

Kent and Medway Multi-Agency Policy, Protocols and Guidance Amendments for Publication 31st January 2011

References to Medway Council's social care information system has now been changed throughout the whole document from "RAISE" to "CARE DIRECTOR".

All section below in red, represent additions/changes to the relevant sections of the document.

Policy Section:

4 Types of Abuse

4.10 Self neglect or self injurious behaviour

This should be considered as a separate issue and should necessitate assessment by social and/or health care professionals. **This assessment should be carried out within the guidance contained within the Mental Capacity Act 2005.**

Protocols Section:

13 Responsibilities

13.1 What are my responsibilities as a designated senior officer (DSO)?

As the DSO you are responsible for the overall co-ordination and management of an adult protection case and chairing any meetings that may be necessary.

In complex cases involving care services which have been managed as level 4 cases within the framework, the DSO will have been heavily involved in coordinating the various strands of the investigation/assessment processes. It is therefore recommended that consideration be given to commissioning an independent chair for the case conference and any establishment case conferences. (this may be a senior manager from another locality or team)

13.4.1 What are my responsibilities as a representative of the contracts team

The contracting processes aim to ensure good standards within service settings. The contract monitoring processes should identify any deviation from agreed standards. These processes could also identify that a service user(s) has suffered or could suffer significant harm due to bad practice, negligence, accidental or deliberate actions of the service provider, their staff, volunteers or other service users.

Contracting processes require service providers to have their own adult protection procedures in place to deal with issues of concern regarding abuse or suspected abuse. These procedures do not replace the Kent and Medway Multi-Agency Protocols but should act to complement and support them.

- a** Any concerns about the abuse of individual service users or possible abuse noticed or reported to you should be reported to the appropriate social services agency or the designated senior officer for the appropriate client group.
- b** If a staff member(s) who is providing ongoing care or support to vulnerable adult(s) is implicated, it may be necessary to consider, **prior to any planning process**, if action

needs to be taken to reduce any further risk that this staff member might pose to any vulnerable adults or children. If this appears to be the case initial discussion with case management staff should take place to determine who advises the service's registered manager/provider of the adult protection issue. Where the allegation refers to abuse by a staff member within any service or agency, the designated senior officer or contract staff should inform the employer.



- c** There will need to be a consideration within the planning process of the level of risk that exists in relation to the allegations within the service provision. (See protocols 8.1) It is important to ensure that the service provider has been informed in writing of any issues that effect their contract.
- d** Contract staff should support the adult protection process by attending any relevant planning meetings and carrying out any actions agreed during the meetings.
- e** If it is necessary to obtain details of some or all of the service users in order to advise their funding authorities of the adult protection concerns, the designated senior officer should obtain the information from the service provider.
- f** Where appropriate, contract staff should support any actions agreed in the post abuse care plan. They may be asked to ensure that any agreed changes to the management, staffing or service standards have taken place.
- g** Close liaison should be maintained between contract staff and the designated senior officer with regard to any service contract changes necessary throughout the process.

13.4.2 What are my responsibilities as a member of the Regulatory Authority, The Care Quality Commission. (CQC)

- a. CQC are responsible for setting essential standards of safety and quality by registration and by the ongoing monitoring of providers compliance
- b. They will use a range of enforcement powers where registration requirements are not being met. Particularly focussing of services that are delivering poor quality outcomes.
- c. Where CQC identify safeguarding concerns in the course of their regulatory duties they will advise the local authority by sending a safeguarding referral form
- d. When the local authority are made aware of a safeguarding concerns in regulated services they will advise CQC and invite them to be part of the planning process.
- e. CQC will either attend the planning meeting or provide to the DSO any relevant information required to support safeguarding activity.
- f. For more information about the role of CQC see CQC's our safeguarding protocol July 2010:
www.cqc.org.uk/publications.cfm?fde_id=15887

Guidance Section:

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Preventative Strategies

e) Helping Direct Payments scheme users to protect themselves from abuse

Government guidance

The 'No Secrets' guidance for the protection of vulnerable adults from abuse includes specific instructions concerning the users of Direct Payments schemes, which recognises the possibility of increased risk of abuse that exists for these people:

