35a Adult Protection Framework



## 36 Useful Addresses

### Kent

Kent County Council  
Headquarters  
General Enquiries  
County Hall  
Maidstone  
Kent ME14 1XQ

Tel: **08458 247247**  
Fax: **01622 696492**  
Minicom: **01622 694883**  
Out of hours: **08457 626777**  
24 hour contact centre  
**08458 247247**

### Medway

Medway Council Headquarters  
Civic Centre  
Strood  
Rochester ME2 4AU

Tel: **01634 306000**  
Out of hours: **08457 626777**

### Medway Council Health and Community Services

Municipal Buildings  
Canterbury Street  
Gillingham ME7 5LA

Tel: **01634 334466**  
Out of hours: **08457 626777**

### Medway Council Care Management Teams

Compass Centre  
Pembroke  
Chatham Maritime  
Chatham ME4 4YH

Tel: **01634 334466**  
Out of hours: **08457 626777**

### East Kent Area Office

Thanet  
St Peters House  
Dane Valley Road  
St Peters  
Broadstairs  
Kent CT10 3JJ

Tel: **01843 860000**  
Fax: **01843 864874**  
Minicom: **01843 604832**

### East Kent Local Offices

Canterbury  
Brook House, Reeves Way  
John Wilson Business Park  
Whitstable CT5 3SS

Tel: **01227 451741**  
Fax: **01227 762218**

Dover  
3-4 Cambridge Terrace  
Dover  
Kent CT16 1JT

Tel: **01304 204915**  
Minicom: **01304 201447**  
Fax: **01304 242783**

Swale  
Avenue of Remembrance  
Sittingbourne  
Kent ME10 4DD

Tel: **01795 473333**  
Minicom: **01795 437145**  
Fax: **01795 420016**

Blackburn Lodge  
The Broadway  
Sheerness  
Kent ME12 1RA

Tel: **01795 660542**  
Fax: **01795 668141**  
Minicom: **01795 667035**

### Mid Kent Area Office

Kroner House  
Eurogate Business Park  
Ashford TN24 8XU

Tel: **01233 639677**  
Fax: **01233 642973**  
Minicom: **01233 652153**

### Mid Kent Local Offices

Ashford  
Civic Centre  
Tannery Lane  
Ashford TN23 1PL

Tel: **0845 330 2967**  
Fax: **01233 205700**  
Minicom: **01233 205777**

### Maidstone

Bishops Terrace  
Bishops Way  
Maidstone ME14 1LA

Tel: **01622 691640**  
Fax: **01622 691135**  
No Minicom available

### Shepway

Queens House  
Guildhall Street  
Folkestone CT20 1DX

Tel: **01303 253476**  
Fax: **01303 220751**  
Minicom: **01303 224317**

### West Kent Area Office

17 Kings Hill Avenue  
Kings Hill  
West Malling ME19 4UL

Tel: **01732 525000**  
Fax: **01732 525309**

**West Kent Local Offices****Dartford**

St Lawrence House  
48a West Hill  
Dartford  
Kent DA1 2HG

Tel: **01322 277744**

Fax: **01322 289343**

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**Sevenoaks**

Swanley Local Office  
The Willows  
Hilda May Avenue  
Swanley  
Kent BR8 7BT

Tel: **01322 611000**

Fax: **01322 616449**

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**Tonbridge**

Croft House  
East Street  
Tonbridge  
Kent TN9 1HP

Tel: **01732 362442**

Fax: **01732 770319**

Minicom: **01732 773371**

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**Gravesend**

Joyes House  
New Road  
Gravesend  
Kent DA11 OAT

Tel: **01474 328664**

Fax: **01474 320741**

[minicom available]

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**Tunbridge Wells**

Montague House  
9 Hanover Road  
Tunbridge Wells  
Kent TN1 1ET

Tel: **01892 515 045**

Fax: **01892 549804**

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**Mental Health Teams**

Ashford **01233 204150**

Canterbury **01227 594888**

Dartford **01322 277744**

Dover **01843 855200**

Gravesend **01474 534200**

Maidstone (Nth) **01622 724200**

Maidstone (Sth) **01622 766900**

Medway **01634 334466**

Sth West Kent **01732 823545**

Shepway **01303 222424**

Swanley **01322 669899**

Thanet

Older People **01843 855200**

Younger People **01843 854200**

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**Deaf Services****Headquarters**

Tel: **01622 221830**

Minicom: **01622 221826**

**East Kent**

Tel: **01304 828506**

Minicom: **01304 827862**

**Mid Kent**

Tel: **01233 898515**

Minicom: **01233 898513**

**West Kent**

Tel: **01732 525393**

Minicom: **01732 525394**

**Hi Kent**

Tel: **01622 691151**

Minicom: **01622 687187**

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**RNID**

Tel: **0207 2968000**

Minicom: **0207 2968001**

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**Commission for Social Care Inspection**

East Kent  
11th Floor  
International House  
Dover Place  
Ashford  
Kent TN23 1HU

Tel: **01233 619330**

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**West Kent**

Hermitage Court  
Heritage Lane  
Maidstone  
Kent ME16 9NT

Tel: **01622 724950**

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**Health Care Commission**

Finsbury Tower  
103 – 105 Bunn Hill Row  
London EA1 Y8TG

Tel: **0207 4489200**

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**Trading Standards**

Maidstone  
(County Hall)

Tel: **01622 671411**

Ashford  
(Kroner House)

Tel: **01233 639677**

West Malling  
(Kings Hill)

Tel: **01732 525288**

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