

Safeguarding adults practitioner guide

2012

“Abuse is a violation of an individual’s human and civil rights by any other person or persons.”¹

1. No Secrets, 2000, Department of Health and Home Office Guidance on developing and Implementing multi-agency policies and procedures to protect adult at risks from abuse

A vulnerable adult [now called an adult at risk] is:

"a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation" ('Who Decides', Lord Chancellors Department, 1997) ²

2. 'Who Decides', Lord Chancellors Department, 1997

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1. Introduction and definitions

1.1 This practitioner guide updates the practice outlined in the ***‘Protecting adults at risk: London multi – agency policy and procedures to safeguarding adults from abuse 2011’***. This guide is being referred to as the Pan London procedures throughout this document for easy reference. It uses the term ‘Adult at risk’ in place of ‘Safeguarding vulnerable adults’ in line with current practice. It aims to assist social and health care practitioners in identifying alleged/suspected abuse, reporting it and investigating allegations or concerns of abuse, complying with the overarching policy. It provides a framework within which agencies with a statutory responsibility to investigate abuse work together to ensure a coherent and co-ordinated approach to safeguarding adults at risk in Hammersmith and Fulham.

1.2 Definition of an **adult at risk** for the purposes of this policy

The term ‘adult at risk’ is an exact replacement of the term ‘vulnerable adult’. No secrets: guidance on developing and implementing multi-agency policies and procedures to protect adult at risks from abuse: Department of Health - Publications.

An “adult at risk” is defined as

“an adult aged 18 years or over who is or may be eligible for community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or, unable to protect him or herself against significant harm or exploitation”

The Pan London policy states:

‘An adult at risk may therefore include a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long – term illness/ condition
- misuses substances or alcohol
- is a carer such as a family member/ friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support’

The person suffering harm or exploitation should meet the Department of Health Fair Access to Care Services (FACS) eligibility criteria for services. This must be at low threshold and above, even if they may not necessarily be current users of services or may have chosen to self fund their support needs.

For the purpose of this guidance, **community care** services are taken to include all social care services provided in any setting or context.

1.3 Person alleged to cause harm

The 'person alleged to cause harm' replaces the term alleged perpetrator.

Adults who are alleged to have abused an adult at risk have the right to be assumed innocent until allegations against them are substantiated. Whether they are members of staff, a volunteer, a relative or a carer they also have the right to be treated fairly and their confidentiality respected.

1.4 Consent

Consideration given to the adult at risk's ability to give their informed consent is paramount. If they are able, their consent should be sought. This may be in relation to:

- describing an activity that may be abusive
- a safeguarding investigation progressing. Where an adult at risk has capacity to consent to an investigation progressing, and if they choose not to, their wishes must be accepted unless;
 - there is a duty of care to intervene, for example, a crime may or has been committed
 - there is a public interest or it is in the 'common good', for example, not acting may put other adults at risks or children at risk.
- a medical examination
- an interview
- certain actions and decisions taken during the investigation, for example, interviewing people or a person who knows about the abuse and its impact on the adult at risk. This may include in some instances interviewing the person who may cause harm.
- the recommendation of a protection plan

1.5 Definition of abuse

For the purposes of the Pan London procedures the definition of abuse is the same as that defined in 'No Secrets': "**Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when the adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.**"

The main forms of abuse are:

Physical - hitting, punching, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Financial or material – theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Sexual - rape and sexual assault or sexual acts including inappropriate touching to which the adult at risk has not consented, or could not consent to or was pressured into consenting to.

Psychological – emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Neglect and acts of omission – ignoring medical or physical care needs; failure to provide access to appropriate health, social care or educational services; the withholding of the necessities of life such as medication, adequate nutrition and heating.

Discriminatory – when a person is treated in an unfair manner because of his/her membership of a particular social group or when practices and procedures operate in such a way that they have a negative impact on a specific social group.

Institutional – institutional discrimination can be detected in processes, attitudes or behaviours which amount to discrimination through unwitting prejudice, ignorance or thoughtlessness and lead to the mistreatment of an individual by an institution. It can also occur through repeated acts of poor or inadequate care or bad professional practice.

