

Kent and Medway Multi-Agency Policy, Protocols and Guidance Amendments for Publication 31st July 2013

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

Amended July 2013

- Kent County Council Families and Social Care Directorate
- **Medway Children and Adults Directorate**
- **Clinical Commissioning Groups and Health Trusts in Kent and Medway**
- Kent Police

Please note:

- References to Contracts have been replaced by **“Commissioning Staff”**
- References to ISA have been replaced by **“Disclosure and Barring Service”**

Foreword (2nd page)

The following agencies are represented on the Safeguarding Vulnerable Adults Executive Board and are responsible for ensuring that all agencies and services in Kent and Medway are committed to working within the policy, protocols and the guidance which support practice:

Kent County Council
Medway Council
Kent Police
Health Trusts in Kent and Medway
NHS England
Clinical Commissioning Groups
Kent Probation
District Councils in Kent
South East Coast Ambulance Trust
Kent and Medway Care Alliance
Kent Care Homes Association
Kent Community Care Association
Kent Fire and Rescue Service
Kent Prison Service

The following have contributed to the development of the policy, protocols and guidance:

- Abbeyfield Kent Society
- Age Concern in Kent and Medway
- Carers VOICE
- Crown Prosecution Service
- Health Trusts in Kent and Medway
- Invicta Lifeline
- Kent and Medway Adult Protection Service Users Forum
- Kent Care Homes Association
- Kent Community Care Association

- Kent County Council Social Services
- Kent Police
- **Medway Children and Adults Directorate**
- MENCAP (KENT)
- Tonbridge and Malling Housing Association
- Victim Support
- NHS Counter Fraud & Security Management Service (CFSMS)

Policy Section:

3 What is Adult Abuse and to Whom Does it Apply?

3.2 Who is included under the heading 'vulnerable adult'?

An Adult (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'.
(Definition from 'No Secrets' March 2000 Department of Health)

This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. **This may include individuals who may be vulnerable as a consequence of their role as a carer or whilst a hospital inpatient in relation to any of the above. It may also include victims of domestic abuse, hate crime and anti social abuse behaviour.** The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

4 Types of Abuse

4.9 Domestic abuse

Home Office Definition endorsed by the Association of Chief Police Officers: March 2013

The new definition will be effective through England and Wales from March 2013 and is inclusive for male and females. It is:-

- Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or who have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse :
 - Psychological
 - Physical
 - Sexual
 - Financial
 - Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic abuse is not a specific criminal offence. The term is used to describe a range of incidents occurring in particular circumstances where the victims can be of any gender and from any ethnic group as can the perpetrator.

Kent Police will respond to all victims of domestic abuse so they can receive the appropriate quality of service according to their individual needs. All allegations will be properly investigated and the perpetrators held accountable through the criminal justice system.

A separate Domestic Abuse Protocol for Kent and Medway is in place between Police, Social Services and Health.

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. This joint protocol which deals with risk assessment and referral to Multi agency risk assessment conference (MARAC) should work in parallel with safeguarding adults' procedures. They should not be separate.

From 13th April 2011 there has been a statutory requirement to consider carrying out a domestic homicide review in all relevant cases. Kent and Medway have developed separate Domestic Homicide Review Protocols which support local practice. These have been written in line with the Home Office [Guidance](#).

Protocols Section:

8

Risk/Protection

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 [Head of Service/Service Manager/Assistant Director](#) and the relevant [Commissioning Manager](#). [Within Medway Council any decision to suspend placements within a care service will be made within the Council's specific Embargo Policy.](#)

Any agreement reached must 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. [This Risk level will only be used when initial abuse concerns are reported in relation to one service user.](#) (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 commissioning manager of any decisions taken during the adult protection process which affect them or their service. **(for services within Medway, where risk level 3 has been agreed, communication with the provider will be in line with the Embargo Policy).** 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)

As the investigation/assessments are completed, actions taken by the service in order to address the concerns will result in ongoing review of the service provision and improvements are likely to result in a lowering of the risk level. This will mean that the risk level will be reduced from 3 to 2 subsequently the risk level will be removed when all of the concerns have been addressed.

There are other processes that may be used to address quality in care concerns and/or contract compliance issues which may also use a similar flagging system to indicate levels of concern.

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Proceeding to an Investigation

10.5 Compiling a report following investigation

At the end of the investigation a summary of all information gathered should be recorded in the form of a concise report. The investigating officer should compile this report. Those involved may be asked to contribute to one or more sections of the report drawing on their personal or professional knowledge, judgement and/or on specific inquiries carried out as part of the investigation.

The report should cover the following points:

- a Details of the initial alert and of the incident or concern which triggered the referral.
- b Outline of any previous related incidents or allegations.
- c A pen picture of the vulnerable adult and his or her circumstances. **If possible record what the vulnerable adult wants to happen as a result of the adult protection process.**
- d An assessment of the vulnerable adult's capacity in relation to consent and other legal issues.
- e A sketch of the person's network and social supports.
- f Any issue of discrimination identified.
- g Information about the person alleged responsible for the abuse.
- h A brief account of the investigation process and the input of other agencies.
- i An evaluation of the evidence.
- j An assessment of how serious the abuse has been and whether there is a risk of it escalating or being repeated.
- k Recommendations about future action to support the person and/or manage any ongoing risk.
- l Conclusions about culpability and responsibility for the abuse or harm.
- m Other actions to be taken.
- n Recommendations about when and in what circumstances the case should be revisited.

