

Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse

November 2010

Commissioned by the four Adult Protection Fora.

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1 Document Status

This manual, comprising policy, procedures and documentation for the management of adult protection in Wales, was commissioned by the four Wales regional Adult Protection Fora.

The Chairs of three of the four regional Adult Protection Fora asked Mick Collins, Chair of the fourth Forum, to convene a task and finish group to write this manual. The Chairs wish to record their thanks to their representatives who came together and produced this manual.

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Thanks are also accorded for their contributions to the manual to the agencies and individuals who responded to the consultation on the first draft version, and additionally to:

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Steve Bartley	Welsh Assembly Government
Owen Davies	Welsh Assembly Government
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It is anticipated that the following organisations will adhere to this policy and procedures:

- Welsh Local Authorities
- Welsh Police Forces
- Welsh Health Boards and Trusts
- CSSIW
- The Welsh Ambulance Service NHS Trust
- The Wales Fire and Rescue Service
- The National Probation Trust
- The Health and Safety Executive

This document can be accessed electronically at: <http://ssiacymru.org.uk/pova>

2 Introduction

Welcome to the first *Wales Policy and Procedures for the Protection of Vulnerable Adults from Abuse*. This manual is intended to guide the safeguarding work of all those concerned with the welfare of vulnerable adults employed in the statutory, third (voluntary) and private sectors, in health, social care, the police and other services. The manual was commissioned by the chairs of the four regional Adult Protection Fora in Wales to replace four regional versions. Representatives of the Fora, plus the Police, came together to identify and draw together into one document the best of the existing four and to update and refine the available material. A draft version was issued for consultation and over forty responses were received from a wide range of organisations and individuals. Amendments were made in the light of their corrections and suggestions.

Adult protection work has evolved rapidly since the Welsh Office issued the guidance document *In Safe Hands* in 2000 and continues to do so. It is anticipated that this manual will soon require updating. It has been written in accordance with the current guidance and the Welsh Assembly plans to consult on proposals for future adult protection arrangements early in 2011, following upon its review of *In Safe Hands*. Revised Assembly guidance is expected in 2011 and there are also other potential changes to the context of Adult Protection. For this reason this first edition is described as interim. However, it is also expected that much of the manual, which embodies our fundamental approach to adult protection as refined over the last decade, will not change. It has been informed by the recommendations of the inspections of adult protection in 2009/10 by CSSIW and HIW. The online format of the manual readily lends itself to updating. It is anticipated that the Fora will establish a standing editorial group to undertake periodic reviews and updating.

The issuing of this document should help to promote a consistent approach to adult protection in Wales. The manual differs from the four documents which it replaces in a variety of respects, but most notably in providing more guidance in such areas as ensuring that alleged victims and/or their advocates are central to and are engaged fully in the process, specifying roles of agencies and workers, and on non-criminal investigation methodology. The manual sets out expectations which should be regarded as best practice and which signatory agencies will agree to work to achieve.

The manual is detailed, reflecting the complexity of adult protection work. In addition to policy and procedures, it provides standard documentation. It is proposed that the documentation content is consistently adhered to by all adult protection practitioners but the format of forms may vary according to the software used. The final part of the manual is an appendix setting out arrangements for Serious Case Reviews.

The manual is supported and informed by a range of other documents of various kinds which are linked to it. This enables the practitioner who wishes to know more about a subject to look at government guidance, practice examples and other helpful material.

The manual is especially intended to be the handbook for practitioners who are managing adult protection work, those investigating allegations of abuse or who have other direct responsibilities in adult protection. It should guide the work of the whole range of professionals working in adult protection but especially Social Services, the Police, the Health service, and Care and Social Service Inspectorate Wales staff. It is

not expected that all health and social care workers involved in the care of vulnerable adults will read this long document. A summary version will be required and this will be bi-lingual, but may not be available until after this interim version has been finalised. There is also the need for an easy-read version.

Mick Collins
Chair, Dyfed – Powys Adult Protection Forum

3 Notes to Reader

3.1 Linked documents

In the online version of this manual there are hyperlinks to supporting documents such as government guidance and practice examples. These are to aid adult protection practitioners by providing useful supplementary information.

When they appear within paragraphs, such links are indicated by text that is underlined and which, in the online version, is [blue](#).

◆ [When they appear at the end of paragraphs such links are indicated by this symbol and are also underlined and in blue.](#)

To access these resources, left click on the link and the document will be loaded for you to read.

3.2 Review of the policy and procedures

Updates, revisions and additions to the manual will be agreed by the Forum Chairs and e-mail alerts will be sent to agencies and partners when changes are made.

The regional fora and the Police will establish a standing editorial panel, which will review the *Adult Protection Policy and Procedures* every two years.

3.3 Comments

If you have comments, views or suggestions about the *Adult Protection Policy and Procedures* please email them to the forum chair in your area.

Please ensure that you clearly indicate:

1. Which document you are referring to policy, procedures, documents, appendix or links.
2. Section number and a specific page if appropriate.

Contact details for Forum Chairs:

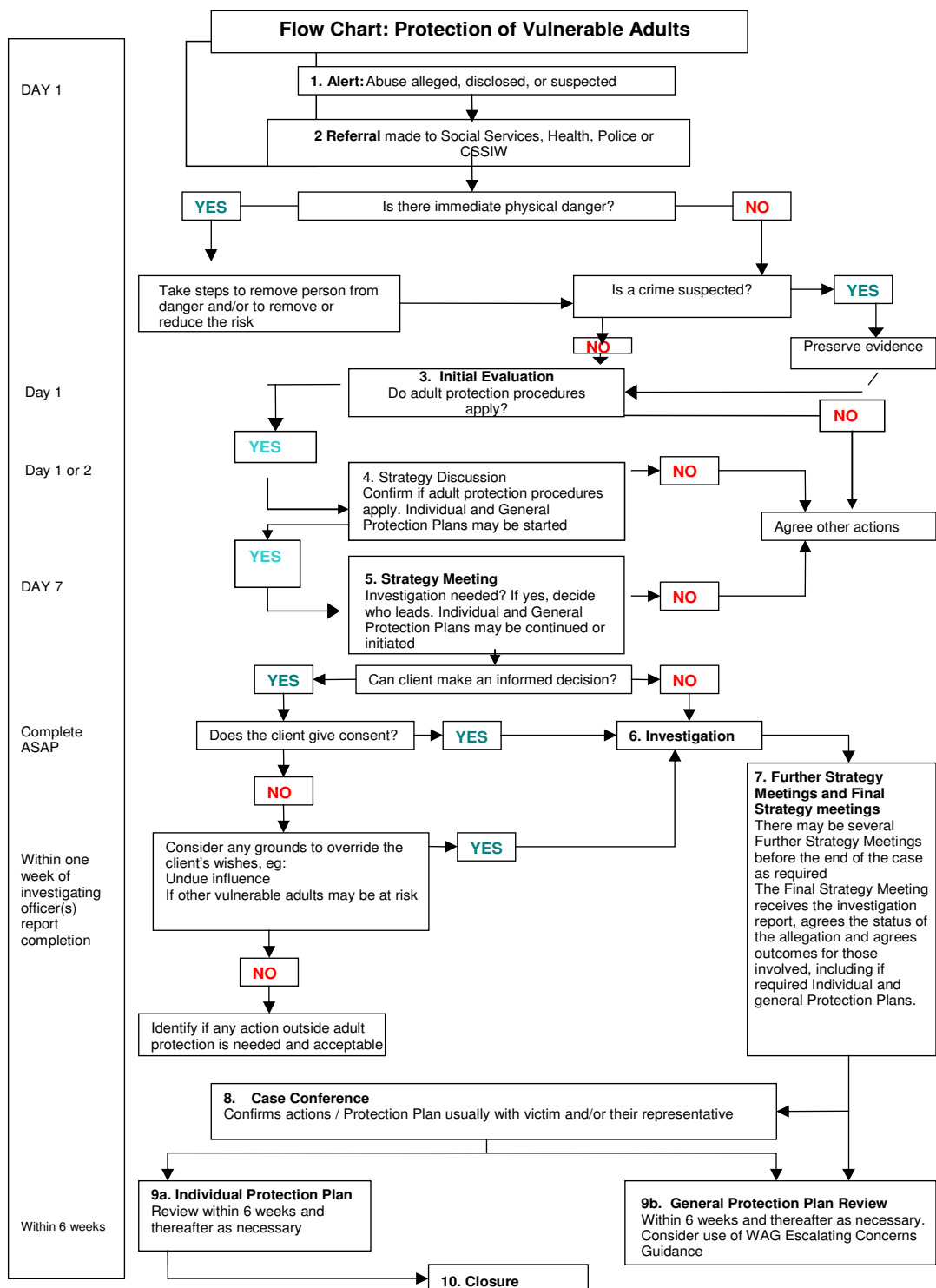
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3.4 The Ten Stages and Timescales in the Adult Protection Process



Stage	Activity	Timescale
Stage 1 Alert (abuse alleged, disclosed, suspected)	<ul style="list-style-type: none"> Evaluate risk, Make decision, Take action Make referral. 	Take immediate/ emergency action if necessary → Referral to be completed within one working day.
Stage 2 Referral Received	<ul style="list-style-type: none"> Referral received by Social Services, Police, CSSIW or Health. Evaluate risk. 	
Stage 3 Initial evaluation	<ul style="list-style-type: none"> Decide if the <i>Adult Protection Procedures</i> apply. 	→ Initial evaluation on the day the referral is received.
Stage 4 Strategy Discussion	<ul style="list-style-type: none"> Initial information gathering. Evaluate all risks. Create and implement Individual or General Protection Plans if risk identified. <i>'Police will decide if a criminal investigation is required'.</i> 	→ Strategy Discussion within 2 working days of the alert
Stage 5 Strategy Meeting	<ul style="list-style-type: none"> Evaluate risk and in the context of risk assessment decide if investigation needed or alternative action. Create and implement Individual or General Protection Plans if risk identified. 	→ Within 7 working days of the alert
Stage 6 Investigation	<ul style="list-style-type: none"> Investigation conducted, including further evaluation of risk. 	→ Complete as soon as possible and within timescale agreed at Strategy Meeting
Stage 7 Reconvened Strategy Meeting	<ul style="list-style-type: none"> Receive investigation report, agree actions. Review risk and formulate Individual and General Protection Plan whenever necessary. 	→ Within 7 working days of completion of the investigation report
Stage 8 Case Conference	<ul style="list-style-type: none"> Feedback to alleged victim/advocate/family Agree Protection Plan. Evaluate risk 	→ Within one week of Reconvened Strategy Meeting.
Stage 9 Reviews	<ul style="list-style-type: none"> Reviews of Individual Protection Plan and risk. 	→ Within 6 weeks of agreement of Individual Protection Plan and thereafter as agreed.
Stage 10 Closure	<ul style="list-style-type: none"> Adult protection work completed and adult protection file closed. Care management continues as necessary. 	→ Once all risks resolved or agreement reached on the management of any continuing risks.

NB: Working days exclude weekends and bank holidays

Policy

5 Principles, values and the legal context

This chapter sets out the ethical and legal frameworks within which adult protection operates.

5.1 Principles

The *Wales Adult Protection Policy and Procedures* are based on certain principles of the European Convention of Human Rights and the Human Rights Act 1998:

- Everyone has the right to live their lives free from coercion, intimidation, oppression and physical, sexual, emotional or mental harm.
- Everyone has the right to a family life and privacy.
- Everyone has a right to confidentiality in respect of personal information, where this does not infringe the rights of other people.
- Everyone has the right to receive full and comprehensive information to allow them to make informed choices about their own circumstances.
- Everyone has the right to the protection of the law and full access to the judicial process and criminal justice system.

Accordingly, adult protection should operate in the context of fully engaged citizenship, not restricted to social care, health services and the criminal justice system.

Putting these principles into practice in adult protection means:

- Protecting a vulnerable adult should be everyone's paramount concern.
- All staff have an ethical and professional duty of care to act if they:
 - o witness abuse;
 - o receive information about abuse, suspected abuse or concerns about the care or treatment of a vulnerable adult; or
 - o have concerns or suspicions about possible abuse or inappropriate care.
- Vulnerable adults have the right to be fully involved throughout the adult protection process and to make decisions about their safety and welfare, unless it has been assessed that they do not have the mental capacity to make any particular decision.
- The sharing of information by professionals must be with due regard to confidentiality and information security, for example using secure e-mail and password-protected documents.
- The *Wales Adult Protection Policy and Procedures*, including criminal investigations, override other organisational procedures, such as disciplinary and complaints investigations (this is stated in Listening and Learning, Section 7: Guidance for local authorities about managing complaints).

Agencies and services taking disciplinary action should delay their own investigations until completion of action under the *Adult Protection Policy and Procedures*, unless a Strategy Meeting held under these Procedures agrees otherwise.

5.2 Values

The values and rights below underpin the way vulnerable adults should be supported and cared for in whatever settings or places they live in or use:

- **Independence:** to think, act and make decisions, even when this involves a level of risk.
- **Dignity:** recognition that everyone is unique, with intrinsic value as a person.
- **Respect:** for a person's needs, wishes, preferences, language, race, religion and culture.
- **Equality:** the right of people to be treated no less favourably than others because of their age, gender, disability, sexual orientation, religion, class, culture, language, race, ethnic origin or other relevant distinctions.
- **Privacy:** the right of the individual to be left alone or undisturbed and free from intrusion or public attention in their affairs.
- **Choice:** the right to make choices, and to have the alternatives and information that enable choices to be made.

Note:

In Wales in 2008, 'A Dignified Revolution' was established to ensure that dignity and respect are key priorities for all health and social care professionals and to encourage the general public to challenge unacceptable attitudes and inappropriate care.

5.3 Putting the principles and values into practice means

- Adult protection is everyone's concern.
- All staff, volunteers, paid or unpaid staff should understand the nature of abuse, how people might be at risk of harm and work to prevent it;
- When responding to referrals, the concerns raised must be believed/accepted without judgement.
- Staff have a duty to report any concerns they have about the potential abuse of a vulnerable adult.
- Careful consideration and respect of vulnerable adults' wishes and preferences are essential to the adult protection process.
- Vulnerable adults have the right to be supported and empowered when adult protection procedures are used, and to have an independent advocate if they wish. For people assessed as lacking capacity to make decisions about how they could be protected, an Independent Mental Capacity Advocate (IMCA) must be considered and may be appointed.

- Vulnerable adults with capacity to understand abuse and risk of abuse have the right to refuse intervention even if this leaves them at risk of significant harm, but those working in adult protection may need to act to protect other vulnerable adults from the same abuser.
- Vulnerable adults are entitled to the protection of the law and full access to all parts of the criminal justice system, in the same way as any other citizen.
- Vulnerable adults who are allegedly victims of abuse should have the highest priority for protection, assessment and support.
- Vulnerable adults have the right to full and timely information about their rights, services, what is being done on their behalf and why. This can be summarised as; nothing about us without us.
- Carers have the right to have their needs taken into account.
- Alleged perpetrators, including those who are carers, must have their rights taken into consideration.
- Alleged perpetrators who are also vulnerable adults have the right to be supported and to have an independent advocate if they wish.
- Staff, managers and professionals in all agencies must work actively and proactively with each other, with other agencies, and with the vulnerable adult and their family or carers, to ensure protection and prevention.
- Each agency must make a commitment to work actively to ensure the *Wales Adult Protection Policy and Procedures* are integral to working practices and staff training.

5.4 Information-Sharing

The National Assembly for Wales has issued the Welsh Accord for the Sharing of Personal Information (WASPI). The signatory agencies to these Policy and Procedures will agree a Personal Information-Sharing Protocol (PISP) in accordance with WASPI. In the interim they agree the following:

- Information-sharing between agencies is of paramount importance in adult protection. Good communication, co-operation and liaison between agencies and disciplines are essential.
- Every worker, manager and professional, from whatever discipline, should communicate and co-operate with others to protect vulnerable adults.
- Information must be shared lawfully between agencies on a 'need-to-know' basis. This should be explained to the vulnerable adult(s) and, where possible, they should be told what information will be shared.

- Where Social Services receive information about potential abuse, Social Services should act, even if consent has not been given, in circumstances where:
 - it is believed the vulnerable adult may lack capacity to make an informed choice;
 - a criminal investigation may be required;
 - it appears there is a wider public interest.
- Staff must not guarantee confidentiality to anyone who discloses abuse:
 - it should be noted that in certain circumstances full disclosure may be ordered by a judge or ombudsman
- Professionals in attendance at any meetings held as part of the adult protection process should sign up to and adhere to the following confidentiality statement. This statement should be re-affirmed at the start of each meeting:

‘This meeting/conference is held under the Wales Procedures for the Protection of Vulnerable Adults.

The issues discussed are confidential to the members of the meeting/conference and the agencies they represent. They will only be shared in the best interests of the vulnerable adult.

Minutes of the meeting/conference are circulated on the strict understanding that they will be kept confidential and stored securely.

In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, other local authority social workers or other professionals involved in the care of the vulnerable adult’.

Under the Welsh Assembly Guidance: Escalating Concerns, local authorities are convening Joint Inter Agency Monitoring Panels, bringing together workers from a range of agencies to share information on the performance of providers of social care. These information-sharing meetings may highlight concerns and agree referrals to adult protection.

Links

The framework for sharing personal information in Wales is set out in the following document:

- ◆ [Welsh Accord for the Sharing of Personal Information \(WASPI\)](#)

The sharing of information by CSSIW with local authorities is covered by the following document. Although it refers to the CSIW rather than CSSIW it is published on CSSIW website and remains in force (September 2010).

- ◆ [Protocol for the sharing of information between the Care Standards Inspectorate for Wales and Local Authorities.](#)
- ◆ [Confidentiality: Code of Practice for Health and Social Care in Wales. Welsh](#)

5.5 Legal Context

- People using the *Adult Protection Policy and Procedures* must:
 - o understand which bodies of law can be used to protect vulnerable adults;
 - o consider if legal action is necessary to protect a vulnerable adult; and
 - o seek legal advice when required.
- The vulnerable adult's right to both self-determination and protection is a crucial consideration in deciding on legal intervention. The vulnerable adult must be given information about their rights and the remedies that may be open to them.
- Police officers, social workers and health professionals should facilitate the vulnerable adult, when relevant, to have access to legal advice.
- The Police must be involved in cases where a criminal act may have been committed.
- The involvement of legal professionals must be fully coordinated and integrated with all stages of the adult protection process.

Links

Guidance about the current legal framework within which adult protection operates is contained in the Legal Framework:

- ◆ Wales Adult Protection [Legal framework](#)

6 Vulnerable adults and adult abuse

This chapter defines the vulnerable adults who we are seeking to protect from abuse, together with issues of mental capacity and consent. It sets out the types of abuse and neglect from which vulnerable adults need protection. It identifies the role of risk assessment and risk management in adult protection.

6.1 Definition of a Vulnerable Adult

The Welsh Assembly Guidance, *In Safe Hands 2000*, specifies that:

A vulnerable adult is a person over 18 years of age 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 himself or herself, or unable to protect himself or herself against significant harm or serious exploitation.

This definition may include a person who:

- has learning disabilities;
- has mental health problems, including dementia;
- is an older person with support/care needs;
- is physically frail or has a chronic illness;
- has a physical or sensory disability;
- misuses drugs or alcohol;
- has social or emotional problems;
- has an autistic spectrum disorder.

Adult protection is, in itself, a community care service. Vulnerable adults who are referred for adult protection and are not previously known (for example to Social Services) should have the benefit of adult protection services. Social Services' workers should refer to the risk to independence guidance in the Welsh Assembly Guidance: Creating a Unified and Fair System for Assessing and Managing Care.

A person's vulnerability will depend on his/her circumstances. There are many predisposing factors which may increase the likelihood of abuse occurring.

Links

Additional information about factors and issues in relation to particular groups of people is contained in the following documents:

- ◆ [Predisposing factors which may lead to abuse](#)
- ◆ [Additional protection issues: older people](#)
- ◆ [Additional protection issues: people with learning disabilities](#)
- ◆ [Additional protection issues: people with mental health problems](#)

The Welsh assembly Guidance: Creating a Unified and Fair System for Assessing and Managing Care can be accessed from this link:

- ◆ [Creating a Unified and Fair System for Assessing and Managing Care](#)

6.2 Mental Capacity

Vulnerable adults may have or may lack mental capacity to make specific decisions. Their vulnerability, as defined above, entitles them to protection from abuse and neglect but if they lack capacity they may be especially vulnerable.

The Mental Capacity Act specifies that:

‘... a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain’.

A person is not able to make a decision if he/she is **assessed** as unable to do any one of the following:

- understand the information relevant to the decision; or
- retain that information; or
- use or weigh that information as part of the process of making the decision; or
- communicate their decision (whether by talking, using sign language or any other means).

6.2.1 Principles

The principles of the Mental Capacity Act specify that:

- A vulnerable adult is considered to have capacity unless proved otherwise.
- Assessing capacity is **decision-specific**, not condition-specific, that is, it asks the question does this person have capacity to make **this decision, at this time**?
- Any question about whether a person lacks capacity is decided on the balance of probabilities.
- The vulnerable adult will be supported in decision-making. A person will not be treated as incapable of making a decision unless all practicable steps to help have been taken. Information will be given in ways that the person finds clear and easy to understand.
- People will not be treated as incapable of making a decision because their decision may seem unwise.
- Decisions for people without capacity will be taken in their best interests.

6.2.2 Best interests and Duty of Care

Where the vulnerable adult has been assessed as lacking capacity to ensure his/her own wellbeing, it may be necessary to take decisions on their behalf to protect them from further abuse. In these situations the appointment of an advocate, or in specific circumstances an Independent Mental Capacity Advocate (IMCA), should be considered, particularly when the person does not have friends or family who can represent them through the adult protection process.

The person taking such decisions must act in the best interests of the vulnerable adult and with regard to their duty of care. This means they must:

- act to promote the vulnerable adult's health and wellbeing or to prevent deterioration in their quality of life;
- make sure intervention is limited to maintain the safety of the vulnerable adult;
- take into account the known past and present wishes of the vulnerable adult;
- encourage and support the vulnerable adult to take part in decision-making that affects them;
- be satisfied that any expressed wishes of a person without capacity were not the result of undue influence; and
- make sure that any decision taken has regard for the due process of law.

Links

The Mental Capacity Act can be accessed via this link:

- ◆ [Mental Capacity Act](#)

Further guidance about all aspects of the Mental Capacity Act, including undertaking an assessment, is contained in the

- ◆ [Mental Capacity Act Code of Practice](#)

6.3 Consent

Most adults are deemed, in law, capable of giving or withholding consent. In adult protection it is vital to consider if a vulnerable adult is capable of giving consent and, if so, their consent must be sought. This may be in relation to whether they gave or give consent to:

- an activity that may be abusive: if consent to abuse was given under duress, e.g., exploitation, pressure, fear or intimidation, this apparent consent should be disregarded;
- the sharing of their personal information;
- an adult protection investigation going ahead: where a vulnerable adult with capacity has made a decision that they do not want action taken, the consequences and risks of this decision must be discussed fully with the person. If they remain clear that they do not want action taken, their view should be respected unless not acting will put other vulnerable adults or children at risk;
- a medical examination;

- an interview;
- certain decisions or actions being taken during the adult protection process;
- the recommendations of their Individual Protection Plan and its recommendations being actioned.

If the vulnerable adult seems able to make an informed decision and does not want action or intervention, their wishes should be respected, **unless**:

- there is a statutory duty to intervene (e.g. a crime may have been committed or may well be); or
- public interest e.g. another person or people are put at risk; or
- it is suspected the vulnerable adult may be under the undue influence of someone else.

6.3.1 Undue Influence

When a vulnerable has consented to an action or activity, e.g. giving away money, it is important to identify if there has been 'undue influence' leading them to do so. Consent should not simply be accepted at face value since some vulnerable adults need protection from emotional manipulation and exploitation.

6.3.2 The wishes of the vulnerable adult

Respect for the wishes of a vulnerable adult must not mean passive and uncritical compliance – the consequences of continuing risk should be explained. The future protection of that vulnerable adult, other vulnerable adults and the public should be safeguarded. Even where a vulnerable adult declines action under these *Adult Protection Policy and Procedures*, **staff have an overriding duty to report abuse if that adult, or others, are at risk.**

If it is decided that adult protection procedures apply, in spite of lack of consent the reasons must be recorded on the Adult Protection Case Management Record record.

6.4 Abuse

Abuse is defined as:

- *a violation of an individual's human and civil rights by another person or persons which results in significant harm. (In Safe Hands, National Assembly for Wales July 2000)*

Abuse may be:

- a single or repeated act, or multiple acts;
- a lack of appropriate action;
- perpetrated as a result of deliberate intent, negligence or ignorance; and/or
- an act of omission (failing to act) or neglect.

Abuse may involve the vulnerable adult being persuaded or forced to enter into a financial or sexual arrangement to which they have not, or could not, consent.

Abuse can occur in any relationship and fundamentally is an abuse of trust, including failure to meet a duty of care.

6.4.1 Significant harm

'Significant harm' refers to:

- *ill-treatment (including sexual abuse and forms of ill-treatment that are not physical);*
- *impairment of, or an avoidable deterioration in, physical or mental health; and/or*
- *impairment of physical, emotional, social or behavioural development.*

Significant harm may result from a series of incidents that, in isolation, may not seem significant but when repeated become serious.

The impact of abuse upon individuals is personal to them; the same type of incident may have different consequences for different victims. For example, seemingly trivial incidents may leave a victim afraid to leave their home. Relatively minor incidents can also become far more significant once they are not isolated events.

If abuse has not occurred but there is a likelihood of abuse occurring, or the victim has been abused but there has not been significant harm, adult protection procedures may nonetheless be used. Each situation must be judged on its merits and this judgement must include consideration of alternative approaches, such as:

- referral to care management;
- health assessment;
- complaints;
- disciplinary action;
- an agency review;
- clinical governance action;
- multi-agency Case Conference;
- referral to child protection;
- action by CSSIW;
- action by Police or Probation e.g. inclusion of information on database and/or referral to Multi-Agency Public Protection Arrangements (MAPPA) or Multi-Agency Risk Assessment Conference (MARAC).

6.5 Categories of Abuse

There are many ways in which a vulnerable person may be abused. It is not unusual for an abused adult to suffer more than one kind of abuse. Accordingly, the impact of abuse and its seriousness for the individual must be evaluated in every case.

[*In Safe Hands*](#) identifies five main categories of abuse:

- Physical
- Sexual
- Financial
- Emotional or Psychological
- Neglect.

In determining the categories of abuse that apply, the impact upon the victim is the primary consideration, not whether or not the abuse is intentional, reckless or wilful.

Links

Further details about the five categories of abuse with examples and indicators of each type of abuse can be found in:

- ◆ [Categories and indicators of abuse](#)

Practice guidance for Designated Lead Managers to assist decision-making about whether referrals should be dealt with under adult protection is contained in:

- ◆ [Guidance on the application of thresholds in adult protection](#)

6.5.1 Physical abuse

Physical abuse is the unnecessary infliction of any physical pain, suffering or injury by a person who has responsibility, charge, care, or custody of, or who stands in a position of or expectation of trust to, a vulnerable person. Physical abuse may also be perpetrated by one vulnerable adult upon another.

Examples and indicators of possible physical abuse can be found in:

- ◆ [Categories and indicators of abuse](#)

Inappropriate use of medication

Physical abuse includes prescription of inappropriate medication or misuse of medication, for example to sedate a vulnerable adult to make it easier to care for them when this has not been assessed and agreed to be in their best interests.

Inappropriate restraint or physical intervention

Physical abuse includes inappropriate restrictive physical interventions (formerly known as restraint, care and control).

The Welsh Assembly Government has defined restrictive physical intervention as:

- *direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual.* (Framework for Physical Intervention Policy and Practice)

If sound principles governing physical intervention are not in place, understood and implemented by staff, any form of physical intervention may be considered abuse.

Agencies should:

- recognise that it is illegal to use physical or mechanical restraint as a means of punishment;
- develop, implement and monitor their own agency procedures on the use of restrictive physical intervention;
- ensure their employees understand and discharge their professional and moral duty to protect and promote the wellbeing of vulnerable adults; and
- develop care plans with the vulnerable adult and their carer/s, health and social care professionals that are explicit about when and how restrictive physical intervention methods can be used.

Workers should:

- be familiar with their own agency's policy on restrictive physical intervention.

Links

Guidance on developing a policy for the use of physical interventions by statutory agencies has been provided by the Welsh Assembly government in the following document:

- ◆ [Framework for Restrictive Physical Intervention Policy and Practice](#)

Deprivation of Liberty

The Deprivation of Liberty Safeguards (DoLS) were introduced to provide a legal framework around the deprivation of liberty. Specifically, they were introduced to prevent breaches of the European Convention on Human Rights (ECHR). The safeguards should provide legal protection for those vulnerable adults who are, or may become, deprived of their liberty within the meaning of Article 5 of the ECHR in a hospital or care home, whether placed under public or private arrangements. They do not apply to people detained under the Mental Health Act 1983. They are there to stop the arbitrary detention of vulnerable adults.

Deprivations that are assessed under DoLS procedures and refused authorisation (i.e. there is an unlawful deprivation of liberty and inappropriate practice continues) should be dealt with under adult protection procedures.

Sometimes it may be necessary to take protective measures as part of an adult protection case that amount to a deprivation of liberty. Where this is necessary, the usual process to seek authorisation will be followed. The Designated Lead Manager will be responsible for ensuring the sharing with the supervisory body of all relevant information, including any risks assessments, to ensure that it is able to make an informed decision about whether to authorise the application or not.

Links

Guidance about all aspects of the Deprivation of Liberty Safeguards can be found in:

- ◆ [Deprivation of Liberty Code of Practice](#)

6.5.2 Sexual abuse

Adult sexual abuse refers to the direct or indirect involvement of a vulnerable adult in sexual activity to which they are unwilling or unable to give informed consent, or which they do not fully comprehend, or which violates the social taboos of family roles, such as incest. Sexual abuse may also be perpetrated by one vulnerable adult upon another.

Any sexual activity that is not freely consenting is criminal. Where there is an abuse of trust, sexual activity may appear to be with consent, but is unacceptable because of the differences in power and influence between the people involved.

Sexual abuse includes the involvement in prostitution or 'sex trafficking' of vulnerable adults who do not have the capacity to consent.

Links

Examples and indicators of possible sexual abuse can be found in:

- ◆ [Categories and indicators of abuse](#)

Additional guidance for staff working with people who may not the capacity to consent to sexual activity can be found in:

- ◆ [Guidance for staff working with Learning Disabled, Mentally Ill, and Older People involved in sexual activity to which they have not the capacity to consent.](#)

Specific guidance for staff and Designated Lead Managers when working with a vulnerable who may be involved in prostitution can be found in:

- ◆ [Vulnerable Adults Involved in Prostitution who do not have the Capacity to Consent:](#)

Sexual Assault Referral Centres (SARCs) offer treatment and support for victims of sexual abuse. A number are now open across Wales. Information about one of the organisations that runs SARCs in Wales can be found via the following link:

- ◆ [New Pathways](#)

The Government produced a plan to prevent and respond to sexual violence and abuse in 2005:

◆ [Cross Government Action Plan on Sexual Violence and Abuse](#)

6.5.3 Emotional or psychological abuse

Emotional or psychological abuse is the infliction of mental suffering by a person in a position of trust upon a vulnerable person. Emotional/psychological abuse may also be perpetrated by one vulnerable adult upon another.

Emotional and psychological abuse includes bullying, which is typically deliberate, hurtful behaviour repeated over time, which can include physical abuse but often is verbal (name-calling and threats). It can undermine self-confidence, may cause the victim to become more isolated and sometimes leads to self-harm.

Emotional and psychological abuse, including **bullying and harassment**, can be very subtle, for example taking the form of ignoring or excluding the victim. Such abuse may be direct, such as by not responding to the person, or indirect, such as by giving unfair preference to another person. Emotional and psychological abuse may be cumulative, possibly building up over months or even years. It may involve one or more person and may be part of the culture within any institution, organisation or service.

Another example of psychological abuse is when a vulnerable adult is incited, induced or exploited to commit a crime or abuse. Examples of this include inciting to steal, to perform acts of violence and commit sexual crimes. There have also been examples of vulnerable adults being exploited to commit acts of radical extremism.

In determining whether emotional and psychological abuse has taken place, it is the impact on the vulnerable adult that counts. Individual actions may not seem significant and may even be a one-off, but if they are part of a wider pattern of abuse experienced by the vulnerable adult the impact on them may be significant. Therefore, the wider context in which any action is experienced by the vulnerable adult must always be considered in determining whether or not abuse has occurred.

Linked documents

Examples and indicators of possible emotional or psychological abuse can be found in:

◆ [Categories and indicators of abuse](#)

Information about the bullying of people with learning disabilities can be found in the following report by Mencap:

◆ [Living in Fear](#)

Specific legislation to make harassment a criminal offence was passed in 1997 that made it an offence for a person to pursue a course of action which amounts to harassment of another individual that they know or ought to know amounts to harassment:

◆ [Protection from Harassment Act 1997](#)

6.5.4 Financial or material abuse

Financial or material abuse is any theft or misuse of a person's money, property or resources by a person in a position of, or expectation of, trust to a vulnerable person. Common forms of financial abuse are misuse by others of a vulnerable adult's state benefits or undue pressure to change wills. Financial/material abuse may also be perpetrated by one vulnerable adult upon another.

Links

Examples and indicators of possible financial or material abuse can be found in:

- ◆ [Categories and indicators of abuse](#)

A checklist to help professionals in considering whether a vulnerable adult may be at risk of financial abuse can be found in:

- ◆ [Assessing the Financial Position of a Vulnerable Adult](#)

Guidance on the roles and responsibilities of professionals in protecting vulnerable adults, and residents of care homes in particular, from financial abuse can be found in the following supplementary statutory guidance to *In Safe Hands*:

- ◆ [In Safe Hands Update 2003](#)

Guidance for professionals about protecting service users living in the community from financial abuse can be found in the following supplementary statutory guidance to *In Safe Hands*:

- ◆ [In Safe Hands Update 2009](#)

Guidance on the roles of the Court of Protection, the Office of the Public Guardian and local authorities in protecting vulnerable adults from financial abuse can be found in the following document from the Office of the Public Guardian:

- ◆ [Office of the Public Guardian and Local Authorities: A protocol for working together to safeguard vulnerable adults.](#)

6.5.5 Neglect

Neglect is the failure of any person for whom there is an expectation of trust and/or the responsibility, charge, care or custody of a vulnerable person to provide that degree of care which a reasonable person in a like position would provide.

Neglect may be criminal or non-criminal. It may also be as a result of intentional or non-intentional acts or omissions.

Criminal neglect is contained in the following legislation:

- **Section 44 of the Mental Capacity Act 2005** states that a person who has the care of an individual who lacks capacity, or is reasonably believed to lack capacity, will be guilty of an offence if they ill-treat or willfully neglect the individual they have care of.

- **Sect 127 Mental Health Act 1983** makes it an offence for a manager or person employed in a hospital or mental nursing home to ill-treat or wilfully neglect someone who is a patient there (someone who is either an in-patient or attending as an out-patient).
- More detail is provided in **Section 5 of The Crimes and Victims Act**, 'Causing or allowing the death of a child or vulnerable adult' sets out the circumstances under which a person is guilty of an offence of causing or allowing the death of a child or a vulnerable adult. It limits the offence to where the victim has died of an unlawful act, so it will not apply where the death was an accident, or where for example a child may have suffered a cot death. The offence only applies to members of the household who had frequent contact with the victim and could therefore be reasonably expected both to be aware of any risk to the victim, and to have a duty to protect him from harm. The victim must also have been at significant risk of serious physical harm. The risk is likely to be demonstrated by a history of violence towards the vulnerable person, or towards others in the household. The Act also provides that a person who visits the household frequently and for long periods can be regarded as a member of the household for these purposes. This will apply whatever the formal relationship of the person to the victim.
- Wilful neglect is defined in Section 1 of The Children and Young Persons Act 1933 and the case of R v Shepard 1980: '*A parent cannot be guilty of wilful neglect unless he consciously allowed the neglect or was reckless i.e. did not care if the child was neglected or not*'. These principles are mirrored in adult protection.
- 'Wilful' has been defined as a result of case-law in the criminal courts as; '*deliberately doing something which is wrong, knowing it to be wrong, or with reckless indifference as to whether it is wrong or not*'.

Unintentional neglect includes the failure of a carer to fulfil their caring role or responsibilities because of inadequate knowledge or understanding of the need for services. One of the issues often raised in adult protection work is how bad does poor practice have to be before it is called abuse? It is the perspective of the vulnerable adult that is key.

Links

Examples and indicators of possible neglect can be found in:

◆ [Categories and indicators of abuse](#)

Much neglect is non-criminal. The line between poor and neglectful practice is often difficult to determine and so thresholds guidance for DLMs to promote consistent safe practice has been developed and can be found in this document:

◆ [Guidance on the application of thresholds in adult protection](#)

More information about the offence of wilful neglect can be found in Section 44 of the Mental Capacity Act:

◆ [Mental Capacity Act Section 44: Legal offence of ill treatment or wilful neglect.](#)

Pressure Ulcers

One of the indicators of possible neglect is the vulnerable adult developing pressure ulcers.

There is currently no common Wales guidance on responding to pressure areas. Individual Health Boards have developed their own guidance.

Links

Links to policies and procedures produced in Wales on responding to pressure areas will be added here once available.

6.6 Other Forms of Abuse

Abuse always falls into one of the five categories above but important work has been undertaken into particular forms and contexts of abuse that can inform action taken both to prevent abuse and in response to abuse taking place.

6.6.1 Self-neglect

These *Adult Protection Policy and Procedures* are not applicable to self-neglect by an adult unless the situation involves a significant act of commission or omission by someone with responsibility for the person's care. The capacity of the person to make decisions about his/her care will be an important consideration. If there is a failure to act or to act appropriately, this may amount to neglect and adult protection procedures should be applied. Other processes may be used to respond to self-neglect, such as health and social care assessments and care management, or behavioural support.

6.6.2 Institutional abuse

Abuse can occur in **institutions** as a result of regimes, routines, practices and behaviours that occur in services that vulnerable adults live in or use and which violate their human rights. This may be part of the culture of a service to which staff are accustomed. Thus such practices may pass by unremarked upon by staff. They may be subtle, small and apparently insignificant, yet together may amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of vulnerable adults.

Individual victims, who may have experienced significant harm, must separately be considered in individual Strategy Meetings. Five or more such cases in one setting should also be recorded and dealt with as a large-scale investigation.

In addition, systemic and organisational concerns such as poor practice and low standards of care, whether or not they meet the threshold for adult protection, should be referred to and managed under Escalating Concerns guidance and Developmental and Corrective Action Plans issued to provider organisations which have institutional practices.

Links

More information about abuse in institutions can be found in the following documents or websites:

- ◆ [Royal College of Psychiatrists Council Report CR84, June 2000.](#)
- ◆ [Department of Health Dignity in Care](#)
- ◆ [A Dignified Revolution](#)

6.6.3 Discrimination and Hate Crime

Discrimination and hate crime may be features of any form of abuse of a vulnerable adult but can also be motivated because of their age, gender, disability, sexual orientation, religion, class, culture, language, race or ethnic origin.

Disability Hate Crime

In April 2005 the law changed to impose a duty upon courts to increase the sentence for any offence (for example, assault or criminal damage) aggravated by hostility based on the victim's disability (or presumed disability).

Therefore, when an offender has pleaded guilty or been found guilty and the court is deciding on the sentence to be imposed, it must treat evidence of hostility based on disability as something that makes the offence more serious.

The court must also state that fact openly so that everyone knows that the offence is being treated more seriously because of this evidence of hostility based on disability.

'Disability' means any physical or mental impairment.

There is no statutory definition of a disability-related incident. However, to help the Crown Prosecution Service deal with cases of disability hate crime they have adopted the following definition: *'Any incident, which is perceived to be based upon prejudice towards or hatred of the victim because of their disability or so perceived by the victim or any other person'*. It also applies to relevant cases where the offender has assumed a person is disabled, whether or not that assumption is correct.

It is important to make a distinction between a disability hate crime and a crime committed against a disabled person because of his/her perceived vulnerability. Not all crimes committed against disabled people are disability hate crimes: some crimes are committed because the offender regards the disabled person as being vulnerable and not because the offender dislikes or hates disabled people. For example, the theft of a wallet from a person who is visually impaired: if the offender was preying on the victim's perceived vulnerability this will not be a disability hate crime.

Not all incidents that the victim or some other person has perceived to be a disability hate crime will actually be judged a disability hate crime in law. For this to apply, the prosecution must first have proved that the offender has committed a criminal offence and then have proved that that offence was aggravated by hostility based on the victim's disability.

Links

A statement of the Crown Prosecution Service's position on prosecuting disability hate crimes can be found in:

◆ [CPS Policy for Prosecuting Cases of Disability Hate Crime](#)

6.6.4 Abuse by a stranger

Abuse of a vulnerable adult by a person with whom the adult has had no previous contact and is unlikely to have future contact (i.e. a stranger) will not usually be applicable to these *Adult Protection Policy and Procedures*, as *there is no betrayal of trust*. Adult protection is not resourced or intended to respond to all crimes against vulnerable people, older people for example. The Police must be informed at the earliest opportunity if the abuse may be criminal.

Nevertheless, in some instances it may be appropriate to use the adult protection procedures to ensure that the vulnerable adult receives the services and support they need. For example adult protection procedures may be used when a vulnerable adult is being persistently targeted because of his/her vulnerability. Such procedures may also be used when there is potential harm to other people. Alternatively, a referral to MAPPA may be appropriate.

6.6.5 Domestic Abuse

Domestic abuse differs from adult abuse only in respect of two features:

- It describes abuse in domestic relationships only, whilst adult protection includes abuse in professional relationships;
- It relates to abuse of adults generally whilst adult protection specifically concerns vulnerable adults.

Domestic abuse is a serious crime and has a traumatic and sometimes life-threatening effect on victims. Vulnerable adults suffering domestic abuse require a multi-agency response to ensure that positive action is taken in providing support for victims whilst at the same time dealing effectively with offenders.

These *Adult Protection Policy and Procedures* are applicable in cases of domestic violence if victims are vulnerable adults.

Guidance about dealing with an allegation of abuse that is also an allegation of domestic violence is set out in the following flowchart:

◆ [Adult Protection Referral which is also Domestic Violence](#)

Where the person suspected of committing domestic abuse is a vulnerable adult the Police, whilst leading the criminal investigation, should work in close collaboration with Social Services and other partner agencies.

Signatory agencies are committed to clear and explicit decision-making about processes and procedures to protect victims (adults and children) of domestic abuse

Links

Details of the Welsh Assembly Government's strategy for tackling domestic violence can be found in:

- ◆ [Tackling Domestic Abuse: The All Wales National Strategy](#)

In 2010 the Welsh Assembly Government published a five-year strategy to tackle all forms of violence against women:

◆ [WGA Right to Be Safe](#)

Details of the framework covering the response by Police to domestic violence can be found in:

◆ [ACPO Guidance: Identifying, Assessing and Managing Risk in the Context of Policing Domestic Violence, 2005.](#)

Details of how the Crown Prosecution Service responds to cases of domestic violence can be found in:

◆ [Policy for Prosecuting Cases of Domestic Violence, CPS, February 2005](#)

Information about the role of Supporting People in dealing with domestic violence by ensuring that victims of domestic violence have accommodation can be found in the following document produced by the Welsh Assembly Government:

◆ [Domestic Abuse Guidance: Supporting People and Multi-Agency Working](#)

Domestic Abuse MARAC

The Domestic Abuse MARAC (Multi-Agency Risk Assessment Conference) is a formal conference to facilitate the risk assessment process. Agencies share information with a view to identifying those at a very high level of risk and thereafter to work jointly to construct a management plan to provide professional support to those identified.

Where domestic abuse is identified, it requires victim care and support to be delivered in response to the level of risk.

Cardiff Women's Safety Unit has developed an evaluated model of reducing repeat victimisation in high-risk domestic abuse cases.

The principles of the model are:

- Enhanced case management of targeted high-risk victims.
- Enhanced case management of perpetrators.
- Strengthened criminal justice system, placing the victim central to the process.

A Risk Indicator Checklist (RIC) is used by all relevant professionals in contact with domestic abuse cases. This develops a common understanding of the nature and severity of risk in domestic abuse cases.

A common threshold is agreed and all high-risk cases are offered an intensive tailored package of risk reduction by the Independent Domestic Violence Advisor (IDVA) and referred into a multi-agency risk assessment conference (MARAC) process.

At MARAC relevant agencies meet on a fortnightly/monthly basis and share up-to-the-minute risk information on each case. The MARAC focuses on the victim but addresses the level of risk to all members of the family and relevant others.

The MARAC develops a multi-agency action plan to reduce risk. The IDVA then delivers 80% of these safety packages designed by the MARAC and remains alongside the victim until the victim is no longer high-risk.

