Stockport Safeguarding Adults Board

Safeguarding Adults at Risk

Multi-Agency Operational Procedures for Responding to and Investigating Abuse.

Fourth Edition – January 2016

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3.1 1 Introduction

This section is intended as guidance for all external organisations and individuals whether in a paid or unpaid capacity who have a reasonable belief that an adult may be being harmed or at risk of harm.

It sets out the actions to be taken immediately in order to safeguard or prevent further harm and clarifies the process for referring the adult at risk to the Local Authority for further action under this policy and procedure.

The precise actions necessary in any individual case will vary according to the circumstances and therefore stages may overlap depending on how the investigation develops.

3.1.1 Duty to Report

Once a suspicion, disclosure or allegation of abuse of an adult at risk, has been made, the receiver of this information, known as the alerter has a duty to report their concerns immediately once a suspicion, disclosure or allegation of abuse of an adult at risk, has been made, the receiver of this information, known as the alerter has a duty to report their concerns immediately to the designated Safeguarding referrer for their organisation.

3.1.2 Provider Managers of care provision

Where an organisation is aware abuse has taken place they have a duty to correct this and protect the adult at risk from harm and inform the local authority, CQC and CCG where appropriate

3.1.3 Duty of candour

The Care Act requires providers/commissioners to have an open culture around safeguarding, this will ensure best outcome for the adult at risk and will provide key learning for improvements in practice.
Please see the Harm Levels Guidance and associated documents for threshold information i.e. a single agency response to an alert.

Harm Level 3 investigation, as identified by the commissioned provider of care, will be carried out under section 42 of the Care Act 2014 as the Local Authority *causing* others to make safeguarding inquires.

Level 3, 4 and 5 must be alerted to the Adult Social Care and Care Quality Commission.

All level 3 investigations will be scrutinised by a multi-agency panel for quality control and audit purposes and multiagency information sharing.

3.2 2 The Six Stages of the Multi Agency Investigation Process

1. Alert Process (initial through to formal alert)
2. Referral (decision to progress under the multi-agency procedures)
3. Strategy discussion or meeting
4. Investigation (Section 42 Enquiry under the Care Act 2014)
5. Case Conference and Protection Plan
6. Review & Case Closure

Stages 2 to 6 are briefly explained below. (For more detailed information see section 4.13 onwards)

3.2.1 Stage one -Raising the alert

Anyone should consider themselves a potential alerter.

3.2.2 An alert form a member of the public

(Including family members/unpaid carers)

If you are a member of the general public concerned about abuse of an adult please consider the following:

- Is the adult in immediate danger or at risk of harm?
- What is the nature of your concern?
- Is the adult able to give their consent to you before you raise your concerns with the relevant person or organisation?

3.2.3 If you are the victim of abuse

If you are being abused or neglected you will know that it may be hard to speak up and get help. You may be scared about what the person harming you may do if they find out you have spoken out. You may feel that the abuse is your fault. These are normal reactions to being abused.

- Remember that you deserve to live your life free from fear.
- Remember that people have managed to get out of abusive situations.
- Remember your abuser may need help.

3.2.4 Who should you contact?

Whether you are raising an alert on behalf of yourself or on behalf of another:

- You should speak with any of the agencies known to be involved in yours or the persons care or telephone the Stockport Direct Contact Centre: Telephone: **0161 217 6029**

Minicom: 0161 217 6024

Out of Hours: 0161 718 2118

Please contact the police immediately if you think a crime has been committed.

- In an emergency telephone **999**
- For all other matters telephone **101**
- Stockport Police 0161 8725050

3.3 Health, Social Care and Related Providers as Alerters

It is the responsibility of any individual or organisation who is affiliated to this policy and procedures to take action if they suspect abuse of an adult at risk. Once a suspicion, disclosure or allegation of abuse of an adult at risk, has been made, the receiver of this information, known as the alerter has a duty to report their concerns immediately. This should be to their line manager or volunteer organiser, with responsibility for the service. (If the line manager or volunteer organiser is the alleged or suspected abuser, the matter should be reported to a more senior manager within the organisation (see you own internal Whistle Blowing guidance).

If you are unsure who to speak to or wish to raise an alert please contact the Stockport Direct Contact Centre on **0161 217 6029.**

For general advice during office hours you can also contact the Adult Safeguarding and Quality Service on 0161 474 4600

3.3.1 Action for Alerters

Additionally it is the responsibility of the alerter or their line manager, either before or immediately after raising the alert to take the following steps when they first become aware of an abusive situation.

SPIRE
Safe
Preserve **I**nform
Record
Encourage

The following procedures apply to all organisations and their personnel who are engaged in any type of provision to adults at risk regardless of whether this is on a statutory, voluntary, independent or private arrangement.

Step 1 – Safe: Make sure the person is safe – this may mean calling emergency services if the person is in danger or requires medical treatment.

Step 2 - Preserve: Any evidence (if applicable) should be preserved e.g. DO NOT disturb or destroy any articles that could be used as evidence, **do not wash** the person unless this is associated with any first aid treatment that may be necessary. Similarly any clothing, bedding etc. should not be disturbed or washed.

Step 3 – Inform: Your line manager, if you have not already done so, or someone more senior if the allegation is against your manager. If there is evidence of a criminal act e.g. a physical assault, theft, neglect or sexual assault the manager should contact the police being careful to record and preserve evidence.

Step 4 – Record: The adult's views and wishes, any conversations or descriptions in the person's own words, date time and sign the record. If appropriate complete a body map recording any injuries to the individual.

Step 5 – Encourage: Reassure the adult at risk that they have done the right thing and that you are taking their concerns seriously. Advise them that you will be informing your line manager immediately.

3.3.2 Action for Alerter Managers

Three Steps the Line Manager should take when they are made aware of an abuse situation:

ACE
Address
Clarify
Escalate

Where the alleged abuse has occurred in a care setting the first responsibility to act must lie with the employing organisation as the provider of the service. The focus should be on prompting the well-being of the adult at risk once the allegation or suspicion has been raised with the line manager with responsibility for the organisation, s/he must decide without delay the most appropriate course of action.

It is the line mangers responsibility to consider the *Harm Levels Guidance* when deciding if the Adult at Risk falls within this policy & procedure i.e. meets the definition of an adult at risk as defined in the Care Act and make an alert to the Stockport Council Adult Contact Centre or the Pennine Care Access Team. A multi-agency response will be required for harm levels 4 and 5 Guidance and a single agency response for level 3.

For further information in relation to responding to abuse in a service setting please see Levels of Harm- Guidance

It is the responsibility of the line manager to:
Step 1 – Address the immediate needs of the situation:

- On receipt of any report or concern about possible abuse, ensure the immediate safety of the adult at risk or others.
- Ensure that forensic evidence is preserved.
- Contact the police if you think a crime may have been committed.
- Ensure accurate records of the allegation or suspicion to be obtained and recorded appropriately. These should be as contemporaneous as possible.
- Obtain the view of the adult at risk in respect of both their understanding of the situation and the action they would like taken and their desired outcomes. Managers must be mindful that if the adult at risk does not consent to an alert under this policy, this may be over ridden where there are implications for other adults at risk.
- Establish if an independent advocate is required and notify the Stockport Local Authority of this need immediately.
- Ensure a member of staff is allocated to attend to the needs of the alleged perpetrator if they are also an adult at risk.
- Contact the Care Quality Commission (CQC) if the person is in a regulated service.

Step 2 - Clarify

- Establish the facts and gather further information to inform the alert process.
- Deal with any Human Resources (personnel) issues i.e. suspension. If the alleged perpetrator is a member of staff refer to your own HR policy and procedure.
- Establish information sharing and confidentiality issues.
- Record further actions taken following the disclosure. Complete a body map if appropriate.

- If you are the manager in regulated service complete the necessary regulation requirements and inform CQC e.g. form 19 for abuse.
- Establish the views of the alleged victim and ascertain the desired outcome of any investigation.

Step 3 – Escalate to formal safeguarding alert (Section 42 Care Act 2014)

Following steps one and two and where the Line manager is satisfied the situation exceeds level two of the Harm Levels guidance a formal safeguarding alert must be made immediately.

To make an alert telephone **0161 217 6029** Stockport Adult Social Care Contact Centre (Office hours 8.30am-5pm Monday to Thursday, Friday 8.30am - 4.30pm)

Out of Hours Service (Adult Social Care) (operates when day offices are closed) telephone **0161 718 2118**

*Where criminal activity is suspected, the police must be contacted.

3.4 Host Local Authority Responsibility

You should contact Stockport Adult Social Care if the person is resident in Stockport even if the persons care is paid for by another authority. If this is the case you should also contact the 'funding' authority.

3.5 5 Information Adult Social Care/Police/CQC will need from you when making a Safeguarding Alert

- Personal details of adult at risk (name, address, date of birth, NHS number, ethnicity, current whereabouts, language spoken).
- Who you are and why you are involved.
- What happened, when and where?
- Details of alleged abuser(s) (name, address, date of birth) and relationship to adult(s) at risk.
- Are there any other people at risk including any children?
- Details of any other agencies involved.
- Is the adult at risk aware of the referral and have they consented?
- Remember – do not start investigating the incident(s) yourself until a strategy discussion.

3.6 Timescales

3.6.1 Alert stage:

Managers should respond to all alerts on the **same day** they are brought to their attention by making contact with Stockport Adult Social Care Contact Centre or Stockport Out of Hours Service outside of office hours.

When an alert is received by Stockport Adult Social Care Contact Centre, if appropriate it is passed on the **same day** to the relevant Social Work Team, Out of Hours Team or Pennine Care Access and Crisis Team or Adult Safeguarding and Quality Service.

3.6.2 Referral stage:

Following receipt of the alert the Adult Social Care Responsible Manager will make a decision on the same working day **whether or not immediate action is required and if it requires investigation under this policy and procedure** – if the alert does not meet the criteria for an investigation, the alerter should be notified of the decision.

3.6.3 Strategy Stage:

Strategy discussion/meeting– this is a planning meeting and should happen as soon as possible within **five working days of receipt of the alert**.

3.6.4 Inquiry/investigation stage:

Time scale for investigation is **25 days from receipt of the alert** to allow time for the collation of investigation information prior to the case conference.

3.6.5 Case Conference and Protection Plan stage:

Case Conference meeting. This meeting is to discuss the investigation findings and will happen within **28 days (four weeks) from receipt of the alert** to address the outcome of the investigation. If this time scale is not possible the reasons for any delay must be clearly reordered.

3.6.6 Review Stage:

Review meeting will be scheduled at the case conferences and may be required where the implementation of an adult protection plan requires monitoring (outside of the care management/care programme process)

3.7 7 Key issues affecting the decision to make an alert

A range of factors will be taken into account when deciding whether a case warrants further action to be taken under this policy and procedures, and include:

- Historical abuse – a decision will be taken as to whether this can be investigated under safeguarding, a general rule should be that cases are investigated as soon after the incident happens as possible; as vital evidence/witnesses may be lost if a period of time elapses.
- Individuals may disclose historical abuse to those involved in their care. In such cases the responsible manager will make a decision whether to investigate under the policy and procedure or address the disclosure with alternative appropriate social work interventions. The decision will involve the responsible manager weighing up the benefits of a safeguarding investigation and the implications of its outcome.