The completed report should be passed to the designated senior officer for decision making.

The report will be available to inform the case conference. It will be marked '**Confidential**'. If a case conference is not held the information, the outcome and the recommendations for future care planning and monitoring will be shared with people on a 'need to know' basis. In cases where the employer is considering disciplinary action or referral to **DBS**, the designated senior officer will make a copy of the report, or a summary, available to the employer.

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Responsibilities

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

- r As the chair of the planning/strategy meeting or case conference you should take responsibility for recommending that the employer makes a referral to **the Disclosure and Barring Service (DBS) in appropriate cases. In cases where the employer does not intend to make the referral the local authority under the Safeguarding Vulnerable Groups Act (2006) has a responsibility to make a referral to the DBS where they consider that the DBS may Barr the person.**

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

- f For more information about the role of CQC see **CQC's "Our Safeguarding Protocol" February 2013.**

13.5 What are my responsibilities if I believe that someone has been abused in a service provided by an acute hospital trust?



- a In line with the Care Quality Commission Safeguarding Adults Protocol and Guidance, protocol section 17 has been developed to ensure that abuse occurring within these services are recorded, monitored and the actions taken by the Trust are quality assured through the local authority adult protection processes.
- b Acute Hospital Trusts have responsibility to co-ordinate actions to deal with allegations of adult abuse which occur in services provided by the Trust. They may ask social services hospital care management teams for advice, to provide an advocate for the patient, to support the family and to support any post abuse care needs.
- c If you are a visitor to the hospital and you witness abuse or suspect abuse to have occurred within the hospital, you should immediately report your concerns to a senior manager in the hospital. You may report your concerns to the police, the Patient Advice and Liaison Service (PALS), **the relevant Clinical Commissioning Group** or to the Social Services Agency if you believe that your concerns have not been taken seriously.
- d If you are a member of the hospital staff you must follow the Trust's adult protection procedures. If you do not believe your concerns have been taken seriously you may contact the Police, Social Services, the **Clinical Commissioning Group**, the Care Quality Commission or the Health Ombudsman.

13.7 What are the responsibilities of the crown prosecution service?

When the police have gathered all available evidence, unless the crime is of a minor nature and the offender admits it, they will refer the file to the Crown Prosecution Service for pre charge advice.

- a The CPS will review the matter within agreed timescales in accordance with the Code for Crown Prosecutors and the CPS policy and guidance on prosecuting domestic violence, **disability hate crime and crimes against older people.** They will also take account of any local protocols to which the CPS has signified its agreement. The advice will be issued to the police for them to take any further action.

Guidance Notes for Adult Protection Protocol between Adult Social Services in Kent and Medway and Acute Hospital Trusts

Flowchart 17a summarises the most appropriate response to adult protection concerns arising within services managed by Acute Hospital Trusts.

For safeguarding adults concerns arising in services managed by the acute hospital Trusts the Hospital Adult Protection Lead Manager (HAPLM) will be the responsible Designated Senior Officer (DSO) for the Case unless the Trust delegated the responsibility to another manager for a particular case.

This protocol aims to ensure that there is equality and transparency in addressing adult protection concerns wherever they occur. It will also ensure that the data collected includes allegations of abuse that may previously have been dealt with as complaints or through hospital discharge processes.

Concerns Reported Directly to Adult Social Services.

Allegations of possible abuse occurring in services managed by Acute Hospital Trusts may be reported to social services through their duty service or any other route including their complaints system.

It is the responsibility of the person receiving the information to discuss the reported concerns with their Line Manager or a Designated Adult Protection Specialist. If the issues are considered as possible abuse it is the responsibility of the Line Manager to ensure that an alert/referral form is started and that the information is entered onto SWIFT/CARE DIRECTOR.

The information (via a copy of the alert/referral form) must be passed by secure e-mail as a matter of urgency to the Hospital Adult Protection Lead Manager (HAPLM) for the Hospital concerned. The HAPLM or a senior manager in the hospital must be contacted by phone to ensure that they are aware of the alert information being passed to them.

If it is possible that a crime may have been committed the HAPLM must consult with the Police at the earliest opportunity to determine the most appropriate course of action. If for any reason there is **any** delay in making contact with the HAPLM, the Line Manager from Adult Social Services who decided that the concerns warranted an adult protection alert must alert the Police to the concerns. Early Police notification may prevent further harm and /or valuable forensic evidence being lost

The Hospital Care Management Team must also be informed of the concerns and advised that the information has been passed to the HAPLM or a senior manager in the Hospital Trust.

If the vulnerable adult has been placed in a care home in Kent or Medway by another authority the care home should be asked to advise the placing authority of the adult protection concerns.

