

Amendments agreed by the Policy, Protocol and Review Group for publication on the web site on 31st January 2009

Protocols Section 13. This paragraph to be added as a final section

Where an inquest or court case is likely the DSO must alert senior managers in all agencies involved in the case. It is the responsibility of these senior managers to consider accessing legal advice/support for all potential witnesses from their organisation/service. It is also recommended that witnesses have appropriate management and pastoral support when attending court.

Guidance Section 2 sub section 22. To be added at the end of the Mental Capacity Act section

The Deprivation of Liberty Safeguards (DOLS)

Comes into force in April 2009. They have been introduced as part of the Mental Capacity Act 2005 and must be used in conjunction with the MCA Code of Practice the DOLS Code of Practice and your own organisations policies and procedures. They apply to people aged 18 or over;

- who suffer from a mental disorder; and
- lack the capacity to give consent to the arrangements made for their care in a care home or hospital, under public or private arrangements; and
- for whom a deprivation of liberty is considered, after an independent assessment, to be a necessary and proportionate response in their best interests to protect them from harm; and
- detention under the Mental Health Act 1983 is not appropriate for the person at that time.

Care home or hospital managers have a duty to apply to a **supervisory body** (Local Authority or Primary Care Trust) to trigger an assessment for authorisation if they consider that Deprivation of Liberty is an issue for anyone for whom they have responsibility. Any paid staff with a concern may also refer any concerns about DOL to a supervisory body. The DOL's Code of Practice can be found on www.dh.gov.uk

Substantial changes have been made to the Guidance checklists 20 to 27 inclusive. The amended checklists are as follows.

Adult Protection Referral Checklist for the Social Services Agency (Guidance Section 20)

When information about abuse or suspected abuse of a vulnerable adult is received, the alert form CM31 must be completed immediately by the first trained and experienced member of staff receiving the information in the social services agency. (This member of staff should have received levels 1 and 2 adult protection training). If the vulnerable adult is not resident/or on respite in the district receiving the information and completing the alert form, telephone contact must be made with the designated senior officer (DSO) in the relevant district / team (where the client lives) to inform them of the issues of concern. The alert form must then be e-mailed to the DSO. The DSO may be a district manager, service manager, team leader/manager, adult protection co-ordinator or senior practitioner. **Phone contact is essential, do not rely on e-mail.**

If the allegations appear to relate to abuse occurring within services managed by an Acute Hospital Trust follow Protocol section 17

The following points will assist staff to manage the adult protection referral process:

- a Start to complete the alert form as a word document.
- b If the initial alert refers to more than one named vulnerable adult, then alert forms should be completed for all those named as victims.
- c If at any time during the process of consultation, inquiry, evaluation of information, planning, investigation, or assessment, it becomes apparent that other named service users may be at risk or have suffered abuse then alert forms must be completed for all those named.
- d Determine if the vulnerable adult is aware that an adult protection alert has been raised and that investigation/assessment will follow. This may not be possible or appropriate in some circumstances. Ensure that issues of consent are recorded.
- e Determine from the records if this vulnerable adult, alleged perpetrator or the setting has previously been the subject of adult protection concerns.
- f 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 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.
- g If there is any possibility that a criminal offence may have been committed ensure the police are contacted and/or consulted by phone before action is taken, unless to do so would cause undue delay and result in significant harm to the vulnerable adult(s).** Referrals from the social services agency to the police should be made using the CM31 form.
- h Following discussion with LM/DSO consult with agencies that may have information about the victim, the alleged perpetrator and/or the setting. This is not an investigation of the issues that caused the alert to be raised but an opportunity to gather information to allow a full evaluation and assessment of the adult protection concerns. Record on the CM31 a summary of discussion and outcome with each consultee.
- i Following the consultation with other agencies/services, discuss with your line manager the summary of the information now available. This will enable an evaluation of the concerns and a revised level of risk to be agreed and recorded together with the reasons. There must then be a determination of the most appropriate course of action. This may include: e.g. *emergency protection, planning meeting, care management assessment, referral to more appropriate agency/service?* This must be recorded on the CM31.