- Historical childhood abuse will not be investigated under this policy and procedures. Please support any adult at risk disclosing such abuse to access the appropriate channels e.g. Police and/or GP.

- The level of vulnerability and the risk to others in the same or similar situation.
- The views and informed opinions of staff in the partner agencies.
- The nature and extent of the alleged abuse.
- The impact of the abuse on the individual.
- The risk of repeated incidents or the risk of an escalation in the seriousness of incident.
- Has the adult at risks Human Rights been breached:

Article 2 - Right to life
Article 3 - Prohibition of torture, and inhuman and degrading treatment. Article 5 - Right to liberty and security of person.

3.8 Provider Managers/ Single Agency Response.

Where the line manager reaches the clear conclusion that the adult at risk incident does not need to be investigated under this policy and procedure (i.e. multi agency investigation), all subsequent action must comply with that set out in the **Harm Levels Guidance**. This will ensure the incident and the actions taken are appropriately recorded and/or investigated. .

For further information in relation to responding to abuse in a service setting please see Levels of Harm Guidance https://www.stockport.gov.uk/information-for-providers/harm-levels-guidance

Please note any level 3 investigation report must be submitted within 28 days of the alert being raised.

3.9 Responsibility of Providers Managers in Adult Protection Process

The general assumption is that registered providers and managers are judged to be fit **and where they are not implicated in the alleged abuse**, they will be pro-actively involved as partners in addressing the alleged abuse.

The registered manager of the service (where not implicated) will be expected to take the lead regarding any internal investigation process.

The registered manager/senior manager will be required to comment on the mental capacity of the alleged victim and/or perpetrators.

The registered manager/senior manager must ensure an independent advocate is available to support the adult at risk where required as defined under the Care Act 2014.

It is the responsibility of the registered manager/senior manager to inform CQC and report on any RIDDOR issues.

The registered managers/senior manager will need to provide any relevant additional information regarding the alleged victim and/or perpetrators.

It is the responsibility of the registered manager/senior manager to take the lead in interviewing all staff who may be relevant to the investigation. This may include those implicated, witnesses or those with particular knowledge of the victim and/or perpetrator.

It is the responsibility of the registered manager/senior manager to provide a formal report for consideration at case conference.

It is the responsibility of the registered manager/senior manager to engage in all six stages of the adult protection procedures including attending the strategy, case conference and review meetings.

It is the responsibility of the registered manager/senior manager to refer to the DBS where appropriate.

3.10 Staff Care

Involvement in adult protection work may be stressful for staff who need to empathise with victims and carers, confront abuse issues, resolve conflict and establish support and protection. It is important that the impact on staff is recognised and that they have appropriate opportunities for support through management or clinical supervision. If necessary, it should be possible to offer access to confidential independent counselling.

Where there is likely to be a risk to the personal safety of staff, managers must ensure that appropriate arrangements are made and recorded in line with the organisation's 'Violence to Staff' policy.

Staff who report allegations or suspicions of abuse should receive acknowledgement and support, especially where the abuse involves colleagues, and within the bounds of confidentiality, should be offered feedback on how their concern has been dealt with. Witnesses who are workers or volunteers may be permitted support or representation in accordance with their agency's procedures. Witnesses, who are relatives or unpaid carers, friends etc. may invite a friend or advocate on the basis such people are neither witnesses nor form part of an inquiry. In criminal investigations, witnesses may be entitled to legal representation

3.11 What to do if the person does not live in Stockport but is funded by Stockport LA/CCG

Where a person lives outside Stockport but Stockport retains responsibility for their service:

(a)) The procedures, which operate within the authority where the abuse occurred, will apply.

(b) Adult Social Care Stockport and CQC and the host authority, must be notified of any incidents of abuse/assault.

(c) The relevant Stockport Social Work Team may need to allocate a Social Worker to support the abused person.

3.12 What to do if the person lives in Stockport but is funded by another LA/CCG

If however, the person lives in Stockport but is funded by another authority, as the host authority Stockport Council will Co-ordinate and chair any strategy/other meetings. A decision about who is best placed to investigate such cases will be taken at the initial strategy meeting.

For further information on out of area safeguarding arrangements go to:
http://adass.org.uk/images/stories/Policy%20Networks/Safeguarding_Adults/Key_Documents/ADASS_GuidanceInterAuthoritySafeguardingArrangementsDec12.pdf

3.13 What to do if the person does not fit the definition of an Adult at Risk

It is recognised that not all circumstances involving adults will fall within the definition that invokes this policy and procedure (i.e. Adult at risk has known care and support needs). Some adults however, may still be at risk from harm and/or abuse from others because of other factors such as lifestyle choices, homelessness, exploitation, drug and alcohol misuse etc.

The decision to carry out a safeguarding enquiry does not depend on the person's eligibility, but should be taken wherever there is reasonable cause to think that the person is experiencing, or is at risk of, abuse or neglect and because of their care need are not able to protect themselves from the abuse or neglect. Where this is the case, a the Local Authority must carry out (or request others to carry out) whatever enquiries it thinks are necessary in order to decide whether any further action is necessary

As such we have a duty to consider anyone being abused and their desired outcomes regarding the abuse, ensuring that an appropriate outcome is achieved. This may result in a needs assessment and subsequent provision of services under section 18 or 19 of the Care Act or the provision of preventative services under section 20 or information and advice under section 4 of the Care Act, such as a referral to Multi Agency Adult At Risk System (MAARS) Targeted Prevention Alliance (TPA).

3.14 The Prevention of Abuse and Promotion of Standards for a Safer Service

To ensure a safer service is created all agencies/organisations will need to develop their own guidelines, which will address the following standards:

- Rigorous Recruitment and Selection which will facilitate effective intervention to recruit the best staff, and prevent the recruitment of abusers. Disclosure and Barring Schemes check will also form part of this.
- Services that are person centred, promote well-being, reflective, pro-active and open to question, observation and change.
- Safeguarding adults at risk be is embedded in the culture of all organisations.
- The Adult at Risks wishes, feelings and desired outcomes are central to all action taken.
- Investigations of allegations of abuse are immediate, consistent and transparent.
- Disciplinary Procedures are compatible with the responsibility to protect adults at risk.
- Procedures exist for reporting to the police when allegations of criminal behaviour are made against staff.
- Internal guideline which relate to this policy and procedure for adult safeguarding/protection.
- Commissioners and purchasers of services will ensure that adherence to the standards of a safer service are part of the contract.
- A 'whistle blowing policy' to support and protect staff making complaints, allegations or expressing concerns about abuse.

- Operational guidelines ensuring best evidence based practice to deal with:

(i) Challenging behaviour
(ii) Personal and intimate care
(iii) Physical intervention (control & restraint)
(iv) Sexuality
(v) Medication
(vi) Handling of adult at risk money
(vii) Risk Assessment and Management

- A code of conduct that sets unambiguous boundaries for staff/service user relationships and states that a sexual relationship that develops between a service user and a member of staff will always be regarded as abuse.

- A policy for dealing with staff who behave in a way in their personal life that may have an effect on their ability to work with adults who are vulnerable.

- Ensuring that users, carers and the public are aware of the Policy, Procedure and Guidance through a variety of different communication mechanisms.

- All staff receive on-going personal training and development and are regularly supervised.

- All staff to receive specific training in relation to adult safeguarding/protection.

Part 4 – Operational Procedures for Investigating Adult Abuse

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4.1 1 Introduction

Safeguarding Adults at risk is everybody's business. The Care Act 2014 places a duty on all relevant partners to ensure that all safeguarding work is underpinned by the principles of the Care Act,

Empowerment
Prevention
Proportionality
Protection
Partnership
Accountability

There is also the requirement for all partners to co-operate with each other and the Local authority (as lead agency as defined in the Care Act). This will ensure clarity of roles and responsibilities, a timely and effective response to and prevention of abuse and or neglect of adult at risk.

The Care Act 2014 places a duty on Local Authorities to make safeguarding enquires or cause others to do so if they reasonably suspect an adult,

- **has needs for care and support (whether or not the Local Authority is meeting any of these needs) *and*;**
- **Is experiencing, or at risk of abuse or neglect; *and***
- **as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect**

The Care Quality commission (CQC) is the regulatory body responsible for the inspection and regulation of health and social care services. Their regulatory role includes all aspects of the adult protection process.

It is the role of all regulated and inspected providers to engage appropriately with any work identified as part of the adult protection process.

4.2 Statement of Risk and Staff Support

Risk in life is unavoidable. Adults at risk should be supported to engage in the type of risk related behaviours all adults are entitled to take. However a balance is required to ensure unacceptable risk taking does not outweigh our legal duty of care to intervene to protect those we work with.

Risk assessments are essential tools for professionals to use in determining risk. Any assessment of risk should include consideration of all factors which may contribute to abuse. Staff should adhere to their own policy and procedures relating to Risk Management and Assessment, and record on the relevant documentation.

4.3 Non Engagement of an Adult at Risk in Adult Protection (Including those who Self-Neglect.)

Not all adults at risk will want to engage with the adult protection process. There may also be situations where professional intervention may be restricted or prohibited due to the limitations of our statutory powers. This may result in some cases where adults who appear to be vulnerable are left at risk in unsafe situations. Even when a high-risk situation has been identified, staff may often

find that they have no basis to intervene positively because the adult and or carer have exercised their right and have the mental capacity to refuse all help and intervention.

Where it has been established that the adult at risk has mental capacity and does not consent to an investigation staff should be mindful that the adult at risk may be subject to threats, intimidation or coercion and should be offered the opportunity to discuss their decision in a safe environment.

In most cases of high risk self-neglect situations a multi-agency strategy meeting will be required. The purpose of which will be to share information, explore mental capacity issues and identify and acknowledge risks with colleagues from other agencies.

The adult at risk will be central to any further exploration of the risks with a view to acknowledging risk and/or reducing potential harm. The adult at risk will be supported to identify their desired outcomes and provided with copy of the risk assessment.

Additionally it is recognised that where there are justified suspicions of abuse occurring but no real evidence is available this can cause distress for the staff involved who may require on-going support to enable them to continue to operate within an abusive situation.

4.4 Staff Support with regard to Adult at Risk Non Engagement

In difficult situations such as those described above staff are entitled to expect and receive management support. Every effort should still be made through multi-disciplinary working to protect the adult at risk as far is possible and all decisions taken in these cases should be fully recorded.

4.5 Capacity and Consent

All people should be supported to live as independently as possible, making their own decisions about their own lives, thus requiring the minimum necessary intervention from the state.

In every situation it will be assumed that a person can make their own decisions unless it is evident that they are unable to do so. This principle of assumption of capacity is enshrined in the Mental Capacity Act 2005 and is the first of the five key principles.

The Mental Capacity Act 2005 is statutory and demands full adherence from all involved in the adult safeguarding /protection process.

The Mental Capacity Act 2005 sets out a statutory definition of capacity:

“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 a **matter** because of an impairment of, or a disturbance in the functioning of the mind or brain”.

Capacity Assessments should follow the two stage test for capacity set out in the Mental Capacity Act 2005 and the Code of practice Chapter 4 Therefore a person lacks capacity if:

- they have an impairment or disturbance (for example, a disability condition or trauma) that affects the way their mind or brain works,

and

- the impairment or disturbance means that they are unable to make a specific decision at the time it needs to be made.