If the vulnerable adult was visiting Kent or Medway and is normally a resident in another authority area **and** the HAPLM becomes aware that the person is normally in receipt of social care services from that other authority then they should inform the other authority as a matter of courtesy.

It is the responsibility of the HAPLM to determine the most appropriate course of action. It is usual for the HAPLM to act as the DSO in these cases. However if there is any possibility that a crime may have been committed, or other agencies are involved the HAPLM should consider holding a multi-agency planning/strategy meeting to ensure that roles and responsibilities are clearly defined and delegated. Adult Social Services representatives may be asked to provide support to the patient and or their family during the investigation/assessment of the concerns.

When the investigation/assessment has been completed the HAPLM should complete the monitoring information on the alert/referral form. They should also complete a closure/form summarising the result of the investigation/assessment of the case and any actions agreed. The form(s) together with copies of any evidence gathered should be passed to the Hospital Based Care Management Team. This team should ensure that the monitoring information is entered onto SWIFT/CARE DIRECTOR. The papers should then be passed to the Community Based Adult Social Services Senior Manager/Service Manager for the locality/area where the **alleged abuse occurred**. This manager will be responsible for countersigning the closure form and ensuring that the information is fully entered on the SWIFT/CARE DIRECTOR.

If the Adult Social Services Senior Manager/Service Manager has any concerns about any aspect of the case they must liaise with the HAPLM prior to endorsing the closure form.

Adult Social Services remain responsible for ensuring that adult protection concerns are addressed appropriately. In Kent and Medway the Community Based Senior Manager/Service Manager is accountable for this process.

Concerns Reported to Hospital Trust Staff

Allegations of abuse occurring in a service managed by an Acute Hospital Trust may be reported to any member of the Trust's staff. They should discuss the reported concerns with their Line Manager and/or the HAPLM and record the outcome of the discussion. In some cases the report may be made following the discharge of a patient from the hospital and may initially be considered to be a complaint. It will be important for any matters that may constitute adult abuse to be discussed with the Line Manager who may wish to consult with the HAPLM for guidance. If the matter is considered as possible abuse the Line Manager or the HAPLM must record the information they have on an alert/referral form. If they consider that a crime may have been committed they must liaise with police as a matter of urgency. The outcome of the consultation with the Police and any other agencies/services must be recorded on the alert/referral form. If the vulnerable adult has been placed in a care home in Kent or Medway by another authority, the other authority should be advised of the concerns reported.

They must pass this **form via secure e-mail** to the **Central Duty Team for Kent Acute Hospitals** or to **Medway Access and Information for Medway Maritime Hospital**. The alert information must be recorded on SWIFT/CARE DIRECTOR as soon as the information is received.

A copy of the alert/referral form (**marked copy**) should be e-mailed to the Hospital Care Management Team by social services for their information.

It is the responsibility of the HAPLM to determine the most appropriate course of action. It is usual for the HAPLM to act as the DSO in these cases. However if there is any possibility that a crime may have been committed, or other agencies are involved the HAPLM should consider holding a multi-agency planning/strategy meeting to ensure that roles and responsibilities are clearly defined and delegated. Adult Social Services representatives may be asked to provide support to the patient and or their family during the investigation/assessment of the concerns.

When the investigation/assessment has been completed the HAPLM should complete the monitoring information on the alert/referral form. They should also complete a closure/form summarising the result of the investigation/assessment of the case and any actions agreed. The form(s) together with copies of any evidence gathered should be passed to the Hospital Based Care Management Team. This team should ensure that the monitoring information is entered onto SWIFT/CARE DIRECTOR. The papers should then be passed to the Community Based Adult Social Services Senior Manager/Service Manager for the locality/area where the **alleged abuse occurred**. This manager will be responsible for countersigning the closure form and ensuring that the information is fully entered on the SWIFT/CARE DIRECTOR.

If the Adult Social Services Senior Manager/Service Manager has any concerns about any aspect of the case they must liaise with the HAPLM prior to endorsing the closure form.

Adult Social Services remain responsible for ensuring that adult protection concerns are addressed appropriately. In Kent and Medway the Community Based Senior Manager/Service Manager is accountable for this process.

Adult Social Services remain responsible for ensuring that adult protection concerns that happen in their authorities area are addressed appropriately.

WHAT IF THE ALLEGATIONS OF ABUSE APPEAR, FOLLOWING INITIAL EVALUATION, RISK ASSESSMENT AND CONSULTATION BY THE LOCAL AUTHORITY OR FOLLOWING FURTHER ENQUIRIES BY THE HAPLM, TO RELATE TO THE ACTIONS OF A MEMBER OF THE PUBLIC, A FAMILY MEMBER OR PERSONNEL FROM ANOTHER AGENCY OR SERVICE?

In these circumstances it is advisable to discuss the case with the local Adult Social Services Team who may be in a better position to co-ordinate the response to the reported concerns in partnership with the Trust and where appropriate with the Police.