1.6 Significant harm

This policy includes “No Secrets”, recommendation to consider whether the adult at risk has suffered “**significant harm.**”

It quotes “Who Decides” (1997) The Lord Chancellor’s Department giving the following guidance:

“ ‘Harm’ should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also “the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development ”

The seriousness or extent of abuse is often not clear at the point of alert or referral. It is important therefore to approach reports of incidents or allegations with an open mind. In making any assessment of the seriousness of alleged abuse the following factors need to be considered:

- The vulnerability of the individual(s) involved
- The nature and extent of the alleged abusive acts
- The length of time the alleged abuse has been occurring
- The impact of the alleged abuse on the adult at risk
- The risk of repeated or increasingly serious acts of abuse involving the same or other adults at risk whether there is a public interest/protection issue for other vulnerable people

1.7 **Self-harm** or **self neglect** are not covered by these procedures. Practitioners must refer to other local procedures when responding to self abuse or self neglect.

1.8 **Stranger abuse** will clearly warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. **Criminal acts carried out by strangers** are not usually included within the definition of abuse, however in some cases it may be appropriate to use Pan London safeguarding procedures to ensure that the adult at risk receives the services and support they need.

2. Safeguarding roles and lead responsibilities

2.1 Lead co-ordinating agency

Local Authority adult social care teams and joint health and social care teams are responsible for receiving and processing safeguarding alerts/ referrals from all sources, wherever they arise. These teams will take a lead role in managing and coordinating investigations, appointing a health or social care professional trained in safeguarding adult investigations to lead the investigation from the social care or health perspective.

2.2 Safeguarding Adults Manager (SAM)

Senior Social Workers or Managers from each of the following service areas - mental health, adult services, hospital team, and learning disabilities will be responsible for managing investigations and are referred to in Pan London procedures as the Safeguarding Adults Manager (SAM).

The SAM has overall responsibility to ensure that:

- the adult at risk is safe
- the police are informed of all Safeguarding Adults at Risk referrals in Hammersmith and Fulham
- the action taken is co-ordinated and monitored in line with the Pan London policy and procedure
- the adult at risk is involved in all decisions that affect their daily life
- those that need to be kept informed are kept informed (with consent from the adult at risk if they have capacity to consent)
- a multi agency meeting is held to determine how the safeguarding process will be conducted; including which agency will be the lead investigator.
- decisions are recorded appropriately on frameworki and copies of minutes sent to relevant agencies/ organisations.
- A multi agency case conference is convened and chaired and a record made of the decisions and circulated to relevant agencies/ organisations
- The adult at risk is supported where appropriate to actively participate in their protection planning. Where the person at risk does not have capacity decisions are made in the persons best interest

2.3 Lead investigators

Lead investigators will be appointed by the Safeguarding Adults Manager (SAM) within 24 hours of the safeguarding alert. They will be qualified health or social care practitioners who have received the appropriate investigators training. Lead investigators will be authorised and directed by the SAM, who will ensure that all the information required to progress the investigation is communicated within the required timeframes.

The Primary Care Trust, Imperial College Health Care Trust, West London Mental Health Trust and the Police may be appointed investigating officers within their service areas.

3. Safeguarding procedure

3.1.1 At all stages, record of the actions, justification of decisions, outcomes and management sign off must be made in the Safeguarding Adults sections on Frameworki. Minutes of meetings should be recorded online, using the pro-formas on Frameworki. The Adult Social Care investigator or where this is an investigator from another agency, the Adult Social Care manager is responsible for ensuring the record is inputted on Frameworki.

3.1.2 The safeguarding investigation is focused on the allegation of abuse or suspicion of abuse, the circumstances of the abuse, the assessment of risk and a protection plan. It is separate from care planning or the Care Programme Approach (CPA), although the protection plan must be incorporated into a care plan /CPA. Outcomes relate to whether the abuse was found to have occurred or not, whether any prosecution or disciplinary action has occurred, and whether other actions need to be taken by an agency, e.g. review of procedures.

3.1.3 Disciplinary procedures or Police prosecutions regarding a person who may cause harm can take place separately from the safeguarding investigation. They may also be fed back as appropriate to that process.

3.1.4 The timeframes relate to **working days and not calendar days**. A flowchart is in **Appendix 1**.

3.2 Stages 1 and 2: Safeguarding Alert / Referral

3.2.1 Each partner agency will write its own procedure to recognise record and report a safeguarding alert, taking into account the capacity of the adult at risk to make their own decisions. Each agency monitors and analyses alerts arising within the organisation and reports on a quarterly basis to the Safeguarding Adult Committee.