To reiterate this means that the issue of capacity is **time** and **decision** specific. It is no longer acceptable to class someone as 'not having capacity'.

In an adult protection investigation the responsible manager must be satisfied that the capacity of the adult at risk been established and whether or not the adult at risk has consented to the adult protection investigation.

Where it is established that the adult at risk does not have capacity to consent a best interest decision must be made and documented before the adult protection investigation proceeds. This action could be addressed at the point of strategy meeting if the issue of capacity has not been established pre-strategy meeting.

There may be more than one decision relating to the adult at risk in relation to the adult protection investigation and each decision should be addressed on an individual basis i.e. the adult at risk may not have the capacity to make a decision about where they live and the care and treatment they require but they may be able to consent to being interviewed about an alleged abuse incident.

In circumstances where it is assessed the an adult at risk lacks the capacity to make a decision about the adult protection investigation the responsible manager should be satisfied that in assessing the individual every reasonable effort has been made to assist their understanding of the situation and their wishes have been communicated to the investigation. This may require arranging an advocate or an interpreter where necessary. It is important to start from the assumption that the adult at risk is trying to find some way of communicating their wishes, rather than that they cannot do so.

In any circumstance where an adult at risk is assessed as not having the mental capacity to consent to the adult protection investigation, consideration must be given to the involvement of an Independent Mental Capacity Advocate (IMCA).

4.6 Confidentiality

All organisations and staff involved in the commissioning or provision of health or social care have a common law duty to maintain confidentiality with regard to personal information.

In most circumstances, information given in confidence should only be used for the purposes that the person has consented to. Information is considered to be confidential where it is reasonable to assume that the person believed this to be so. It is accepted that this applies equally to personal information about service users and staff.

It is accepted, however, that the sharing of information for use within a care/medical team about an adult at risk can be implied without necessarily having been obtained explicitly.

All agencies working to this policy and procedures are working under the duties as set out in the Care Act 2104 and are therefore committed to sharing information to protect adults at risk from abuse. Public bodies still however need to adhere to the principles of Data Protection and those set out in the Caldicott review 2013 and will only share information on a **need to know** basis. Where information is shared this should be the minimum necessary that is adequate and appropriate for the purpose needed.

If an adult at risk withholds consent to the sharing of information, this may only be overridden where it can be justified to do so in the public interest. This may arise, for example, where there is a concern that other adults at risk and/or children may be at risk or where it is considered that the adult at risk does not have the mental capacity to make decisions regarding sharing information or criminal activity is suspected.

Where the adult at risk declines to consent to the sharing of information regarding what has happened to them, the decision to share this information remains with the appropriate agency. The adult at risk should be informed by the appropriate agency of the reasons why they have decided to share the information, which should be recorded in full and on the appropriate documentation.

Where there is an overriding public interest that would justify sharing of information the person sharing the information may need to consult the appropriate Caldicott Guardian for further information please see

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200147/Confidentiality_-_NHS_Code_of_Practice_Supplementary_Guidance_on_Public_Interest_Disclosures.pdf

4.7 Ownership of Information

All adult protection meeting minutes should contain the following disclaimer:

Please note that these minutes are private and confidential and remain the property of Stockport Council. These minutes are not to be disclosed to any other parties, used or redistributed without explicit consent from the Responsible Manager (Chair).

4.8 Sharing of Investigation Information

4.8.1 Check List

Decisions about sharing information need to be taken on a case by case basis.
Therefore before you share information you need to ask yourself the following questions:

(a)Do I have the permission of the adult at risk to disclose personal information?

If not:

(b) Do I have the legal authority to disclose this information?

(c) Is a Best Interest Decision required under the Mental Capacity Act 2005?

(d) Is there a duty to protect the wider public interest, are other people at risk?

(e) Am I proposing to share information with due regard to both common and statute law?

(f) Do I have the correct level of seniority to disclose this information?

(g) Have I completed all the relevant documentation/recording in relation to the above considerations?

Where there is uncertainty about withholding or sharing information, guidance should be sort from a senior manager and/or Legal Services or Adviser/ Data Protection and Access to Records Coordinator or Caldicott Guardian.

4.8.2 Sharing of Adult Protection Meeting Minutes/information

Please refer to 'The Responsible Manager and Administrative Support Service Guidance' in related documents.

Family members, solicitors and/or friends of the adult at risk do not have an automatic legal entitlement to all safeguarding records, investigation information and minutes.

Any information shared must be with the consent of the adult at risk. If the adult at risk lacks the mental capacity to consent a best interest decision will be required. Any information shared must be on a need to know basis and include an assessment of the validity of the request .If unsure speak to the relevant Data Protection and Access to Records Coordinator, before making any disclosure.

4.8.3 Sharing of Strategy Meeting Minutes

Minutes and additional Information such as statements or other evidence discussed at the strategy meeting, in most cases should not be shared outside of the invitees or attendees of the strategy meeting.

There is a distinction between information regarding allegations of abuse and other types of information held by Adult Social Care/Pennine Care NHS Foundation Trust such as care management information. This distinction relates to the sensitivity of the information for both the alleged abused and the alleged abuser.

In addition the professional methods of investigation employed by the investigators are not appropriate to share with adults at risk or third parties.

Strategy meetings are professional meetings which will include detailed discussions regarding the investigation process. Therefore the minutes should not be shared with the alleged victim and/or their representatives or following a third party request.

Exceptions to the above:

- Court request (Criminal/Coroner/Court of Protection)
- Request for information by Disclosure and Barring Service
- A Subject Access Request under the Data Protection Act

Following such a request please contact the responsible manager for the specific investigation who can liaise with the Data Protection and Access to Records Coordinator telephone: **0161 474 4299.**

4.8.4 Sharing of Case Conference minutes

All attendees and invitees will receive a copy of the case conference minutes from part 1 of the meeting.

Adults at risk are entitled to a verbal or written summary from (part1) of the case conference, if requested by the Adults at risk, or as part of the communication strategy as agreed at the case conference. The adult at risk's identified representative will be sent a copy of the summary with the consent of the adult at risk or if a best interest decision has been made under the Mental Capacity Act or as part of the communication strategy as agreed at the case conference.

Minutes from (part 2) of the case conference will be sent to the adult at risk and or representative automatically where they have attended. Where the adult at risk or representative have not been in attendance minutes will be sent with the consent of the adult at risk or if a best interest decision has been made under the Mental Capacity Act to share the minutes or as directed by the communication strategy as agreed at the case conference. Information provided needs to be in a format commensurate to the needs of the adult at risk.

Please note perpetrators of abuse whether they are an adult at risk/service user or an employee are covered by the Data Protection Act. Consequently the sharing of any identifiable information about them that may appear in the minutes must be appropriately redacted.

4.8.4 (i) Levels of Harm Investigatory and Panel Information.

Harm leaves panel investigatory report and feedback will not be shared outside of the panel attendees. Adults at risk and or their representative are entitled to a verbal or written summary if requested.

4.8.5 Sharing with The Care Quality Commission

As per the CQC *Our Safeguarding Protocol - February 2013, t*he outcome of all safeguarding investigations including reports and action plans must be shared with CQC where it relates to a regulated service, whether or not CQC have been directly involved in the assessment or investigation process.

Therefore all adults protection meeting minutes relating to a regulated service will be shared with the CQC. The minutes must be encrypted and password protected before being sent to CQC central email address

For further details of the CQC protocol go to:
http://www.cqc.org.uk/sites/default/files/media/documents/20130123_800693_v2_00_cqc_safeguarding_protocol.pdf

4.8.6 Sharing with the Disclosure and Barring Service

In most cases it will be the responsibility of the perpetrator's employer to refer to the DBS for consideration for barring. It is appropriate to share minutes with the DBS as they will form part of the evidence for consideration in their decision whether to bar. However it is important to remember that the minutes remain the property of Stockport Council and should only be shared with the DBS in a redacted format and as agreed with Stockport Council.
There is a legal responsibility under the Vulnerable Groups Act 2006 to share information with the barring authority. The responsible manager should ensure that employers of witnesses to adult abuse are made aware that Stockport Council cannot guarantee anonymity when sharing safeguarding information with the DBS. The DBS will share all safeguarding information including witness statements with the perpetrator to allow them an opportunity to present a defence before the DBS makes a final decision to place them on the barred list.

The principle is that we disclose fully but with the proviso that there may be a need (e.g. to protect an anonymous Alerter, prevent unnecessary disclosures of investigation processes), whereby there is some redaction required.

Some perpetrators will automatically be barred following a related criminal conviction. (Please go to: www.gov.uk/government/.../disclosure-and-barring-service for more information

4.8.7 Sharing with the Coroner's court

All coroner's inquests are held in public in accordance with the principle of open justice. The record of the inquest including evidence provided to the inquest becomes a matter of public record. The coroner has the right to request information obtained during a safeguarding investigation and services have a duty to assist the coroner's court with their inquiries.

Following discussion with the coroner for Stockport the following process has been agreed to deal with such information requests.

It is the role of the responsible manager in relation to a an open safeguarding case where the alleged victim has died, immediately before, at the point of the referral or during the investigation process, to contact the Coroner's Office via email to inform them that the deceased person is subject to the safeguarding policy and procedures. This will ensure a clear understanding of roles and responsibilities when an adult at risk has died.

Any request by the coroner's officer for the release of safeguarding information will be made in writing via the Adult Social Care Contact Centre or Pennine Care Access and Crisis Team. They will direct the information request to the relevant responsible manager. The responsible manager will seek advice from legal services and/or the data protection coordinator and should consider where the disclosure of particular information has the potential to place an individual at risk of harm if heard in open court.

4.8.8 Sharing with the Police

Information relating to abuse of an Adult at Risk will be shared with the police where they have been invited, or in attendance at the associated meeting.

In incidences where the police request information relating to abuse of an Adult at Risk; Information can be shared under Section 29 Data Protection Act 1998 for the stated purposes of preventing crime or catching a suspect.

The police are also entitled to make requests for information under section 29 (Crime and Taxation) Data Protection Act 1998.

The existing exemptions do not cover the disclosure of all personal information, in all circumstances. It only allows the release of personal information for the stated purposes and only if not releasing it would be likely to prejudice any attempt by police to prevent crime or catch a suspect

4.8.9 Sharing of information with Independent advocate

The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority has a duty to arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

To support the adult at risk understanding the safeguarding process and outcome the independent advocate will be privy to the relevant safeguarding information and associated the minutes from case conference part two.

4.9 Use of independent advocates, Interpreters, Signers and other Communication Specialists

4.9.1 Use of independent Advocates

Under the Care Act 2014 all Local authorities have a duty to involve people in decisions made about them and their care and support or where there is to be a safeguarding enquiry or Safeguarding Adult Reviews. Involvement requires the local authority helping the person at risk to understand

how they can be involved, how they can contribute and take part and sometimes lead or direct the process.

People should be active partners in to any enquiries/investigations in relation to abuse or neglect. No matter how complex a person at risks needs are, the local authority is required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions.

The duty to involve the adult at risk applies in all settings, including for those people living in the community and in care homes.