Contact Details for Nominated Hospital Adult Protection Lead Managers:

Darenth Valley NHS Hospital Trust:

Lead Nurse for Adult Protection 01322 428595
Or ask for the Director of Nursing

East Kent NHS Hospital Trust:

Head of Adult Safeguarding, PREVENT Lead Mobile 07964437558
or Director of Nursing or Lead Nurse for Safeguarding Adults: 01843 225544
Or ask for a site based Matron
Out of Hours Ask for the Site Clinical Nurse Manager at relevant hospital

Maidstone and Tunbridge Wells NHS Hospital Trust

Ask for Safeguarding Lead Nurse – Karen Davies
Maidstone—Christine Steele 01622 729000
Pembury and Kent & Sussex--- 01892 526111

Medway NHS Foundation Trust

Chief Nurse's Office
Windmill Road
Gillingham
Kent ME7 5NY
Tel: 01634 833897 or 833788
OR
Safeguarding Vulnerable Adults Coordinator
Tel: 07884181615.

Contact Number for Police: 101

In office hours: ask for the police in the relevant Combined Safeguarding Team
Out of hours: Ask to speak to an officer for advice regarding the possible abuse of a vulnerable adult.

Contact details for Kent Adult Social Services

24 hour contact centre: 08458 247102

Contact Details for Medway Adult Social Services

Day time: 01634 334466
Out of Hours: 08457 626777

Adult Protection Protocol between Adult Social Services in Kent and Medway, Acute Hospital Trusts and Kent Police

The responsibility for initiating an adult protection alert/referral form will rest with the agency staff / managers receiving the initial information that a vulnerable adult **may have** been the victim of abuse. For safeguarding adults concerns arising in services managed by the acute hospital Trusts the Hospital Adult Protection Lead Manager (HAPLM) will be the responsible Designated Senior Officer (DSO) for the Case unless the Trust delegated the responsibility to another manager for a particular case.

Reported to Adult Social Services

ACTION TO BE TAKEN

- Discuss concern with line manager or Designated AP specialist
- If abuse possible start alert/referral form
- Enter information onto SWIFT/CARE DIRECTOR
- Send copy of alert/referral form to HAPLM and phone to confirm receipt
- If possible crime HAPLM must consult with Police
- If any delay in contacting HAPLM and possible crime, Adult Social Care must alert the Police.
- Inform hospital care management team of the concerns
- If person placed in care home by another Authority the HAPLM should advise that commissioning authority.
- If the person is ordinarily resident in another LA area and is receipt of social care services the HAPLM should advise the other LA.
- The HAPLM determines the most appropriate course of action via strategy discussion/meeting
- Investigation/assessment carried out and outcome agreed and recorded
- HAPLM completes the monitoring and closure details on the relevant form(s)
- All relevant papers should be passed to Hospital care management team
- Hospital care management team enter monitoring information into SWIFT/CARE DIRECTOR
- All papers should be passed to community based adult social services senior /service manager where the hospital is based
- Manager countersigns the closure form and ensures information is entered onto SWIFT/CARE DIRECTOR

Reported to Acute Hospital Trust

ACTION TO BE TAKEN

- Discuss concern with line manager and or HAPLM
- If abuse possible start alert/referral form
- If possible crime HAPLM must consult with Police
- Send form to CDT for Kent Acute Hospitals or Medway Access and Information for Medway Maritime Hospital
- Adult social care will ensure that the alert information is entered onto SWIFT/CARE DIRECTOR
- Social services will inform hospital care management team of the concerns
- If person placed in care home by another Authority the HAPLM should advise that commissioning authority.
- If the person is ordinarily resident in another LA area and is receipt of social care services the HAPLM should advise the other LA.
- The HAPLM determines the most appropriate course of action via strategy discussion/meeting
- Investigation/assessment carried out and outcome agreed and recorded
- HAPLM completes the monitoring and closure details on the relevant form(s)
- All relevant papers should be passed to Hospital care management team
- Hospital care management team enter monitoring information into SWIFT/CARE DIRECTOR
- All papers should be passed to community based adult social services senior /service manager where the hospital is based
- Manager countersigns the closure form and ensures information is entered onto SWIFT/CARE DIRECTOR

Guidance Section:

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Trading Standards Role

There is a range of activities that may be accompanied by criminal offences, which can be addressed by referral to Trading Standards as well as to the police. These include the activities of rogue traders, bogus callers and distraction burglary, scams and loan sharking.

Rogue traders often intimidate, manipulate or threaten their victims into parting with large amounts of cash and in some cases, into signing over their properties. These incidents often remain hidden. Victims are targeted through cold calling either by telephone, or more often by doorstep visits. The rogues will often target an area meaning that any identified victim may indicate other unknown victims in the vicinity. They will often use lines like

“I noticed you appear to have a roof tile loose, I'll have a look for you”

“We are doing work down the road for the Council and have some tarmac left over”

“We've done some work for your neighbour and she said you might be interested”

The “traders” will not provide any paperwork, will quote prices that increase dramatically when the victim has to pay, or will find extra jobs that need doing and increase the final price charged.

