

APPENDICES

- **Appendix 'A'** – Practical Guidance for Practitioners & Managers - Completion of VA documentation
- **Appendix 'B'** - Supplementary guidance - Public Interest Disclosure (whistle blowing)
- **Appendix 'C'** – Memorandum of Understanding - Cross border liaison between local authorities re: placement of Vulnerable adults outside area
- **Appendix 'D'** – Reciprocal reporting arrangements between Child & Adult Protection agencies – potential abuse by professionals, staff and volunteers in contact with children and vulnerable adults
- **Appendix 'E'** - Terms of reference relating to the SWAP Forum
- **Appendix 'F'** - Terms of reference relating to the SWAP Forum Policy & Review sub-group
- **Appendix 'G'** - Terms of reference relating to the Practice Evaluation sub-group
- **Appendix 'H'** - Area Adult Protection Committees – Specimen Constitution
- **Appendix 'I'** - SSIW Standards for Inspection
- **Appendix 'J'** - Terms of reference – SWAP Forum Training sub-group

APPENDIX 'A'

SOUTH WALES ADULT PROTECTION FORUM

***PRACTICAL GUIDANCE
FOR USE BY
PRACTITIONERS & MANAGERS INVOLVED IN THE CARE,
SUPPORT & PROTECTION OF VULNERABLE ADULTS***

*Guidance relates to the completion and submission of the
VA Inter-Agency Documentation used during the
'Referral & Decision-making' and 'Data Capture' processes
(Revised August 2004)*

CONTENTS OF GUIDANCE

Section Ref.	Page Ref.
1. Introduction	172
2. Initial considerations regarding the responsibilities of Practitioners and Line Managers	173
3. VA1 'Referral' Form – General principles to be considered prior to completing form	174
4. Practitioners – Guidance on completing Section 1 of the VA1 Form	176
5. Line Managers – Guidance on completing Section 2 of the VA1 Form	178
6. VA1(a) Body Map Form – When to use this form	181
7. VA2 Form – General principles to be considered by Designated Lead Managers prior to completing VA2 Form	182
8. Designated Lead Managers – Guidance on completing the VA2 Form	184
9. The Strategy Process (Completion of VA2 by DLMs)	185
10. VA3 Form (Notification of No Further Action by Police)	192
11. VA4 Data Capture Form	193

IMPORTANT NOTICE FOR PRACTITIONERS & MANAGERS

Following the completion of the review of the South Wales Adult Protection Policy and Procedures, the guidance contained in this booklet has been updated to take account of changes made to various points of reference within Section 9: Responding to Abuse – The Inter-Agency 'Referral and Decision Making Process'

**PRACTICAL GUIDANCE FOR PRACTITIONERS & MANAGERS
INVOLVED IN THE CARE, SUPPORT & PROTECTION
OF VULNERABLE ADULTS**

***Guidance relates to the completion and submission of the
VA Inter-Agency Documentation used during the
'Referral & Decision Making' and 'Data Capture' processes***

1. Introduction:

- 1.1 The following guidance is provided for the benefit of employed staff (practitioners and managers) who through their work, come in direct contact with vulnerable adults. The guidance specifically relates to the use of the standardised inter-agency referral documentation (VA1, VA1 (a) supplement, VA2 & VA3) used by Social Services, Health Sector organisations and the Police. It also provides guidance in respect of the VA4 form which is used by agencies to facilitate the capture of data relating to the 'referral and decision making' processes.
- 1.2 The guidance can also be used by the Care Standards Inspectorate for Wales and also staff working in the independent/voluntary sector that wish to utilise this documentation to facilitate any 'referral' or disclosure made of alleged abuse and/or inappropriate care.
- 1.3 It should be noted that the term 'Practitioners and Managers' is generic and can be applied to all employed staff or voluntary personnel who are involved in the care, support and protection of vulnerable adults.
- 1.4 Practitioners and managers should note that whilst this guidance is based on the general principles for action which should be taken, the guidance should not be considered as being totally prescriptive in that it may not always be appropriate for every 'referral' scenario that is likely to be encountered. Where this is apparent, advice should be taken from either your local Social Services Authority or your own Designated Lead Manager.
- 1.5 The guidance relates to the completion and submission of the following Inter-Agency documentation, all of which was revised and ratified in August 2003:
 - VA1 Referral Form
 - VA1 (a) Body Map Form
 - VA2 Record of Decision-Making Process and Outcomes Form
 - VA3 (No further action) Form
 - VA4 Data Capture Form
- 1.6 This guidance is primarily based on the South Wales Adult Protection Forum's Policy and Procedures for the Protection of Vulnerable Adults (revised in 2004) and hereafter referred to as the *SWAP Procedures*.