Some of these MARACs will have representation from Safeguarding Adults Teams, and those that do undoubtedly provide a superior service for vulnerable adults.

6.6.6 Forced Marriage

A forced marriage is defined as a marriage conducted without the valid consent of both parties, where one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

The Forced Marriage (Civil Protection) Act makes provision for protecting children, young people and adults from being forced into marriage without their free and full consent. It gives the courts a wide discretion to deal flexibly with each individual case, employing civil remedies that offer protection to victims without criminalising family members.

Statutory guidance has been issued by the Foreign and Commonwealth Office (in conjunction with the Welsh Assembly Government and others), which sets out the processes that agencies must have in place when exercising public functions in relation to safeguarding children and vulnerable adults in cases of forced marriage. This guidance is aimed at all persons and bodies who exercise public functions in relation to safeguarding and promoting the welfare of children, as well as those who exercise public functions to protect vulnerable adults from abuse. Professionals working with vulnerable adults may in particular wish to familiarise themselves with Chapter 6 of the guidance.

A key requirement of the statutory guidance is that these bodies must have policies and procedures in place to protect those facing forced marriage. The policies and procedures should be in line with existing statutory and non-statutory guidance on safeguarding children, protecting vulnerable adults and protecting victims of domestic abuse. These policies and procedures should form part of an overall child/adult protection strategy. The statutory guidance also states that all organisations should have *'a lead person with overall responsibility for safeguarding children, protecting vulnerable adults or victims of domestic abuse – the same person should lead on forced marriage'*.

Whilst an arranged marriage may be consensual, forced marriage may be a feature of a form of abuse of a vulnerable adult, who may be unwilling or lack the capacity to agree to getting married.

Forced marriage is a criminal act which for vulnerable adults requires a multi-agency response which should be provided within the procedures of adult protection (Police-led).

Links

Further guidance about identifying and responding to possible cases of forced marriage are contained in the following linked documents:

- ◆ [Possible warning signs of a forced marriage](#)
- ◆ [First steps in all cases of suspected forced marriage](#)

The statutory guidance produced by the Foreign and Commonwealth Office can be accessed below:

- ◆ [The right to choose: multi-agency statutory guidance for dealing with forced marriage](#)

The Foreign and Commonwealth Office has also produced detailed guidance providing advice and support to front-line practitioners who have responsibilities to safeguard children and protect adults from the abuses associated with forced marriage. This guidance can be found here:

- ◆ [Information for professionals](#)

Specific guidance in relation to young people and vulnerable adults is available in the following document:

- ◆ [Young people and vulnerable adults facing forced marriage](#)

Practitioners can also seek advice from the Foreign and Commonwealth Office's Forced Marriage Unit, who can be contacted here:

fm@fco.gov.uk , 020 7008 0151

6.7 Abuse by Another Vulnerable Adult

The *Adult Protection Policy and Procedures* apply in situations where one vulnerable adult abuses another vulnerable adult.

In some settings, this behaviour may historically have been tolerated or ignored. This is not acceptable and must no longer happen.

Where abuse by another vulnerable adult is ignored, the abused adult may feel powerless or invisible, suffer low self-esteem, experience mental health problems, or may self-harm. It is vital that this behaviour is tackled and addressed. If it has become culturally or institutionally acceptable by virtue of being tolerated or ignored, this must be challenged and adult protection procedures invoked. Failure by commissioners to respond and ensure that the abuse is addressed is also abuse.

Where the person suspected of committing abuse is a vulnerable adult and a criminal investigation is needed, the Police, whilst leading the investigation, should work in close collaboration with Social Services and other partner agencies.

The needs of the alleged perpetrator who is a vulnerable adult must be considered at all points during the adult protection process. In these situations separate case conferences which focus upon the support needs of the victim and the perpetrator will generally be required.

6.7.1 Appropriate Adult

If the alleged perpetrator is a vulnerable adult and is to be interviewed by the Police, the police officers in the case have a responsibility under PACE to consider the need for the appointment of an [Appropriate Adult](#). If the Appropriate Adult is from Social Services they should not be the care manager of the alleged victim or be involved in the investigation.

The role of the appropriate adult is to facilitate communication when a mentally disordered person is being interviewed as an alleged suspect by the Police and, as far

as is possible, to ensure understanding by both parties.

It is anticipated that, given the background experience of an appropriate adult they would have the communication skills and tools necessary to assist a person with a mental disorder to understand more fully what is being said/asked of them. Further to this it is anticipated that they would lend their experience to the police officers conducting the interview; this may be regarding the person's level of understanding but could also include opinion about the anxiety levels an interviewee is experiencing and how these may be impacting on the quality of their answers and level of understanding.

The presence of the appropriate adult is about trying to ensure equality for the person being interviewed. It is not about advocacy or speaking on behalf of a person with a mental disorder; rather it is about an independent third party checking that effective communication is taking place and that the person being interviewed is not disadvantaged in any way due to their mental disorder.

Who can be an appropriate adult:

- A relative or guardian or other person responsible for care or custody (who is over 18).
- Someone who is experienced in dealing with mentally disordered or mentally vulnerable people.
- Some other responsible adult (who is over 18).

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Who cannot be an appropriate adult:

- A police officer or anyone employed by the Police.
- A witness, victim or anyone involved in the offence or investigation.
- A legal representative or Independent Custody Visitor.
- You should not act as an appropriate adult if you have received admissions or denials from the detained person before your arrival at the police station.

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Links

Guidance for criminal justice professionals on supporting a person with a learning disability through the criminal justice system is contained in:

- ◆ [Positive Practice, Positive Outcomes: A Handbook for Professionals in the Criminal Justice System working with Offenders with Learning Disabilities.](#)

The Home Office has produced guidance for those asked to act as an appropriate adult, the person being supported and the police:

- ◆ [Home Office: Guidance for Appropriate Adults](#)

The National Appropriate Adult Network is a membership organisation that offers support and advice to those who take on the role of appropriate adult. Its website can be accessed below:

- ◆ [The National Appropriate Adult Network](#)

6.8 Abuse by Children

If a child or children (e.g. a young carer) is/are abusing a vulnerable adult (not a stranger) this **should be dealt with under these procedures** but will also require the involvement of the local authority's Children's Service to ensure that the needs of the child are assessed and met.

6.9 Child Protection

When investigating adult protection referrals and working with vulnerable adults, agencies and staff must always consider the potential impact this may have on the welfare and safety of any children being cared for in the environment of concern.

Agencies and staff should always gather information on the basic details of children living in or visiting the environment and identify any concerns arising for the child's welfare or safety; i.e. if there is a child in need or at risk. If there are concerns that a child is at imminent risk of harm the Police should always be contacted. If they identify child protection concerns then they should pass this information immediately to Children's Services. All information must be recorded in accordance with individual agency policy.

(Definitions taken from Children Act 1989)

Child In Need:-

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him/her of services by a local authority.
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of services, or
- He/she is disabled.

At Risk:-

- A child may also be at risk of significant harm and require compulsory intervention in family life in order to protect them from abuse.

Agencies must ensure that all staff are aware of and adhere to The All Wales Child Protection Procedures.

Agencies and staff should also be aware of and adhere to the area's Local Safeguarding Children Board procedures and protocols.

For further information and specialist advice, agencies/staff should consult the agency lead for safeguarding children or the child protection co-ordinator in the local Children's Services.

If a child on the At Risk Register or otherwise considered to be at significant risk of harm from abuse reaches adulthood and is a vulnerable adult, he/she must be referred to adult care management, and if warranted should be referred on to adult protection. Children's Services must share information about the assessed risks and any risk strategies in place.

Links

The All Wales Child protection Policies can be accessed from this website.

◆ www.awcpp.org.uk.

6.10 Managing Risk

Managing risk is about risk assessment and subsequent ongoing risk management.

6.10.1 Introduction

Risk assessment is defined as: gathering and analysing information to determine the potential harm and the likelihood of it occurring in order to identify the specific risk factors for the individual.

In order to enable vulnerable adults to exercise self-determination and choice, risk assessment and risk management are an integral part of vulnerable adult protection work at every stage in the procedures for responding in cases of suspected abuse. It is important to identify the risk involved throughout the process and make decisions on how they will be managed through a structured inter-agency approach. This will help ensure that all information that may be relevant is taken into account and that the options have been carefully considered before decisions are made. Decisions relying on clear risk assessment and risk management include:

- whether to take emergency action;
- whether to refer on to another agency;
- whether to share information with other agencies;
- whether statutory powers are necessary to over-ride the expressed wishes of the vulnerable adult;
- the level of seriousness of the situation;
- the level and course of intervention;
- level of monitoring and frequency of review;
- case closure.

A record of this process should be retained and reviewed as needed and specifically during every multi-agency Strategy Meeting.

Each referral is different and requires specific judgements. To help manage this complex process it is essential that a structured assessment of risks has been carried out. Clear and accurate recording is essential to evidence decision-making.

6.10.2 Involving Service Users in the Risk Assessment Process

Fair Access to Care Services (LAC 2002 13) states: *'Councils should ensure that individuals are active partners in the assessment of their needs ...'*

'Assessment should be carried out in such a way, and be sufficiently transparent, for individuals to:

- *Gain a better understanding of their situation.*
- *Identify the options that are available for managing their own lives.*
- *Identify the outcomes required from any help that is provided.*
- *Understand the basis on which decisions are made'.*

Wherever possible the involvement of service users in assessment and management of risk is very important for many reasons. Amongst these:

- There are citizens' rights/human rights issues involved.
- The greater commitment which involvement will bring may be crucial in achieving positive outcomes.
- The greater trust, which will be engendered by involvement, will enhance the information available from the service user towards a more effective assessment.

There may be instances where the benefits for the vulnerable adult of remaining in an abuse situation are greater than the perceived risks. Vulnerable adults with the mental capacity to make the decision to remain in the risk situation have the right to take what others may deem to be unwise decisions. These decisions must be recorded in the Risk Rating Assessment Record sheet under 'Rationale for Outcome of Risk Rating'.

In cases where the vulnerable adult does not have mental capacity to make the decision to remain in the abusive situation, if a Best Interest Decision for them to remain is agreed, it must be documented as a Best Interest Decision and recorded on the Rating Assessment Record sheet under 'Rationale for Outcome of Risk Rating'.

6.10.3 Consent and Capacity

Judgements about the mental capacity of the individual and their ability to make choices and be involved in the risk assessment management process are often of central importance. It is also important to consider whether the individual is under undue pressure from another individual to support a particular course of action/decision. There is a need therefore to determine whether the service user is making a decision of their own free will as well as assessing mental capacity.

6.10.4 Confidentiality/sharing of information

There can be risk associated with the alleged perpetrator discovering that a concern has been referred to adult protection. Where this may be the case the DLM, at strategy Discussion or Strategy Meeting, must give this careful consideration.

6.10.5 Risk Management

Risk management can be defined as using the information gathered during assessment to determine actions to minimise the identified risk factors. These actions are agreed collectively and allocated to individuals to carry out and are recorded in an Individual Adult Protection Plan.

In many situations initial assessment and decision-making will not eliminate risk. Often service users, by choice or otherwise, remain in situations of risk over long periods of time.

Risk management is, in part, about constantly revisiting the risk assessment within the monitoring and review process. It relies on clear, time-limited monitoring and reviewing of Protection Plans. After closure of a case to adult protection, there should be a continuation of the same approach within care management.

6.10.6 Health and Safety of Staff

In managing risk in the lives of service users it is essential that the safety of staff and others be given equally serious consideration. Where there is a perceived risk to staff, the employer is responsible for assessing and managing this risk by providing staff with safe systems of work. Employees have a responsibility to adhere to these systems and report any further concerns.

6.11 Large-Scale/Service Level Concerns and Investigations

Where an allegation concerns a group of five or more vulnerable adults, whether in an establishment or through involvement of a group of alleged abusers, special care and planning may be required. Where the information suggests that several vulnerable Adults have suffered abuse or may suffer abuse, a large-scale investigation should be agreed. Within the Strategy Meetings, the needs and risks to each vulnerable adult must be considered so that no one is 'lost' in the midst of a large investigation and Individual Protection Plans are agreed. The Strategy Meeting will also consider wider, organisational issues and agree a General Protection Plan if required.

Adult protection work may run in parallel with what is known as Provider Performance meetings. This is illustrated in the attached flowcharts and guidance, which show how two counties have similar, but slightly different, arrangements for adult protection and provider performance to be managed. Both operate within the Assembly Guidance for Escalating Concerns

If the large-scale investigation is criminal, it will be Police-led and the police will negotiate with other agencies the contribution and expertise they require from other agencies. Large-scale non-criminal investigations will generally be Social Services-led and may necessitate additional resources to devote to adult protection work.

Agencies must work together and resource such investigations.

Links

The statutory guidance issued by WAG that sets out responsibilities of Health and Local authorities in responding to escalating concerns in care homes and the closure of care homes can be found in:

- ◆ [Escalating concerns with, and closures of, care homes providing services for adults](#)

The following documents give examples of how two local authorities have responded to the guidance issued by WAG:

From Caerphilly:

- ◆ [Caerphilly Provider Performance Protocol](#)

From Powys:

- ◆ [Escalating Concerns – The Relationship Between Adult Protection and Provider Performance Meetings](#)

6.12 Multi-Agency Public Protection Arrangements (MAPPA)

Information shared at the strategy stage of the adult protection process may identify significant risk to the wider public from a known individual. It would be appropriate at this stage to consider a referral via the Police into the MAPPA process in order that these risks may be assessed and managed.

Likewise information shared during the MAPPA process may identify a vulnerable adult who is or is likely to be suffering significant harm as a result of abuse. It would be appropriate at this stage to consider a referral into the adult protection process to ensure that the risks to the vulnerable adult are assessed and managed.

6.12.1 What is MAPPA?

- The Multi-Agency Public Protection Arrangements are a set of arrangements to manage the risk posed by certain sexual and violent offenders. They bring together the Police, Probation and Prison services into what is known as the MAPPA Responsible Authority.
- A number of other agencies have a statutory obligation to co-operate with the Responsible Authority. These include: Children's Services, adult Social Services, Health Boards and Authorities, Youth Offending Teams, local housing authorities and certain registered social landlords, Jobcentre Plus, and electronic monitoring providers.

6.12.2 The purposes of MAPPA are:

- to ensure that more comprehensive risk assessments are completed, taking advantage of co-ordinated information-sharing across the agencies; and
- to direct the available resources to best protect the public from serious harm.

6.12.3 How does MAPPA work?

- Offenders eligible for MAPPA are identified and information is gathered and shared across relevant agencies. The nature and level of the risk of harm they pose is assessed and a risk management plan is implemented to protect identified victims and the wider public.
- In most cases, the offender will be managed under the ordinary arrangements applied by the agency or agencies with supervisory responsibility. A number of offenders will require extensive multi-agency management and their risk management plans will be formulated and monitored via Multi Agency Public Protection Panels (MAPPAs) attended by senior representatives of various agencies.

Links

Full guidance on the use of MAPPA is provided in the following statutory guidance produced by the National MAPPA Team of the National Offender Management Service, Public Protection Unit:

◆ [MAPPA Guidance 2009](#)

A summary of MAPPA arrangements by the Ministry of Justice with links to other documents is available from the Ministry of Justice website.

[Multi Agency Public Protection Arrangements](#)

6.13 Case Reviews and Serious Case Reviews

There is a fundamental duty for all agencies involved in the care, support and protection of vulnerable adults to ensure that the highest possible standards of care, support and protection are provided and maintained at all times. Part of this duty is a requirement to learn from mistakes. This is particularly important where serious shortfalls or breaches of practice occur, resulting in the death or serious injury of a vulnerable adult. There may have been a failure in health or community care. There may be a failure to invoke adult protection procedures, to implement them fully or a flaw in the procedures themselves.

Wales Guidance for conducting a Serious Case Review is set out in *Appendix 2* and sets out in detail the circumstances under which a Serious Case Review should be considered and commissioned.

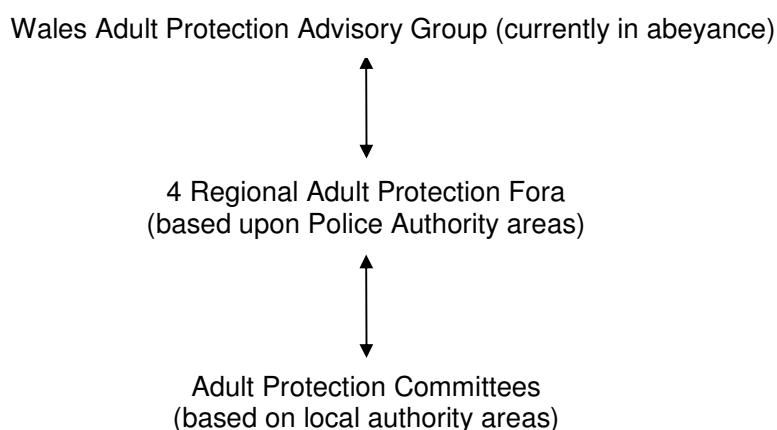
APCs should also consider commissioning Case Reviews for less serious cases, where it is similarly important for lessons to be learnt. These may be internal Management Reviews requested from particular agencies or may require the employment of an 'external' professional to look at the management of a case by a range of agencies.

7 Roles and Responsibilities

Whilst everyone in health and social care, public protection and related fields have professional and social responsibilities for adult protection, this chapter details the more specific duties of those agencies, groups and individuals with more specific adult protection responsibilities.

7.1 Adult Protection Structures in Wales

There are formal multi-agency adult protection structures in Wales and other adult protection groups as shown below.



7.1.1 Other Wales Adult Protection Groups

- The Wales Adult Protection Co-ordinators Group.
- The All Wales Health Alliance for the Prevention of Abuse of Vulnerable Adults.
- PAVA Wales (Practitioner Alliance Against Abuse Of Vulnerable Adults).

Health Boards have local arrangements for strategic safeguarding boards.

7.2 Everyone – Health and Social Care, Police and Other Signatory partners

Everyone, whatever their job, role, profession, status or place of work, paid or voluntary, has a responsibility under the *Adult Protection Policy and Procedures* to:

- understand the nature of abuse, how people might be at risk of harm and work to prevent it;
- know what these *Adult Protection Policy and Procedures*, and their own service's local operational arrangements to protect vulnerable adults, require of them;
- know how to make an adult protection referral if they have concerns;

- report allegations or suspicions of adult abuse to their line manager, Social Services, Health or the Police. This includes suspicions about a colleague or manager, irrespective of their status, profession or authority. This includes **whistle-blowing**. Failure to report may be a breach of duty of care and may result in disciplinary sanctions.
 - Note: employees who make disclosures under the [Public Interest Disclosure Act 1998](#) are protected from dismissal or victimisation by their employers.
 - See [Wales Adult Protection Legal Framework](#) for more information on the Public Interest Disclosure Act 1998.
- know what services, advice and support are available locally to vulnerable adults, and how to access help needed.

7.3 Responsibilities of all Agencies

While Social Services or Health are responsible for coordinating an adult protection case, and the Police for leading an investigation into an alleged criminal offence, the identification, assessment, protection and care of vulnerable adults is an inter-agency responsibility.

Every agency must have effective processes for identifying possible abuse. Possible abuse can come to light in many ways, for example:

- Concerns and complaints made by patients, relatives, friends or visitors.
- Incident-reporting by staff relating to poor or abusive practice.
- Whistle-blowing.
- Reporting of professional misconduct.
- As a consequence of monitoring.
- Following a post mortem by coroners.

Such reports should always trigger the consideration of an adult protection referral as well as any internal procedure such as clinical-incident reporting, regulatory notice to CSSIW or internal agency complaints process. However, **adult protection must always take priority over such internal procedures**.

Every agency must have clear, agreed and publicised information for staff about who in their agency they should inform when an alert is raised. Agencies should make sure staff know what these arrangements are, and which members of staff refer alerts to Social Services or the Police.

Every agency must have a whistle-blowing/raising concerns policy and procedure that are publicised, and through which concerns, complaints and representations can be raised. Whistle-blowing policies should identify how individuals who raise concerns will be supported by their employer.

If an allegation of abuse is made against a worker in a health or social care agency, statutory or independent sector, their employer must take action in line with their own disciplinary procedures. **A disciplinary investigation should follow upon the completion of the adult protection investigation and any related court proceedings (unless agreed otherwise at a Strategy Meeting).**

7.3.1 Record keeping

Good record keeping is integral to good practice in adult protection.

- Agencies, staff, managers, professionals and relevant others are responsible for keeping adult protection records that are clear, accurate, complete and up to date.
- Agencies must maintain files and records to assist the management of cases, ensuring that they are kept securely.
- Records of the adult protection process are official documents covered by rules of disclosure. This means they may be made available to the defence if legal proceedings are taken, whether criminal or civil.
- Handwritten, contemporaneous notes of an incident where an adult may have been abused should be retained in/on agency recording systems.
- All registered professionals have their own professional duty to ensure that accurate records are kept to evidence their practice and decision-making. Good record keeping is a mark of a skilled and safe practitioner
- Agencies must determine and specify how long they will retain adult protection records for.

Links

Further detail about the principles of recording in adult protection can be found in:

- ◆ [Good practice – recording concerns or an alert](#)

7.4 Wales Adult Protection Advisory Committee

This multi-agency committee established by the Welsh Assembly Government is currently in abeyance. Its future is being considered under the review of '*In Safe Hands*'.

7.5 Local Authority Elected Members, Health Board Members and Police Authority Members

Local authority elected Members, Health Board Members, and Police Authority Members have corporate responsibility for the effectiveness of adult protection in their agencies. They should identify 'Member champions' so that adult protection remains at the forefront of their work.

7.6 Strategic Lead/Senior Co-ordinating Officer

All signatory agencies should appoint a strategic lead/senior co-ordinating officer. This person will have designated responsibility for the strategic development of inter-agency policy and procedures relating to the protection of vulnerable adults within their organisation. This person will also be responsible for auditing and reviewing policy and practice and, in Social Services co-ordinating the collection of statistical data for the annual returns submitted to the CSSIW and Local Government Data Unit.

7.7 Adult Protection Fora

Each Adult Protection Committee will nominate senior members to serve on the regional Adult Protection Forum, together with representatives from the Police, CSSIW, Health Boards and others as invited.

The role of each Forum is to:

- oversee implementation of the adult protection policy and procedures;
- identify and report any areas where the policy and procedures need to be reviewed;
- scrutinise performance information and make recommendations;
- share good practice;
- promote consistent education and training.

Links

There are common terms of reference for the adult protection Fora in Wales.

- ◆ [Terms of Reference for Wales Adult Protection Fora](#)

7.8 Adult Protection Committees

Each local authority Social Services department must establish a multi-agency Adult Protection Committee (APC) with members drawn from all key partner agencies (Social Services, Police, CSSIW, Health Boards) and such other agencies the APC sees fit.

Each APC must oversee the adult protection work in their local authority area, promoting multi-agency cooperation, information sharing, prevention, effective investigation and appropriate aftercare for victims of abuse. The APC will monitor and audit adult protection work and must publish an annual report that will be provided to Social Service departments, Local Health Boards and the Welsh Assembly and made widely available

Links

There are common terms of reference for all Adult Protection Committees in Wales:

- ◆ [Adult Protection Committee: Terms of Reference](#)

7.9 Adult Protection Co-ordinators

Within Health, co-ordinators may have varying titles, e.g.; Lead Nurse, Senior Nurse, Named Nurse and Adult Protection Lead.

7.9.1 Purpose of the post

- To facilitate and co-ordinate activities in relation to the protection of vulnerable adults at both a strategic and operational level.
- To promote full adherence to the Wales Adult Protection Policy, Procedures and related protocols and guidance.

- To work in close collaboration with colleagues and other agencies to ensure that the *Wales Policy and Procedures for the Protection of Vulnerable Adults* is adhered to and used appropriately.
- To undertake the Designated Lead Manager and investigatory officer role as necessary.
- To work in collaboration with colleagues on an all-Wales basis to promote consistency in practice.
- To take a lead in the strategic development of adult protection work.

Links

Further details about the work of adult protection co-ordinators is given in:

◆ [Adult Protection Co-ordinators Roles and Responsibilities](#)

7.9.2 Data Collection and analysis

The collection of data in relation to adult protection is part of the work of protecting vulnerable adults. By monitoring referrals, the management of investigations and the outcomes for those involved, a range of information is obtained and this provides information in relation to those at risk of being abused, those who commit abuse and the effectiveness of prevention, investigation and post-abuse support that can be used to improve practice.

Local authorities in Wales have a duty to supply basic quantitative information annually to the Welsh Assembly Government. The Police, CSSIW and health bodies all collect their own information. It is good practice to share this information to ensure the accuracy of the data collected locally and nationally.

The collection and sharing of data has a role to play in the early detection of the risk of abuse to vulnerable adults. It also contributes to identifying problems with service providers leading to early intervention to prevent harm. Each Local Authority should work with its partner organisations to establish systems for collating and sharing such data, including soft information, in a way that is consistent with both their duty to protect the unnecessary disclosure of personal information and their duty of care towards vulnerable adults.

Each local authority and its partner organisations should give consideration to the data that can be collected and held in relation to perpetrators, drawing on the work that has been undertaken in Children's Services in compliance with the recommendations of the Richard Inquiry.

Links

Guidance for those responsible for collating data on adult protection cases to meet the reporting requirements for the Welsh Assembly Government is contained in:

[**DATA COLLECTION GLOSSARY**](#)

Guidance for local authorities and health organisations on sharing information about services is contained in:

- ◆ [Escalating Concerns With, and Closures of, Homes Providing Services for Adults](#)

Details of the recommendations of the Bichard Inquiry into the Soham murders can be found in:

- ◆ [The Bichard Inquiry - Report](#)

7.10 Social Services Departments

In Safe Hands has Section 7 status for Local Authorities ([Local Authorities Social Services Act 1970](#)). It specifies that local authorities have lead strategic responsibility for adult protection, including:

- Working to prevent abuse.
- Identifying abuse.
- Ensuring there are appropriately trained staff to manage referrals and undertake investigations.
- Co-ordinating the process of planning, investigation and case conferencing.
- Considering when to refer to the IMCA Service
- Completing all actions their agency agrees to in Individual Protection Plans.
- Ensuring that agencies which have agreed to actions in Individual Protection Plans deliver on these.
- Ensuring that the alleged victim and his/her family and carers are as fully informed and involved throughout the adult protection processes as is possible and appropriate.
- Ensuring aftercare and support for victims of abuse.
- Ensuring that all their staff have undertaken appropriate adult protection training.

7.11 Health Boards

Health Boards have a responsibility for planning, designing, developing and securing the delivery of primary, community and hospital care services and, where appropriate, specialised services for citizens in their respective areas. The model ensures the emphasis remains on co-operation and engagement with local partner agencies particularly in relation to the health and wellbeing strategies, children and vulnerable adults.

Health Boards must ensure compliance with these All Wales Policy and Procedures by discharging their duty to report any concerns. All health professionals, including GPs and their practice staff, Primary health Care Team workers, Community Nursing services, staff in hospital wards, Accident and Emergency Units and Minor Injury Units are well placed to pick up signs of adult abuse. Guidance has been provided by professional bodies to help professionals understand and meet their obligations with respect to adult protection including the sharing of information in the best interests of vulnerable adults at risk of experiencing abuse.

If there is a possibility of abuse, whether criminal or non-criminal, the adult protection procedures must take precedence. Local Health Boards must have clear guidelines for staff specifying when adult protection and clinical governance processes should be used.

Thresholds guidance has been developed for adult protection Designated Lead Managers to ensure that abusive practice is recognised and is managed under adult protection.

Adult protection and clinical governance processes may be used in conjunction with each other, if agreed by the DLM at the Strategy Meeting.

Clinical governance, like adult protection, is an infrastructure in which NHS organisations ensure that patients are safe, risks are managed, care is effective, improved quality in service is continuous, staff are competent and fit to practise and experience is learned. In this infrastructure clinical governance can be defined as;

'A framework through which N.H.S. organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'.

Health Boards are responsible for:

- Working to prevent abuse.
- Working jointly with other agencies to protect vulnerable adults.
- Ensuring the availability of an IMCA service as needed.
- Ensuring that all staff receive appropriate adult protection training.
- Immediately notifying any concerns or incidents to Social Services and the Police, particularly if there is reason to believe that abuse or a crime has been committed.
- Provide any relevant background information.
- Ensuring action is taken under the *All Wales Policy and Procedures for the Protection of Vulnerable Adults* if there are any adult protection concerns.
- Contributing to adult protection investigations where health expertise may be required.
- Considering appropriately trained staff to manage referrals and undertake investigations.
- Considering for co-ordinating the process of planning, investigation and case conferencing.
- Contributing to the aftercare and support for the victims of abuse where this falls within Health Service functions.

Links

Root Cause Analysis is a process used within Health when reviewing critical incidents and can also be a useful tool in adult protection.

◆ [Root cause analysis](#)

The Department of Health in England has published guidance on the relationship between clinical governance and adult protection and on dealing with serious incidents:

- ◆ [Clinical Governance and Adult Safeguarding: An Integrated Process](#)
- ◆ [National Framework for Reporting and Learning from Serious Incidents Requiring Investigation](#)

The General Medical Council provides guidance for doctors in relation to patient confidentiality on its website:

- ◆ [General Medical Council - Confidentiality](#)

The Nursing and Midwifery Council publish guidance for qualified nurses:

- ◆ [Clear Sexual Boundaries \(March 2009\)](#)
- ◆ [Guidance for the care of older people](#)

The Community and District Nursing Association has produced guidance on the role of the nurse in responding to elder abuse:

- ◆ [Responding to Elder Abuse](#)

The Royal Pharmaceutical Society of Great Britain has produced guidance for pharmacists on the protection of vulnerable adults:

- ◆ [Guidance on the Protection of Vulnerable Adults](#)

Designated Lead Managers can access guidance to help decide whether a concern is poor practice or meets the threshold for adult protection in:

- ◆ [Guidance on the Application of Thresholds in Adult Protection.](#)

7.12 Designated Lead Manager

The Designated Lead Manager is the officer who is responsible for the overall management of an adult protection case. Typically, they will be involved in the Strategy Discussion and will chair all subsequent Strategy Meetings and Case Conferences. Often the role is undertaken by a Social Services Team Manager and may also be undertaken by a Social Services Adult Protection Co-ordinator or their Health Board equivalent, or another senior Social Services or Health Board officer. The Police lead all criminal adult protection investigations but do not take on the role of DLM.

In their adult protection management role, the Designated Lead Manager may delegate action to suitably qualified and trained staff. Designated Lead Managers remain responsible for making sure agreed actions are carried out in the timescales specified.

The Designated Lead Manager's responsibilities are central to adult protection and include:

- Managing and coordinating action, activities and processes under these *Adult Protection Policy and Procedures* and within the timescales specified.
- Ensuring that any risks to the vulnerable adult(s) and others potentially at risk, including children, are continuously assessed and managed.

- Working closely with other agencies in planning and carrying out actions taken under these Procedures. This includes responsibilities for informing and involving other agencies throughout the process.
- Making sure the vulnerable adult's needs and safety are central to any actions and decisions taken. This includes (as far as possible) giving the vulnerable adult and their family/carer/advocate, as appropriate, information about the adult protection process as it proceeds, so that they are not left wondering what is happening.
- Ensuring the support needs of the vulnerable adult and others affected are attended to throughout the adult protection process.
- Ensuring the aftercare needs of the vulnerable adult are met.
- Ensuring appropriate documentation and records are completed satisfactorily, fully and to an appropriate standard throughout the adult protection process. This includes making sure a complete, timely and comprehensive record is kept of all contacts, meetings, phone calls, interviews and decisions.
- Making sure the vulnerable adult and referrer (if different) are given feedback during the adult protection process, and upon its completion, insofar as this is possible.
- At the conclusion of adult protection cases, ensure that the Case Closure form and the Data Collection Form are fully completed.

Referrals managed by Health Designated Lead Managers (DLMs)

There are two situations in which allegations of abuse will be managed by a Health Designated Lead Manager (if they are in place):

- It is alleged that abuse has taken place within an NHS health care setting, irrespective of whether the alleged perpetrator is a health employee or not.
- It is alleged that a NHS employee has abused a vulnerable adult during the course of their work.

Health Boards should consider whether to invoke the adult protection procedures in cases where a possibility exists that the vulnerable adult(s) being discharged may be subjected to abuse in the community. In such cases, a Referral form will be completed and the Social Services Designated Lead Manager consulted with a view to invoking the adult protection procedures.

Where there are disputes about who should act as DLM, these should be referred to adult protection co-ordinators, relevant head of service and their equivalents for resolution.

Where there are no health DLMs the local authority will have responsibility for managing all adult protection referrals within its area.

Local arrangements will need to be made to ensure that data about referrals managed by health DLMS is shared with the local authority to enable it to maintain accurate and up-to-date records of all allegations and adult protection investigations within the local authority area and in order to fulfil its responsibility to report to the Welsh Assembly Government.

7.13 Care Managers and Care Co-ordinators

Care managers and care co-ordinators have a vital role to play in the protection of vulnerable adults from abuse. Robust assessments and Personal Plans of Care can play a major role in preventing the risk of abuse while enabling individuals to exercise autonomy and choice in their lives.

Where statutory services (either health services or a local authority) are responsible for arranging support for an individual, the care co-ordinator or care manager is responsible for assessing individual requirements and agreeing the plan of care with the service user. This should include their mental capacity to make decisions at the time of the assessment in relation to the areas of need assessed, together with any factors potentially or actually affecting decision-making. Where an individual's mental capacity is in doubt, the requirements of the Mental Capacity Act 2005 must be followed. Where there are adequate formal or informal arrangements for support in place, this should be noted in the assessment.

In all cases, the care co-ordinator or care manager should clarify arrangements already in place and determine whether they are sufficient to safeguard the vulnerable individual. Robust assessments at this stage will help to avoid adult protection cases arising in the future. If there are no arrangements, or those in place are unsatisfactory, the care co-ordinator or care manager needs to identify what could ensure proper safeguards. The care co-ordinator or care manager may wish to seek advice from a range of sources about the most appropriate and least restrictive options available for the service user.

The level and type of support required (including its limits) should be clearly stated in the personal plan of care drawn up to meet the identified needs and how they are to be addressed. The service user should be encouraged to contribute to their plan as fully as they are able. The plan should clarify an individual's vulnerability whether through physical or sensory disability, fluctuating conditions affecting mental health or mental capacity, or longer-term conditions which limit decision-making. It should include contingency arrangements where changes to an individual's circumstances, such as fluctuating mental capacity, can be anticipated.

The care co-ordinator or care manager should re-assess the level of support required as part of the regular review process. Only they should make major changes to the personal plan of care, in conjunction with the service user and/or their representatives. The care co-ordinator or care manager needs to be responsive to changes.

Where a care co-ordinator or care manager receives information (from any source) that an individual may be subject to or at risk of abuse they must ensure that they deal with such matters urgently and in accordance with these adult protection procedures.

Adult Protection and Care Management

Many vulnerable adults who are referred for adult protection are already known to Social Service departments. It is important to identify the relationship between the ongoing care management service and the adult protection procedures. These should be as follows:-

- Care managers generally will not be appointed as investigators in cases where they are already involved. They should be invited to all Strategy Meetings unless there is a conflict of interest and so should the Team Manager if they are not the DLM. At least one of them should attend the Strategy Meetings.
- For out-of-county cases the DLM should invite the placing authority to have a representative at all Strategy Meetings. (Similarly, local care managers should attend any Strategy Meetings for their clients placed out of county). If the local DLM is not the local Team Manager, consideration needs to be given to involvement of a local care manager at Strategy Meetings for advice.
- People who have no care manager at the time of an adult protection referral but where there appear to be care needs should be allocated a care manager in addition to the Team Manager/DLM implementing the adult protection procedures. The care manager will then be available to continue in their role when adult protection work is complete.
- Cases must remain open in adult protection until all immediate and short-term risks are resolved.
- Actions agreed and resources committed in Adult Protection Plans are an absolute priority.
- If there are any ongoing/long-term risks and an Adult Protection Plan is put in place, cases will remain open in adult protection until all actions (except ongoing monitoring of Plan) are implemented.
- When all Adult Protection Plan actions except ongoing monitoring of the Plan are completed, the case should usually be closed to adult protection and the care manager will be responsible (supported by their team manager) for monitoring and reviewing the Protection Plan .

The role of the care manager/care co-ordinator **during** the adult protection process, arising from Strategy Discussions and Meetings, may include:

- Risk assessment of current circumstances and taking any immediate action to safeguard the vulnerable adult.
- Participation in adult protection discussions or meetings.
- Sharing information with regard to the personal circumstances of the vulnerable adult and any information pertaining to the alleged abuse.
- Agreeing and completing any action/s identified to safeguard the vulnerable adult.
- Providing information and support to vulnerable adults throughout the adult protection process.
- Providing feedback at regular intervals.

- Undertaking assessments of need and capacity.
- Keeping families informed during the adult protection process.

Where an individual is referred to adult protection who is not already known to services and it is decided that it is necessary for them to have new involvement of a care manager or care co-ordinator (for example to implement some of the actions agreed as part of an Individual Protection Plan), this should be treated as a priority by managers with responsibility for allocation and the care manager or care co-ordinator allocated should treat implementation of the actions delegated to them in the Protection Plan as a priority.

7.14 Agency Responsibilities for Vulnerable Adults placed outside their Local Area

Potential delays or confusion can arise because of cross-boundary issues, such as when:

- a vulnerable adult lives in one local authority area and receives services in another; and/or
- one local authority funds or commissions care, and another provides it.

Vulnerable adults can be at increased risk if agencies are confused or slow to act because of cross-boundary issues. Local authorities should be mindful that:

- the host authority, that is, the authority where the abuse occurs, has overall responsibility for co-ordinating the adult protection arrangements.
- the placing authority, that is, the authority with funding/commissioning responsibility, is responsible for the long-term care needs of the vulnerable adult and for fulfilling its continuing duty of care.

In exceptional circumstances it may be more appropriate and more effective for the placing authority (Social Services or Health) to have overall responsibility for co-ordinating the adult protection process.

An example of where it may be appropriate for the placing authority to lead would be a case of financial abuse by family members where the host authority has no information at all regarding any party involved.

When the case is concluded the lead authority must forward the required statistical information to the host authority for recording.

The transfer of responsibility of a case between local authority Social Services departments must be recorded on the case file of each authority and confirmed in writing by the authority to which responsibility has been transferred.

Links

Where investigations take place in other areas it is necessary to agree the arrangements for doing this. A suggested memorandum of understanding can be accessed here:

- ◆ [Inter-agency arrangements for investigations](#)

7.15 Police

The Police are responsible for:

- working to prevent abuse;
- providing relevant background information to aid decision-making and investigation;
- working jointly with other agencies to protect vulnerable adults, including providing advice at Strategy Meetings on cases which may be non-criminal as well as those likely to be criminal;
- securing and preserving evidence (when abuse is reported all agencies have a responsibility to preserve/gather evidence and disclose it to the Police or Social Services);
- investigating an alleged crime, jointly when appropriate;
- meet their responsibilities for the use of special measures, and victim and witness support;
- ensuring that all their staff have appropriate adult protection training;
- complete all actions their agency agrees to in Individual Protection Plans.

7.16 Role of the Crown Prosecution Service

It is the responsibility of the police to investigate allegations of crime and to gather evidence about what has occurred. Following the implementation of statutory charging, it is now the responsibility of the CPS to decide charges in all but minor or routine cases. Prosecutors work with the police to ensure that cases involving vulnerable adults are identified as early as possible so that the correct charging decision can be made. Arrangements are in place across Wales for the CPS to respond to the request for early investigative advice or charging advice from the police.

The decision to charge is made in accordance with the Code for Crown Prosecutors and comprises a two stage test; firstly the Prosecutor has to be satisfied that there is enough evidence to provide a realistic prospect of conviction. If the case does not pass the first stage it must not go ahead, no matter how important or serious it may be. If the case does pass the first stage a prosecution will usually take place unless there are public interest factors tending against prosecution which clearly outweigh those tending in favour. In making the public interest decision the CPS think very carefully about the interests of the complainant but prosecute on behalf of the public at large and not just in the interests of a particular individual.

The CPS has the responsibility of advising the complainant in a case of their decision not to bring proceedings if the decision is made other than in a face to face consultation with the police. If the decision is made in a face to face consultation with the police the responsibility for informing the complainant lies with the police. (Victims Code of Practice). In some circumstances the prosecutor will make the offer of a meeting to the complainant for the decision to be explained more fully. If, after an offender has been charged, the CPS decides to substantially reduce the charges or drop the case the CPS must notify the complainant within one working day of the decision being made for vulnerable and intimidated witnesses.

Links

The following documents provide more information about how the CPS works:

- ◆ [The code for Crown Prosecutors and Director's guidance on charging.](#)
- ◆ [CPS guidance on charging](#)
- ◆ [CPS Guidance on Prosecuting crimes against older people](#)
- ◆ [www.cps.gov.uk](#)

7.17 The Role of the Intermediary

Registered intermediaries are accredited by the Registered Intermediaries Board following a selection and training process.

An intermediary may be able to improve the quality of the evidence of any vulnerable witness who is unable to detect or cope with misunderstanding or to clearly express their answer to questions, especially in the context of an interview or whilst giving evidence in court.

‘An intermediary can assist a witness to communicate by explaining questions put to and answers given by a vulnerable witness, but this rarely happens in practice. It is more common for intermediaries to be used in the planning phase of an interview by providing advice on how questions should be asked and then to intervene in the interview when miscommunication is likely by assisting the interviewer to rephrase questions or by repeating the witnesses answers where they might otherwise be inaudible or unclear on the recording.

It is very important to understand that the intermediary is there only to assist communication and understanding. They are not allowed to take on the function of an investigator’.

Taken from Achieving Best Evidence paragraph 3.115/6.

Links

The full version of Achieving Best Evidence can be accessed here:

- ◆ [Achieving Best Evidence in Criminal Proceedings](#)

7.18 Coroners

The coroner must investigate a death that he or she suspects was violent or unnatural, where for example the deceased might have been murdered, taken their own life or where the cause of death is unknown. Under the provisions of the Coroners and Justice Act 2009, a coroner must also investigate a death, whatever the apparent cause, if it occurred in ‘custody or state detention’ such as where the deceased was detained in prison, police custody or in an immigration detention centre, or held under mental health legislation irrespective of whether the detention was lawful or unlawful.

If the death of a vulnerable adult occurs and has been referred to adult protection, consideration must be given to sharing information with the coroner. The Police representative will take responsibility for this task.

Links

For further information about the coroners service see Act below:

- ◆ [Coroners and Justice Act 2009 – An Overview](#)

7.19 Care and Social Services Inspectorate Wales

The Care and Social Services Inspectorate Wales (CSSIW) was formed in 2007 from the integration of the two former inspectorates, the Care Standards Inspectorate Wales and the Social Services Inspectorate Wales. The role of CSSIW is to ensure and encourage improvement within Social Services by regulating, inspecting and reviewing performance. CSSIW is committed to working together with other agencies and partners to encourage quality services which protect vulnerable adult.

The CSSIW is responsible for:

- working with partners to prevent abuse; by ensuring structures and policies are in place through its review of local authority arrangements for adult protection and through the inspections it undertakes of regulated services;
- ensuring the registered person(s) of services it regulates complies with statutory and regulatory requirements to safeguard and promote the welfare of vulnerable individuals;
- immediately notifying any concerns or incidents to Social Services, or the Police if there is reason to believe abuse or a crime has been committed;
- responding to any allegation of abuse in any service it regulates, whether or not an adult is or may be in need of community care services;
- working jointly with other agencies to protect vulnerable adults; by taking part in joint investigations where there have been regulatory breaches;
- providing relevant background information within existing local information-sharing protocols and contributing to investigative processes when appropriate;
- completing all actions their agency agrees to in Individual and General Protection Plans;
- taking action as agreed within these *Adult Protection Policy and Procedures* if there are adult protection concerns;
- ensuring that all their staff have appropriate adult protection training.

Links

Details of CSSIW's role in adult protection can be found in:

- ◆ [In Safe Hands – The Role of Care and Social Services Inspectorate Wales](#)

The sharing of information by CSSIW with local authorities is covered by the following document. Although it refers to the CSIW rather than CSSIW it is published on CSSIW website and remains in force (September 2010).

- ◆ [Protocol for the sharing of information between the Care Standards Inspectorate for Wales and Local Authorities.](#)

7.20 Health and Safety Executive

Health and Safety Executive and Local Authority Enforcement

The Health and Safety Executive (HSE) and local authorities (LAs) are responsible for the enforcement of the Health and Safety at Work etc Act 1974 (HSWA) and relevant statutory provisions throughout thousands of work places across Great Britain.

The HSWA sets out general duties which employers, the self-employed and people in control of premises have towards employees and others who could be affected by work activities. HSE and LAs undertake health and safety inspections and investigations of accidents or complaints covering occupational health, safety and welfare of employees, as well as health and safety risks to members of the public arising from work activities.

The Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires specified incidents to be reported, including the following:

- the death of any person, whether or not they are at work, if it results from an accident arising out of or in connection with work;
- work-related accidents that result in an employee or self-employed person dying, suffering a major injury or being absent from work or unable to do their normal duties for more than 3 days;
- accidents arising out of or in connection with work that result in a person not at work suffering an injury and being taken to a hospital;
- an employee or self-employed person suffering one of the specified work-related diseases;
- one of the specified dangerous occurrences (in social care these are most likely to be the failure of a hoist or sling or a serious fire causing the suspension of work activities for more than 24 hours).

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The legal duty to report the incident lies with the 'responsible person', normally the employer, and the majority of accidents are reported to the Incident Contact Centre (ICC). In some instances the Police, coroner's officer, the care regulator, relative or others may inform HSE/LA/ICC of an incident (although the responsibility remains with the 'responsible person'). Further guidance can be found on the HSE web site.

HSE and LA policy is to conduct investigations in accordance with HSE's [Enforcement Policy Statement](#) which reflects the principles of the [Regulators Compliance Code](#) and the [Code for Crown Prosecutors](#).

Incidents may be considered for investigation by HSE/LAs. Over-3-day injuries, major injuries, diseases, dangerous occurrences and deaths are selected for investigation by HSE/LAs based on a number of factors including the published [selection criteria](#) and [HSE's Enforcement Policy Statement](#). Where there is a work-related death, the Work Related Death Protocol is followed.

Where accidents to people who use care services are not attributed to a work activity they would not be reportable. Deaths from natural causes are also not reportable. In some instances, due to the limited information provided, reportability is not clear and in those circumstances initial enquiries are made by HSE/LA to clarify the situation.

It is also foreseeable that HSE/LA inspectors during the course of their investigation may identify failings in care which may have contributed or been the main cause of an incident. Discussion between the regulators would then be required.

Taking into account the role of the Police, HSE and LAs are required by HSE's [Enforcement Policy Statement](#) to carry out a site investigation of a reportable work-related death in most circumstances. HSE may also investigate deaths that are work-related but not reportable.

Where appropriate, HSE and LAs will prosecute breaches of health and safety law under the HSWA. In doing this HSE and LAs are guided by the principles of the HSE's [Enforcement Policy Statement](#) which emphasises the serious nature of any death resulting from work activities and reflects the principles of the [Regulators' Compliance Code](#) and the [Code for Crown Prosecutors](#).

Safeguarding referrals

There are no formal arrangements for health and safety inspectors from HSE and LAs to make safeguarding referrals. However, inspectors may identify issues that they believe constitute abuse during the course of inspections or investigations. Where the service is registered the inspector should discuss their concerns with the relevant care regulator who would then have responsibility to make the referral should it be appropriate. However it is feasible that inspectors may have concerns in services which are not registered (for example day centres). In those circumstances inspectors should contact the safeguarding manager at the relevant LA. Where a safeguarding investigation is being undertaken by Social Services they should be sensitive to the fact that any criminal investigation may mean that certain information cannot be disclosed to certain parties (in particular witnesses or potential suspects) at that time.

HSE's [complaints handling procedure](#) will be instigated for complaints made by employees or members of the public to HSE. LAs will have their own formal system of redress for complainants. HSE/LA may contact the care regulator where complaints affect both people who use care services and employees to ensure compliance with both health and safety and care standards legislation. Where complaints relate to the care of individuals, these will be referred to the care regulator.

For those services registered with the care regulator the enforcement allocation is:

- **Care homes.** Where the main activity is the provision of personal care LAs will normally be the enforcing authority, unless the service is owned by the LA in which case it falls to HSE. Where the main activity is the provision of nursing care HSE will be the enforcing authority.
- **Domiciliary care agencies.** HSE is the enforcing authority for work activities being undertaken in domestic premises. Regulating the actual work of those providing care in a person's home will therefore fall to HSE. LAs will be the enforcing authority for the office activities of the agencies themselves (with the exception of LA in-house provision where HSE would enforce), and would therefore have a role in regulating health and safety management arrangements.
- **Nurses agencies.** HSE is the enforcing authority with regard to work activities in domestic premises, regulating the actual work of those providing nursing care in service users' homes. LAs will be the enforcing authority for the office-based activities. and would therefore have a role in regulating health and safety management arrangements.
- **Adult Placement Schemes.** LAs will be the enforcing authority for the office-based activities except for LA in-house services. For the work of the actual adult placement carers in domestic premises, HSE will be the enforcing authority.

HSE are responsible for:

- working to help ensure the health, safety and welfare of persons employed;
- working to help ensure the health, safety and welfare of persons not employed but who may be affected by work activities;
- working with key stakeholders (including other regulators) in order to improve regulation of workplaces;
- working with care providers to help protect vulnerable persons from work-related ill-health or injury;
- developing guidance for both inspectors and care providers which will assist in improving standards of safety;
- working with care providers / employers to ensure they have adequate management arrangements (including leadership, policies, organisation, planning, competence, training) to manage the risks present;
- carrying out periodic targeted or general inspection of premises;
- investigating certain serious injuries, ill-health or deaths of employees, visitors or members of the public arising out of or in connection with work activities;
- taking action to ensure that risks are identified and adequately controlled;
- taking enforcement action to secure improvements or secure justice where appropriate.

7.21 Environmental Health

The Environmental Health profession in local government undertakes important public health work in a range of areas covering housing, statutory nuisances, occupational health and safety, food safety, communicable disease control and environmental protection.

Environmental Health practitioners may regularly come into contact with vulnerable adults whilst undertaking their duties, in particular in areas such as noise and other statutory nuisances, infectious disease control and housing standards, renewal and adaptations.

All appropriate local authority Environmental Health staff will be trained in adult protection matters and know how to report allegations or suspicions of adult abuse to their line managers, social services or the police.

Local authority Environmental Health departments should fulfil their obligations to comply with the agreed *Wales Policies and Procedures for the Protection of Vulnerable Adults*.

7.22 Healthcare Inspectorate Wales

Healthcare Inspectorate Wales is the independent inspectorate and regulator of all healthcare in Wales.

Independent Healthcare HIW has the following main functions under the Care Standards Act 2000:

Registration: HIW decides who can provide registered services. It must by law make sure that services are of an acceptable standard before they can be registered and therefore operate.

Inspection: is the process of checking that the registered service continues to offer an acceptable standard of care. Inspection also seeks to improve the quality of services. HIW inspects independent healthcare services against regulations and national minimum standards and publishes reports of its findings.

Enforcement: HIW makes sure that the Care Standards Act and the associated regulations are complied with and takes into account the national minimum standards. HIW works with providers to improve the care offered and where concerns about the quality of care are not addressed HIW can take enforcement action.

If in the conduct of their work HIW identify any possible adult protection concerns these must be referred in to adult protection.

HIW has no statutory function to resolve complaints about independent healthcare providers, as they are responsible for doing this themselves. However, HIW collect information about each of the providers registered with them, to help keep a check on the quality of their services. This information includes any concerns that patients or other members of the public send to HIW. For example, if a complaint is made to an independent provider and the complainant is not satisfied with their response, HIW should be informed. HIW can take enforcement action if the provider has committed an offence.

HIW regulates a number of independent healthcare settings in Wales. It inspects these services against the requirements of the Act, the relevant regulations and the national minimum standards set by the Welsh Assembly Government.

In the role of investigating complaints made against regulated services, the HIW may identify matters that need enforcement action by the HIW itself, or referral on to other agencies.

To underpin the HIW's role in enforcement, the Care Standards Act 2000 provides for two broad kinds of enforcement action where a provider is not fulfilling their obligations - criminal prosecution or civil action:

- the HIW can pursue a criminal prosecution or a simple caution, where it considers there has been a statutory offence, for example, a breach of conditions or an offence under the regulations; and
- the HIW can take civil action that may include, for example, refusal or cancellation of registration; imposing conditions of registration, or refusal to vary conditions of registration for which there are both urgent and ordinary procedures.

Links

General information about HIW is available on their website:

◆ [Healthcare Inspectorate Wales](#)

More information about General Regulations can be found on the Health Regulations and Standards & Supplementary Guidance section of the HIW website:

◆ [Relevant Guidance](#)

7.23 Fire and Rescue Services

Fire and Rescue Services of South Wales, Mid and West Wales and North Wales have adopted a policy setting out their roles and responsibilities to protect vulnerable adults from abuse and to respond to concerns of possible abuse. The aims of this policy are:

- All operational staff employed by the service will be aware of their responsibility to protect vulnerable adults.
- The service will comply with the agreed policies and procedures for the protection of vulnerable adults in Wales.
- The service will clarify and support the roles of practitioners and managers in the protection of vulnerable adults.

Links

The Fire and Rescue Service has developed an internal policy on adult protection and internal reporting form:

◆ [Fire and Rescue Service Adult Protection Policy](#)

◆ [Fire and Rescue Service Referral Form](#)

7.24 Ambulance Service

The Welsh Ambulance Service NHS Trust seeks to ensure the recognition and safeguarding of adults deemed to be vulnerable or at risk. Where actual, alleged or suspected adult abuse is encountered all ambulance personnel employed by the Welsh Ambulance Services NHS Trust, inclusive of the telephone triage services NHS Direct Wales, will implement the agreed procedures for recording and referring cases.

The Trust will fulfil its obligation to comply with agreed policy and procedures for the protection of vulnerable adults in Wales.

The Trust is committed to maintaining full multi- agency co-operation and will adhere to the objectives and procedures set out in this manual.

Links

The Welsh Ambulance Service NHS Trust has produced two documents in relation to the protection of vulnerable adults from abuse:

◆ [Protection of Vulnerable Adults Policy](#)

◆ [Protection of Vulnerable Adults Standard Operational Procedure](#)

7.25 Commissioning and Contracts Managers and Officers

Staff in Health and Social Services have the responsibility for contracting and commissioning and are specifically responsible for:

- Developing and implementing the contracting process, which specifies that all health and social care services that are commissioned must agree to work in accordance with the requirements of this document. Commissioned services must demonstrate that all staff receive adult protection awareness and other appropriate training to comply with all procedural requirements.
- Monitoring the performance of contracted services, noting any patterns emerging which suggest that there may be a cause for concern and acting upon any such concerns.
- Working closely with service providers to assist them to address ongoing concerns that may relate to contractual requirements.
- Immediately notifying any concerns or incidents to Social Services adult protection officers, or the Police if there is reason to believe that a crime has been committed.
- Making adult protection referrals when they have information that suggests a vulnerable adult has been abused.

The contracts and commissioning staff work closely across adult services including customer services, assessment, case management and Adult Protection Co-ordinators to ensure they are aware of the performance of care providers and can identify any deterioration in standards of care and risks this may present.

Contracts and commissioning staff play an active role in adult protection via:

- participation in Strategy Discussions to minimise initial risk to other vulnerable adults who may be affected by a contracted service provider;
- attendance at Strategy Meetings to share information and to contribute to the setting of terms of reference of any investigation of a contracted service;
- undertaking investigations into the practice of contracted service providers;
- completing all actions their agency agrees to in Individual Protection Plans;
- attending Case Conferences to either present findings of an investigation on a contracted service they may have undertaken or to assist in the evaluation of investigation findings by other investigation officers.
- agreeing and completing monitoring visits to the contracted services if the need for additional monitoring is identified during the adult protection process.

Contracts/commissioning officers are key contributors to the provider performance monitoring process (Escalating Concerns). They proactively share information to enable early identification of concerns regarding standards of care and adult protection issues.

The Assembly has issued guidance which specifies how contracts and commissioning staff and a range of other staff who have information to share must meet regularly for this purpose and take such actions as the information which they share warrants.

Links

The Welsh Assembly guidance covering information-sharing about services can be found in:

- ◆ [Escalating Concerns With, and Closure of, Homes Providing Services to Adults](#)

7.26 Service Providers (Proprietors, Managers and their HR Departments)

This section applies to all service providers whether independent or statutory, health or local authority and including independent hospitals.

All agencies are responsible for the protection of vulnerable adults. This means working to prevent abuse occurring, reporting abuse when it is suspected, cooperating with the adult protection process and undertaking any actions agreed as a result of the adult protection process. Agencies must work actively together. All agencies must recognise that interagency collaboration, cooperation and coordination are essential to protect vulnerable adults.

7.26.1 Strategic managers of provider organisations have the following responsibilities:

- Making a clear commitment to these *Adult Protection Policy and Procedures* and ensuring the requirements are publicised, made accessible to, understood and used by the people they employ.
- Providing their own operational adult protection guidance that is compatible and consistent with these *Adult Protection Policy and Procedures*, and which acknowledges Social Services' lead role in coordinating the adult protection process. The guidance should describe to staff, in each service and setting of that agency, how they will put the *Wales Adult Protection Policy and Procedures* into effect in their work.
- Promoting a culture within the workplace that values both those who receive services and those who provide them as equal human beings and that promotes zero tolerance of any form of abuse.
- Ensuring that their staff know that they have a moral and professional duty to report any concern, suspicion or information about abuse, or risk of abuse.
- Issuing and working to a complaints policy and procedure and a whistle-blowing/raising concerns policy and procedure that are publicised, and through which concerns, complaints and representations can be raised. Whistle-blowing policies should identify how individuals who raise concerns will be supported by their employer.
- Ensuring that their recruitment and selection procedures for paid staff and volunteers are robust and safeguard vulnerable adults from those who may exploit, harm or abuse them.
- Ensuring that all staff with managerial responsibility are aware of their responsibilities for the protection of vulnerable adults and for implementing the policy and procedures.

- Co-operating fully with the Adult Protection Strategy Meeting and investigation processes and acting upon the recommendations arising from these processes when they are involved directly, and ensuring that those they have line management responsibility for also co-operate fully.
- Completing all actions their agency agrees to in Individual Protection Plans.

7.26.2 Operational managers in provider agencies are responsible for:

- ensuring that good recruitment practice is followed (open application process, fair interviews, taking up references, undertaking CRB checks (and ISA check when introduced);
- ensuring all staff receive induction training that covers the value base of the service, the needs and rights of vulnerable adults, and the basic skills and knowledge to support the particular client group;
- ensuring that all of their staff have attended adult protection awareness training as part of their induction;
- ensuring all staff receive adequate supervision and support during which they receive feedback about their practice and have an opportunity to raise any issues or concerns relating to the people they support;
- ensuring that they understand and follow the requirements in this document with respect to the relationship between adult protection and HR processes;
- immediately notifying any concerns or incidents to Social Services and/or the Police and/or CSSIW in accordance with this document, i.e. without prior internal investigations;
- co-operating fully with Adult Protection Strategy Meeting and investigation processes and acting upon the recommendations arising from these processes;
- completing all actions their agency agrees to in Individual Protection Plans.

Links

The links between adult protection and human resources are set out in a flow chart:

◆ [Adult Protection and HR Flow Chart](#)

7.27 Schools and Further Education

Pupils at school who are aged below 18 are covered by the Wales Child Protection Policy. Where schools have pupils who are 18 and over, they should follow the guidance below. Where there are concerns about the appropriate course of action to follow, advice should be sought from local child or adult protection professionals.

All universities, colleges of further education and other post-18 educational establishments should:

- be aware of the *Wales Policy and Procedures for the Protection of Vulnerable Adults*;
- have policies to support access by students from across the community, including arrangements to provide additional support where this may be required;

- adhere to local reporting arrangements for adult protection concerns;
- have clear internal reporting arrangements that are compatible with national policy and local reporting arrangements;
- ensure that any pastoral arrangements to support students are compatible with the national policy in responding to any allegations involving students, whether as alleged an victim or alleged perpetrator;
- ensure that their HR policy and procedure is compatible with the *Wales Adult Protection Policy and Procedures* in responding to allegations involving employees;
- provide training for all staff who have direct contact with pupils about adult protection so that they are able to identify and report possible incidents of abuse should they arise, in accord with agreed reporting arrangements;
- work with local adult protection staff in responding to any allegations of abuse.

These bodies may be asked to join the local Adult Protection Committee.

7.28 Advocates and Independent Mental Capacity Advocates (IMCAs)

Statutory (e.g. IMCA) or non-statutory (including volunteer) advocates work with vulnerable adults in a variety of contexts. All vulnerable adults can receive the support of an advocate regardless of any issues or assessments related to their capacity to make particular decisions. However, they can only receive the support of an IMCA if they meet the criteria set out in the Mental Capacity Act and any subsequent Regulations made under the Act.

All advocates should:

- Undertake appropriate adult protection awareness training and be fully conversant with the Policy and Procedures.
- Report any concerns they have of possible abuse to Social Services, or to the Police if a crime may have been committed.
- Co-operate fully to assist with any investigative procedures.
- Continue in their advocacy role with the vulnerable adult throughout such processes, supporting them and helping them to understand what is going on.
- Ensure that the voice of the vulnerable adult is heard.

Sometimes advocates are specifically appointed to support vulnerable adults because they may have been abused and may need the support of an advocate to understand and cope with the investigative process. Adult protection procedures should focus upon the victim and their needs and the involvement of an advocate can help to ensure that the procedures work in this way.

Independent Mental Capacity Advocates (IMCAs) can be appointed to support either the alleged victim or the alleged perpetrator of abuse if they are assessed to be vulnerable adults. This may include cases where there are disputes within families about the best interests of a vulnerable adult or between families and statutory agencies. More information about the criteria for appointing an IMCA can be found in Section 10.1.1. Full details can be found in the Code of Practice to the Mental Capacity Act.

Links

The regulations covering the involvement of an IMCA in adult protection can be accessed via the link below:

- ◆ [The Mental Capacity Act 2005 \(Independent Mental Capacity Advocates\) \(Wales\) Regulations 2007](#)

Guidance has been drafted by the Wales Adult Protection Co-ordinators Group, based on the Wales regulations, setting out criteria for involving an IMCA in adult protection.

- ◆ [Criteria for the use of Independent Mental Capacity Advocates in Adult Protection cases in Wales](#)

Additional guidance on the involvement of IMCAs in adult protection has been produced by the Social Care Improvement Agency and the Association of Directors of Adult Social Services

- ◆ [SCIE Guide 32: IMCAs in safeguarding adults](#)

7.29 Relatives and Carers

Relatives and carers may recognise changes in a vulnerable adult that may otherwise go unrecognised or unreported. If they are concerned about a vulnerable adult for whom they care and who may be being abused by someone else, they:

- have a personal and social responsibility to report this to Social Services or the Police;
- should co-operate with any investigative procedures; but also
- should be kept involved and informed, insofar as this is possible and appropriate, in the process. They may be a significant support to the vulnerable adult through the process of investigation and recovery.

Relatives and carers are sometimes the perpetrators of abuse. Whilst 'intent' does not help to determine whether or not abuse has taken place, it is a relevant consideration for investigation. For example, if a relative or carer has abused a vulnerable adult by stealing their money this is clearly both intentional and criminal. On the other hand, if a carer is trying but struggling to cope with the demands of providing care and makes inappropriate use of restraint whilst not intending to harm, a different response is required to their situation.

8 Preventing Abuse

The ultimate goal of any adult protection strategy is to prevent abuse occurring in the first place. This section highlights the responsibilities of everyone to prevent abuse and minimise risk and is followed by a section on the general responsibilities of agencies and individuals in adult protection when prevention has failed.

All agencies signed up to the *Wales Adult Protection Policy and Procedures* are thereby committed to:

- Actions, processes and practices that seek to prevent abuse; and
- Informing staff, services, vulnerable adults, families and carers about how to minimise abuse.

8.1 Supporting Vulnerable Adults to Protect themselves from Abuse

Agencies, services, professionals, staff, families and carers should support vulnerable adults to protect themselves by:

- Supporting vulnerable adults in decisions that affect their lives.
- Supporting self-funders by providing care management and readily including them in adult protection procedures as required.
- Supporting user groups where vulnerable adults can talk about what concerns them and also get advice and information from others.
- Providing vulnerable adults with accessible, understandable information about abuse and protection. They should do so regularly and routinely, and in a variety of forms and formats.
- Involving vulnerable adults and their carers in courses and workshops to help them recognise and minimise risks to their wellbeing.
- Providing vulnerable adults with accessible, understandable information on protecting themselves in other ways, e.g. how the Police and trading standards officers can help deal with rogue traders, bogus callers, unwanted and persistent doorstep salespeople and distraction burglars.
- Supporting self-advocacy services, and
- Providing or supporting advocacy schemes to advocate for and take up issues for vulnerable adults.

It is extremely important to empower vulnerable adults to protect themselves from abuse. There should be opportunities for potential victims to know:

- what they are at risk of
- who they are at risk from
- what they can do to make abuse less likely to happen to them
- what to do and who to tell if they are abused

Practice has suggested that different approaches are required for different vulnerable groups.

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8.1.2 Recipients of Direct Payments and Self-Directed Support

Direct payments users can protect themselves by:

- asking the local direct payments support scheme for advice and support with recruitment, selection and employment of personal assistants;
- not employing someone before checking references and, preferably, checking they are registered with the Independent Safeguarding Authority.

The Social Services department should not agree to a direct payment or arrangements for self-directed support if there are reasonable grounds to believe that the vulnerable adult will employ someone likely to abuse them. Reasonable grounds includes evidence of past criminal or non-criminal investigations relating to the alleged abuse of vulnerable adults or children that resulted in a conviction or police caution or a finding that the allegation was proved, admitted or likely on the balance of probability. It also includes other relevant criminal convictions (such as for theft or violence), disciplinary action (such as dismissal for gross misconduct) and removal of the person from the Social Care Register or any other register of professional staff (such as the NMC or GMC).

Links

Additional information on protecting recipients of direct payments can be found in:

◆ [Minimising risk for direct payments users](#)

The legislation covering direct payments is contained in:

[The Community Care, Services for Carers and Children's Services \(Direct Payments\) \(Wales\) Regulations 2004](#)

8.2 Minimising risk

Everyone has a responsibility to minimise the risk of abuse. Those in specific organisations and positions have the following responsibilities:

8.2.1 Commissioners, service planners, regulators, contracts units, care managers and inspectors should:

- ensure that the service specification sets detailed standards with respect to the service provider's responsibilities in adult protection;
- ensure that care plans are in place and are individualised, contain a statement of needs, and that service delivery plans specify how needs will be met;
- ensure that the care plan is regularly reviewed with the vulnerable adult and their family and that the plan and services are adjusted to reflect any changes required;
- check that the service can meet the needs of people who use it;
- find out and listen to what vulnerable adults say about the service;
- review the standards of their care with the vulnerable adult;
- make sure the service has clear policies on adult protection, whistle-blowing, promoting safe care practices, etc;

- make sure the service recognises the need to train staff on abuse and whistle-blowing;
- record and report any concerns using the adult protection procedures.

8.2.2 Strategic Managers of Health and Social Care and their HR departments should:

- develop and use rigorous recruitment and selection procedures that include:
 - requiring job applicants to list all convictions and cautions;
 - taking up references (and following up by discussion if necessary);
 - checking with professional/workforce regulators, where relevant, that applicants hold current valid registration;
 - having Enhanced CRB Disclosures and ISA checks in place, as appropriate, for paid and unpaid staff (volunteers).
- establish a clear and strong focus on safeguarding and promoting the wellbeing of vulnerable adults;
- create workplace cultures that are open and fair, and which encourage self-questioning and reflection, openness, learning, and feedback from service users, carers, the public and staff;
- promote whistleblowing/reporting of concerns;
- learn from, share and publicise safety lessons from incidents, 'near misses' and practice;
- develop systems, processes and people to assess and manage risks;
- design, organise and manage services to avoid, wherever possible, isolated or lone working by staff;
- **as a minimum**, train all staff and volunteers on: types of abuse, signs of abuse; duty to report; responding to abuse; risk management and assessment;
- develop and support staff effectively;
- ensure commissioned services meet and comply with high standards of care and protection;
- publish, update and disseminate public information, with and for vulnerable adults, on abuse and protection;
- ensure suitable specialist services are provided for vulnerable adults who abuse, both to help them and protect others;
- ensure carers are offered their own assessment and are supported to avoid reaching their breaking point;
- work actively to increase professional and public awareness of abuse;
- work to secure the prosecution of potentially criminal acts;
- refer to ISA and professional bodies anyone dismissed from employment or who otherwise should be referred;
- ensure allegations of abuse are investigated and dealt with in a sensitive, effective and prompt manner.

Links

The websites of some agencies that have responsibilities for registering staff or ensuring their fitness to practice can be accessed here:

- ◆ [Independent Safeguarding Authority](#)
- ◆ [NMC website](#)
- ◆ [Social Care Register](#)

8.2.3 Operational Service Managers should:

- ensure staff have access to the *Wales Adult Protection Policy and Procedures* and receive appropriate adult protection awareness training;
- produce, publicise and train staff on the service/setting's local operational policy on adult protection (which must be consistent with *Wales Adult Protection Policy and Procedures*);
- make sure staff and volunteers know what abuse is and what to do if they suspect it;
- produce, publicise and train staff on the whistle-blowing policy;
- encourage staff to raise issues and concerns about practices of the service;
- listen to staff and volunteers when they raise issues or concerns about practices or about a particular vulnerable adult;
- discuss care and protection issues regularly and routinely with staff and volunteers;
- have staffing levels that meet the needs of vulnerable adults;
- use rigorous recruitment and selection practices (for paid staff and volunteers);
- supervise, train and appraise staff effectively;
- avoid placing vulnerable adults known to abuse with other vulnerable adults;
- state, through the care plan and risk assessment, how the vulnerable adult's needs will be met and monitored;
- communicate effectively, consistently and appropriately with vulnerable adults, their families and carers, and other agencies;
- have efficient recording systems in place that staff, managers and volunteers (where appropriate) use and find useful;
- record complaints and concerns and respond promptly and positively, checking to determine if there are patterns or practices that need more investigation;
- encourage and support vulnerable adults to use community facilities;
- encourage and welcome visitors to the service.

8.2.4 Staff and Volunteers should:

- understand what abuse is and know what to do if there are any concerns;
- listen actively to service users and be observant;

- know that concerns may be low-level and minor, but cumulatively may add up to something serious;
- understand responsibilities and report any concerns;
- understand what the whistle-blowing policy is and what to do if concerns are not dealt with;
- understand ways in which service users may be vulnerable;
- contribute views and opinions about the service, and how it could be improved;
- undertake appropriate training, and use opportunities to learn and develop in the job.

8.2.5 Adult Protection Committees

The roles of Adult Protection Committees in prevention are:

- ensuring that there are robust mechanisms, processes and outcomes to prevent abuse;
- promoting public, service user, family and carer awareness of adult protection and what to do if they are concerned;
- ensuring that all health and social care and other appropriate staff and volunteers are receiving awareness training, and that this is updated regularly;
- linking closely with domestic violence and child protection services and the Community Safety Partnership;
- monitoring adult protection data, and setting up a monitoring sub-group for this;
- analysing data – routinely and regularly – to identify trends, adult protection ‘hot spots’, ‘cold spots’, i.e. settings where there is more or less abuse reported than is typical.
- feeding back good and poor practice to promote continuous improvement.
- commissioning Serious Case Reviews and case reviews when this is necessary.

8.2.6 Serious Case Reviews and Case Reviews

There is a fundamental duty for all agencies involved in the care, support and protection of vulnerable adults to ensure that the highest possible standards of care, support and protection are provided and maintained at all times. Part of this duty is a requirement to learn from mistakes. This is particularly important where serious shortfalls or breaches of practice occur, resulting in the death or serious injury of a vulnerable adult. There may have been a failure in health or community care. There may be a failure to invoke adult protection procedures, to implement them fully or a flaw in the procedures themselves.

Wales Guidance for conducting a Serious Case Review is set out in an appendix to this manual and details the circumstances under which a Serious Case Review should be considered and commissioned.

Adult Protection Committees should also consider commissioning Case Reviews for less serious cases, where it is similarly important for lessons to be learnt. These may be internal Management Reviews requested from particular agencies or may require the employment of an 'external' professional to look at the management of a case by a range of agencies.

8.2.8 Trading standards

Trading standards officers, in conjunction with the Police, work to inform the public, such as older people living alone, about risks from doorstep crimes, scams, rogue traders, etc.

If trading standards officers are concerned about the welfare of a vulnerable adult who has been a victim of abuse, they should refer into adult protection.

8.2.9 Financial Institutions and the Department for Work and Pensions (DWP)

Banks, building societies, the post office and the DWP should be alert to possible financial abuse of vulnerable adults and report this. They should put in place a range of measures to reduce the risk of financial abuse.

They should refer concerns to adult protection and contribute to the adult protection process by assisting with investigations.

Links

The British Bankers Association has published advice for staff on safeguarding vulnerable customers:

◆ [Safeguarding Vulnerable Customers](#)

9 Education and Training

Effective adult protection work needs to be underpinned by education and training that promotes clarity and consistency.

9.1 Training for Staff

Signatories to the *Adult Protection Policy and Procedures* must be committed to ensuring managers, staff and volunteers receive appropriate adult protection training.

Currently there is no standardisation of adult protection training in Wales for any of the groups who require training courses.

Generally, training should be provided on an inter-agency basis to develop and promote joint work and shared undertaking across agencies. This training should be developed and provided at different levels, depending on the nature of the post and the post-holder's particular needs. The range of training available should include:

Induction training for new entrants to any post in a health or social care agency must be trained on the *Wales Adult Protection Policy and Procedures*, and on recognising and responding to abuse.

Awareness, recognition and referral training on *Wales Adult Protection Policy and Procedures* should be provided for all appropriate health and social care staff and a wide range of groups that include:

- Police officers.
- Local authority elected members and health executive board members.
- Service commissioners.
- Ambulance and Fire service.
- All health and social care staff including those working in Children's Services.
- Service regulators.
- RSPCA.
- National Probation Service.
- Volunteers.
- Administrative staff.
- Further and higher education.

E-learning material is available to support induction and awareness training but ideally is used in addition to multi-agency training.

Designated Lead Manager: appropriate training should be provided for those co-ordinating and managing the adult protection process.

Investigating officers must receive inter-agency, specialist training, appropriate to that role, including interview skills training. This should include shadowing the work of an experienced investigator.

Care Managers/Care Co-ordinators should receive training relating to their roles and responsibilities such as supporting vulnerable adults when they disclose abuse and ongoing support throughout the adult protection process.

Provider managers, e.g. of care homes, hospital wards, day services, domiciliary services, should receive training on *Wales Adult Protection Policy and Procedures* and on their responsibilities under them.

Referral-takers, e.g. call centre staff, duty workers, out-of-hours' workers, should receive specific training on their responsibilities.

Minute-takers for Strategy Meetings and Case Conferences should receive specific training on their responsibilities.

Refresher and update training should be undertaken by all staff listed above at intervals of no more than three years. This training should draw on findings from new research, best practice and learning from experience, locally and nationally. It should be adapted according to the role responsibilities of the particular groups of staff. It is anticipated that staff undertaking the key roles of Designated Lead Manager and Investigator will benefit from annual refresher and update training.

9.2 Training for Vulnerable Adults

Adult Protection Committees should provide, and/or work with user, advocacy and carers' groups to provide, information and discussion sessions about abuse and adult protection. These sessions should include vulnerable adults' rights to safe care and a fulfilled life free from abuse.

In some parts of Wales joint work has been undertaken with organisations such as People First, Mind and Age Concern to develop courses and workshops that aim to increase the ability of people who may be vulnerable to abuse to take action to keep themselves safe, to discuss concerns and report possible abuse. Some of these workshops and courses are run by vulnerable adults.

Information about such training will be available locally.

10 Support for Victims, Families and Alleged Perpetrators in the Adult Protection Process

This chapter identifies the importance of providing effective support for victims, families and for those who allegedly have perpetrated abuse. It identifies agencies which provide support.

10.1 Supporting Victims of Abuse throughout the Adult Protection Process

Throughout the adult protection process the victim and others affected should be supported, but this must be without jeopardising any investigation or criminal prosecution.

The Designated Lead Manager is responsible for ensuring appropriate arrangements are made to meet these needs. Vulnerable adults may require support during the adult protection process, even if they have supportive relatives, service staff and/or a care manager. If so, the support of an advocate should be arranged. In some cases a specialist advocate, an IMCA, may be required (*see below*).

Support needs that cannot be met should be recorded in line with agencies' procedures for recording unmet need.

Support available to vulnerable adults includes:

10.1.1 Independent Mental Capacity Advocate (IMCA)

Independent Mental Capacity Advocates have a specific adult protection role. In adult protection cases (and no other cases), access to IMCAs is not restricted to people who have no one else to support or represent them. People who lack capacity who have family and friends can still have an IMCA to support them through the adult protection process.

The role of the IMCA in adult protection is set out in the *Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (Wales) Regulations 2007*, which specifies that local authorities and NHS bodies have powers to instruct an IMCA under the following circumstances:

- a) where it is alleged that the person is being or has been abused or neglected; or
- b) where it is alleged that the person is abusing or has abused another person; and
- c) where they propose to take **protective measures** in relation to a person who lacks capacity to agree to one or more of the measures.

A protective measure is any action taken to minimise the risk of abuse or neglect continuing, whether the person is the alleged victim or the alleged perpetrator.

The IMCA's role and their powers in relation to decisions about protective measures are the same as those in other cases where they are involved and are set out in the [Mental Capacity Act Code of Practice](#).

Where an IMCA has been involved at any stage of the adult protection process, they should be invited to attend adult protection meetings as appropriate, including Strategy Meetings, Case Conferences and reviews. The involvement of the IMCA should be reviewed once the specific decisions that prompted the referral have been resolved.

Links

The Regulations covering the involvement of an IMCA in adult protection can be accessed via the link below:

- ◆ [The Mental Capacity Act 2005 \(Independent Mental Capacity Advocates\) \(Wales\) Regulations 2007](#)

Guidance has been drafted by the Wales Adult Protection Co-ordinators Group, based on the Wales Regulations, setting out criteria for involving an IMCA in adult protection.

- ◆ [Criteria for the use of Independent Mental Capacity Advocates in Adult Protection cases in Wales](#)

Additional guidance on the involvement of IMCAs in adult protection has been produced by the Social Care Improvement Agency and the Association of Directors of Adult Social Services.

- ◆ [SCIE Guide 32: IMCAs in safeguarding adults](#)

10.1.2 Independent Mental Health Advocate (IMHA)

Independent mental health advocates provide an important safeguard for certain patients treated under the compulsory powers of the Mental Health Act. The IMHA provides support to qualifying patients to ensure they understand the Act and their own rights and safeguards. If an adult protection concern arises, consideration should be given for a referral to an IMHA if necessary.

The IMHA service is not a substitute for independent advocacy as practised in the health and social care sectors. IMHAs specifically provide specialist advocacy within the framework of mental health legislation.

10.1.3 Victim Support

Victim Support is a national charity for victims and witnesses of crime in England and Wales.

The service provides free and confidential help to victims of crime, their family, friends and anyone else affected. They issue information, emotional support and practical help. Anyone affected by crime can use this service, either direct from local branches or through the Victim Support line. If a crime is reported to the police via the adult protection process, contact will be made from Victim Support automatically within a couple of days (unless the Police are advised not to pass on the vulnerable adult's details)

The services are free and available to everyone, whether or not the crime has been reported and regardless of when it happened. Victim Support is an independent charity - not part of the police, courts or any other criminal justice agency.

Links

Victim support can be contacted via their website:

◆ www.victimsupport.org.uk

10.1.4 Witness Support

For many witnesses, going to court can be a distressing experience. They may not know what to expect or how to find out about court procedures. The Witness Service, which is run by Victim Support, is on hand to provide practical and emotional support to victims, witnesses (both prosecution and defence), their families and friends. This support is available before, during and after the court case.

Extra support for vulnerable or intimidated witnesses (Special Measures) are available to help 'vulnerable or intimidated witnesses' to give their evidence in the least upsetting way possible. This includes the use of video link, interpreters, and specially trained communicators. Information about 'Special Measures' can be obtained from the Police or Court Services.

10.1.5 Independent Domestic Violence Advisors (IDVA)

Local authorities throughout Wales have introduced Independent Domestic Violence Advisors in conjunction with the All Wales Domestic Abuse Strategy. The role of the Independent Domestic Violence Advisor (IDVA) is key in delivering effective services to victims of domestic violence. IDVAs effectively 'walk' beside the victim through the process, providing one point of contact both inside and outside the criminal justice system for the duration of a case and are key to gaining and sustaining victim confidence. Independent Domestic Violence Advisors should be considered where a vulnerable adult has disclosed domestic abuse. IDVAs can then also consider the appropriateness for referral on to Women's Aid and other support services and consideration for a referral to a Domestic Violence Multi agency Risk Assessment Conference (DV MARAC).

10.1.6 Other Advocacy services

A range of organisations in Wales provide advocacy services. Advocacy Wales is the umbrella body for independent advocacy services in Wales and maintains a list of advocacy services.

The purpose of advocacy is to support people to say what they want, to enable them to secure their rights, to represent their interests and obtain services they need. This includes people of all ages, people with physical and/or sensory impairments, mental health service users, people who lack capacity to make decisions and people with learning disabilities.

Advocates and advocacy organisations work in partnership with the people they support. Advocacy promotes social inclusion, equality and social justice.

The role of advocacy in adult protection is fundamental to keeping the wishes and views of the vulnerable adult central to the process. The role of advocacy should be considered in each and every adult protection case so that this is not overlooked and to ensure the voice of the vulnerable adult is heard. There are specialist advocacy services for specific client groups including mental health and learning disability. Their role, the services they provide and their involvement in the adult protection process will vary depending on which organisation advocacy is being sought from.

Links

Advocacy Wales can be contacted at:

◆ <http://advocacywales.org>

10.2 Keeping Families, and others Concerned, Supported and Involved during the Adult Protection Process

Family and others who are concerned and involved with a vulnerable adult can have an important part to play in the adult protection process and may be able to provide important information to assist the process and provide support to manage risk.

As early as possible in the adult protection process and as agreed at a Strategy Discussion or Strategy Meeting, families should be consulted and made aware of and helped to understand the concerns which have been identified. If appropriate and possible, they should be provided with support throughout the investigation process. However the wishes of the individual who may have been subject to abuse must be considered before information is shared.

If they perceive that they have entrusted the care of a dependant relative to a service which may have betrayed that trust, understandably they will very much wish to be involved in the adult protection process and will expect to see 'justice done'. DLMS need to be respectful of their position and identify carefully how they can be informed and involved. Sometimes it is family members who identify and report abuse. The specific emotional and psychological needs of family members need to be recognised, appropriately sensitive terminology used when explaining actions and inactions, acknowledging that they can be 'secondary victims'.

However, giving detailed information about an allegation may prejudice investigations. Therefore the decision about what information can be shared, at what stage in the process and to whom, should be made as part of the Strategy Meeting process and the rationale recorded. It is also important to identify who will be responsible for sharing the agreed information.

Careful consideration needs to be given to the consultation and involvement of relatives and other relevant persons if they are suspected of being involved in the abuse. To do so might not be acting in the best interest of the person subjected to the abuse. Any such decision to consult or not must be recorded as part of the Strategy Meeting minutes.

If possible and as a minimum, any relevant person should be given a broad understanding of the nature of the concern unless the Police advise otherwise. If the alleged perpetrator is another vulnerable adult, a case conference will generally be required to focus specifically upon them, their actions and their needs.

10.3 Responsibilities to Alleged Perpetrators

Alleged perpetrators, whether relatives, carers, staff, volunteers or other vulnerable adults, should be treated fairly and honestly.

They are innocent unless and until proven guilty, BUT because there is a possibility that they may have abused a vulnerable adult and could continue to abuse, this risk has to be managed. If appropriate and possible, they should be provided with support throughout the adult protection process, as should others involved.

They should be made aware of and helped to understand the concerns which have been identified at an appropriate point in the process and as agreed during Strategy Discussions or at the Strategy Meeting. However, there is a danger to their wellbeing if, for example, a perpetrator is suspended from their place of work, cut off from work colleagues and no arrangements are made to keep them informed of the progress of an investigation. Employees should make arrangements for appropriate contact to be maintained, and DLMs should endeavour to ensure that investigations are not unnecessarily protracted.

Giving detailed information about an allegation to an alleged perpetrator may prejudice investigations. The decision about what the alleged perpetrator should be told should be considered during the Strategy Discussion stage, and as a minimum the person about whom an allegation has been made should be given a broad understanding of the nature of the concern unless the Police advise otherwise. If the alleged perpetrator is a paid worker, they have specific rights as employees. HR policies must be applied in conjunction with adult protection procedures.

Links

Some areas in Wales have developed leaflets to provide people against whom allegations are made with information about the adult protection process. Some examples can be accessed here:

- ◆ [What you need to know if an allegation has been made against you.](#)
- ◆ [When an allegation has been made against you](#)
- ◆ [When an allegation has been made against you. Staff and care workers](#)

10.4 Responsibilities to Whistle-blowers

The term 'whistle-blower' is unattractive and perhaps unhelpful, but it is widely used to describe those people who are bold and brave enough to report concerns about practices in services which appear to be wrong and, often, seem to be ignored by others. Whistle-blowers can perform an invaluable service by bringing to light abuse and neglect of vulnerable adults, but they are also at risk of being singled out and punished by their employers and colleagues. Good employers have whistle-blowing policies which help to afford protection to those raising concerns. Advice and support is also available nationally for whistle-blowers from the national charity Public Concern at Work. In addition, there are legal safeguards that can afford some protection for whistle-blowers from vengeful employers.

Links

The legal framework covering whistle-blowing is set out in

- ◆ [Public Interest Disclosure Act 1998](#)

Public Concern at Work can be contacted on 020 7404 6609 or via their website:

- ◆ [Public Concern at Work](#)

11 Complaints about the Adult Protection Process

The vulnerable adult, or any person nominated by them may wish to make a complaint regarding the adult protection process used to safeguard them or another vulnerable person. Similarly an advocate acting on behalf of a vulnerable adult may lodge a complaint as can carers, relatives and workers who have been involved in the process.

All local authorities follow the Welsh Assembly Government's guidance for complaints, *'Listening and learning. A guide to handling complaints and representations in Local Authority Social Services in Wales'*.

All LHBs follow the Welsh Assembly Government's guidelines for complaints, *Complaints in the NHS – Guidance for managing complaints in Wales*, formulating their own policies to ensure compliance within their organisation by all staff. Information booklets are provided for members of the public using health services giving detailed information regarding the complaints procedure, which includes the appeals procedure up to and including involvement of the Public Service Ombudsman for Wales.

Local policies have been developed in adherence to this guidance to ensure compliance within the organisation by all staff. Information booklets are usually provided for members of the public and people using services giving detailed information regarding the complaints procedure, timescales and information on the stages of the process as well as the appeals procedure up to and including involvement of the Ombudsman.

All responses to complaints coming into any agency should pay due regard to the adult protection policy, and adult protection investigations should take precedence. Therefore if a complaint is received by an agency regarding an ongoing adult protection case there should be no complaints investigation undertaken while there is any chance of compromising the adult protection investigation. However, the complainant must be consulted following the adult protection investigation, or case closure, in order to consider whether any residual issues need to progress via the complaint procedure.

The following issues will usually be dealt with via the internal complaints procedures of the relevant agency:

- Complaints or representations relating to services received by the vulnerable adult as part of the adult protection process.
- Complaints about the individual professional practice or conduct of an officer acting within the adult protection process.
- Complaints where more than one agency has been named by the complainant or is implicated. In such cases Complaints Officers from the named agencies must reach a joint agreement with each other and the complainant about how the complaint investigation will be taken forward, i.e. jointly or as a single agency, etc.

The complaint made by the vulnerable adult, or any person nominated by them, may include how the process was followed, information sharing, accuracy of minutes or of reports, or the outcomes and decisions made during the process. When this happens these concerns will not be addressed under the agency complaints procedure but will need to be referred in the first instance to the Designated Lead Manager responsible for the co-ordination and oversight of decision-making within the case. If the issues of concern relate to their management of the case or if local resolution cannot be achieved with the complainant then the Adult Protection Co-ordinator will need to be involved to formally review the case and investigate the concerns raised. The decision-making processes and practices will be evaluated and consideration given to whether the complaint is upheld or not.

If the issue is not resolved to the satisfaction of the complainant then the complaint may be referred to the chair of the Adult Protection Committee for review. Depending on the seriousness of the complaint a full Adult Protection Committee meeting may need to be convened in order to consider the complaint and if required a multi-agency panel will be set up to review the complaint. Any recommendations and lessons learned should then be disseminated through the Adult Protection Committee to relevant parties/agencies.

The complainant may still wish to take any outstanding or unresolved complaint about the actions or decisions of the local authority or partner agency to the Ombudsman.

Who can complain about the adult protection process?

- The vulnerable adult.
- A nominated or suitable person acting on behalf of or in the best interests of the vulnerable adult.
- A family member, carer or friend of the vulnerable adult.
- An advocate.
- A partner agency.