3.2.2 Staff in all partner agencies have a duty to report immediately any safeguarding allegations or suspicions of abuse to their line manager. At the earliest opportunity, the partner agency manager will decide whether to escalate the alert to the appropriate Adult Social Care service or multi disciplinary team. Once the Safeguarding Adults alert is received it will be assessed by an Adult Social Care / multidisciplinary team manager **within 24 hours**.

3.2.3 The person who is raising the concern is the alerter. This can be anyone and the stage that this happens is referred to in Pan London as the **alert stage**. The **referral stage** is when the local authority formally receives such concerns and the decision is made that further action is required under Safeguarding Adults procedures.

3.2.4 **Decision making:** In order to make the appropriate judgement as to whether the alert needs to be dealt with under Safeguarding Adults procedures, the Adult Social Care team manager will assess:

- the initial information presented
- the risks
- the wishes (if known) of the adult at risk.

3.2.5 Accountable manager: The Adult Social Care team manager acting as the SAM will ensure that immediate needs are met, assess the situation taking into account all the information available and if an investigation is indicated, escalate the alert as a referral to an Adult Social Care Service Manager.

3.2.6 The SAM is responsible for ensuring information is shared with:

- The **Care Quality Commission (CQC)** if the incident involves a private residential/nursing home/domiciliary care provider, in accordance with Regulation 37 of the Care Homes Regulations (2001). When notifying the CQC, a care/ nursing home or domiciliary agency providing personal care, the notifier must contact the placing authorities as there are concerns of abuse.
- The procurement team where an incident involves a contracted residential/nursing home/domiciliary care provider/ Supporting People provider. Depending on the seriousness of the allegation of abuse, consideration will need to be given as to whether a ban on new placements in a care home is appropriate and what actions are required to protect other residents/ service recipients.

LBHF Procurement should be alerted by sending the Safeguarding Alert / Referral episode document from Framework I in PDF format attached to an e-mail to prosupport@lbhf.gov.uk.

- **Informing the Police;** In Hammersmith and Fulham all safeguarding Alert / Referrals must be 'shared' with the police.

In cases where the adult at risk has agreed, or it is deemed in the public interest, to report to the police, a copy of the Framework I Alert/ Referral episode document can be e-mailed to the secure police e-mail address by the team dealing with the Alert / Referral (the document can be attached to an e-mail in PDF format).

All safeguarding alerts must go to the Community Safety Unit at Fulham Police station via FHMailbox-.SafeguardingAdults@met.pnn.police.uk.cjism.net This is the only e-mail address to be used.

If an adult at risk has not given permission to share information with the police, practitioners must telephone Police Fulham CSU on 020 8246 2828 and discuss the case with them without giving details of the actual adult at risk. This is in line with comments already made in section 1.4 in relation to consent and the underlying premise that person's wishes (if deemed to have capacity) must be respected. This is unless there is a duty of care to intervene, for example, a crime may or has been committed and/ or there is a public interest, for example, not acting may put other adults at risks or children at risk.

Note: Crime and Disorder Act 1998 s.115 - provides that any person has the power to lawfully disclose information to the police, local authorities, probation service or health authorities (or persons acting on their behalf), where they do not otherwise have the power. However, whilst all agencies have the power to disclose, Section 115 does not impose a requirement on them to exchange information and responsibility for the disclosure remains with the agency that holds the data

Note: Crime and Disorder Act 1998 s.117 - places a duty on councils to do all that they reasonably can to reduce crime and disorder in the local area and improve people's quality of life as a result

- **Informing personnel/ provider agencies;** if the person alleged to cause harm is an employee, inform the line manager so that the line manager can take action under the personnel / disciplinary procedures of the agency/organisation. Action to protect the adult at risk should not be halted while other internal investigations and disciplinary procedures are being undertaken.
- **Informing funding authority;** if the abuse relates to a person whose care is funded by another health authority or social services, then the funding authority must be notified immediately.
- **Risk assessment;** Evaluate immediate risk. In some circumstances it may be necessary to visit the adult at risk to determine immediate risk. Implement immediate protection plan as necessary.

3.2.7 ADSS Protocol for Inter-authority Investigation of Vulnerable Adults (2005) is an agreement on who [which Borough] is responsible for co-ordinating Safeguarding Adults at Risk processes in the circumstances whereby a service user is placed in residential services in another Borough. It has been interpreted in a number of ways.