Use of Advocacy - The local authority must form a judgment about whether a person at risk has substantial difficulty in being involved with these processes. If it is thought that they do, and that there is no appropriate individual to support and represent them for the purpose of facilitating their involvement, then the local authority must arrange for an independent advocate to support and represent the person.

Many of the people who qualify for advocacy under the Care Act 2014 will also qualify for advocacy under the Mental Capacity Act 2005. The same advocate can provide support as an advocate under the Care Act and under the Mental Capacity Act. This is to enable the person to receive seamless advocacy and not to have to repeat their story to different advocates. Under whichever legislation the advocate providing support is acting, they should meet the appropriate requirements for an advocate under that legislation.

Please note that if a safeguarding investigation needs to start urgently then it can begin before an advocateis appointed but one must be appointed as soon as possible.

For further information regarding the Independent advocate service for Stockport Safeguarding investigations please see the related documents section.

4.9.2 Use of Interpreters, Signers and other Communication Specialists

All agencies need to ensure they are able to communicate fully with an adult at risk and witnesses and ensure that family members and professionals fully understand the exchanges that take place. The use of interpreters, signers or others with special communication skills must be considered when undertaking inquiries involving one or more of the following:

- Alleged victim and/or family members for whom English is not the first language
- Those with a hearing difficulty
- Those with a visual impairment
- Those whose disability impairs speech
- Those with specific language or communication disorders
- Those with severe or emotional behaviour difficulties.

Family members **should not be used** as interpreters within the interviews, although they can be used to arrange appointments and to establish communication needs.

However formal or informal the interviewing arrangements are, it is important that the adult at risk believes that he/she has been heard and taken seriously. Every effort should be made to enable an adult at risk to tell his/her story directly to those undertaking inquiries.

The interpreters' role in translating direct communications is not to act as representative to the victim /family. The interpreter must translate the words that are used by the adult at risk and the question put by the interviewer - especially critical for sexual abuse allegations.

It may be necessary to seek further advice from professionals who know the adult at risk well. Suitable professionals are likely to be drawn from the following groups:

- Speech and Language Therapists
- Professional translators (including people conversant with British Sign Language)
- Staff from the Community Mental Health Team (CMHT)
- Specific advocacy/voluntary groups
- Social Workers/Community Nurses specialising in working with adults at risk with disabilities.

4.10 The Service User as the perpetrator

Abuse between adults at risk is still abuse even if the perpetrator lacks the mental capacity to understand what it is they have done. This is because the recipient of the abuse will experience the abuse regardless of who the abuse is perpetrated by.

If the alleged abuser is a vulnerable adult then information about his or her involvement in an adult protection investigation, including the outcome of the investigation, should be included on his or her case records in line with service guidance and practice.

If it is assessed that the vulnerable adult continues to pose a threat to others, then this should be included in any information that is passed on to service providers.

4.11 Carer Stress

It is acknowledged that abuse may have occurred due to carer stress. Whilst the outcome for the adult at risk is the same, the meeting should consider how services could be commissioned to alleviate pressures etc. The Police must be involved if the abuse is potentially criminal and likely to continue regardless of service input. Sharing of information must take place within agreed protocol.

4.12 Roles and Responsibilities

4.12.1 Stockport Council Adult Contact Centre and Pennine Care NHS Foundation Trust Access Team

The majority of alerts for adults at risk with the exception of adults under 65yrs with an enduring mental health condition should be progressed via the Adult Contact Centre.

The majority of alerts for adults at risk under 65yrs with an enduring mental health condition should be progressed via the Access Team within the Pennine Care NHS Foundation Trust.

All adults at risk with early onset dementia should be progressed via the Adult Contact Centre.

The only exceptions to the above process will relate to alerts that are raised directly with any currently allocated worker.

To enable the responsible manager to respond appropriately the access point will establish with the alerter:

- That the **alleged 'victim'** meets the definition for an **Adult at Risk**.

- That the adult at risk has consented to the adult protection alert being made and any subsequent related investigations.
- With regard to the alleged victim establish where possible:
- What their view of the situation is and what outcome they would like to see
- Their personal details and social circumstances
- Services they received and agencies in contact with them
- Details of the alleged abuse
- Other events giving rise to concern
- The alerter's view of immediate danger to the vulnerable person.
- Check records for previous contacts and interventions
- With regard to the Alleged Abuser (s) establish where possible:
- Relationship to the Adult at risk
- Do they live with the Adult at risk
- Disability and capacity of the alleged abuser
- Likelihood of further contact with alleged victim or to other adults at risk
- Risk to other people/children
- Services received and agencies in contact • Alerter's judgement of the situation.
- **Establish where possible other Key Information:**
- Action already taken by alerter
- Perceived risk to others
- Other agencies already involved
- Immediate action that the referrer thinks is necessary
- Action taken by health services
- Police involvement
- Other agencies involved in the identification of
- Establish is the alerter requires feedback regarding the alter
- Clarify any details on the alert which may not be clear, to enable the responsible manager to progress alert to the referral stage
- Offer support and information to alerters in cases that do not meet the criteria
- Assign the alert to responsible team.

4.12.2 Host Authority Responsibilities

Stockport Adult Social Care or Pennine Care NHS Foundation Trust has the responsibility for the coordination of any adult protection investigation where the alleged abuse occurred within the Stockport boundaries. The placing authority details will need to be ascertained at the point of alert as the placing authority retains the overall responsibility for the care needs of the alleged victim and/or abuser.

For further information see the ADASS protocol:

http://adass.org.uk/images/stories/Policy%20Networks/Safeguarding_Adults/Key_Documents/ADASS_GuidanceInterAuthoritySafeguardingArrangementsDec12.pdf

4.12.3 Out of Hours/Emergency Duty Team

The Out of Hours Referral and Information Officer should upload the alert information onto Carefirst and bring to the attention of the Out Of Hours Social Workers. The seriousness or extent of the abuse should be assessed in relation to the immediate risk to the adult at risk and any other vulnerable adults and children at immediate risk.
Consider what cannot wait for the area teams to pick up?

- Is there a need for an immediate place of safety?
- Are the police required?
- Is action required to preserve any forensic evidence?

Out of Hours must record any decision or actions taken on the Carefirst computer system or relevant reporting systems for Pennine Care NHS Foundation Trust.

4.12.4 Community based and Hospital based Health Staff

To raise safeguarding adult alerts, attend safeguarding adult meetings, contribute to investigations and lead on safeguarding adult investigations where appropriate.

The Serious Incidents reporting system **does not remove** the need to make a Safeguarding Adults alert to the Local Authority. The two processes should, where required, run parallel to each other.

4.12.5 The Care Quality Commission

CQC's function in response to safeguarding concerns is primarily, as a regulator, to ensure that commissioners and providers of care have adequate systems in place to ensure the safety of adults at risk and promote compliance with the essential standards of quality and safety.

The main areas of partnership working in which CQC may be involved in local Safeguarding Adult procedures:

- Information sharing.
- Safeguarding adult meetings.
- Local safeguarding boards.
- Serious case reviews.

CQC is the statutory regulator and should be informed of any concern about adult safeguarding/protection within a regulated service. All safeguarding minutes must be shared with relevant regulatory inspector.

4.12.6 The Disclosure and Barring Service (DBS)

The DBS do not investigate the cases referred to them under the Vulnerable Groups Act 2006. They make a decision to bar an individual from working with children or adults at risk based on the information sent to them. Therefore it is essential that any investigation is thorough and provides DBS with adequate information.

4.12.7 The Police

- Is to investigate crime. Under this policy any police investigation will take primacy. If the police are the lead investigating organisation, they will conduct interviews in a way to achieve best evidence under the provisions of the Youth Justice and Criminal Evidence Act 1999 (PACE)

- Is to ensure that the responsible manager of the safeguarding process is kept informed of the police investigation and outcome.

- Is to attend safeguarding adult meetings as appropriate and contribute to the outcome of any investigation

4.12.8 The Coroner's court

A coroner's inquiry considers violent or unnatural death, sudden death of unknown cause and deaths which have occurred in prison/custody.

The purpose of the coroner service when a death is reported is to:

- establish whether a coroner's inquest is required
- establish the identity of the person, and how, when, and where they came by their death.
- assist in the prevention of future deaths; and
- provide public reassurance.

In specific cases where a death has been reported to the coroner and an inquest is to be held and an allegation of abuse has been alleged, the responsible manager should liaise directly with the coroner's office before proceeding with a safeguarding investigation.

4.12.9 The Responsible Manager

A responsible manager under this policy and procedure is one of the following:

- Adult Safeguarding and Quality Team Manager
- Adult Social Care Team Manager/ Integrated Neighbourhood Lead
- Pennine Care Team Manager
- Integrated Neighbourhood Team Nurse (Band 6,7&8)
- Pennine Care Deputy Team Manager
- Adult Social Care Assistant Team Manager/Integrated Neighbourhood Team
- Adult Social Care Senior Practitioner
- Pennine Care Service Manager
- Adult social Care Service Manager
- Adult Safeguarding and Quality Service Manager

It shall be the decision of the responsible manager to assess and where appropriate progress the alert to a referral, or to close down. Following further consideration, the referral stage is the acceptance by the responsible manager to either progress the referral under this policy and procedures to a strategy meeting/discussion or to close the referral down.

It is the responsibility of the responsible manager to ensure an Inquiry Officer is appointed as soon as possible.

It is the responsibility of the responsible manager to ensure that an independent advocate is appointed where the adult at risk has substantial difficulty in being involved in the safeguarding process and there is no one suitable to support the adult at risk.

When assessing the seriousness or extent of abuse the responsible manager will take into consideration:

- The **vulnerability** of the adult at risk
- The **extent** of the abuse
- The **length of time** it has been occurring
- The risk of **repeated or increasingly serious** acts involving this or other adult(s) at risk.

It is the role of the responsible managers to convene and chair all meetings held under this policy and procedures. It is the role of the responsible manager to ensure the investigation is completed within the timescales stated within this policy. If timescales are not met the reasons why should be recorded as part of the strategy and/or case conference minutes; for the purpose of audit by ASC and CQC.

Time Scales

- **Immediate** action must be taken following an alert to safeguard anyone at immediate risk.
- A decision to progress an alert to a referral must be made within the **same working day.**
- Strategy meeting should be convened as soon as possible within **five days** of receipt of the alert.
- The investigation should be completed within **25 days of the alert.**
- A Case Conference meeting date must be set within **28 days** of the alert to address the outcome of the Investigation
- Review dates if required must be set at the Case Conference

It is the role of the responsible manager where the alleged victim has died immediately before, at the point of the referral or during the investigation process, to contact the Coroner's Office via email to inform them that the deceased person is subject to the safeguarding policy and procedures. This will ensure a clear understanding of roles and responsibilities when an adult at risk has died.

4.12.10 The Inquiry Officer

An Inquiry Officer under this policy and procedure is one of the following:

- Social Worker (Adult Safeguarding and Quality Team)
- Social Worker (Adult Social Care Community Team/Integrated Neighbourhood Team)
- Nurse Integrated Neighbourhood Team
- Community Learning Disability Nurse
- Community Psychiatric Nurse (Pennine Care)
- Occupational Therapist (Pennine Care)

An Inquiry officer will have completed the appropriate Inquiry Officer training or be deemed by their manager to have the knowledge and skills to carry out an investigation with management support:

The inquiry officer where appropriate will conduct preliminary inquiries with the alleged victim to ascertain consent, capacity and clarification of the allegation.