'Anyone who is purchasing his or her own services through the Direct Payments system and the relatives (or person managing the Direct Payments on behalf of the individual) should be made aware of the arrangements for the management of adult protection in their area so that they may access help and advice through the appropriate channels. Care managers, who play a role in Direct Payments, could be asked to help users who are at risk of abuse.' (No Secrets DOH 2000:7.9)

Personal Assistants employed directly by service users through the Direct Payments scheme are not subject to regulation by the Care Quality Commission (CQC). As a result, the responsibility for monitoring care standards rests with the employer with the support of direct payment scheme staff. Direct Payments recipients should be advised that the contracts they have with their own directly employed staff should include reference to the Kent and Medway Adult Protection Policy and Protocols. Staff directly employed should be made aware of adult protection issues by their employer and that any issues of abuse will be reported to social services and/or to the police. Local Authorities may place reasonable conditions on any agreement to make Direct Payments and conditions might be introduced to protect an individual with an identified vulnerability. Such conditions need to be proportionate to the risk involved and must not defeat the principal purpose of the direct payment, which is to give people more choice and control over services.

A summary of changes to Direct Payments

What is changing?

From 9 November 2009, important changes took place and the new regulations extended the Direct Payments scheme to people who lack the capacity to consent, and to people with mental health problems who are subject to mental health and certain criminal justice legislation. The Guidance for councils on Direct Payments has been updated to reflect these changes and more information can be found at:

http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/DirectPayments/DH_076522

Direct Payments for adults lacking capacity to consent

These changes mean that all councils must offer Direct Payments to certain eligible adults who lack the capacity to consent to receive Direct Payments and these can now be made to a willing and appropriate 'suitable person', such as a family member or friend, who receives and manages the payments on behalf of the person who lacks capacity.

Direct Payments for people subject to mental health legislation

Councils now have the same duty to offer Direct Payments to eligible people who are subject to mental health legislation as they do to anyone else in all but the following cases:

- People who are on conditional discharge from hospital under the Mental Health Act 1983 or the Mental Health (Care and Treatment) (Scotland) Act 2003, where councils will now have a power (but not a duty) to offer Direct Payments.
- In respect of a service which a person is obliged to accept as a condition of relevant legislation*, councils are not required to offer Direct Payments for that particular service – but have a power to do so. This includes conditions attached to guardianship, leave of absence from hospital or a community treatment order under the Mental Health Act 1983 and certain provisions in criminal justice legislation. (This means that councils now have a duty to offer Direct Payments to such a person in respect of a service which is not the subject of a condition if the person is eligible.)

People who are still excluded

People who are subject to drugs and alcohol-related provisions of some criminal justice legislation remain excluded from receiving Direct Payments. The legislation in question is listed in Schedule 1 of the new regulations.

Both KASS and Medway Council have developed their own Suitable Person Protocol that should be followed when considering the appointment of a suitable person when the outcome of a mental capacity assessment records that the person lacks the capacity to choose the direct payment option and where it is in their best interests to enable them to benefit from the flexibilities that Direct Payments offer.

Appointing a suitable person

Someone cannot just decide to be a suitable person in order to receive Direct Payments on behalf of another person. In most cases, the suitable person will be a family member or a close friend already involved in the provision of care for the person concerned. However, whatever the relationship of the proposed suitable person to the person requiring care, the council must still follow the process set out in The Community Care, Services for Carers and

Children's Services (Direct Payments) (England) Regulations 2009 (http://www.legislation.gov.uk/uksi/2009/1887/pdfs/uksi_20091887_en.pdf), to ensure that the best interests of the person lacking capacity are prioritised above all other considerations.

Before making Direct Payments for someone lacking capacity, the council must first obtain the consent of the suitable person who will receive Direct Payments on behalf of the person lacking capacity. In addition, where there is a surrogate of the person lacking capacity, the council must obtain the consent of that surrogate to make Direct Payments. Under the 2001 Act and the Regulations, a surrogate of a person is a donee of a lasting power of attorney created by that person or a deputy appointed by the Court of Protection who has been given powers relating to decisions about securing community care services to meet that person's needs

Unless the council establishes that the representative is either unwilling, incapable of managing Direct Payments or for some other reason inappropriate to act as a suitable person, by virtue of the powers already given to them to manage the affairs of the person lacking capacity, they would normally be the first choice of suitable person.