Distraction burglary, often called `bogus callers` or `burglary artifice` is a crime primarily targeted at vulnerable older people. Offenders pose as officials (including council, police and utility workers) in order to gain access to homes. Once inside the victim is distracted and the burglary is committed. Other examples are where the offender(s) will pose as a motorist who needs some water for his/her car and whilst the victim goes to fetch the water, the offender(s) slips into the house quickly and steals money or other items within their reach. Sometimes it will be somebody engaging the victim at the front door while an accomplice goes to the back of the house and enters, if possible and commits the burglary.

Scams are mass marketing fraud, perpetrated by criminals and aimed at the most fragile members of society by "working" from mailing lists which categorise people as being elderly or vulnerable in some way, they then contact them by letter, phone or email and try to trick them into parting with cash. Those who respond often end up having their details put on what criminals call "suckers lists". They sell these lists to other scammers all over the world. Millions of victims have a condition which the Think Jessica campaign is trying to get recognised as Jessica Scam Syndrome (JSS).

The most common form of scam is **Scam Mail**, which can result in victims being delivered 100+ scam letters a day.

Scam mail may use statements like

You have won a lottery, sweepstake or competition... BUT YOU HAVE TO SEND MONEY

Money you have won is being held in a holding company... BUT YOU HAVE TO SEND MONEY

Somebody has left you an inheritance... BUT YOU HAVE TO SEND MONEY

A clairvoyant can stop bad luck or direct good luck towards you... BUT YOU HAVE TO SEND MONEY

There is a "secret" deal which will make you rich... BUT YOU HAVE TO SEND MONEY

Scammers send out catalogues selling food, pills, potions, jewellery, clothes, items for home and garden. They guarantee a prize to those who order and make it appear like 'you' are the only one to be getting this amazing offer. They never send the promised prize (though some

do send "cheap" goods to keep the victim on the "hook") Instead they send out more promises to get more orders!

Loan Sharks

This is a well known criminal activity involving unlicensed lending with high repayments for loans that may never end. The victims receive no paperwork. The lenders may use threatening or abusive behaviour to ensure they are paid, and this repayment may even increase. The victims may be targeted when they are due to get their pension or benefits. In many cases the victims are scared of the lenders, but they may also have a relationship where they believe that the lenders are friends and that the victims owe them. This can make loan sharks difficult to spot. If the victims have mental health issues this may also be exploited

There is also the possibility that this is directly related to victims of scam mail and rogue trading where that is why they may have targeted them

The effects of these above events are often devastating for the victim. They may not have told anyone about what has happened to them so the first sign of problems may be when there is; an unexplained inability to pay for household shopping or bills, large unexplained withdrawals of money, possessions may have gone missing and/or living conditions deteriorate. It is often at this point that the possibility of abuse may be raised by family members, care workers, housing agencies or organisations whose bills are not being paid.

Research has highlighted the sense of guilt, and the effect it has had on the victim's sense of safety, sanity and health. Many may become withdraw, isolated, reclusive and fear going out or speaking to anyone. In some instances a move to a care home may be considered, as the victim is too frightened to remain at home.

Where the victim is a vulnerable adult the use of the adult protection protocols can provide an opportunity to consider a range of options available to provide environmental safeguards or alternative support to enable the victim to remain in their own home.

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Supporting People

Supporting People is a housing support initiative that contracts with service providers for housing related support services. It covers every client group that social services work with in addition to other vulnerable groups. Provision includes accommodation-based services, floating support services, community alarms and home improvement agencies.

The Kent Supporting People Team is based at County Hall, Maidstone and is part of the wider Commissioned Services Team. They act as a payment and contracting function. Approximately 10,500 service users in Kent receive support under this programme in both accommodation-based and floating support services.

As part of the contracting function, providers are monitored for the quality of their service provision.

The Supporting People team will normally be made aware by service providers of adult protection issues through their contractual responsibility to report them. The team may also be made aware through social services or health colleagues. The team maintains a log of reported adult protection issues. Serious incidents reported by service providers which don't require a safeguarding form to be completed are also logged.

In the event of becoming aware of an adult protection issue, the Supporting People service provider will refer to the social services team for the appropriate client group in the locality in which they are living. It is the duty of that team to progress the adult protection alert in the normal way.

In the event of an adult protection alert being raised by social services, client systems should be checked to determine if the client receives a Supporting People service. If so, the Supporting People team should be notified of any alert or subsequent proceedings so that they can decide if there is a need to review the service. The service provider should be invited to attend adult protection meetings, and the Supporting People team will attend if appropriate and should be copied into minutes and decisions. Not all Supporting People service users will be on client systems so it may be necessary to check whether the individual is known to the team.

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Adult Protection Referral Checklist for the Social Services Agency

- t Information about other service users and their placing authorities should be requested, as a matter of urgency, from the service provider. The decision to inform or not to inform other placing authorities and localities may be taken at the alert stage or following the planning/strategy meeting if the initial information was unclear or the incident(s) appeared less serious. The decision to inform other placing authorities **must be recorded**. They may be informed by telephone or fax. This **must be recorded** on contact sheets within the adult protection case papers.

