9 RESPONDING TO ABUSE – THE INTER-AGENCY ‘REFERRAL AND DECISION-MAKING PROCESS’

9.1 **Reporting Alleged Abuse or Inappropriate Care:**

9.2 These procedures relate to the action to be taken in respect of any concerns, direct referrals or disclosures that are made in respect of alleged abuse or inappropriate care of a vulnerable adult. (See Section 5: Shared definitions, categories and indicators of abuse). It also covers instances where the alleged abuse or inappropriate care is actually witnessed by front-line staff who come in direct contact with vulnerable adults and in situations where future care arrangements for vulnerable adults give cause for concern.

9.3 In this context, there is both a moral and legal duty for any staff member employed by any agency/organisation that subscribes to these procedures to take positive and decisive action when witnessing incidents, experiencing concerns or receiving information alleging abuse or inappropriate care of a vulnerable adult.

9.4 To facilitate the accurate and timely recording of these events and the action taken to deal with such events, staff members must familiarise themselves with the standardised VA Inter-agency documentation (See boxed inserts below relating to the range and use of the VA documentation). Practitioners and managers will be required to complete one or more of these documents at various stages of the ‘Referral and Decision-Making’ processes as outlined in this section.

9.5 These procedures seek to enable all staff to act decisively and with confidence, and there is an absolute expectation that they will do so. The safety and welfare of vulnerable people is paramount at all times.

Completion of VA Inter-Agency documentation:

- **VA1** - **Referral form** – Practitioners and line managers from any agency involved in the care, support and protection of vulnerable adults must complete this form when making a disclosure or referral - a VA1(a) Body Map form may also be used in conjunction with the VA1 form in cases where there are alleged ‘physical injuries’. If used, this supplement form must be submitted with the original VA1 Referral form.
- **VA2** - **Record of Decision-Making Process and Outcomes form** – Designated Lead Managers, whether from Social Services, Health Sector, Police and CSIW are responsible for the completion of this form at various stages of the process. (See Section15: Glossary of terms - for meaning of the term -‘Designated Lead Manager’)

- **VA 3 (NFA) form** - Where there is no criminal element to the 'referral', the Police will be responsible for the completion and submission of this form.
- **VA4 – Data Capture form** – This form will be completed by the statutory agency responsible for instigating the strategy process.

Further guidance on the completion and submission of all VA documentation can be found in the 'Practical Guidance for Practitioners and Managers involved in the care, support and protection of Vulnerable Adults' – See Appendix 'A' attached to these procedures.

9.6 A generic flow chart (Fig.1 page 89) – **The Adult Protection Inter-Agency Referral and Decision-Making Process** is used to illustrate the basic elements and signpost the various stages of this process. Whilst this flow chart is likely to act as an *aide memoire* for staff, it must not be used as a substitute or as detailed knowledge of the procedures themselves.

9.7 The terms used are defined below, to ensure clarity of understanding, bearing in mind the widespread use of these guidelines by staff of all agencies involved in providing health and social care and protection:

Flow Chart (Fig.1) Boxes 1-3:

The term 'referral ' relates to any of the following categories:

1. **'Concerns' -** Relates to referrals made by staff or other professionals based on observations made or information received from third party.
2. **'Direct Referrals' -** Relates to those referrals made through 'duty systems' such as those maintained by SSD/Health or Criminal Justice agencies.
3. **'Disclosures' -** Relates to disclosures made by a vulnerable person themselves or someone on their behalf e.g. carer, friend, service user or any other person.

9.8 For ease of reference, when referring to the various methods of referral in these procedures, whether these are as a result of 'concerns' expressed, a direct referral or disclosure made, the generic term *disclosure or referral* will be used. The following stages relate to the action to be taken by staff members who receive the *disclosure or referral* in the form of:

- Information - either directly from the victim or from a third party or
- Discover or witness the abuse and/or inappropriate care themselves.

9.9 **Guiding Principles relating to the 'Referral and Decision-making' processes:**

- Practitioners and managers must always remember that if uncertainty exists over where any allegation of abuse occurs, the Designated Lead Managers in partner agencies must discuss and agree which agency is responsible for co-ordinating the *disclosure or referral* made.
- Details of any *disclosure or referral* must always be recorded accurately and without delay. In this respect, the guidance set out in Stage 1 (paragraphs 9.15 -26) must be followed.
- Practitioners and line managers **must never** dismiss or disregard any *disclosure or referral* made to them even if the circumstances surrounding the *disclosure or referral* suggests that it may be frivolous or spurious in nature. Even 'gut feelings' should not be discounted or ignored as these may quite often prove to have some substance.

9.10 In support of this philosophy, practitioners and line managers **must never make unilateral decisions or judgements** that result in no further action being taken.

PRACTITIONERS AND LINE MANAGERS MUST NOTE THAT:

In circumstances where there may be an element of doubt as to whether the South Wales Adult Protection procedures should be invoked, the matter **must always** be recorded on a VA1 Referral Form and referred to your immediate line manager.

The VA1 Referral Form **must be completed** without delay. Failure to complete the form **must not** delay you reporting the matter verbally to either your immediate line manager and /or Designated Lead Manager.

9.11 **Where abuse allegedly occurs in a regulated service:**

- Refer to Social Services nearest to the service setting - they will be responsible for convening a strategy meeting and co-ordinating initial investigation. Notwithstanding the regulatory requirement that CSIW be informed by care providers, Social Services must inform Care Standards Inspectorate of the allegation without delay.
- The agency tasked with lead responsibility for co-ordinating any subsequent investigation will be decided by a strategy meeting. This will normally involve the provider unless it is felt this would be inappropriate.
- In all situations regardless of other agencies' roles and involvement, the Care Standards Inspectorate will be fully briefed and party to all relevant decision making in regulated services. This will ensure that the CSIW are able to consider

the continued fitness of the Registered Provider (See section 15: Glossary of terms for definition of 'Registered Provider')

9.12 **Where abuse allegedly occurs in health managed care settings:**

There are two possible scenarios where abuse may take place in a health managed or overseen setting. These are where allegations of abuse occur in one of the following settings:

(i) **Non-Registered Setting and/or with Primary Health Care Services in place within a domestic setting:**

- The Social Services designated lead manager will be responsible for co-ordinating a strategy meeting in cases where a vulnerable adult has been allegedly abused in the community or in a non-registered setting.
- The responsibility for co-ordinating the strategy meeting will remain with the Social Services designated lead manager in the cases where the alleged perpetrator of abuse is a primary health care professional.
- The Adult Protection procedures affirm that senior managers in Health will be responsible for instigating any disciplinary proceedings in relation to staff and will therefore, need to be kept informed of the progress and outcome of any investigation into allegations of abuse. The role of the regulatory councils is also noted as central.
- The Social Services designated lead manager will follow the Adult Protection procedures for the process of the investigation and will involve other agencies as appropriate e.g. police, CSIW.

(ii) **Secondary Health Care Settings** (i.e. long and short stay hospitalisation including a hospital's Accident and Emergency department, clinic or day surgery)

- Where the vulnerable adult is allegedly subject to abuse in a Hospital setting, the responsibility for co-ordinating the strategy meeting and the investigation will be the responsibility of the Health designated lead manager who will liase with other agencies as appropriate e.g. police, social services.
- The Health designated lead manager will be responsible for co-ordinating strategy meetings and the initial investigation where a vulnerable adult is allegedly abused in a health care setting.
- The Health designated lead manager will take responsibility for liasing with other health sector colleagues in relation to a full investigation into

allegations of abuse and will involve other agencies as appropriate e.g. police, social services.

- If however, the Health designated lead manager believes that the abuse occurred prior to the vulnerable adult's attendance at the facility, the Health designated lead manager will refer the matter to the Social Services designated lead manager who will arrange a strategy meeting and investigation. The Social Services designated lead manager will follow the Adult Protection procedures as outlined in the guidance and involve other agencies as appropriate e.g. police.
- NHS Trusts that operate 'Safe discharge' policies must consider whether to invoke the Adult Protection procedures in cases where a possibility exists that the vulnerable adults being discharged may be subjected to potential abuse or inappropriate care in the community. In such cases, a VA1 Referral form will be completed and the Social Services designated lead manager consulted with a view to invoking the Adult Protection procedures.

9.13 Notwithstanding the fact that Health sector agencies have primacy over managing the strategic process in sub-paragraphs (i-ii) above, it will be incumbent upon the Health designated lead manager to notify the Social Services designated lead manager of such incidents within 24 hours (i.e. within one clear working day) so that a record of the *disclosure or referral* may be created and progress monitored.

9.14 **INVESTIGATIVE STAGES - 'INTER-AGENCY REFERRAL & DECISION-MAKING PROCESS**

These procedures identify six separate stages in which the above process can take place. Throughout each stage, practitioners and managers must be mindful of the need to adhere to the relevant time scales set for action to be taken and also the need to record critical information and decisions made throughout. The flow chart (Fig.1 – page 89) provides an overview inclusive of stipulated time scales.

