

**BUCKINGHAMSHIRE
SAFEGUARDING
VULNERABLE
ADULTS
BOARD**

**POLICIES, PROCEDURES AND
GUIDANCE**

**Part 2
Procedures**

Part 2 Multi-agency Safeguarding Adults Procedures

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2.1 Introduction

The protection of vulnerable people is one of the most important tasks facing social and health care services. Awareness of adult abuse has received growing attention from the public, the media and voluntary and statutory agencies over recent years. However there is still much for agencies commissioning and providing services to vulnerable adults to do, in order to raise the profile of adult protection.

The publication of “*No Secrets*” in 2000 as statutory guidance emphasised the need for agencies to work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse. The primary aim of such a policy should be to prevent abuse where possible. In addition to the prevention of abuse wherever possible, ‘*No Secrets*’ also charged agencies with ensuring that procedures are in place for dealing with incidents of abuse. The guidance tasks Social Services with the coordinating role in developing local policies and procedures for the protection of vulnerable adults from abuse, but emphasises that all agencies should work together to ensure that appropriate policies, procedures and practices are in place and implemented locally.

In 2002 The Centre for Policy on Ageing was commissioned by the Department of Health to undertake an analysis of the local council codes of practice for the protection of vulnerable adults.

The study focused on the three main areas of the many detailed requirements and recommendations contained in ‘*No Secrets*’:

- Strategies and Plans
- Procedures and Protocols
- Guidance and Information

The publication of ‘*No Secrets*’ was followed in 2005 by the publication of a national standards framework by the Association of Directors of Social Services. The publication entitled ‘*Safeguarding Adults*’ is aimed at further developing adult protection work throughout England and collects best practice into a framework to work towards preventing and addressing adult abuse across the country.

The documents comprising Buckinghamshire Safeguarding Adults Policy and Procedures have been developed to reflect the guidance given in ‘*No Secrets*’ and ‘*Safeguarding Adults*’ and the recommendations made as a result of the study undertaken by the Centre for Policy on Ageing.

Examples of good practice named in the study have been used to develop this document. These documents describes local policy, frameworks and structures and should be used to assist agencies in developing their own practice in respect of protecting vulnerable adults from abuse. It also seeks to ensure that there is clarity on the roles and responsibilities of agencies in responding to incidents of possible and actual abuse in Buckinghamshire.

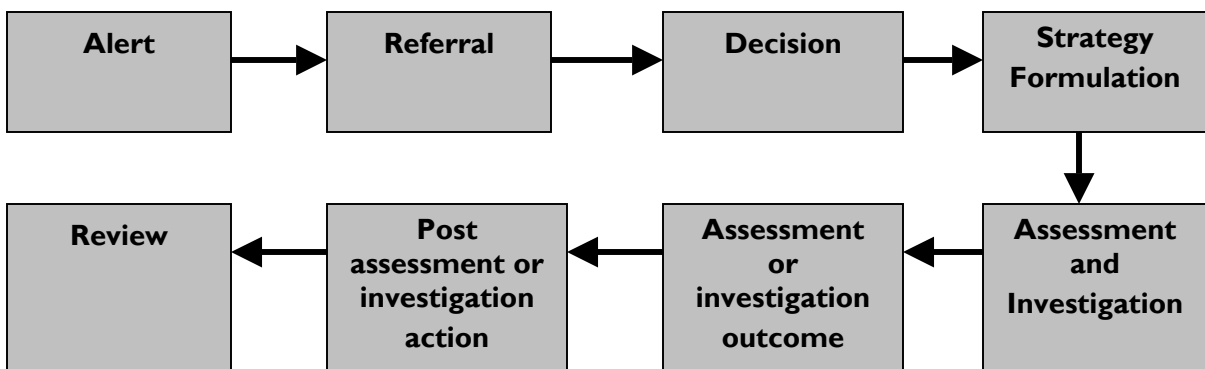
Buckinghamshire Safeguarding Adults Policy and Procedures is in three parts covering:

- Part 1 Policy
- Part 2 Procedures
- Part 3 Guidance For All Agencies

This document (Part 2) covers the procedure that will be followed in Buckinghamshire when an allegation of suspected abuse is made. In line with policy, partner agencies are expected to maintain their own procedures for ensuring that instances of abuse are reported to Social Services and relevant partner agencies where appropriate. These procedures should not be used in isolation but should be used in conjunction with guidance that supports them.