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Adult protection complaint process:

- Each Adult Protection Committee will need to develop an agreed timescale for managing complaints received about the adult protection process.
- Clear lines of accountability should be designated and complainants should be kept informed by letter.
- A written report/response should be sent to the complainant at the conclusion of the investigation or case review. A copy of this should be sent to the Adult Protection Co-ordinator
- Recommendations and/or lessons learned should be reported to the Adult Protection Committee and to relevant individuals and agencies.

Links

Details of the complaints process to be followed by local authorities can be found in:

- ◆ [Listening and Learning](#)

Details of the complaints process followed by Health Boards can be found in:

- ◆ [Complaints in the NHS: A guide to handling complaints in Wales](#)

Procedures

12 Introduction

In order to deal with abuse and protect vulnerable adults, named agencies will be required to take actions throughout the process and when identified in Individual and General Protection Plans.

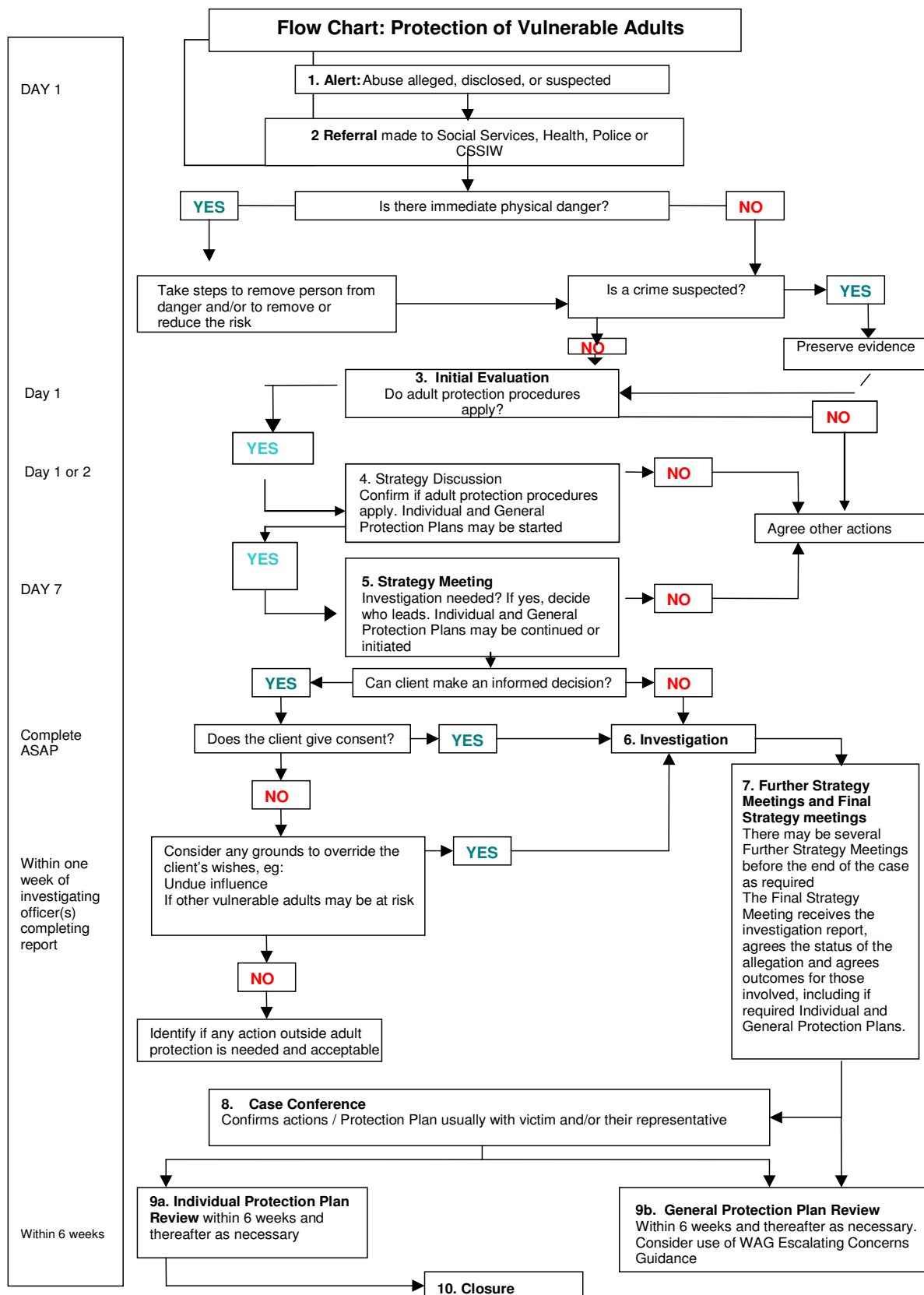
In order to explain the requirements of the adult protection procedures, the process is divided into ten stages.

Stages one and two cover the alert and referral. Stage three is the 'gate-keeping' stage for the Designated Lead Manager. At this stage it is determined whether or not the threshold for adult protection is met and if these procedures need to be applied.

Not all adult protection cases will proceed through all stages. The closure of the adult protection case can be done at any point in the process from stage three onwards, but must be done effectively by considering points noted in the case closure section of this manual.

Risk assessment and risk management are central to the adult protection process and are essential to all stages.

12.1 The Ten Stages and Timescales in the Adult Protection Process



Stage	Activity	Timescale
Stage 1 Alert (abuse alleged, disclosed, suspected)	<ul style="list-style-type: none"> Evaluate risk. Make decision. Take action. Make referral. 	Take immediate/ emergency action if necessary → Referral to be completed within one working day.
Stage 2 Referral Received	<ul style="list-style-type: none"> Referral received by Social Services, Police, CSSIW or Health. Evaluate risk. 	
Stage 3 Initial evaluation	<ul style="list-style-type: none"> Decide if the <i>Adult Protection Procedures</i> apply. 	→ Initial evaluation on the day the referral is received.
Stage 4 Strategy Discussion	<ul style="list-style-type: none"> Initial information gathering. Evaluate all risks. Create and implement Individual or General Protection Plans if risk identified. '<i>Police will decide if a criminal investigation is required</i>'. 	→ Strategy Discussion within 2 working days of the alert
Stage 5 Strategy Meeting	<ul style="list-style-type: none"> Evaluate risk and in the context of risk assessment decide if investigation needed or alternative action. Create and implement Individual or General Protection Plans if risk identified. 	→ Within 7 working days of the alert
Stage 6 Investigation	<ul style="list-style-type: none"> Investigation conducted, including further evaluation of risk. 	→ Completed as soon as possible and within timescale agreed at Strategy Meeting
Stage 7 Reconvened Strategy Meeting	<ul style="list-style-type: none"> Receive investigation report, agree actions, Review risk and formulate Individual and General Protection Plan whenever necessary. 	→ Within 7 working days of completion of the investigation report
Stage 8 Case Conference	<ul style="list-style-type: none"> Feedback to alleged victim/advocate/family Agree Protection Plan. Evaluate risk. 	→ Within one week of Reconvened Strategy Meeting.
Stage 9 Reviews	<ul style="list-style-type: none"> Reviews of Individual Protection Plan and risk. 	→ Within 6 weeks of agreement of Individual Protection Plan and thereafter as agreed.
Stage 10 Closure	<ul style="list-style-type: none"> Adult protection work completed and adult protection file closed. Care management continues as necessary. 	→ Once all risks resolved or agreement reached on the management of any continuing risks.

NB: Working days exclude weekends and bank holidays

13 Managing Risk

When an alert is raised, a risk assessment must be undertaken to check if the vulnerable adult, other vulnerable adults and/or children may be at risk. If this is the case, steps must be taken to safeguard them. Risk should be re-evaluated throughout the process to ensure the safeguarding of vulnerable people. Risk management is about monitoring cases and involves regularly reviewing the previous risk assessment and protection plan.

Responsibility for ensuring that risks are evaluated and managed lies with the Designated Lead Manager who manages the referral and subsequent adult protection case.

It is important to involve the service user in this process to ensure that safeguards are not being imposed upon them.

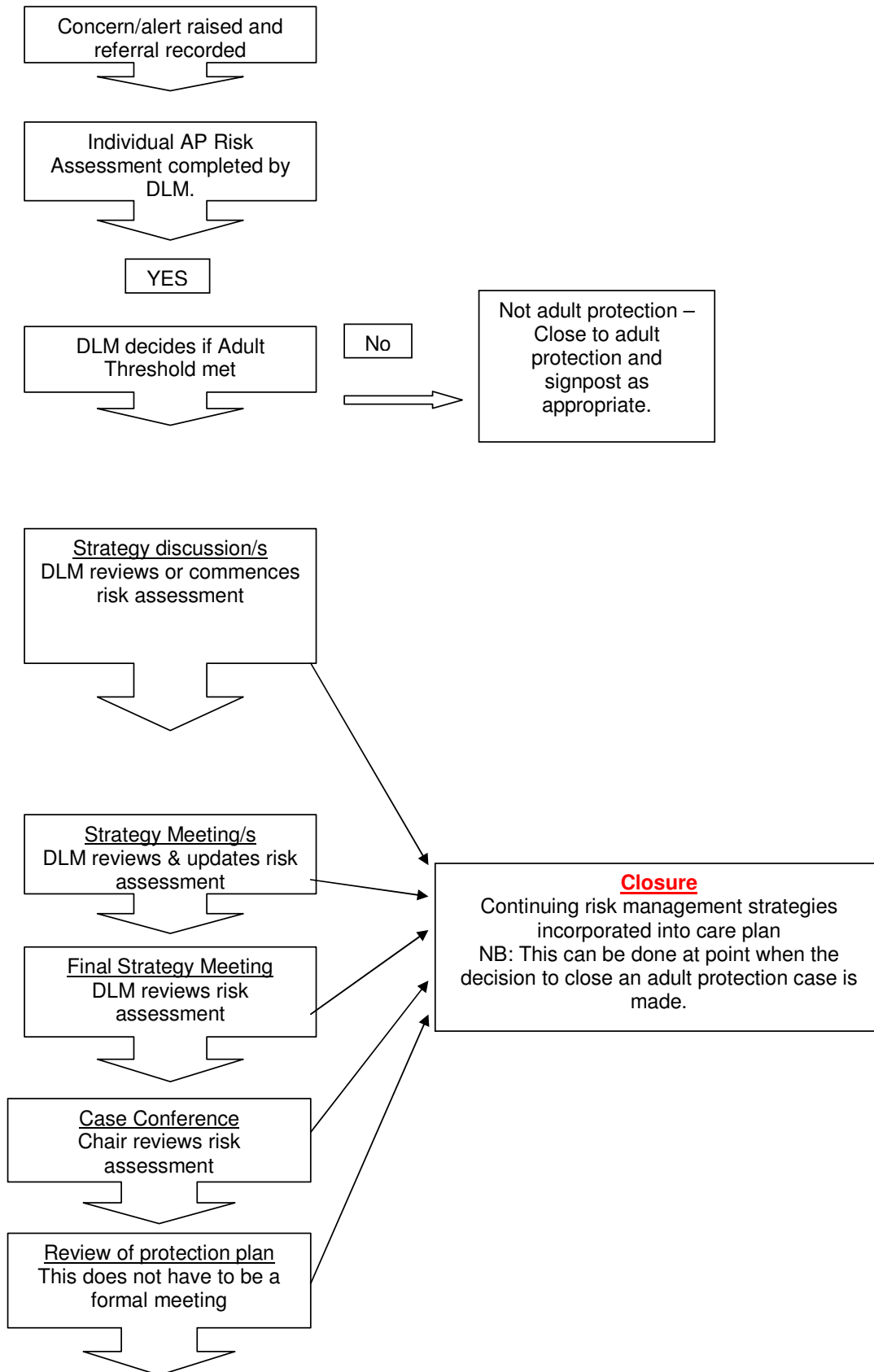
Risk assessments can be subjective; therefore, every effort should be made to ensure accuracy in prediction of harm and likelihood of occurrence. Evidence obtained needs to be precise for this reason.

Workers must consider whether the risk-taking action is currently, or could become, a public protection issue.

Remember...

- **The safety and wellbeing of all vulnerable adults are paramount.**
- **If you have adult protection concerns, you must raise an alert. The adult protection process will deal with false alarms or unfounded concerns – your duty is to raise the alert when there are concerns.**
- **As a member of staff or manager you are accountable for the decisions you take. Get advice if you are unsure what to do.**
- **You must record (or ensure a record is made of) information, actions and decisions taken under these procedures.**
- **You must be aware of the policy on information-sharing in this manual.**

Risk Assessment Management Process



13.1 Risk Assessment Procedure for Designated Lead Managers

A risk assessment should be completed for all referrals but additional, specialist risk assessments may also be required in some cases. For example, a referral that includes domestic abuse may require completion of the CAADA risk assessment prior to submission to MARAC.

As soon as the DLM receives the referral, he/she should begin completing the initial Risk Assessment Recording Sheet for the adult protection case. The DLM should use this form at the time of referral and should review it at the Strategy Discussion stage and thereafter, recording their initial discussions with the Police and other agencies/individuals. This demonstrates that the DLM has identified risks that the current situation presents and has determined what measures need to be put in place to minimise these risks. These and any other further risks must be reviewed at the initial and at each subsequent Strategy Meeting and a new form completed identifying the risk factors and risk reduction measures agreed. This will provide a continuing evidence record.

The details of the discussion that led to the assessment and actions taken must be recorded in the record of the Strategy Discussion or the minutes of Strategy Meetings. If it is necessary to revise an assessment between meetings, the reason for this and for any revisions should be recorded in the case record.

The allocated care manager/care co-ordinator may have more information which can assist this process. The details of everyone consulted should be recorded. For the initial risk assessment it may not be necessary to consult with anyone as the risks may be evident from the referral, although best practice suggests that consultation may produce a more robust risk assessment.

How to complete the risk assessment form

The Designated Lead Manager is responsible for ensuring that all parts of the form are correctly completed. This guidance sets out how to complete each section of the Risk Assessment Forms.

1. **In column 1** number each risk.
2. **In column 2** describe the risk as precisely as possible. These are the risks that are apparent from the referral and from consultation with other professionals/agencies (Strategy Discussion) that have involvement with the vulnerable adult and from subsequent information/evidence gathered through the investigation or provided at Strategy Meetings. It is also important to include identified 'risk benefits'. For example, the grandson visits every Thursday and asks for money. The grandmother accepts this as she enjoys his company.
3. **In column 3** record whether or not the alleged victim has the mental capacity to make decisions in relation to each of the risks identified and to consent to any proposed risk reduction strategies. If the person has capacity to make these decisions, his/her consent must be obtained for any risk reduction strategy in relation to that risk. If the person does not have capacity to make these decisions and to give consent to the risk reduction strategies, the guidance in the Mental Capacity Act and Mental Capacity Act Code of Practice must be followed in making a Best interest Decision. This includes seeking the views of someone able to represent the person. This may be the person's relative or an Independent Mental Capacity Advocate (remember that in adult protection a referral may be made to an IMCA even if the person has a relative).

4. **In column 4** record the views of the vulnerable adult with regard to the risk. This should be completed whether or not the person has been assessed to have mental capacity in relation to the risk and reduction strategies. Where the person is assessed not to have capacity, the Mental Capacity Act still requires that their wishes should be taken into account in making a Best Interest Decision.
5. **In column 5** record the initial risk rating. The risk assessment matrix should be used to assist in defining the level of risk by identifying the harm and the likelihood of harm (L). and determine whether risk is high, medium or low. Look at the examples in the accompanying matrix.
6. **In column 6** record the risk reduction strategies that are/need to be in place to safeguard the vulnerable adult from further harm. There may already be strategies in place that are identified on the referral and these should be included in the risk reduction strategies and Individual Protection Plan. Risk reduction strategies agreed during this process should be transferred to the Individual Adult Protection Plan.
7. **In column 7** record the reassessed risk rating anticipated on implementation of agreed risk reduction strategies. Look at the examples of harm and the likelihood criteria to assist you here.
8. In the box '**Rationale for risk rating**' specify the reasons for the initial and reassessed risk ratings that have been agreed.
9. In the box '**General concerns/issues**' record any factors that may pose a risk to other vulnerable people. These may relate to the actions or employment of the alleged perpetrator or to possible weaknesses in organisational systems and policies. These risks should be used to develop a General Protection Plan if necessary.
10. This initial risk assessment must be reviewed at any subsequent meeting or if there are significant developments between meetings. These reviews must be recorded on the Adult Protection Risk Assessment Review Form. When the risk assessment is reviewed, the Individual Protection Plan should also be reviewed and updated as required.
11. At the end of the adult protection process, risk assessments should be considered and used to inform all future care and service delivery. Care managers and care co-ordinators should ensure that these are considered within care plan/service plan reviews.

Some areas have developed their own risk assessment tools and may continue to use these:

- ◆ [Swansea Risk Assessment Tool](#)

14 Stage 1 – Alert

The Alert refers to a concern, disclosure or suspicion that a vulnerable adult is being abused.

Consideration must be given to the perceived level of risk to the vulnerable adult and others and appropriate emergency action taken if necessary.

14.1 The Adult Protection Alert

A *concern* may be a suspicion or allegation of abuse. A concern may be raised because of what a person saw, heard, or was told. The referrer does not need evidence of abuse. The expectation in this policy of anyone suspecting abuse is **if in doubt report**. The multi-agency arrangements for responding to possible abuse are sensitive and sophisticated, drawing upon the collective wisdom of experienced professionals from different agencies to establish whether or not abuse has occurred. It is very important that these arrangements (Strategy Discussion and Strategy Meeting) are triggered if there is a possibility of abuse. Some very serious abuse only comes to light because people raising the alert have drawn the attention of Social Services or Police to what may appear, at first, to be relatively minor concerns.

A *disclosure* is information about possible abuse received from a vulnerable adult or someone else on their behalf.

An alert or enquiry about a vulnerable adult may be verbal, for example a telephone call or discussion in supervision or during a visit or may be a message left or an email asking to discuss an issue.

If the vulnerable does not want the alert disclosed

If the vulnerable adult does not want a member of staff to disclose, nevertheless staff have an overriding duty to report to their manager but must also tell the vulnerable adult that they are doing so.

14.2 Role of the person raising the Alert

Where alerts are referred

Alerts should be referred to Social Services, or to the Police if a crime is suspected. If the alert is raised about a concern on health premises and Health employ an Adult Protection Co-ordinator, the referral can be made to them and copied to Social Services.

14.3 Action on alert

Staff must not delay reporting an alert. If their line manager is not on duty they must contact another manager in their organisation or contact Social Services or the Police themselves.

14.3.1 Immediate action

Abuse may present itself as an acute situation demanding immediate action. A vulnerable adult may be in immediate physical danger or need urgent medical attention, or be suicidal.

The referrer must act and consider:

- Should they dial 999 for the police or ambulance service?
- Should they remain with the vulnerable adult until other appropriate emergency services arrive and they are safe?
- Should they contact the Social Services duty service immediately, including the out-of-hours service.
- Does the victim need to be removed somewhere else?
- Does the victim need to be protected in a way that deprives them of their liberty? If so, see requirements for Deprivation of Liberty Safeguards.
- Is another member of staff on hand to help you deal with the situation?
- Is immediate intervention likely to be safe for the victim, abuser, other service users and staff?
- Is there evidence to be preserved?

It is essential to record all immediate actions taken.

14.3.2 Action if concerns suggest a crime may have been committed:

- Call the Police (999 if necessary).
- Get medical help if the victim may have been physically or sexually assaulted.
- Preserve evidence. Ask the Police for advice on this if you need to.

Links

Guidance on preserving evidence can be found in this document:

◆ [Preserving evidence](#)

14.3.3 Responding to a vulnerable adult who discloses abuse

Many incidents only come to light because vulnerable adults disclose abuse themselves. If a vulnerable adult discloses abuse, the person it is disclosed to should respond sensitively and pass the information straight away to their line manager or senior manager, unless it is suspected that they may be implicated in the abuse.

- If staff are concerned about the response their manager might make, or think they may be implicated, they should speak with a more senior manager or, if the agency's policy permits it, contact Social Services, Health or the Police direct.

Links

Further guidance on responding to a vulnerable adult who discloses abuse can be found in the following document:

◆ [Responding to a vulnerable adult who discloses abuse](#)

14.3.4 Action if there is concern that a member of staff has abused a vulnerable adult

If staff witness or suspect abuse by another member of staff from their own or another agency, they have a duty to report these concerns. This is irrespective of the person's status, job title, pay grade, profession or authority over others.

- Staff must inform their line manager. If they are concerned that their manager might be implicated, they should notify a senior worker or manager in their agency.
- Staff must not discuss the concerns with other staff members as this may alert the alleged perpetrator or contaminate evidence.

14.3.5 Action if there is concern that a line manager may have abused a vulnerable adult

The worker should:

- Report concerns to a senior manager in their agency if available, or the Social Services department for the area where the alleged abuse occurred.

14.3.6 Action if there is concern that a professional may have abused a vulnerable adult

If there is a concern that a professional such as a police officer, a doctor, a nurse or a social worker may have abused a vulnerable adult, staff should:

- Report concerns to a senior manager in their agency or the Social Services department or the Health adult protection co-ordinator for the area where the alleged abuse occurred.

14.3.7 Action if there is concern that a vulnerable adult may have abused another vulnerable adult

Even if the alleged perpetrator is another vulnerable adult, the *Adult Protection Policy and Procedures* apply. Their use may result in police investigation and prosecution. However, the non-criminal abuse of a vulnerable adult by another vulnerable adult or by a carer may require a very different response if there is no deliberate intention to cause harm.

Staff have a duty to report if one service user is acting abusively towards another.

Abusive behaviour by a service user should not be viewed as merely challenging behaviour.

The intention or responsibility or mental capacity of the service user is not the issue - the abusive behaviour is.

Where the alleged abuser is a vulnerable adult, a separate multi-agency Case Conference should be arranged to consider their needs and the management of any risk they may pose. If it is decided not to hold a Case Conference, the rationale for the decision and alternative actions must be recorded. Consideration should be given to support from an Independent Mental Capacity Advocate or another advocacy agency.

14.4 Actions on Alert for Specific People

A line manager or other manager receiving an alert must follow the *Adult Protection Policy and Procedures* and refer the alert to the Designated Lead Manager in Social Services or Health, or to the Police.

14.4.1 Line managers in regulated settings and other service settings

Settings include hospitals, care homes, day services or other health and social care services and domiciliary care in the person's own home.

- Take immediate action to ensure the safety of alleged victim, such as first aid.
- If it is suspected a crime may have been committed, **call the police and preserve evidence**.
- Refer the concern to Social Services or Health.
- If the service is regulated by the CSSIW, the Registered Person has specific responsibilities. The Registered Person must:
 - o contact the Police if a crime may have been committed;
 - o obtain medical attention if the vulnerable adult needs this; and
 - o inform the CSSIW. (Social Services also inform the CSSIW).
- Comply with any contractual reporting arrangements.
- If the allegation involves a member of staff or volunteer, the manager should consider if immediate action is required using the organisation's disciplinary procedures, such as suspending or transferring a member of staff, *but not start any investigation*. ***Note: where a crime may have been committed and to assist their investigation, the Police sometimes advise against immediate suspension if no vulnerable adults are in danger.***
- Unless immediate action is required the provider manager should discuss the options at the first Strategy Meeting. The transfer of a staff member should be to ensure that they no longer have opportunities to abuse, i.e. they must no longer be in an unsupervised care role. They should not be moved to a distant location that might hamper the investigation. An internal disciplinary investigation should not be started until this has been agreed at a Strategy Meeting.
- If abuse is suspected, no one in the organisation should question the vulnerable adult or other witnesses. This will be done as part of the investigation.
- Record all actions taken.

Links

Further guidance for managers can be found in this document:

- ◆ [Guidelines for action following an allegation that abuse has been committed by a member of care home staff](#)

14.4.2 CSSIW inspectors

CSSIW Inspectors must refer any adult protection concerns they have or that have been raised with them to the Social Services department where the alleged abuse occurred

They must inform their team manager who should alert the regulation manager, following CSSIW's guidance.

- ◆ [In safe Hands – Procedure for responding to alleged abuse of vulnerable adults in regulated services](#)

14.4.3 Service commissioning and contracting managers and officers

Refer to the Social Services department or Health adult protection co-ordinator for the area where the alleged abuse occurred.

14.5 Recording an Alert

A member of staff reporting an alert must make a record as soon as practicable, following their agency policy on recording.

In every case of alleged abuse, a referral must be made as soon as possible and in any case within 1 working day of the alert.

The referrer must confirm the referral in writing to Social Services or Health as soon as possible and within one working day of the referral. Referrers should use the Wales Adult Protection Referral Form.

Links

- ◆ [Adult Protection Referral Form](#)

15 Stage 2 – Referral

A referral must be made to Social Services, Health or the Police as soon as possible and in any case within one working day of the alert.

The referral must highlight the perceived level of risk to the vulnerable adult (s) and others.

15.1 The Adult Protection Referral

A referral is the direct reporting of an allegation, concern or disclosure to a statutory organisation (Social Services, Police or Health). It is a concern that is formally recorded on an Adult Protection Referral Form – this is the start of the formal adult protection process.

Sometimes referrals may be identified via a complaint, a clinical incident, whistle-blowing or disciplinary issue.

15.1.2 Who can make a referral

Referrals may be made by anyone, including:

- Advocates
- Ambulance service
- Child protection department
- Clergy
- Concerned staff, such as benefits workers, primary healthcare staff, secondary healthcare staff, volunteers
- Contracts and commissioning officers
- Coroners Office
- CSSIW, HIW and Health and Safety Inspectors
- Domestic abuse services
- Education, including further and higher education
- Fire service
- Housing providers
- MAPPA
- Member of the public
- Neighbours
- Police
- Relatives
- RSPCA
- Service users
- Social Services care managers
- Solicitors
- Voluntary organisations

15.1.3 How to refer and who to refer to

In the first instance referrals should be made to Social Services, Health or to the Police.

All referrals should be made to Social Services, with the following exception:

Referrals should be made to Health if there is a health worker or team in the area and if the alleged abuse took place in a health setting (e.g. hospital, GP surgery) or if the alleged perpetrator is a health employee and the alleged abuse is in their work role.

Referrals should be made to the Police if it is suspected that a crime has been committed.

15.2 Taking a Referral (Social Services and Health)

Referrals may be made in person, by telephone, in writing, by secure fax or by e-mail.

The referral information must always be taken by the point of first contact. For example, if a referral is made to Social Services that should be dealt with by Health, the details will be taken by Social Services and then passed immediately onto Health. The referrer should not be redirected since there is a risk that the referral will not then be made or may be delayed.

Social Service departments and Health organisations may have various different arrangements for referrals to be taken and processed. Irrespective of the arrangements the following is required for in-person and telephone referrals.

- They must tell the person making the referral that the information may be shared with other agencies and an investigation may be carried out.
- The referrer may be concerned about consequences for themselves. Where appropriate, staff who are whistle-blowers should be told that they may have protection under the Public Interest Disclosure Act 1998 and their employer's whistle-blowing policy.
- If someone is reporting third party information, the person receiving the information should try to find out who saw, heard or suspects the abuse, so that the report can be verified, but not disregard information from a third party whose identity is not verified.
- Members of the public can request anonymity. If possible, obtain a contact number for them in case further information is needed even if they do not wish to give their name. Requests for anonymity will be respected but cannot be guaranteed. They may not have to give evidence in court but their information may be used in subsequent proceedings. Information from someone who wants anonymity should not be disregarded.

If the referral is not appropriate for adult protection, or raises separate issues such as a housing problem, the person must be advised as necessary and signposted to other services including Police, domestic violence/abuse services, housing, etc.

If there are child welfare concerns these must be referred to Children's Services.

Links

The Public Interest Disclosure Act can be accessed below:

- ◆ [Public Interest Disclosure Act 1998](#)

15.2.1 Information to be taken at referral

A Wales referral form has been agreed.

- Professionals must complete this form when making a referral but should not delay making an immediate telephone referral if the matter is urgent.
- Agencies taking referrals should complete as much of the referral form as possible.

Where a telephone referral is made, the information should be read back to the referrer to check and confirm the details.

If the referral relates to more than one vulnerable adult, the referrer should take a separate adult protection referral for each.

Action must not be delayed if all of the information is not immediately available.

Links

The Wales Adult Protection Referral Form can be accessed from here

- ◆ [Adult Protection Referral Form](#)

15.2.2 Actions on receipt of a referral

Once the referral is taken and passed to the Designated Lead Manager the following steps must be followed:

- Undertake an **immediate risk assessment** to determine whether emergency action is required.
- If **emergency action** is needed, the DLM should exercise his/her professional judgement and take appropriate action.
- **Internal record checks** will be undertaken, e.g. is the vulnerable adult known? Have there been other adult protection referrals? Are other professionals and services involved with the person?

15.2.3 Out of hours

If the referral is made out of hours to Social Services or the Police, the person receiving the referral must take any steps necessary to protect the vulnerable adult(s), for example by arranging for a visit to check if there is immediate risk or calling the emergency services. They must pass the referral on to the appropriate Social Services, Health team or the Police the next day, by phone and on the Adult Protection Referral Form. All LHBs have a senior nurse on duty.

15.2.4 Recording the adult protection referral and subsequent action

All adult protection referrals must be recorded using the Adult Protection Referral Form. At this point an Adult Protection Case Management record must be started. When appropriate an acknowledgement letter should be sent to the referrer.

Links

The Adult Protection Referral Form, Adult Protection Case Management Record and Referral Acknowledgement Letter can be accessed here:

- ◆ [Adult Protection Referral Form](#)
- ◆ [Adult Protection Case Management Record](#)
- ◆ [Referral Acknowledgement Letter](#)

15.2.5 Information Sharing

Where there are Social Services and Health Designated Lead Managers dealing with referrals, local arrangements must be made to ensure that appropriate information about referrals is shared to ensure the protection of vulnerable adults and to meet national data reporting requirements. The obligation to share information is set out in the Wales Accord for the Sharing of Personal Information (WASPI).

15.2.6 Prioritisation of referrals

If several adult protection referrals are received in a short space of time, it can become necessary to determine the order in which they should be prioritised and addressed.

Links

Caerphilly County Borough Council has developed an assessment tool to assist in the prioritisation of adult protection referrals:

- ◆ [Risk Identification and Response Tool](#)

15.3 Taking a Referral (Police)

Generally all referrals to the Police will be made via telephone (999 or non emergency contact numbers), at a police station, a Public Protection Unit (PPU) or directly to a police officer.

The police must have in place a system which:

- ensures that cases referred as adult protection, e.g. by Social Services, go straight to PPU;
- ensures that cases that come into the generic command and control system, which may be adult protection, are flagged and addressed according to urgency and the PPU notified in line with the national recording system.

The Police forces will accept referrals on the standard Wales referral form. They will either use this form when referring, or ensure if they use a different form that all of the information required on the standard Wales form is provided.

It is normal procedure for the 'call handler' or receiving officer to record as many details as possible in relation to the matter that is the subject of the referral. This follows the same pattern as with other referrals to the Police.

16 Stage 3 – Initial evaluation

An initial evaluation of a referral must be carried out on the day it is received.

The purpose of the initial evaluation is to determine if the referral meets the threshold for action to be taken under the Wales Adult Protection Policy and Procedures.

16.1 Who Undertakes the Evaluation

The initial evaluation is undertaken by the Designated Lead Manager in Social Services or Health or the Public Protection Unit.

16.2 Undertaking the Initial Evaluation

The purpose of the initial evaluation is to determine if the referral is likely to meet the threshold for action to be taken under the *Wales Adult Protection Policy and Procedures*.

This is done by determining three factors:

- whether the alleged victim is a vulnerable adult (see policy definition);
- whether there may have been, or is a risk of, abuse resulting in significant harm (see policy definition);
- whether there has been an abuse of trust, including a failure to meet a duty of care.

This determination is based on:

- the information received in the referral (this may be a completed referral form or may be written or verbal information received from one or more source);
- information held in records kept by the receiving organisation **NB: These are records that are immediately accessible to the person undertaking the evaluation.**
- further information from the referrer if what is initially provided is insufficient (do not talk with anyone directly involved: victim, witnesses, perpetrators).
- Relevant additional information might include issues related to the alleged victim:
 - whether he or she has the mental capacity to consent to the act of alleged abuse;
 - whether he or she has the mental capacity to consent to a referral being made to adult protection and whether this consent has been given or not;
 - the wishes of the vulnerable adult in relation to a referral being made or action being taken on their behalf whether or not they are assessed to have mental capacity to consent to the referral. If a decision be made to act against the person's wishes the reasons for this decision must be recorded.

If this is not sufficient to reach a conclusion, the referral should proceed to Strategy Discussion.

16.3 Distinguishing between Poor and Abusive Practice

Determining whether or not abuse of a vulnerable adult has taken place can be straightforward, but this is not always the case. A judgment may be required about whether an act or an act of omission has caused significant harm. In some cases it is the repetition of minor actions or omissions that collectively will amount to abuse. The expectation in this policy of anyone suspecting abuse is **if in doubt report**. The multi-agency arrangements for responding to possible abuse are sensitive and sophisticated, drawing upon the collective wisdom of experienced professionals from different agencies to establish whether or not abuse has occurred. It is very important that these arrangements (Strategy Discussion and Strategy Meeting) are triggered if there is a possibility of abuse. Some very serious abuse only comes to light because people raising the alert have drawn the attention of Social Services or Police to what may appear to be relatively minor concerns.

An additional consideration in determining whether or not adult protection arrangements should be implemented arises where there may be other arrangements in place, for example, to deal with health and safety incidents.

Links

The tool linked below has been developed specifically for DLMs:

- ◆ [Guidance on the Application of Thresholds in Adult Protection Referrals](#)

16.4 Possible Conclusions and Outcomes of the Initial Evaluation

16.4.1 Possible conclusions of the initial evaluation

There are two possible conclusions of the initial evaluation:

- 1) Either the referral meets the threshold for further action to be taken under the *Adult Protection Policy and Procedures*, or
- 2) The referral does not meet the threshold.

A referral meets the threshold for adult protection if the initial evaluation concludes that it is likely that the alleged victim is a vulnerable adult and it is likely that they have been, or are at risk of being, abused and that this is likely to result in significant harm.

16.4.2 Outcomes for referrals that meet the threshold for adult protection

All referrals that meet the threshold for adult protection must proceed to a Strategy Discussion. If there is any doubt about whether the referral meets the threshold then it should proceed to a Strategy Discussion. At this stage the referral form will be shared with all those who will take part in the Strategy Discussion by encrypted email or secure fax.

Once it is determined that a referral meets the threshold for adult protection, the Designated Lead Manager or Public Protection Unit must assess the possible risks to the alleged victim and any others (children, vulnerable adults, staff, public) and if they believe there is immediate, imminent or continuing serious risk to the wellbeing of any of these individuals or groups they must initiate action if this has not already been taken. **A Strategy Discussion usually precedes any action to protect, but if immediate action is necessary, it must be taken.**

In determining the level of risk posed to the vulnerable adult(s) and/or others in relation to the individual referral, The Designated Lead Manager or Public Protection Representative should use the risk process and tools that form part of this policy and procedure.

Check whether it is known, on the basis of the information obtained, whether the alleged victim has given consent for the referral to be made. If it is not known or if it is unclear, the referral should go to Strategy Discussion and the issue should be clarified then.

An Individual Protection Plan for the alleged victim and a General Protection Plan for others at risk may be started at this point.

Links

The matrix for assisting risk assessment and the forms on which to record that assessment can be accessed here:

- ◆ [Adult protection Risk Rating Assessment](#)
- ◆ [Initial Adult Protection Risk Assessment Form](#)

Individual and General protection Plan can be accessed here:

- ◆ [Individual Protection Plan](#)
- ◆ [General Protection Plan](#)

Caerphilly County Borough Council has developed an assessment tool to assist in the prioritisation of adult protection referrals:

- ◆ [Risk Identification and Response Tool](#)

16.3.2 Outcomes for referrals that do not meet the threshold for adult protection

If a referral does not meet the threshold for adult protection, the person undertaking the initial evaluation must determine whether some action is required or whether no further action is required.

If it is determined that some other action may be appropriate, the person undertaking the evaluation should signpost the referrer to other appropriate services or pass the referral information on to such services themselves.

16.4 Recording the Initial Evaluation

The initial evaluation of all referrals must be recorded to show the conclusion reached, the reasons for reaching that conclusion and the outcomes of the evaluation.

16.4.1 Recording evaluations that meet the threshold

Initial evaluations that progress through the adult protection process will follow the organisation's usual arrangements for recording adult protection cases.

16.4.2 Recording evaluations that do not meet the threshold

Initial evaluations that do not meet the threshold must be recorded in such a way that they are immediately available in the future (for example, if a further referral is received about the same alleged victim) and for audit and data collection purposes.

Consideration should also be given to whether information about referrals that do not meet the threshold should be shared with other agencies. For example, it may be appropriate to share information about referrals that do not meet the threshold that relate to a particular provider organisation in order to comply with the requirements of the Welsh Assembly Government Guidance on Escalating concerns with, and closures of, care homes providing services for adults. Any such sharing of information must comply with the Welsh Accord for the Sharing of Personal Information (WASPI).

17 Stage 4 - Strategy Discussion

A Strategy Discussion must be held within 2 working days (excluding weekends and bank holidays) of the alert.

The purpose of the Strategy Discussion is to review the initial evaluation and to determine the action to be taken.

17.1. Participants in a Strategy Discussion

The Strategy Discussion always involves the Designated Lead Manager and Police and may also involve the Adult Protection Co-ordinator. Depending on the circumstances of the referral it may involve a CSSIW inspector (always for regulated settings), Health or another agency or service. Thus, *who* is involved in a Strategy Discussion is a matter of professional judgement based on the referral information.

The Police are involved in Strategy Discussions, so that they are alerted to cases that may have a criminal element, although they may not need to become directly involved in these.

17.2 Undertaking the Strategy Discussion

17.2.1 Nature of the Strategy Discussion

A Strategy Discussion as a minimum involves:

- the sharing of an adult protection referral and any other relevant information known. This is usually done by emailing or faxing the referral, followed by a telephone call, usually by the Designated Lead Manager to the Public Protection Unit and others such as CSSIW and Health;
- the Police checking if they have any relevant information;
- subsequent discussion and evaluation of the referral and risks posed to the vulnerable adult(s) or others.

A Strategy Discussion can be face-to-face or by telephone/e-mail. It must take place within 2 working days (excluding weekends) of receiving the referral.

17.2.2 What the Strategy Discussion considers

The Designated Lead Manager and Public Protection Unit (and any other persons involved in the Strategy Discussion) exchange and discuss in detail all information available.

To decide how to respond to the referral, the Strategy Discussion should consider:

Victim and Risk Issues

- the referral/disclosure and other information immediately available;
- the perceived vulnerability of the adult, including his/her mental capacity in relation to the allegation(s);
- the consent of the alleged victim to an investigation and his/her wishes with respect to any outcomes if known;

- how the alleged victim will be represented through the process: whether they are able to represent themselves or may require support, such as from an advocate or an IMCA;
- the alleged victim may be supported by their family if they wish and if it is appropriate;
- the nature and extent of the alleged abusive act(s);
- how long ago the abuse is alleged to have taken place;
- whether the alleged abuse was an isolated incident or may continue;
- the impact upon the abused person (is there 'significant harm'?);
- the risk of repeated abuse of the victim;
- the risk of abuse of other victims and, if children may be at risk, whether the Child Protection procedures should also be triggered;
- recommending to the provider that action should be taken to reduce the risk posed by the alleged perpetrator. The employer might suspend, redeploy or increase supervision of the employee;
- the nature, apparent seriousness and urgency of the alleged abuse i.e. assess the risks **and take immediate or emergency action if this is needed and has not been done.**

Evidential issues

- Are Special Measures required? Special attention needs to be paid at the Strategy Meeting to consideration of the use of an intermediary at the earliest stage and also to joint interviewing and the video recording of evidence. This consideration will inform any subsequent Police decision.
- Consider if there may be a need to secure evidence, e.g. obtaining photographic evidence. Further information about preserving evidence is available via this link: [Preserving Evidence](#)
- Consider if an immediate interview of the alleged victim or other is required and if so for what purpose and by whom.
- Whether a medical examination of the abused adult is necessary.

Perpetrator issues

- Consider if the alleged perpetrator is a vulnerable adult.
- Consider if the alleged perpetrator is a carer and whether there are any ongoing care issues.
- Consider if the alleged perpetrator is a care worker and whether there are any ongoing care issues. This may require contact with the HR department of the alleged perpetrator's employer.
- Consider the possible intent of the perpetrator.
- Consider the potential illegality of the perpetrator's actions.

Other issues

- Options available outside adult protection procedures, including MAPPA and child protection.
- Whether, in cases of poor practices and standards in regulated or commissioned services, an adult protection investigation is needed, or an alternative approach is required. This can be a difficult judgement and discussion with CSSIW, contracts/commissioning staff and a placing authority may be needed.
- What further information is or may be needed from other agencies in order to consider appropriate action. (If a Strategy Meeting is held, invited agencies will be asked to bring relevant reports and information).
- Consider informing the complaints officer if appropriate.

It is recommended that DLM's have a laminated copy of this section for their reference.

17.3 Capacity, Consent and Support

Vulnerable adults have the right to give or withhold their consent to all aspects of their possible involvement in adult protection unless it has been assessed that they do not have the mental capacity to make these decisions. Since assessments of mental capacity are decision-specific, separate assessments may be required in respect of specific decisions, such as a referral being made or an interview being held.

17.3.1 Consent of vulnerable adults who are alleged victims to a referral to adult protection

Vulnerable adults have the right to give or withhold their consent to a referral to adult protection being made. Unless the vulnerable adult has been assessed not to have the mental capacity to make this decision, their decision must be respected unless there are reasons for it being overridden.

The reasons for overriding the decision of a vulnerable adult include when a crime has been committed and when there are risks to other vulnerable people, including children. In these circumstances the referral should proceed, although the vulnerable adult has the right to participate in the process.

If a vulnerable adult does not have the mental capacity to make this decision, a Best Interest Decision must be made that reflects the best interests of the person and the wider public interest.

The Strategy Discussion must check if the vulnerable adult has consented to the referral being made or if there are grounds for overriding a decision to withhold consent. This may require direct contact to be arranged with the vulnerable adult to determine their wishes. The need to do this is one of the reasons for a first Strategy Discussion deciding to gather more information.

17.3.2 Consent of vulnerable adults who are alleged victims to being interviewed

Vulnerable adults have the right to give or withhold their consent to being interviewed unless it is assessed that they do not have the capacity to make this decision. If a vulnerable adult does not have the mental capacity to make this decision, a Best Interest Decision must be made that reflects the best interest of the person and the wider public interest. All Best Interest decisions must be made in accordance with guidance in the Mental Capacity Act.

If there is the need to interview a vulnerable adult who does not have capacity, and they require support during an interview, arrangements must be made to provide this. If it is possible that the case will be criminal, consideration should be given to the use of an intermediary. Support should not ordinarily be provided by the person to whom the vulnerable adult disclosed the abuse or anyone involved in the investigation/assessment.

The vulnerable adult must be offered information about help and advice they may want to take up now or later, e.g. legal advice or the support of an independent advocate.

The communication needs of the vulnerable adult must be considered and steps taken to meet these. For example, the adult may have a physical or sensory impairment, learning disabilities or may speak a language other than English, and may need particular types of assistance, such as an intermediary or an interpreter.

17.4 The Possible Outcomes of a Strategy Discussion

There are six possible outcomes of a Strategy Discussion:

- Risk assessment reviewed or new one completed
- Immediate safeguarding action
- Use these *Adult Protection Policy and Procedures*; and proceed to a Strategy Meeting
- Gather more information
- Proceed straight to an adult protection investigation
- Do not use these procedures but take alternative action.

If abuse has not occurred but there is a likelihood of abuse occurring, or the victim has been abused but there has not been significant harm, adult protection procedures may nonetheless be used. Each situation must be judged on its merits and this judgement must include consideration of alternative approaches.

If the Strategy Discussion agrees that a risk assessment should be reviewed or a new one completed, the DLM will be responsible for ensuring this is done. This outcome will always be agreed in conjunction with one or more of the other outcomes, with the exception of the decision not to use the *Adult Protection Policy and Procedures*.

If the Strategy Discussion agrees that immediate safeguarding action is required, this should be based on the identified risks and recorded in the Individual Protection Plan.

If the Strategy Discussion agrees the *Adult Protection Policy and Procedures* should be used, a Strategy Meeting is called. If ongoing risks have been identified and any measures have been taken to protect the vulnerable adult, an [Individual Protection Plan](#) should be started. If any general measures have been taken to protect vulnerable adults or to address other issues, a [General Protection Plan](#) should be started.