Practitioners and line managers must record the details of the *disclosure or referral* made by using the VA1 Referral form (See Chapters 4 and 5 of the Practical Guidance document for step by step assistance on how sections 1 and 2 of the VA1 Referral form can be completed. Additional guidance is also provided in Chapter 6 of the Practical Guidance relative to the completion of the supplement - VA1 (a) Body Map form – Appendix 'A')

9.15 **STAGE 1:**

9.16 Initial disclosure or discovery:

Both practitioners and line managers are reminded that they **must never** make unilateral decisions or judgements on whether to dismiss or disregard any *disclosure or referral* made to them even if the circumstances surrounding the *disclosure or referral* suggests that it may be frivolous or spurious in nature.

> **Flow Chart (Fig.1) – Box 4:**
>
> **'Information received and/or discovered by organisation staff member':** This could relate to any one within an organisation, at any level and undertaking any role-direct service, administrative support or other. No matter what their role, all employees have a duty to follow these guidelines and must be supported in their efforts to do so.
>
> The VA1 Referral form must be used to facilitate the reporting of any alleged abuse and/or inappropriate care.

9.17 If the *disclosure or referral* is made by a vulnerable adult alleging some form of abuse or inappropriate care to themselves or any other vulnerable adult, the following steps **must** be taken:

1) You must not promise to keep this information a secret. You must try and make it clear that you are obliged to pass this information on to those persons who can properly decide what action to take next.
2) You should reassure them that the *disclosure or referra*l being made either by them or on their behalf will be taken seriously.
3) You should listen carefully and sympathetically. You should also bear in mind that some service users e.g. those with a learning disability or sensory impairment will sometimes require the involvement of a specialist communications skill e.g. an Interpreter or registered Intermediary (See Section 15: Glossary of Terms for meaning of these terms). Similar considerations should also be given to those service users whose first language is other than English.
4) If you discover that the vulnerable person is physically injured and in need of immediate medical assistance, you must summon help by calling an Ambulance or the person's doctor. (If the abuse amounts to a criminal assault, they must also consider contacting the Police – See paragraph 9.16 below for 'Immediate action to be considered')
5) You should try to avoid asking the victim direct questions about any alleged abuse and do not engage in any formal interview with them - this should not however preclude you

from asking questions that are designed to clarify what is being said so long as this does not become intrusive.

6) It is important to note what the vulnerable adult tells you. This is particularly important when the person volunteers information about the identity of the alleged perpetrator or some other material fact that relates directly to the alleged abuse. You must make notes, either at the time, or as soon as possible afterwards. These should be signed, timed and dated by the person making the notes and filed securely.
7) You must not confront the alleged abuser nor investigate the matter yourself.
8) You must report the details to your line manager or Designated Lead Manager without delay. You must also complete a VA1 Referral form and submit this to your line manager.
9) Where the Police are the 'first point of contact' in discovering/suspecting alleged abuse involving a vulnerable adult, it will be incumbent upon the Police designated lead manager to notify the Social Services designated lead manager of such incidents. This should be within 24 hours (i.e. within one clear working day) so that a record of the *disclosure or referral* may be created and progress monitored.

9.18 **Immediate action to be considered:**

The safety and welfare of the vulnerable adult will always be paramount. The support needs of the vulnerable adult should also be considered throughout this whole process.

Flow Chart (Fig.1) Box 5:

'If immediate action is necessary': This applies to any victim who displays physical injuries that are in immediate need of medical attention. If such injuries appear to be non-accidental, then consideration should also be given to contacting the police at the earliest opportunity (subject to the consent of the victim). Immediate medical attention must also be considered where there is evidence of –

- Extreme neglect - in cases where the individual may be 'discovered' in a very malnourished, dehydrated and dirty state and whilst not physically injured, will require urgent medical attention.
- Emotional or sexual abuse – in cases where the individual may actually become suicidal before the seriousness of the situation is realised. Any individual who represents a high risk of suicide must receive urgent medical attention e.g. a mental health assessment.

9.19 If the individual has been subjected to a recent physical and/or sexual assault, you must ensure immediate medical attention is provided. Where a criminal offence has been committed or is suspected of having been committed, the police should also be notified as soon as possible. Whilst this does not necessarily mean that a criminal investigation will be required, it is important that the police retain the opportunity to be informed and consulted to ensure that all relevant information can be taken into account before any decision is made on whether to investigate or not.

9.20 Whilst it is important that these steps are taken without undue delay, consideration must always be given to the victim's feelings with support from an advocate or relative as they prefer. Every effort should be taken to explain any action you propose to take especially when involving the police.

Out of hours contact: It should be noted that when abuse occurs which requires prompt and immediate action by Social Service staff, it may be necessary in cases of serious abuse to contact Social Services outside normal working hours - e.g. to seek advice/information or the provision of an appropriate adult. In view of this, 'Out of hours' Social Service teams will need to be conversant with the Adult Protection policy and procedures in order to advise referrers appropriately.

9.21 Other considerations may involve the provision of therapy for vulnerable adults who may be later classed as vulnerable or intimidated adult witnesses under the Youth Justice and Criminal Evidence Act 1998. Whilst this issue is likely to be discussed as part of the strategy process, guidance on the provision of such therapy in criminal cases can be found in paragraphs 9.67 of this section.

Flow Chart (Fig 1) Box 6:

'Preserve physical evidence' – If it appears that the *disclosure or referral* is criminally based, then you should preserve any physical evidence that may be present (e.g. clothing worn by the victim at time of any alleged sexual or physical assault).

'Do not investigate' - Whilst you may consider taking such action that allows you to substantiate the *disclosure or referral* (e.g. making a cursory search for a 'stolen' purse that may be misplaced or lost/checking with relatives or staff to establish when purse was last seen) you should not investigate the matter.

Remember – early consultation with the police may identify the best ways of preserving evidence and any appropriate action to be taken in respect of any alleged perpetrator.

9.22 In recent incidents of physical and sexual assaults, particularly where a rape or attempted rape is alleged, it will be crucial to preserve any potential forensic evidence. This may involve:

- Contacting the Police immediately – they can also advise you on ways of preserving evidence.
- Taking possession of any clothing worn by the victim at the time of any alleged attack. (If clothing is taken by you, you should ensure that each item of clothing is packed separately to avoid cross contamination – advice on this can be provided by the Police)
- If appropriate, taking possession of any bedding that the victim and alleged perpetrator may have come in contact with (If taken, similar precautions need to be taken as above with victim's 'clothing')
- In cases of alleged recent sexual assault (especially rape) the victim should be dissuaded from taking a bath or shower until a Forensic Medical Examiner has had an opportunity to examine and take intimate samples from them. Such examinations will be subject to consent of the victim – see Section 8: Capacity and Consent, sub-section 8.16 'Consent – The Basic Principles'.

9.23 Early consultation with the Police will enable them to establish the likely extent of the criminal act that has been committed. It will also allow them the opportunity to secure any forensic evidence and to explain what action should be taken in respect of the victim and any potential suspect. If the Police need to arrange for the vulnerable adult (alleged victim) to be examined by a Forensic Medical Examiner, arrangements will be made in such a way as to minimise any further distress to the victim.

9.24 It is essential that medical examinations and formal interviews of any vulnerable victims of alleged assault and/or rape be kept to an absolute minimum. Staff members should not carry out any formal interview of the victim as this may unwittingly compromise the admissibility of any evidence later given in court. This should not however, prevent practitioners from seeking clarification of the facts.

9.25 If the alleged perpetrator of the abuse is also a vulnerable adult (by definition) then equal consideration will need to be given to this person's needs in terms of their disability and the support they need (see guidance below). In instances of alleged criminal abuse, the Police will make any arrangements that are necessary for interviewing this person, taking into account the person's mental and/or physical disability.

9.26 Alleged abuse by a Vulnerable Adult on another Vulnerable Adult

9.27 Any abuse is serious and needs to be recognised, no matter who the alleged perpetrator is. Sometimes potentially abusive behaviour by one vulnerable adult on another becomes tolerated and accepted in the culture of some care settings – the behaviour being considered ‘normal’ or as something that cannot be changed.

9.28 It is unacceptable for staff to passively tolerate abusive behaviour and unless action is taken by staff, victims of abuse may lose confidence and self-esteem and/or may abuse others they see as having less power than them.

> **Research supports the view** that people who are vulnerable because of a mental or other disability or age, are more predisposed to the risk of abuse from other vulnerable adults if they are placed in a large group setting where there is less scope to pay attention to specific individual care/support needs.
>
> (*Research based on ‘Institutional Abuse – Perspectives Across The Life Course’ (Routledge Press 1999) and ‘Who Decides – Making Decisions on Behalf of Mentally Incapacitated Adults)*

9.29 Such individuals are often highly dependent upon the care and support of others to meet their everyday needs. The research suggests that a mix of unplanned emergency admissions to care settings, poor matching of individual need to service provision and hierarchical staffing structures can lead to a sense of powerlessness amongst vulnerable adults in a group setting.

9.30 This can sometimes lead to challenging and abusive behaviour as individual vulnerable adults try and establish their place in the ‘pecking order’ of the organisation. The situation can lead to one vulnerable adult exploiting or causing serious harm to another vulnerable adult.

9.31 The obvious approach is a preventative strategy. It is important to ensure that vulnerable adults have received a comprehensive, multi-disciplinary assessment and care plan prior to admission into a care setting with a stringent monitoring and review process of the care package. However, even well planned admissions can result in ‘one off’ incidents of abuse particularly where people’s behaviour is unpredictable.