- j E-mail a copy of the partially completed CM31 to the team administrator to enable the alert information to be entered onto the adult protection database.
- k If it is considered that the concerns reported are to be addressed by an alternative to the adult protection process the case must be signed off using the CM32 which must record the alternative disposal and the reasons for this decision.*
- l Where adult protection concerns are raised around the time of death of a vulnerable adult, the coroner's office must be informed of the adult protection issues as a matter of urgency. The police will normally do this.
- m The Line Manager/DSO should complete the allocation section, naming an appropriately trained and experienced practitioner to act as the Investigating Officer, to ensure continuity, consistency and close monitoring of any actions taken regarding the alert and any further action indicated.
- n If either the victim or alleged perpetrator is a service user funded by an authority other than Kent or Medway, the funding authority must be informed of the issues as a matter of urgency.
- o If the issues of concern involve a service accommodating users placed by authorities from outside Kent or Medway **and at this point** it appears that there may be risks to other vulnerable service users, consideration must be given regarding the need to inform all of the placing authorities of the issues, as well as informing those funded by other districts in Kent.
- p If the issue(s) of concern appears to be serious and it is believed that other service users may have been abused or are at risk of abuse, all placing authorities **must** be informed and given the opportunity to attend the planning meeting. This decision should be taken by the DSO, or senior manager, based on an evaluation of the information available.
- q 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 districts may be taken at the alert stage or following the planning 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 CM31 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 district/service manager. A CM32 must be completed***

recording how the concerns are to be addressed, by whom together with the reasons for this decision.

Adult Protection Operational Guide for the Social Services Agency Staff (Guidance Section 21)

All actions, decisions and communications must be immediately and clearly documented throughout the Adult Protection process including the reason why they have been made.

All communications and information sharing throughout the process must be made with due regard to maintaining appropriate confidentiality.

Concerns about possible abuse reported to the social services agency

Is it Adult Abuse?

- Is the person a vulnerable adult? (Ref. 3.2- Policy, 4.7-Protocols)
- Is it Adult Abuse, complex casework, or something else? (Ref. 3.1- Policy, 4.7-Protocols)

a) Yes

- Inform and advise your designated senior manager (DSO). **(Go to 1 below)**
- Proceed to completing the CM31 alert form (as far as possible). The word document is on the care management forms template.
Pass to designated administrator for input onto adult protection database.

b) Not sure

You and your DSO will need to gather more information to enable as an initial evaluation of the concerns to be made to determine whether or not the person is a vulnerable adult (in line with 'No Secrets' published definition) and to establish whether or not the allegation constitutes abuse.

c) No

- It is good practice to signpost to other agencies e.g. CSCI, Victim Support, Legal advice.
- Or to deal with it under usual the Care Management Assessment process.

You now have an alert

Two immediate considerations (In conjunction with your Line Manager or the DSO consider)

1. Immediate safety. Explicitly record what action has been taken to minimise risks to:

- the vulnerable adult
- other vulnerable adults
- or any children who may have been affected by the concerns reported

You cannot ask a service to suspend a member of staff. You can ask them how they intend to keep vulnerable people safe e.g. this may mean they suspend the person, move them to another service or shadow them.

Advise them that they should follow their adult protection procedures, employment law and staff disciplinary procedures.

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 Public Protection Unit (PPU formerly known as SIU) 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, adult protection co-ordinator or senior practitioner.

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
- 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 POVA referral indicated at this time
- Date of next meeting

You may want to consult with or invite to a planning meeting:

Health	SSD	Others
District Nurse	Care Managers	Regulatory Authority, Police
CLDT	Contracts	Legal representation, Housing
CPN	Social Workers	Care home, Service user/advocate
GP		Family
Consultant		HR representative

Investigation

Proceed as agreed at the planning stage. This may involve joint assessments, interviews, supporting the vulnerable adult. Care Management review, finding alternative accommodation etc.