These procedures apply to individuals resident within Buckinghamshire. Even if an individual is receiving a service commissioned by another authority as long as that person is living within Buckinghamshire action should be taken by Buckinghamshire Social Services to ensure that the incident is assessed and investigated appropriately. It is recognised and agreed that, whilst carrying out the roles required by the procedures, people are acting on behalf of the Buckinghamshire Vulnerable Adults Committee and are accountable to it via their organisation.

2.2 The Safeguarding Adults Process



There are a number of key steps and decision points to the safeguarding adults process.

At the key decision points, responsibilities for the necessary decisions are made clear within these procedures. All decisions made with respect to reporting, assessment, investigation and planning for vulnerable adults suspected of being abused, need to be recorded along with the justification for that decision. In particular, if a decision is made not to proceed with a referral or to cease an investigation with no further action, a clear rationale needs to be recorded.

2.3 Alerting – What to Do And Who To Tell

Alerting is the responsibility of any member of staff or volunteer from **any** agency if they suspect that abuse of an adult may have taken place or is likely to take place.

A concern that a vulnerable adult is or could be abused may have arisen either from:

- A **direct disclosure** by the vulnerable adult
- A **complaint** or expression of concern by another member of staff, a volunteer, another service user, a carer, a member of the public or relative
- An **observation** of the behaviour of the vulnerable adult by the volunteer, member of staff or carer.

Potentially there are two people who have responsibilities at the Alert stage of an incident; these are the person first made aware of the issue, and where they work within a service, their manager.

2.3.1 Responsibility of The Person First Aware of the Situation

It is the responsibility of the person first becoming aware of a situation where there may be a vulnerable adult subject to, or at risk of, abuse to:

- a. Make sure the person is safe
- b. Inform
- c. Record
- d. If the allegation is about a staff member or volunteer of any organisation, ensure that the provisions of the procedure “Managing Allegations against Staff and Volunteers Working with Vulnerable Adults” are implemented.

a. Make Safe

Deal with the immediate needs of the person

This may mean:

- Taking reasonable steps to ensure the adult is in no immediate danger
- Seeking medical treatment if required as a matter of urgency

Do **NOT** discuss the allegation of abuse with the alleged perpetrator.

Do **NOT** disturb or destroy articles that could be used in evidence and where an assault of some kind is suspected do not wash or bath the person unless this is associated with first aid treatment necessary to prevent further harm.

b. Inform

- Their line manager immediately or another manager if their line manager is implicated in the allegation
- Another appropriate manager if the agency's operational policy specifies
- Contact the police if it is thought a crime has just been committed

c. Record

- Record details of the allegation in either the case file of the person involved – whether this is a paper or electronic file - or if this is not available somewhere else that can be kept secure.

- The allegation or concerns, including; the date and time of the incident, what the vulnerable adult said about the abuse and how it occurred or what has been reported to you.
- The appearance and behaviour of the victim
- Any injuries observed.

2.3.2 Responsibilities Of Line Managers to whom a report has been made – All Agencies

Once the allegation or suspicion of abuse has been raised with the line manager of an agency s/he must decide without delay on the most appropriate course of action.

It is the responsibility of the line manager to:

Deal with any immediate needs:

- Ensure that the victim of the alleged abuse is safe
- Ensure that any necessary emergency medical treatment is arranged
- Ensure that no forensic evidence is lost
- If the alleged perpetrator is also a vulnerable adult, ensure that a member of staff is allocated to attend to their needs and ensure that other service users are not put at risk.

Clarify:

- The facts stated by the member of staff but do NOT in any circumstances discuss the allegation of abuse with the alleged perpetrator or, if possible, the victim
- That the circumstances fall within the safeguarding adults procedures, i.e. meeting the definition of abuse as defined in this Policy and Procedures
- Issues of consent and confidentiality

Refer:

- To Social Services – this will be Buckinghamshire Adult Social Care if the person is resident in Buckinghamshire even if another authority has arranged for and pays for the service.
- To the police if you think a crime may have been committed
- Contact Social Services immediately if a child is also at risk. The number for this is 0800 137915.