9.32 **Practical Guidance for Practitioners and Managers:**

The following guidelines for practitioners and managers relate to ‘one-off’ cases of abuse where one vulnerable adult abuses another. (N.B. Issues around inappropriate management of a regulated setting or service is the responsibility of the Care Standards Inspectorate for Wales):

- If the alleged perpetrator of abuse is a vulnerable adult his/herself, it is important to show sensitivity and exercise professional judgement when deciding on the necessary action. Notwithstanding this, the care and safety of the alleged victim must be ensured.
- The Social Services designated lead manager will be responsible for convening a strategy discussion/meeting.
- The Social Services designated lead manager will also need to exercise professional judgement in relation to how far the perpetrator had intended his/her actions to be deliberately abusive. The issue of mental capacity is an essential factor in reaching a conclusion. Where mental capacity is in doubt, the designated lead manager will arrange a medical assessment – see Section 8, paragraph 8.7 'Capacity – The Basic Principles'.
- If the abuse is of a serious physical or sexual nature, then the designated lead manager must contact the Police as soon as they are aware of the incident.
- The Police (in conjunction with the Crown Prosecution Service) will decide on whether there is sufficient evidence to charge any alleged perpetrator of abuse. If the Police carry out a criminal investigation involving the interview of the alleged perpetrator (vulnerable adult), arrangements must be made for an appropriate adult to be present during the interview process. (See section 15: Glossary of terms for meaning of 'appropriate adult' and paragraphsa14.41-42 of Section 14: Legal Context for further guidance on this issue). During the course of the criminal investigation, the Police will keep other agencies informed where appropriate e.g. Social Services/Health and CSIW.
- If the alleged victim or perpetrator of abuse is in a regulated setting as a result of a care placement, the designated lead manager must inform the CSIW's regional office with immediate effect of the incident if the Home manager has not already carried out this task.
- The management of such situations, although led by the Social Services designated lead manager, will need a sensitive and collaborative approach between Social Services, CSIW, the Police (where appropriate) and the provider. The same principle will apply whether the placement is funded via a Social Services contract or not.
- Any Adult Protection Case Conference held (as a consequence of the strategy meeting – see paragraphs 9.78–89) will be co-ordinated by the Social Services designated lead manager. The prime purpose of the case conference is to agree a plan to protect the interest of the vulnerable victim. A second case conference may need to

be convened to discuss the needs of the vulnerable adult who is also the alleged perpetrator. It is important to keep a separate focus on the needs of these two individuals.

- The planning of any case conference will need to be carried out sensitively, particularly as the vulnerable adult and relatives may be invited to such a meeting.
- It is considered to be good practice to include in the protection plan a section on 'post abuse' support.

Supplementary guidance:
Practitioners and mangers should note the supplementary guidance relating to **Public Interest Disclosure** (whistle-blowing) which can be found in Appendix 'B' of these procedures

9.33 **STAGE 2:**

9.34 **Notifying your Line Manager:**

Flow Chart (Fig.1.) Box 7:

'If line-manager or other member of staff is a potential suspect' – If nature of *disclosure or referral* indicates or suggests that your immediate line-manager or other member of staff is a potential suspect, then you **must** notify your Departmental Head. The Departmental Head will then need to consider whether management action is appropriate in order to protect the interests of all parties concerned.

Flow Chart (Fig.1.) Box 8:
'Via immediate line manager' – Relates to your immediate supervisor. If unavailable, the next senior line-manager **must** be contacted in order to avoid any delay in reporting the *disclosure or referral* made.

Please note: Where such management action by an employer includes suspension of a member of staff on account of harm caused to a vulnerable adult, consideration **must** be given to notifying the Secretary of State under the POVA Scheme. For further information on this, see paragraph 53 of the Department of Health's Practice Guidance (POVA Scheme) and paragraphs 4.4 and 11.18 of the Adult Protection procedures.

9.35 You must inform your immediate line manager without delay. If for some reason your line manager is not available - you must consider notifying your next senior manager. In the event that there is a possibility that alleged abuse may have been perpetrated by your line-manager or other member of staff - then you must contact your Departmental Head or Service Manager without delay.

9.36 If a member of staff is suspected or perpetrating abuse on any person under their care and/or supervision, then the Departmental Head must consider whether there is a need to take immediate management action against the alleged perpetrator. This may involve ‘suspending’ the staff member from duty or removing them to other duties, pending a formal investigation. When taking such action, it is important to realise that taking this action is necessary to protect the interests of both parties involved. In such circumstances, the Departmental Head must notify the Designated Lead Manager as soon as possible (See Stage 3 – paragraph 9.41)

9.37 At the behest of your line manager, you may be required to inform other appropriate professionals involved with the vulnerable adult and also gather preliminary information that is available in respect of the alleged victim.

9.38 **The Role of the Immediate Line Manager:**

Flow Chart (Fig.1) Box 9:

(a) **‘Consider capacity and consent’ –**The mental capacity and wishes of the vulnerable person will always be a factor when deciding on the course of action you may take. In determining this action, consideration must be given to the likely risk to others and the potential for re-offending to take place if the matter is not formally dealt with.

(b) ‘**Collate available information, record relevant decisions but do not investigate’-** Once information has been received that amounts to a *disclosure or referral* you may collate relevant information that is readily available to you and your decisions and actions should be recorded, timed and dated by the person making the record.

9.39 Referral to your immediate line manager is essential and once notified, it will be their responsibility to progress the *referral* to the appropriate Designated Lead Manager. On being notified of any *disclosure or referral* from a member of staff or other third party, the line manager should as part of the preliminary information gathering:

1) Consider the *disclosure or referral* made with a view to clarifying any of the details given. (i.e. evaluate reliability by establishing source of information and its likely credibility)

2) Consider the wishes of the vulnerable adult (alleged victim) - if they are capable of making informed choices, you must respect any decision not to proceed with the complaint

unless otherwise it is in the interest of the alleged victim or or other members of the public.

3) Consider the alleged victim's capacity and ability to provide informed consent. Whilst Section 8 of these procedures provides detailed guidance on all issues relating to Capacity and Consent, the primary consideration for line managers to consider in this particular context is to determine whether the alleged victim has given informed consent to *referral* being made. By 'informed' consent, you should satisfy yourself that the alleged victim fully understands the consequences of them agreeing to make this complaint. If they do not, then only if it is either in the best interests of the alleged victim or other potential victims to do so, can you justify making this *referral* on their behalf.

4) Consider the *disclosure or referral* in the context of the definitions of abuse and existing procedures that deal with such a claim.

5) Check with the alleged victim and/or third party making the *disclosure or referral* to establish what action is being sought (i.e. confirmation or reassurance of what has been said).

6) Obtain other relevant information that can be obtained from persons involved with the vulnerable adult (alleged victim) (this must be relatively discrete and should not 'alert' any potential suspect perpetrator).

7) If the Police are to be contacted, ensure that the victim is aware of this and that the reasons for involving the police have been explained to them. (If no consent is provided, and an overriding public interest exists, further guidance can be found in Section 8: Capacity and Consent, paragraph 8.28)

8) To ensure that all relevant facts and decisions made in respect of the *referral* and actions taken in response are be accurately recorded - VA1 Referral form to be completed.

9) Under no circumstances should the line manager investigate the *disclosure or referral.* In appropriate cases however, the line manager may make some discrete enquiries (or may be conduct a cursory search) to establish the credibility of the *disclosure or referral* e.g. - if it is alleged that a purse has been stolen, it would be appropriate to make some tentative enquiries with relatives who last visited a patient or resident and/or conduct a search to ensure the purse has not been mislaid. The line manager should consider such action carefully and if necessary, seek the advice of the Police.

Summary of Actions to be taken by Line Managers:

- Notify their Designated Lead Manager without delay
- If disclosure takes place in a Care Home, there is a legal obligation to notify appropriate regional office of the CSIW without delay
- If disclosure is non-criminal, consider contacting other relevant agencies that may be able to provide information and support
- If disclosure is criminal, contact the Police designated lead manager (Public Protection Inspector)
- Do not make unilateral decisions or judgements on whether to invoke the VA procedures
- Record decisions and actions taken to date

9.40 **Practitioners and Managers must always remember that**:

- If in doubt, to seek advice.
- If uncertain, the reporting of any concerns must always be made to the Designated Lead Manager – do not make any unilateral decisions
- The term 'Investigation' in the context of these paragraphs refers to the technical process of investigation and does not prevent practitioners seeking clarification of the facts e.g. referring to file records or other relevant documents.

Line Managers must note:

- On receiving the VA1 Referral form from the person who received the initial *disclosure* or *referral* – they must complete section two of the VA1 form before submitting it to their designated lead manager for their consideration.
- If notifying designated lead manager verbally of the 'referral', every effort must be made to submit the completed VA1 Referral form to the DLM without delay.
- Designated lead managers will require a copy of completed VA1 Referral form (and if appropriate, copy of completed VA1(a) Body Map form) when facilitating the strategy discussion or meeting process.

Further guidance on this can be found in the Practical Guidance for Practitioners and Managers – Appendix 'A'.

Supplementary Guidance: Guidance relating to **Inter-agency arrangements for investigating alleged abuse of Vulnerable Adults placed in other Local Authority areas** (Welsh Office Circular 41/93 – Ordinary Residence – Personal Social Services) can be found in Appendix 'C'.