The inquiry officer is responsible for planning, completing and coordinating the adult safeguarding/protection investigation. In most cases the Inquiry Officer will take the lead role in the investigation where the abuse has taken place in a family/wider community setting and there is no criminal investigation being undertaken by the police.

The inquiry officer maybe required to carry out a formal Mental Capacity assessment in line with the Mental Capacity Act 2005 if required.

The inquiry officer may be required to take on the role of ***Decision Maker*** as defined under the Mental Capacity Act. In doing so they will need to act in the adult at risks ***Best Interest*** and follow the guidelines as set out in the Mental Capacity Act code of practice.

For the full code of practice go to:
http://webarchive.nationalarchives.gov.uk/+/http:/www.justice.gov.uk/docs/mca-cp.pdf

Where required the inquiry Officer will make the referral to **Independent Mental Capacity Advocate Service.** http://www.advocacyexperience.com/our-services

IMCA - Independent Mental Capacity Advocate.

There is a legal requirement under the Mental Capacity Act 2005 to consider the instruction of an IMCA for an adult at risk who is the focus of adult protection processes that includes protective measures and that person lacks capacity to make decisions about their own safety. The need to instruct a local IMCA should be considered at the strategy meeting stage and the outcome minuted. The power to appoint an IMCA for the purposes of adult protection is not dependant on the person being unbefriend.

See http://www.scie.org.uk/publications/guides/guide32/files/guide32.pdf

Interviewing

It is the responsibility of the Inquiry officer to interview and consult with those persons identified at the strategy meeting.

It should not be assumed because the person lacks capacity to consent to the investigation they cannot be interviewed about what has happened to them. The decision regarding who and how to interview should be discussed and addressed at the strategy meeting.

It is the responsibility of the inquiry officer to interview and support through the interview process, both the adult at risk and the person allegedly causing harm where that person is an unpaid carer or another service user.

Where alleged abuse occurs in a service setting or where commissioned services are implicated in the abuse, a senior manager from that provider service will lead in interviewing staff members.

The inquiry officer will work alongside a Quality Assurance Officer from the Adult Safeguarding and quality service to offer guidance and support to the senior manager conducting the investigation. A thorough investigation process requires a commitment to joined up working to ensure a robust inquiry which is in keeping with the requirements of the Care Act 2014.

It is the responsibility of the inquiry officer to attend and contribute to all safeguarding meetings.

It is the responsibility of the inquiry officer to ensure appropriate recording whether electronically or paper based.

It is the reasonability of the inquiry officer to provide a written report of the investigation and its outcome for consideration at the case conference.

The inquiry officer should complete the first draft of the protection plan for consideration at case conference.

It is the responsibility of the inquiry officer to liaise with the alleged victim and/or their representative regarding:

- Attendance at case conference (part 2).
- Progression of the investigation as it occurs.
- Details of the investigation outcome.
- The opportunity for independent feedback on their experience of the Adult Protection process via the Service User Evaluation questionnaire.

4.12.11 The Adult Safeguarding and Quality Service –Quality Assurance Officers

To assist the process of investigation where there is a contracted provider service implicated.

To participate in the strategy discussion/case conference meeting as appropriate and contribute to the outcome of the safeguarding outcome.

To visit the service where required on an unannounced basis.

To provide a written report relevant to their findings.

Quality Assurance Officer will hold responsibility for the examination of:

- Service User care records
- Staff personnel files
- Staff rotas
- Staff Training records
- Environment (Residential Settings).

Quality Assurance Officers will work with provider on improvement plans devised as part of the safeguarding process to ensure quality care and contract compliance.

4.12.12 Adult Social Care/Pennine Care NHS FT Senior Managers

The responsibility for adult protection measures remains the responsibility of the relevant teams.

The role of senior management is to support the adult protection process and to ensure effective implementation of this policy and procedure.

Senior managers may be required to be the responsible manager in specific adult protection meetings, serious concerns about a service meeting.

4.12.13 Providers Managers

The general assumption is that registered and non-registered provider managers are judged to be fit **and where they are not implicated in the alleged abuse**, they will be pro-actively involved as partners in addressing the alleged abuse.

The manager of the service (where not implicated) will be expected to take the lead regarding any internal investigation process.

The manager/senior manager will be required to comment on the mental capacity of the alleged victim and/or perpetrators. It is the responsibility of the manager/senior manager to inform CQC, where appropriate and to report on any RIDDOR issues.

The manager/senior manager will need to provide any relevant additional information regarding the alleged victim and/or perpetrators. It is the responsibility of the manager/senior manager to take the lead in interviewing all staff who may be relevant to the investigation. This may include those implicated, witnesses or those with particular knowledge of the victim and/or perpetrator.

It is the responsibility of the manager/senior manager to provide a formal report for consideration at case conference.

4.13 Operational Procedures

The following paragraphs describe the key stages of the procedure. The precise actions necessary in any individual case will vary according to the circumstances and therefore the stages may overlap depending on how the investigation develops.

4.13.1 Actions prior to Strategy meeting

The safeguarding procedure should be person-centred and compliant with the principles of making safeguarding personal, therefore

- Is a risk assessment/action plan required before the strategy meeting to prevent any further abuse occurring,
- Establish with the adult at risk and or the representative what their desired outcomes and actions are in relation to the safeguarding issue presented.
- Consider if a crime has been committed

The Responsible Manager will appoint an Inquiry Officer.

The responsible manager will liaise with the Police and Coroner's Office where required before any pre-strategy visit is undertaken if the allegation is a potential crime. The adult about whom there is a concern should be supported in a way which does not jeopardise any investigation or criminal prosecution

Where appropriate the inquiry officer will conduct a first stage strategy visit to the adult at risk to ascertain capacity, consent and clarification of the allegation. The inquiry officer will ascertain if there is any specific communication requirement and need to appoint an independent advocate (see

section 4.9) Inquiry officers should meet with interpreters first to explain the nature of the inquiry and clarify any issues.

It is essential that the inquiry officer is person-led and outcome focused, and holds effective discussions with the adult at risk or their representative to confirm the causes for concern and agree the outcomes wanted and desired action to be taken. Such practice by the inquiry officer engages the adult at risk in conversation about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control as well as improving quality of life , well-being and safety.

The adults risk and or their representative should be offed the opportunity to meet with the inquiry officer if they wish to do so, so that they can tell the relevant professionals first-hand what has happened and what outcomes and action they would like to see. It is essential that the inquiry officer has taken all reasonable steps to ascertain the views of the adult at risk and or their representative and to convey these at the strategy meeting.

4.13.2 Capacity of the Adult at Risk

The inquiry officer will always start from an assumption that the adult at risk has the capacity to make the decision to engage or decline involvement in the investigation. Where there is doubt regarding capacity to make the decision the two stage test must be used followed by the four stage assessment (understand the question, retain information, use or weigh information and communicate decision).

4.13.3 Consent to the Investigation

To give valid consent the adult at risk needs to understand what they are consenting to i.e. the investigation process. Consent must be given voluntarily and freely without pressure and undue influence being exerted on the adult at risk to either engage or decline involvement in the investigation.

Such pressures can come from partners, carers or family members, as well as health or social care professionals. Inquiry officers should be alert to this possibility and where appropriate arrange to see the adult at risk on their own to establish that the decision is truly that of the adult at risk.

4.13.4 Use of the Process Leaflet

The first stage strategy visit will also provide an opportunity for the adult at risk to give their perspective on the situation and inform the inquiry officer as to how they would like to be informed of the inquiry process and subsequent outcome. At this stage a copy of the Safeguarding Process leaflet should be given to the adult at risk.

A copy of the leaflet in standard or easy read version can be downloaded from:

http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/safeguardingadults/safeguardingadultsprofinfo

4.13.5 Multiple Victim Investigations

Users of Carefirst can access the Unique Investigation Number (UIN) process for storing investigation information where there are multiple victims

See EDRMS UIN Guidance in 'Related Documents'.

4.14 The Strategy Meeting

Please refer to The Responsible Manager and Administrative Support Service Guidance in related documents.

4.14.1 The Purpose

Whenever there is a reasonable cause to suspect an adult at risk is being abused or is at risk of abuse, a process needs to be undertaken that ensures all agencies work together to develop as full an understanding of the position as possible. The purpose of the strategy meeting is to:

- Collectively consider the adult at risk and or representative's desired outcomes and actions in relation to the presenting safeguarding issues.
- Establish the adults at risks involvement in the adult protection process
- Ensure effective multi-agency working
- Facilitate the sharing of relevant information
- Establish a common understanding of the overall scope of the inquiry required
- Determine the urgency and type of intervention required to protect a vulnerable person from further harm
- Serve as a forum to co-ordinate the initial responses of the key agencies and individuals that have a role in responding to the abuse allegation
- Ensure that any interventions are compatible with the law specifically Human Rights Act 1998, Mental capacity 2005 and are justified, proportionate and least intrusive.

Adult protection investigations may involve more than one line of inquiry, which can run concurrently, for example, disciplinary processes, serious untoward incidents investigations or criminal investigation. However, all such processes need to be discussed, agreed and coordinated at the strategy meeting.

4.14.2 Format and Timescales

Best practice would indicate that a **formal** strategy meeting is convened as soon as possible, within **24hrs** and no later than **five working days** of the initial alert and discussions with the adult at risk.

An **informal** strategy discussion can be carried out for expediency via the telephone, face to face discussion between duty officer and the responsible manager and / or password protected and encrypted e-mail between relevant parties. In such cases this may be sufficient to direct the investigation or close the adult protection referral down. Where it is not sufficient and further clarification/information is required a second strategy discussion via formal meeting may be required.

It is the responsibility of the responsible manager to ensure all informal strategy discussions are appropriately recorded.

4.14.3 Who should attend Strategy Meetings?

Attendance– This is **NOT** an open meeting, attendance/consultation should be limited to those key individuals representing agencies who may have a direct role/ responsibility to protect the individual or conduct the investigation.
Careful consideration should be given to attendees. Responsible managers need to be clear what role each attendee has in relation to the planning of the investigation or what responsibility they have for the safety of the adult at risk.

If it is not clear that the individual has a direct role in the investigation, the responsible manager is entitled to ask attendees to leave the meeting.

Any organisation requested to attend a strategy meeting should regard the request as a priority. The representative from that organisation should be sufficiently senior to take responsibility for any agreed actions.

If a crime is thought to have been committed the police must be one of the parties involved in the strategy discussions. If the alleged perpetrator is a member of staff in a regulated service, then the Care Quality Commission (CQC) must be involved, the relevant HR department also need to be informed.

People who may be required as a witness in the inquiry should not be involved in this process at this time.

The alleged perpetrator or the representative of an agency, who is implicated through an accusation, collusion or failure to respond to previous complaints, should not attend the strategy meeting.

4.14.4 Agenda Planning

Responsible Managers are advised to consult the safeguarding adults Strategy Meeting agenda pro-forma which is available electronically on EDRMS for Carefirst users and in hard copy format for non-Carefirst users.