****When a trained and experienced professional staff member of the social services agency completes a alert/referral form because they believe from the information they have received that a vulnerable adult has or may have been abused this information must be entered onto the Adult Protection database as a record of the concerns received. If following discussions with other agencies/services and consultation with the DSO there is an agreement that the concerns will be addressed in another way, the adult protection process can be halted and the case signed off by the team manager/service manager who has not been directly involved in the case. The closure form must be completed recording how the concerns are to be addressed, by whom together with the reasons for this decision.***

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Adult Protection Operational Guide for the Social Services Agency Staff

2. Police

Is the matter, as reported, likely to constitute a criminal offence or will the involvement of the police support good practice? Contact the **Combined Safeguarding Team** in your force area they will provide guidance, to prevent **contamination of evidence**.

What happens next?

The DSO or duty senior will decide:

Who will act as the DSO for this case and co-ordinate the adult protection process?

This may be a Team leader/manager, safeguarding adults co-ordinator or senior practitioner.

3. GP

Consider if it is appropriate to inform the GP of the adult protection **concerns reported and /or quality in care issues**.

Next steps

Planning process may be undertaken by: by telephone, face to face discussion, formal planning/strategy 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 – **Record known information and consider if a MCA is required.**

22 Adult Protection Planning Checklist

- m** If a home or organisation has a KCC/Medway contract, have **commissioning** been consulted? Is any action required, regarding the contract, prior to any investigation being carried out? Contract actions need to be agreed and recorded between the **commissioning** manager and the DSO/**Assistant Director**/Locality Head of Service/Service Manager regarding any variation to the contract. e.g. temporary suspension of placements.

Commissioning services will be responsible for:

- Informing the home of any actions taken which affects their contract.
- Alerting care management teams, via the contract database or e-mail system of any issues which may affect the use of any service.

Either with or without a formal planning/strategy 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/strategy 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 (**HAPLM**) **will normally 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 **where issues of capacity are in doubt.**
- 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, **commissioning** or regulatory action to protect the vulnerable adult(s) or children is recorded.

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Aide - Memoire for Adult Protection Meetings

- 6 Summary of information exchanged. It can be useful to identify separate headings for professionals' input:
- Care management information - history, current status, mental capacity, action undertaken
 - Local Authority Client Financial Affairs Officers (CFAO) – in cases of alleged financial abuse
 - **Commissioning** information - monitoring visits, identified concerns regarding quality; open a discussion about whether the **commissioning** database should have an adult protection warning flag placed on it and at what level. (See protocols section 8.1)
 - CQC information - previous inspections, current knowledge
 - 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. (Consider if a profile of the client may be needed **especially if the vulnerable adult(s) has a cognitive or sensory impairment or behavioural problems that will impact on the interview process**)
- 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 **commissioning** 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 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 **of the allegations and assessment of the impact on the vulnerable adult**

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Investigation/Assessment Checklist

A summary of your responsibilities includes:

- Completing, as necessary, the alert/referral form and ensuring that it has been input onto the appropriate database. If you have updated any information initially gathered at the point of alert/referral please note that this information has been updated on the form and record your name and the date the update(s) was made.
- Liaising with the DSO if emergency action is required to protect the vulnerable adult(s) or children.

- Keeping a complete record of contacts, meetings, interviews, phone calls and any decisions taken and issues considered to be placed in the closed section of the client's file.
- Recording decisions taken as a result of meetings or consultations with other professionals, service providers, **the victim and/or carers**

5. Map out your investigation:

- What do you need to find out? **This should include the wishes and views of the vulnerable adult**
 - Who might have this information?
7. You should now be ready to compile your report to enable decisions to be made. Your report does not have to be long or complicated, just clear and to the point, describing what your investigations/assessments have covered and reviewing the evidence in a dispassionate way. If you have worked closely with other professionals, the report can be written jointly and at the very least be jointly agreed as correct.

The following points taken from the AIMS investigators guide should assist you in compiling your report:

- Details of the initial alert.
- Outline of this and any other previous related allegations.
- A pen-picture of the vulnerable adult and his/her circumstances.
- **Include a record of the vulnerable adult's wishes and views about the alleged abuse if they are able to express this. If not consider consulting with family or an independent advocate.**
- An assessment of the vulnerable adult, relating to consent and any other legal issues.

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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 **manager**/senior manager from another locality or team).

The Chair should:

- q The DSO should ensure that the appropriate adult protection paperwork is completed. This should include the alert/referral form and preparing the **closure summary**/ form to include a record of any post abuse work necessary. This must be signed off by the **Senior** /service manager.

The adult protection case papers should be filed in the closed section of the vulnerable adult's file.

If the case has been co-ordinated by a host locality/authority they should retain the original adult protection case papers and pass a copy to the placing locality/authority to be placed in the closed section of the client's case file.