If the representative does not wish to act as a suitable person, the council should then look to see if there is an alternative person who would be willing to act as a suitable person. If the representative is also a surrogate, then they will need to consent to the appointment of someone else as a suitable person to manage the payments on behalf of the person who cannot consent. A surrogate is also a representative, that is to say a donee of lasting power of attorney or a court-appointed deputy. However, in order to be a surrogate rather than just a representative, the person's powers must cover decisions about securing services to meet a person's care needs. Lasting powers of attorney, for example, can cover a range of matters, including both personal welfare and property and affairs decisions, and may contain exclusions or restrictions.

Similarly, there may be specific circumstances in which a person other than the representative, in particular a close family member or a friend involved in the provision of care, is considered to be the most appropriate choice of suitable person by those consulted about making Direct Payments in respect of the person lacking capacity. If the council is satisfied that this arrangement would work in the best interests of the person lacking capacity, then it may, with the agreement of any existing surrogate, accept that individual as the suitable person, instead of the representative.

If there is neither a surrogate nor any other representative, then the council itself must make the decision about whether or not someone should act as a suitable person to manage the payments on behalf of the person who cannot consent.

In all cases, whether or not there is a surrogate to assist the council in its decision, and whether or not the proposed suitable person is a representative, the council should, so far as is reasonably practicable and appropriate, consult and take into account the views of the following people before making the decision to make Direct Payments to a suitable person:

- Anyone who has been named by the direct payment beneficiary before they lost capacity as someone to be consulted, either on the subject of Direct Payments to the suitable person, or related matters such as matters regarding their personal welfare.
- Anyone currently engaged in caring for the person lacking capacity to consent or anyone with an interest in their personal welfare.
- As far as is practicably possible, the person who lacks capacity themselves. Councils should ensure that they have taken all reasonable steps to ascertain the wishes of the person lacking capacity regarding who should act on their behalf. This includes consideration of any written statement of wishes and preferences made by the beneficiary before they lost capacity.

- Any representative or surrogate of the person lacking capacity. Generally speaking, an attorney or a deputy should always be consulted, even if they are not going to take on the role of suitable person. For instance, a professional person with a lasting power relating to a person's property and affairs might still have information about the person's wishes and feelings which should be taken into consideration when deciding whether someone is a suitable person to act on their behalf.

There may be occasions where it is in the best interests of the person lacking capacity to consent for their personal information to be revealed to the people consulted. Councils should ensure that social care staff who are trying to determine a person's best interests act lawfully at all times, following their own professional guidance, as well as other relevant guidance concerning confidentiality. Legal advice should be sought where necessary.

Conditions to be met by the suitable person

As with all Direct Payments, the council must be satisfied that the beneficiary's needs can be met by means of the Direct Payments and that the recipient (in this case the suitable person) is capable of managing the Direct Payments. To help ensure that the suitable person does not mismanage or misuse the Direct Payments, the Regulations set out a number of conditions that the council should require of the suitable person before it makes Direct Payments to that person on someone else's behalf.

Unless the council is satisfied that it is necessary to satisfactorily meet the person's needs, Direct Payments may not be used to secure services from the spouse, civil partner or partner of a person lacking capacity. Neither can they be used to secure services from a close relative, spouse or partner of a close relative of the person lacking capacity who is currently living in the same household as the person lacking capacity. There may be occasions when the council decides that it is necessary for the suitable person to use the Direct Payments to secure services from a member of the family of the person lacking capacity. However, such situations are likely to be exceptional and the council should be satisfied at all times that arrangements are made in the best interests of the person lacking capacity.

KASS and Medway Council have their own Exceptional Circumstance Procedures.

The suitable person manages the Direct Payments on behalf of the person lacking capacity, on the understanding that in doing so, they must act in the best interests of that person, within the meaning of the 2005 Act. This includes, as far as is reasonably practicable, encouraging and permitting the person lacking capacity to have the fullest input possible into decisions affecting them. The suitable person should be required to take all practical steps to ensure that decisions are taken in the best interests of the person who lacks capacity. This may involve consulting other people close to the person lacking capacity, or health and social care professionals where appropriate. To ensure that the service recipient can maintain as much control and independence as possible, the suitable person should be required to notify the council as soon as they believe the person has regained capacity.