If the Strategy Discussion agrees to gather more information, the Designated Lead Manager and other Strategy Discussion participants should identify what information is required and from whom, e.g. a GP, or staff in a service used by the vulnerable adult or an alleged perpetrator, for what purpose (criminal or non-criminal), who is going to request it and when there will be a further Strategy Discussion. The purpose of gathering more information at this stage is solely to enable the Strategy Discussion to determine whether the referral meets the threshold for adult protection, as set out in the section on initial evaluation above. Information-gathering must not be used in place of an investigation. It must be carried out promptly and, if at all possible, should allow a Strategy Meeting to be held within the usual timeframe following the first Strategy Discussion.

The Strategy Discussion should only agree to proceed straight to an investigation in exceptional circumstances. The Police may begin a criminal investigation at this stage if they determine it is necessary (e.g. if evidence needs to be gathered or medical examinations arranged). If agreed by the DLM, a non-criminal investigation may be started in less complex cases and only after consultation and agreement with police and CSSIW. The reason for this deviation from best practice must be clearly recorded. In the majority of adult protection referrals it is expected that a Strategy Meeting will precede any investigation.

If the Strategy Discussion decides these procedures should not be used but alternative action is needed, this decision and the reasons for it must be recorded on the [Adult Protection Case Management Record](#). This might include referral to:

- care management
- health assessment
- complaints officer
- HR to consider disciplinary action
- an agency review
- clinical governance action
- multi-agency Case Conference
- Children Services
- consideration by CSSIW
- action by Police e.g. inclusion of information on database and/or referral to MAPPA or MARAC
- consideration by Police/probation.

17.5 Sharing Information about a Strategy Discussion

The outcome of the Strategy Discussion should be shared with the alleged victim, unless it has been assessed that the alleged victim does not have the mental capacity to consent to the referral being made. In this situation, a Best Interest Decision will be made about whether to share information with the alleged victim. However, consideration must be given to the amount and nature of the information to be shared, taking account of the possible impact on any investigation and the rights of others involved, including the alleged perpetrator, to confidentiality. In practice, it is likely that at this stage it will only be possible to tell the alleged victim that an investigation is going ahead and about those protective measures that directly affect them.

Information about the outcome may only be shared with a relative or friend of the alleged victim with their consent. If they are assessed not to have capacity to make this decision, a Best Interest Decision will be made about sharing information.

If a referral has been made for an Independent Mental Capacity Advocate for the alleged victim because they have been assessed to lack the capacity to consent to one or more protective measure, the IMCA will be informed of the outcome of the Strategy Discussion. Where other advocates are involved with the alleged victim, the Strategy Discussion will decide whether they are informed and, if so, what information they are given.

Information will be shared with professionals who may have a role in the adult protection process. This may include the care manager and the manager of a provider service.

The Designated Lead Manager is responsible for ensuring that information is shared as agreed at the Strategy Discussion, although they may arrange for others to actually carry out the information-sharing (e.g. contacting the alleged victim or their family).

If the alleged perpetrator is a care worker it may be necessary to contact their HR department to make them aware of any potential risks that person poses to the vulnerable adult or others and to discuss appropriate safeguarding action. The DLM cannot instruct the person's employer to take a particular course of action but can make the employer aware that they have a duty to take appropriate action to safeguard the vulnerable adult and others and will be accountable for any decisions they make.

17.6 Recording the Strategy Discussion

The outcome of a Strategy Discussion should be recorded on the Adult Protection Case Management Record, with the time and date, and detail of what will happen next and when.

The details of all those contributing to the Strategy Discussion should be recorded on the Adult Protection Case Management Record.

Following Strategy Discussions with the Police, when the Police conclude that they will have no further involvement in a case, the Police Decision Form, or equivalent, should be completed by the police officer and copied to the DLM. The decision form clearly explains the basis for the conclusion, stating the rational connection between the evidence and the conclusion. This form, in addition to an entry in the Adult Protection Case Management Record, supports defensible decision-making and accountability. When police involvement concludes at a formal meeting, the rationale can be documented sufficiently in the minutes of the meeting.

Individual Police Forces may have other record forms/auditable processes in place. The important point to remember is that the decision and rationale **MUST** be formally recorded in an auditable format.

Links

The Police Decision Form can be accessed here:

◆ [Police Decision Form](#)

17.7 Adult Protection Case Files

17.7.1 Social Services

If it is decided that the referral will proceed to an Initial Strategy Meeting, Social Services departments will open a new case file to contain the Adult Protection Case Management Record and all other adult protection records. This file is generally held by the Designated Lead Manager and accessed by the Social Services investigating officer. If the Social Service department has an electronic adult protection recording system, records may be stored there as well as or instead of in a paper file.

Departments should have policies about secure storage and retention of open and closed adult protection paper and electronic files.

17.7.2 Health

If it is decided that the referral will proceed to an Initial Strategy Meeting, Local Health Boards will open a new case file to contain the Adult Protection Case Management Record and all other adult protection records. This file is generally held by the Designated Lead Manager and accessed by the investigating officer. If the Local Health Board has an electronic adult protection recording system, records may be stored there as well as or instead of in a paper file.

Boards should have policies about secure storage and retention of open and closed adult protection paper and electronic files.

17.7.3 Police

Police records are contained within the electronic CATS system.

17.8 Protection Plans

An Individual or a General Protection Plan is a multi-agency plan agreed to reduce risk and prevent reoccurrence of future abuse.

17.8.1 Individual Protection Plans

During the Strategy Discussion stage, if there is evidence to suggest that the vulnerable adult remains at risk, an Individual Protection Plan should be developed and if one is already in existence, then reviewed. Arrangements will have to be made for discussion with and for the agreement of the vulnerable adult, if they have capacity to consent. If the person does not have capacity to consent to protective measures then a Best Interest Decision will have to be made, involving an IMCA if appropriate. This plan is intended to document necessary actions that will reduce and manage the level of perceived risk and may include a variety of agencies. Any professionals identified to complete actions should sign the plan accordingly. The Individual Protection Plan is a record of the safeguarding action that has been taken and the acknowledgement of other agencies upholding the agreement to take specific action. The Individual Protection Plan should then be reviewed at the subsequent Strategy Meeting, if progressing, or at a later date decided by the Designated Lead Manager.

For the victim, some possible outcomes might be to:

- set out clear measures to end abuse and remove the threat of future abuse;
- set out clear measures to minimise the risk to the victim, their possessions or property;
- move to a place of safety (if in the best interests of the person; note the risk of future trauma);
- gain a better understanding of their rights;
- receive more support or help, e.g. additional service provision; help from an advocate, from Victim Support or from other survivors of abuse;
- pursue a civil action against the perpetrator e.g. for a court injunction or by applying for criminal injuries compensation;
- have counselling or therapy (***Note: if there is the possibility of a prosecution, the Police and CPS should be told if therapy is proposed, and what the nature of the therapy might be. The CPS assess potential impact on a potential prosecution.***)

An Individual Protection Plan should be a stand-alone separate plan and should be reviewed at all meetings until it is no longer required or it forms part of the adult's Personal Plan of Care. Including the Individual Protection Plan **within** the Personal Plan of Care following this review is generally advisable. It helps ensure adult protection and care management processes are properly integrated, and it treats the adult's needs holistically. However, in some instances the Individual Protection Plan needs to be maintained as a separate document so that it cannot be accessed by everyone who can access the Personal Plan of Care.

Links

The Individual Protection Plan can be accessed here:

- ◆ [Individual Protection Plan](#)

The following document provides guidance on the type of support that can be offered to alleged victims in either a criminal or a non-criminal trial:

◆ [Support and therapy for victims of abuse](#)

17.8.2 General Protection Plans

During Strategy Discussion stage, if there is evidence to suggest that other vulnerable adults maybe at risk, or there are generic organisational risk factors that need to be addressed, a General Protection Plan should be used. This plan is intended to document necessary actions that will reduce and manage the level of perceived risk. Any professionals identified to complete actions should sign the plan accordingly. The General Protection Plan should then be reviewed at the subsequent Strategy Meeting, if progressing, or at a later date decided by the Designated Lead Manager.

Note: 'Increased monitoring' is not an objective for an Adult Protection Plan (or any other). It is a means to an end only – the Adult Protection Plan should state what monitoring is to be undertaken and what it is to achieve.

Links

The General Protection Plan can be accessed here:

◆ [General Protection Plan](#)

17.9 Holding a Strategy Meeting

If the Strategy Discussion decides that a Strategy Meeting will be held, those involved should agree:

- the venue and date. A Strategy Meeting must be held within 7 working days (excluding weekends) of an alert;
- who will be invited;
- what information they will be asked to supply.

If a Strategy Meeting is not held, the reason for this must be recorded on the Adult Protection Case Management Record.

18 Stage 5 – Strategy Meetings

A first Strategy Meeting must be held within 7 working days of the alert.

A Strategy Meeting is a multi-agency meeting to discuss the nature of the referral and agree a response.

Every meeting must review the risk to the vulnerable adult and others and agree appropriate safeguarding action.

18.1 The Purpose of the Strategy Meeting

A Strategy Meeting has three broad purposes:

- to share information;
- to consider issues relating to the referral and in particular the level of risk;
- to decide on a course of action.

18.1.1 People invited to attend or send reports to a Strategy Meeting

This depends on the nature of the referral and, if relevant, the service or setting where the alleged abuse occurred.

As well as Social Services and the Police, the Strategy Discussion should decide who else should be invited:

- The vulnerable adult, their relatives and advocates are not normally invited to the first Strategy Meeting since these are professional planning meetings, typically designing an investigation and considering information, some of which may not be able to be disclosed to them. Their presence at this stage may compromise an investigation. However, consideration must be given to how they are informed and how their views and wishes are incorporated into the process. Each case should be considered on its merits and sometimes their involvement may be appropriate at least for some part of the first meeting. If they are going to be invited to Strategy Meetings, careful consideration needs to be given to the management of the meeting and if necessary this may be split into two parts, with and without them. If they are not invited, consideration must be given to what may be shared with them following the meeting and who is the person responsible for the feedback.
- The referrer if appropriate.
- The CSSIW must be invited if the alert concerns a regulated setting/service.
- HIW if the referral involves independent hospital.
- Contracts/commissioning officer (Local Health Board, or Social Services) must be invited if it concerns a contracted or commissioned service.
- Provider, service manager, proprietor or their line manager if there is no overriding conflict of interest. If their staff are involved the provider may wish to inform or involve their HR department.
- Health care professionals, e.g. GP, nursing staff.
- County Council Legal Services officer or lawyer.

- Health and Safety Executive and Environmental Health Officers.
- Occupational therapist (e.g. if there are issues of equipment misuse).

The Designated Lead Manager should use the template letter to invite people to the Strategy Meeting. This is especially important if the person has not attended a meeting before.

Those invited should be asked to supply reports or other information or seek a representative if they cannot attend. This might be the case, for example, for a social worker from another authority or a GP.

The alleged perpetrator or their representative is not invited to the Strategy Meeting or to Further and Final Strategy Meetings. If the alleged perpetrator is a vulnerable adult it is appropriate to hold a separate Case Conference with them and/or their representatives.

Links

The template for the letter inviting people to a Strategy Meeting can be accessed her:

- ◆ [Invitation to a Strategy Meeting](#)

18.2 Conducting and Recording the Strategy Meeting

The DLM should ensure that the appropriate professionals/agencies are in attendance and determine if it is effective to hold the meeting if there is a lack of representation. Agencies will be expected to account for their non-attendance, and persistent non-attendance should be raised through the APC.

The meetings should be recorded using the documentation below. All attendees, including those taking the minutes of the meeting, should sign the attendance sheet to confirm their presence and agreement with the confidentiality statement.

Note: A serious breach of confidentiality should be regarded as professional misconduct.

A detailed record of the Strategy Meeting should be made, clearly identifying all agreed actions and timescales. Agreed actions should be circulated to all invited to the meeting at the end of the Strategy Meeting or the following day at the latest.

Links

Attendance and the minutes of Strategy Meetings should be recorded using the following documents:

- ◆ [Meeting Attendance Sheet](#)
- ◆ [Minutes of initial strategy meeting](#)
- ◆ [Minutes of further and final strategy meeting](#)

18.2.1 What the Strategy Meeting considers

The Strategy Meeting should review any risks already recorded and then should consider a number of questions.

Victim and Risk Issues

- Is any immediate action needed to safeguard the victim while further enquires are made?
- Did the alleged victim give informed consent to the alleged abuse?
- Has the alleged victim given informed consent to the adult protection referral being made?
- Is an assessment of the victim's capacity necessary?
- If the victim has capacity and does not want action under the *Adult Protection Policy and Procedures*, is there an overriding public duty to act to protect other vulnerable adults? See section below: *What happens if the vulnerable adult does not want any action taken?*
- Does the allegation indicate domestic abuse? If so, consider referral to MARAC.
- Has the victim consented to information being shared between agencies? If not, is there an overriding public duty to share information, to protect other vulnerable adults or to prevent a crime?
- Does the Individual Protection Plan need to be revised or, if one was not started at the time of the Strategy Discussion, does one need to be started?
- If protective measures are required and the victim is assessed not to have capacity to consent to them, has a referral been made to an IMCA?
- If the alleged perpetrator is a vulnerable adult and protective measures are required and they are assessed not to have capacity to consent to them, has a referral been made to an IMCA?
- Are any risks posed by the alleged perpetrator either to other vulnerable adults or to children? Is the alleged perpetrator employed or doing voluntary work in any other care setting? If so, should other agencies be notified and asked to consider taking action? See checks and notification of other agencies where an allegation is made against a staff member.
- Do any other vulnerable adults need to be protected in this or other settings?

Evidential Issues

- Are Special Measures required? Special attention needs to be paid at the Strategy Meeting to consideration of the use of an intermediary at the earliest stage and also to joint interviewing and the video recording of evidence. This consideration will inform any subsequent Police decision.
- Is there need for a medical examination? See [Is a Medical Examination necessary?](#)
-
- How can information about the alleged abuse best be gathered?
- If an adult protection investigation is required, which agency or agencies would be most appropriate? Further, the most appropriate investigators should be identified.

- Consider whether there is any evidence to suggest that a crime may have been committed. If it is possible this is the case, any investigation work that has started must be immediately suspended until a discussion with the Police has confirmed whether the allegation is criminal or not. If the Police are not present at the Strategy Meeting it may be necessary to suspend the meeting to allow time to contact the Police. However, immediate action required to protect the alleged victim and others should still be planned but, if at all possible, should be discussed with the Police before any action is taken.

Perpetrator issues

- Consider if the alleged perpetrator is a vulnerable adult.
- Consider if the alleged perpetrator is a carer and whether there are any ongoing care issues.
- Consider if the alleged perpetrator is a care worker and whether there are any ongoing care issues.
- Consider the possible intent of the perpetrator.
- Consider the potential illegality of the perpetrator's actions.
- Consider referral to MAPPA if there is a serious public risk.

Other Issues

- How can family, carers or advocates be involved? For example, who should be interviewed, in what order, by whom, when and where? How might their feelings about the allegation affect their involvement in an investigation?
- What personal support might families need, e.g. links with support groups, separate workers for different family members?
- What practical support might help the victim to be involved in the investigation? For example, arranging for a relative, an advocate or friend to be with them, transport, language translation services, child care, accommodating disabilities, etc.
- Are specific arrangements necessary to accommodate issues of race, culture, language, age, gender and sexual orientation for anyone involved?
- Should the victim, their family or advocate be involved in drawing together the outcomes arising from the findings of an investigation? If so, how?
- How should the victim and their family be kept informed of action taken under these procedures? What information can be shared? Who will do it?
- What feedback should be given to the person who referred the case?
- If the referrer is a whistle-blower and they and/or others may be intimidated witnesses, what steps are necessary to protect and support them?
- If relevant, has the appropriate service manager been informed of action under these procedures and reminded **not** to start internal disciplinary or complaints procedures?
- Who else needs to be informed of the abuse allegation, for example the placing authorities of residents in a care home?

- If child protection concerns are identified, refer to Children's Services.
- Does the General Protection Plan need to be revised or, if one was not started at the time of the Strategy Discussion, does one need to be started?

18.2.2 Response if the vulnerable adult does not want any action taken

If the vulnerable adult has indicated that they do not want any action taken, the Strategy Meeting must consider whether they need to be consulted, in a safe place, about their wishes. This can enable the worker to explore possible consequences and risks with the vulnerable adult and to check for undue influence. Undue influence has been characterised in the 'IDEAL' model as having the following features; Isolation, Dependency upon the perpetrator; Emotional manipulation or exploitation of vulnerability; Acquiescence and Loss, e.g. of money. If there has been undue influence there needs to be careful consideration with the vulnerable adult of the steps that should be taken. Ideally, they will agree to adult protection procedures being followed. However, perhaps unsurprisingly, some victims have great difficulty accepting and coming to terms with the reality that they have been duped and had their trust betrayed.

However, if a vulnerable adult who has capacity and who is not being pressurised or threatened does not want action taken under these *Adult Protection Policy and Procedures*, their wishes should be respected **unless there is an overriding public duty to act**.

Agencies have a duty to act if:

- a crime may have been committed, or may well be; or
- another person or people are put at risk.

18.3 Protection Plans

18.3.1 Individual Protection Plans

During the Strategy Meeting, if there is evidence to suggest that the vulnerable adult remains at risk, an Individual Protection Plan should be developed and, if one is already in existence, then reviewed.

◆ [Individual Protection Plan](#)

18.3.2 General Protection Plans

During the Strategy Meeting, if there is evidence to suggest that other vulnerable adults may be at risk, a General Protection Plan should be used and, if one is already in existence, then reviewed.

◆ [General Protection Plan](#)

18.4 Deciding upon and setting the remit for an investigation

The Strategy Discussion/Meeting must confirm or decide whether an investigation is required and, if it is, whether the investigation will be criminal or non-criminal.

18.4.1 Criminal Investigations

If the strategy discussion/meeting confirms or decides there is to be a criminal investigation, the Police will lead and plan the investigation.

There will be circumstances when a Police-led investigation will be jointly undertaken with another agency or agencies.

In all police led investigations, the strategy meeting will still need consider what is required to coordinate the criminal investigation with any other adult protection actions to ensure that the risks to the vulnerable adult and others are managed.

18.4.2 Non-criminal Investigations

If the Strategy Discussion/Meeting confirms or decides there is to be a non-criminal investigation it must agree the remit for the investigation.

Remit for a non-criminal investigation

Such is the complex nature of adult protection it is accepted that the appropriate response to each individual investigation may vary dependent upon the specific facts presented in each case. However, in setting out the parameters for any investigation those present at the strategy meeting should consider the following:

- who the investigating agency or agencies will be. It will be the responsibility of the nominated agency to identify the investigator(s). The investigator(s) named by the agency or agencies tasked with conducting any non criminal investigation will be responsible for undertaking the investigation as set out in the remit and for producing the written investigation report. **Any possible conflicts of interest that potential investigators may face must be considered before they are appointed to ensure that the objectivity of the investigation is not compromised.**
- the allegation or allegations to be investigated, including details of the alleged victim and alleged perpetrator and any necessary details of the individual allegations;
- the time frame to be covered by the investigation (this will be important in deciding what relevant materials need to be examined and to focus any investigation on the specific allegation referred);
- as appropriate, the relevant people to be interviewed as part of the investigation and, if required, the order in which they should be interviewed. Specific named individuals and specific issues in relation to the investigation, the individual or their organisation may be highlighted following information shared at the strategy meeting and a strategy to deal with any potential compromise identified. This will need to be shared with the investigators so as to ensure compromise does not occur;
- as appropriate, the relevant materials to be examined and any organisational

employment policies that may need to be taken into account. Specific material may be highlighted following information shared at the strategy meeting that will need to be brought to the attention of the investigators.

- the timescale for submission of the written investigation report.

The remit should be provided to the investigators together with any risk assessments already undertaken before they begin any investigation to ensure that there is a clear understanding of what is required of them. A template for a written remit is available in the documentation pack:

◆ [Adult Protection Investigation Remit](#)

Appointing investigators

When identifying the members of the investigating team it is best practice to adhere to the selection criteria contained within this policy and procedure. However, should it not be possible to meet all the criteria the reasons for this must be recorded. In such cases it is imperative that the best available resource is selected and the reasons for the selection are recorded.

Any possible conflicts of interest that potential investigators may face must be considered before they are appointed to ensure that the objectivity of the investigation is not compromised.

Such is the complex nature of adult protection it is accepted that the appropriate response to each individual investigation may vary dependent upon the specific facts presented in each case. However, in setting out the parameters for any investigation those present at the strategy discussion/meeting should consider the following:

When appointing investigators the following criteria should be considered:

- the number of investigators in each non-criminal investigation: best practice would suggest that there are at least two investigators nominated for each investigation;
- investigators should be appropriately trained and have appropriate experience in completing adult protection investigations;
- the investigators should be drawn from the local authority, a local NHS body or CSSIW or, where it is agreed that a provider agency may undertake the investigation, from that agency. If the alleged abuse took place in a regulated service and formal statements are required under the [Care Standards Act 2000](#), CSSIW should take lead responsibility for making sure the investigation is carried out within the requirements of the Act;
- the vulnerable adults' care manager or care coordinator should not be an investigator if this compromises their position (this also applies if the alleged

perpetrator is a vulnerable adult);

- investigators should not have supervisory or line management responsibility for the alleged perpetrator;
- providers should not undertake an investigation and their staff should not act as investigators, if this will not provide objectivity. If the provider agency is not involved in the investigation, they will usually participate in strategy meetings and may be asked to assist the investigation, such as by providing information or documents.

18.5 Responsibilities if a decision is made not to investigate

The Strategy Meeting may conclude that an adult protection investigation is not required but other actions may be appropriate:

- The decision must be recorded on the [Adult Protection Case Management Record](#).
- The support and care needs of the vulnerable adult must be considered and arrangements made to meet these.
- Other options to take forward the concern include:
 - o referral to care management
 - o health assessment
 - o complaints
 - o disciplinary action
 - o an agency review
 - o clinical governance action
 - o multi-agency Case Conference
 - o referral to child protection
 - o action by CSSIW
 - o action by police e.g. inclusion of information on database and/or referral to MAPPA or MARAC
 - o action by probation.
- The Designated Lead Manager must ensure the victim and if appropriate their family, are informed.

18.6 Large-Scale Investigations

Where an allegation concerns a group of five or more vulnerable adults, whether in an establishment or through involvement of a group of alleged abusers, special care and planning may be required. Such investigations can be complex and involve a range of agencies. In such cases, it is vitally important to ensure that all aspects of the investigation are carefully planned and that the agencies and individual professionals involved are aware of their respective roles and responsibilities. Notwithstanding the added complexity, the investigation arrangements as set out in the procedures apply fully.

If the large-scale investigation is criminal, it will be Police led and the Police will negotiate with other agencies the contribution and expertise they require from them.

If the large-scale investigation is non-criminal, it should be managed by Social Services or Health according to the setting. An early consideration in the planning must be any requirement for additional resources to undertake all of the investigative and other work which will be required.

When concerns are noted about a provider's performance, for example in a care home or domiciliary care agency, local authorities will need to consider whether the Escalating Concerns process should be initiated. This process may be initiated as a result of the number of adult protection concerns raised or issues pertaining to quality of care or poor practice. Agencies are required to work together to monitor the provider and compile action plans, both corrective and developmental to address the issues identified. Adult Protection work may run in parallel with the Escalating Concerns process.

Links

The Guidance on managing issues under Escalating Concerns is provided in:

- ◆ [Escalating Concerns with and Closures of Care Homes Providing services for Adults](#)

19 Stage 6 – Investigation

An investigation must be completed as soon as possible and should be within the timescale agreed by the Strategy Meeting.

An investigation is a structured process to gather evidence to determine whether the allegation of abuse can be substantiated, which is agreed by those at the strategy meeting and evidenced in a written investigation report back to the strategy meeting.

If there are any new risk(s) to the vulnerable adult and/or others identified during the investigated these need to be immediately referred to the DLM.

19.1 Preparing the Investigation

19.1.1 The purpose of the investigation

An investigation may be criminal or non-criminal but all have four broad purposes in the context of adult protection:

- to gather, secure and preserve information and evidence, take statements (which may be used for criminal or disciplinary purposes) and establish facts;
- to assess the risks to, and support and care needs of, the vulnerable adult(s) and any children who may be in the setting or household, and initiate any action needed to safeguard these;
- to reach a conclusion about whether or not abuse occurred, and whether or not the vulnerable adult and others may still be at risk;
- to provide a report, presenting and evaluating the evidence and making recommendations. Recommendations may relate to:
 - the vulnerable adult's care needs and safety;
 - the alleged perpetrator;
 - the management or organisation of a service or setting;
 - any improvements or sanctions needed to avoid a recurrence of the incident and/or prevent further abuse.

Those undertaking the investigation should keep these four purposes in mind.

19.2 Criminal Investigations

An investigation is an effective search for material to bring an offender to justice.

19.2.1 Purpose of a criminal investigation

The Criminal Procedure and Investigations Act 1996 (CPIA) Code of Practice under Part II of the Act defines a criminal investigation as:

'An investigation conducted by police officers with a view to it being ascertained whether a person should be charged with an offence, or whether a person charged with an offence is guilty of it. This will include:

- *Investigations into crimes that have been committed;*
- *Investigations whose purpose is to ascertain whether a crime has been committed, with a view to the possible institution of criminal proceedings; and*
- *Investigations which begin in the belief that a crime may be committed, for example when the police keep premises or individuals under observation for a period of time, with a view to the possible institution of criminal proceedings;*
- *Charging a person with an offence includes prosecution by way of summons'.*
- While the definition refers specifically to criminal investigations, the principles apply equally to other types of investigations, e.g. road traffic matters, anti-social behaviour, professional standards enquiries or investigations conducted on behalf of Her Majesty's Coroner.

Links

The CPIA Code of Practice referred to above can be accessed via this link:

◆ [CPIA Code of Practice](#)

19.2.2 Role of the Officer in Charge (OIC)

The OIC is the investigating officer tasked with completing the investigation.

The CPIA Code of Practice under Part II of the Act clearly defines who an investigator is and what their role is within an investigation.

'An investigator is any police officer involved in the conduct of a criminal investigation. All investigators have a responsibility for carrying out the duties imposed on them under this code, including in particular recording information, and retaining records of information and other material'.

The term investigator is, however, not solely applicable to police officers. Investigations can be conducted by persons other than police officers with investigative duties, e.g. HSE (Health and Safety Executive), Trading Standards, etc.

Investigations should be conducted with integrity, commonsense and sound judgement. Actions taken during an investigation should be proportionate to the crime under investigation and take account of local cultural and social sensitivities. The success of an investigation relies on the goodwill and cooperation of victims, witnesses and the community.

Effective investigators should maintain a balance between conducting an objective investigation and maintaining an approach which recognises the concerns of all the parties involved.

An investigator must be clear about the objective that is to be achieved when carrying out an evaluation. In the early stages of an investigation, the objectives are likely to be broad and concerned with establishing issues such as:

- Has a crime has been committed?
- Who is the victim?
- Are there any witnesses?

- Where or what is the scene?
- Can a suspect be identified?
- What material can be gathered?

As the investigation progresses, these objectives will narrow. During the course of the investigation various objectives will be achieved and not reviewed every time an investigative or evidential evaluation is carried out. For example, whether a crime has been committed and the type of crime are likely to be established early in the investigation, and the objective may narrow to questions such as:

- Can a suspect be placed at the scene at the time the crime was committed?
- Can a suspect's alibi be corroborated?

The objective will vary depending on the crime, the available material and the stage of the investigation. The evaluation process is sufficiently flexible to accommodate such changes in the objectives.

An investigative action can be defined as any activity which, if pursued, is likely to establish significant facts, preserve material or lead to the resolution of the investigation.

There are two distinct types of investigative action. The first is a range of actions that are intended as a general trawl for information. These can be undertaken in any investigation irrespective of the circumstances of the case, but are most likely to occur in the early stages of the investigation when the information about the offence is often imprecise. Examples of these activities will include:

- Crime scene examination;
- Victim or witness interviews;
- Area search;
- Intelligence searches;

The second range of actions relates to specific lines of enquiry that have been generated during the investigation. These can occur at any time and include:

- Tracing a named suspect;
- Identifying and locating potential witnesses who require interviewing;
- Pursuing significant information that requires further investigation.

These enquiries differ from the first type because they are evidence-specific and some information about the crime is needed in order to identify the most appropriate action.

During the initial investigative phase a range of actions will be conducted. At this point many will be determined by the circumstances of the allegation and will be mainly concerned with:

- Obtaining initial accounts from victim(s) and witnesses;
- Locating and securing material (e.g. CCTV footage);
- Identifying and preserving scenes or routes to and from scenes;
- Arresting the offender(s).

Investigators must consider a number of issues when developing investigative strategies. First and foremost are the legal and ethical considerations relating to the conduct of any investigative action. They must also determine the priority and proportionality of the investigative response in accordance with force policies.

To develop an investigative strategy, the investigator must use their knowledge and experience to decide which investigative actions are the most appropriate.

The purpose of the strategy is to:

- Identify a line of enquiry to pursue.
- Determine the objective of pursuing a particular line of enquiry.
- Identify the investigative action(s) necessary to efficiently achieve that objective taking into account resources, priorities and proportionality.
- Conduct the investigative action and gather the maximum amount of material which may generate further lines of enquiry.

The final decision about the appropriate investigative action to undertake must be driven by the investigation, not just by completing a checklist.

Links

The following documents provide details of the general principles of how the Police undertake investigations and specific guidance on how they investigate particular types of offences:

- ◆ [Core Investigation Doctrine 2005](#)
- ◆ [Death in Healthcare Settings 2006](#)
- ◆ [Guidance on Investigating Serious Sexual Offences 2005](#)
- ◆ [Investigating and Prosecuting Rape 2009](#)
- ◆ [Domestic Abuse Guidance 2008](#)
- ◆ [Hate Crime: Good Practice and Tactical Guidance 2005](#)
- ◆ [Investigating Harassment 2005](#)
- ◆ [Cross Government Action Plan on Sexual Violence and Abuse](#)

19.2.3 Primacy of investigations

Should a criminal investigation involve crimes which are committed in more than one force area, primacy will be decided on factors such as the serious nature of any offence(s), numbers and types of crimes in each area, where the suspect(s) or victim(s) reside etc.

In serious or complex investigations each force area will have its own SIO (Senior Investigating Officer) who will be responsible for co-ordinating enquiries in their force, An OIC (Officer in Overall Command) will be appointed in one of the forces to oversee the whole of the investigation.

19.2.4 Roles of other Agencies

The role of other agencies within a criminal investigation is dependant on a number of factors, which could include the location of the offence, the number and type of victim(s), the capacity of the victim(s), the nature of the crime committed and who the alleged perpetrator(s) are.

Specialist knowledge or expert opinion will also be a factor in determining the role of partners from external agencies assisting in criminal investigations i.e. training in the visual recording of evidence-in-chief (JIVAA).

Information-sharing between agencies is one of the functions of the Adult Protection Strategy Meeting; however there are other arrangements and fora for sharing information including MAPPA and section 115 Crime and Disorder Act 1998.

19.2.5 Special Measures

In order to take forward the Government's commitment to improve protection for vulnerable or intimidated witnesses, the Home Office in 1998 published Speaking Up for Justice, the report of an interdepartmental working group on the treatment of vulnerable or intimidated witnesses (including children) in the criminal justice system. The report recommended extending the existing Special Measures introduced for child witnesses (live closed circuit television links (CCTV) and video-recorded evidence-in-chief) to vulnerable or intimidated adults, together with a range of other measures from the investigation stage through to the trial and beyond. Provisions to implement those recommendations requiring legislation were included in Part II of the Youth Justice and Criminal Evidence Act 1999.

Links

Special Measures are available to children and to adult, vulnerable and intimidated witnesses. Details are available in the following document:

◆ [Achieving Best Evidence in Criminal Proceedings](#)

19.2.6 Vulnerable witnesses

Vulnerable witnesses are defined by Section 16 of the Youth Justice and Criminal Evidence Act 1999. Children are defined as vulnerable by reason of their age. The Act acknowledges that all children under 17 years of age appearing as defence or prosecution witnesses in criminal proceedings are eligible for Special Measures to assist them in providing their evidence and having their evidence heard at court.

Since their introduction in the Criminal Justice Acts of 1988 and 1991, the video-recording of interviews as a substitute for the child's live evidence-in-chief at court and the use of the live link facility to enable the child to give evidence from outside the courtroom have been extensively and successfully employed to enable the court to hear best evidence.

In addition to the witness who is under the age of 17 at the time of the hearing [Section 16(1)(a)(i)] three other types of vulnerable witness are identified in the Youth Justice and Criminal Evidence Act 1999. These are:

- Witnesses who have a mental disorder as detailed under the Mental Health Act 1983 [Section 16(2)(a)(i)] (mental disorder is defined in Section 1(2) of the Mental Health Act 1983);
- Witnesses significantly impaired in relation to intelligence and social functioning [Section 16(2)(a)(ii)] (learning disabled witnesses); and
- Physically disabled witnesses [Section 16(2)(b)].

Early identification of the individual abilities as well as disabilities of each vulnerable adult is important in order to guide subsequent planning. An exclusive emphasis upon disability ignores the strengths and positive abilities that a vulnerable individual possesses.

Vulnerable witnesses may have had social experiences that could have implications for the investigation and any subsequent court proceedings. For example, if the vulnerable adult has spent a long time in an institutional environment, they may have learned to be compliant or acquiescent. However, such characteristics are not universal and can be ameliorated through appropriate preparation and the use of Special Measures.

Special Measures which may be available to assist eligible witnesses in the preparation and delivery of their evidence are as follows:

- screening a witness from the accused (Section 23);
- evidence by live link (Section 24);
- evidence given in private (Section 25);
- removal of wigs and gowns (Section 26);
- visually-recorded evidence-in-chief (Section 27);
- examination of a witness through an intermediary (Section 29); and
- communication aids (Section 30).

The procedures for conducting the visually recorded evidence-in-chief (section 27) are contained in Achieving Best Evidence.

Intermediaries (Section 29) can make the difference between vulnerable witnesses communicating their best evidence or not communicating at all.

An intermediary is someone who can help a vulnerable witness understand questions they are asked and who can then communicate the witness's responses. They can help witnesses at each stage of the criminal justice process, from Police investigations and interviews, through pre-trial preparations to court. Intermediaries perform an important function, helping the most vulnerable members of our society gain equal access to justice.

As well as improving access to justice for vulnerable people, intermediaries also help criminal justice practitioners. Intermediaries can:

- Improve decision-making by providing practical information about a witness's needs;
- Make investigative interviews and court testimony more productive; and
- Improve the prospect that a case will have a positive outcome in court.

Links

The following documents provide more guidance about the role of intermediaries:

- ◆ [The Code of Practice for Intermediaries](#)
- ◆ [Intermediary procedural guidance manual](#)
- ◆ [What's my story? A guide to using intermediaries to help vulnerable witnesses](#)

19.2.7 The CPS

The roles of the CPS in the process are as follows:

- To be available for early consultation with the Police about Special Measures.
- To hold a charging decision meeting with the Police, applying evidential and public interest tests to the case.
- To arrange for victims to be informed of the outcome of the charging decision meeting.

19.2.8 Recording of criminal investigations

The police officer responsible for the criminal investigation will produce a prosecution file and a case summary (MG5). At the end of the Police-led investigation a summary should be made available at the Strategy Meeting to enable those present to determine the actions required in relation to the vulnerable adult(s) and alleged perpetrator(s) in addition to any prosecution.

If there is to be no prosecution, or once a prosecution is concluded, full information can be made available from the Police investigation to the Strategy Meeting, such as witness statements if these are necessary to inform and support other actions that are indicated, such as for disciplinary purposes or complaints to a professional body.

There must be a presumption that all vulnerable adults who contribute as victims and witnesses are supported accordingly.

19.2.9 Rates of Prosecution

The annual reports of the Welsh Assembly Data Unit on adult protection activity suggest that very few adult protection cases result in criminal prosecutions. This may be for some of the reasons below:

- Criminal justice and social care agencies may fail to recognise that a victim or witness has particular needs that must be met in order for them to be in a position to take part in the criminal justice process.
- There may be the (mistaken) belief held by practitioners and people who support vulnerable adults that they will not make good witnesses in court because they have special needs.

- the support which vulnerable adults require may not be understood or available, or alternatively not available in a timely or appropriate fashion.
- the Crown Prosecution Service 'evidential' and 'public interest' tests may not always be informed by all available information.

To help to address these problems, the steps for the investigation and prosecution of cases should be followed carefully.

The Steps for the Investigation and Prosecution of Adult Protection Cases

A process map of the steps for the investigation and prosecution is provided below. Where there may be opportunities for current practice to be improved or changed, these are highlighted.

- Step 1. Referrer identifies possible abuse and refers.
- Step 2. 2a Referral received by Social Services or Health
2b Referral received by Police
 - Case risk-assessed by Police to check if alleged victim is a vulnerable adult.
 - Special Measures considered.
 - The reported crime is notified to Victim Support if the victim consents.
- Step 3. 3a Strategy Discussion
 - Discussion between Social Services , Health and Police of possible use of Special Measures such as intermediaries.
- Step 4. Strategy Meeting
 - Agreement on approach to investigation.
 - Agreement on possible use of Special Measures.
- Step 5. Police early consultation with CPS regarding Special Measures.
- Step 6. Joint Investigation commences.
- Step 7. Strategy Meeting receives report on outcome of investigation.
- Step 8. Charging Decision Meeting, Police and CPS. Police present evidential report
 - Evidential and public interest tests applied by CPS. Fully informed? Option for SS/Health Designated Lead Manager (DLM) to check/contribute to evidential report.
- Step 9. 9a. Charged
9b. Not charged
 - Police may appeal the decision not to charge.
- Step 10. 10a Charged. If not guilty plea and witness is required for court attendance, refer vulnerable adults to Witness Care Unit for needs assessment. Witness Care Unit (Police/CPS) addresses practicalities.
 - Opportunity for alleged victim to meet CPS to discuss how to give their evidence.
 - Victim personal statements to be proactively sought by the

Police , in conjunction with care managers.

- Special Measures arrangements.
- Preferred method of contact.
- Transport to court.
- Court familiarisation visit with Witness Service.
- Opportunities to involve Social Services care manager in above.
- Victim Support to provide victim/witness support services at court.

10b No Charge. Letter from Police or verbal explanation to alleged victim. CPS writes to victims where there has been a charge.

- Letter copied to DLM.
- Care Manager involved in meeting with alleged victim.

10c Alleged perpetrator notified of decision not to charge by Police.

19.3 Non-criminal Investigations

A non-criminal investigation has the same four purposes as a criminal investigation and must be undertaken to the highest professional standards. However, its conclusions are based on the balance of probabilities rather than the threshold of beyond reasonable doubt, as is required in criminal cases.

Non-criminal investigations are often concerned with practice by paid staff. Where this is the case, it is necessary to be aware that the reason for the alleged abuse may not only be related to the individual staff member's practice, attitudes and values but also to those within the organisation as a whole. For this reason, it will usually be necessary for the investigation to look at the individual staff member's practice within the context of the organisation's policies, procedures, management practice and organisational culture.

Non-criminal investigations are also frequently concerned with relationships within families and in such cases it is necessary to be aware of the history and dynamics of the family and to be particularly sensitive to the wishes of the alleged victim. In cases where the alleged victim is assessed not to have capacity to make decisions that affect their relationship with their family (such as moving from the family home), particular care will be required to take account of their wishes and past decisions and preferences in making a Best Interest Decision. The involvement of an IMCA should always be considered in such cases.

19.3.1 Introduction

This section has been developed to provide guidance to staff asked to undertake a non-criminal adult protection investigation.

This guidance can be used in all types of non-criminal investigations, whether they involve staff, relatives or other vulnerable adults as the alleged perpetrator. If any action that may be criminal is found, the investigators must stop any investigation immediately and refer to the DLM since, if it is criminal, the police will lead the investigation.

The investigators will be identified and a remit for the investigation will be agreed by the Strategy Meeting or, if appropriate, through the Strategy Discussion prior to the Strategy Meeting.

This guidance aims to ensure a consistent response across all agencies involved in the process and sets a standard for the content and the quality of any investigations undertaken, along with any reports produced as a result of such investigations.

Roles and responsibilities of investigators

The role of the investigator is to:

- Gather all relevant information specific to the allegation being investigated.
- Record all interviews and ensure interview records are signed.
- Examine, and where appropriate retain or copy, all relevant policies/documentation.
- Evaluate the information gathered, prepare a written report and make recommendations on findings.
- Maintain a running record of the investigation process (see *Appendix 7*) giving details of all contacts and actions undertaken in relation to the investigation.

The investigators should adhere to the specific requirements for each investigation set out in the remit agreed at the Strategy Meeting (see *Appendix 1*). This should specify:

- which agency or agencies are to undertake the investigation;
- the alleged victim(s);
- the alleged perpetrator(s);
- the allegation(s) to be investigated;
- the timeframe to be covered by the investigation
- any relevant materials to be examined, including any organisational employment policies that may need to be taken into account (e.g. HR/whistle-blowing);
- any relevant individuals to be interviewed;
- the order in which the interviews should take place;
- the timescale for the investigation to be completed and the report submitted.

The investigators should discuss any proposed deviation from the remit with the Designated Lead Manager before acting;

The investigators should usually interview the victim (or victims), any witnesses and the alleged perpetrator(s) in order to have an overview and be able to make links between all of the victim's, witnesses' and perpetrators' statements.

The investigators can interview those in a more senior position in their own organisation, with the exception of their direct line manager.

The investigators should examine and if possible retain or copy any relevant documentary or material evidence;

The investigators must produce a written report.

Key points in undertaking a non-criminal investigation

An investigation can only take place following a decision made as part of the adult protection Strategy Discussion/Meeting process.

Clarification about undertaking a non-criminal investigation will be given by the Designated Lead Manager (DLM) who is co-ordinating the process.

Investigators must conduct the investigation with honesty and integrity and seek to establish the truth through an impartial and objective approach.

Individuals who are invited to be interviewed in the investigation process do so on a voluntary basis unless they are a direct employee. The protection of vulnerable adult process is a best practice rather than a statutory requirement.

Confidentiality must be maintained throughout the investigation. Information that is pertinent to the case must not be disclosed to or discussed with anyone other than the co-investigator and the DLM and at the Strategy Meeting and with the person's line manager in supervision.

If a criminal matter comes to light during the investigation, the investigators must stop any investigation immediately and refer to the DLM. If the DLM is not available, contact should be made directly with the police. Any other issues, such as regulatory matters, should be referred to the DLM, who will decide the appropriate action to take. The investigation may need to be suspended until there is clarity on how to proceed. If a decision is made that the Police will lead the investigation, the evidence obtained, including the report if written, will need to be shared with the Police.

19.3.2 Planning the investigation

The investigators should receive a remit (see *Appendix 1*) from the DLM that specifies:

- which organisation is to undertake the investigation;
- the alleged victim(s);
- the alleged perpetrator(s);
- the allegation(s) to be investigated;
- the timeframe to be covered by the investigation
- the timescale for the investigation to be completed and the report submitted;
- any organisational employment policies that may need to be taken into account (e.g. HR/whistle-blowing).

Consideration can also be given to

- any relevant materials to be examined;
- any relevant individuals to be interviewed;
- the order in which the investigation should take place;

The investigators will use the remit to plan how to carry out the investigation, taking account of the points below.

General issues to consider

The following points are provided as prompts to consider whilst planning and undertaking the investigation. NB This list is neither exhaustive nor compulsory.

Alleged victim:

- impact of the alleged abuse on the vulnerable adult;
- their views on what has happened and what should happen;
- capacity with regard to the alleged abuse;
- awareness of and/or capacity to consent to investigation;
- communication;
- if service user, their current care plan;
- current health;
- underlying physical or mental health conditions, including possible substance misuse;
- support needs;
- conditions or behaviours which challenge the service user or others;
- relationship with the alleged perpetrator;
- family dynamics and personal relationships;
- previous adult protection concerns.

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Alleged perpetrator

- If a vulnerable adult:
 - capacity with regard to the alleged abuse;
 - communication;
 - if service user, their current care plan;
 - current health;
 - underlying physical or mental health conditions, including possible substance misuse;
 - support needs;
 - conditions or behaviours which challenge the service user or others;
 - relationship with the alleged perpetrator;
 - family dynamics and personal relationships;
 - previous adult protection concerns either as perpetrator or victim.
- If a member of staff or paid carer
 - role/position within organisation;
 - recruitment: 2 written references verified, CRB/adult protection checks;
 - work responsibilities;
 - work and other relevant experience;
 - induction, training, supervision and appraisal;
 - working culture re dignity/respect/addressing service users;
 - case history and any recent changes in service provider or package;

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- previous adult protection allegations.
- If a family member
 - carer's assessment offered/completed;
 - acceptance of assistance: whether in receipt of services;
 - family dynamics: composition, relationships, finances;
 - identified relationship difficulties;
 - health issues;
 - previous adult protection concerns.