3.2.7 This agreement does not in our view negate the underlying principle that the responsibility for the co-ordination of Safeguarding Adults At Risk generally rests with the Borough of the service users Ordinary Residence (**see appendix 2**). The exception being in cases such as residential services located in another Borough. It is acknowledged that a service user of Hammersmith and Fulham may be subject to abuse in another area, due to the location of the residential provision in that Borough. In these circumstances, the authority in which the abuse occurs will lead and co-ordinate the investigation; they are referred to as the **host authority**. A practitioner from Hammersmith and Fulham will be invited to and must attend the strategy meeting and case conference. The responsibility of the risk assessment and immediate protection plan continues to sit with Hammersmith and Fulham as the placing/ funding authority.

3.2.9 It is our stance that Hammersmith and Fulham remains the lead and co-ordinating authority for all other safeguarding in relation to its service users, regardless if this is in or out of Borough. For example, concerns in relation to a day care provider or for example concerns as a result of a service user visiting another Borough socially. These remain the responsibility of Hammersmith and Fulham to lead and co-ordinating and do not fall within the parameters of ADSS Protocol for Inter-authority Investigation of Vulnerable Adults.

3.2.10 Please note that outside of London and the Pan London arrangements, terms, definitions and timescales may differ.

3.3 Stage 3: Strategy Discussion and/ or Meeting

3.3.1 A reported alleged abuse may not require immediate action; nonetheless a course of action still needs to be planned and agreed. All the agencies involved should be contacted and the allegation discussed in person, telephone or email, and then, if considered necessary, a Strategy Meeting should be convened.

3.3.2 Accountable manager:

Decisions on how to proceed and time frame must be taken by the Safeguarding Adults Manager (SAM). The SAM is responsible for the time frames, the chairing of the Strategy Meeting, who should attend and its outcomes, including the need for an investigation, the appointment of an investigating officer, and case conference.

3.3.3 **Timeframe:** The strategy meeting must be completed **within 5 working days** of the referral.

3.3.4 Purpose of the Strategy (planning) Meeting is to:

- consider all available information and confirm the allegation to be investigated
- whether the abuse took place or not
- who was responsible
- further assessments of need and evaluation risk are required
- consider mental capacity and if necessary the instruction of an (independent mental capacity advocate)
- whether other vulnerable people or children are involved and whether this matter should be also referred to partners, i.e., Children's Services
- establish who will lead the investigation, and which other agencies need to be involved
- consider the wishes, if known, of the adult at risk involved
- who will conduct the interviews with both the person at risk, witnesses and the person who may harm if appropriate.
- clarification about questions of confidentiality; including who needs to know what and when?
- consider the needs of the adult at risk and who is best suited to support them through the investigation
- agree time scales for the investigation
- agree a date for a Case Conference within 25 working days from the date of referral to review the actions agreed at the Strategy Meeting and outcome of the investigation.

3.3.5 Safeguarding Adults Strategy and Case Conferences have a different purpose from Care planning/ review or CPA Meetings. It is important that CPA and care planning/review meetings cannot be used as substitutes for Safeguarding Strategy Meetings or Case Conferences and vice versa.

3.3.6 Outcome of a Strategy Meeting

- a decision as to whether further investigation is required
- who will lead the investigation
- an investigation action plan
- a risk assessment and an interim protection plan
- a date for the Case Conference

3.3.7 If the outcome of the Strategy meeting is that the allegation is not found, or all investigations are complete, then any protection plan should be recorded, the investigation concluded and outcomes recorded. It may be appropriate to transfer the protective measures into your ongoing case management and review accordingly.

3.3.8 In a number of cases you may have enough evidence to outcome an allegation at the Strategy Meeting and that further investigation is not deemed necessary. If the allegation is substantiated and/or partially substantiated you must review the Protection Plan within the Safeguarding Process and set a Strategy Protection Plan Review. Frameworki will allow you to select a Strategy Protection Plan Review Episode after a Strategy Meeting Episode. This is only to be used in circumstances whereby it has been deemed not required to proceed to Safeguarding Investigation, Safeguarding Conference but that an outcome of substantiated / partially substantiated requires the review of the Protection Plan.

3.3.8 Copies of minutes should be agreed by the SAM, (chair of the safeguarding strategy meeting) and sent to all participants within 5 working days.

3.4.0 Stage 4: Investigations and Assessment

3.4.1 **Assessment:** If the adult at risk is not already known to Adult Social Care, they must be offered an assessment under the NHS & Community Care Act (1990). Carers must also be offered a carer's assessment under the Carers Recognition & Services Act (1995).