Where disputes arise

The suitable person may face disagreements KASS and Medway Council should refer to their own Suitable Person Protocol and the Direct Payment Guidance 2009. with others involved in or concerned for the welfare of the person lacking capacity to consent. Family members, partners and carers may disagree between themselves about how the Direct Payments should be spent, or they might have different memories about what views the person expressed in the past. Carers and family might disagree with a professional's view about the person's care or treatment needs.

The local council should support the suitable person to balance these concerns and decide between them. The council should include the person who lacks capacity (as much as they are able to take part) and anyone who has been involved in earlier discussions. It may or may not be possible to reach an agreement at a meeting to air everyone's concerns, but any decision must always be in the person's best interests, following the best interests principles in the 2005 Act.

Advocacy

An advocate may be useful in providing support for the person who lacks capacity to consent either in terms of deciding who should act as a suitable person on their behalf or, subsequent to that decision being made, how the Direct Payments should be used to meet their assessed needs. Advocates may be especially appropriate if:

- the person who lacks capacity has no close family or friends to take an interest in their welfare;
- family members disagree about the person's best interests;
- family members and professionals disagree about the person's best interests;
- the person who lacks capacity has already been in contact with an advocate; or
- there is a concern about the protection of a vulnerable adult.

Approaches to risk

The changes to the direct payment scheme brought about by the Health and Social Care Act 2008 were designed to enable adults lacking mental capacity to consent to Direct Payments to benefit from the choice and flexibility that Direct Payments can bring. People lacking mental capacity may not be able to exercise the same level of choice and control as other direct payment recipients. However, Direct Payments can still provide a vital means of ensuring that choices about the person's care and support can be made by those who are best placed to understand their needs and preferences and who know how to involve them as much as possible in decisions to support their best interests. However, councils should be very clear about the unique position of adults lacking capacity, who may not only be more vulnerable to abuse, but also less able to tell people when it is happening. Councils should therefore take steps to develop a comprehensive risk management strategy, which should inform the care plan and subsequent arrangements for monitoring and review. Application of a risk matrix determines the level of risk which in turn informs the frequency of reviews and whether they are carried out in person or otherwise eg. telephone, text, e-mail, Councils should consider involving other people known to the person lacking capacity, particularly those consulted when the suitable person was first appointed, as well as independent advocates where appropriate. The Mental Capacity Act Code of Practice specifies that Independent Mental Capacity Advocates (IMCAs) can be used in care reviews where the person concerned has no one else to be consulted.

Safeguarding

There are various legislative provisions that have been put in place to support safeguarding measures for adults lacking mental capacity. The Regulations specify that if the suitable person is not the spouse, civil partner, partner, close relative (or spouse or partner of a close relative) or friend involved in the provision of care of the person lacking capacity, then the council must obtain a CRB check for that suitable person, as a further protective measure for the person lacking capacity. For example, the suitable person may be an independent care broker or a solicitor acting as a professional deputy, who may not previously have been personally known to the service recipient.

Anyone caring for a person who lacks capacity for the purpose of the 2005 Act who wilfully neglects or ill-treats that person can be found guilty of a criminal offence under the Act punishable by up to five years in prison, or a fine, or both.³⁴ In addition, the Fraud Act 2006 created a new offence of 'fraud by abuse of position'.³⁵ This may apply to a range of people including attorneys under a lasting power of attorney (LPA) or enduring power of attorney (EPA) or deputies appointed by the Court of Protection to make financial decisions on behalf of a person who lacks capacity.

Someone acting as a suitable person receiving Direct Payments on behalf of someone lacking capacity to consent to the making of Direct Payments may be guilty of fraud if they dishonestly abuse their position, intend to benefit themselves or others, and cause loss or expose that person to the risk of loss. Without discouraging people from taking up the role of suitable person, councils should also make clear to anyone considering the role the consequences of financial misconduct or other forms of neglect or ill-treatment.