Result of investigation/assessment

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 about the outcome of the investigation/assessment, did the abuse happen as alleged? Were the allegations

- Unsubstantiated (Discounted)
- Substantiated (Confirmed)
- Partially substantiated (Some aspects of the abuse were confirmed)
- Not determined/Inconclusive (Insufficient Evidence to make a decision) 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,
- 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 post abuse support plan
- Agree any monitoring of the service.

Closures

When the Adult Protection Case Conference recommends closing the alert:

The DSO must:

- Audits the case using the agreed audit tool
- Completes the CM31 and the CM32.
- Passes all papers to the district/service manager/associate director for sign off on CM32.
- They pass all the papers to local administration officer.
- Local administration officer completes the adult protection closure on the AP system.
- Adult Protection case papers to be stored in the 'closed' section of the client file.
- If the case was co-ordinated by a host district or authority they should retain the original AP papers as they were responsible for the work and the placing district/authority should have copies to be placed in the closed section of the clients file.
- DSO and Senior Manager consider possible need for formal debriefing and arrange as per protocol

NB. Even if the police do not pursue and criminal investigation/prosecution, the case must be referred back to the safeguarding meeting to decide if abuse happened 'On the Balance of Probability'.

NB. Even if the concern refers to a community health service The Social Services Agency have responsibility for co-ordination.

Adult Protection Planning Checklist (Guidance section 22)

A decision about how to proceed following the receipt of information that has caused an adult protection alert to be raised may be made in two ways:

- 1** Planning consultation with other relevant agencies, departments, services or people by phone or within the team. This **must be recorded**. If no formal planning meeting is to be held, it should be clear who made that decision and why e.g. sufficient information is already available to allow action to be taken. e.g. care management assessment.
- 2** Holding a formal planning meeting to share information and to aid decision-making. The meeting should involve all the people who may have information to contribute to the planning process, provided that they do not appear to be implicated in the alleged abuse. In addition to the professionals who support the adult protection process and any service provider(s), invitations **may** be extended to the client, carers/family.

Whichever route is chosen, clear recommendations and actions **must** be recorded.

It is important to note that consultation and inquiry at this stage should enable an evaluation of the issues and should not become an investigation of the facts about the alleged abuse.

The following issues will need to be considered in most cases:

- a** Is there any medical evidence or record of the impact of the abuse?
- b** Has there been a disclosure or a report? Has it been signed and dated?
- c** Are there any issues of discrimination, which need to be considered?
- d** Is any documentary evidence available? E.g. bank statements, accident/incident reports.
- e** Is there any record of the vulnerable adult being contacted or consulted about the alleged abuse?
- f** Has the vulnerable adult's capacity to consent been considered and is there any information or are there any reports available regarding their capacity?
- g** Is their consent to be over-ruled in the interests of other vulnerable adults or children?
- h** Have the vulnerable adult's wishes been recorded?
- i** Is there a record of contact with the police or coroner, if appropriate, and their response?

- j If a care home, domiciliary service or community health provision is involved have the regulatory authorities been informed?
- k If the service has not already been informed of the adult protection concerns, the designated senior officer (DSO) will decide when and by whom they should be advised of the issues. A decision on this matter may be delayed until a formal planning meeting is held if it is unclear whether the service may be implicated or contamination of evidence is likely.
- l If there is a possibility that other service users may be at risk, the local authority should obtain from the service provider the following information: The names of all the service users together with information regarding their funding status and the identity of placing authorities. This information should be passed to the DSO as a matter of urgency. The DSO should then inform other placing authorities of the issue of concern regarding their clients. This information will enable them to attend the planning meeting or make their views known to the DSO. Careful consideration needs to be given to informing all residents and their next of kin, including self-funders.
- m If a home or organisation has a KCC/Medway contract, have the contracts service 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 contract manager and the DSO/District/Service Manager regarding any variation to the contract. e.g. temporary suspension of placements. **The contract department 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 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 should be allocated to an investigating officer from the social services agency and any named representatives from other departments or agencies.
- d That there is a record of the **terms of reference** for the investigation/assessment.
- e That it is clear who will be involved in all aspects of the investigation/assessment.