3.4.2 **Time Frame:** Investigations need to be completed within **20 working days** of a referral.

3.4...3 **Accountability:** The lead investigator is accountable to the SAM for the completion of the investigation.

3.4.4 Practice Points to consider prior to completing an investigative interview:

- The alleged adult at risk of abuse should always be interviewed, or at least visited to determine their well-being. If this is not done, the reasons why should be clearly documented.
- The adult at risk should never be interviewed in the presence of the person alleged to be the abuser. If possible and especially in circumstances where a criminal offence may have been committed, the adult at risk should not be interviewed alone. In these circumstances the adult at risk may be accompanied by:
 - Any person to whom they disclosed abuse
 - An "appropriate adult" under the Police and Criminal Evidence Act (1984)
 - An independent advocate or IMCA (Independent Mental Capacity Advocate) where applicable
 - A member of their family or close family friend, if appropriate
- Capacity should always be assessed. Where a person lacks capacity, the use of an Independent Mental Capacity Advocate (IMCA) should be considered. Where abuse is suspected IMCAs are not restricted to people who have no one else to support or represent them; people who have family and friends can still have an IMCA to support them if deemed necessary.
- Where the alleged adult at risk's first language is not English, those who have specific communication needs should have access to an interpreter with knowledge of the relevant culture. The investigator should arrange this prior to the interview and brief the interpreter of the facts known to date as well as taking into consideration any specific communication needs the service-user may have.
- In cases where criminal proceedings may be a possible outcome, a formal interview should always take place with the police. This could involve the alleged adult at risk being interviewed under the Achieving Best Evidence (A.B.E.) Proceedings, i.e. being videotaped, etc. Police officers are specially trained in A.B.E. and conducting disclosure interviews.
- The interview should be conducted somewhere which allows the alleged adult at risk privacy. The investigating officer needs to ensure that the interview is conducted in an unhurried and careful manner, which promotes the confidence of the alleged adult at risk.

- All staff has a right to be accompanied by another worker if it is deemed appropriate and agreed by their line manager.
- If circumstances indicate that there may be violence or a breach of the peace at the interview, staff should request police to accompany them to the interview.

3.4.5 The assessments/investigation will contribute to the development of a protection plan and its implementation.

3.4.6 The investigating officer must complete an investigation report within 20 working days of receipt of the initial referral. This must be submitted to the chair of the case conference at least 2 working days prior the case conference.

View www.dh.gov.uk/en/index.htm where the Department of Health website has useful information and links about IMCAs.

3.5.0 Stage 5: Case conference

3.5.1 **Time frame:** The Case Conference should take place no more than 5 working days after the completion of the investigation and no more than 25 working days after receipt of the referral.

3.5.2 **Accountability:** The case conference is chaired by a senior social work practitioner or manager who is the designated SAM.

3.5.3 The lead investigator will have ensured that the representatives invited to the conference/meeting are in a position:

- to provide information from an investigation they (or their organisation/ team) have undertaken and/or
- to assist in the development of the Safeguarding Adult Protection Plan in which they may have a role.

3.5.4 **Adult at risk involvement;** the adult at risk or/ and a representative should be invited to the case conference. Depending on the adult at risk it may be appropriate to have a part 1 and part 2 of a case conference. Part 1 will focus on the investigation, evaluating evidence, determining an outcome. Part 2 will involve the adult at risk and will support the adult at risk to take the lead in their risk assessment and protection planning.

3.8.5 3.5.5 The purpose of the Case Conference is:

- **To share information** - This will include the information gathered through the investigation. The investigating officer(s) should produce a written report for the purpose of the Case Conference (Appendix 1).
- **To assess risk** - The meeting will assess the risks to the service user and, if necessary, other service users
- **To evaluate evidence** - based on the balance of probabilities, it will be decided whether the abuse is substantiated.
 - To agree on further action needed and by whom
 - To formulate an agreed **Safeguarding Adult Protection Plan**
 - To agree **monitoring and to set a review date** for the Safeguarding Adult Protection Plan (who and when, etc.).
- It will also consider what other actions have been or need to be taken to address abusive practice in individuals or agencies and how this will be progressed. If person that has harmed is a volunteer or paid worker, the case conference must consider a referral to the Independent Safeguarding Authority (ISA).
- A referral to the ISA must be recorded on the service user's case notes, the document itself must not be uploaded on the service user records as it may contain personal and sensitive data on the person who may cause harm. A copy of the referral document to ISA is to be forwarded to the Borough Safeguarding Lead/ Quality Assurance team for them to monitor referrals.