9.41 **STAGE 3:**

9.42 **Notifying your Designated Lead Manager**

> **Flow Chart (Fig.1) Box10:**
>
> **'Refer to designated lead manager'** – All core agencies having statutory responsibilities for the care, support and protection of vulnerable adults will have designated lead manager(s). Details of these designated lead managers are included in the contact section of this document and are widely circulated within each agency. Staff must be notified of any changes whether permanent or temporary absence due to holiday/courses.
>
> **Flow Chart (Fig.1) Box 11:**
>
> **'Refer to a Social Services designated lead manager whose role will be to co-ordinate any adult protection issues'** - Social Services has the lead responsibility for co-ordinating policy and practice relating to the abuse and/or inappropriate care of vulnerable adults. If the initial *disclosure or referral* is made to a designated lead-manager that is **not** Social Services based, then this *disclosure or referral* should be referred to the Social Services designated lead manager within 24 hours (i.e. within one clear working day).

9.43 Where the alleged abuse is committed within a health managed setting, the Health designated lead manager can also arrange the strategy meeting. (See Stage 4 -paragraph 9.56). In circumstances where the abuse has occurred in or has been referred by an agency other than Social Services, then the designated lead manager of that agency will need to refer the matter to the designated Social Services lead manager. This should be within 24 hours (i.e. within one clear working day) of the original *disclosure or referral* being made.

9.44 Line Managers must notify **without delay** either their own designated lead manager or Social Services designated lead manager depending on the circumstances and setting where the alleged abuse took place.

> **Notifying your designated lead manager - General rules governing the use of e-mail or fax for the transfer of confidential information:**
>
> Confidential and sensitive information **must not** be sent by e-mail over the Internet unless encrypted. If transferring this information (e.g. copy of VA1 Referral form) via a fax, this **must** be sent to a known recipient who **must** be notified in advance so that arrangements may be made to receive the information.

9.45 **The Role of Designated Lead Manager(s) (Other than Social Services based):**

9.46 Incidents of abuse occur in a variety of settings. It is therefore necessary for all partner agencies to appoint designated lead manager(s) who will have specific responsibility for co-ordinating their agency's response to any *disclosure or referral* made. Due to geographical size and/or structure of some organisations, these agencies may find it necessary to appoint more than one designated lead manager (e.g. in the case of the NHS Trusts, each of the six Trusts may appoint a designated lead manager in each of their main hospitals).

Contact details of your Designated lead Manager(s) can be found in Section 16: Contact List of Partner Agencies

9.47 **The Role of Social Services Designated Lead Manager(s):**

9.48 Social Services have the lead responsibility for the co-ordination of policy and practice in respect of the care and protection of vulnerable adults. In keeping with this, Social Service Authorities will need to appoint designated lead managers(s) whose primary task will be to undertake the inter-agency role of adult protection co-ordination in their respective local authority area. Again due to geographical and/or organisational structures, some authorities may need to appoint one or more designated lead officers. This is most likely where these officers have responsibilities for specific vulnerable adult client groups such as those who experience mental ill-health, learning disabilities, older people and those who have a physical or sensory impairment.

9.49 These designated lead managers are likely to be Team Manager/Principal Officer grade. The number of designated lead managers appointed within each local authority social services will be at the discretion of that Authority. However, where possible these appointments should be restricted to ensure ease of inter-agency communication and consistency of operational practice.

9.50 Social Service designated lead managers have lead responsibility for arranging and chairing any formal Adult Protection Case Conference irrespective of whether the strategy discussion/meeting process was instigated by Health, Police or CSIW – See paragraphs 9.78–87 for further guidance.

Contact details of your Social Service Designated Lead Manager(s) can be found in Section 16: Contact List of Partner Agencies

9.51 **Action to be taken by ALL Designated Lead Managers:**

> **Flow Chart (Fig.1) Box 12:**
>
> **'Contacting other relevant agencies where appropriate' –** This involves two distinct actions that need to be taken if appropriate:
>
> (i) If *disclosure or referral* emanates from a regulated setting, there is a legal obligation to refer the matter to the CSIW without delay.
>
> (ii) If the *disclosure or referral* appears non-criminal, consideration should be given to contacting other relevant agencies that may be able to provide relevant information and support.

> **Flow Chart (Fig.1) Box 13:**
>
> '**Contact the Police Public Protection Inspector'** – If the *disclosure or referral* has criminal connotations, the designated Public Protection Inspector and/or the Police Public Protection Unit in your local authority area must be contacted. Territorial Divisions (also referred to as Basic Command Units) within the South Wales Police area are co-terminus with each local authority area). Such contact can be made informally (if only advice is sought) or formally (if seeking immediate police action).

9.52 The Adult Protection procedures demand that without delay and in any case within 24 hours (i.e. within one clear working day), the line manager must notify either the appropriate designated lead manager (if abuse took place in a non-social services setting) or the Social Services designated lead manager (if abuse occurred in a social service based setting) of the *disclosure or referral* of alleged abuse or inappropriate care.

9.53 In circumstances where the abuse has occurred in or has been referred by an agency other than Social Services, then the designated lead manager of that agency will need to refer the matter to the Social Services designated lead manager as soon as possible. This must be within 24 hours (i.e. within one clear working day) of the original *disclosure or referral* being made.

> **Use of VA 2 'Record of decision-making and outcome' form by Designated Lead Managers:**
>
> The VA 2 Form is for use by Designated Lead Managers in Social Services, Health and the Police and **must** be completed by them (Stage 3 onwards) as a record of the 'decision making' process and any subsequent action taken. Further guidance on

the completion of this form can be found in the Practical Guidance for Practitioners and Managers – Appendix 'A'.

9.54 **Unilateral Decision-Making by Designated Lead Managers:**

Where a *disclosure or referral* is received by the Designated Lead Manager (DLM) and the facts of the case unequivocally support the view that the Adult Protection procedures should not be invoked, the DLM can exercise discretion in deciding whether or not to invoke the Adult Protection procedures.

Making unilateral decisions of this nature should however be avoided even when the facts and/or available evidence fail to indicate that abuse/inappropriate care has taken place. In such cases, it is strongly advised that the details and circumstances surrounding the *disclosure or referral* are shared with other relevant agencies e.g. Health, Police or CSIW as part of the strategy process – thus allowing a joint decision to be made on whether or not to invoke the Adult Protection procedures.

In either case, the DLM **must** record the reasons for making such decisions in the VA2. (Guidance is provided in the Practical Guidance for Practitioners and Managers– Appendix 'A')

9.55 **Other factors to be considered by the Designated Lead Manager:**

- If the designated lead manager (Social Services/Health) and the Police agree during the 'strategy discussion' that there are sufficient grounds to warrant a formal investigation, the two agencies will agree on how this investigation should be initially instigated. Once the Police agree to take the lead role in any criminal investigation, this does not preclude a separate and related investigation being carried out by other agencies so long as this is agreed and properly co-ordinated.
- As a matter of good practice, the designated lead manager must ensure that the alleged victim is kept appraised of the progress and ultimate outcome of any investigation carried out into an allegation made by them of abuse. The DLM should also establish and act upon the wishes of the alleged victim as to who should be informed.
- Where the vulnerable adult is a resident in or in receipt of a regulated service and an incident of abuse and/or inappropriate care takes place, it is the responsibility of the Registered Person to inform the Social Services designated lead officer, who are then legally obligated to contact the regional CSIW office so that they may consider the need to implement their procedures. A decision to do so will include a clear statement of understanding of what action will be taken by them and the mechanisms that need to be put in place for reporting back. This does not preclude the

Registered Person from informing their local CSIW Office as is required by the Care Standards Act. (For meaning of a 'Registered Person' – see Section 15:Glossary of terms)

- Where the suspected perpetrator of the abuse is also an employed member of the regulated service, then regional CSIW office must be informed.
- Depending on the nature of the allegation, both the Police and the respective regional CSIW office may have a primary responsibility to investigate and in the event that one of these agencies is given the lead investigative responsibility, Social Services will continue to co-operate by co-ordinating and managing the inter-agency response.

Managers please note:

Guidance relating to **Reciprocal arrangements for reporting potential abuse by Child and Adult Protection Agencies** (relative to allegations of abuse against an individual who is a professional, staff member or volunteer in contact with children or vulnerable adults) can be found in Appendix 'D'.

9.56 **STAGE 4:**

9.57 **The Strategic Process**

Flow Chart (Fig.1) Box 14:

'Decide whether to hold a strategy discussion and/or meeting' – The designated lead managers in Social Services/Health and the Police can decide whether to hold a strategy discussion and/or meeting, dependent on the number of agencies that are likely to be involved. If there are only two agencies involved and the issues are relatively easy to resolve, then a strategy discussion can take place either informally face to face or over the telephone. Despite the informality of such discussions, all information shared and decisions made must be recorded using the VA 2 'Record of Decision making and Outcome' form.

9.58 **Holding a Strategy Discussion**

The initial strategy discussion is probably the most pivotal aspect of the strategic process and is likely to shape the immediate future of any inter-agency response and investigation. As a general rule, a strategy discussion is appropriate when there are no more than two agencies involved and the issues are relatively easy to resolve. It can be conducted over a telephone or by meeting person to person.

