

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

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

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Policy Section:

4. Types of Abuse

4.9 Domestic abuse

Incidents reported by the police through the domestic abuse protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse.

See Joint Police, Social Services and Health protocol for dealing with cases of domestic abuse where vulnerable adults are involved.

<https://shareweb.kent.gov.uk/Documents/adult-Social-Services/adult-protection/protocol-for-dealing-with-cases-of-domestic-violence-where-vulnerable-adults-are-involved.pdf>

6. Priority for Referral and Assessment of the Concerns

Added 5th bullet point:

- **IT IS IMPORTANT TO ENSURE THAT HEALTH AND SOCIAL CARE PROFESSIONALS IN PRACTICE PLACEMENTS RECEIVE SUPPORT FROM COLLEGES AND UNIVERSITIES AND PLACEMENT SUPERVISORS WHEN THEY HAVE CONCERNS ABOUT POSSIBLE ABUSE OR POOR CARE BEING PROVIDED WITHIN THE SERVICE.**

Protocols Section:

3. Lead Responsibility

While a designated senior officer takes overall managerial responsibility for the adult protection process for each case, the investigating officer is responsible for specific issues.
As identified in protocols section 13.2 and guidance section 24

5. What Should We Do if One Vulnerable Adult Abuses Another?



Clearly it is not necessary or desirable for every instance of **service users to service user** abuse to be reported through formal adult protection processes **especially where there is an equal power relationship between the service users**. It is however important that the **incidents** are recognised as abuse and dealt with appropriately. (See protocol 4.7 and 4.8)

It is important to ensure that records of what has been witnessed or reported are factual and do not attempt to minimise adult abuse and / or criminal actions. Examples of good recording may include **objective** information about: what was witnessed? what were you told? who was involved? when and where did this happen?

8. Risk/Protection

Added last paragraph:

If the vulnerable adult lacks or is believed to lack capacity to make decisions with regard to keeping themselves safe consideration should be given to involving relatives or advocates to support the client through the adult protection processes.

Guidance Section:

10. Consent and Mental Capacity

Added last paragraph in “Practice Matters”

If the vulnerable adult lacks or is believed to lack capacity to make decisions with regard to keeping themselves safe consideration should be given to involving relatives advocates or an IMCA to support the client through the adult protection processes.

18. Managing Confidential Information in Documents, Reports and Minutes of Meetings

Statement of confidentiality

The minutes of adult protection meetings are not a verbatim record of the discussions but they are a summary of the discussions and a record of the actions identified to be completed by whom and when. Minutes of the meeting/conference are distributed in the strict understanding that they will be kept confidential and in a secure place.

21. Adult Protection Operational Guide for the Social Services Agency Staff

Next steps

Planning process may be undertaken by: by telephone, face to face discussion, formal planning meeting, or all of these methods

Purpose of the planning process is to share information and decide/agree any actions

Decisions may include:

- Level of risk

- Does the vulnerable adult understand the risk and potential consequences
- Mental capacity status
- **If the vulnerable adult lacks or appears to lack mental capacity to make decisions related to their safety consider liaison with relatives initially and keeping them informed about the progress of the case**
- Which agency takes the investigative lead e.g. If crime - police.
- Who is going to be involved
- If financial abuse do you need to make contact with the Office of the Public Guardian?
- Time scale
- Status of alert i.e. open/closed
- With whom you need to share the information and how
- In high profile cases prepare a briefing for Senior Managers and the Press Office
- Consider if any issues raised may affect children or other vulnerable adults(directly or indirectly)
- Is ISA referral indicated at this time
- Date of next meeting

22. Adult Protection Planning Checklist

Added a new item g:

Either with or without a formal planning meeting, the DSO must ensure that there is a full record of the consultation/planning stage. This might include:

- a Which agencies were consulted and or represented at the planning meeting.
- b That the minutes of any meeting include sufficient detail to establish clearly what decisions were made and why.
- 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.
- g Where the vulnerable adult lacks or appears to lack capacity to make decisions regarding their involvement in the adult protection process and / or their understanding of keeping themselves safe, consider if it is appropriate to liaise with relatives regarding the adult protection concerns and to keeping them informed of the progress and outcome of the case**
- h That it is clear who will be involved in all aspects of the investigation/assessment.
- i That consideration has been given to the possibility or likelihood that issues of abuse may concern other vulnerable adults or children
- j If criminal matters are suspected what kind of investigation will be carried out?