View www.isa.homeoffice.gov.uk where the Home Office publishes up to date and useful information and links about ISAs

3.5.6. Evaluating Evidence; In cases where there is an existing criminal investigation a case conference must still take place and a decision made on a balance of probability on the evidence that had been collated to date. Local Authorities make a decision on a balance of probability as opposed to 100% proof without reasonable doubt. The Case Conference is a formal multi-agency meeting, which will confirm whether the outcome of the investigation. The views of all parties present must be recorded in relation to each allegation, including any difference of opinion.

The following definitions are meant as guidance:

- **Substantiated;** 51% or more of the evidence presented supports the allegation of abuse, the allegation will be considered substantiated.
- **Unsubstantiated;** 51% or more of the evidence presented disproves the allegation of abuse.
- **Inconclusive;** a decision cannot be made as 50% of the evidence supports the allegation and 50% of the evidence does not support the allegation. In cases of inconclusive it may also be that there is only one piece of evidence and there is no additional evidence to collaborate the allegation therefore it is inconclusive.
- **Partially substantiated;** this outcome is only to be used in relation to determining the overall outcome of an allegation whereby there are multiple allegations of abuse. In which case, prior to this determination the above definitions must be applied to each distinct allegation. An outcome will be partially substantiated if the outcomes of the several individual types of abuse vary. For example, in a case of alleged physical abuse and financial abuse, the evidence supports the allegation of physical abuse (substantiated) but the evidence does not support the allegation of financial abuse (unsubstantiated) therefore the overall outcome is partially substantiated.

3.5.7 Safeguarding Adult Protection Plan

One outcome of a Safeguarding Adults process is a Safeguarding Adult Protection Plan. This, as far as possible, puts into place actions to ensure the safety and well being of the adult at risk. The Safeguarding Adult Protection Plan should be recorded and should:

- state what the main objectives are and what the intended outcome is with respect to each action that is planned
- clearly list the actions that should be taken and which individual or agency is responsible for each action
- reflect the views of the adult at risk or their representative as far as it is possible indicate where it has not been possible to put measures in place to protect the adult at risk and the reasons why
- include a contingency plan to be considered in the event of a repeat or escalation of abuse

3.5.8 When drawing up the Safeguarding Adult Protection plan, parties should be mindful of issues of confidentiality of information as the protection plan may have to be more widely available than just to those people who are attending the Safeguarding Adults Case Conference. Information should however be included in respect of any situation that could increase the possibility of future abuse. A contact person should be identified on the Safeguarding Adult Protection Plan who would have responsibility for taking appropriate action to try to ensure the safety and well-being of the vulnerable person and to call a further Review meeting.

3.5.9 Copies of the Case Conference minutes and Protection Plan should be sent to all participants within 5 working days of the meeting.

3.5.10 The Care Plan/ CPA should be amended to include the Protection Plan.

3.6.0 **Stage 6: Reviewing the Protection Plan**

A Safeguarding Adults Review may be required following the Safeguarding Conference.

3.6.1 Timeframe: The time scale for reviewing the Safeguarding Adult Protection Plan will be set at the Case Conference but should take place **within 3 calendar months** of the Case Conference.

3.6.2 Accountability: The SAM is responsible for ensuring that the review takes place and that the outcomes of the review are addressed.

3.6.3 Purpose: The purpose of the review is to ensure that the actions agreed in the Safeguarding Adult Protection Plan have taken place in order to further protect the adult at risk. These could include for example

- actions against the perpetrator
- actions by other individuals or organisations
- any amendments to the care plan/CPA

3.6.4 The adult at risk should, if possible, be consulted about the way arrangements for their care and protection are working. If the review reveals any serious concerns it may be appropriate to carry out a further Safeguarding Adults Investigation or to update the Safeguarding Adult Protection Plan. If the Safeguarding Adult Protection Plan needs to be amended then a copy of this plan should be sent to all the organisations providing a service for the adult at risk. The adult at risk will remain an open case allocated to an appropriate practitioner whilst the Safeguarding process is ongoing. In most cases, this will be a Social Worker or nurse.