Alerting – Good Practice Guidelines

- *Assure the person making the complaint or allegation that they will be taken seriously*
- *If a vulnerable adult is making a disclosure listen carefully to what they are saying, stay calm, clarify the facts of the abuse but **avoid** detailed investigation at this stage*
- *Do not be judgmental or jump to conclusions*
- *Reassure the person that you will take steps to protect them from further abuse*

- *Do not give any promises of complete confidentiality. The wishes of the vulnerable adult will be respected but they must be informed that the information given to an individual member of staff is not confidential to that member of staff and that there is a duty to report their concern to their line manager or direct to Social Services and/or the Police.*
- *Explain that you have a duty to report what you have been told to your line manager and their concerns may be shared, especially if other vulnerable adults are at risk*
- *The records kept should be factual. However, if the record does contain an opinion or an assessment, that should be supported with factual evidence. Opinion should be stated as such, and facts differentiated from hearsay, which is something that has not been seen or heard first hand by a witness.*
- *If the victim of abuse is taken to hospital because she or he needs emergency medical treatment and there is the possibility that a crime has been committed, the examination should be carried in line with locally agreed protocols.*
- *If medical treatment is not immediately required, medical examinations should NOT be arranged until the investigation by the police or Social Services has started. Social Services or the police will then arrange an examination if this is considered appropriate.*
- *If physical or sexual assault is alleged or suspected advise the person not to wash (unless for urgent first aid) or remove clothing until the police have been contacted and advise how to proceed. Preserve clothing and footwear and handle them as little as possible.*
- *Secure the room, if appropriate and do not allow anyone to enter.*
- *Preserve any evidence using a clean bag or envelope being careful not to contaminate it.*
- *If the alleged perpetrator is an employee, the line manager will need to discuss with the personnel section of the agency and refer to internal operational policies so that action is taken in line with operational and disciplinary procedures. Action to protect the vulnerable adult from abuse under these Procedures should not be halted while other internal investigations and disciplinary procedures are being undertaken.*
- *Regulated services must notify the relevant regulatory bodies (e.g. CSCI)*
- *When notifying the regulatory authorities a care/nursing home or agency providing personal care would normally be advised to contact the placing authorities if there are concerns of abuse, unless advised otherwise by the police.*
- *Immediately inform the appropriate Social Services Department if there are concerns that a child or young person living in the same household as the vulnerable adult could also be at risk.*

2.4 Referral

The referral stage involves bringing the concern regarding alleged abuse or potential abuse formally to the attention of Social Services and other authorities. Any individual who has been alerted to the possibility of abuse having occurred or being likely to occur should make a referral.

Individuals must refer if:

- A crime has been, could have been, or yet could be committed.
- There is a suspicion that an abuse has taken place.
- The allegation involves a member of staff or paid carer.
- Other vulnerable adults are at risk.
- The alleged perpetrator is a vulnerable adult.
- They are unsure if abuse has taken place.

Referral by telephone should be made within 24 hours once a person has been alerted to suspected or actual abuse.

2.4.1 Making A Referral

a. Responsibility of the Referrer

Within Buckinghamshire referrals are coordinated by the Adult Social Care service of Buckinghamshire County Council. Contact should be made in the first instance either through *Careline* (0800 137915), through the Central Duty Team for Older People (01296 383204) or by e-mailing the safeguarding team on safeguardingadults@buckscc.gov.uk. The only exception to this is for an individual receiving a service commissioned by Buckinghamshire Adult Social Care and it is known which team is commissioning that service – in those circumstances, the referral should be made directly to the team. The team will be responsible for informing the Safeguarding Manager of the referral.

The person making the referral should ideally have the following information available:

- The name of the vulnerable adult
- Date of birth and age
- Address and telephone number
- Why the adult is considered vulnerable
- Whether consent has been obtained for the referral, and if not the reasons e.g. the vulnerable adult lacks mental capacity or there is an over-riding public interest (e.g. where other vulnerable adults are at risk).
- Whether there are any concerns or doubts about the mental capacity of the vulnerable adult
- Whether the police are aware of the allegation, and whether a police investigation is underway

Other information that could be useful:

- Names and addresses of carers, significant family members and next of kin
- What arrangements have been made for the protection of the vulnerable adult
- Reason for concern/details of the alleged abuse including any injuries and dates
- Who can be contacted to gain access to the vulnerable adult?
- How the information was obtained
- Whether the referrer can be used as a source of information?
- Who else can be contacted for further information?
- Whether there are any personal safety issues that anyone making a visit should be aware of?
- Which police station is dealing with the case?