The Regulations also provide councils with the power to impose other conditions on the suitable person if they think fit. If councils believe that it is necessary to ensure the best interests of the person requiring services to impose other conditions, then this should be done.

Direct Payments to people subject to mental health legislation

KASS and Medway Council should refer the Direct Payment Guidance 2009

The following information identifies particular areas of risk and makes some suggestions about how these risks may be minimised.

Direct Payments:

Factors that increase the risk of abuse for vulnerable adults using Direct Payments Schemes, and how the risks may be minimised

PLEASE NOTE THE “HOW TO MINIMISE THE RISKS” CHART HAS NOT BEEN ALTERED.

Links to further information:

DoH Guidance on Direct Payments For community care, services for carers and children’s services England 2009

[http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Direct Payments/DH_076522](http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Direct%20Payments/DH_076522)

The Community Care, Services for Carers and Children’s Services (Direct Payments) (England) Regulations 2009

(http://www.legislation.gov.uk/ukxi/2009/1887/pdfs/ukxi_20091887_en.pdf),

2 Legal Issues Relating to the Abuse of Vulnerable Adults

26 The Safeguarding Vulnerable Groups Act 2006 and Vetting and Barring Scheme (VBS)

The Safeguarding Vulnerable Groups Act 2006 provides the legislative framework for the new Vetting and Barring Scheme. These new arrangements will be introduced in managed phases. The registration process which was due to start on 26 July 2010, has been halted to allow the government to remodel the scheme to what it calls ‘common-sense levels’. However, the regulations introduced in October 2009 will still apply. Further announcements will be made later in the year.



See Guidance section 30.

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Adult Protection Referral Checklist for the Social Services Agency

- g. Discuss the concerns with your Line Manager (LM)/DSO in order to determine level of risk from information available, prior to consulting with other agencies. Record the outcome of your discussions on the CM31 and any reasons for believing that the alleged victim or others are at risk of significant harm at this time. Consider the consequences, the likelihood of their occurrence and any immediate protective / emergency actions to be taken prior to other agencies being consulted. Record on the CM31 the identified level of risk and any actions taken.

New Section P added:

- p. It is strongly recommended that all records of consultations, discussions and decisions taken are recorded on the CM31 and/or on separate contact sheets and are countersigned by the LM/DSO.

Adult Protection Operational Guide for the Social Services Agency Staff

c) No

- It is good practice to signpost to other agencies e.g. CQC, Victim Support, Legal advice.
- Or to deal with it under usual the Care/Case Management Assessment process.
- **To address the concerns through the safeguarding adults quality in care framework**

Formal review of the findings from the investigation/assessment. This process could be the same as at the planning stage. May be by:

Telephone, face to face discussion, case conference, or all of these options

Decisions for consideration may include issues listed above and will also need to include:

Decision making section, record the outcome of the investigation/assessment, did the abuse happen as alleged? Did the person suffer harm as a result of an act of omission or commission by another whether this act was intentional or not.

Were the allegations

- Discounted or Unsubstantiated
- Confirmed or Substantiated
- Partially Confirmed or Partially Substantiated (Some aspects of the abuse were confirmed)
- Insufficient Evidence or Not determined/inconclusive (there was not sufficient evidence to enable a decision to be made about whether the person was abused / suffered harm or not)
or
- evaluated as not being adult abuse

If the abuse was confirmed and you know who was responsible, what was the basis of this decision?

- on the balance of probability, **this would normally be chosen and can be updated on the records if a prosecution is successful**
- guilt was admitted,
- prosecution recommended or to follow.

Further Actions

- Inform relevant people of the outcome of the investigation e.g. agencies involved, service user, care setting, family, referrer.
- Agree **and record** post abuse support plan
- Agree any monitoring of the service.

Adult Protection Planning Checklist

- c** That any investigation/assessment is agreed together with timescales. Co-ordination of the investigation/assessment **will normally be allocated to an investigating officer from the social services agency. In some cases the investigating officer may be a named police officer or representative of an NHS organisation.**
- d** In cases where alleged abuse occurred in a service managed by an acute hospital the hospital adult protection lead manager will act as the DSO.
- e** That there is a record of the **terms of reference** for the investigation/assessment.
- f** If there are any concerns regarding mental capacity of either the alleged victim or perpetrator a mental capacity assessment should be carried out and recorded. Consideration should be given to appointing an advocate and consideration given to holding a Best Interests meeting.