If new allegations or suspicions with respect to abuse are raised or identified, consideration needs to be given as to whether to begin a new Safeguarding Adults investigation or if it is appropriate to include these within the ongoing process.

3.6.5 Outcomes

- the care plan is amended to record any ongoing protection plan
- any ongoing concerns are minuted
- in the event of unresolved protection issues, another review is arranged
- if a further investigation or review of the Safeguarding Adult Protection Plan is not recommended, then the Safeguarding Adults Investigation should be formally closed, the decision being confirmed by the Adult Social Care Service Manager acting as the SAM.

3.7.0 Stage 7: Closure

The safeguarding process may be closed at any stage it is decided an ongoing investigation is not needed or if the investigation has been completed, protection plan put in place and has been reviewed.

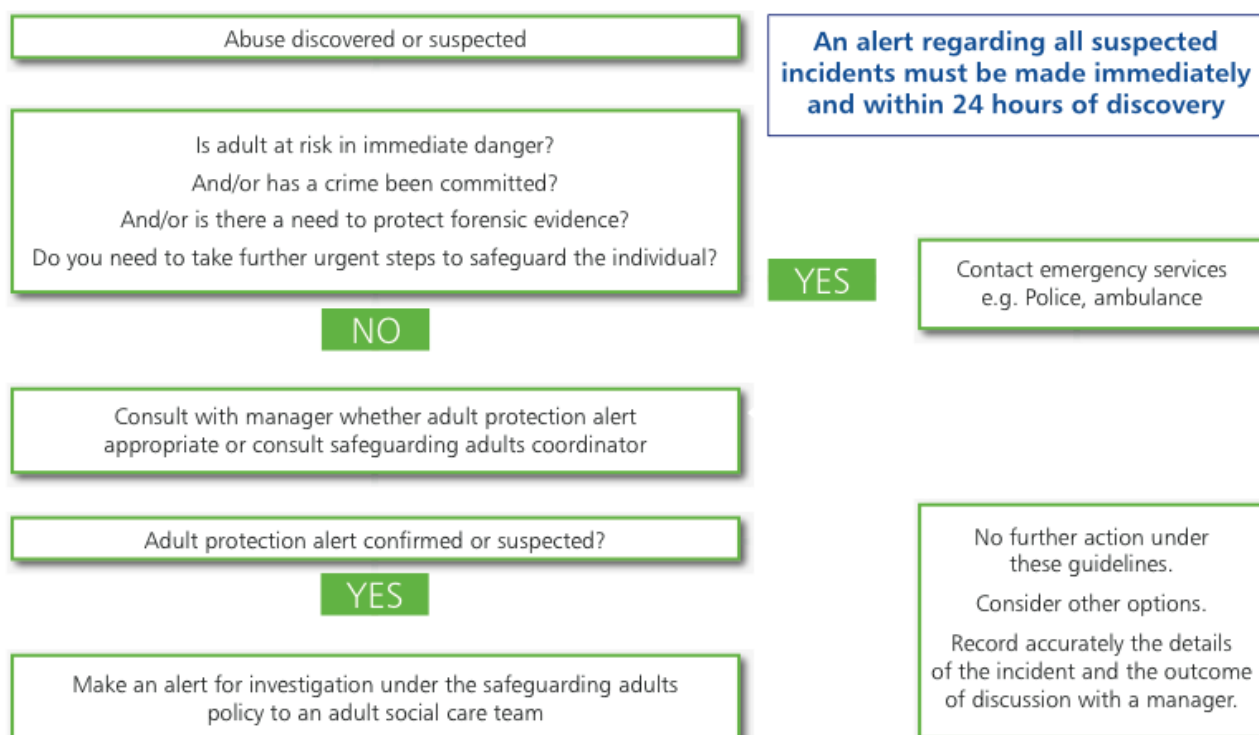
3.7.1 Accountability; The SAM is responsible for agreeing with all agencies involved in the safeguarding process and protection plan that the safeguarding process can be closed.

3.7.2 Purpose; close to safeguarding process and refer to other appropriate procedures if necessary such as CPA or care management.

3.7.3 Actions; the SAM should ensure the following on signing off the closure:

- all actions are completed
- all records completed
- the adult at risk had been informed of the outcome and has been advised of the who to contact in the event of further concerns
- all those involved with the adult know how to re refer.
- Referral to professional bodies of people that harm have been made
- ISA referral has been completed if necessary

Appendix 1: Flowchart of response to a referral alleging the abuse of an adult at risk



Appendix 2:

ADSS Protocol for inter-authority Investigation of Vulnerable Adult Abuse

This agreement was ratified by the ADSS on 20th February 2004 and is intended for adoption by all Local Authorities and Adult Protection Committees.