Ensure that there is a record of concurrent and consecutive actions to be taken by agencies other than the police.

- k Any care management, contracting or regulatory action to protect the vulnerable adult(s) or children is recorded
- l Any decision to take no further action is agreed and recorded. The CM31 and CM32 are completed. **Record who will feed back the outcome to the referrer**
- m Any disagreement with decisions taken should be recorded in the minutes of the meeting and discussed by the DSO with senior managers as a matter of urgency

23. Aide - Memoire for Adult Protection Meetings

16. Conclusion

- Include date, time and venue of next meeting (if necessary).
- Summarise again the recommendations and care/action plan.
- Agree what will be fed back to the **client/family**/referrer and by whom.
- Ask meeting attendees if anything has been omitted that needs to be added.
- Ask meeting attendees if anyone disagrees with content and decisions made.

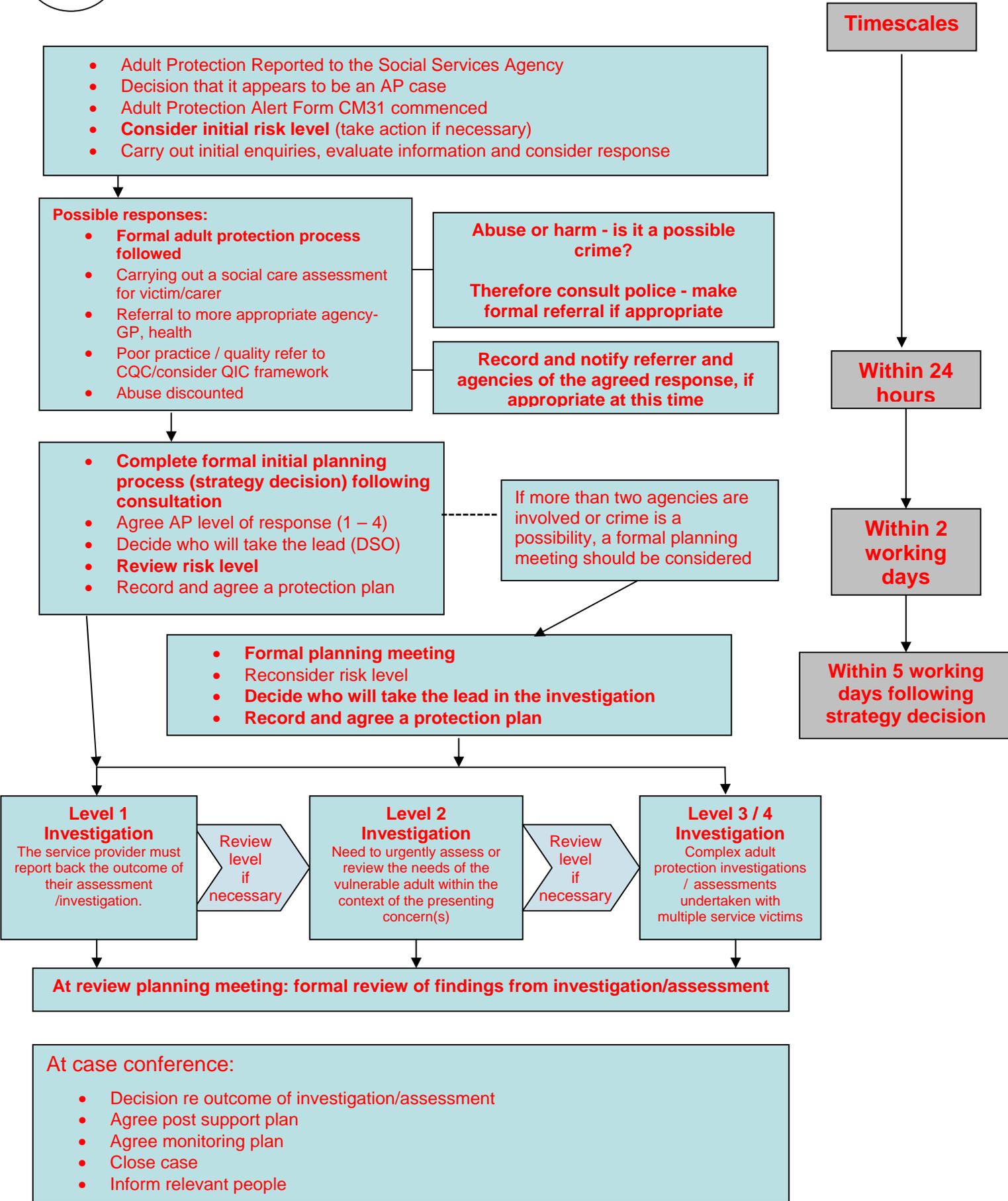
30. The Safeguarding Vulnerable Groups Act 2006 and Vetting and Barring Scheme (VBS)