Aide - Memoire for Adult Protection Meetings

- Provider - Have the necessary steps been taken to protect vulnerable adult(s)
 - **Has consideration been given to referral to ISA?**
 - Other placing authorities e.g. Local authorities, PCTs or Mental Health Trust
- 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. CQC, complex case management work, contracting, **quality in care framework**, 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.
 - Ensure that the investigation/assessment is completed jointly with the appropriate professionals and who should be responsible for completing **a written** summary of the findings.
 - Ensure that any parallel processes are agreed
 - Confirm that all present are aware of their role.
- 10** Decision regarding the need for a review planning meeting in complex cases.
- Ensure that the next meeting date is set. This can assist with keeping people to a set time-scale.
- 11** Consider at this stage whether this might go to case conference.
- 12** Consider at Case Conference stage the outcome of the adult protection **investigation/assessment** i.e.
- Was the abuse **confirmed? (Substantiated) – Did the person suffer harm as a result of an action or omission to act by another person or persons regardless of any intent to cause harm.**
If so do we know who the abuser was?
Clarify the basis for the decision: did the alleged perpetrator admit guilt, have they been found guilty in court, have they been charged or did the multi-agency meeting agreed guilt from the available evidence 'on the balance of probability'.

- Was abuse partially **confirmed (substantiated)**? (Some aspects of the abuse allegations were confirmed, e.g. **there was evidence of physical assault but no evidence of sexual assault**) Ensure that there is a record of the basis for this decision.
 - Was abuse **discounted (unsubstantiated)**? **There was no evidence that the person was abused. Record the basis for the decision e.g. an accident occurred that could not have been foreseen.**
 - **Was there insufficient evidence to determine if the person was abused (harmed) due to the actions or omissions of another person or persons regardless of any intent to cause harm)?**
- 13 At case conference give consideration to referrals via employer or CQC to the **ISA. Also ensure that a local authority representative is nominated (usually the DSO or HR representative) to make their referral to the ISA**
 - 14 At case conference give consideration to referral to a professional body/register e.g. Nursing and Midwifery Council, General Social Care Council.
 - 15 Ensure that any post abuse care plan **for the vulnerable adult(s) and any actions plans for the service provider are agreed and recorded** and that any matters which may trigger urgent recall of adult protection procedures are clearly identified **within the relevant plan(s).**

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Investigation/Assessment Checklist

5. Map out your investigation:

- What do you need to find out?
- Who might have this information?
- What legal powers do you have or need?
- Check out all necessary documentation.
- **Do you need a mental capacity assessment to be completed in relation to the concerns being investigated?**
- Do you need a psychological, psychiatric or speech therapy assessment of any of the vulnerable adults, prior to carrying out any interviews?
- Interview people, in the appropriate environment, taking into account any need for an independent advocate and/or any language, communication, gender or race issues.
- Plan interviews with your colleague prior to commencing the interview.
- Take statements and record interviews; (training in conducting interviews is essential).
- Collate the evidence.

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Case Conference Checklist

In cases where an investigation/assessment of issues concerning abuse of a vulnerable adult(s) has taken place, a decision about the need for a case conference should be taken by the DSO. If a formal case conference is not considered necessary, it is essential to provide feed back to all concerned people/agencies; this should include the referrer.

In complex cases involving care services which have been managed as level 4 cases within the framework, the DSO will have been heavily involved in coordinating the various strands of the investigation/assessment processes. It is therefore recommended that consideration be given to commissioning an independent chair for the case conference and any establishment case conferences. (this may be a senior manager from another locality or team)

The Chair should:

- g Facilitate full discussion of the facts and opinions in order to jointly establish the status of the allegations. **The outcome of this discussion must be clearly recorded in the minutes of the meeting. This must include a decision regarding the outcome of the investigation/assessment.**

Was the abuse confirmed, was the person abused (harmed) by the actions or omissions or another(s) regardless of any intent. Were elements of the allegations confirmed, was abuse discounted or was there insufficient evidence to determine if abuse occurred.