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Witnesses

Witnesses may include the person who has raised the concern or made the allegation.

Witnesses may be another vulnerable adult, an employee or paid carer or a family member. In each case, the issues to consider will be broadly the same as those with regard to the alleged perpetrator set out above, with the following additions:

- intimidation: all witnesses are entitled to protection from intimidation. Intimidation may be direct, (e.g. threats against the person or their property), or indirect (such as the alleged perpetrator walking or driving near the witness's home). Intimidation may be a Police matter or, if the person doing the intimidation is an employee, a disciplinary matter;
- whistle-blowing: all employees are entitled to protection under whistleblowing legislation and the policy that all employers are required to have in place. This gives them some right to remain anonymous but not an absolute right (e.g. if disciplinary action results, statements that have been taken as part of the adult protection investigation may be supplied to the person against whom disciplinary action is being taken prior to a disciplinary hearing).

Any concerns about intimidation or relating to the protection of whistle-blowers must be reported immediately to the DLM.

Organisations

If the alleged abuse relates to acts or omissions by one or more employee of an organisation, the investigation will need to take account of possible organisational and management issues including:

- policies, guidance and systems available to support and direct staff in carrying out their responsibilities;
- supervision arrangements and evidence of implementation;
- training and employee development;
- communication between and across the different levels and parts of the organisation;
- the culture of the organisation (e.g. whether there is consistency in how service users and staff are treated).

Where an organisation is contracted to provide services, contractual issues may also need to be considered:

- the requirements of the contract;
- the arrangements for contract monitoring.

Where the organisation is regulated as defined by the Care Standards Act 2000 (and

any subsequent amendments) the investigation may need to take account of:

- recent inspection reports;
- recent compliance notices and other enforcement actions.

In considering organisational issues, the investigators are concerned with those issues that relate directly to the allegation they are investigating. However, where they consider there may be organisational or managerial issues that lie outside their remit but which may put service users at risk of harm, they have a duty to report such concerns to the Designated Lead Manager so that appropriate action can be taken. This may include action taken under WAG guidance on *Escalating Concerns with and the Management of Closures of Care Homes Providing Services to Adults* in line with local arrangements for their implementation.

19.3.3 Specific Issues to consider when investigating alleged financial abuse

Where an investigation into an allegation of financial abuse has been requested, any formal arrangements such as appointee/agent or attorney will need to be clarified. For service users supported by the local authority, some of the information required may be held by the appropriate department within Social Services.

The following points are provided for the investigating officer to consider when investigating financial abuse:

- Does the service user have capacity to manage their finances?
- Has a Deputy been appointed?
- Is Lasting Power of Attorney in operation? If yes, in whose name?
- Has it been registered, i.e. the person's incapacity acknowledged?
- Is there a solicitor involved? If yes, give contact details
- What assets does the individual have?
- Is there a will? If yes, where is this kept?
- Who assists/manages the finances?
- Who has access to bank/savings accounts/assets, etc?
- If living in a domestic setting, is the income absorbed into general household expenditure?
- If living in a service setting, does the setting operate individual or 'pooled' accounts?
- How much disposable income do they have each week? Is this enough and are there any difficulties in accessing this?
- What are the arrangements for paying the costs of the care needs, e.g. service used/nursing/transport/domiciliary/day care/leisure/health?
- Is anyone else paying towards these?
- Is the adult supported by the local Social Services?
- Does another Social Services department support the adult?
- If yes, who?
- Do they receive ILF or Direct Payments for their care needs and who manages the receipt of monies payments?
- Consider any financial management policy used by the organisation or service.

19.3.4 Examining materials

It is important that any supporting documentation is considered, e.g. care records, financial accounts, entries in the service diary, staff duty rotas, records of injury or visits to or by health professionals.

A record must be kept of the documents examined including the date seen, any relevant information gained and whether it assists in supporting or disputing the allegations. Note any further information that needs to be clarified as a result of viewing the document.

Types of document

Alleged victim/alleged perpetrator, if vulnerable adult

- Service user records, case notes/daily statements.
- Records of: accidents, incidents, medication, health/medical advice/appointments sought/required/received, daily care statements, weight records, dietetic assessment/ involvement/ review, food/fluid input/output records, pressure area risk assessment/ management/review.
- Recent accidents, hospital admissions.
- Service user assessment: were all needs identified and were care plan goals developed to manage/meet need?
- Care plan documentation: level of detail to indicate how to manage identified needs.
- Frequency of care review.
- Risk assessments, e.g. moving and handling or other equipment, behavioural management, independent living skills.
- Appropriate aids/adaptations identified, available and used.
- Moving and handling issues.
- Health records: GP, hospital.

Alleged perpetrator – staff

- Induction.
- Training records.
- Supervision records.
- Rotas.

Alleged perpetrator – family

- Records of care delivered to relative.
- Carers assessment.
- Records of services received.

Organisation

- Policies and procedures.
- Staff handbook.
- Incident/accident records.
- Rotas.
- Training programmes/records.
- Personal allowance records.
- Care delivery system, key workers.
- Reg 26 and 38.
- Provider concerns.
- Communication.

19.3.5 Planning the Interviews

The remit will identify who needs to be interviewed as alleged victims, witnesses or as alleged perpetrators.

The investigating officers will plan the schedule of interviews: dates (taking account of

leave, shift patterns etc), times and most appropriate place to conduct the interview, and ensure any individual supporting the alleged victim or witnesses are informed. Wherever possible or where time permits, this should be confirmed in writing as good practice.

When arranging the interview try and find a venue that will allow the interviewee (complainant, alleged victim, witness or alleged perpetrator), to speak freely and without pressure. This may require you to use somewhere neutral and should not be the scene of the incident.

Ensure that the interviewees, including in particular the vulnerable adult, are aware that a person who is a friend or representative, who is not involved in the investigation, can support them through the interview, ensuring that confidentiality is maintained. (this might be a union rep, a work colleague or solicitor) .

Consider the use of advocacy services to provide support to the vulnerable adult if appropriate.

The supporter cannot answer for the individual being interviewed or ask questions but can have time to talk with them, including taking a break during the interview (this is consistent with practice in HR procedures). Then supporter may be asked to leave if they act inappropriately during the interview. Inappropriate behaviour includes:

- answering questions for the interviewee;
- advising the interviewee during the interview;
- questioning the investigator about the evidence;
- interrupting when the investigator is asking questions;
- interrupting when the interviewee is answering;

Consider the method of recording the interviews, e.g. written, audio, or video. The aim is to have a contemporaneous record of what was said.

Devise specific questions to be asked of each person to be interviewed. Consider the number of questions to be asked, ensuring a few questions are designed to open the interview and put the person being interviewed at ease. Next develop some questions about the specific incident or concern and include a few questions to clarify any points and close the interview. Suggestions of questions can be viewed in *Appendix 2*.

Remember to avoid asking leading questions in order to prevent encouraging an interviewee to agree or give particular information. Wherever possible ask open-ended questions to ensure the interviewee gives their own information.

19.3.6 Interviewing Vulnerable Adults

The investigating officer may need to interview a vulnerable adult who may be the alleged victim, the alleged perpetrator or a witness.

If it has been agreed at the Strategy Meeting that a vulnerable adult is to be interviewed, the investigators must ensure that any information about the vulnerable adult's capacity, disability, mental health, medication and communication needs has been considered, and appropriate support can be provided. This support might include an interpreter or professional in a supportive role (this could be an advocate). The role of the supporter is to try to ensure equality for the person being interviewed.

It is not about advocacy or speaking on behalf of the interviewee, rather it is about an independent third party checking that effective communication is taking place and that the person being interviewed is not disadvantaged in any way.

In arranging the interview, consideration should be given to where it is to be held (is it easy to get to, is it accessible for people with physical disabilities, will the vulnerable adult feel comfortable in the setting?), and when it is to be held (is the interviewee more able to concentrate and communicate at a particular time of day for example?).

It is important to build rapport with the vulnerable adult to reduce anxiety allay fears and give confidence to the person being interviewed.

If there is limited information available regarding the vulnerable adult, their capacity or abilities, begin with general questions to ensure the interview is conducted at the right level. Try and establish the individual's understanding of time, for example, in terms of times of the day of the interview or days of the week that particular events occur in their lives. The investigators should try to get another view of the vulnerable adult's level of understanding, before focussing questions on the allegation or concerns.

Explain that notes will be taken or the interview will be recorded or videoed.

Ensure the vulnerable adult understands that they can have a break at any time and check throughout the duration of the interview that they are alright to continue.

Ensure that the vulnerable adult has the opportunity to ask the investigators any questions about the process before or after the interview to reduce any concerns they may have as far as possible.

19.3.7 Interviewing the alleged perpetrator

The alleged perpetrator is usually interviewed after the other interviews have taken place. This interview will need to be planned separately and questions devised to support or refute information gathered during the course of the investigation. It is appropriate to begin with a question specifically about the allegation, incident or concern. '*I am investigating an allegation/complaint/concern that has been made about you.....*' (describe the specific nature of the allegation/complaint/concern).

If the alleged perpetrator is a vulnerable adult, the same support arrangements as provided for the alleged victim should be considered.

The alleged perpetrator should then be asked his/her opinion '*What would you like to say about this?*'. This gives the alleged perpetrator the opportunity to respond to the allegation/s.

Open questions may encourage the alleged perpetrator to discuss the situation and describe what happened.

Following discussion regarding the specific incident, you may wish to ask more general questions to identify the context within which the allegation/complaint/concern fits.

Suggestions of appropriate questions for this interview are given in *Appendix 2*.

19.3.8 Undertaking the interviews

The interviews play an important part in enabling the investigating officer to gather new information, clarify information already provided and establish facts to enable a decision to be reached regarding the validity of the allegations. Thorough planning will assist in maximising this opportunity.

The investigating officers should introduce themselves, explain their role and why they are there, e.g. *'I am conducting an investigation into allegations/concerns that have been made under the protection of vulnerable adults procedures and I need to talk to you as part of this process'*.

Explain that each person interviewed will be asked a set of planned questions and some further questions may be asked to elicit further information. In some circumstances further interviews may be required should new information be disclosed. This information may require further exploration or clarification.

Advise the person being interviewed that the information they give will be used to draw together a report on the concerns/allegations.

Clarify that there is an expectation that the interviewee will respect confidentiality and not discuss this matter outside of the formal interview process.

Tell the person being interviewed that the interview is confidential, except that information given may have to be forwarded on to other partner agencies, for example to the Police if a criminal matter was suspected, or for use in a disciplinary if a disciplinary issue is identified in relation to an employee.

Explain that a record of the interview will be made in writing or on tape or video to ensure accuracy. Advise the interviewee that if a written record is made they will receive a copy and may propose alterations with regard to matters of accuracy. All interviewees will be asked to sign to confirm that the record of their interview is accurate.

Possible questions for use in the interview

The following questions have been included to provide suggestions of the issues the investigators may wish to explore as part of the interview. Considering a range of issues will assist in planning the interview questions for staff. It should be noted that this list is not exhaustive.

Service setting – general questions

- Have you received any training about the protection of vulnerable adults?
- How long you have worked here?
- How long have you known (alleged victim/witness/perpetrator) and in what context?
- How long have you cared for (alleged victim)?
- Where else have you worked?
- Have you had any previous experience working with this service user group?
- What are your main responsibilities?
- What level of contact do you have with service users?
- Tell us what you do during a typical shift/duty/domiciliary visit?

- How many hours are you contracted for and how many hours do you work in a week?
- Do you have a temporary or permanent contract?
- Do you work for an agency?
- Do you work for any other organisation?
- What is it that you like about working here?
- What are the things that you don't like or you sometimes find hard?
- How do you get on with the service users?
- How do you get on with your work colleagues?
- Is there a keyworker system in operation here? Can you tell us what this entails? Are you a keyworker for any service user? Who?
- How does the staff team work together?
- Do you have any concerns about any other staff members, both current and past?
- Do you have any concerns about any other issues?
- Who would you report any concerns to?
- Have you ever had any reason to express any concerns to anyone? If so, can you tell us about it - what happened/outcome?
- We want to find out some more information about one particular service user. Tell me a bit about him/her and his/her care needs?
- How well do you relate to her/him?
- Are you aware of a recent issue surrounding the service user when allegations were made against another staff member. Can you tell me what you know? How did you become aware of this?
- How would you normally describe their relationship?
- How does s/he usually relate to the other residents?
- How does s/he work as part of the team?
- Were you on duty on the occasions the allegation refers to? Did you witness it directly?
- Are you aware of the service users' care needs/management guidelines/manual handling needs etc?
- How do you become aware of these needs?
- Would everyone on duty be aware of this?
- Does everyone follow the care plan/guidelines?
- What involvement do staff have in risk assessments etc?
- Do you have specific policy guidance to support service users accessing community facilities?
- How are the arrangements agreed regarding the time that service users get up in the mornings and go to bed at night, or meal times – who eats with, or serves the food during meal times?
- Have you any concerns about the management style of the service?
- Have you raised concerns on a previous occasion?

Night shifts

- Have you noticed staff sleeping or preparing to go to sleep while on a wakeful night?
- What are the duties that you are expected to carry out during the night shift?
- Is there a 'sleep-in' staff member?
- What hours are they actively in work for?
- What is the policy about calling them if they are needed?

Finances

- Is the service financial policy implemented? Can you explain it?
- Have there been any instances when staff have borrowed and then replaced the money?
- How does the home organise such things as food shopping and service user holidays - how are they organised/paid for?
- What do you do if the finances can't be reconciled?
- How is the service user supported in spending their personal money?
- Tell me how service users are supported in having choices.

Medication

- Does the service have a medication policy or guidance document?
- Were you aware that (name of *service user*) brought (name of *medication*) into the home with them?
 - If yes: Do you know how many tablets/what medication was in the cupboard?
 - If no: Did you see (name of *medication*) in the controlled drug cupboard?
 - If yes: Did you ever administer any (name of *medication*) to (name of *service user*)?
 - If Yes: Can you tell me where you recorded this?
- Did you administer (name of *medication*) to any other service user during the period (relevant dates)?
 - If Yes: Can you tell me where you recorded this?
- How often do you normally check the controlled drug (C D) stock and who else is involved in checking it?
- Were you involved in checking the CD stock between the period (relevant dates)?
 - If Yes: Can you tell me how many (name of *medication*) were in the cupboard at the time?
- Where do you keep the medication keys when you are on duty?
- Who else normally has access to the medication keys when you are on duty?
- Can you think of an occasion when you handed over the keys to anyone else when you were on duty?
- Do you sign medication keys over?
- What training has been provided in managing and administering medication?
- Do you have any concerns about any of the medication systems or procedures in the service?

Moving and handling

- Does the service have a moving and handling policy or guidance document?
- Have you read the moving and handling policy?
- Explain the moving and handling needs of the service user?
- How are you aware of the service user's needs?
- What training or refresher education have you received in moving and handling?
- Explain how you would move and handle (name of *service user*)
 - What equipment would you use?
 - What equipment should be used for (name of *service user*)?
- Describe what happened on (date of incident)?
- Is the moving and handling equipment always available?

An interview reminder sheet is available in the documentation pack.

19.3.9 Concluding the Investigation

On completion of the interviews and examination of documents, the evidence must be evaluated.

In a criminal investigation the evidence needs to be 'beyond all reasonable doubt'. However, when undertaking non-criminal investigations the allegation is proved if the evidence is based upon the 'balance of probability' (i.e. whether, on the evidence available, it is more likely than not to have occurred).

The investigators are required to evaluate the evidence to reach a conclusion on whether the evidence **supports** or **does not support** each allegation they were asked to consider. The investigators are not asked to make the final decision about the status of any allegation (i.e. whether it was proved or disproved or was likely or unlikely). **The final decision about the status of the allegation(s) will be made by the reconvened Strategy Meeting.**

Evidence gathered will fall into one of the following categories:

- **Direct evidence** is a person's account of what they themselves have experienced.
- **Hearsay evidence** is evidence of what a person has heard from another person. This evidence is now usually presented in a criminal case and the judge decides whether it is admissible. It can be presented in other places such as civil courts or disciplinary hearings.
- **Documentary evidence** includes written records and data, photographs and recordings.
- **Expert evidence** is a professional opinion on a matter which is one of professional judgement.
- **Circumstantial evidence** is evidence not based on the facts in question but other facts which may support the case, such as evidence of bruising immediately following a shift worked by a particular member of staff.

Evidence in one category may be **corroborated** – i.e. supported – by evidence from another.

In their evaluation of the evidence the investigators will need to consider whether some evidence should be given more weight than other evidence. There may be a number of reasons for doing so. For example, the evidence given by one witness in interview may be corroborated in detail by other evidence, such as written records, whereas the interview evidence of another witness is not corroborated. Alternatively, there may be factors that lead investigators to consider a particular witness's evidence as unreliable, such as evidence that they bear a grudge against another witness. This does not mean that such evidence should not be considered but it may be necessary for it to be strongly corroborated before it is considered reliable.

Thirdly, documentary records made at the time may be given more weight than those made some time after the particular event.

A tool is also provided in the documentation pack to assist investigators.

Links

The tool to assist in the evaluation of evidence can be accessed here:

◆ [Checklist – Evaluating Evidence](#)

Completing the investigation report

A protection of vulnerable adults investigation report must be written and given to the DLM who has managed the protection of vulnerable adults process by the date set in the remit. The DLM will consider the report and then co-ordinate a further Strategy meeting or Adult Protection Case Conference.

An investigation report format is provided in the documentation pack. The following is the guidance for completing this form:

Name of vulnerable adult

The report may cover allegations relating to more than one vulnerable adult if they are linked; for example if the perpetrator is the same or if the alleged abuse took place in the same service setting. The decision about this will be made at the Strategy Meeting and will be set out in the remit for the investigation.

Allegation

The details of alleged abuse should include:

- the type(s) of abuse (financial, physical, etc);
- a description of the abuse (the body map should be used to identify any physical injuries);
- the date(s) and time(s) it occurred;
- the place it occurred.

If there are several incidents of abuse each should be described as above.

Information about the alleged perpetrator should include:

- their name;
- their relationship to the alleged victim (e.g. family member, paid staff, volunteer);
- their designation if paid staff (e.g. support worker, community nurse);
- the organisation they are employed by or work for.

Impact of the alleged abuse on the vulnerable adult

It is important to be as explicit and detailed as possible in describing the impact of the abuse on the vulnerable adult. All types of abuse will have an impact on the individual and people will respond individually to the experience of abuse.

Please refer to 'Signs and symptoms of abuse' in *Wales Adult Protection Policies and Procedures*.

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Please consider:

- the person's own view;
- the views of advocates;
- the views of family members;
- the views of other significant people;
- changes in behaviour, mood and personality.

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Further allegations or concerns identified by the investigation

During the investigation other allegations may be made or concerns identified. These must be passed on to the lead manager as soon as possible in case any immediate action is required and in order to obtain guidance about how to proceed.

If there is any concern that these may constitute a criminal offence, the investigation must be stopped immediately in order to allow the Police to decide on any actions they need to take.

The allegations and concerns should be listed here. If no further allegations or concerns were identified, please write 'none identified'.

Investigation process

Investigators: Give the name, designation and employing organisation of each person.

People interviewed: Identify where and when the interview took place; the person's relationship with the vulnerable adult; their designation and employer if paid staff or their organisation if a volunteer. If people decline to be interviewed the same information should be given about the person together with their reason for declining.

Materials examined: List each document or other material and the date it was examined. Also list documents requested and not provided and the reason if known.

Summary of evidence

Summarise the main points arising from each interview and each piece of material examined that relate to the specific allegations or concerns and any other issues judged relevant to the investigation.

Evaluation of evidence

Evaluate the information gathered in relation to each allegation, identifying evidence that supports it or does not support it.

Findings

The findings should be a summary of the key points developed in the evaluation of the evidence and should not introduce points not covered in the evaluation.

With regard to specific allegations, the Strategy Meeting will decide whether the allegations are proved, disproved, likely, unlikely or inconclusive. The investigators' role is to make a brief statement saying whether the evidence on balance supports or does not support the allegation.

With regard to wider issues, such as line management, training, policy and procedure, and organisational issues, the investigators should identify any areas of concern that may require consideration by the Strategy Meeting.

Recommendations

The investigators may make recommendations to the Strategy Meeting about:

- actions that should be taken in relation to the vulnerable adult(s), including the management of risk;
- actions that should be taken in relation to the alleged perpetrator(s);
- actions that should be taken in relation to other individuals and organisations involved in the case.

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The recommendations are a direct result of the findings and should follow logically from them.

Signature

All investigators must sign the report.

Links

An investigation report template can be accessed here:

◆ [Adult Protection Investigation Record](#)

19.3.10 Support for the Investigators

Arrangements will be made by the DLM to provide supervision for investigators relating to the case. This may require negotiation with the investigators' line managers if the DLM is not their line manager.

Investigators can contact the DLM as required.

Investigators should agree with the DLM the detail of the case that they can discuss with their line manager.

The DLM will negotiate with the line manager concerning the amount of time required for the investigation and if additional time is required.

20 Stage 7 – Further and Final Strategy Meetings

A further or Final Strategy Meeting should be convened within the timescale agreed by the Strategy Meeting.

There may be a series of Strategy Meetings necessary to complete the work required by the adult protection referral.

Every meeting held must review the risk to the vulnerable adult (s) and others and agree actions to manage this.

It may not be possible at the start of a meeting to be certain whether further meetings will be required or not, although the DLM should be prepared for the various possible outcomes of the meeting.

20.1 Further Strategy Meetings

20.1.2 Reasons for reconvening a series of Strategy Meetings

Sometimes a series of Strategy Meetings is required, for example because:

- the DLM considers it necessary to bring the group together again to discuss emerging evidence from the investigation, review risks and change the remit of the investigation (e.g. from criminal to non-criminal or vice versa);
- the investigators need to make an interim report so that the Strategy Meeting can make decisions on what has been found to date and provide the investigators with new guidance;
- following discussion of the investigation report the DLM considers that further investigation is needed before the case can be concluded;
- the DLM decides that it is necessary to review the Individual Adult Protection Plan, which should involve the vulnerable and/or their representative;
- the complexity of the case warrants a series of meetings.

The guidance provided in the earlier section on Strategy Meetings should be followed for all further Strategy Meetings. The DLM must identify if any additional people should be invited to further Strategy Meetings.

The vulnerable adult or their representative (a family member, advocate or IMCA) may be present for at least part of any further Strategy Meeting to participate in the development of the Individual Protection Plan and to receive what further information can be shared.

Links

The template for recording further and Final Strategy meetings can be accessed here:

◆ [Minutes of further and final Strategy Meetings](#)

20.2 The Final Strategy Meeting

The Final Strategy Meeting is the meeting that reaches a conclusion about the *status* of the allegation and agrees *outcomes* for the alleged victim, the alleged perpetrator and for any provider and contracting organisations involved.

20.2.1 The Purpose of the Final Strategy Meeting

The Final Strategy Meeting is charged with:

- Considering the investigation report and on the basis of the information supplied in the report and all other information available, including any assessment(s) of risk, reach a judgement about management of further risk;
- Reaching and recording a conclusion that the status of abuse allegation was:
 - o admitted;
 - o proved;
 - o disproved;
 - o inconclusive – but likely on balance of probability;
 - o inconclusive – but unlikely on balance of probability; or
 - o inconclusive.
- Agreeing outcomes and actions needed. These must include Individual and/or General Protection Plans where there is continuing risk.

20.2.2 How the Final Strategy Meeting proceeds

- All of those present at the meeting must treat the protection of the vulnerable adult as paramount, whilst respecting the rights of other interested parties.
- People invited to the meeting must be clear about the purpose and status of the meeting, and should have papers and materials beforehand in a form they understand.
- The chair must make sure that the meeting proceeds in a way that helps everyone contribute. People at the meeting are expected to treat each other with respect.
- The chair may, in consultation with statutory agencies and the adult, restrict or exclude the attendance of someone whose presence might impede full discussion, for some or all of the meeting. Reasons for exclusions should be recorded in the minutes.
- Information discussed at the meeting must be treated as strictly confidential. The meeting decides what information the Designated Lead Manager feeds back to the referrer after the meeting.
- Where abuse is confirmed or likely to have occurred and the alleged abuser is a vulnerable adult, a separate Case Conference must be arranged to consider their needs and the management of any risk they may pose, if this has not already taken place.

Links

The template for recording further and Final strategy meetings can be accessed here:

- ◆ [Minutes of further and final Strategy Meetings](#)

20.2.3 Possible outcomes and actions from the final Strategy Meeting

The overall aim of the Reconvened Strategy Meeting is to reach clear agreement about:

- The status of the allegation on the basis of the findings of the investigation;
- The outcomes for the victim, perpetrator, provider and purchaser/commissioner;
- future risk management for the vulnerable adult(s) or others;
- what action(s) are agreed;
- who is responsible for the action(s);
- the timescales; and
- review dates as required.

If it has been agreed that an Individual Protection Plan or General Protection Plan is required they should be distributed before the people depart at end of the meeting.

A Final Strategy Meeting may agree a number of actions. These may include actions in relation to the victim, the perpetrator, a provider agency or the commissioner/purchaser. The conclusion of the use of these *Adult Protection Policy and Procedures* may also be agreed.

Outcomes in relation to the victim

The range of outcomes for the vulnerable adult may include:

- Individual Protection Plan/Updated Care Plan;
- improved safeguards to client/property;
- increased monitoring by care manager;
- provider support;
- referral for counselling;
- referral to Victim Support;
- application to the Court of Protection;
- meeting other victims;
- preparation for Court;
- application for Criminal Injuries compensation;
- change of accommodation;
- other additional care services;
- advocacy services;
- support to seek an injunction;
- support to seek compensation;
- restorative justice;
- an apology from a service;

Outcomes in relation to the perpetrator

Possible outcomes in relation to the perpetrator may include:

- exoneration;
- resignation/left post (if worker);
- dismissal (if worker);
- disciplinary action (if worker);
- application for civil injunction;
- prosecution/caution;
- reparation/restitution meeting and agreement;
- restorative justice;
- complaint to professional body or regulator (if worker);
- referral to the Independent Safeguarding Authority (if worker);
- provision of extra training or management support (if worker);
- provision of extra help (if carer);
- Case Conference (if service user).

Links

Guidance and documentation on referring an individual to the Independent Safeguarding Authority is available from their website

◆ [Independent Safeguarding Authority](#)

Note: Responsibility for referring to the Independent Safeguarding Authority (ISA) is placed upon the service manager, with the support of their HR section. The Designated Lead Manager/Adult Protection Co-ordinator should ensure that they meet this responsibility.

Outcomes in relation to a provider agency

Possible outcomes in relation to a **provider agency** may include:

- a General Action Plan identifying specific actions to be taken by the provider (and others) in relation to their service practice;
- a statutory enforcement notice served by the CSSIW under the Care Standards Act 2000;
- caution and/or prosecution under the Care Standards Act 2000;
- a Corrective Action Plan to be drawn up with a requirement to take immediate action to ensure the safety of service users and improve standards, e.g. staffing levels and staff training;
- a Development Action Plan to be drawn up requiring review of policies, procedures and practices such as physical handling and intervention, intimate care, financial accountability, recruitment, professional boundaries.

Links

The Care Standards Act 2000 can be accessed from here:

◆ [Care Standards Act 2000](#)

Outcomes for the commissioner/purchaser

Possible outcomes by the service commissioner/purchaser may include:

- convening a Provider Performance Meeting to develop and issue a Corrective Action Plan or a Development Action Plan;
- suspension of placements;
- informing other agencies, e.g. other purchasing authorities;
- revising the contract/specification, e.g. to require changes in policies, procedures and practices;
- police or CSSIW caution;
- increased monitoring.

In complex cases, for example involving a care home and a number of victims, it may be necessary for agencies to agree a series of meetings to address the full range of issues, including action where appropriate under the Care Standards Act 2000.

No further actions

If the meeting agrees that no further action is required under these procedures that will require monitoring (closure), this decision must be recorded on the Adult Protection Case Management Record. Follow-up arrangements to support the vulnerable adult should be specified if required. If no further action is taken under these procedures, the Designated Lead Manager should inform the referrer.

20.1.3 Reasons for not holding a Final Strategy Meeting

If a Strategy Meeting has commissioned an investigation, generally the written Investigation Report should be received by the further Strategy Meeting. If the DLM determines that a further meeting is unnecessary because the investigation has identified no abuse or concerns, they may choose to notify all involved and document their actions rather than reconvene the Strategy Meeting.

The reasons for *not* holding further Strategy Meetings should be explicit and documented by the Designated Lead Manager on the Adult Protection Case Management Record. Even if it is decided not to hold a Reconvened Strategy Meeting, the DLM may still decide it is appropriate to hold a Case Conference. If neither a Reconvened Strategy Meeting nor a Case Conference is held, the DLM must ensure that adequate feedback is given to the vulnerable adult and/or their representative and to the referrer.

20.3 Records

20.3.1 Records of Strategy Meetings

The chair is responsible for making sure that correct and comprehensive minutes are taken by an appropriately trained person, and that they are appropriately distributed.

20.3.2 Agenda/minutes

The minutes will follow the Wales pro-forma for further and Final Strategy Meetings.

21 Stage 8 – Case Conference

A Case Conference should be held within the timescale agreed at the Final Strategy Meeting.

A Case Conference is a multi-agency meeting held to share and discuss the outcome of the investigation and agree further actions, including the continuation of the Individual Protection Plan with the vulnerable adult and/or their representative.

21.1 Purpose of a Case Conference

The purpose of a Case Conference is to share and discuss the outcome of the investigation and look specifically at the individual protection requirements of the alleged victim. The Case Conference may also finalise adult protection, closure and transfer into care management. Therefore it will usually involve the alleged victim and/or their advocate/family as appropriate, (for example, if it is not possible or appropriate for the alleged victim to participate) in discussing the outcome of the adult protection investigation, agreeing any proposed further actions in relation to the safety, welfare and wellbeing of the alleged victim. It should be organised and facilitated in such a way that it maximises the comfort and involvement of the vulnerable adult and their representatives.

21.2 Arranging the Case Conference

The Designated Lead Manager should arrange the Case Conference within 7 working days (excluding weekends) of the final Reconvened Strategy Meeting or within 7 days of receipt of the investigation report if there is to be no Reconvened Strategy Meeting.

The DLM needs to consider who should attend the Case Conference apart from the alleged victim and/or their representatives. If the alleged victim has a care manager they should always be invited. It may be appropriate for the alleged perpetrator if they are a family member to attend some or all of the Case Conference. This will be subject to the consent of the vulnerable adult and will be influenced by whether they may have a significant role to play in future care giving.

If the vulnerable adult has decided to take part in the Case Conference, the DLM must ensure that it is organised in a way that will maximise their participation. This may include consideration of:

- The venue: does the person feel comfortable in it and is it accessible? For example, person's own home, service setting or somewhere else that takes into account the person's needs and wishes.
- The timing of the meeting: does the person have work or personal commitments; are they able to engage more fully at some times of day than at others?
- The length of the meeting.
- The participants: the number and the individuals invited to attend.
- The methods used to run the meeting: are there ways of reducing the formality of a meeting?
- The means used to record the meeting.

21.3 Role of Chair at Adult Case Conferences

The appointment of the most appropriate professional to chair the Adult Case Conference should be made during the adult protection process but no later than the Final Strategy Meeting. In most cases it will remain with the DLM involved with the case, and the advantage of this is that the chair will have all the information relevant to the case and will be able to answer any questions asked by the alleged victim, and/or relatives, carers or other professionals.

However, there may be occasions when it may be more appropriate for the chair to be appointed from a partner agency. The advantage of this would be that it would demonstrate objectivity and transparency from the agency involved in the allegation.

A totally independent chair not employed by any of the partner agencies may be considered in some instances. The appropriateness of this will need to be discussed and agreed by the DLM and partner agencies involved.

An example of when this course of action may be indicated could be when, as part of the investigative process, it transpires that several agencies are implicated in the allegations. Therefore at the Case Conference appointment of a totally independent chair would demonstrate impartiality and objectivity for the benefit of the alleged victim/s, and or relatives/carers.

21.4 Possible Outcomes from a Case Conference

The final Strategy Meeting may have made a variety of recommendations in relation to the alleged victim or the Case Conference may agree these if no Final Strategy Meeting was held:

- Individual Protection Plan/Updated Care Plan to manage continuing risks.
- Improved safeguards to client /property.
- Increased monitoring by care manager.
- Provider support.
- Referral for counselling.
- Referral to Victim Support.
- Meeting other victims.
- Preparation for Court.
- Application for Criminal Injuries compensation.
- Change of accommodation.
- Other additional care services.
- Advocacy services.
- Support to seek an injunction.
- Support to seek compensation.
- Restorative justice.
- An apology from a service.

These must be explored carefully to ensure that they are understood and have the consent of the vulnerable adult and/or their advocate/family.

21.5 Records

The Case Conference is usually recorded using the minute template for Case Conferences:

- ◆ [Minutes of Case Conference](#)

22 Stage 9 - Reviews

Reviews of Individual and General Protection Plans should be held within 6 weeks of the Final Strategy Meeting or Case Conference.

They should review the risks to the vulnerable adult and others and agree actions if necessary.

22.1 Preparing for Reviews

Reviews can be conducted either through a formal review meeting or, for less complex cases, by telephone and e-mail by the DLM. For less complex cases where telephone and e-mails are used to review the case, all discussions should be clearly recorded on the Adult Protection Case Management Record.

22.1.1 Note for Designated Lead Manager

The status of each review should be explicit and clear. That is, whether the review is held under these *Adult Protection Policy and Procedures* or under care management arrangements. Depending on the arrangements under which the review is held, different people may be invited to attend.

22.1.2 Arranging the Review Meeting

The Designated Lead Manager should arrange the date of the Review Meeting at the conclusion of the Case Conference and/or the Final Strategy Meeting and also specify who will attend.

22.1.3 Information that should be available to the Review Meeting

Those nominated to carry out specific actions should produce written reports to a deadline specified by the Designated Lead Manager, to be circulated to those invited before the Review Meeting.

If another agency or person attending the meeting has information relevant to the Review Meeting, this too should be circulated.

The Designated Lead Manager is responsible for the administrative arrangements for the Review Meeting, ensuring that notification, circulation of papers and minutes proceed in an organised and streamlined way.

22.1.4 The function of the Review Meeting

The meeting reviews risks and the achievement of the objectives of the Protection Plan.

This includes considering any additional information, significant changes or other incidents or events that may affect the safety and wellbeing of the vulnerable adult.

The Review Meeting is usually recorded using Minute of Review Meeting (contained within the documentation pack) but it may be appropriate to agree alternative formats to suit the alleged victim.

Links

The template for Review Meeting minutes can be accessed here:

◆ [Minutes of Review Meeting](#)

22.2 Review of an Individual Protection Plan

A Protection Plan must be reviewed within 6 weeks, after which it should generally be incorporated in the Personal Plan of Care and its review becomes part of the care management process.

A review of an Individual Protection Plan is not a review of the Personal Plan of Care, but its outcomes may have a bearing upon the Plan.

22.2.1 Outcomes of the Individual Protection Plan review meeting

There is a range of possible outcomes of the Review Meeting:

- The Individual Protection Plan is amended or adjusted to better protect the adult, and the next review date of a separate Individual Protection Plan is set. The review should be held within three months.
- The meeting agrees:
 - no further review under these *Adult Protection Policy and Procedures* is required; and
 - protection arrangements should be incorporated into the Personal Plan of Care if appropriate and reviewed through the care management process.
 - The decision and reasons why should be **explicitly recorded** on the Adult Protection Case Management Record. Action under these *Adult Protection Policy and Procedures* then ceases.

22.3 Review of a General Protection Plan

A General Protection Plan must be reviewed within 6 weeks.

The purpose of the review is to confirm if the actions in the plan have been carried out and if they have been effective.

22.3.1 Outcomes of the review of a General Protection Plan

There are several possible outcomes of the Review Meeting:

If the review relates primarily to measures to protect other individual vulnerable adults (i.e. other than the alleged victim) the meeting should consider whether:

- there are continuing significant risks and these individuals require Individual Protection Plans;
- the risks can be managed through care management and any measures should be incorporated in their individual Personal Plans of Care and reviewed through the care management process.

The decision and reasons why should be **explicitly recorded** on the Adult Protection Case Management Record. Action under these *Adult Protection Policy and Procedures* then ceases.

If the review relates to a provider's performance, the DLM may consider it appropriate to hand over the convening and chairing of the meeting and any subsequent reviews to those responsible for managing services where there are Escalating Concerns.

Links

The Welsh Assembly Guidance on managing Escalating Concerns is contained in:

- ◆ [Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults Contract and Commissioning colleagues](#)

The relationship between adult protection and provider performance is shown in this diagram:

- ◆ [Escalating Concerns: the Relationship between Adult Protection and Provider Performance](#)

23 Stage 10 – Closure

Closure can take place at any time after stage three of the adult protection process.

The DLM will close the adult protection case when all outcomes of the adult protection process are known and any risk is managed and any continuing care management is robust.

23.1 Timing of Closure of Cases

Adult protection cases will remain open until all outcomes agreed at the Final Strategy Meeting are known. This may extend the time cases are open, but these outcomes are essential to the continuing management of risks to vulnerable adults and for accurate reporting to the Welsh Assembly Government.

Significant outcomes include:

- prosecution;
- disciplinary action;
- referral to and decision of ISA;
- referral to and decision of professional body;
- other issues relating to significant risks.

23.2 Decision-Making

It is the responsibility of the Designated Lead Manager to decide upon the closure of the adult protection case. The crucial consideration for this decision is the successful removal of the risk of abuse or its successful ongoing management. The Designated Lead Manager must consider that it can be managed effectively within existing care management arrangements (or by referring to care management for this purpose). If so, they should close the adult protection case. They must ensure that any elements in the Individual Protection Plan that are still required are added to the Personal Plan of Care. The adult protection process can be closed at any point after stage three but must be done effectively by considering the points below.

23.3 Closure Process

Before closing the adult protection process officially the Designated Lead Manager should ensure the following:

- That the views of CSSIW are noted if a registered service is concerned and if they have not been part of the adult protection process.
- That the local Police authority has logged all intelligence.
- That the minutes of all meetings have been finalised and shared with the contributing agencies.
- That all actions and recommendations on a General or Individual Protection Plan have been completed.
- That an outcome letter is sent to the referrer.

- That appropriate feedback has been given to the vulnerable adult.
- The appropriate feedback has been given to the family/carers if appropriate.
- That Social Services/Health databases are updated to include all relevant information regarding the case.
- That any paper records are secure and remain confidential.
- That the Data Collection Form has been completed.

Documentation

Adult Protection Suggested Documentation

Adult Protection Referral Form

When information suggests that a vulnerable Adult has been abused or is at risk of abuse, the Adult Protection Referral Form should be completed and submitted to social services, health or the police. All sections should be answered comprehensively with any unknown answers being left blank. Additional information should be added in the designated box, which is the last question on the form.

Adult Protection Case Management Record

When it has been decided that these Adult Protection Policy and Procedures apply, a Case Management Record should be commenced from the start and continued until the closure of the case. The DLM completing the form should complete it in detail, documenting all risk assessments, discussions and meetings held and decisions made. The Case Management Record acts as a running record (live document) until the closure stage has been reached.

Referral Acknowledgement Letter

A referral acknowledgement letter is sent to the person that has referred the case into adult protection. The intention of the letter is to confirm that the referral has been received and is being managed via the adult protection process. There may be circumstances when the referral acknowledgment letter should not be sent, (i.e. self-referral where someone is still in an abusive situation) and it is therefore important to consider the use of letter, rather than being sent out automatically.

Meeting Convening Form

This form is intended for use by administrative staff who are requested to convene adult protection meetings on behalf of the DLM. The form facilitates the recording of apologies and non-attendance, and clearly highlights the requested date and venue for the meeting. It also serves to prompt DLMs to invite the appropriate professionals to the meeting.

Minute Templates

Minutes are a permanent, formal record of what was discussed at a meeting. Only items discussed in front of meeting participants can be included in the minutes. By using the minute templates, minutes will be professional, clear and in an acceptable and easy to read format. The templates will ensure consistency and standardisation throughout the organisation using them.

As part of the Adult Protection process, various types of meetings will be held which include Strategy Meetings, further Strategy Meetings, Case Conferences and Review Meetings.

An effective meeting agenda, which states what topics will be discussed during the meeting, serves various important functions:

- It ensures the DLM and group to consider what needs to be accomplished.
- Provided ahead of time, the agenda lets people know what to expect and allows them to prepare as necessary.
- It provides direction for the meeting to follow.
- It reminds people of what there is left to cover if time becomes an issue.

Templates:

- ◆ [Minutes of Initial Strategy Meeting](#)
- ◆ [Minutes of further and final Strategy Meetings](#)
- ◆ [Minutes of Case Conference](#)
- ◆ [Minutes of Review Meeting](#)

Meeting Attendance List

The main function of this document is to record who has attended the meeting, their role, organisation and method for contacting them. This also serves to ensure that the required e-mail/postal address is noted for distribution of the minutes.

Police Decision Form

Following Strategy Discussions with the Police, when the Police conclude that they will have no further involvement in a case, the Police Decision Form, or equivalent, should be completed by the Police Officer and copied to the DLM. The decision form clearly explains the basis for the conclusion, stating the rational connection between the evidence and the conclusion. This form, in addition to an entry in the Adult Protection Case Management Record, supports defensible decision-making and accountability. When police involvement concludes at a formal meeting, the rationale can be documented sufficiently in the minutes of the meeting.

Individual Protection Plan

During the adult protection process, if there is evidence to suggest that the Vulnerable Adult remains at risk, an Individual Protection Plan should be used. This plan is intended to document necessary actions that will reduce and manage the level of perceived risk and may include a variety of agencies. Any professionals identified to complete actions, should sign the plan accordingly. The Individual Protection Plan is a record of the safeguarding action that has been taken and the acknowledgement of other agencies upholding the agreement to take specific action.

General Protection Plan

During the adult protection process, if there is evidence to suggest that other Vulnerable Adults maybe at risk, a General Protection Plan should be used. This plan is intended to document necessary actions that will reduce and manage the level of perceived risk. Any professionals identified to complete actions, should sign the plan accordingly.

Case Conference invite Letter

A case conference invite letter is a letter sent to the vulnerable adult or family member to invite them to their Case Conference. This should follow a telephone call to confirm the arrangement, and therefore, will be expected and understood by the recipient.

End of Adult Protection Process letter

This letter is sent to the person who made the referral at the point of closure to adult protection. As the case can close at any stage, the letter can be sent in accordance with the status of the case. There may be circumstances when the End of Adult Protection Process Letter should not be sent, (i.e. self-referral where someone is still in an abusive situation) and it is therefore important to consider the use of letter, rather than it be sent automatically.

Data Collection Form

Every time adult protection procedures are initiated to protect a vulnerable individual, the data collection form must be completed at the end of the process. The information can then be collated electronically at the end of each financial year, to give each local authority's data outcomes. This process will support:

- Internal performance management.
- The annual report, which each local authority makes to their scrutiny committee on the adult protection work undertaken.
- The annual return to the LGDU-W from which each local authority's performance indicator on adult protection will be generated.
- The collation of information across Wales for the annual briefing report to the Minister of Health and Social Services and Directors of Social Service.

Where adult protection cases are managed through an electronic recording system and the data to be reported can be generated through that system, the data collection form does not need to be used.

Remit for Adult Protection Investigation

All adult protection investigations should have a clear written remit setting out the allegations to be investigated, the materials to be examined, the people to be interviewed and the timescale.

Letter Requesting Attendance at Interview

Interviews may be arranged over the phone but it is good practice to send written confirmation.

Non-criminal Investigation Interview Template

The template provides useful information to tell interviewees before and after the interview.

Interview Reminder Sheet

It is always important to plan interviews. The reminder sheet is intended to assist with this.

Checklist: Evaluating the Evidence

It is important to be as consistent as possible in evaluating evidence. The checklist provides guidance in doing so and a record of the conclusions reached.

Investigation Report Template

It is important that all investigations conclude with a written report that clearly sets out the process and the conclusions reached. The template provides a structure for doing this. Guidance on completing the report can be found in section 19 on investigations.

Risk Assessment

Comprehensive and accurate risk assessments are one of the core parts of the adult protection process. Risk assessment must begin at the point of referral and continue to the point of closure. The following documents have been developed as part of this policy:

- ◆ [Adult Protection Risk Rating Assessment](#)
- ◆ [Initial Adult Protection Risk Assessment Form](#)
- ◆ [Risk Assessment Review Form](#)

Adult Protection Referral Form – Confidential

Please complete as fully as possible, especially ensuring that risks are identified.