A strategy discussion facilitates the reporting of a *disclosure or referral* by one designated lead manager to another. Where there are urgent issues to be addressed and/or immediate action to be considered, the strategy discussion **must** be held on the same day as receiving the *disclosure or referral* or in cases where there is less immediate action required, within 48 hours (i.e. within two clear working days). Generally, the purpose of holding a strategy discussion is to:

- Identify the nature, apparent seriousness and level of risk caused by the alleged abuse
- Decide on whether or not the Adult Protection procedures should be invoked – if not, agree on most appropriate alternative action to take
- Arrange any immediate action to eliminate or reduce risk
- Arrange any immediate supervision and support for alleged victim (including consideration for possible referral to Victim Support, subject to consent of victim – Section 6 for the role and responsibilities of the Victim Support Organisation and section 16, for contact details of local VS offices)
- Determine whether there are sufficient ground to warrant investigation by the police
- Identify measures to preserve evidence (if appropriate)
- Facilitate the gathering of information from internal and external sources
- Agree on whether to hold a Strategy Meeting – if so, agree on the reasons and who should be involved
- Make arrangements for a Strategy Meeting to take place

Whilst a strategy discussion may be conducted informally, there is still a need to accurately record details of what was discussed and any decisions that were made. Outcomes and decisions made must be recorded using the VA2 form – 'Outcomes from Strategy Discussion' (page 6).

9.59 **Holding a Strategy Meeting**

Flow Chart (Fig.1) Box 15:

'If a strategy meeting is held' - A strategy meeting is called when it is clear that further inquiries are needed and that these are likely to involve a number of agencies. The strategy meeting will also allow participating agencies to share information and reach consensus on decisions about how to proceed. The decision to hold a strategy meeting will be that of the Social Services, Health or Police designated lead manager. Other core agencies may request that a strategy meeting is held but this should be facilitated by the Social Services designated lead manager in the role of adult protection co-ordinator.

9.60 It will be the responsibility of the designated lead manager Social Services/Health and Police to decide on whether to hold a strategy meeting with those agencies that have a relative interest in the *disclosure or referral* made by the vulnerable adult (alleged victim) or other third party. Where the *disclosure or referra*l is received by an agency other than Social Services, the designated lead manager of that agency should notify the designated Social Services lead manager of the outcome of any strategy meeting held relative to the Social Service's adult protection co-ordinating role.

9.61 Notwithstanding any earlier decision to conduct a 'strategy discussion' with any other agency, the Social Services/Health or Police designated lead manager must arrange a strategy meeting when there are sufficient grounds to suspect abuse or inappropriate care has taken place in respect of a vulnerable adult.

9.62 A strategy meeting must be arranged on the same day of the *disclosure or referral* and in any case within 48 hours of the *disclosure/referral* being made (i.e. within two clear working days). Where it is impracticable to hold a strategy meeting within 48 hours, this **must** be held at the earliest opportunity and the reason for any delay recorded in the VA2. Where the delay in holding a strategy meeting is due to the unavailability of key agency personnel or where weekend and/or public holidays intervene, **any *disclosure or referral* which involves a serious allegation of abuse and requires immediate multi-agency intervention should not be deferred and must be addressed during the initial strategy discussion.**

9.63 **Purpose for holding a Strategy Meeting:**

- To gather, share and evaluate relevant information
- To decide on the most appropriate action to be taken and by whom

9.64 **What the Strategy meeting should decide:**

- The roles of the agencies involved in the process
- The capacity and wishes of the vulnerable adult (alleged victim)
- The mental capacity of the vulnerable adult
- Does the vulnerable adult (alleged victim) consent to investigation – if not, whether it is in the public interest to proceed?
- How the vulnerable adult will be appraised of the progress and outcomes from the investigation?
- What issues exist in respect of 'confidentiality'
- What action is required to ensure the safety of the vulnerable adult (alleged victim) pending the outcome of an investigation – is there need for immediate protective action either on a voluntary basis or through the courts?
- How can information/evidence about the alleged abuse be most effectively gathered?
- How should the family, carers or advocates be involved?
- If not already established - is there a criminal element to the alleged abuse? If so, is there a need to preserve evidence (NB – the preservation of evidence may well have been addressed earlier prior to making the referral).
- Do the Police take the lead in any investigation? (See paragraph 9.65)
- Does the vulnerable adult (alleged victim) need to have a medical examination? If so, is this to be clinical and/or forensic? Issues of consent to be addressed and necessary arrangements made. (NB – these decisions may have already been made during the strategy discussion stage).
- Are 'special measures' likely to be required under Part II of the YJCE Act 1998 – if so, should the CPS be consulted?
- What practicable assistance would facilitate the vulnerable adult's (alleged victim's) involvement and co-operation e.g. the interview supporter - who can be a relative, friend or advocate; transport to interview suites.
- What personal support do families need e.g. links with support groups, separate workers for different family members (including possible referral to Victim Support, subject to consent of victim and/or family – For further details of the roles of the Victim Support organisation, see page 34 section 6: Roles and responsibilities of key agencies)
- What arrangements should be made to facilitate the involvement of vulnerable adults (alleged victims and witnesses) with disabilities e.g. conducting interviews in buildings with easy access; the use of registered interpreters or intermediaries.

- Are there issues of race, culture, language or gender that require special arrangements to be made?
- Does the alleged perpetrator have employment/does voluntary work in any other care setting – If so, should those agencies be notified? (Consider guidance on Reciprocal reporting arrangements between Child and Adult Protection Agencies – Appendix 'D'.)
- Are there other vulnerable adults (potential victims) that may have been abused by the same perpetrator?
- What are the immediate circumstances and needs of the alleged perpetrator, whether a relative to the vulnerable adult (alleged victim), service user or worker?

9.65 **Strategy Meeting – Specific considerations to be made in Criminal Investigations**

> **Flow Chart (Fig.1) Box 16:**
> **'If criminal element - Police take the lead in the investigation'** - In the event that the information shared at the strategy meeting reveals any criminal allegation, then it will be the responsibility of the Police to adopt the lead role in the criminal investigation. The co-ordinating of any other agency rests with the designated lead manager of that agency. If no criminal element present, Police must submit VA 3 (NFA) form setting out their reasons for not conducting an investigation.

9.66 **Depending on whether there is a criminal investigation or not, the strategy meeting will also need to agree on:**

1) What immediate action may be required to protect the vulnerable adult?
2) Which agency will investigate the allegation of abuse and who will be the appointed investigating officer? - This will clearly depend on whether or not there is a criminal element to the allegation.
    - If criminal – the Police will appoint an investigating officer. Whilst the Police will have primacy over conducting any criminal investigation, they will need to work with the Social Services and other support networks in the 'planning, interview & support' stage with any vulnerable adults. (See Section 14: Legal Context - 'Special Measures for Vulnerable and Intimidated Witnesses' paragraph 14.77-78)
    - If non-criminal – The lead agency that conducts the investigation will be responsible for appointing its investigating officer. It may also decide whether there would be either a joint or single agency approach to the investigating.

No further action by Police - Where clear and unequivocal evidence suggests that there is no criminal element present in the circumstances surrounding a *disclosure or referral* made to the Police, the Police will submit a VA3 (NFA) form. This will give the reasons why they are taking no further action in the case. In cases where some possibility exists that an element of criminal activity may be involved, the Police will investigate - if this possibility is subsequently eliminated following their investigation, the Police will submit a VA3 (NFA) form to notify agencies of this outcome. In such cases, the VA2 Booklet will also be completed.

3) If it is a criminal investigation, vulnerable witnesses (including the alleged victim) are likely to be interviewed on video by the police and social services at a location that is deemed most suitable for the vulnerable adult. (See paragraph 14.77-78, section 14: Legal Context for guidance on the provision of 'Special measures' for vulnerable and intimidated witnesses. Details of video suite locations and suitability for disabled access should be obtained from the police designated lead manager in your area. If non-criminal, other suitable arrangements will need to be made to conduct these interviews.

4) Are there are any special factors that need to be taken into account or addressed in respect of the alleged victim? e.g. communication, sensory impairment and culture. If due to a disability and/or sensory impairment the alleged victim is unable to communicate in a conventional manner, the services of a registered Interpreter or Intermediary should be secured - (See section 15: Glossary of Terms for definitions and distinction between the terms Interpreter/Intermediary.

   - In criminal investigations – it will be the responsibility of the Police, in conjunction with the Social Services and/or Health agency involved to arrange these services.
   - In non-criminal investigations – the responsibility lies with the investigating agency.

5) Is a medical examination (clinical or forensic) likely to be required and if so, by whom and where? If the alleged abuse was reported to the police earlier in this process, it is likely that arrangements would have already been made for the victim to be examined by a Forensic Medical Examiner. The ability of the vulnerable witness to express an informed opinion needs to be assessed and in a criminal investigation, if the mental capacity or competency of the victim or other vulnerable witnesses becomes an issue, then the police are likely to request for an assessment to be made by a clinical psychiatrist.