Manager's Checklist

The designated senior officer (DSO) may be the locality head of service, **assistant director**, service manager, team leader/manager, safeguarding adults co-ordinator or senior practitioner. **The head of service /assistant director or service manager** retains ultimate responsibility for decision-making.

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

You should delegate the task of investigation/assessment to an appropriately trained and experienced staff member who will report back to you. This person will be referred to as the investigating officer. You will need to be available to provide support, supervision and advice to the investigating officer and ensure that they have the resources necessary to carry out their task. (Resources include time, clerical support and another person with whom to share the task of interviewing).

Details of your responsibilities throughout the process of alerting, planning, investigation, case conferencing and post abuse work are included in the process checklists.

As the DSO your overall responsibilities include:

- a) Receiving initial adult protection documentation, evaluating information and considering initial risk assessment, managing consultation with other agencies and authorising emergency action to protect the vulnerable adult(s) if this is indicated from the information available.
- b) Ensuring that the wishes and views of the vulnerable adult regarding the allegation are ascertained and recorded. If the vulnerable adult appears to lack mental capacity or is unable to express their wishes and views ensure that an advocate is involved to support them. The SA1 form will assist you in recording this information.
- c) Ensuring that where the mental capacity of the vulnerable adult is in doubt; an appropriate mental capacity assessment is carried out and recorded.
- d) Ensuring that where the vulnerable adult lacks mental capacity to make decisions regarding the alleged abuse and any actions that may be needed, a check is made to ascertain if anyone has a Deputy or a registered Lasting Power of Attorney (LPA) for health and welfare. If not then an IMCA may be needed.
- e) Ensuring a formal referral is made to children and families where any possible risk to children is identified.
- f) Ensuring that there is a completed alert/referral form on the file and that the information has been input onto the AP database.
- g) Liaising with the **commissioning**, where appropriate, regarding the status of the contract and deciding with them whether any action is needed in relation to the contract, either before, during or after the investigation or case conference has taken place.
- h) Liaising with CQC and police, where appropriate, to ensure their full involvement.
- i) Chairing planning/strategy meeting, case conferences and reviews.
- j) Ensuring that any discriminatory issues are addressed.
- k) Ensuring that, where appropriate, placing authorities are informed of adult protection issues of concern in a care home or day care setting that might affect their clients. This will enable them to be involved in meetings and assessments as necessary.
- l) Ensuring that a complete record of all contacts, meetings, phone calls, interviews and decisions are kept in the closed/restricted part of the client's file.

- m) The DSO in consultation with other professionals may, at any time in the adult protection process, decide that the issues have been addressed. They must ensure that all-relevant people and/or agencies are made aware of this decision, including the vulnerable adult, family, carer(s) and the referrer. The reasons for the decision must be recorded on the **summary/closure form** and **the assistant director/locality head of service/service manager/team manager** will be responsible for signing off the case. If the vulnerable adult, family, carer(s) or any professionals have concerns about this decision they should record their concerns, in writing. The **assistant director/locality head of service or service manager** should inform senior management of any disagreement with the decision taken.
- n) Ensuring that the decisions taken as a result of consultations with other agencies or departments or during a formal planning/strategy meeting or informal planning discussions are recorded.
- o) Ensuring that any assessment/investigation carried out with or without the support of other agencies is fully recorded and that there is a **written summary** of the findings on which to base decisions.
- p) Ensuring that decisions taken, at planning/strategy meetings or case conferences, are appropriately minuted including decisions about: the vulnerable adult(s); the person responsible; the service setting/agency.
- q) Ensuring that the minutes of meetings are circulated to those participating in or invited to the meeting. Deciding what information will be made available to the employer or other agencies to enable them to carry out their statutory obligations.
- r) Ensuring that a post abuse plan is agreed and recorded in the vulnerable adult's file.
- s) Ensuring that any disagreement with recommendations taken at meetings is recorded and discussed with a senior manager as a matter of urgency.
- t) Ensuring that a named staff member is delegated to monitor and review the 'post abuse support/care plan, **agree the timescale for this': agree any triggers that indicate an urgent review meeting should be called.**
- u) Supporting where appropriate an establishment case conference or internal review meeting. **Ensuring a named staff member is delegated to monitor and review within an agreed timescale the 'service action plans' to ensure that the service provides 'safe' care.**
- v) Ensuring that, where appropriate, post abuse support/counselling is available and funded to enable the client(s) to recover from the abuse or deal with any issues which continue to cause them or their carers concern.
- w) Ensuring appropriate feed back is given to all relevant people and agencies, including the referrer.
- x) Ensuring that any innocent 'whistle-blowers' are not inappropriately penalised by their **action(s)**. If necessary writing a brief letter, to give to them or future employers, to record and commend their action in supporting the protection of vulnerable adult(s).
- y) Ensuring that the case is signed off and monitored **and reviewed** using agreed documentation.