f That consideration has been given to the possibility or likelihood that issues of abuse may concern other vulnerable adults or children.

g 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.

h Any care management, contracting or regulatory action to protect the vulnerable adult(s) or children is recorded.

i Any decision to take no further action is agreed and recorded. The CM31 and CM32 and are completed. **Record who will feed back the outcome to the referrer.**

j 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.

Aide - Memoire for Adult Protection Meetings (Guidance section 23)

If this meeting is an initial planning meeting it should involve professionals from relevant agencies and service providers who should have been contacted as part of the initial information gathering. Attendance from individuals with specific knowledge of the situation is recommended. It should not include anyone who may be implicated in the abuse.

It is good practice to meet with the minute taker prior to the meeting to inform them of the possible issues that may be raised. It would be useful to work with the minute taker to set the agenda.

Care should be taken to ensure that minutes provide a summary of the issues covered and action points.

If it is likely that the minutes will need to be used by an employer to make a referral to POVA, it is important that the names of service users and whistleblowers are anonymised as far as is possible.

Agenda

1 Statements of confidentiality and equal opportunities

- Read out to all attendees.
- Send around the attendance list that should be headed by the two statements.

- 2 Apologies-reasons for exclusion of any person(s)
- 3 **Introductions** - Remind participants of the subject and date that the original concerns were raised.
 - Chair to explain briefly the purpose of the meeting e.g.:
Adult protection initial planning or review planning meeting, or case conference
 - Explain the structure of the meeting/conference.
 - Chair to hand out prepared agenda asking for any addition points if necessary.
 - Clarify with the participants their role in this meeting.
- 4 Outline of Alert in respect of the vulnerable adult(s) or the issues in relation to an establishment
 - The allocated care manager or social worker should summarise how the alert came into the attention of the social services agency
 - If a care manager, social worker is not allocated the Chair should do this using the information from the original adult protection alert form.
 - If the referrer is present it may be appropriate for them to do this.
- 5 Review of Previous Action Plan - if this is a review-planning meeting.
- 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
 - CSCI information - previous inspections, current knowledge
 - Contracts information - monitoring visits, identified concerns regarding quality; open a discussion about whether the contracts database should have an adult protection warning flag placed on it and at what level. (See protocols section 8.1)
 - Out of hours
 - Health Information - who in health is the key worker, current information, historic information
 - Police involvement - Do the police consider that a criminal offence may have been committed. Clear indication as to what can be communicated and to whom. Endeavour to set time-scale for investigation. (Consider if a witness profile is required)

- Housing
 - Provider - Have the necessary steps been taken to protect vulnerable adult(s)
 - Has consideration been given to referral to POVA provisional list?
 - Other placing authorities e.g. Local authorities, PCTs or Mental Health 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. CSCI, complex case management work, contracting, domestic violence.

8 Risk Assessments

- Consider the safety of this individual, other vulnerable adults or children and anyone waiting to be admitted to the home. (See Protocols 8.1).
- Consider whether immediate action needs to be taken to safeguard vulnerable adult(s) or children. This may be necessary even if it risks interfering with a police investigation.
- Document the recommendations/decisions about placing a warning flag on the contracts database and indicate the level of risk to be noted on the system. Decide within this meeting who is responsible for confirming this information with the service provider.
- Discuss and decide the need to indicate/inform other local authorities, care managers, families regarding the level of concern and who should be responsible for this, if this has not already been done.