2. Initial considerations regarding the responsibilities of Practitioners and Line Managers:

2.1 All agencies involved in the care, support and protection of Vulnerable Adults have a duty and responsibility to ensure that they are protected from any form of abuse or inappropriate care. If you suspect or are told that a vulnerable adult is being abused, you **must** ensure this is reported and the matter formally recorded using the VA1 Referral Form and where appropriate, the VA1 (a) Body Map Form (See paragraph 6 for further guidance on the use of this).

2.2 It is very important that Practitioners and Managers remember the following key principles which relate to the 'referral' process:

- You must never assume that somebody else will recognise and report when vulnerable adults are at risk.
- Any person who reports their concerns has a right to be assured that these will be fully investigated.
- Having regard to their mental capacity, all vulnerable adults have a right to self-determination and involvement in the decision making process.

2.3 If someone tells you that they or another Vulnerable Adult is being abused:

- Do not give any undertaking of absolute confidentiality as you have a responsibility to disclose information to those who need to know.
- Reassure them that the allegations/referral will be taken seriously.
- Listen carefully and sympathetically and bear in mind that an adult with learning disability/sensory impairment will sometimes require a person specialising in communications skills.
- If the abuse amounts to a criminal assault, the Police should be contacted and any physical evidence preserved.
- Avoid asking the victim leading questions about the alleged abuse and avoid intrusive questioning.
- Note what the vulnerable adult tells you using their exact words.
- Do not confront the alleged abuser.
- Do not investigate the matter yourself
- Report the details to your line manager or Designated Lead Manager without delay.

2.4 If the behaviour of a co-worker, colleague or other member of staff causes you concern:

- Do not dismiss your concerns.
- Do not confront the person about whom you have concerns.

- If concerned about the conduct of a colleague in your workplace, discuss these concerns with your line manager (or designated lead manager if the concerns involve your line manager).

Always remember - Never delay reporting your concerns to a senior member of staff who is in a position to take positive action and ensure that a proper investigation takes place. Do not worry about being mistaken - it is better to have discussed your concerns with somebody who has the experience and responsibility to make an informed assessment and take positive action.

- 2.5 If unsatisfied with the response you receive, or the vulnerable adult(s) remains at risk of abuse with no apparent action taken to reduce this risk, follow up your concerns by contacting the person who is dealing with the matter. If you remain dissatisfied with their explanation, contact your own Designated Lead Manager, a Social Services Lead Manager or the Police direct if the abuse constitutes a criminal offence.
- 2.6 All staff who work in the caring services have a duty under the Public Interest Disclosure Act 1998 to report to their line manager any suspicion or allegation of abuse. If the alleged abuser is a colleague and/or member of staff, this may well entail 'whistle blowing'. In such cases, line managers and Heads of Department have a duty of care to staff who report abuse by colleagues and must endeavour to protect these individuals from potential retribution or intimidation.