1 About the Vulnerable Adult (Subject of referral)

Date Referral Received:	Date(s) of Incident(s) if known:
Name: Client/Patient ID Number:	
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Vulnerable Adult/Client's Current Address:	Other Vulnerable Adults / Children living at the property:
Tel Number:	Main Client Group: Elderly Mentally Infirm <input type="checkbox"/> Older Person <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Other <input type="checkbox"/>
Marital Status:	
Ethnicity:	
First Language:	
Need Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>	
GP's Name:	
Telephone Number:	
Surgery Address:	Client Category: Open/active <input type="checkbox"/> Open, review only <input type="checkbox"/> Closed <input type="checkbox"/> Not previously known <input type="checkbox"/> Other County <input type="checkbox"/>
Next of kin:	Relationship:
Address:	
Telephone number:	
Is the vulnerable adult aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the vulnerable adult consented to the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any evidence to suggest that the vulnerable adult lacks mental capacity to consent to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	

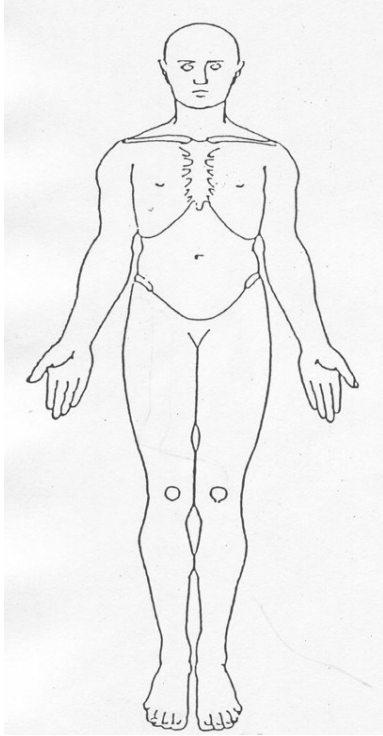
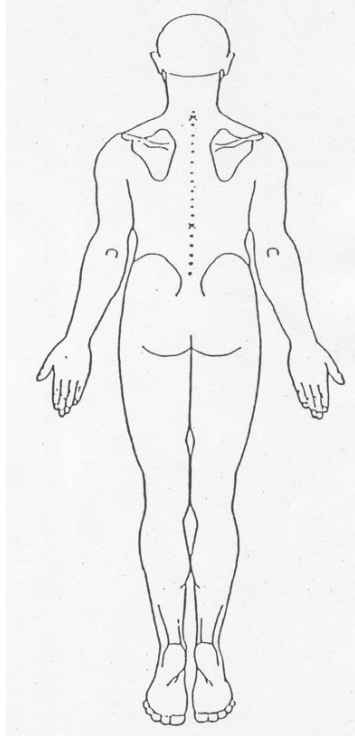
2 About the alleged abuse

Type of alleged abuse (tick all relevant boxes)	
Physical <input type="checkbox"/>	Sexual <input type="checkbox"/> Emotional/Psychological <input type="checkbox"/> Financial/Material <input type="checkbox"/>
Neglect <input type="checkbox"/>	
Personal circumstances – Is the alleged victim subject to any legislative powers, e.g. Mental Health Act, Power of Attorney?	

Where did the alleged abuse occur? Own Home ☐ Care Home - Residential ☐
 Care Home – Nursing ☐ Care Home – Respite ☐ Relative's Home ☐ Supported
 Tenancy ☐ Hospital ☐ Hospital – Independent ☐ NHS Trust Group Home ☐
 Home of Perpetrator ☐ Daycare ☐ Educational ☐ Sheltered Accommodation ☐
 Hospice ☐ Public Place ☐ Other ☐ Please State:

Is the abuse: Historical ☐ Current ☐

Description of alleged abuse/injuries:

	
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What steps have been taken to safeguard the vulnerable adult and by whom:

3 About the person(s) allegedly responsible for the abuse

Person 1:

Unknown at present: <input type="checkbox"/>	
Name:	Address:
Tel No:	Date of Birth:
Age:	Relationship to Alleged Victim:
Employing Agencies. List all known:	
Is alleged perpetrator a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is alleged perpetrator a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is alleged perpetrator aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is the alleged perpetrator known to social services, health or police? Please give appropriate details	

Person 2:

Unknown at present: <input type="checkbox"/>	
Name:	Address:
Tel No:	Date of Birth:
Age:	Relationship to Alleged Victim:
Employing Agencies. List all known:	
Is Alleged perpetrator a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is Alleged perpetrator a Child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is Alleged perpetrator aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

Is the Alleged perpetrator known to social services? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
If yes, Client/Patient Database Number:	Team responsible:

If more than two alleged perpetrators have been identified please photocopy this page or at details in Section 8 – Additional information.

4 About the people who witnessed the incident(s)

Witness 1:

Name:	Address:
Tel No:	Relationship to victim (if any):
Is witness a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

Witness 2:

Name:	Address:
Tel No:	Relationship to victim (if any):
Is witness a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

Witness 3:

Name:	Address:
Tel No:	Relationship to victim (if any):
Is witness a child? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Is witness aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

5 About the person who first raised the concern

Name:	Address:
Tel No:	Occupation/Relationship:
Date/Time report:	
Does the referrer wish to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state why:	

6 About the person who is reporting the incident(s) to Social Services

Is the person reporting the incident a witness to the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Address:
Tel No:	Occupation/Relationship:
Date/Time reported:	
Does the referrer wish to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state why:	

7 Details of person completing this form

Name:	Designation:
Agency:	Time/Date completed:
Signature:	Telephone number:
Where applicable, details of countersigning line manager:	
Name:	Designation:
Signature:	Time/Date countersigned:

8 Additional Information

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Adult Protection Case Management Record

Name of Vulnerable Adult:	
DOB:	Gender:
Client/Patient No:	Date of referral:

Designated Lead Manager:	
Contact Tel No:	Ext:

INITIAL STRATEGY DISCUSSION

This section must be completed in all cases where discussions have been held by the Designated Lead Manager, either by telephone or in person.

RISK ASSESSMENT

Review or commence risk assessment

Date assessment reviewed/completed:

MENTAL CAPACITY AND CONSENT OF ALLEGED VICTIM

Does the vulnerable adult appear to have the mental capacity to consent to the 'alleged act' or relationship or situation that constitutes the allegation of abuse?

Yes ☐ No ☐ Don't know ☐

If it is not known whether the vulnerable has capacity to make any of these decisions, record steps taken to obtain information.

If a test of capacity is required, record the steps undertake assessment.

Initial views/wishes of the Vulnerable Adult if known:

Capacity and consent, decisions required:

The referral being made.			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical examination for treatment			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical examination for evidence			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Police involvement			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/relative involvement			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Involvement of named advocate			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

An investigation			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Protective measures			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Other (specify)			
Capacity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
	Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best interest decision required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gather additional information Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of capacity required Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the Next of Kin aware of the adult protection concern? Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, should Next of Kin be informed? Yes <input type="checkbox"/> No <input type="checkbox"/>

Initial views/wishes of Next of Kin if known:
Where the vulnerable adult has an advocate, should they be informed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Where there is no advocate or next of kin is a referral to an advocate required? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know at this stage <input type="checkbox"/>
Should legal advice or legal powers be sought at this stage? Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous referrals – alleged victim

Have there been any previous adult protection referrals for this alleged victim?

Yes ☐ No ☐

If yes, specify details

Previous referrals – alleged perpetrator

Have there been any previous adult protection referral involving the alleged perpetrator?

Yes ☐ No ☐ Don't Know ☐

If yes, specify details

Complaints

Are there any outstanding complaints relating to the Vulnerable Adult in the service provider/premises?

Yes ☐ No ☐

If yes, specify details

Strategy discussion with:

Agency record and database checks

Social Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CSSIW	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police Decision Form received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Child Protection

From the information received is there evidence to suggest a risk to children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has information been shared with Children's Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a referral to Children's Services needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Domestic abuse

From the information received is there evidence to suggest domestic abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has information been shared with police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a referral to MARAC required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Risk to the public

From the information received is there evidence to suggest a risk to the wider public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has information been shared with police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

RECORD OF DESIGNATED LEAD MANAGER DISCUSSIONS AND DECISIONS

Name	Agency	Designation	Telephone Number/e-mail address

Date and Time	Discussion held with (name and designation)	Content of discussion	Agreed action to be completed

STRATEGY DISCUSSION OUTCOMES

Please tick to indicate the outcome of the strategy discussion

- ☐ Risk assessment reviewed or new one completed
- ☐ Immediate safeguarding action taken to manage risk.

Details of safeguarding action taken.

- ☐ Strategy Meeting
- ☐ Gather more information
- ☐ Immediate Investigation: Criminal: Non-Criminal:
- ☐ No further action under Protection of Vulnerable Adult Procedures

Where there is no further action please state the reasons for the decision and other action taken:

Was an adult protection plan prepared during Strategy Discussions?

Yes ☐ No ☐

Was a general action plan prepared during Strategy Discussions?

Yes ☐ No ☐

Was the Strategy Discussion held within 48 hours?

Yes ☐ No ☐

If no, specify why

If the Adult Protection Process is closed at this stage

Case closure form completed ☐

Data collection form completed ☐

STRATEGY MEETING

Date of Initial Strategy Meeting:
Time:
Venue:

Was the Initial Strategy Meeting held within 7 working days of the referral?
Yes ☐ No ☐

If no, specify why

Was the risk assessment reviewed?

Yes ☐ No ☐

If no, specify why

Was an adult protection plan prepared at the Strategy Meeting?

Yes ☐ No ☐

If no, specify why

Was a general action plan prepared at the Strategy Meeting?

Yes ☐ No ☐

If no, specify why

INVESTIGATION

Is there going to be an Investigation?

If Yes, list investigators

If no, please state the reason(s) for the decision and any other actions that were agreed at the strategy meeting.

Have the investigators been given written Terms of Reference? Yes ☐ No ☐

RECONVENED STRATEGY MEETING

Reason for reconvened strategy meeting?

Was a Reconvened Strategy Meeting held? Yes ☐ No ☐

Has the investigation identified additional risks: Yes ☐ No ☐

Has the risk assessment been reviewed and updated? Yes ☐ No ☐

Date of Reconvened Strategy Meeting:

Time:

Venue:

Reason for reconvened strategy meeting?

Has the investigation identified additional risks: Yes ☐ No ☐

Has the risk assessment been reviewed and updated? Yes ☐ No ☐

Date of Reconvened Strategy Meeting:

Time:

Venue:

Reason for reconvened strategy meeting?

Has the investigation identified additional risks: Yes ☐ No ☐

Has the risk assessment been reviewed and updated? Yes ☐ No ☐

Date of Reconvened Strategy Meeting:

Time:

Venue:

Date investigation report received:

Final strategy meeting

Has the investigation identified additional risks: Yes ☐ No ☐

Has the risk assessment been reviewed and updated? Yes ☐ No ☐

Has the Individual Protection Plan been updated:

Yes ☐ No ☐

Was the general action plan reviewed?

Yes ☐ No ☐

If yes, agreed review date?

Date of Final Strategy Meeting:

Time:

Venue:

As a result of the Adult Protection process, on the balance of probability the allegation of abuse was rated as:

Allegation withdrawn
Admitted
Proved
Inconclusive (unlikely)
Inconclusive (likely)
Inconclusive
Disproved

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Summary of reasons:

CASE CONFERENCE

Was a Case Conference held? Yes ☐ No ☐

If No, reasons why?

Date of Case Conference:

Time:

Venue:

Was the Vulnerable Adult:

Invited to the Case Conference? Yes ☐ No ☐

In attendance? Yes ☐ No ☐

If No, reasons why?

Was a family member or advocate;

Invited? Yes ☐ No ☐

If No, reasons why?

In attendance? Yes ☐ No ☐

If No, reasons why?

Was the risk assessment reviewed and updated

In attendance? Yes ☐ No ☐

Was an adult protection plan reviewed or prepared at the Case Conference?

Yes ☐ No ☐

If yes, agreed review date?

REVIEW OF AN ADULT PROTECTION PLAN

Have all the actions set been completed?

Yes ☐ No ☐

If no, reasons why?

Has the risk assessment been reviewed:

Yes ☐ No ☐

Are there any outstanding risks that need continuing management or that cannot be managed?

Record an concerns and issues:

Meeting type	Date	Decision i.e. Strategy meeting 1, 2, etc Case conference Close

CASE CLOSURE

Date closed to Adult Protection:

Decision made by strategy discussion//final strategy meeting/case conference dated:

When the Adult Protection process has come to an end ensure the Designated Lead Manager and the Senior Manager sign below

Name: DLM

Signed (DLM):

Date and time:

If applicable, Senior Manager to sign to formalise the closure of the Adult Protection process.

Name of Senior Manager:

Designation:

Signature:

Date and Time:

Referral Acknowledgment Letter

LOCAL AUTHORITY HEADED PAPER

PRIVATE AND CONFIDENTIAL

Reference _____

Date _____

Contact Name _____

Tel No. _____

Fax/Facs _____

E-mail: _____

Dear (Referrer's Name)

Re: *(Vulnerable Adult's Name)*

I am writing to acknowledge receipt of your concern in relation to the above named person raised on _____ (**Date of referral from**). Your concerns have been recorded as a Protection of Vulnerable Adult referral and will be dealt with under the All Wales Policy for the Protection of Vulnerable Adults.

This All Wales Policy guides us, and other agencies we work with, to consider the concerns you have raised and, where appropriate, arrange for an investigation to take place. We will also consider any safety measures that need to be put in place to minimise the risk of the abuse or neglect occurring again.

I will advise you when the Adult Protection process has concluded; however I may not be able to provide you with specific information regarding outcomes due to the confidential nature of the referral.

However, if you would like to read more general information regarding the Protection of Vulnerable Adults you can look at the _____ (**Local Authority**) website, and if you have any further information or concerns in relation to this referral, please do not hesitate to contact me on the above telephone number.

Yours sincerely

----- (Designated Lead Manager's Name)
----- (Title)
On behalf of ----- (Local Authority)

Protection of Vulnerable Adults – Meeting Convening Form

Initial Strategy meeting	Further Strategy Meeting	Reconvened Strategy Meeting	Case Conference	Review Meeting
--------------------------	--------------------------	-----------------------------	-----------------	----------------

DLM:..... **Today's Date:**..... **Name:**.....

Where alleged abuse took place:..... **Agency Database No:**.....

Details of attendees – The following attendees may need to be considered: - Services User, Care Manager, Advocate/representative, Health Trust/LHB, CSSIW, Police, Local Authority, Contracts, Legal, Personnel, District Nurse, Housing, Quality Assurance, HCIW, Independent/Voluntary Sector and the provider

Name	Post Held	Organisation	Attendance Required	Contact Details & Availability (Email/Tel no Address)	Referral form to be sent	Invited	Confirmed

Additional documents to be sent to those attending:

Chair:	Minute Taker:
DLM:	Date/time of meeting:
Venue:	Tea and Coffee Yes No

All Wales Policy and Procedures for the Protection of Vulnerable Adults

Minutes of Initial Strategy Meeting

Minutes of Initial Strategy Meeting held on **(Date)** at

(Location)

Name of Service User:	-----
ID Number:	-----
Date of Birth:	-----

Confidentiality Statement

This meeting/conference is held under the All Wales Policy and Procedures for the Protection of Vulnerable Adults.

The issues discussed are confidential to the members of the meeting/conference and the agencies they represent. They will only be shared in the best interests of the vulnerable adult.

Minutes of the meeting/conference are circulated on the strict understanding that they will be kept confidential and stored securely.

In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, other local authority social workers or other professionals involved in the care of the vulnerable adult.

People Present:	
Apologies:	
Non-attendance:	

ITEM	DECISIONS/ACTIONS
1.0	People present, Apologies and Non-attendance
1.1	
2.0	Purpose of the meeting
2.1	
3.0	Nature of allegation
3.1	
4.0	Pen picture of vulnerable adult, including Mental Capacity, Consent and wishes of the vulnerable adult
4.1	
5.0	Presentation of report by agencies regarding their current involvement with the vulnerable adult
5.1	
6.0	Information about the alleged perpetrator
6.1	
7.0	Consideration of risks to the Vulnerable Adult and others
7.1	
8.0	Individual or General Protection Plan
8.1	
9.0	Investigation (terms of reference)
9.1	
10.0	Outcomes of allegations
10.1	
11.0	Concerns and disagreement
11.1	
12.0	Summarise agreed actions
12.1	
13.0	Information Sharing
13.1	<i>Include how alleged victim and/or family will be involved in subsequent meetings and the information that can be shared, and by whom.</i>
14.0	Date and type of next meeting
43.1	<i>Agree future attendance</i>

All Wales Policy and Procedures for the Protection of Vulnerable Adults

Minutes of Further and Final Strategy Meetings

Minutes of Strategy Meeting No. **2, 3**, etc held on **(Date)** at

(Location)

Name of Service User:	_____
ID Number:	_____
Date of Birth:	_____

Confidentiality Statement

This meeting/conference is held under the All Wales Policy and Procedures for the Protection of Vulnerable Adults.

The issues discussed are confidential to the members of the meeting/conference and the agencies they represent. They will only be shared in the best interests of the vulnerable adult.

Minutes of the meeting/conference are circulated on the strict understanding that they will be kept confidential and stored securely.

In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, other local authority social workers

or other professionals involved in the care of the vulnerable adult.

People Present:	
Apologies:	
Non-attendance:	

ITEM	DECISIONS/ACTIONS
1.0	People present, Apologies and Non-attendance
1.1	
2.0	Purpose of the meeting
2.1	
3.0	Nature of allegation/Minutes of the last meeting
3.1	
4.0	Review of actions in protection plans
4.1	
5.0	Update from investigation and feedback from agencies
5.1	
6.0	Status of allegations if known
6.1	
7.0	Outcomes (if status of allegation unknown)
7.1	
8.0	Consideration of risks to the vulnerable adult and others
8.1	
9.0	Individual or General Protection Plan
9.1	
10.0	Concerns and disagreement
10.1	
11.0	Summarise agreed actions
11.1	
12.0	Date and type of next meeting
12.1	

All Wales Policy and Procedures for the Protection of Vulnerable Adults

Minutes of Case Conference

All Wales Policy and Procedures for the Protection of Vulnerable Adults

Minutes of Case Conference Meeting held on

**(Date) at
(Location)**

Name of Service User:
ID Number:
Date of Birth:

Confidentiality Statement

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People Present:	
Apologies:	
Non-attendance:	

ITEM	DECISIONS/ACTIONS
1.0	People present, Apologies and Non-attendance
1.1	
2.0	Purpose of the meeting
2.1	
3.0	Nature of allegation
3.1	
4.0	Summary of the circumstances to date and action taken
4.1	
5.0	Sharing of Investigation Report
5.1	
6.0	Views of Vulnerable Adult or Carer
6.1	
7.0	Individual/General Protection Plan
7.1	
8.0	Consideration of risks to the vulnerable adult
8.1	
9.0	Outcomes of allegations
9.1	
10.0	Concerns and disagreements
10.1	
11.0	Summarise Agreed Actions
11.1	
12.0	Date and format of Review
12.1	

All Wales Policy and Procedures for the Protection of Vulnerable Adults

Minutes of Review Meeting

Minutes of Review Meeting held on (Date) at

(Location)

Name of Service User:	-----
ID Number:	-----
Date of Birth:	-----

Confidentiality Statement

This meeting/conference is held under the All Wales Policy and Procedures for the Protection of Vulnerable Adults.

The issues discussed are confidential to the members of the meeting/conference and the agencies they represent. They will only be shared in the best interests of the vulnerable adult.

Minutes of the meeting/conference are circulated on the strict understanding that they will be kept confidential and stored securely.

In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, other local authority social workers or other professionals involved in the care of the vulnerable adult.

People Present:	
Apologies:	
Non-attendance:	

ITEM	DECISIONS/ACTIONS
1.0	People present, Apologies and Non-attendance
1.1	
2.0	Purpose of the meeting
2.1	
3.0	Minutes of the last meeting
3.1	
4.0	Summary of the circumstances to date and action taken
4.1	
5.0	Review of current circumstances and risks
5.1	
6.0	Views of vulnerable adults and carer
6.1	
7.0	Review of Individual or General [?] Protection Plan
7.1	
8.0	Concerns and disagreement
8.1	
9.0	Summarise agreed actions
9.1	

**Meetings held under the All Wales Policy and Procedures for the Protection of
Vulnerable Adults**

All Wales Meeting Attendance List

Meeting Type:
Date:
Client's Name:
Client's Database Number:
Date of Birth:

Confidentiality Statement

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In certain circumstances it may be necessary to make the minutes of the meeting available to the civil and criminal courts, solicitors, psychiatrists, other local authority social workers or other professionals involved in the care of the vulnerable adult.

Name	Signature	Job Title	Dept/Organisation	E-mail Address and Tel Number

Police Decision Form

Record of Police decisions in relation to the
All Wales Policy and Procedures for the Protection of Vulnerable Adults
**THIS FORM IS ONLY TO BE COMPLETED WHEN NO FURTHER ACTION
IS DEEMED NECESSARY BY THE POLICE**

(To be completed in conjunction with Referral Form)

OUTCOME - Please (✓)

- ☐ Inappropriate Referral ☐ No evidence of Criminality
☐ Service User refuses police action ☐ Police Investigation concluded

Details of Vulnerable Adult *(Subject of Referral)*

Full Name: _____ Age: _____ Date of Birth: _____

Date of referral as recorded on VA1: _____

Nature of referral *(To include nature of alleged abuse and/or inappropriate care – see VA1 for specific details)*

Consultation has taken place with the Crown Prosecution Service?

Yes ☐ No ☐ Please (✓)

Comments:

Reasons why Police do not intend to take any further action in respect of this referral *(If there are reasonable grounds to suspect that there may be some element of criminal activity involved, the Police must investigate. If a police investigation subsequently eliminates this possibility, then the outcome can be recorded below and the DSO notified of this outcome).*

Signed: _____ **Rank/No.** _____ **Date:** _____

Decision checked and endorsed by: _____

Rank: _____ *(This should be endorsed by a supervisory officer of Inspector or above)*

**This form must be passed to the Designated Lead Manager (DLM)
coordinating the multi-disciplinary response to the POVA Referral**

Individual Protection Plan – Risk Reduction Strategy

All participants are asked to sign any adult protection plan agreed during the meeting. If possible a photocopy will be provided to participants before they leave the meeting.

Individual Protection Plan Service User name and agency database number

Risk reduction strategies - Action to be Taken	By Whom	By When

Identify areas of unresolved risk:

Note of any concerns or disagreements:

Signatures of people involved in the adult protection meeting in agreement with the action plan:

Signature of Designated Lead Manager (Chair)	
Time and date protection plan completed	
Name of nominated key worker	
Designation and Agency of key worker	
Review arrangements of this Adult Protection Plan	

☐ No further action under Adult Protection procedures *(tick box if appropriate)*

General Protection Plan

All participants are asked to sign any adult protection plan agreed during the meeting. If possible a photocopy will be provided to participants before they leave the meeting.

Risk reduction strategies - Action to be Taken	By Whom	By When

Identify areas of unresolved risk:	
Note of any concerns or disagreements:	
Signatures of people involved in the Adult Protection meeting in agreement with the action plan:	

Signature of Designated Lead Manager (Chair)	
Time and date protection plan completed	
Name of nominated key worker	
Designation and Agency of key worker	
Review arrangements of this Adult Protection Plan	

☐ No further action under Adult Protection procedures (tick box if appropriate)

Case Conference Invite Letter

LOCAL AUTHORITY HEADED PAPER

PRIVATE AND CONFIDENTIAL

----- *(Vulnerable Adult or Family
Member's Address)*

Reference -----
Date -----
Contact Name -----
Tel No. -----
Fax/Facs -----
E-mail: -----

Dear ----- *(Vulnerable Adult or Family Member's Name)*

Re: Case Conference in relation to -----
(Vulnerable Adult's name if family member invited)

I am writing to you with reference to the current Protection of Vulnerable Adult's process.

The process has almost reached a conclusion; therefore, you are invited to attend the Case Conference meeting arranged below:

Date: -----
Time: -----
Venue: -----

You are welcome to attend with a family friend or member.

If you require any help in relation to directions, or any other matter, please do not hesitate to contact me on the above telephone number.

Yours sincerely

----- *(Designated Lead Manager's Name)*
----- *(Official Title)*
On behalf of ----- *(Local Authority)*

End of Adult Protection Process Letter

LOCAL AUTHORITY HEADED PAPER

PRIVATE AND CONFIDENTIAL

----- **(Referrer's Address)**

Reference -----
Date -----
Contact Name -----
Tel No. -----
Fax/Facs -----
E-mail: -----

Dear ----- **(Referrer's Name)**

Re: ----- **(Vulnerable Adult's Name)**

Further to my acknowledgement letter dated ----- in relation to the Protection of Vulnerable Adult referral you made, regarding the above named person, I write to advise you that the POVA process has now concluded.

I would like to thank you for your referral and assure you that the issues you have raised have been fully considered and actions taken where appropriate.

If you have any further information or concerns, please do not hesitate to contact ----- **Local Authority**, or myself, on the above telephone number.

Yours sincerely

----- **(Designated Lead Manager's Name)**
----- **(Title)**

On behalf of ----- **(Local Authority)**

Data Collection Form

Adult Protection Referral Outcome Monitoring Sheet

Name of Vulnerable Adult:

1 Alleged victim's S. S. case number:

2 Alleged Victim's initials:

3 Alleged victim's Date of Birth:

4 Date of first referral:

This is the date on which first information concerning the current abuse allegations were received by Social Services.

5 Source of first referral: *tick one code*

- | | | |
|------|--------------------------|--|
| AV | <input type="checkbox"/> | Alleged victim |
| R/F | <input type="checkbox"/> | Relative/friend |
| CM | <input type="checkbox"/> | SSD care manager |
| SSDP | <input type="checkbox"/> | SSD provider |
| P | <input type="checkbox"/> | Police |
| HOSP | <input type="checkbox"/> | Health, hospital |
| WAST | <input type="checkbox"/> | Ambulance Service |
| PC | <input type="checkbox"/> | Health, primary/Community/ LHB |
| H | <input type="checkbox"/> | Housing |
| REG | <input type="checkbox"/> | Care regulator (Care and Social Services Inspectorate Wales – CSSIW or Healthcare Inspectorate Wales- HIW) |
| PA | <input type="checkbox"/> | Provider Agency |
| A | <input type="checkbox"/> | Advocate |
| DWP | <input type="checkbox"/> | Dept. Work Pensions |
| E | <input type="checkbox"/> | Education (schools + FE) |
| O | <input type="checkbox"/> | Specify |

5a. Other sources of referral: tick as many as apply

- | | | |
|------|--------------------------|--------------------------------|
| AV | <input type="checkbox"/> | Alleged victim |
| R/F | <input type="checkbox"/> | Relative/friend |
| CM | <input type="checkbox"/> | SSD care manager |
| SSDP | <input type="checkbox"/> | SSD provider |
| P | <input type="checkbox"/> | Police |
| HOSP | <input type="checkbox"/> | Health, hospital |
| WAST | <input type="checkbox"/> | Ambulance Service |
| PC | <input type="checkbox"/> | Health, primary/Community/ LHB |
| H | <input type="checkbox"/> | Housing |

REG	<input type="checkbox"/>	Care regulator (Care and Social Services Inspectorate Wales – CSSIW or Healthcare Inspectorate Wales- HIW)
PA	<input type="checkbox"/>	Provider Agency
A	<input type="checkbox"/>	Advocate
DWP	<input type="checkbox"/>	Dept. Work Pensions
E	<input type="checkbox"/>	Education (schools + FE)
O	<input type="checkbox"/>	Specify.....

6 Alleged victim's Gender: Female/Male

7 Alleged victim's Ethnic Group: tick one code

WBRI	<input type="checkbox"/>	White British
WIRT	<input type="checkbox"/>	White Irish
WOTH	<input type="checkbox"/>	Any other white background
MWBC	<input type="checkbox"/>	White and black Caribbean
MWBA	<input type="checkbox"/>	White and black African
MASW	<input type="checkbox"/>	White and Asian
MOTH	<input type="checkbox"/>	Any other mixed background
AIND	<input type="checkbox"/>	Indian
APKN	<input type="checkbox"/>	Pakistani
ABAN	<input type="checkbox"/>	Bangladeshi
AOTH	<input type="checkbox"/>	Any other Asian background
BCRB	<input type="checkbox"/>	Caribbean
BAFR	<input type="checkbox"/>	African
BOTH	<input type="checkbox"/>	Any other black background
CHNE	<input type="checkbox"/>	Chinese
OTH	<input type="checkbox"/>	Other (please specify)
NOBT	<input type="checkbox"/>	Ethnic origin not known
REFU	<input type="checkbox"/>	Refused information

8 Alleged Victim's Case Status at time of referral: <i>tick one code</i>

OA	<input type="checkbox"/>	Open/active
ORO	<input type="checkbox"/>	Open, review only
C	<input type="checkbox"/>	Closed
NK	<input type="checkbox"/>	Not previously known
OC	<input type="checkbox"/>	Other County

9 Main Category of vulnerability: <i>tick one code</i>

OP	<input type="checkbox"/>	Older Person
EMI	<input type="checkbox"/>	Elderly Mentally Infirm
PD	<input type="checkbox"/>	Physically disability
LD	<input type="checkbox"/>	Learning disability
MH	<input type="checkbox"/>	Mental health problems
B/PS	<input type="checkbox"/>	Visual impairment/blind/partially sight

- HI ☐ Hearing impairment/deafness
 SM ☐ Substance misuse problems
 O ☐ Other.....

10 Normal place of residence: tick one code

- OH ☐ Own home in Community
 RH ☐ Relative's Home
 W ☐ Sheltered Accommodation (Warden)
 ST ☐ Supported Tenancy
 APS ☐ Adult Placement Scheme
 CHR ☐ Care Home, residential place
 CHN ☐ Care home – nursing place
 H ☐ Hospital, NHS
 HI ☐ Hospital, Independent
 HO ☐ Hospice
 O ☐ Other

11 Person(s) Alleged to be responsible for abuse: tick as many as apply

- NHS ☐ NHS Staff
 ISS ☐ Independent sector staff
 SSS ☐ Social Services Staff
 DP ☐ Direct Payment or ILF employee
 V ☐ Volunteer/Unpaid staff
 SU ☐ Another service user
 RHW ☐ Relative – husband/wife or partner
 SD ☐ Relative – Son/Daughter/in-law
 RP ☐ Parent
 OR ☐ Relative – other (please specify)
 FA ☐ Friend/Acquaintance
 N ☐ Neighbour
 PU ☐ Person Unknown
 O ☐ Other.....

12 Types of alleged abuse: tick as many as apply

- P ☐ Physical
 S ☐ Sexual
 E/P ☐ Emotional/Psychological
 F ☐ Financial
 N ☐ Neglect

13 Place(s) alleged abuse occurred: tick as many as apply and name

- OH ☐ Own home in Community
 RH ☐ Relative's Home
 W ☐ Sheltered Accommodation (Warden).....

- ST ☐ Supported Tenancy.....
- CHR ☐ Care Home, residential place.....
- CHN ☐ Care home – nursing place.....
- RRP ☐ Care home –respite place.....
- H ☐ Hospital, NHS.....
- HI ☐ Hospital, Independent.....
- TGH ☐ NHS Trust Group Home.....
- Ho ☐ Hospice.....
- HAP ☐ Home of Alleged perpetrator
- DC ☐ Day Care.....
- E ☐ Educational Establishment.....
- PP ☐ Public Place.....
- O ☐ Other.....

14a Date of Strategy Discussion:

14c Police Decision Form / Police Report Received (circle as appropriate):

Not applicable

Yes

No

15 Is the Referral inappropriate for Adult Protection: YES/NO – Comments

NB: To be used where the Strategy Discussion indicates that the referral is not an adult protection matter. If YES do not complete the remainder of this form.

16 Date of 1st Strategy Meeting:

17 Attended Strategy Meeting(s): tick as many as apply

Date of first meeting	Date of second meeting	Date of third meeting	Code	Attendance
			NM	No meeting
			SSDCM	SSD (Care Manager)
			SSDC	SSD (Contracts)
			SSDP	SSD (Provider)
			HOSP	Health, hospital
			PC	Health, primary/community/LHB

			P	Police
			H	Housing
			REG	Regulators/Inspectors/HiW/CSSIW
			PA	Provider agency
			DWP	Dept of work and pensions
			A	Advocate
			IMCA	Independent mental Capacity advocate
			L	Legal Department
			E	Education/further education
			O	Other, please specify

18 Attended Case Conference: tick as many as apply				
Date of case conference	Date of case conference review	Date of Adult Protection review meeting	Code	Attendance
			NM	No meeting
			AV	Alleged Victim
			FC/R	Family carer/representative
			SSDCM	SSD (Care Manager)
			SSDC	SSD (Contracts)
			SSDP	SSD (Provider)
			HOSP	Health, hospital
			PC	Health, primary/community / LHB
			P	Police
			H	Housing
			REG	Regulators/Inspectors/HiW/CSSIW
			PA	Provider agency
			DWP	Dept of work and pensions
			A	Advocate
			IMCA	Independent mental Capacity advocate
			L	Legal Department
			E	Education/further education
			O	Other, please specify

18a Date of final meeting to signify the end of the Adult Protection process

19 Alleged victim - previous record of actual/possible abuse: Yes/No/Not Known
Comments:

19a Does the alleged abuse form part of a larger investigation? Yes/ No
Comments:

20 Number of person(s) alleged to be responsible for abuse identified – Specify/ Not known:

21 Gender of person(s) alleged to be responsible for abuse:
Male/Female/Both / Not known

22 Do any of the person(s) alleged to be responsible for abuse have a previous record of abuse? Yes/No/Not known
Comments.....

23 If person(s) alleged to be responsible for abuse is/are employed in care service, specify provider's code or name of establishment / company.....

24 Type of investigators: *tick as many as apply*

N	<input type="checkbox"/>	Not investigated
SSD	<input type="checkbox"/>	Social Services
P	<input type="checkbox"/>	Police
Reg.	<input type="checkbox"/>	Regulator/Inspector
H-LHB	<input type="checkbox"/>	Health – LHB
H-T	<input type="checkbox"/>	Health – NHS Trust
PR	<input type="checkbox"/>	Provider
O	<input type="checkbox"/>	Other

25 Status of Allegation: *tick one code*

AW	<input type="checkbox"/>	Allegation withdrawn (please provide reason)
A	<input type="checkbox"/>	Admitted
P	<input type="checkbox"/>	Proved
D	<input type="checkbox"/>	Disproved
I	<input type="checkbox"/>	Inconclusive
U	<input type="checkbox"/>	Unlikely on balance of probability
L	<input type="checkbox"/>	Likely on balance of probability

26 Investigation Outcomes for alleged victim: *tick as many as apply*

NN	<input type="checkbox"/>	Not applicable (no abuse found)
NR	<input type="checkbox"/>	Risk removed – Client or their property no longer at risk
RR	<input type="checkbox"/>	Risks reduced/improved safeguards to client/property
APP	<input type="checkbox"/>	Adult Protection Plan/Care plan
IM	<input type="checkbox"/>	Increased monitoring by care manager
S	<input type="checkbox"/>	Provider support
C	<input type="checkbox"/>	Referred for counselling
VS	<input type="checkbox"/>	Referred to Victim Support
MV	<input type="checkbox"/>	Meeting other victims
CP	<input type="checkbox"/>	Preparation for Court
AP	<input type="checkbox"/>	Application for Criminal Injuries compensation
CA	<input type="checkbox"/>	Alleged victim changed accommodation
A	<input type="checkbox"/>	Other additional care services
NA	<input type="checkbox"/>	No Action
AR	<input type="checkbox"/>	Actions refused by alleged victim
MAR	<input type="checkbox"/>	Referred to MARAC
O	<input type="checkbox"/>	Other.....

27 Outcomes/recommendations for person(s) alleged to be responsible for abuse: <i>tick as many as apply</i>
--

NN	<input type="checkbox"/>	Not applicable (no abuse found)
EX	<input type="checkbox"/>	Exonerated
R	<input type="checkbox"/>	Resigned/left
ET	<input type="checkbox"/>	Extra training
ES	<input type="checkbox"/>	Extra supervision
DY	<input type="checkbox"/>	Disciplinary
RD	<input type="checkbox"/>	Redeployed
DD	<input type="checkbox"/>	Dismissed
P	<input type="checkbox"/>	Prosecution
PC	<input type="checkbox"/>	Police caution
PL	<input type="checkbox"/>	Referred for Adult Protection listing
C	<input type="checkbox"/>	Complaint to professional body
E	<input type="checkbox"/>	Extra Help (if Carer)
CC	<input type="checkbox"/>	Case conference (if service user)
NA	<input type="checkbox"/>	No action
MAP	<input type="checkbox"/>	Referred to MAPPA
O	<input type="checkbox"/>	Other

28 Outcomes for service provider agency: <i>tick as many as apply</i>
--

NN	<input type="checkbox"/>	Not applicable (no abuse found)
IM	<input type="checkbox"/>	Increased monitoring
N	<input type="checkbox"/>	Notice under Care Standards Act 2000
P	<input type="checkbox"/>	Prosecution under Care Standards Act 2000
V	<input type="checkbox"/>	Variation of registration - Care Standards Act 2000

NFA ☐ No Further Action
 RP ☐ Revised Policies
 O ☐ Other

29 Outcomes for service commissioner(s): <i>tick as many as apply</i>
--

NN	<input type="checkbox"/>	Not applicable (no abuse found)
IM	<input type="checkbox"/>	Improved monitoring
IS	<input type="checkbox"/>	Improved Safeguards
R	<input type="checkbox"/>	Revised contract/specification
CP	<input type="checkbox"/>	Changed provider
IP	<input type="checkbox"/>	Informed other purchasers
SP	<input type="checkbox"/>	Suspended placements
SCR	<input type="checkbox"/>	Serious Case Review
NFA	<input type="checkbox"/>	No further action
O	<input type="checkbox"/>	Other

Designated Lead Manager use

Completed by:

Team/Area:

Date completed:

Admin use only

Received By: Date

Remit for Adult Protection Investigation

Date:

Client Name: Client Number

Investigation undertaken by [state organisations undertaking investigation]

Investigators:

- Name, job title, organisation

This investigation is conducted under the Wales Protection of Vulnerable Adults Policies and Procedures. If, during the investigation, additional allegations of abuse, including any possible criminal acts, are identified, they must be reported immediately to the Designated Lead Manager to consider if there is a need to revise the remit. If possible disciplinary action against any member of staff is identified as appropriate during the investigation, this should be discussed with the DLM before any action is taken.

Remit

The investigation is to examine the following allegation(s):

- The **[type]** abuse of **[alleged victim's name and address]** by **[name of alleged perpetrator, job title and/or address]** on **[dates]** and specifically:
 - [further details of particular allegations if required]

The investigation will cover the period from **[date]** to **[date]**.

The following materials are to be examined [indicate if any or all materials need to be examined prior to interviews]:

- Description of the materials to be examined

Interviews are to be held with [indicate the order of interviews if necessary]:

- Name of person, job title (if appropriate)

If the investigators consider that they need to interview additional people and/or examine additional materials they will contact the DLM for agreement first.

If additional allegations or adult protection concerns are identified during the investigation, the investigators should contact the DLM.

At the end of the investigation the investigators will submit a written report that follows the framework of the Adult Protection Policies and Procedures. The report should be sent to the DLM by **[date]** to allow it to be distributed and read prior to the Reconvened Strategy Meeting on **[date]**. If the investigators think they will be unable to meet this timescale they should contact the DLM.

..... **[Name]**
Designated Lead Manager

Letter Requesting Attendance at Interview

LOCAL AUTHORITY HEADED PAPER

PRIVATE AND CONFIDENTIAL

----- **(Interviewee's Address)**

Reference -----
Date -----
Contact Name -----
Tel No. -----
Fax/Facs -----
E-mail: -----

Dear ----- **(Name of Interviewee)**

Re: ----- **(Vulnerable Adult's Name)**

I am writing to confirm our telephone conversation of ----- when I indicated that you are *required/requested* to attend an interview on ----- at -----.

I confirm that the reason for the interview is that you may have relevant information to an incident/allegation at ----- on ----- . I confirm that I will be conducting the interview with my colleague who will take minutes of the meeting and that after the meeting, these minutes can be made available to you upon request.

You are entitled, if you so wish, to be accompanied by someone to support you so long as they are not also involved in the issue under consideration. A Supporter may be a colleague of your choice (unless they are also being interviewed), a trade union representative, or a legal representative.

I should be grateful if you would inform me by -----, in writing or by telephone, whether it is your intention to attend the meeting alone or with someone to support you.

Yours sincerely

----- **(Designated Lead Manager's Name)**
----- **(Title)**

On behalf of ----- (Local Authority)

Non-criminal Investigation Interview Template

Name of Interviewee:	-----
Designation:	-----
Date:	-----

Present:

The following information was given to the interviewee at interview:

Introduction:

You have been invited to attend this interview today as part of a non-criminal investigation managed within the All Wales Adult Protection Policy and Procedures.

An allegation/s has been made against You/AN Other regarding Your/AN Other's practice/or incident. **(Change as necessary)**

You were advised that you were entitled to attend with a colleague or a trade union representative. **(Clarify that this is the case)**

All discussions held here today should be treated confidentially and you are requested not to share the details with anyone other than your union representative. This is to protect you and the vulnerable adult/s that this investigation involves.

If you need a comfort break, please let me know and we can adjourn at any time.

Notes will be taken in order to record the detail of the interview. A record of this will then be sent to you for you to agree/amend as necessary. We would ask that this is done as quickly as possible and returned to **(complete as necessary)**.

Questions: *(Attach as necessary)*

Comments: *(Use to record comments, additional questions/answers)*

Reiterate about Confidentiality

You are requested not to discuss anything that we have talked about today with any other person other than your union representative. It is important that we maintain the confidentiality of the service users and their families. Your own confidentiality is also important and we are committed to supporting you as a staff member during this process.

The information given during the interviews will now be collated. I will prepare the investigation report which will be presented to a Reconvened Strategy meeting for the panel's view at the conclusion of the investigation.

You will be notified of outcome by *(complete as necessary)*.

Thank you for attending today.

Signature interviewee:

Date:

Signature Interviewer:

Date:

Signature Interviewer:

Date:

Checklist: Evaluating Evidence

Type of evidence	Supports allegation	Meaning uncertain	Raises doubt about the allegation	Does not support allegation	Not applicable	Comment
Interview with victim						
Interviews with others, identify who e.g. staff						
Interviews with family/friends						
Interview with alleged perpetrator						
Documentation e.g. files, notes, logs, (including financial), etc						
Risk assessments						

Adult Protection Investigation Report

Name of vulnerable adult:

Client ID number:

Allegation:

Impact of alleged abuse on the vulnerable adult:

Further allegations or concerns identified by the investigation:

Investigation process

Investigators

People interviewed

Materials examined

Summary of evidence

Evaluation of evidence

Findings

With regard to specific allegations

With regard to wider issues

Recommendations

Signature(s):

Date:

Adult Protection Investigation Record

Name:	-----
Client ID Number:	-----
Date of Referral:	-----

Date	Content	Signature

Adult Protection Risk Rating Assessment

NB: This assessment is to determine the level of risk to the alleged victim once it has been decided that the referral should proceed to adult protection. The examples given to illustrate the possible impact on the alleged victim are not exhaustive and other factors, such as the individual's history, their current home situation or support networks, or the quality of any support services they receive, may affect the form and severity of the impact.

		Likelihood				
		Unlikely to re-occur	Low chance of re-occurrence	Even chance of re-occurrence	High chance of re-occurrence	Expected to re-occur
		1	2	3	4	5
HARM	<p>One off incident. Impact of minimal significance to VA with no change in presentation. Limited evidence that significant harm has occurred but possible risk of harm if repeated. No recent history of AP referrals.</p> <p>Physical: No injuries and no need for medical treatment by GP or hospital.</p> <p>Financial: No evidence that any loss of material possessions or finances has occurred.</p> <p>Sexual: No physical contact. No evidence of grooming or of coercion to view sexually explicit materials.</p> <p>Emotional/psychological: No evidence of lasting distress.</p> <p>Neglect: Single failure to meet the person's needs with little or no impact. Does not amount to wilful neglect if the person lacks capacity.</p> <p>Vulnerable adult not being targeted - in wrong place at wrong time. Does not have regular contact with the alleged perpetrator. No history of concern regarding the alleged perpetrator.</p>	1				
	<p>Harm of incident slight. VA not distressed over any significant period of time. Significant harm may have occurred and is probable if repeated. Some previous AP referrals either unrelated or resolved.</p> <p>Physical: Some injuries but of a minimal nature and not requiring medical treatment by G.P. or hospital.</p> <p>Financial: Minimal loss of material possessions or finances.</p> <p>Sexual: No physical contact but possible evidence to groom to view sexually explicit materials.</p> <p>Emotional/psychological: Distress at time of incident but no evidence of lasting impact but may be more than a single incident and longer terms distress or psychological harm may occur if repeated.</p> <p>Neglect: Occasional failure to meet the person's needs with impact of minor and limited duration. Unlikely to amount to wilful neglect if the person lacks capacity.</p> <p>Vulnerable adult not being targeted - in wrong place at wrong time. May have continued contact with the alleged perpetrator. There may be previous concerns about the alleged perpetrator.</p>	2				

Adult Protection Risk Rating Assessment

NB: This assessment is to determine the level of risk to the alleged victim once it has been decided that the referral should proceed to adult protection. The examples given to illustrate the possible impact on the alleged victim are not exhaustive and other factors, such as the individual's history, their current home situation or support networks, or the quality of any support services they receive, may affect the form and severity of the impact.