1. Introduction

These arrangements recognise the increased risk to vulnerable adults whose care arrangements are complicated by cross boundary considerations. These may arise, for instance, where funding/commissioning responsibility lies with one authority and where concerns about potential abuse and/or exploitation subsequently arise in another. This would apply where the individual lives or otherwise receives services in another local authority area.

2. Aims

This protocol aims to clarify the responsibilities and actions to be taken by local authorities with respect to people who live in one area, but for whom some responsibility remains with the area from which they originated.

This protocol should be read in conjunction with Section 3.8 of 'No Secrets' (DoH 2000) and LAC (93) *Ordinary Residence* – Which identifies these responsibilities in term of:

- The authority where the abuse occurred in respect of the monitoring and review of services and overall responsibility for Safeguarding Adults;
- The registered body in fulfilling its regulatory function with regard to regulated establishments; and
- The placing authority's continuing duty of care to the abused person.

3. Principles

- The authority where the abuse occurs will have overall responsibility for co-ordinating the adult protection arrangements (and, for the purposes of this protocol, be referred to as the host authority)
- The placing authority (i.e. the authority with funding/commissioning responsibility) will have a continuing duty of carer to the vulnerable adult.
- The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link with local policy and procedures set out by the host authority.
- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.
- The host authority will make provision in service contracts, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any safeguarding adults concern.

Appendix 3:

Useful contact details

Care Quality Commission	03000 616161
LBHF Procurement Team	020 8753 6910
Placements - Primary Care Trust	020 8383 6400
Standing Together Against Domestic Violence	020 8748 5717

LBHF Adult Social Care:

Hammersmith and Fulham Advice	0845 313 3935
Community and Hospital Assessment Service	020 3311 1811
Community Social Work Team	020 8753 5434
Learning Disability Team	020 8383 6464
Emergency Duty Team (out of working hours 9 - 5)	020 8753 8588

LBHF Childrens Services:

Contact and Assessment Service	020 8753 5392
Family Support and Child Protection Service	020 8753 5534
Emergency Duty Team (out of working hours 9 - 5)	020 8748 8588

LBHF Mental Health Services:

Mental Health Assessment Service	020 7386 1111/1113/1271
Recovery Service - North	020 8483 1750
Recovery Service - South	020 7386 1275

Police:

Hammersmith and Fulham Community Safety Unit	0208 246 2828
Non urgent	101
Safer Neighbourhood Teams	(as below)

Telephone

Email

Fulham Broadway - 020 8246 2302 or	FulhamBroadway.SNT@met.police.uk
Hammersmith Broadway - 020 8246 2638 or	HammersmithBroadway.SNT@met.police.uk
Shepherds Bush Green - 020 8721 2056 or	ShepherdsBushGreen.SNT@met.police.uk
Avonmore & Brook Green Ward - 020 8246 2399	Avonmore.BrookGreen.SNT@met.police.uk
Addison Ward - 020 8246 2798 or	Addison.SNT@met.police.uk
Askew Ward - 020 8246 2709 or	Askew.SNT@met.police.uk
College Park & Old Oak Ward - 020 8246 2747 or	OldOak.CollegePark.SNT@met.police.uk
Fulham Reach Ward - 020 7161 0173 or	FulhamReach.SNT@met.police.uk
Fulham Town - 020 8246 2301 or	FulhamTown.SNT@met.police.uk
Munster Ward - 020 7161 0172 or	Munster.SNT@met.police.uk
North End Ward - 020 7161 0166 or	NorthEnd.SNT@met.police.uk
Palace Riverside Ward - 020 7161 0171 or	PalaceRiverside.SNT@met.police.uk
Parsons Green & Walham Ward - 020 8246 2993 or	ParsonsGreen.Walham.SNT@met.police.uk
Sands End Ward - 020 8246 2823 or	SandsEnd.SNT@met.police.uk
Ravenscourt Park Ward - 020 8246 2702 or	RavenscourtPark.SNT@met.police.uk
Wormholt & White City Ward - 020 8246 2708 or	Wormholt.WhiteCity.SNT@met.police.uk