4.14.5 Confidentiality agreement

The responsible manager needs to ensure that all attendees have read and understood the confidentiality policy
Information shared at the strategy stage is strictly confidential .The information should not be shared for any purpose other than the protection and care of adult(s) at risk of abuse and/or neglect.

4.14.6 Valid Consent of the Adult of Risk

The Responsible Manager will clarify if valid consent has been granted. For consent to be valid it must be given voluntarily by an appropriately informed person who has the capacity to consent to the investigation in question. If the person does not know what the investigation entails this does not constitute consent.

4.14.7 Mental Capacity of the Adult at Risk

The responsible manager will clarify the capacity of the alleged victim and ensure it is recorded within the minutes.
In the case of an incapacitated individual the responsible manager will ensure that any assessment undertaken in relation to capacity and the investigation are time and decision specific, and recorded appropriately.

4.14.8 Safety of the Adult at Risk and Others

Ensure the details of any immediate plan that has been put in place to protect the adult at risk from further harm are cascaded to the right people. Check that there is no unaddressed risk.

Identify whether there are children at risk (under 18 years), and where appropriate agree a referral to the children and family service and who will make the referral.

Be mindful that adults with capacity may choose to remain in situation of risk and decline offers of risk reduction interventions.

4.14.9 Clarifying what has Happened or been Alleged

- What is the concern/allegation
- What is known about the situation to date
- When did it happen
- Where did the alleged abuse take place
- Are there any witnesses
- Are there details of any witnesses?
- Who reported it
- When did they report it
- How was it reported
- What impact is this having on the adult at risk?
- What is the adult at risk is saying about the abuse?

4.14.10 Details of the Alleged Perpetrator

- Name
- Age
- Address
- Gender
- Relationship to alleged victim.
- Are they the adult at risk's main carer?
- Are they living with the adult at risk?
- What is their role?
- Are they employed through a personal budget?
- Which organisation are they employed by?
- Are there other people at risk from the person causing the harm • Are they a member of staff, paid carer or volunteer?
- Is the alleged perpetrator an Adult at Risk
- Has the alleged perpetrator been suspended if an employed worker

4.14.11 Establishing the Categories of Abuse for Investigation

It is essential that there is clarity for all present at the Strategy Meeting of the categories of abuse that are being investigated with the proviso that further categories e.g. institutional abuse may be identified during the investigation and will need to be considered at the Case Conference stage.

- Domestic Violence

- Sexual
- Psychological/emotional
- Financial or material
- Modern Slavery
- Discriminatory
- Organisational/Institutional
- Neglect and acts of omission
- Self-neglect

4.14.12 Allocation of Task (Who Does what)

Agreement must be reached at the strategy meeting about the respective roles and responsibilities of the organisations involved in the investigation.

This could include:

- Agreement on who takes lead responsibility. The Care Act 2014 places a duty on the Local Authority to make enquires or cause others to do so, if it believes an adult is experiencing or is at risk of abuse or neglect.. Thus depending on where the abuse took place and who the alleged abuser is, other organisation may be required to take the lead in the investigation process.
- Where the adult at risk is in a temporary setting e.g. hospital, the lead responsibility will be agreed in line with current service protocols
- Who will be responsible for carrying out what actions and when. This is particularly significant with regard to who and how they are interviewed.
- What are the tasks to be undertaken by the Inquiry Officer?
- What tasks will be undertaken by Quality Assurance Officer.
- What tasks will be undertaken by the employer.
- The best use of skills. Is there an expert witness e.g. Tissue Viability Nurse involved in the inquiry? If so what specifically can they contribute to the investigation?
- Communication strategy. What communication is required specific to the inquiry, who need to communicate what and to whom. E.g. Adult at risk, Adult at risk representative, Alert, Referrer.

4.14.13 Further Consultation with the Police

If information comes to light at the strategy meeting, that wasn't previously available and it indicates a crime may have been committed. The police must be re-consulted to consider an appropriate response.
This may require a plan A and plan B response to prevent unnecessary delays without interfering with the police inquiry.

4.14.14 Closing the Adult Protection Process at the Strategy Meeting Stage

A consensus should to be reached with regard to the progression of the adult protection investigation or if it is appropriate to outcome at the strategy meeting. Decisions about no further action can be made at this stage, any decision and the reason(s) for it also need to be recorded.

The adult protection process can be completed at strategy stage.

The responsible manager and those in attendance at the strategy meeting will need to be satisfied that to outcome at this stage, nothing further is gained by continuing the investigation for example where:

- There is no case to answer.
- The abuse can be substantiated because the perpetrator is another adult at risk, the abuse was witnessed and the provider has carried out all the appropriate risk reduction actions required. A review may be required in such cases under care management.
- There are adult protection concerns, but the meeting agrees they are better dealt with under an alternative process e.g. an investigation by the Quality Assurance Team or continued input via Social Work Case Management/ Care Program Approach.
- There are adult protection concerns, but the adult at risk has mental capacity, is living at home and they are confident that they can protect themselves from further harm and they do not wish any action to be taken under the procedures. If undue influence or coercion is a factor in the abuse other social worker processes may be required such as referral to
- The MARAC process
- Stockport Without Abuse
- The Department for Work and Pensions if the concern is about the misuse of appointeeship or fraud in relation to benefits.

4.14.15 Scheduling the Case Conference

Where a decision is made to proceed with investigation, the responsible manager must set a case conference meeting date to discuss the outcome of the inquiry within **28 days of receipt of the alert.**

4.15 The Investigation

4.15.1 The Purpose

The purpose of the investigation is to establish the facts and contributing factors leading to the referral. Additionally there is a responsibility to identify and manage risk to ensure the safety of the individual and others.

It should seek to clarify the views of the adult at risk, enable a mental capacity assessment to be carried out if required and instruct an IMCA if that is indicated

The adult protection investigation may well contribute to other lines of enquiry or assessment, such as:

- a police prosecution
- other court processes i.e. identifying powers to protect the adult at risk, for example, a restraining order.
- actions under civil law, for example, an injunction
- staff disciplinary proceedings
- A community care assessment or assessment under CPA
- A healthcare assessment.

Referrals to:

- The DBS
- The CQC in relation to a registered provider

- The commissioners of the service i.e. via the Quality team SMBC, NHS CHC in relation to breach of contracts.
- Referrals top other professional bodies e.g. NMC, HCPC, GMC
- A landlord in relation to a breach of the perpetrators tenancy agreement.

4.15.2 Inquiry Officer Role within the Investigation Process

The main role of the inquiry officer is to interview and support the alleged victim throughout the adult protection process**.** The inquiry officer is responsible for planning, co-ordinating and managing the adult protection inquiry as determined by the Strategy Meeting. This does not necessarily mean that they will undertake all the tasks but they are responsible for ensuring that the investigation is carried through and that information is recorded on the case record.

At the beginning of an adult protection investigation the inquiry officer will:

Consider, in conjunction with the responsible manager, the outcome of the strategy meeting /discussion, and the need for:

- Risk assessment
- Protective measures and the IMCA Service
- Medical examination
- Consultation with carers/family
- Inquiry officer as decision maker.

4.15.3 Risk Assessment

Any response to an abuse allegation or concern will require an assessment of risk and plan to reduce risk to the lowest possible form.
An adult protection risk assessment will determine:

- what the actual risks are – the harm that has been or may be caused and the
- level of severity of that harm and the views and wishes of the adult at risk
- the person's ability to protect themselves
- who or what is causing the harm
- factors that contribute to the risk, for example, personal, environmental or
- relationships that result in increased or decreased risk
- the risk of future harm from the same source.

Any plan to manage the identified risk may require protective measures.

Specific risk assessment guidance and documentation is available electronically on EDRMS for Carefirst users and in hard copy format for non-Carefirst users

4.15.4 Protective Measures and the IMCA Service

Protective measures defined by the Mental Capacity Act include measures to minimise risk of abuse or neglect

The regulations state that IMCAs may be instructed where local authorities or NHS bodies "propose to take or have taken protective measures in relation to an adult at risk that lacks capacity to agree to one or more of the measures" and where adult protection proceedings have been instigated. People at risk may be supported by an IMCA regardless of any involvement of family or friends.

See http://www.scie.org.uk/publications/guides/guide32/files/guide32.pdf

4.15.5 Medical Examination

Where medical attention has already been obtained, for example in a serious or life-threatening situation, a medical report should be requested.

In other situations, consideration should be given to the need for a medical examination. Consultation with the police may inform a decision regarding medical intervention and in particular, whether a police surgeon should be involved and any injuries photographed. Otherwise the person's GP may be asked to undertake the examination.

In cases of alleged sexual abuse, decisions regarding medical examination must be taken in consultation with the police. It is likely that such a medical examination would be undertaken by a police surgeon at St. Mary's Sexual Assault Centre rather than by the GP.

For further information go to: http://www.stmaryscentre.org/

In some cases, a decision regarding medical examination may not be clear. The following factors should be considered:

- Length of time elapsed since an alleged assault
- Distress likely to be caused to the adult at risk by an examination
- Significance of information likely to be gained from an examination
- Whether the adult at risk has the capacity to give informed consent but is refusing examination. If it is decided not to seek a medical examination the reasons for this must be recorded.

The consent of the adult at risk to medical examination must be obtained and the doctor made aware of the reason for the request for examination and the possibility that a medical report may be required. If the adult at risk lacks the mental capacity to give informed consent for a medical examination at that time, a best interest decision will need to be made by the doctor.

When a medical examination is arranged, it should be conducted in a comfortable and non-threatening way. If possible the adult risk should be accompanied by someone who knows him / her well.

4.15.6 Consultation with Carers and Family.

Consent must be sought from the Adult at Risk before any information is shared. Where consent cannot be given a Best Interest decision has to be made prior to sharing information. Where there is a legal power held by a family member or carer e.g. LPA, Deputyship, due consideration must be given to their entitlement to receive information.

Family members and carers may need support in understanding and coming to terms with the abuse and information about the investigation and its possible outcomes. A clear communication strategy should be agreed at the Strategy Meeting stage. Parental or third party consent is not required for any medical examination of an adult. If the adult lacks the capacity to consent to a medical examination parents, family members or carers may be consulted with as part of the Best Interests process but the medical examiner will be the decision maker.

Sometimes it is an informal carer or family member who is suspected of abuse. In cases where police consultation has taken place, this should have addressed the issue of how the carer is to be approached. In other cases, with the consent of the adult at risk, the abuse concern should be discussed openly with the carer as part of the adult protection inquiry.

Please be aware that where a carer or family member is the alleged perpetrator this **does not** remove their right to be consulted with in any Best Interest process.

4.15.7 Decision Maker under the Mental Capacity Act 2005 in relation to sharing information

The Mental Capacity Act places a duty on the decision maker to consult with other people close to the person who lacks capacity. The decision maker has a duty to take into account such people's views where it is practical and appropriate to do so in considering best interest decisions.
In cases where the adult at risk lacks capacity to consent to information being shared with family members in a safeguarding investigation, a best interest decision should be made. The inquiry officer will be the decision maker in such situations. Adherence to the Mental Capacity Act code of practice is required even if the family member is the alleged perpetrator.

This policy acknowledges the sensitive balancing act of protecting the adult at risk while adhering to the relevant statutes. The inquiry officer should seek clarification and guidance from the responsible manager where required.