9 Action plan for investigation

- Be clear about the terms of reference for the investigation/assessment and who is doing what, how and to what time-scale.
- If this adult protection alert is about more than one person, separate out the action plans so that it is clear who will be involved with each vulnerable adult.
- Ensure that those concerned understand who is the designated senior officer and who is the investigating officer co-ordinating the investigation process.
- Ensure that the investigation/assessment is completed jointly with the appropriate professionals and who should be responsible for completing a 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 alert i.e.
- Was the abuse substantiated? (Confirmed)
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 substantiated? (Some aspects of the abuse allegations were confirmed) Ensure that there is a record of the basis for this decision.
 - Was abuse not substantiated? (Discounted) Record the basis for the decision.
 - Was the outcome of the investigation inconclusive because it was not possible to determine from the evidence available if the alleged abuse occurred.
- 13** At case conference give consideration to referrals via employer or CSCI to the protection of vulnerable adults list - POVA.
- 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 the vulnerable adult(s) and any actions plans for the service provider are agreed and that any matters which may trigger urgent recall of adult protection procedures are clearly identified.
- 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 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.

17 Close the meeting

Tips:

- It is recommended to ask the minute taker to send out the action plan quickly -prior to the full set of minutes being sent out.
- The minute taker should ensure that their name is on the document e.g. at end ... Compiled by Jo Bloggs on ... (date)
- It is also recommended to end the minutes with:
Agreed as correct ... signature ... Chair ... date

OR Minutes agreed as correct ... Signature ... Name and Position, Date

Investigation/Assessment Checklist (Guidance section 24)

The role of the investigating officer is central to the adult protection process. If you are asked to be an investigating officer for a case you should have an understanding of the multi agency adult protection policy and protocols and be appropriately trained and experienced to undertake the task. The AIMS for Adult Protection Guide (Pavilion Publishing) contains extensive checklists to support the investigative process. These can be copied and used to record information or to remind the investigator, in detail, of the issues that may need to be considered.

A summary of your responsibilities includes:

- Completing, as necessary, the CM31 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 or service providers.
- Carrying out an assessment/investigation with other agencies, where appropriate, and writing a summary of the findings that will support decision making.

This checklist may assist you to consider specific issues involved in investigation and assessment of cases of abuse or suspected abuse:

1. Do you have clear terms of reference for the investigation/assessment?
2. Consider both the detective and protective aspects of the investigation.
3. Who will support you in the investigation/assessment process? You may carry out some tasks alone (checking through reports or files), but during all interviews and meetings you should have the support of another person. This person may be from: - police, health, regulatory authorities, voluntary organisation (e.g. Mencap or Age Concern, Racial Equality Council etc), a funding authority representative or a colleague from your own team. Please consider the cultural religious and gender issues and seek appropriate support.
4. The four main strands of the investigation are:
 - To establish matters of fact.
 - To assess what is needed to make and keep the vulnerable adult safe and to assist them to recover from any trauma.
 - To consider any action which may be taken against the alleged perpetrator.
 - To evaluate the services response to the case.
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 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.
6. Evaluate the evidence obtained:
 - Medical or forensic evidence.
 - Background reports, service records and previous histories.
 - Witness statements from formal/joint interviews.
 - Assess individuals' capacity and witness skills.
 - Circumstantial evidence.

- Assess the extent and seriousness of the abuse and the effect it has had on the vulnerable adult and others in their network.

The evaluation of each piece of evidence should assist in:

- Proving the allegation.
 - Supporting the allegation.
 - Being neutral.
 - Throwing doubt on the allegation.
 - Actively disproving the allegation.
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.
- An assessment of the vulnerable adult, relating to consent and any other legal issues.
- Social situation/network(s) of the vulnerable adult.
- Information about the person alleged responsible (if applicable).
- A description of the investigative process (what was involved) and the level of co-operation you received from the various people involved.
- An evaluation of the evidence.
- Your assessment of the seriousness of the alleged abuse.
- Recommendations about future action(s)/risk(s).
- Location of the cause(s) of the abuse.
- Your opinion and conclusions. Ensure that there is evidence available, in the closed section of the client's file, to support these.

8. Discuss the content of your report with the DSO to enable a decision to be taken regarding the need for a case conference or how the outcome of the investigation/assessment may be appropriately disseminated.