- Whether a notification has been made to CSCI and if so the name of the person contacted
- Details of any medical treatment that has been arranged
- Name of GP and other services involved
- Gender, language, race, cultural back ground and whether an interpreter will be required
- Details of physical and /or mental disability or illness
- Details of any communication difficulties the vulnerable adult has due to sensory or other impairments (including dementia or other cognitive impairment)
- Details of the alleged perpetrator, including whether the perpetrator is also a vulnerable adult
- If a crime has been committed, what steps have been taken to preserve evidence?

Who To Refer To

Situation	Refer to
Abuse is suspected, but exact circumstances are unknown	Older people: Central Duty Team – 01296 383204 Others: Careline – 0800 137915 e-mail: safeguardingadults@buckscc.gov.uk
Person is receiving a social care service but social worker and team are unknown	Older people: Central Duty Team – 01296 383204 Others: Careline – 0800 137915 e-mail: safeguardingadults@buckscc.gov.uk
Person is receiving a social care service - social worker and team are known	Contact Social Worker or Team Manager. If not available, contact Older people: Central Duty Team – 01296 383204 Others: Careline – 0800 137915 e-mail: safeguardingadults@buckscc.gov.uk
Outside normal hours: Between 5.00 p.m. (4.30 p.m. on Fridays) and 9.30 a.m. Monday to Friday, and at weekends and Bank Holidays	Emergency Duty Team: 01494 675802
Safeguarding Children Contact Numbers:	Careline – 0800 137915 Emergency Duty Team: 01494 675802

b. On receipt of Referral

In these procedures the term **Care Manager** is used to refer to the worker who has responsibility for the case/referral and ensuring that correct procedures are followed. The **Line Manager** is the manager of the Care Manager.

The staff member receiving the referral should immediately pass the details to their manager. This Manager will decide who becomes the Care Manager. All transfers of responsibility must be formally recorded. Case information should be passed by direct contact and not by solely relying on electronic communication.

The Care Manager's responsibilities are as follows:

In the case of an alleged victim of abuse unknown or not currently receiving a service organised or funded by Buckinghamshire Council:

- To notify the Safeguarding Adults Manager as soon as possible.
- To ensure that a referral is logged on SWIFT indicating that the referral reason is a Safeguarding Adults Enquiry and that an Alert is added to the information system.
- For externally contracted services, the Care Manager should also notify the commissioning team.

In the case of an individual already receiving a service or who is known to Buckinghamshire County Council:

- To notify the Safeguarding Adults Manager as soon as possible.
- To ensure the referral is logged on SWIFT as a request for an unscheduled review with the reason being adult abuse allegation and alert added to the information system.
- To indicate on the SWIFT record which worker is acting as Care Manager.
- To notify the manager of the team commissioning the vulnerable person's service that the referral has been received and needs to be allocated to a qualified staff member within the team.
- For externally contracted services the Care Manager should also notify the commissioning team.

c. Keeping the vulnerable adult safe while initial inquiries are made

The Care Manager receiving the referral should appraise all information available and will:

- Assess the ongoing risks to the person from the information available and take immediate action to ensure the safety of the vulnerable adult where necessary and possible
- Judge whether to involve the police
- Find out whether there are any additional child protection concerns and report them accordingly
- Ensure other vulnerable adults who may be at risk are protected
- Ensure any forensic evidence is preserved. Usually this will mean ensuring it is not removed or tampered with.
- Ensure a full record is made of any discussions or action taken at this stage.

This needs to be carried out without alerting any alleged perpetrator.

2.5 Decision

2.5.1 Responsibility for the Decision

It is the responsibility of the Care Manager, consulting with the Line Manager and/or safeguarding Manager if necessary, to make a decision as to whether the Safeguarding Adults Policy covers the specific circumstances and if so to ensure that the next stage of the procedures is followed.

2.5.2 Responsibilities For Action Immediately After The Decision

If no further action is to be taken under the Safeguarding Adult Procedures, the **Care Manager** is responsible at this stage for:

- Giving a clear response to the person making the referral, that no further action is to be taken under the Safeguarding Adults Procedures. It is expected that wherever appropriate the referrer will be given information as to why this decision has been made. This should be confirmed in writing.
- Where the person does not meet the eligibility criteria of the department and therefore is not a vulnerable adult under these procedures, to establish whether other actions need to be taken. This may include contacting the police if a crime has occurred or in some cases, other agencies for support.
- Recording the decision made and the reason why
- Notifying CSCI if the person is living in a regulated service.
- If the person is receiving a service arranged by another authority, notifying the appropriate person in that authority.