		Likelihood				
		Unlikely to re-occur	Low chance of re-occurrence	Even chance of re-occurrence	High chance of re-occurrence	Expected to re-occur
		1	2	3	4	5
HARM	Harm of alleged incident is significant but not long lasting . Significant harm has occurred and may be of increasing severity if repeated. Risk highlighted in previous adult protection case concerns is outstanding. Physical: Vulnerable adult sustained injuries which necessitated medical treatment from GP or hospital and traumatised by the incident for a significant period of time. Financial: Loss of material possessions or finances increasing in value. Sexual: No physical contact but evidence of grooming/coercion to view sexually explicit materials or acts. Emotional/psychological: Harm to the person's emotional well-being and/or mental health that may last for some time. Possibly the result of repeated incidents of bullying or control. Neglect: Frequent failure to meet the person's needs resulting in a number of incidents where the person suffers some harm. Could amount to wilful neglect if the person lacks capacity. Vulnerable adult may be being targeted and has frequent contact with the alleged perpetrator. However, there is increased monitoring/supervision in place.	3				
	Harm on vulnerable adult is great and lasts over a significant period . Significant harm has occurred, is continuing and/or will increase if repeated. Physical: Significant injuries sustained by the vulnerable adult. Urgent medical treatment essential. Financial: Loss of material possessions or finances substantial impacting on living conditions/standards or emotional capability Sexual: Physical contact, whether intimate or not. Evidence of attempts to groom and/or coerce the person to engage in sexually explicit acts (this may include grooming for prostitution). Emotional/psychological: Lasting harm to the person's emotional and/or mental health – e.g. loss of self confidence and self esteem. Possibly the result of persistent bullying or control Neglect: Persistent failure to meet person's needs, resulting in a significant impact on person's health and well-being that may last for a significant period of time. Possible wilful neglect if the person lacks mental capacity. Vulnerable adult is being targeted and/or has regular contact with the alleged perpetrator.	4				

Adult Protection Risk Rating Assessment

NB: This assessment is to determine the level of risk to the alleged victim once it has been decided that the referral should proceed to adult protection. The examples given to illustrate the possible impact on the alleged victim are not exhaustive and other factors, such as the individual's history, their current home situation or support networks, or the quality of any support services they receive, may affect the form and severity of the impact.

		Likelihood				
		Unlikely to re-occur	Low chance of re-occurrence	Even chance of re-occurrence	High chance of re-occurrence	Expected to re-occur
		1	2	3	4	5
HARM	Harm is life threatening or likely to have permanent detrimental impact on health and wellbeing of person. Serious abuse has occurred or is likely to continue with regard to this vulnerable adult or other vulnerable adults. Crisis situation/high-risk situation remains. Physical: Vulnerable adult receives injuries of severe nature or life threatening. Urgent medical attention vital. Financial: Loss of material possessions or finances high in value and/or impact on living conditions severe. Sexual: Serious sexual assault, such as rape. Evidence of grooming and/or of coercion to engage in sexual activity, including prostitution. Emotional/psychological: Serious lasting damage to the person's emotional and/or mental health – e.g. lasting change in personality, need for continuing mental health treatment. Neglect: Persistent failure to meet person's needs, resulting in serious and lasting impact on the person's health and well-being. Probable wilful neglect if the person lacks capacity The vulnerable adult is being targeted and/or has constant contact with the alleged perpetrator (e.g. they live in the same home) and protective measures are either absent or have failed.	5				

Key Green – Low risk Yellow – Medium risk Red – High risk

Initial Adult Protection Risk Assessment Form

Name:

ID:

Date:

Number of risk	What are the Risks?	Mental Capacity <i>Yes/No</i>	Views of vulnerable adult	Initial Risk Rating H M or L	Adult Protection Plan Risk Reduction Strategies	Re-assessed Risk Rating H M or L
1						
2						
3						
4						
5						

Rationale for outcome of risk rating	
General concerns/Issues	
Completed in conjunction with (Agencies): Signed: Date:	

Adult Protection Risk Assessment Review Form

Name:

ID:

Date:

Number of risk	What are the Risks?	Mental Capacity <i>Yes/No</i>	Views of vulnerable adult	Adult Protection Plan Risk Reduction Strategies	Current Risk Rating H M or L	Risk Reduction Strategies Changes	Re-assessed Risk Rating H M or L
1							
2							
3							
4							
5							

Rationale for outcome of risk rating

General concerns/Issues

Completed in conjunction with (Agencies):

.....
.....

.....
.....

Signed: **Date:**

Appendices

Appendix 1 - Glossary of Terms used in the Policy and Procedures

The following terms and abbreviations are used in the *Adult Protection Policy and Procedures*:

Abuse is 'A violation of an individual's human and civil rights by another person or persons which results in significant harm'.

Agencies refers to all health and social care organisations working in Wales.

An **alert** is a concern, disclosure or suspicion that a vulnerable adult is being abused.

Carer refers to *unpaid* carers, for example, relatives or friends of a vulnerable adult. (Paid workers, whose job title may be 'carer' are called 'staff').

A **Case Conference** is a multi-agency meeting held to discuss the outcome of the investigation and assess ongoing protection steps for the Vulnerable Adult.

CSSIW - Care and Social Services Inspectorate Wales.

Designated Lead Manager is the officer who is responsible for the overall management of an Adult Protection case.

A **General Protection Plan** is required if there is evidence to suggest that other Vulnerable Adults maybe at risk, or there are generic organisational risk factors that need to be addressed.

Independent sector refers to both voluntary and private sector providers/agencies.

An **Individual Protection Plan** is required if there is evidence to suggest that the Vulnerable Adult remains at risk.

An **investigation** is a structured process to gather evidence to determine whether the allegation of abuse can be substantiated, which is agreed by the strategy partners and evidenced in a written investigation report back to the strategy partners.

Manual refers to all parts of the *Adult Protection Policy and Procedures*, including Guidance Forms, Tools, Templates, Guidance, Contacts and Referral Points.

Mental Capacity – in line with the Mental Capacity Act the assumption is that a person has the mental capacity to make a particular decision unless they are assessed not to have mental capacity at the time of making the decision. The Act defines the *lack* of mental capacity to make a decision as follows: '*... a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.*'

Mental Disorder - The Mental Health Act 1983, as amended by the Mental Health Act 2007, states *'mental disorder' means any disorder or disability of the mind; and 'mentally disordered' shall be construed accordingly; but a person with learning disability shall not be considered by reason of that disability to be - (a) suffering from mental disorder for the purposes of the provisions mentioned in subsection (2B) below; or (b) requiring treatment in hospital for mental disorder for the purposes of sections 17E and 50 to 53 below, unless that disability is associated with abnormally aggressive or seriously irresponsible conduct on his part 'learning disability' means a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning.*

Policy refers to Wales Policy to protect vulnerable adults (in this document).

Procedures refers to Wales Procedures to protect vulnerable adults (in this document).

Providers is the term generally used in this document to refer to the private and third/voluntary sector agencies which provide care and support services, rather than statutory agencies.

A **referral** is the direct reporting of an allegation, concern or disclosure to a statutory organisation (Social Services, Police, Health or CSSIW). It is a concern that is formally recorded on an Adult Protection Referral form – this is the start of the formal Adult Protection process.

A **Reconvened Strategy Meeting** may be a stage in a series of meetings necessary to complete the work required by the Adult Protection referral or may conclude the Adult Protection process.

Significant Harm is defined as ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); impairment of, or an avoidable deterioration in, physical or mental health; and/or impairment of physical, emotional, social or behavioural development.

A **Strategy Discussion** is a multi-agency discussion with significant individuals involved with the Vulnerable Adult. It can be face to face or by telephone/e-mail. It must take place within **two** working days (excluding weekends) of receiving the referral.

A **Strategy Meeting** is a multi-agency meeting to discuss the nature of the referral and agree a response.

A **Vulnerable Adult** is a person over 18 years of age 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 himself or herself, or unable to protect himself or herself against significant harm or serious exploitation.

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Appendix 2 - Serious Case Reviews

**WALES GUIDANCE FOR
CONDUCTING INTER-AGENCY
SERIOUS CASE REVIEWS**

August 2010

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3	The Interface between Serious Case Reviews and other processes
4	Establishing which Adult Protection Committee has lead responsibility
5	Requests to Adult Protection Committees for Serious Case Reviews
6	Preliminary Case Audits
7	Consultation and consent issues
8	Case Review Sub Groups & Panels
9	Determining the Scope of the SCR
10	Timing of the Serious Case Reviews
11	Abuse in Institutional Settings
12	SCR Panels
13	Management Reviews
14	Investigations and the Overview Report
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GUIDANCE FOR CONDUCTING INTER-AGENCY SERIOUS CASE REVIEWS

- 1.0 Introduction
- 1.1 There is a fundamental duty for all agencies involved in the care, support and protection of vulnerable adults to ensure that the highest possible standards of care, support and protection are provided and maintained at all times. Part of this duty is a requirement to learn from mistakes. This is particularly important where serious shortfalls or breaches of practice occur, resulting in the death or serious injury of a vulnerable adult. There may have been a failure in health or community care provision, or a failure to invoke Adult Protection procedures, to implement them fully, or a flaw in the procedures themselves.
- 1.2 To ensure that lessons are learned from such cases, it is essential that all agencies concerned with adult protection work agree to participate in Serious Case Reviews (SCR). In implementing this guidance Adult Protection Committees will seek the full support and co-operation of all its partner agencies. However, it is important to acknowledge that unlike SCR guidance implemented under the Children Act and Safeguarding Children together (safeguarding the welfare of children in Wales) guidance to LSCBs in Wales published by the Welsh Assembly in 2005), this guidance has no statutory basis and as such is not legally enforceable.
- 1.3 When a vulnerable adult dies and abuse or neglect are known or suspected to be a factor in their death, local agencies should consider immediately whether there are other vulnerable adults at risk of harm who need safeguarding. Thereafter, agencies and the Adult Protection Committee (APC) should consider whether there are any lessons to be learned about the ways in which they work together to safeguard vulnerable adults. Similarly, the APC should consider whether there are lessons to be learned where a vulnerable adult sustains a potentially life-threatening injury or serious and permanent impairment of health and development or has been subjected to particularly serious sexual abuse; and the case gives rise to concerns about inter-agency working to protect vulnerable adults.
- 2.0 The Purpose of Serious Case Reviews:
 - 2.1 The primary purpose of any SCR carried out under this guidance is to:
 - Establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to safeguard vulnerable adults;
 - Identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result;
 - Improve inter-agency working, and better protection and support of vulnerable adults.

2.2 It should always be remembered that SCR are not enquiries into how a vulnerable adult died or who may be culpable - that is a matter for Coroners and Criminal Courts to determine respectively. Additionally, whilst a Serious Case Review is not primarily intended to be an exercise in determining negligence or blame by any agency or individual involved in the case, it has to be recognised that if serious issues are identified, management action may be considered by relevant agencies.

3.0 The interface between SCRs and other processes.

3.1 There needs to be clarity over the interface that is likely to exist between the SCR processes and other processes such as:

- The work of the Coroner, which normally should be concluded prior to the SCR.
- Homicide reviews commissioned by the Welsh Assembly from Healthcare Inspectorate Wales (where the perpetrator has been a client of mental health services) should normally have been concluded prior to the SCR, though by arrangement they may be run in tandem.
- Investigations, including criminal investigations. These should normally have been concluded prior to the SCR. If not, any proposals for SCR should be agreed with those leading the criminal investigations to make sure that they may not prejudice any subsequent criminal proceedings.
- Disciplinary proceedings.
- Care management – including ongoing help for vulnerable adults who have been allegedly abused.

3.2 Liaison with the Coroner

When a death of a vulnerable adult occurs, where either abuse or wilful neglect are known or suspected to be a contributory factor in the death, before the APC commissions a SCR, the following action must be taken in respect of the Coroner:

- The Police representative on the APC Sub-committee will cause enquiries to be made with the Coroner to identify whether an inquest will be or has been held.
- If an Inquest is to be held, the Chair of the APC will notify (in writing) the Coroner in whose area the death occurs that a review under these guidelines is being undertaken.
- When the terms of reference of the case review have been agreed by the APC, the Chair of the APC will forward them to the Coroner in whose area the death occurred and invite comments from the Coroner to avoid any conflicts between the two separate processes.

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- Should a conflict be identified, then a meeting may be held between the Chair of the APC and the Coroner in an attempt to resolve the issues.
- The Police representative on the CRP will liaise between the Coroner and the APC with a view to identifying the time-scales for the Inquest.
- Should the SCR be completed prior to the Inquest being held, the Chair of the APC will forward an Executive Summary of the completed report to the Coroner prior to it being published and invite comments in relation to any conflicts between the two processes.

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3.3 Liaison with the Criminal Justice Agencies

In some cases, criminal proceedings may well follow the death or criminal abuse of a vulnerable adult. Those co-ordinating the SCR should discuss with the relevant criminal justice agencies (Police and Crown Prosecution Service) how the review process should take account of such proceedings, and issues such as the timing of the review, the way in which the review is conducted (including interviews of relevant personnel), and who should contribute at what stage. SCRs should not be delayed as a matter of course because of an on-going/outstanding criminal proceedings or an outstanding decision on whether or not to prosecute. Much useful work to understand and learn from the features of the case can often proceed without risk of contamination of witnesses in criminal proceedings. In some cases, it may not be possible to complete or to publish a review until after Coroners or criminal proceedings have been concluded but this should not prevent early lessons learned from being acted upon.

3.4 Other Review Processes

Before commissioning a SCR, the Chair of the APC must establish whether a case review has been or is likely to be commissioned under the other review criteria such as a Confidential Review into Drug related deaths in Wales, Multi Agency Public Protection Arrangement (MAPPA) or Domestic Abuse Homicide Case Review

4.0 Establishing which APC has lead responsibility .

Where more than one APC has knowledge of a vulnerable adult, it is important that lead responsibility is recognised from the outset. The conditions for establishing which APC has the lead responsibility are set out in the Memorandum of Understanding for Inter-Agency arrangements for investigating alleged abuse of vulnerable adults placed in other Local Authority areas. It is expected that the APC of the county where an investigation has been or would have undertaken will have responsibility for considering whether or not to establish a SCR.

5.0 Requests to APCs for SCR

- 5.1 Any agency or professional may refer a case to the APC Chair if it is believed that there are important lessons for inter-agency working to be learned from the case.

(See *Appendix 1* for format of such referrals).

- 5.2 If a vulnerable adult dies or is seriously abused in any of the circumstances below, the APC in the area where the death/serious abuse has occurred must be informed so that they may consider whether to conduct a SCR into the involvement of those agencies and professionals that were responsible for the safeguard and welfare of the vulnerable adult.

However, APCs should always undertake a Serious Case Review in the following circumstances:

- Where a vulnerable adult dies and either abuse or wilful neglect are known or suspected to be a contributory factor in the death.
- Where a vulnerable adult's death results from suicide, and the circumstances leading to the death suggest that abuse or wilful neglect were known or suspected to be a contributory factor
- Where a vulnerable adult sustains a potentially life-threatening injury or serious and permanent impairment of health and either abuse or wilful neglect are known or suspected to be a contributory factor in the person's condition.
- Where a vulnerable adult has been subjected to serious sexual abuse and either abuse or wilful neglect are known or suspected to be a contributory factor in the person's condition.
- In any case which gives rise to public concern relative to inter-agency working to protect vulnerable adults?

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- 5.3 The following questions may assist the APC Chair in deciding whether or not a case should be the subject of a SCR in circumstances other than when a vulnerable adult dies. A 'yes' answer to one or more of these questions is likely to indicate that a review will yield useful lessons:

- Was there evidence of a risk of significant harm to a vulnerable adult, which was:
 - not recognised by agencies or any professional who was in contact with either the vulnerable adult or alleged perpetrator or
 - not shared with others or
 - not acted upon appropriately?
- Was the vulnerable adult abused in an institutional setting (e.g. such as a hospital or home)?

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- Was the vulnerable adult abused whilst being looked after by the local authority?
- Does one or more agency or professional consider that its concerns were not taken sufficiently seriously, or acted upon appropriately, by another?
- Does the case indicate that there may be failings in one or more aspects of the local operation of formal Adult Protection procedures, which go beyond the handling of this case?
- Does the case appear to have implications for a range of agencies and/or professionals?
- Does the case suggest that the APC may need to change its local protocols or procedures, or that protocols and procedures are not adequately being promulgated, understood or acted upon?

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6.0 Preliminary Case Audits

The APC Chair may decide that they have not received sufficient information to determine whether or not a SCR is appropriate. In such circumstances they may request that an inter agency Preliminary Case Audit is undertaken e.g. by the Serious Case Review sub group / Adult Protection Co-ordinator. The purpose of the case audit is specifically to enable to Chair to be able to determine the future actions which are warranted.

7.0 Consultation and Consent Issues

Best practice dictates that before the commencement of any SCR, it is suggested that the vulnerable adult's next of kin, family and/or representative (in cases where either the vulnerable adult has died or does not have capacity) are consulted so that they are aware of the process and purpose for holding the SCR. Similarly, in those cases where the vulnerable adult is alive and has the capacity to understand the reasons for holding this case review, consultation should also take place. Whilst the consent of the vulnerable adult's family/representative is not essential, the case review may be difficult to achieve unless their support and co-operation is provided. That said, the case review may still proceed irrespective of whether the vulnerable adult's family/representative provides their support to the process. It is also recommended that the vulnerable adult (where appropriate) and/or relatives/representatives be kept informed of the inquiry as this will also assist in building up rapport which may be crucial if certain pieces of information are missing. It has also to be borne in mind that the Executive Summary of any Serious Case Review may be published at some later stage

8.0 Serious Case Review Sub Group

- 8.1 APCs may have a standing Serious Case Review Sub Group or the Chair may convene a sub-group. When the APC Chair is considering if a SCR should be conducted, they will be responsible for referring the request to the SCR Sub Group to undertake the review and set its specific terms of reference.

The SCR Sub Group will:-

- Make a recommendation to the Chair of the APC as to whether a SCR should take place.
- Make alternate proposals if appropriate. There are a number of different ways in which agencies can learn, and when appropriate can undertake individual management reviews or multi-agency case file audits on those cases that do not meet the SCR threshold, but which may benefit from further exploration.
- Identify the initial membership of a SCR Panel which conduct and manage the SCR process in relation to a specific case.
- Set the initial terms of reference for the SCR Panel conducting the review.
- Monitor the progress of SCR Panel if required.

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An advantage of having a Standing SCR Sub-Group is that they may also:

- Audit action plans relating to previous SCRs.
- Review executive summaries of external and national SCRs to identify best practice.
- Provide regular reports to the APC.

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The Chair of the SCR Sub Group should not be the Chair of the APC, to demonstrate transparent decision making, and ideally will be independent of the county in which they are invited to undertake the role.

The core membership of the SCR Sub Group should be constituted as a minimum from:

- Social Services.
- Health sector (Trust and/or Local Health Board as appropriate).
- Legal representative (local authority).
- Police.
- CSSIW (for regulated settings).

- 8.2 In addition to the core membership, consideration should also be given on a case by case basis to co-opting other individuals onto the Panel where there are issues that require specific knowledge and expertise. This may include consideration of a suitably experienced lay person.

- 8.3 All members of the SCR Sub Group will be expected to possess appropriate levels of experience in investigating serious matters and inter-agency work and will have/had suitable qualifications and seniority within their agencies.

Furthermore, in order that the Sub Group independence and objectivity are ensured, members must not have had any direct involvement in the case that is under consideration for review. It will be incumbent upon each member to declare such interest. The responsibility for checking this will rest with the Chair of the Adult Protection Committee.

9.0 Determining the scope of the SCR

The SCR Sub Group should consider, in the light of each case, the scope of the review process, and draw up clear terms of reference. Relevant issues include:

- What appear to be the most important issues to address in trying to learn from this specific case? How can the relevant information best be obtained and analysed?
- Are there features of the case which indicate that any part of the review process should involve, or be conducted by, a party independent of the professionals/agencies who will be required to participate in the review? In such circumstances, would it assist the Case Review Panel if an outside expert was to be appointed to shed light on crucial aspects of the case?
- Who should be appointed by the Panel to undertake the Review and report back to them? An independent Reviewer with appropriate experience and seniority will typically be required.
- Over what time period should events be reviewed, i.e. how far back should enquiries cover, and what is the cut-off point? What family history/background information will help better to understand the recent past and present which the review should try and capture?
- Which agencies and professionals should contribute to the SCR, and who else (e.g. proprietor of Care Home, Private Hospital) should be asked to submit reports or otherwise contribute?
- Should family members/carers be invited to contribute to the review?
- Will the case give rise to other parallel investigations of practice (e.g. a criminal investigation, a mental health related homicide/suicide investigation or disciplinary inquiry/proceedings, MAPPA Review), and if so, how can a co-ordinated review process best address all the relevant questions which need to be asked, in the most economical way?
- How should the review process take account of a Coroner's enquiry, and (if relevant) any criminal investigations or proceedings related to the case? Is there a need to liaise with the Coroner and/or the Crown Prosecution Service?

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- Is there a need to involve agencies/professionals in other APC areas and what should be the respective roles and responsibilities of the different APCs with an interest?
- Who will make the link with relevant interests outside the main statutory agencies, e.g. independent professionals, voluntary organisations?
- When should the review process start and by what date should it be completed?
- How should any public, family and media interest be handled, before, during, and after the review?
- Does the CRP need to obtain independent legal advice about any aspect of the proposed review?

Some of these issues may need to be re-visited as the review progresses and new information emerges.

10.0 Timing of Serious Case Reviews

SCRs should be completed within a time-scale identified by the Sub-Group. In some cases, however, the complexity of a case will not become apparent until the actual Review has been commenced. SCRs will vary widely in their breadth and complexity, but in all cases lessons learned should be acted upon as quickly as possible.

11.0 Abuse in Institutional Settings

When serious abuse takes place in an institutional setting, or multiple victims and/or abusers are involved, the same principles of review apply. However, these SCRs are likely to be more complex and on a larger scale, (for example considering systematic regime level abuse over long time periods) and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to the specific case. For example, if a number of vulnerable adults have been abused in an institutional setting, it will be important to explore whether and how management staff had taken steps to create a safe environment for vulnerable adults, and to respond to specific concerns raised.

12.0 SCR Panels

The SCR sub-group may undertake the tasks set out below for a SCR Panel but may choose to appoint a separate Panel. If the former course of action is decided upon, the Chair of the Case Review Panel should be nominated and appointed by the Chair of the SCR sub group.

The person appointed must possess a high level of experience in investigating serious matters and inter-agency working and hold/have held a management position within an agency/organisation. The appointee may be selected from any of the core partner agencies. Consideration may be given to the appointment of a Chairperson who is independent of the core partner agencies involved in the Review, since the Chair should not be from an agency providing an agency management review or have provided advice in relation to the specific case.

The role of the SCR Panel:

- The Panel should work to the initial terms of reference of the SCR set by the SCR Sub Group and refer back to the sub-group any need to vary these.
- Ensure that Agency Management Reviews are received and made available to the Reviewer.
- Appoint a Reviewer to undertake the detailed work of the SCR and report back within an agreed timescale.
- Consider the Overview Report from the Reviewer, provide an opportunity for all agencies involved to check and comment upon the Report, and once satisfied with the Report pass it to the Chair of the APC to action.

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13.0 Internal Management Reviews

- 13.1 The initial scope and terms of reference of the SCR should identify those who should contribute, although it may emerge, as information becomes available, that the involvement of others would be useful. In particular, information may become available through criminal proceedings, which may be of relevance to the review.
- 13.2 Each agency which has had involvement should be asked by the CRP to undertake a separate Management Review of its involvement with the vulnerable adult and family. This should begin as soon as a decision is taken to proceed with a SCR if it has not already commenced. Relevant independent professionals (including GPs) should be asked to contribute reports of their involvement.
- 13.3 The request for a Management Review and report will be addressed to the chief officer or chief executive of the agency concerned. Although the task of completing the review and report may be delegated to a suitably qualified and experienced senior manager within the agency, it is important that the review and final report and recommendations are fully endorsed by the chief officer before submission to the Chair of the Review Panel.
- 13.4 The aim of the Management Review should be to look openly and critically at individual and organisational practice to see whether the case indicates that changes could and should be made, and if so, to identify how those changes will be brought about.

- 13.5 On receipt of the request, it is recommended that agencies should take action to secure all relevant records relating to the case to guard against loss or interference.
- 13.6 Where staff or other individuals are interviewed by those persons preparing the Management Review, a written record of such interviews should be made and this should be shared with the relevant interviewee. If any individual is also interviewed directly by the CRP Investigator a formal note should be put on record.
- 13.7 Upon completion of the Management Review report by an individual agency, there should be an opportunity to facilitate feedback and debriefing of staff involved within that agency. This should be in advance of the submission of the Management Review report to the CRP and prior to the completion of the overview report. There may also be a need for a follow-up feedback session if the overview report raises new issues for the agency and staff members.
- 13.8 Once completed, the Management Review should be endorsed by the agency's chief officer and sent to the Chairperson of the Panel within the time stipulated in the original request. Any foreseeable delays should be communicated to the Chair as a matter of urgency.
- 13.9 The format set out in *Appendix 2* of this guidance should be used as a guide in the preparation of any Management Review. This should ensure that relevant questions are addressed and provide information to Panels in a consistent format to help with preparing an overview report.
- 13.10 The SCR to which the Management Reviews contribute are not a part of any disciplinary inquiry or process. However, information that emerges in the course of reviews may indicate that disciplinary action should be taken under established procedures. Alternatively, reviews may be conducted concurrently with disciplinary action. In some cases disciplinary action may be needed urgently to safeguard and protect other vulnerable adults.
- 13.11 Ideally those conducting Management Reviews of individual services, or producing the overview report, should not have given professional advice on the case and should not have been directly concerned with the vulnerable adult or family, or the immediate line manager of the practitioner(s) involved. If this is not practical their role should be clearly stated.
- 13.12 Data protection issues are likely to arise during the course of a SCR, as it will be necessary for those agencies participating in the review to process and share 'sensitive personal data' relating to the case under review. In such circumstances, the key principles for managing such data must be adhered to at all times and local guidance on inter-agency sharing of information must be followed.

14.0 Investigations and the Overview Report

The Reviewer appointed by the Panel will consider the Management Review reports submitted to them and any other written submissions received. Such follow up investigations and interviews should be conducted as necessary, following which all of the evidence gathered should be analysed and then condensed into an Overview Report to the Panel. This should include a full chronology, combining those contained within the Individual Management Reviews, supplemented by evidence gathered as necessary.

The report will bring together the information and analysis contained in the individual Management Reviews, together with investigation findings and reports commissioned from any other relevant interested parties. Overview reports will be produced in accordance with the outline format set out in *Appendix '5'* although, as with Management Reviews, the precise format will depend upon the features of the case. This outline will be most relevant to abuse or neglect which has taken place in a family setting.

15.0 Implementation of Recommendations

On receiving the Overview Report the Panel must: ensure that contributing agencies and individuals are satisfied that their information is fully and fairly represented in the Report. Once the Panel is satisfied with the Report and its recommendations a Final Report should be submitted to the APC.

To implement the Review recommendations, the APC will:

- Translate recommendations into an action plan which should be endorsed and adopted at a senior level by each of the agencies involved. The plan should set out:
 - Who will be responsible for various actions.
 - Time-scales for the completion of actions.
 - The intended outcome of the various actions and recommendations made.
 - The means of monitoring and reviewing intended improvements in practice and/or systems.
 - Clarify to whom the report, or any part of it, should be made available.
 - Disseminate the report or key findings to interested parties as agreed. Make arrangements to provide feedback and de-briefing to staff, the vulnerable adult and if appropriate family of the vulnerable adult, and the media, as appropriate

A flow chart of the SCR process setting out the stages of the processes is provided in *Appendix 6*.

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16.0 Accountability and Disclosure

16.1 APCs should consider carefully who might have an interest in the outcomes of the SCR both in terms of process and the final overview report, for example - elected and appointed members of authorities, staff, members of the vulnerable adult's family, the public and media. In this regard, APC will need to consider what information should be made available to each of these interests. There are a number of difficult interests to balance, amongst which are:

- The need to maintain confidentiality in respect of personal information contained within reports on the vulnerable adult, family members and others.
- The accountability of public services and the importance of maintaining public confidence in the process of internal review.
- The need to secure full and open participation from the different agencies and professionals involved.
- The responsibility to provide relevant information to those with a legitimate interest; and
- Constraints on sharing information when criminal proceedings are outstanding, in that access to the contents of information may not be within the control of the APC.

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16.2 It is important to anticipate requests for information and plan in advance how they should be met. For example, a lead agency may take responsibility for de-briefing the vulnerable adult and/or family members/carers or for responding to media interest about a case, in liaison with contributing agencies and professionals. In all cases, the APC overview report should contain an executive summary that will be made public, which includes as a minimum, information about the review process, key issues arising from the case and the recommendations that have been made. Such publication will need to be timed in accordance with the conclusion of any related court proceedings. The content will need to be suitably anonymised in order to protect the confidentiality of the vulnerable adult, relevant family members and others.

17.0 Learning Lessons from the Serious Case Review

17.1 CRs are of little value unless lessons are learned from them. At least as much effort should be spent on acting upon recommendations as on conducting the review itself. The following may help in getting maximum benefit from the review process:

- As far as possible, conduct the review in such a way that the process is a learning exercise in itself, rather than a trial or ordeal.
- Consider what information needs to be disseminated, how and to whom, in the light of a review. Be prepared to communicate examples of both good practice and areas where change is required'

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- Focus recommendations on a small number of key areas, with specific and achievable proposals for change and intended outcomes;
- The APC should put in place a means of auditing action against recommendations and intended outcomes.

17.2 Day to day good practice can help ensure that SCRs are conducted successfully and in a way most likely to maximise learning. This can be achieved by:

- Establishing a culture of audit and review. Make sure that tragedies are not the only reason inter-agency work is reviewed.
- Having in place clear, systematic case recording and record keeping systems.
- Developing good communication and mutual understanding between disciplines and APC members.
- Communicating with the local community and media to raise awareness of the positive and 'helping' work of statutory services with vulnerable adults, so that attention is not focused disproportionately on tragic events involving vulnerable adults.
- Making sure staff and their representatives understand what can be expected in the event of a vulnerable adult death/case review.

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INITIAL REFERRAL TO CHAIR OF THE ADULT PROTECTION COMMITTEE REQUESTING AN INTER-AGENCY CASE REVIEW

The format for requesting an inter-agency case review **must** include a summary of information based on the criteria set-out below.

The completed request must be sent in the first instance, under **confidential cover** to the Chair of the Adult Protection Committee in whose area the case review is likely to be considered. Issues relating to jurisdiction will be considered in accordance with this guidance and *Appendix 'C'*

All requests will be assessed by the APC Chair in conjunction with the APC membership. If the matter appears to require urgent attention then consideration should be given to arranging an extraordinary APC meeting so that a decision can be made on whether to commission a formal case review. In the event that such a review is commissioned, a Case Review Panel will be constituted in accordance with paragraph 2.6 of this guidance.

Content of the referral:

- 1 Name of the person submitting the request for a serious case review.
- 2 Position/designation of person making the request.
- 3 Agency/Organisation of the person making request (if applicable).
- 4 Contact details, to include address, telephone number, fax and e-mail.
- 5 Brief details of the adult protection issue to include:
 - The name(s) and date of birth of the victim(s) (if known).
 - Name of any service provider involved.
 - Local Authority involved in the adult protection case.
 - Name of the social services designated lead officer and or the chair of any Strategy meeting or Adult Case Conference (If known).
 - Details of why, in the person's opinion, the case meets the case review criteria and guidelines contained in 2.4 of the guidance.

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Please note that the report should not exceed 2 sides of A4 paper. If any additional information is required you will be contacted.

Format of Agency Management Reviews

The questions posed are not prescriptive for all situations but it is helpful if reviews generally use the same headings.

Each case may give rise to specific questions or issues which need to be explored, and each case review should consider carefully the circumstances of individual cases and how best to structure a review in the light of those particular circumstances. Where staff or other persons are interviewed by those preparing management reviews, a written record of such interviews should be made and this should be shared with and checked by the relevant interviewee.

Introduction

Record why the Management Review has been requested and any terms of reference set for it, by whom it has been undertaken and how it has been undertaken (documents seen and people interviewed).

Agency involvement with this vulnerable adult and family: description of key events?

A comprehensive chronology of involvement by the agency and/or professional(s) in contact with the vulnerable adult and family over the period of time set out in the review's terms of reference should be included as an appendix. This section should summarise the involvement including decisions reached, any services offered and/or provided, and other actions taken.

Analysis of Involvement

This is a consideration of the events that occurred, the decisions made, and the actions taken or not. Where judgements were made, or actions taken, which indicate that practice or management could be improved, try to get an understanding not only of what happened, but why. Consider specifically:

- Were practitioners sensitive to the needs of the vulnerable adult in their work, knowledgeable about potential indicators of abuse or neglect, and about what to do if they had concerns about a vulnerable adult?
- Did the agency have in place policies and procedures for safeguarding vulnerable adult and acting on concerns about their welfare?
- What were the key relevant points/opportunities for assessment and decision making in this case in relation to the vulnerable adult / carer and family? Do assessments and decisions appear to have been reached in an informed way?
- Did actions accord with assessments and decisions made? Were appropriate services offered/provided, or relevant enquires made, in the light of assessments?
- Where relevant, were appropriate vulnerable adult protection or care plans in place, and vulnerable adult protection care planning reviewing processes complied with?

- When, and in what way were the vulnerable adult (wishes and feelings ascertained and considered? Was this information recorded?
- Was practice sensitive to the racial, cultural. Linguistic and religious identity of the vulnerable adult and family?
- Were more senior managers, or other agencies and professionals, involved at points where they should have been?
- Was the work in this case consistent with agency and APC policy and procedures for safeguarding vulnerable adult, and wider professional standards?

What have we learnt from this case?

- Are there lessons from this case for the way in which this agency works to safeguard vulnerable adult and promote their welfare?
- Is there good practice to highlight, as well as ways in which practice can be improved?
- Are there implications for ways of working; training (single and inter-agency); management and supervision; working in partnership with other agencies; resources?

Recommendations for action

List each recommendation arising from the analysis and learning.

The agency may also wish to identify what actions have already been taken, any further actions to be taken by whom and by when, what outcomes should these actions have or should bring about.

Chronology Format

A unique electronic template should be created by the administrative support and circulated to the group members for completion. The chronology should include the date the contact took place, who was seen, facts and professional opinion. They should also identify the source of the information. Whilst it may not be necessary to include all ancillary detail in the chronology, the assumption should be to include rather than exclude any material, which might be perceived as of marginal relevance. The Chair of the serious case review panel should be consulted if in doubt.

The chronology entries should relate to any issues covering:

- Vulnerable adult health – including hospital attendance/admission.
- What the vulnerable adult says.
- Domestic abuse.
- Substance misuse.
- Family and social relationships.
- Appointments kept or missed.
- Access denied.
- Environmental factors e.g. people moving in and out of house, employment, frequent changes of address.
- Conditions in the home/residential setting.
- Criminal history including cautions.
- Any incident reported in care/residential setting.
- Communications between agencies.
- Communication between professionals within an agency.
- Supervision of staff.

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Chronology

Date and Time	Agency	Significant events incidents	What vulnerable adult says and impact of this	What parent/carers says and impact	Action taken and by whom	Origin of information

Appendix 4

Commissioning a SCR Reviewer

The Reviewer must be a suitably qualified and experienced practitioner who understands and will comply fully with the Wales Guidance for Adult Protection SCRs.

The APC will provide the following to the Review writer:

- Terms of reference for their work.
- Individual Management Reviews from all of the relevant agencies, including their chronologies.

The Overview Report produced by the Reviewer should include

- an anonymised Executive Summary;
- information about the review process;
- an integrated chronology and for family cases a genogram;
- key issues arising from the case;
- the victim and their family's perspectives , where possible;
- information about what those involved were thinking at the time of the events;
- clear and achievable recommendations;

And, should be

- independent;
- thorough and rigorous;
- not tragic anecdote.

An outline format is set out below.

The Reviewer will be expected to present their final report to members at an APC meeting.

Outline Format of a SCR Overview Report

Introduction

- Summarise the circumstances that led to the review being undertaken in this case.
- State terms of reference for review.
- List contributors to the review and the nature of their contributions (e.g. agency review by police, report from adult mental health service). List SCR panel members and author of overview report.

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The Facts

- For domestic settings include a genogram showing membership of family, extended family and household.
- Compile an integrated chronology of involvement with the vulnerable adult, carer and family on the part of all relevant agencies, professionals and others who have contributed to the review process. Note specifically in the chronology each occasion on which the vulnerable adult was seen and the vulnerable adult's views and wishes sought or expressed.
- Prepare an overview which summarises what relevant information was known to the agencies and professionals involved, about the parents/carers, any perpetrator, and the home circumstances/care setting of the vulnerable adult.

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Analysis

- This part of the overview should look at how and why events occurred, decisions were made, actions taken or not. This is the part of the report in which reviewers can consider, with the benefit of hindsight, whether different decisions or actions may have led to an alternative course of events. The analysis section is also where any examples of good practice should be highlighted.

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Conclusion and Recommendations

- This part of the report should;
 - summarise what, in the opinion of the Reviewer, are the lessons to be drawn from the case; and
 - how those lessons should be translated into achievable recommendations for action;
 - identify steps to be taken to reduce the risk of a similar death or harm occurring; and
 - recommend the time by which, and identify the persons by whom, those steps should be performed;
 - Include recommendations relating to resource shortfalls whenever these are warranted.

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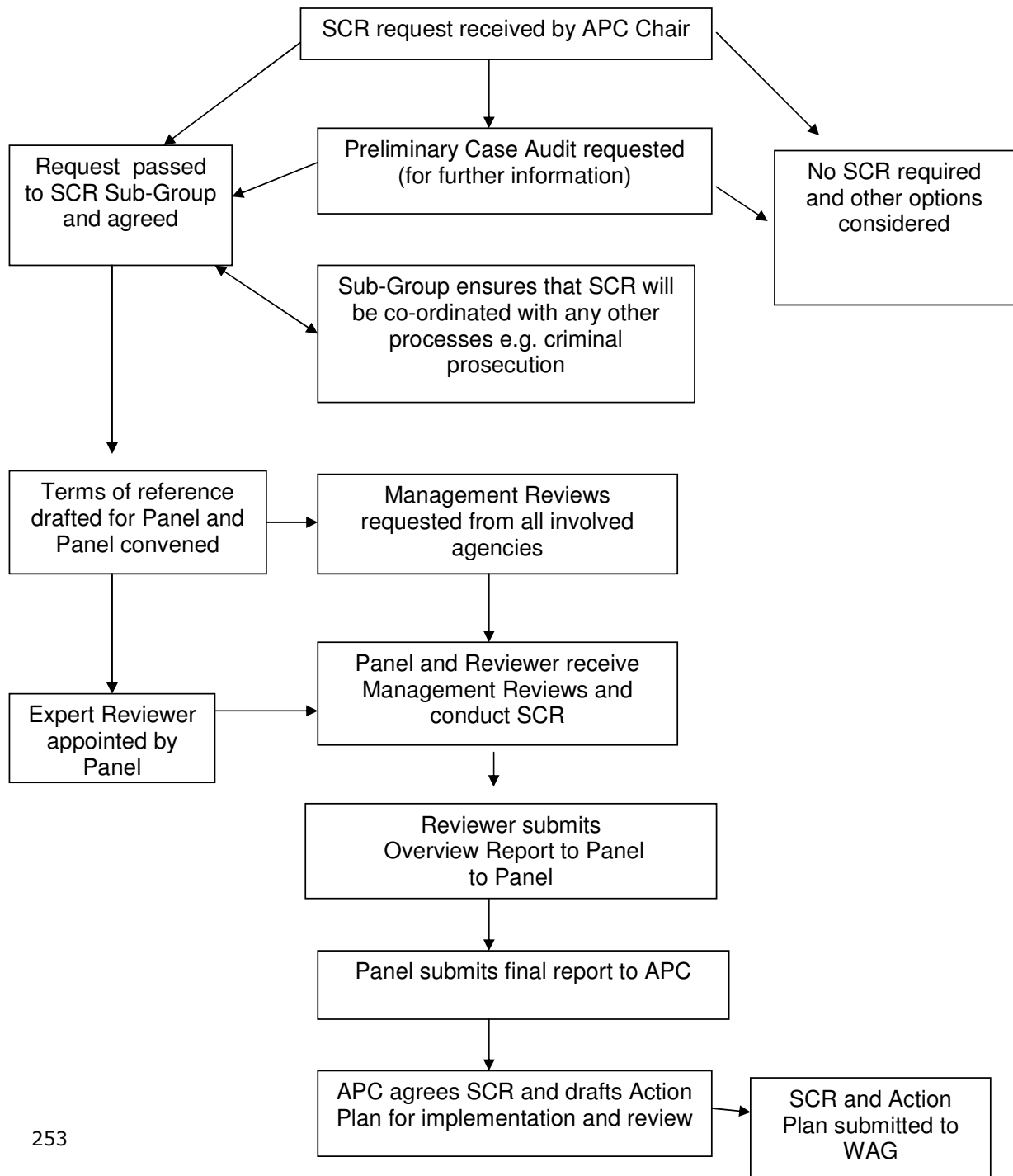
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- Recommendations should include, but not be limited to, the recommendations made in individual agency reviews.
- Recommendations should be few in number, focused and specific and capable of being implemented.
- If there are lessons for national, as well as local policy and practice these should also be highlighted.

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APPENDIX 6

SERIOUS CASE REVIEW FLOW CHART



Leaflet to follow

Appendix 7

Memorandum of Understanding

Inter-Agency arrangements for investigating alleged abuse
of Vulnerable Adults placed in other Local Authority areas

Introduction

These arrangements recognise the increased risk to vulnerable adults whose care arrangements are complicated by cross boundary considerations. These may arise, for instance, where funding/ commissioning responsibility lies with one authority and where concerns about potential abuse and/or exploitation subsequently arise in another. This would apply where the individual lives or otherwise receives services in another local authority area

1 Aims

This Memorandum of Understanding aims to clarify the responsibilities and actions to be taken by local authorities with respect to people who live in one area, but for whom some responsibility remains with the area from which they originated.

It should be read in conjunction with **Welsh Office Circular 41/93: Ordinary Residence – Personal Social Services**. This Circular specifically identifies these responsibilities in terms of:

- The authority where the abuse occurred in respect of the monitoring and review of services and overall responsibility for adult protection.
- The registering body in fulfilling its regulatory function with regard to regulated establishments; and
- The placing authority's continuing duty of care to the abused person.

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2 Guiding Principles

- The authority where the abuse occurs will have overall responsibility for co-ordinating the adult protection arrangements (and, for the purposes of this Memorandum of Understanding, be referred to as the host authority).
- The placing authority (i.e. the authority with funding/ commissioning responsibility) will have a continuing duty of care to the vulnerable adult and will maintain their responsibility for the longer-term care needs of that individual.
- The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link with local policy and procedures set out by the host authority.

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- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.

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3 Responsibilities of Host Authorities

- 3.1 The authority where the abuse occurs should always take the initial lead on responding to the referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.
- 3.2 The host authority will also co-ordinate initial information gathering background checks and ensure a prompt notification to the placing authority and other relevant agencies.
- 3.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse takes place in any Regulated Services, other people could potentially be at risk and enquiries should be carried out with this in mind.
- 3.4 The Care Standards Inspectorate for Wales should always be included in investigations involving regulated care providers and enquiries should make reference to 'In Safe Hands' regarding arrangements for the protection of vulnerable adults.
- 3.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

5 Responsibilities of Placing Authorities

- 5.1 The placing authority will be responsible for providing support to the vulnerable adult and planning their future care needs.
- 5.2 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection Strategy meeting and/or may be required to submit a written report.

6 Responsibilities of Provider Agencies

- 6.1 Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and/or the Care Standards Inspectorate for Wales in accordance with local inter-agency policy and procedures.
- 6.2 Provider agencies will have responsibilities where applicable, under the Care Standards Act 2000 (Regulation 38) to notify their local CSSIW area office of any allegations of abuse and any other significant incidents.

- 6.3 Provider agencies who have services registered in more than one local authority area will defer to the CSSIW area office relevant to the area in which the abuse took place.