The website address for the ISA has now changed, see below:

More information is available from the ISA [website \(www.isa.homeoffice.gov.uk/\)](http://www.isa.homeoffice.gov.uk/) and any questions or queries about the scheme can be answered via the contact centre helpline on 0300 123 1111 (charged at local geographical rate).

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Adult Protection Framework



Useful Addresses

Kent & Medway NHS and Social Care Partnership Trust Integrated Mental Health Teams

Team	Area	Address	Phone Number
Recovery Services	Swale, Canterbury and Coastal	Durham House Herne Bay Kent CT6 5SA	01227 594888
Access Services	Swale, Canterbury and Coastal	Laurel House 41 Old Dover Road Canterbury Kent CT1 3HH	01227 597111
Recovery Services	Dartford, Gravesham and Swanley	Elizabeth Raybould Centre Bow Arrow Lane, Dartford DA1 2DL	01322 622148
Access Services	Dartford, Gravesham & Swanley	Elizabeth Raybould Centre Greenacres, Bow Arrow Lane, Dartford	01322 622222
Recovery Services	Maidstone	Kingswood Union Street Maidstone ME14 1EY	01622 766900
Access Services	Maidstone	The Pagoda Hermitage Lane, Maidstone ME16 9PD	01622 724200
Recovery Services	South West Kent	St Johns CMHC St Johns Road Sevenoaks TN13 3LR	01732 470840
Access Services	South West Kent	Highlands House, 10-12 Calverley Park Gardens, Tunbridge Wells TN1 2JN	01892 709211
Recovery Services	Thanet	Thanet Mental Health Unit 164 Ramsgate Road Margate CT9 4BF	01843 234407
Access Services	Thanet	The Beacon Manston Road Ramsgate CT12 6NT	01843 855200
Recovery Services	Ashford	1 Elwick Road Ashford TN23 1PD	01233 204150
Access Services	Ashford	1 Elwick Road, Ashford TN23 1PD	01233 204150
Recovery Services	Medway	Kingsley House 37-39 Balmoral Road Gillingham Kent ME7 4PF.	01634 331914

Access Services	Medway	Administration Corridor A Block Medway Maritime Hospital Windmill Road, Gillingham, Kent ME7 5YN	01634 825381
Rehab Services	East Kent	Coleman House Brookfield Avenue Dover CT16 2AH	01304 216666
Rehab Services	West and Medway		01622 724221
Early Intervention (in Psychosis) Services	West and Medway	Medway Maritime Hospital Windmill Road Gillingham ME7 5NY	01634 830000
Early Intervention (in Psychosis) Services	Canterbury	Eastern and Coastal Offices Littlebourne Road Canterbury Kent CT1 1AZ	01227 812390