6) Is the alleged victim likely to be given therapeutic help prior to any criminal proceedings – in such circumstances, the guidance provided in paragraph 9.67 should be considered:

9.67 **Support and Therapy for Vulnerable Adults who are Alleged Victims of Abuse**

Appropriate support in dealing with the trauma of abuse can help people to recover, grow stronger and feel more positive about themselves. However, if a vulnerable adult is offered support and therapy, thought must be given to the likely danger of their evidence becoming tainted and a potential prosecution being lost as a result. The Home Office has published Practice Guidance on the 'Provision of Therapy for Vulnerable or Intimidated Adult Witnesses in a Criminal Trial'. For ease of reference, the key principles of this guidance is summarised as follows and should be considered in all cases where there is a possibility of a criminal prosecution:

- Therapy should not take place before a witness has provided a statement (either written or by video interview)
- The Police and Crown Prosecution Service (CPS) should be made aware if therapy is proposed and the nature of the therapy explained to enable assessment of any potential impact on the criminal case
- If the CPS does advise that therapy may jeopardise the criminal case, the decision must be made as to whether to proceed with therapy. It may still be in the person's best interest to proceed
- The therapist should be made aware of criminal proceedings and potential implications of therapy, avoid discussing the evidence, or asking leading questions about the impending case
- Detailed re-counting of the alleged abuse maybe perceived as 'coaching' and where this takes place, a criminal prosecution is almost certain to fail as a consequence
- Group therapy where specific recounting of alleged abuser takes place should be avoided because of the dangers of the witness adopting the accounts of others
- Any new 'disclosure' emerging as a result of therapy should be reported to Social Services and the Police
- The CPS should be made aware of the content/results of therapeutic work
- Records must be maintained, dated and signed and produced if required for court

9.68 Vulnerable adults who experience abuse may already be recipients of community care and health services e.g. the alleged victim may live in residential/nursing care or use a day/domiciliary service. Staff who already have a relationship with the alleged victim may have an important role in supporting the person through their trauma.

9.69 Vulnerable adults who are victims of alleged abuse may also wish to receive the support of an independent organisation e.g. Victim Support or an advocacy agency. Victim Support volunteers have knowledge and skills that may be especially helpful and can assist in specialist areas such as exploring possible compensation claims.

9.70 Details of the services that will be made available to any vulnerable adult who is the victim of alleged abuse should be set down in their Care Plan.

9.71 Where it is agreed that only one agency will investigate, that agency will determine the strategy for the investigation, including those decisions made above. It may be that some form of preliminary investigation will be necessary in order to establish whether the allegation(s) are substantiated. If this is the case, then the outcome of that investigation may have to be shared with other relevant agencies at a re-convened strategy meeting or if considered more appropriate at an Adult Protection Case Conference. The Chair of the strategy meeting will need to consider the latter option especially when circumstances fall within the context of paragraph 9.77(v) and paragraphs 9.78-89.

9.72 Another option is that the strategy meeting may conclude that no further action is needed or appropriate at this stage. This outcome must be recorded and the vulnerable adult (or their representative) should be notified of this decision in writing within 5 working days. Formal notification should also be made to the Agency making the original referral.

9.73 Notwithstanding the decision to take no further action, consideration should be given to the service/support needs of the victim i.e. does this person still wish to take this matter further. If concerns remain over the safety and welfare of the vulnerable adult, then consideration must be given to referring the case to an Adult Protection Case Conference (see Stage 5 and guidance outlined in paragraphs 9.78-0.89)

9.74 **Who should be present at the Strategy Meeting?**

The Designated Lead Manager responsible for chairing the strategy meeting will have ultimate discretion on who should be invited to the meeting. Depending on the circumstances of each case, the following personnel are likely to participate in the strategy meeting:

- Social Services/Health or Police designated lead manager or nominee (Chair)
- Detective Inspector and/or Detective Sergeant in charge of Public Protection Unit
- Social Worker/Care Manager and any member of staff with relevant information
- CSIW representative (where service is regulated)
- Person making the *disclosure or referral* (if appropriate)
- Other professionals in an advisory capacity (if appropriate) e.g. Personnel, Local Health Board, Regulated Care Provider

Depending on which agency instigated the *disclosure or referral* - the Social Services/Health or Police designated lead manager will normally chair the strategy meeting. However, if this individual is not available another appropriate agency member of staff will be nominated to undertake this task. Details of the information shared and decisions made at the meeting must be recorded in the VA2 – Record of Strategy Meeting (page 9).

9.75 **STAGE 5:**

9.76 **Strategy meeting - Possible outcomes**

Flow Chart (Fig.1) Box 17:

'If no further action, record reasons/decisions made and refer back to reporting agency' – In the event that the strategy meeting concludes that there is to be no further action to be taken in respect of the *disclosure or referral* made to them, the reasons for making such a decision must be formally recorded and the reporting agency must be informed in writing.

Flow Chart (Fig.1) Box 18:

'Agree action-plan/appoint investigating officer and arrange video interview(s) of victim/witnesses' (if appropriate) – Core agency members participating in the strategy meeting should agree an action plan identifying the most appropriate action needed and if appropriate, appoint an investigating officer. If a criminal element is revealed, the Police will as part of the investigation, consider the need to video-interview the alleged victim and any other significant witnesses who may be vulnerable. Any 'support needs' will also have to be addressed.

Flow Chart (Fig.1) Box 19:

'If lack of evidence to support a criminal prosecution' – If

following a police investigation, the CPS concludes that there is insufficient evidence to support a criminal prosecution, an Adult Protection Case Conference should be convened in order that the circumstances of the case can be formally reviewed and further action taken if necessary.

Flow Chart (Fig.1) Box 20:

If non-criminal, internal investigation by SSD/Health agencies' - If the information shared at the strategy meeting clearly indicates that there is no criminal element to the *disclosure or referral* - consideration should be given to an internal investigation being carried out either jointly by SSD/Health agency or unilaterally by the agency in whose domain the *disclosure or referral* was made. Subject to the outcome of this investigation, consideration will need to be given to referring the case to an Adult Protection Case Conference for formal review and further action if deemed necessary.

9.77 There are a number of possible outcomes that may result from a strategy meeting and these depend on the nature and circumstances of the *disclosure or referral*. In view of this, it should be noted that some elements of these may be shared between Stages 4 and 5 of the 'Inter-Agency Referral Process'. The possible outcomes are:

(i) If the strategy meeting concludes that there is to be no further action to be taken in respect of the *disclosure or referral* made to them, the reasons for making such a decision must be formally recorded and the reporting agency must be informed in writing.

(ii) The strategy meeting may identify the need for an action plan designed to safeguard and/or reduce the risk to the victim or other vulnerable adults. The group must consider whether a preliminary investigation into the *disclosure or referral* is required in order to establish further information and/or credibility of the complaint.

(iii) If the information shared at the strategy meeting reveals any criminal allegation, then it will be the responsibility of the Police to adopt the lead role in any criminal investigation (This only applies if the Police have not already been contacted).

(iv) If the Police do conduct a criminal investigation, the strategy group will need to consider the relative impact on

the alleged victim and any other vulnerable adults who may be material witnesses.

(v) If the information shared at the strategy meeting clearly indicates that there is no criminal element to the *disclosure or referral,* consideration should be given to an internal investigation being carried out either jointly by SSD/Health agency or unilaterally by the agency in whose domain the *disclosure or referral* was made. Subject to the outcome of this investigation, consideration will need to be given to referring the case to an Adult Protection Case Conference for formal review and action if deemed necessary. (In such cases, guidance outlined in paragraphs 9.78-89 must be followed).

9.78 **In what circumstances should a Strategy meeting defer to an Adult Protection Case Conference?**

9.79 Whilst one or more strategy meetings may be held to address any immediate or interim inter-agency action taken to eliminate risk posed to a vulnerable adult, consideration must be given at the earliest opportunity as to when it would be appropriate to defer the strategic remit of the strategy group to that of an Adult Protection Case Conference.

9.80 Normally, once any preliminary investigation into the alleged abuse has been concluded and/or the strategy meeting has exhausted its function in terms of its original remit, the Chair of the strategy group should defer the matter to the Social Services designated lead manager with a view to an Adult Protection Case Conference being arranged.

9.81 Similarly, if following a police investigation, the Crown Prosecution Service concludes that there is insufficient evidence to support a criminal prosecution, consideration must be given to holding a Adult Protection Case Conference in order that the circumstances of the case can be formally reviewed and further action taken if necessary.

9.82 In such circumstances, the Social Services designated lead manger will be responsible for arranging and chairing the Adult Protection Case Conference within 8 -15 working days of the last strategy meeting held (or decision by CPS to take no further action). See paragraphs 9.86/87 and 9.98 for further guidance on this.

Completion of the VA4 – Data Capture Form:

Following the completion of the Strategy process, the Designated Lead Manager will be responsible for completing the VA 4 – Data Capture form. In instances where there is an

ongoing investigation and/or prosecution/disciplinary action pending, sections 13-15 will not be completed until the outcome of such proceedings are known. In these cases, the VA4 form should still be submitted and data for sections 13-15 updated and submitted once this information becomes available. See Practical Guidance for Practitioners and Managers – Appendix 'A'.

9.83 **Holding an Adult Protection Case Conference**

Flow Chart (Fig.1) Box 21:

'Adult Protection Case conference to be held' - An Adult Protection Case conference is arranged and chaired by the Social Services designated lead manager. Its primary role will be to review cases of adult abuse and make decisions and plans in furtherance of the information it receives. Whilst any action emanating from the case conference may identify a possible solution, it is unlikely to signal a closure of the case.