If further action is to be taken under the Safeguarding Adult Procedures, the **Care Manager** is responsible for:

- Ensuring that the appropriate individuals are invited to a strategy meeting
- Notifying CSCI if the person is living in a regulated service.
- If the person is receiving a service arranged by another authority, notifying the appropriate person in that authority.
- Informing the Office of the Public Guardian if the allegation of abuse is made against a person holding Lasting Powers of Attorney or is a deputy appointed by the Public Guardian.

Decision – Good Practice Guidelines

Factors to be taken into account when deciding whether the case warrants action under the Policy and Procedures may include:

- *The vulnerability of the individual*
- *The views and opinions of staff in partner agencies*
- *The nature and extent of the abusive acts*
- *The length of time it has been occurring*
- *Whether the abuse was a single event or part of a longstanding relationship or pattern*
- *The impact of the abuse on the adult who has been victimised or exploited*
- *The impact of the abuse on others*
- *The intent of the person alleged to be responsible for the abuse*
- *The risk of repeated or increasingly serious acts involving this or other vulnerable adults*
- *The mental capacity of the vulnerable adult*
- *The illegality of the alleged perpetrators action(s) The risk of repeated or increasingly serious acts involving this or other vulnerable adults*
- *The mental capacity of the alleged perpetrator.*

Continuation under the Policy and Procedures must always take place in cases of suspected or alleged abuse where:

- *The vulnerable adult does not have the capacity to make informed decisions about what action they want to take (if any) in response to the abuse they may be experiencing.*
- *The care of the person who is experiencing the abuse or exploitation is the legal responsibility of an agency or an individual.*
- *The vulnerable adult is receiving care paid for by a Local Authority.*
- *There is registered enduring power of attorney, or a Receiver under the Court of Protection.*
- *The abuse has taken place on property owned or managed by an agency that is providing services to the person experiencing the abuse or the person perpetrating the abuse. This includes property owned and managed by social services departments or health trusts*
- *The alleged perpetrator is a paid worker or a volunteer*
- *The alleged perpetrator is another service user*
- *Other service users are at risk from the perpetrator*

*In the above situations, the Safeguarding Adults procedure **must** be used even where a person with capacity has asked for no action to be taken, in which case they will be informed of the duty to investigate.*

In other situations, where there is an assessment of a high degree of risk, a request by a vulnerable adult that no action is taken does not preclude the holding of a Safeguarding Assessment Strategy Meeting.

A decision not to conduct an Adult Protection Inquiry will be based on the following:

That there is sufficient information available to make a decision that the situation does not involve abuse or exploitation

and

that significant harm is not indicated and that action through care management, the care programme approach or referral to health colleagues is appropriate

or

That the person is not a “vulnerable adult” in which case if the person agrees, a referral will be made to services such as the police, domestic violence unit, a refuge or victim support or the person will be given information about other relevant services.

2.6 Strategy Formulation

Formulating an individual adult safeguarding strategy is a multi-agency process involving all those agencies appropriate to the specific situation. A meeting of the relevant people can develop the most effective strategies. On some occasions it is necessary, and more effective, to formulate an initial strategy through a series of telephone conversations or e-mails. If alternative(s) to face-to-face meetings are used then a record should be made of the discussions in the same way as they would if a meeting had occurred.

2.6.1 Organising Strategy Meetings

a. Timing of the meeting

It is the responsibility of the **Line Manager** to arrange and chair the strategy meeting.

If an allegation has been made concerning a member of staff or paid carer, a strategy meeting must take place within 24 hours or on the next working day.

In cases where there appears to be immediate risk that cannot be reduced or managed, the meeting should be held within 24 hours or on the next working day.

In all other cases a strategy meeting should be within 3 working days.

b. Attendance at the meeting

Attendance at the meeting will vary depending on the situation of the individual. However it is likely that some or all of the following should receive an invitation to the meeting:

- The Line Manager, who will chair the meeting
- The Care Manager
- The Investigating Officer (if not the Care Manager)
- Thames Valley Police
- CSCI representative in the case of regulated services
- Social Worker (if the Care Manager is not the abused person's social worker)
- Nurse or other health professional if involved
- Manager of service if abuse has occurred in a service setting (and if not involved in the allegation)
- Representative of central safeguarding team
- Council legal advisor
- A member of the Commissioning Team if the service is an externally contracted service

Where it has proved difficult to contact agencies that are needed at the meeting this should not delay the organising of a meeting. A record should be made of attempts to contact individuals required at the strategy meeting.