4.15.8 Supporting the Adult at Risk through the Process

The Care Act 2014 requires professionals to work with adults to establish what being 'safe' means to them and how that can be best achieved. Professionals and other staff should not be advocating safety measures that do not take account of individual wellbeing as defined in section 1 of the Care Act.
Safeguarding is not a substitute for commissioners or providers negating their responsibility to provide safe and high quality care and support.

Regardless of whether the adult at risk has mental capacity their voice should be heard**.** They should be the first person to be interviewed to establish what has occurred and what they want to happen. They should be kept informed of the process as and when it occurs. Consideration should be given to individual communication needs.

The adult at risk should be prepared for interview by informing them of:

- The purpose of the interview
- How the information they provide may be used
- The boundaries of confidentiality and information sharing
- What will happen next. The inquiry office should go through and complete the Safeguarding Adults Process leaflet:

- Standard version
  http://www.stockport.gov.uk/2013/2996/41143/safeguardingadultsprocessleaflet
- Easy Read version
  http://www.stockport.gov.uk/2013/2996/41143/safeguardingadultsprocesseasyre a d

- Their right to have someone present during the interview to support them.

4.15.9 Achieving Best Evidence

If there is a police investigation, where appropriate the police will ensure that interviews with the adult at risk, who is a vulnerable or intimidated victim or witness, are conducted in accordance with '**Achieving Best Evidence in Criminal Proceedings**'. Special measures are those specified in the Youth Justice and Criminal Evidence Act 1999 and will be used to assist eligible witnesses.

The measures can include the use of screens in court proceedings, the removal of wigs and gowns, the sharing of visually recorded evidence-in-chief, cross-examination and re-examination and the use of intermediaries and aids to communication.

If you are of the view the victim falls within the remit of the protocol you should discuss this with the police at the earliest opportunity.

4.15.10 Interviewing the Victim

Outside of a police led criminal investigation, the inquiry officer will interview the alleged victim in all cases irrespective of where the abuse took place or who the perpetrator is. This will be done following consultation and in partnership with the police and other relevant partner agencies.

Ideally two workers should undertake the interview so that the tasks of interviewing and recording can be shared and statements are witnessed.

The Inquiry officer and colleague should introduce themselves and clearly state who they are and where they are from.

It may be appropriate for the interview to be conducted jointly by professionals from different agencies.

In all cases, attention should be paid to the gender, ethnicity and culture of the adult at risk wherever possible.

4.15.11 Use of an Interpreter and Available Services

It may be necessary to involve an interpreter in order to enable effective communication during the interview. The interpreter may be required to explain any cultural issues relevant to the alleged victim that arise as part of the investigation. The interpreter's availability will need to be considered when arranging the interviews.

The Police use Language Line which can be contacted on 0800 169 2879.
Web site www.languageline.co.uk
Stockport Council supports the use of the Ethnic Diversity Service. This is a team of trained interpreters, bilingual workers and teachers. They have capacity to interpret in over 35 languages.

The service is free to all local authority employees with charging arrangements for others. Contact can be made on:
Phone - 0161 477 9000 Fax - 0161 480 1848 Email -eds.admin@stockport.gov.uk
Address: Ethnic Diversity Service, 3 Bann Street, Edgeley, Stockport SK3 0EX

4.15.12 Location of the Interview

The location for the interview must be comfortable and safe and where possible familiar to the adult at risk.

4.15.13 The purpose of the Interview

The purpose of the interview and the role of the interviewers should be clearly explained as far as possible at the beginning, dependent on the circumstances. The Inquiry Officer's judgement supported by decisions and guidance from the Strategy Meeting which will inform what is said. There should be as much transparency of process as appropriate and the consent of the adult at risk obtained before the interview is recorded. Care must be taken throughout the interview to avoid asking leading questions. The interview should help to establish:

- The mental capacity of the alleged victim and or any other communication needs such as: Translation/interpretation/communication boards/a sign language interpreter/Makaton, use of speech and Language Therapist
- The nature and extent of the abuse: What, Where & When
- The circumstances and precipitating factors and any suspicious indicators. Is there any history or previous allegations?
- Specific details concerning the abuse and the alleged abuser. Ensure detailed information relating to times, dates and witnesses is captured.
- Any current visible evidence of abuse such as bruising which can be seen or shown to the inquiry officer.
- Whether the alleged victim understood they were being abused.
- Whether they were compliant with the abusive actions and if they were capable of giving consent.
- Whether any consent was given under duress or intimidation.
- The living situation of the alleged victim, including relationships and problem issues within the household, services received and agencies in contact.

4.15.14 Things to Consider

- Speak clearly and with empathy.

- Only use appropriate touch for communication purposes i.e. touching the hand of someone with dementia for reassurance.

- Be honest and clear but sensitive to the situation.

- Reassure the person that they have done nothing wrong.

- Explain the limitations of confidentiality.
- The issue of confidentiality should be revisited where required, as the person may disclose incidents of abuse other than those being investigated.

- It may be appropriate for the interview to be facilitated by someone who knows the person well or an advocate (as agreed at the strategy meeting). The inquiry Officer would need to be satisfied that the facilitator was not involved directly with the situation.

- It should not be assumed that a family member, carer would be the most appropriate person to facilitate the meeting. It may be distressing and embarrassing to discuss details of the abuse, which has occurred with family members and/or carers present.

4.15.15 Recording the Interview

The need to record the interview should be clearly explained to the adult at risk and their consent obtained. Where the adult at risk is not able to consent, a best interest decision should be made.

The interview will be recorded by means of written notes. It is necessary to have the questions that are asked clearly documented and the alleged victims responses recorded in their own words and as verbatim at possible. The information recorded will be an appendix to the Inquiry Officer Report.

Following legal advice the use of audiotape or videotape **is not** permitted by Inquiry Officer in adult protection interviews.

The inquiry officer will ensure the interview records are appropriately retained as part of the client record

4.15.16 The Inquiry Officer's Report

The inquiry officer should complete a formal report for consideration at the case conference. . The report will form the basis of the discussion at the case conference and the process of concluding the allegation of abuse.

When the alleged abuse has taken place in a service setting the inquiry officer report will detail the key findings from their own investigation/interviews and will include details of the internal investigators report.

The inquiry officer should send the report of the investigation to the responsible manager of the safeguarding case within 25 days of the alert being raised or as agreed at the strategy meeting.

See Inquiry Officer Checklist and Report on EDRMS or in 'Related Documents'.

4.15.17 Interviewing when the alleged perpetrator is a family member/unpaid carer

The inquiry officer will interview the alleged perpetrator in cases where the alleged perpetrator is a family member or non-professional.
In cases where the alleged perpetrator or witness is a service user a decision will be made at strategy meeting who is best placed to carry out the interview.
Interviews with any perpetrators or witness will be done following consultation and in partnership with the police and other relevant partner agencies.

4.15.18 Internal Agency Investigation

A manager of the organisation where the alleged abuse took place will undertake the internal investigation as per Levels of Harm guidance levels 4 and 5. Please the Levels of Harm Guidance for further information.

This person will be known as the **investigator** as opposed to the **inquiry officer**.
The investigator should be a suitably qualified and experienced member of staff working under the supervision of a manager.
The investigator must not have direct line manager responsibilities for the person alleged to have caused harm.

They will be responsible for undertaking any interviews with staff who are witnesses and staff who are alleged perpetrators. Interviews shall take place within the disciplinary framework of the employing organisation.
Any representatives or colleagues acting in the role of support to the alleged perpetrator must not be someone who may be called as a witness or be under suspicion of involvement or collusion in the alleged abuse. It is preferable for witnesses to be interviewed even when a statement has already been supplied.

If there is a criminal investigation, the police will be the lead organisation and any other internal investigations must be negotiated with them**.**

Issues the investigator may wish to consider:

- An analysis of the risks relating to the alleged victim and other vulnerable service users.
- Whether specific legal or human resources advice is required at this stage.
- Whether a temporary relocation or suspension of the worker is required and at what point they should be notified.

The investigator should complete a formal report for case conference including:

- A pen picture of the alleged victim
- Their capacity in relation to making decisions as to what action should be taken (if any)
- What is known about the alleged perpetrator • The strength of the evidence currently available.

4.15.19 Internal Agency Investigation Report

The internal investigator should complete a formal report for consideration by the inquiry office pre case conference. The internal investigators report will be presented to the responsible manager by the inquiry officer.

The internal investigators report should demonstrate that they are satisfied they have fully investigated the alleged abuse within their service setting. The report should demonstrate what actions have been taken to address the presenting issue and associated risk, ensuring that all adults in their care are safeguarded.

The internal investigator should send the report of their investigation to the inquiry officer within 20 days of the alert being raised or as agreed at the strategy meeting.

Along with the inquiry officers report the internal investigator report will form the basis of the discussion at the case conference and aid the process of concluding the allegation of abuse.

To prevent confusion the internal investigators report should be clearly written and refer to people by their full name rather than use initials.

4.16 The Case Conference and Protection Plan

Please refer to The Responsible Manager and Administrative Support Service Guidance in related documents

An adult protection Case Conference may be called at any time during an adult protection inquiry. Best practice requires this to take place within **28 days of receipt of the alert.**

Some external investigations or processes may not be completed within this time frame, for example, a criminal prosecution or cases open to the Coroner.

To ensure the inquiry is kept to task and that a protection plan is put in place or reviewed as appropriate. The case conference should not be delayed in such instances.

In cases that involve criminal/coronial investigations that have not yet been to court the Responsible Manager will liaise with the police/coroner's office on a case by case basis before making a decision as to whether or not the case can be outcomed at the case conference based on the evidence available, without waiting for the court outcome.

4.16.1 The Purpose

The main purpose of the case conference is to evaluate the evidence and decide based on the balance of probability whether the abuse allegation meets one of the nationally agreed outcomes.

A Case Conference will:

- Consider the information contained in the inquiry officer's report(s) and decide what further action is/may be needed.
- Consider the information contained in the organisation's investigator's report(s) and decide what further action is/may be needed.
- Consider any other relevant information.
- Make a decision about the levels of current risks and a judgement about any future risks.

- Agree a protection plan.

- Agree how the protection plan will be reviewed and monitored.

- Consider if legal or statutory action or redress is required. E.g. DBS, DOLS, Complaints, Serious Case Review.

- Decide what action is appropriate when the allegation has not been substantiated but concerns remain about standards of care.
- For non-Carefirst users a Safeguarding Adults Inquiry Outcome Form number AC O076 should be completed by the Inquiry Officer and sent to samcas@stockport.gov.uk

4.16.2 The Case Conclusion

The case conclusion for each allegation is selected from nationally agreed options as determined by the NHS Information Centre for Health and Social Care. These are as follows:

- **Substantiated - fully**
- **Substantiated - partially**
- **Not substantiated**
- **Inconclusive**

4.16.3 Further Case Conference

If the Responsible Manager/meeting attendees are not satisfied they are in position to outcome the investigation, further inquiries or gathering of evidence can be undertaken and an additional case conference called.

4.16.4 Planning the Conference

The responsible manager will ensures that a case conference is convened within the timescales. They will facilitate the case conference and ensure the minutes are taken in accordance with the responsible manager and minute takers guidance.