9.84 Adult Protection Case Conferences are key to the co-ordination of work aimed at supporting a vulnerable adult who has been abused. The Social Services designated lead manager and/or Chair of the strategy group (those who participated in the strategy meeting) will decide when it is appropriate to hold an Adult Protection Case Conference. Whilst such decisions will be considered on a case by case basis, it is recommended that a Case conference is called in all cases involving:

- Sexual and/or physical abuse
- Where other serious levels of risk are present
- Where there is more than one agency involved in the preparation of an adult protection plan.

9.85 If any preliminary investigation confirms that abuse has occurred and/or the vulnerable adult (alleged victim) or any other vulnerable adult appears to be at risk of abuse, arrangements must be made to hold an Adult Protection Case Conference as soon as practicable.

9.86 If the Social Service designated lead manager confirms that an Adult Protection Case Conference should be held, the APC conference must be arranged and held within 8 working days of the last strategy meeting held. This timeframe may however, be

extended to 15 working days if special circumstances exist e.g. the unavailability of key professionals.

9.87 Any decision made by the Social Service designated lead manager not to hold an Adult Protection Case Conference or any delay in arranging the conference must be recorded and the reasons identified. These should be communicated in a written response to the Chair of the strategy group and/or recorded in the minutes of the conference.

9.88 **Purpose of an Adult Protection Case Conference:**

The purpose of any Adult Protection Case Conference is to bring together those people and professionals involved with the vulnerable adult. It provides this multi-disciplinary group with an opportunity to exchange information and express expert opinion, thus allowing agencies to collectively make informed decisions on the most suitable way of protecting a vulnerable adult.

9.89 **Main reasons for holding the Case Conference:**

- Share outcomes and evaluate all information gathered during the investigation
- Review the current situation - Clarify details of abuse and assess the current level of risk
- Decide if any other immediate steps should be taken to protect the vulnerable adult
- To establish whether notifications have been made where appropriate under the POVA Scheme (For further information on this – see paragraphs 48-72 of the Department of Health Guidance – sub-heading: 'Referring persons for inclusion on the POVA list an also paragraph 4.4 of these procedures.
- Advise and agree on a suitable Protection Plan covering the future safety and wellbeing of the vulnerable adult, identifying specific actions for each agency with time scales
- Consider further information volunteered by other participants attending the conference
- Consider the wishes of the vulnerable adult and their right to take risks (self determination – See paragraph 3.4 Core Principles)
- Consider legal action or the legal implications of any possible intervention
- Identify key personnel (including a primary care worker) and nominate a designated worker to co-ordinate and monitor protection plan
- Clarify roles and responsibilities of those agencies involved

- Decide whether a review conference should be held and time-scales for holding this
- Decide who shall be informed about the recommendations of the conference
- Agree a framework for inter-agency working.

9.90 **Membership** – The Adult Protection Case Conference membership should be confined to those who have relevant information or advice to give on current issues of risk relating to the vulnerable adult. The Social Services designated lead manager or other nominated Social Services senior manager will chair the conference. Preferably the appointment of the person nominated to Chair the Case Conference should not have had any direct involvement in the investigation of the matter being discussed. Whilst decisions on who should attend the conference will be at the discretion of the Chair, consideration should be given to inviting the following persons:

- The vulnerable adult (alleged victim) and their advocate (if appropriate)
- Any informal carer and/or their supporter (if appropriate)
- Employed carers
- Social Worker/Care Manager and personnel responsible for the investigation
- Senior Manager/Team Leader/Line Manager responsible for the management of the investigation
- Staff who have direct involvement/knowledge of the vulnerable adult i.e. GP, Residential Carer etc.

9.91 **If appropriate, the following will also be invited to participate**:

- Police – investigating officer (if criminal investigation undertaken) and representative of the Public Protection Unit.
- Representative from Legal Department.
- CSIW (if appropriate)

9.92 **Roles and Responsibilities of Agency Personnel in Adult Protection Case Conferences** –

1) Social Services will be responsible for nominating a Designated Lead Manager to Chair the Adult Protection Case Conference. The person nominated should not have any direct interest or involvement in the case being reviewed.
2) The Social Services designated lead manager (Chair) will ensure all participants are fully informed of the purpose of the Adult Protection Case Conference.

3) A report will be prepared by the Social Worker/Care Manager outlining the background of the investigation, any outcomes and recommendations made. This report will be fully discussed before hand with the vulnerable adult, together with their representative/advocate, parents and carers if appropriate. The report will be distributed to Case Conference members and the Chair will be responsible for arranging collection of these confidential documents at the end of the proceedings.

4) Consideration must be given to the vulnerable adult's disability and/or sensory impairment and every attempt should be made to facilitate the vulnerable adult's participation by addressing their needs in respect of language/communication and accessibility. Whilst this is considered good practice, it is also a requirement under both the Human Rights Act and Disability Discrimination Act (See section 14: Legal Context, paragraphs 14.60 &14.63 respectively).

5) A protection plan based on multi-disciplinary discussion will need to be agreed and risk factors considered. If such a plan is agreed upon, a key worker will be appointed to co-ordinate it. The key worker may either be a Social Worker, Care Manager or a District Nurse/Health Visitor from the Health sector.

6) The Adult Protection Plan will need to be tailored to the needs of the vulnerable adult in question and should set out:

    - What steps are to be taken to assure the safety of the vulnerable adult in future;
    - What victim support, treatment or therapy is required/can be accessed;
    - Modifications in the way services are provided to the vulnerable person e.g. securing same gender care or alternative residential/day placement;
    - How best to support them through any action they take to seek justice or redress;
    - Ways of putting in place any on going risk management strategy where this is deemed appropriate.

7) The Case Conference should also specify arrangements for review and where further risk is a possibility, the protection plan should specify indicators which signal that the case conference should immediately be re-convened.

8) The Chair will ensure that there is a minute taker present (who is independent of the investigative process) to fully

record conference minutes. The template included in the VA 2 form (Pages 24-26) should be used for this purpose. Minutes should be marked ‘Confidential – Addressee Only’ and will include:

- Name and address, date of birth of the vulnerable adult
- Details of known family/carers/advocates
- Name of attendees and any apologies from non-attendees.
- A brief description of the circumstances leading to the conference
- The known views of the vulnerable adult
- A brief summary of the Conference discussion
- Recommendations and action plan with the name of key workers/professionals involved
- Date of any review date set

9) The Chair will ensure that the Conference minutes are sent to all those invited to attend within 10 working days of the Conference. If there are any objections to people receiving a full copy of the minutes, these should be discussed at the Adult Protection Case Conference before it disbands.

10) If there are several vulnerable adults involved, a separate Case Conference must be held in respect of each person.

11) If the alleged perpetrator is also a vulnerable adult, a Case Conference must also be convened to consider and address their needs (see paragraph 9.26-32 for further guidance on cases when a vulnerable adult abuses another).

12) Responsibilities of participating agencies - Whilst the decision to implement the recommendations of the Adult Protection Case Conference rests with the individual agencies concerned, any deviation must not be made (except in an emergency) without first informing the victim and/or their representative and seeking their agreement to the changes being made. Other agencies should be informed via the appointed key worker.

9.93 Review of Adult Protection Plans

Flow Chart (Fig.1) Box 22:

‘Review of Adult Protection Action Plans’ - It will be the responsibility of the nominated key worker (the key worker may be from Social Services or Health sector) to ensure that any action plan is properly implemented. When an Adult Protection Plan has been created or an open file exists where adult

protection concerns still prevail, it will be the responsibility of the statutory agency tasked with supervising the vulnerable adult to hold periodic reviews of the case. Changes in circumstances that may have a detrimental impact on the vulnerable adult should be brought to the attention of an Adult Protection Case Conference.

9.94 It is essential that systems be put in place that allows for timely, co-ordinated and consistent reviewing and support to take place. The Adult Protection Case Conference will have nominated a key worker (see paragraph 9.92 (5)). The nominated key worker will be responsible for the implementation of any Adult Protection Plan and this will include liasing with those support agencies who have an interest in the vulnerable adult.

9.95 Any change in circumstances that may affect the risk to the vulnerable adult must be brought to the attention of the designated Social Services lead officer who will then consider whether to re-convene an Adult Protection Case Conference to review the case.

9.96 **STAGE 6:**

9.97 **Monitoring and evaluation of inter-agency procedures:**

Section 12 of these Adult Protection procedures - 'Monitoring and Evaluation' provides comprehensive guidance on the roles and responsibilities of the South Wales Adult Protection Forum and the seven Area Adult Protection Committees that make up the South Wales region. The boxed text below highlights the final stage of the 'Decision-making' process (stage 6) relative to boxes 23 – 25 (a) and (b) of the flow chart (Fig.1 page 89)

Flow Chart (Fig.1) Box 23:

'Review & evaluation of inter-agency procedures' - Outcomes in adult protection, whether successful or not, will need to be the subject of review and evaluation. Any shortfalls will need to be effectively addressed by each core agency by reviewing internal procedures and practice.