The Line Manager will normally chair the meeting. However in order to meet the necessary timescales, responsibility for chairing the meeting may be delegated.

2.6.2 Responsibilities for Formulating the Strategy

It is the responsibility of the **meeting** to:

- Ensure that the vulnerable adult receives protection from serious harm and exploitation
- Agree a plan for further investigation and assessment if appropriate
- Assess the needs and wishes of the vulnerable adult for protection, support and redress

- Decide what follow up action should be taken with regard to the perpetrator. This may include disciplinary action or police investigation.
- Make necessary decisions on the sequence of any investigations carried out by: the police, social services and internal disciplinary investigations.
- Agree how the outcomes from the meeting will be fed back to the alleged victim.

The meeting needs to agree responsibility for investigation. This may be a manager not employed by Social Services or a designated person within the Social Services Department. In either case the Care Manager remains responsible for ensuring that the investigation/assessment is carried out correctly.

The chair of the meeting is responsible for ensuring that the decisions and actions are recorded. A summary should be distributed to all relevant individuals and representatives of agencies who were involved in formulating the strategy. In the case of regulated services CSCI should be sent a copy of the meeting record.

The Strategy Meeting should be fully recorded on SWIFT as an SVA action in Profile Notes.

Strategy Meetings – Good Practice Guidelines

Find Out, Clarify and Agree

- *Gather any additional information on the allegation*
- *Assess the degree of risk*
- *Find out if the vulnerable adult has given permission to involve other agencies and whether there is a need to break confidentiality*
- *Find out the need for an independent advocate to represent the views and wishes of the vulnerable adult and ensure that suitable arrangements are made*
- *Clarify what additional investigations may be triggered by the particular incident, including a police investigation or disciplinary procedures*
- *Identify any personal safety issues for the person who will conduct the investigation*
- *Discuss issues of preservation of evidence where this is relevant*
- *Establish what legal powers may be appropriate and any need for legal advice or opinion.*
- *Agree a plan to maximise the ability of the vulnerable adult to make decisions and participate fully in the process.*
- *Clarify issues of communication and information sharing: what can be shared with whom*
- *Clarify what information can be shared with the family or carer*
- *Clarify issues of mental capacity*
- *Ensure that equality issues are addressed and that decisions are informed with due regard for issues of the gender, racial or ethnic origin, religion, or belief, disability, age or sexual orientation of the vulnerable adult*
- *Identify and arrange an “appropriate adult¹” if the alleged perpetrator is a vulnerable adult and is to be interviewed by the police*

¹ Appropriate Adult is a specific role defined under the Police and Criminal Evidence Act when people with mental disorder are interviewed by the police

- *Identify what special measures are needed if the vulnerable adult who has been abused is to provide evidence in a criminal prosecution. This may lead to a decision that interviews will take place in a video suite*
- *Identify needs for language interpreters for those for whom English is not their first language, or address the communication needs of vulnerable adults with sensory or learning disabilities or dementia.*

Decisions

- *Decide what sort of investigation is needed*
- *Decide which agency will conduct the investigation*
- *Identify an investigating officer*
- *Decide whether the investigation should be single or joint agency*
- *Decide on whether medical examination or other specialist assessment is needed and who will arrange this (e.g. to determine the mental capacity of the vulnerable adult)*
- *Decide how the vulnerable adult should be protected during the investigation*
- *Decide what form of investigation is appropriate, whether it should be a safeguarding adult enquiry or an internal investigation by another agency.*
- *Decide if some other assessments under care management or the care programme approach, or action under complaints procedures, may be more appropriate.*
- *If the perpetrator is also a vulnerable adult, decide how their needs will be addressed, who will be responsible for ensuring there is a care plan and that they have access to appropriate support.*

2.7 Investigation

Investigation and any associated assessment may involve a number of workers from different agencies. These responsibilities are outlined at the strategy stage of the safeguarding adult process.

The responsibility for ensuring that the required investigation is completed remains with the **Care Manager**. The Care Manager will usually also take the lead role in the investigation. However, in any case of an allegation under investigation as a crime the Police will take the lead.