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Suggested Agenda for an Adult Protection Establishment Case Conference/Internal Review Meeting

- 8 Monitoring/reviewing arrangements for the service action plan **and agreed timescales.**

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 must complete an AP1 form ([Appendices to this document](#)) and contact the social services agency duty care management / social work team by telephone to report their concerns. A copy of the AP 1 must 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/referral form 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-[combined safeguarding team](#) or housing services

NHS Counter Fraud Service Role

Key contacts:

Steffan Wilkinson

Head of Local Counter Fraud Service
Tel: 01622 713035
Mobile: 07799263978
Email: steffan.wilkinson@scaudit.org

Andrew Ede

LCFS for Kent & Medway NHS & Social Care Partnership Trust
Tel: 01303 297044 / 07979645948
Email: andrew.ede@scaudit.org

Peter Tucker

LCFS for [Kent Community Health NHS Trust](#)
Tel: 01303 297044 / 07799263908
Email: peter.tucker@scaudit.org

Useful Addresses

For referrals to Kent Adult Social Services (updated July 2013)

If you have a safeguarding adults concern phone Kent contact centre number 08458 247102 and you will be transferred to the Central Duty Team for a consultation or to make a safeguarding referral. You can Fax through the AP1 to CDT using this fax number 01732 221645—or for out of hours 01233 646596 this will be passed to the correct team within Social Services.

For referrals to Medway Council Adult Social Care (Updated January 2010)

Phone 01634 334466 a referral will be taken. You may also fax through your referral on **01634 334504**. You may e-mail your referral on access&info@medway.gov.uk

Kent

Kent County Council

Headquarters

General Enquiries
County Hall
Maidstone
Kent ME14 1XQ

Tel: **08458 247100**
Fax: **01622 696492**
Minicom:
Out of hours: **08457 626777**
24 hour contact
centre **08458 247247**
0300 333 5540

Kent Police

Ask for the Local Combined Safeguarding Team

Countywide contact number:

101 or phone
01622 690690

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

Recovery Services	Dartford, Gravesham and Swanley	Arndale House, 18-20 Spital Street, Dartford, DA1 2DL	01322 622230
Access Services	Dartford, Gravesham & Swanley	Arndale House, 18-20 Spital Street, Dartford, DA1 2DL	01322 622230
Access and Recovery Services	Medway	Kingsley House 37-39 Balmoral Road Gillingham Kent ME7 4PF.	01634 331914
Rehab Services	West and Medway	Dr Meena McGill Assistant Director: Rehabilitation and Placement Support, Pagoda CMHC, Hermitage Lane, Maidstone, Kent, ME16 9PD	01622 724221

Trading Standards

Kent County Council
East Kent Area Office
KCC Highways Depot
Javelin Way
Ashford
Tel: 01233 898825

Kent County Council
West Kent Area Office
8 Abbey Wood Road
Kings Hill
West Malling
Tel: 01732 525291

Medway Unitary Council
Trading Standards
Gun Wharf
Chatham
Tel: 01634 333555

**Kent Sensory and Autism
Services and Interpreting Team**

Headquarters

Tel: 01622 694975

East Kent Deaf Services

Tel: 01304 224413

Minicom: 01304 224301

West Kent

Tel: 01732 525393

Minicom: 01732 525394

Hi Kent Maidstone

Tel: 01622 691151

Hi Kent Canterbury

Tel: 01227 760046

Kent Deaf Blind Team

Tel: 01233 898697

Minicom: 01233 652258

Medway Deaf Services:

Tel: 01634 331727 (voice and text)

Fax: 01634 331199

Typetalk: 18001 01634 331727

Mobile: 07795 951465 or by

Email: deaf.services@medway.gov.uk

Write to: Deaf Services, Medway Council, Gun Wharf, Dock Road, Chatham, Kent ME4 4TR

Royal Association for Deaf People- Interpreting Service

Tel: 0845 688 2626

Autistic Spectrum Conditions Team

Tel: 01233 898715

**Kent Association for the Blind
Rehabilitation Teams**

Kent

Maidstone 01622 691357

Canterbury 01227 763366

Dover 01304 828575

Gravesend 01474 544440

Kent Association for the Blind (KAB)

Medway

Level 4.

Gun Wharf

Dock Road,

Chatham, ME4 4TR

Tel: 01634 334466

The Top part of the Kent AP1 form has been slightly amended for Acute Trusts:

Appendix 1

Kent Social Services AP1 Alert Form (1 August 2013)

Adult Protection Alert Form for Service Providers and Members of the Public. Please ensure this form is completed as fully as possible if adult abuse is witnessed or suspected.

This form is designed to be completed as a word document and includes drop down boxes to support completion. There are free text boxes throughout the form and these sections will grow to accommodate the information being added. An electronic name will be considered as a signature within this document.

If you are unable to complete the form electronically a hand written form will be accepted. (Details of where and how to send the AP1 are found at the end of this form). If you require assistance in completing this form, please see the guidance notes on the kent.gov website:

[\(GuidelinestoreportadultprotectionconcernstoSocialServicesAgenciesinKentandMedway\)](#)

FOR INDIVIDUAL ACUTE TRUST INFORMATION TO BE ADDED

FOR INDIVIDUAL ACUTE TRUST INFORMATION TO BE ADDED

**AP1
Stage 1 – Alert**