Flow Chart (Fig.1) Box 24:

'If serious shortfalls or significant public concerns are identified, the case should be referred to the Area Adult Protection Committee for their consideration'- If there has been any significant shortfall in professional practices resulting in the safety and welfare of a vulnerable adult being seriously compromised or there are significant public concerns identified in respect of local inter-agency practices, then consideration should be given to referring the case to the Area Adult

Protection Committee for their consideration. If the circumstances suggest there has been any serious breach in standards or any malpractice, the AAPC may initiate a formal inter-agency review of the case and the circumstances surrounding it.

Flow Chart (Fig.1) Box 25 (a):

'Consider holding Serious Case Review' – Whilst paragraph 12.20 of procedures refers to such matters, formal guidance on conducting inter-agency reviews in exceptional cases is still in the process of being developed. Once finalised, this guidance will be published separately.

Flow Chart (Fig.1) Box 25(b):

'Consider possible procedural changes' - If procedural changes are deemed inappropriate, these will be dealt with by the South Wales Adult Protection Forum. Whilst any agency review or investigation may identify apparent shortfalls in the way policy has been set and/or professional practices carried out, if there is a need to address such issues on a multi-agency basis, the matter must be referred to the SWAP Forum for their consideration through their Policy Review Sub-Group.

9.98 **Other general considerations relating to the 'Inter-Agency Referral and Decision-Making Process'**

Flow Chart (Fig.1) (26) – Time Scales:

There are three distinct time-scales which must be adhered to when conducting the various aspects of the 'Inter-Agency Referral & Decision-Making process'.

'Expedite without delay and within 24 hours':
When receiving information that indicates that abuse or inappropriate care of a vulnerable adult has taken place, it is imperative that prompt and effective action is taken as soon as possible. Where such abuse or inappropriate care is ongoing or has just occurred, this action should be immediate and may involve the holding of a strategy discussion between key agencies to address immediate action needed to eliminate or reduce potential risk to an individual (see paragraph 9.58). In such cases, the process of referral to a 'line manager' up to referral to the Social Services designated lead manager should be completed within 24 hours. The reference to '24 hours' shall mean 'within one clear working day' e.g. if 'referral' is made at 5pm on a Friday evening, the Social Services DLM shall be notified by 5pm on the following Monday. (See note relating to 'Out of hours' contact with Social Service teams below). This period may be extended in the event that one or more Bank Holidays intervene.

‘Out of hours’ contact with Social Services - It should be noted that when abuse occurs which requires prompt and immediate action by Social Service staff. It may be necessary in cases of serious abuse to contact Social Services outside normal working hours - e.g. to seek advice/information or the provision of an appropriate adult. There is an expectation that ‘Out of hours’ Social Service teams will need to be conversant with the Adult Protection policy and procedures in order to advise referrers appropriately.

‘On day of referral or within 48 hours’:
Once the Social Services/Health or Police designated lead manager has received and considered the information, a decision must be made on whether to hold a strategy discussion and/or meeting with other key agencies. Where urgent issues are to be addressed, a strategy discussion should take place on the day of the *disclosure or referral* (see paragraph 9.58). A strategy meeting must take place on the day of referral or within 48 hours of the referral made. It should be noted that where it is impracticable to hold a strategy meeting within 48 hours, this must be held at the earliest opportunity and the reason for the delay, recorded in the VA2 (see paragraph 9.62). The reference to ‘48 hours’ shall mean ‘within two clear working days’. However, where weekend/public holidays intervene, any disclosure relating to a serious allegation of abuse that requires immediate multi-agency intervention **must** be addressed during any initial strategy discussion held.

‘As soon as practicable and within 8 – 15 working days’:
Any decision to hold a formal Adult Protection Case Conference must be made as soon as practicable and will be made by the Chair of the strategy meeting. This must be held within 8 working days of the notification by the strategy group or within 15 working days if there are special circumstances for the delay. Reasons for the delay must be communicated to the Chair of the referring strategy group and/or be recorded in the minutes of the conference.

All other action should be expedient and commensurate with the seriousness of the case in hand.

Flow Chart (Fig. 1) (27) – Defensible Decision:

‘Record all critical decisions throughout process’ –
Often referred to as ‘defensible decision making’ - irrespective of whether you are a senior manager or junior practitioner, we are all accountable for the decisions we make. When things go wrong, all senior managers and practitioners alike will be

expected to provide explanations and reasons for making the decisions they did. To avoid such challenges and possible litigation, practitioners and managers should record all critical information they receive and the decisions they make based on that information. The VA 2 'Record of Decision Making process & Outcomes' **must** be used to facilitate the recording of critical decisions and actions taken.

9.99 USE OF INTER-AGENCY VA DOCUMENTATION:

The South Wales Adult Protection Forum has ratified the use of a set of standardised Inter-Agency documentation which is to be used by staff working in Social Services, Health sector organisations and the Police service to facilitate the 'Referral'; 'Decision Making and Outcomes' and 'Data Capture' processes. These forms are as follows:

- VA1 'Referral'
- VA1(a) Body Map
- VA2 'Record of Decision Making Process and Outcomes'
- VA3 (NFA) – 'Notification of no further action by Police'
- VA4 'Data Capture'

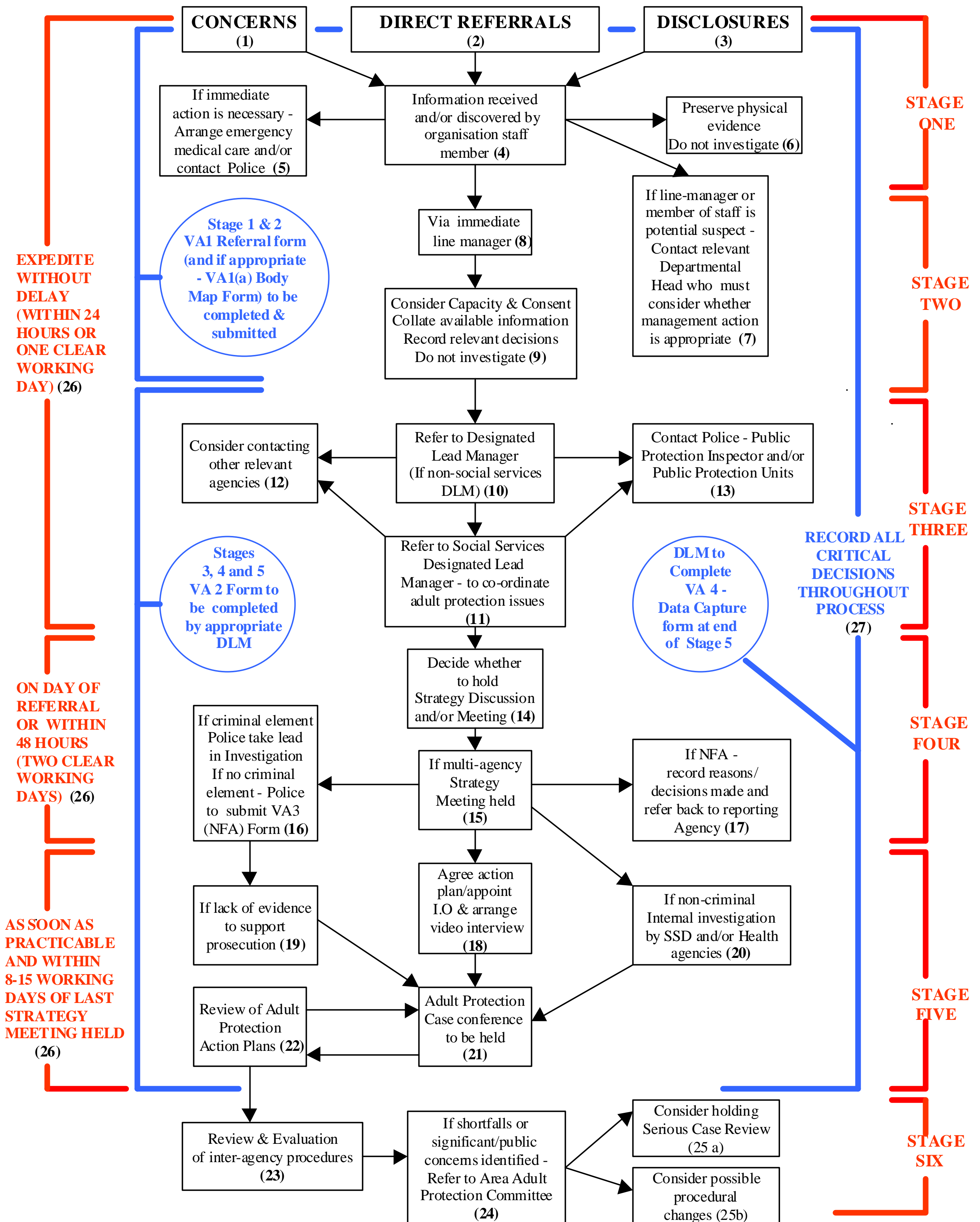
Please note: Both the VA1 Referral form and VA1 (a) Body Map form can also be used by staff working in the voluntary and independent sector.

For guidance on the completion and submission of the full range of VA documentation, you should refer to the Practical Guidance for Practitioners and Managers (Appendix 'A'.)

Samples of all the VA documents and corresponding guidance can be found on the SWAP Forum's web-site www.swapforum.org

Flow Chart - Fig.1.

Adult Protection Inter-Agency Referral & Decision Making Process



Box reference numbers should be read in conjunction with the corresponding boxed text contained with in Section 9 of the Adult Protection procedures