Case Conference Checklist (Guidance section 25)

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.

Practical issues to be considered prior to the meeting are:

- The agenda and who will chair the meeting? This will normally be the DSO but it must be someone with authority to agree any necessary decisions taken during the meeting.
- Venue, date, and time.
- Minute taking arrangements.
- Who will be invited and in what capacity, and how this will be done.
- Will all those invited be present during the whole meeting.
- Any arrangements necessary to assist the user/carers (access, interpretation, advocacy).

1. If the abuser is another service user a separate meeting should be considered to address the issues for them.
2. Everyone who has been victimised in this case or by this perpetrator should at least be represented at the conference. This will enable plans for treatment and/or support to be considered. If the conference is being held at an establishment level, the needs of all the named vulnerable adults must be taken into account.
3. It may be possible to consider the needs of the vulnerable adult and their carer(s) in the same conference, but be aware of their distinct, and sometimes conflicting, needs. They should be considered separately on the agenda.
4. Issues of confidentiality must be considered carefully before the conference. Boundaries will need to be kept around separate issues. (The vulnerable adult and his/her carers should not be present when action against a member of staff or service is discussed or other confidential information is disclosed).
5. If the investigation indicates that a service provider is culpable, an establishment case conference should be arranged with them, to take place after the case conference for the service user(s). The regulatory authorities and/or the contracts service may take a significant role in this case conference. The DSO and representatives from other funding agencies may attend to represent service users and commissioning agencies.
6. If a KCC/Medway establishment is culpable an internal review meeting should be held separately.
7. The service provider must be informed at least 48 hours prior to the establishment case conference or internal meeting about the issues likely to be raised. This will enable them to consider how they may be able to respond.

The Chair should:

- a Ensure that all-relevant people and professionals involved with the care of the vulnerable adult(s) are represented at the conference.
- b Circulate relevant information to the participants in advance, marked 'highly confidential' where this is feasible and appropriate.
- c Ensure that the status of the case conference and the reasons for it taking place are explained to the vulnerable adult(s) and his/her representative prior to the conference to enable them to make a decision regarding their attendance.
- d On the day of the conference, hold preliminary discussions with other participants before inviting the vulnerable adult(s) and/or his/her representatives into the conference. The Chairperson has authority, in consultation with the vulnerable adult and other

representatives, to restrict or exclude attendance of people at the conference if they are likely to prevent a full and proper discussion. This should be clearly recorded in case conference notes.

- e** Arrange for accurate minute taking to be carried out and assistance with other administrative tasks.
- f** Present a brief background of the case and explain the main aims of the case conference: this should be followed by a statement of facts and details by the investigating officer in the form of a short report.
- g** Facilitate full discussion of the facts and opinions in order to jointly establish the status of the allegations.
- h** Formulate a clearly defined safeguarding plan and a mechanism for ongoing support and service arrangements for the vulnerable adult(s). Ensure that the vulnerable adult(s) is involved in formulating the care plan
- i** Facilitate discussion regarding the possible risk to other vulnerable adults and formulate a plan to reduce or remove the risk, in liaison with other agencies.
- j** Draw up a post abuse care plan, which documents any:

- Ongoing risk and measures to be taken to prevent further abuse. In a domestic situation where there is an ongoing risk of serious harm to the vulnerable adult a Multi Agency Risk Assessment Conference (MARAC) may be considered to ensure that all agencies are fully engaged in preventing further harm.
 - Additional services or therapeutic interventions and/or changes in service provision or daily routines, legal support, advocacy for the vulnerable adult(s) e.g. for compensation.
 - Indicators which should trigger a review and/or further investigations.
 - Crucial times/events such as court cases, release from custody, disciplinary hearings which might lead to further precautions becoming necessary.
 - Review and monitoring arrangements to ensure that the safeguarding care plan is effectively implemented specifying by whom each task is to be carried out, within what time-scale and which manager is accountable.
- k** In a separate section of the meeting, agree what recommendations will be made in relation to the person(s) responsible for the abuse and the setting.
- l** Summarise the whole discussion and outcome of the conference and arrange a date for reviewing the arrangements made to protect and support the vulnerable adult(s). The nature and frequency of monitoring and reviews will vary in each case. Care should be taken to establish who will monitor outstanding issues and processes such as bail hearings, court cases, action under the Care Standards Act 2000, disciplinary hearings, tribunals or action by professional bodies, parole and release dates after prison sentences.
- m** Ensure the completion of the case conference documentation and place it on file with appropriate cross-references where several individuals are involved.
- n** Ensure that accurate minutes of the case conference are circulated to the invited persons on a 'need to know basis'. The chairperson also needs to agree in the conference what information should be passed on to other agencies, not represented at the meeting, on a 'need to know' basis. The meeting should also agree what feedback should be given to the referrer and by whom.
- o** Any disagreements regarding the recommendations from the conference should be recorded and discussed with a senior manager as a matter of urgency.
- p** At the conclusion of the case conference the DSO should ensure that relevant information is recorded to enable the completion of the statistical monitoring.
- q** The DSO should ensure that the appropriate adult protection paperwork is completed. This should include the CM31 and preparing the CM32 to include a record of any post abuse work necessary. This must be signed off by the district manager/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 district/authority they should retain the original adult protection case papers and pass a copy to the placing district/authority to be placed in the closed section of the client's case file.

Adult Protection Post Abuse Checklist (Guidance Section 26)

Adult protection alerts can result in a variety of actions that affect the victim(s), alleged perpetrator, service or setting, families and/or carers. However the adult protection process was managed, much of the effectiveness of the work will be jeopardised, if post abuse issues are not considered. Any post abuse plans may have cost implications that need to be discussed and agreed by management. It is important that the people/agencies responsible for any part of the safeguarding care plan for the vulnerable adult(s) and action plans for services are clearly identified. The following points might assist in considering a post abuse plan and any actions/support work that may be required:

For the victim

- a Practical:** domiciliary support, closer oversight/monitoring, alternative accommodation, day care, respite care, residential care, adaptations or aids, advocacy, medical treatment.
- b Emotional:** victim support, psychology, counselling, therapy, psychiatric assessment and/or treatment.
- c Legal/Financial:** money advice, legal advice re criminal/civil injury compensation, preparation for court. Is there a need for an appointee/receiver? Is referral to the Office of the Public Guardian appropriate?
- d Educational:** training in assertiveness, sexuality and relationships, and social skills; understanding what constitutes abuse and protective measures for the future, to understand the implications of making unfounded accusations.

For the perpetrator (if a carer or staff member or informal carer)

- a Practical:** domiciliary, respite or day care, vulnerable adult to move to alternative accommodation, adaptations/aids, help with housing, closer monitoring/supervision, medical treatment.
- b Emotional:** group support (e.g. carer's group), counselling, psychiatric/psychological input. Support especially from employers if they have been wrongly accused of abuse.
- c Legal/Financial:** legal advice services, money advice/debt counselling.

- d Educational:** training to consider the values involved in caring, training to develop practical caring skills (e.g. moving and handling, first aid), training to understand about issues of abuse, training in responding to difficult behaviour.

Other steps may be taken against the perpetrator, which could include: Prosecution, disciplinary action, removal from a professional register, application made for their name to be added to the Protection of Vulnerable Adults list (under the Care Standards Act), action under the Mental Health Act.

For the perpetrator (if another service user)

- a Practical:** domiciliary support, respite or day care, longer term residential care, additional/closer monitoring and or supervision, alternative accommodation, adaptations/aids, help with housing.
- b Emotional:** group support, counselling, advocacy, psychiatric/psychological input. Special support if they have been wrongly accused of abuse.
- c Legal/Financial:** legal advice, money advice / debt counselling.
- d Educational:** sexuality and relationships training, understanding about issues of abuse, support to develop social skills.