2.7.1 Responsibility of any individual delegated to carry out the Investigation

- Carrying out the actions agreed in the strategy plan, and reporting back to the Care Manager any changes that will impact on the plan.
- Making comprehensive records of work carried out and the findings of any investigation/risk assessment carried out.
- Making accurate records of ongoing support and care of the adult(s) concerned
- Reporting promptly to the Care Manager any information that could change what was agreed at the strategy meeting

It is the responsibility of each agency to ensure that individuals carrying out investigations have been trained and receive specific supervision and support in this role from Line Managers.

2.7.2 Responsibility of the Care Manager

- Ensure that the investigation is coordinated and undertaken in a thorough manner.
- Co-ordinate an update strategy discussion/meeting – to be chaired by the Line Manager - if further relevant information is received
- Ensure that the safety of the alleged victim is maintained during the investigation process
- Make decisions regarding the timing of investigation based on the perceived level of risk.
- Ensure that appropriate measures have been taken to reassure and support carers and others, as appropriate, and to keep them informed.
- Ensuring that the results of any risk assessment are circulated to all agencies involved. The Care Manager should also provide information about whether there is suspicion or possibility of ongoing risk of abuse or neglect.

Investigation - Best Practice Guidelines

- *The investigating officer should not normally undertake a visit to interview the vulnerable adult alone.*
- *If there is a police investigation in progress, interviews with the alleged victim should only be undertaken after discussion with the police.*
- *The interview with the vulnerable adult should not be conducted in the presence of the alleged perpetrator especially if there is a possibility that a criminal offence has been committed.*
- *Adequate support should be arranged for the alleged victim during the course of the interview.*
- *If the interview is going to be a joint one, then a decision should be taken as to who shall lead.*
- *During the investigation the investigating officers need to keep the position of the vulnerable adult under review to ensure that any risks are managed appropriately. In cases involving high risk to the vulnerable adult a visit should be made within 24 hours.*
- *Gather information in such a way that, where possible, the perpetrator is not alerted*
- *Maintain sensitivity to the needs and wishes of the vulnerable adult at all times*
- *Immediately inform the appropriate Social Services Department if they have concerns that a child or young person living in the same household as the vulnerable adult could also be at risk.*

2.8 Investigation Outcome

The outcome of the investigation will be presented in the form of a report written by the investigating officer(s). The **Care Manager** should review the report with a view to establishing whether further action needs to be taken.

2.8.1 The responsibility of the person carrying out the Investigation

The Investigating Officer should produce a written report within 20 working days. There will be circumstances where this is not possible e.g. when a police investigation is taking

priority. In these circumstances the Care Manager and Line Manager must be notified of the delay, the reasons for the delay must be recorded and a revised timescale agreed.

The report should contain a clear summary of the investigation covering:

- Details of the initial alert/referral with all dates and times
- An outline of the current allegations and any previous allegations
- A description of the vulnerable adult and his/her circumstances including their views of the situation and their strengths
- Where the abuse took place
- An assessment of the vulnerable adult relating to consent and capacity and other legal issues
- Social situation/networks of the vulnerable adult
- Information about the alleged perpetrator
- Details of how the investigation was conducted and who was involved
- Evidence to support or refute the allegation
- Evidence to support any action through disciplinary procedures
- Evidence to support any action through conditions of contracts and contract monitoring
- Evidence for any action that could be taken by the CSCI
- Evidence for any legal action other than under criminal law.
- Indications of the causes of the abuse
- A view about future risks
- Recommendations for future action
- The investigating officer's opinion and conclusions about future risks, prevention and action. This would include an opinion about any support to the vulnerable adult that increases the ability of the vulnerable adult to protect him or herself

2.8.2 Responsibilities of the Care Manager and/or Line Manager

- The **Line Manager** is responsible for reviewing the findings of the investigation and making a decision on whether to convene a case conference to discuss any further actions that need to be taken in the light of the assessment/investigation.
- The **Care Manager** must ensure that the findings are comprehensively recorded in SWIFT as an SVA action in Profile Notes.

2.9 Post Investigation Action

The actions required following an investigation will depend very much on the circumstances and needs of the vulnerable person. In the case of individuals who are still at risk or who require ongoing support related to the incident of abuse, it will be necessary to formulate a safeguarding plan, usually at a case conference.

2.9.1 Creation of Safeguarding Plan

A safeguarding plan will be necessary if, following investigation, there are indications that the vulnerable adult is still at risk. The safeguarding plan can be developed by the Care Manager or can be developed using a case conference. In many cases it will have been necessary to establish some form of adult protection plan before the full investigation concludes. However, if the person is still deemed to be at risk at the end of the investigation a safeguarding plan is essential.