In arranging an adult protection case conference consideration must be given to the following:

Responsible Manager - Usually the line manager of the inquiry officer will be the responsible manager of the case conference. If the case is complex or contentious it may be appropriate for a Service Manager to chair/act as the Responsible Manager. A member of the Safeguarding Adults Mental Capacity Act Service (SAMCAS) may also take on the responsibility of the Responsible Manager.

Venue - Consideration must be given to the requirements of people who have disabilities or sensory impairments. In addition the responsible manager will ensure a table is available for the minute taker.

Attendance - The inquiry officer in conjunction with the responsible manager should identify the people to be invited to the conference, agreeing this wherever possible with the adult at risk. This

should include those individuals coroner who can contribute to the protection plan and/or have relevant information to contribute. The Responsible manager or the adult at risk has the right to exclude the attendance of anyone whose presence is liable not to be in the best interest of the adult at risk and the reason why such a decision has been made should be recorded.

4.16.5 Format of the Case Conference

To help support the attendance and effective participation of the adult at risk, it is recommended that the case conference format and purpose is made clear.

The adults at risk and/or representative will be invited to attend the case conference.

In most cases the adult at risk and/or their representative will not be present for the whole of the case conference. Their exclusion from part of the meeting should be explicitly explained to the adult at risk and/or their representative, based on the need for confidentiality and the limits of information sharing. e.g. overlap with disciplinary procedures, need to discuss other individuals etc.

The professionals present may need to discuss other adults at risk by name and their alleged abuse or previous allegations relating to a commissioned service or confidential disciplinary or pending criminal proceedings.

4.16.6 Victim/Representative Attendance at the Conference

Responsible managers may decide to split the meeting into two parts:

Part 1 - for professionals to receive the inquiry officer's report and if appropriate the organisation's investigating officer's report and to make decisions on the findings. The attendees at this meeting will usually be the same as those of the Strategy Meeting unless otherwise agreed

Part 2 - will involve agreeing the protection plan. The Adult at risk and/or their representative is entitled to attend this part of the meeting. However some adults do not participate well in larger formal meetings and this experience may be excluding and/or anxiety provoking. The inquiry officer in conjunction with the responsible manager should consider the best means to make a meeting accessible and inclusive for the adult at risk.

Whether the case conference is attended by the adult at risk and/or their representative or not, the Responsible Manager must give a clear indication at what point the business of Part 1 of the meeting has been concluded and the meeting is now moving to Part 2. This will enable all attendees to be clear that the minutes of the remainder of the meeting will be shared with the adult at risk and/or their representative.

If it is necessary in order to meet the adult at risk's mobility and communication needs (if specialist facilities are required), a separate protection planning meeting should be held in a different venue. If this proves to be necessary, such a meeting should be held as close in time to the first part of the case conference meeting as possible.

4.16.7 Who Should Attend

- The Adult at Risk and/or their representative.
- Inquiry Officer.
- Responsible Manager.
- Organisations Investigating Officer.

- Any other key individuals as identified at strategy meeting.
- Legal Representation - if the adult at risk or their representative plans to bring their own legal representative, then Pennine Care or Stockport Legal Services should be invited to attend.

4.16.8 Deciding the Outcome

The responsible manager will summarise the key points of the investigation and the case conference discussions. This will assist the attendees to reach an outcome. The responsible manager will reiterate the standard of proof required to decide the outcome of the abuse allegation.

4.16.9 The Standard of Proof

The fact that there is insufficient evidence for a criminal prosecution does not mean that action cannot be taken under civil or disciplinary proceedings. The standard of proof for a criminal prosecution is higher, as the case has to be proved 'Beyond Reasonable Doubt'. For civil, disciplinary or regulatory investigations such as an Adult Protection investigation the standard of proof is based on the 'Balance of Probability'.

4.16.10 Reaching a Consensus

The responsible manager will ask each attendee starting with the inquiry officer to provide an outcome in line with the NHS Information Centre options (see 4.16.2 above).
Where a provider service representative has brought support staff e.g. HR advisor or regional manager to the case conference, such personnel will not be invited to provide an outcome. Adults at risk and or their reps will not be invited to outcome the abuse investigation. Their views will have been clearly communicated to the attendees via the inquiry officer's report.
The minute taker will record each individual's outcome decision and the overall outcome for the case.

Where there is a lack of consensus regarding the outcome of the inquiry the responsible manager will endeavour to clarify the significant points of the case and encourage further discussion to enable consensus. If a consensus still cannot be reached the responsible manager will accept the majority decision. In the unusual case of a split 50/50 decision the responsible manager will make the final decision.

4.16.11 Consideration of Legal or Statutory Action

Employers, Adult Social Care and regulatory bodies such as the CQC and the NMC are under a legal duty to notify the Disclosure and Barring Service (DBS) of relevant information, so that individuals who pose a threat to vulnerable people can be identified and barred from working with such vulnerable people.
If an employee is dismissed or removed from working with vulnerable people (in what is legally defined as regulated activity) because they have engaged in 'Relevant Conduct' or satisfied the 'Harm Test', there is a legal duty to refer to the DBS. The same duty applies where the employee has terminated their own employment before any disciplinary proceedings could be convened or completed.

The responsible manager will clarify who will make the referral to DBS. In most cases this will be the employer. In cases involving direct payments or individual budgets the Local Authority will be required to make the referral to ISA.

4.16.12 Communication Strategy

The responsible manager will clarify who communicates what and to whom following the adult protection investigation.

In cases where the adult at risk and/or their representative has not been in attendance at the case conference the responsible manager must ensure that a clear communication strategy with the adult at risk and/or their representative is identified. This task will usually be undertaken by the Inquiry officer who will explain the outcome decision and detail any protective measures that directly affect the adult at risk.

Communication with the alleged perpetrator should be agreed at the case conference. In cases where the perpetrator is an employee the employer must feedback the outcome decision.

In cases where the alleged perpetrator is a service user in a service setting a decision will be made on a case by case basis what information needs to be communicated with that service user.

In cases where the alleged perpetrator **is not** an employee or service user a decision will be made on a case by case basis how to feedback relevant information such as case closure.

The responsible manager will ensure relevant feedback is provided to the Referrer where they have requested feedback or where the responsible manager thinks it is appropriate.

All feedback regarding the inquiry must be compliant with the principle of proportionality and be consistent with the Data Protection Act 1998, the Human Rights Act 1998 and the common law of confidentiality

4.16.13 Service User Experience Survey

The responsible manager should highlight the opportunity for the adult at risk and/or their representative to give feedback on their experience of the adult protection process. If the decision is for the survey to be initiated the Inquiry officer should contact the Performance Information officer on 474 4613 who will make arrangements to send this out anonymously. The service user evaluation questionnaire will be sent out following the outcome of the abuse investigation.

For Carefirst users the guidance can be found on EDRMS. For non-Carefirst users please see related documents.

Where it is not appropriate to send the questionnaire or undertake face to face interviews the reasons must be clearly recorded in the minutes of the case conference.

4.16.14 Adult Protection Plan

The meeting will:

- Agree a protection plan with the adult at risk (or the person representing them) and decide which organisation will monitor and coordinate the plan.
- Agree contingency actions if the protection plan does not work.
- Agree how the protection plan will be shared with partners, taking into account information- sharing considerations.
- Provide support and services to meet the needs of the adult at risk and of a carer if that is indicated.
- Determine what additional information needs to be shared and with whom.
- Set a date for a review unless all organisations agree that a review can take place as part of the care management/CPA or health and social care process. If this is the decision reached,

the reporting mechanism for the outcome of the review needs to be established and agreed (for example, information sent to the responsible Manager following the review).

- Where residual risk and concerns remain that do not come under the adult protection procedures a review date will be set and monitoring will be undertaken by the appropriate social work team.
- The protection plan will not include actions taken against the person causing harm.

(For Carefirst users a protection plan proforma is available on EDRMS and as a hard copy for non-Carefirst users)

4.17 Adult Protection Review Meeting, Monitoring & Care Act Safeguarding Adult review (SAR)

The purpose of the review is to ensure that the actions agreed in the protection plan have been implemented and to decide whether further action is needed, including any service improvements. If a decision is taken at the case conference that a review is not thought to be necessary, the adult protection process will be closed. In this case a decision can be taken that the protection plan should be reviewed as part of the on-going care management or CPA processes.
Additionally a review meeting can be convened if:

- the adult at risk has capacity to understand the nature of a review and requests a review
- the person representing the best interests of the adult at risk requests a review
- the situation is assessed as high risk
- a review is requested by any organisation involved in the delivery of the protection plan
- the person coordinating the protection plan requests a review.

N.B. A new concern of abuse or neglect would be considered as a new alert/referral.

4.17.1 Who should attend the Review?

The review should be attended by all those who are involved in the protection plan and any services that may be able to provide support or may need to be involved in the future.
The adult at risk should be enabled to participate in the review on the same basis as for the case conference.

The attendance at the review of a carer or a personal representative would be on the same basis as their attendance at the case conference.

4.17.2 Purpose of the adult protection review

The review should:

- Review the risk assessment and protection plan.
- Decide about on-going responsibility for the protection plan.
- Decide in consultation with the adult at risk or their personal representative what changes, if any, need to be made to the protection plan to decrease the risk or to make the plan fit more closely with their needs.
- Record the feedback of the adult at risk or their personal representative about the protection plan and/or other matters of importance to them.
- Decide whether there is need for a further review and, if so, set a date.

- Decide whether to close the adult protection processes.

4.17.3 Closing the Adult Protection Process

The adult protection process may be closed at any stage if it is agreed that an on-going investigation is not needed or if the investigation has been completed and/or a protection plan is agreed and put in place.
In most cases a decision to close the adult protection process is taken at the case conference or review.

4.17.4 Actions on Completion

The responsible manager should ensure that, on conclusion of the process:

- All actions are completed or are in progress.
- All records are completed including Carefirst or equivalent.
- All evidence and decisions are adequately recorded and case records saved to EDRMS or equivalent and have had passwords removed.
- The person at risk knows that the process is concluded and where/who to contact if they have any future concerns about abuse.
- All those involved with the person know how to re-refer if there are renewed or additional concerns to enable referral to the appropriate professional bodies where necessary.
- The referrer is notified of completion within the limits of confidentiality.
- Feedback is sought from the adult at risk about their experience of the process and whether they are satisfied with the measures that have been put in place and if they feel safer via service user evaluation questionnaire.
- Is a referral to Stockport Council's Safeguarding Adults Board required to consider if a Safeguarding Adults review (SAR) is required. SAR is required when:
  - An adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
  - SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.
  - There has been a near-miss or a fatality, and procedures do not appear to have been followed or agencies did not work together effectively.
  - A serious case review or independent management review could also be indicated where the adult at risk disagreed strongly with the outcome of the investigation and provisions of the protection plan.

Please see associated SAR Guidance for further information

4.17.5 Incomplete Parallel Processes

The adult protection process may be closed but other processes may continue, for example, a disciplinary, professional body investigation, criminal investigation, coroner's inquest etc.. These

processes may take some time. Consideration may need to be given to the impact of these on the person at risk.

4.17.6 Evaluation and learning

All those involved in the adult protection process should reflect on the lessons learnt from individual cases and actively seek to improve practice and demonstrate how learning from such cases has improved services for adults at risk.