Other steps may be taken against a perpetrator who is also vulnerable and may be a service user. These include prosecution or action under the Mental Health Act. Both of these will probably require input from mental health services and or psychological services to determine an appropriate course of action.

For the service/setting

Where a service or setting is responsible or implicated in abuse of a vulnerable adult(s), it will be important to consider what actions are appropriate to ensure the safety and good care of other service users. This should be done during an establishment case conference or an internal service review meeting. The meeting should agree a 'service action plan' which may include any of the following:

- a.** Application to close the home/service by the regulatory authorities.
- b.** Advice/notice to the service to make changes. Support /advice from contract services and commissioners.
- c.** Close and recorded monitoring of the service by regulatory authorities.
- d.** Audit of the service by contract staff, followed by written requirements for improvements and/or changes and close monitoring.
- e.** Informing other local authorities of an outline of the issues investigated and the outcomes.

To Summarise

Where any actions are included in the post abuse plan for the victim or a vulnerable perpetrator or post abuse action plan for the service/setting, it is important that these

actions are monitored, reviewed and recorded. At any time the managers responsible for ensuring actions are taken (care management, regulatory or contract) may call a case conference/establishment conference or service review meeting, if it appears that appropriate actions are not being followed or that there is an increased risk of abuse to one or more vulnerable adults.

Manager's Checklist (Guidance Section 27)

The designated senior officer (DSO) may be the district manager, service manager, team leader/manager, adult protection co-ordinator or senior practitioner. The district manager 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 a formal referral is made to children and families where any possible risk to children is identified.
- c) Ensuring that there is a completed CM31 on the file and that the information has been input onto the AP database.
- d) Liaising with the contracts service, 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.
- e) Liaising with regulatory authorities and police, where appropriate, to ensure their full involvement.
- f) Chairing planning meeting, case conferences and reviews.

- g) Ensuring that any discriminatory issues are addressed.
- h) 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.
- i) 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.
- j) 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 CM32 and the district /service 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 district manager or service manager should inform senior management of any disagreement with the decision taken.
- k) Ensuring that the decisions taken as a result of consultations with other agencies or departments or during a formal planning meeting or informal planning discussions are recorded.
- l) 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.
- m) Ensuring that decisions taken, at planning meetings or case conferences, are appropriately minuted including decisions about: the vulnerable adult(s); the person responsible; the service setting/agency.
- n) 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.
- o) Ensuring that a post abuse plan is agreed and recorded in the vulnerable adult's file.
- p) Ensuring that any disagreement with recommendations taken at meetings is recorded and discussed with a senior manager as a matter of urgency.
- q) Ensuring that a named staff member is delegated to monitor and review the 'post abuse plan'.
- r) Supporting where appropriate an establishment case conference or internal review meeting. Ensuring that any necessary 'service action plan' is agreed and monitored to ensure that the service provides 'safe' care.

- s) 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.
- t) Ensuring appropriate feed back is given to all relevant people and agencies, including the referrer.
- u) Ensuring that any innocent 'whistle-blowers' are not inappropriately penalised by their act(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).
- v) Ensuring that the case is signed off and monitored using agreed documentation.
- w) Ensuring that the AP case papers contain a full and accurate record of the work carried out in relation to the concerns and that the case papers are filed in the closed section of the clients file. If the case has been co-ordinated by a host district/authority they should retain the original adult protection case papers and pass a copy to the placing district/authority to be placed in the closed section of the client's case file.
- x) To carry out regular reviews/audits of individual cases to determine if any lessons can be learnt.
- y) Where an inquest or court case is likely the DSO must alert senior managers in all agencies involved in the case. It is the responsibility of these senior managers to consider accessing legal advice/support for all potential witnesses from their organisation/service. It is also recommended that witnesses have appropriate management and pastoral support when attending court.
- z) Ensuring that appropriate multi-agency debriefing takes place for staff who have worked with complex and distressing cases.