2.9.2 Responsibilities of the Care Manager and/or Line Manager

The **Line Manager** will normally chair the case conference, ensure that formal minutes are taken and ensure that the meeting:

- Receives and considers the information contained in the investigating officer's report
- Considers the evidence and determines whether the allegation has been substantiated
- Considers what legal action or redress is indicated
- Plans further action that is indicated
- Plans further action if the allegation is not substantiated
- Makes a decision about the current level of risk and makes judgements about any future risks
- Plans to take any statutory action required
- Formulates an adult protection plan and determines who will monitor and co-ordinate the plan
- Plans to provide support to any carer if this is indicated
- Determines what additional information needs to be shared with whom on a "need to know basis"
- Sets a date for a review if there are continued concerns. This should not be more than three months from the date of the original case conference
- Decides what action is appropriate when the allegation was not proved, or was unfounded, but where concerns remain about standards of care or poor practice

Whenever a plan is established, the **Care Manager** is responsible for ensuring that the following are included (where necessary and appropriate):

- Action to ensure the safety of the vulnerable adult
- Action to ensure the continued involvement of the vulnerable adult and where appropriate their carer or advocate
- Details of support services, treatment or therapy available either in the immediate or the longer term to the vulnerable adult
- Any changes to the way the services are provided
- Any plan to support the vulnerable adult through action to seek justice or legal redress
- How on-going and future risks are to be managed and risk taking supported, if that is the wish of the vulnerable adult
- What services can be provided to the vulnerable adult to enhance their self esteem and increase their ability to protect themselves
- Monitoring and review arrangements
- Contingency plans to ensure speedy response if the care plan is not meeting the person's needs and the vulnerable adult continues to be at risk
- That all those contributing to the plan and, where appropriate, the vulnerable adult has a copy.

Best Practice Guidelines - Case Conferences

Attendees may include:

- *The Line Manager*

- *The Care Manager*
- *The investigating officer*
- *The Social Worker or Care Worker if different from the above*
- *The vulnerable adult (if they have sufficient mental capacity) or their representative or advocate*
- *Where appropriate, other family members or significant carers*
- *Relevant professionals e.g. the police, the GP, psychiatrist or other medical professional*
- *The manager of a relevant provider agency unless they are implicated in the allegation*
- *If the vulnerable adult does not attend, then all efforts should be made to ensure that their views and wishes are known and that they receive feedback from the meeting.*

The duties of the Chair are to:

- *Explain the main aims of the conference and invite the Investigating Officer to report.*
- *Facilitate a frank discussion of the facts in order to establish the status of the allegations.*
- *Facilitate discussions regarding any possible risk to other vulnerable adults and formulate a plan to reduce or remove any risk, in liaison with other agencies.*
- *Seek information on additional services or interventions and/or changes to service provision or daily routines that might be required*
- *Identify any specific indicators that should trigger a review and/or further investigations.*
- *Discuss important deadlines or times or events, such as court cases, releases from custody, disciplinary hearings, etc. the outcome of which might lead to further action.*
- *Formulate a clearly defined protection plan, if appropriate, and a mechanism for ongoing support and service arrangements for the vulnerable adult, if necessary.*
- *Draw up a post-abuse safeguarding plan that specifies who will take responsibility for carrying out each task within a given timescale.*
- *Document any continuing action or potential risk factors.*
- *Set out any review and monitoring arrangements to ensure that the safeguarding plan is effectively implemented. Then agree any action necessary in relation to the person responsible for the abuse or in relation to the establishment or agency providing the service.*
- *Summarise the whole discussion and outcome of the conference and arrange a date for reviewing the arrangements, if necessary.*
- *Confirm any feedback arrangements.*

Recording of Case Conferences

- *The chair of the case conference should ensure that the conference decisions are recorded and dated and copied to all attendees and to others identified as individuals or agencies who have a need to know, in order to ensure the effective protection of the vulnerable adult.*

2.10 Review

It is the responsibility of the **Line Manager** to ensure that arrangements for review are made, once an investigation is complete.

Usually, if the vulnerable adult is continuing to receive a social care service, a review will be carried out as part of the mainstream care management process. However, there may be circumstances in which a separate review process needs to be identified and arranged. In this case it is the responsibility of the Line Manager to call the necessary Case Conference to carry out the review.