Details of your Designated Lead Manager can be found in section 16 of the South Wales Adult Protection Procedures or by accessing the SWAP Forum's web-site address on www.swapforum.org

3. **VA1 Referral Form – General Principles to be considered prior to completion:**
- 3.1 The term 'referral' is fully explained in paragraph 9.7 of the Swap Procedures and all practitioners and managers should have a good working awareness of the Guiding Principles relating to the 'Referral' and 'Decision-Making Process' (see paragraph 9.9 of SWAP Procedures for more guidance on this).
- 3.2 The VA1 Referral form is essentially a 'fast-track' reporting document which once completed, can be used to facilitate the 'first point of contact' communication between key agencies involved in the inter-agency 'referral' process. It can be used by **all** agencies involved in the care, support and protection of vulnerable adults.

VA 1(a) Body Map form: Practitioners who complete the VA1 Referral form may also wish to consider the use of its supplement - VA1(a) Body Map form. This should be used to record any physical injuries that may be present – guidance on when to use this form can be found in chapter 6 of this guidance.

- 3.3 The VA1 Referral form is divided into TWO sections – **Section One** is to be completed by the Practitioner who receives or instigates the ‘referral’, and **Section Two** is to be completed by the Practitioner’s immediate Line Manager.
- 3.4 Practitioners (section one) and Line Managers (section two) **must** complete the VA1 Referral form in **all** cases where a ‘referral’ or disclosure is made and this **must** be completed and submitted the same day as the ‘referral’ or disclosure is made.
- 3.5 The circumstances in which Practitioners and Managers complete the VA1 Referral form may vary considerably but the VA1 Referral form **must** always be completed when they:
- Have some ‘concern’ that a form of abuse or inappropriate care has taken place in respect of a vulnerable adult OR
 - Have personally witnessed actions by a third party that has lead to some form of abuse or inappropriate care taking place against a vulnerable adult OR
 - Are told by a vulnerable adult that some form of alleged abuse or inappropriate care has taken place in respect of themselves OR
 - Receive a direct referral or disclosure made by a third party.
- 3.6 Details of the ‘referral’ must always be recorded accurately and without delay. Where appropriate, the guidance set out in paragraphs 9.14–25 of the SWAP Procedures **must** be followed.
- 3.7 Both practitioners and line managers **must never** dismiss or disregard any ‘referral’ or disclosure made to them even if the circumstances surrounding the ‘referral’ suggests that it may be frivolous or spurious in nature. Even ‘gut feelings’ should not be discounted or ignored as these quite often may prove to have some substance.
- 3.8 In support of this philosophy, practitioners and line managers **must never** make unilateral decisions or judgements that result in no further action being taking.

PRACTITIONERS AND LINE MANAGERS MUST NOTE THAT:

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

The VA1 Referral form must be completed without delay. Failure to complete the form in a reasonable time must not delay you reporting the matter verbally to either your immediate line manager and /or Designated Lead Manager at your earliest opportunity.

4. **PRACTITIONERS – Guidance on completing Section 1 of the VA 1 Referral Form:**

The following explanations are provided for clarity and should be considered in the context of the corresponding questions set-out in the VA1 Referral form:

Page 1(Q1) – About the Vulnerable Adult:

This is relatively straight forward and each sub-section of Q1 must be completed in respect of the person who is the subject of the alleged abuse and/or inappropriate care.

Page 2 (Q2) – About the alleged abuse:

Section 5 of the SWAP Procedures provides guidance on the range of abuse categories (paragraph 5.8–5.25). The term ‘inappropriate care’ is also defined and can be found in paragraph 5.4. Whilst some details under Q2 may not be known at this stage, practitioners should not speculate or ‘question’ the alleged victim to establish details about the circumstances of the alleged abuse.

Page 2 (Q3)(i) – About the person who is allegedly responsible for the abuse and/or inappropriate care:

Only complete this question if you have details of the person(s) who may be responsible. You must not ‘question’ the alleged victim for this information and if the identity of the alleged perpetrator is unknown, then Q3 should be endorsed to that effect.

Page 2 (Q3)(ii) – Was the incident(s) of abuse or inappropriate care witnessed by anyone?:

If there are known witnesses, answer ‘Yes’ and go to Q4 where details of these should be included. If there are no apparent witnesses, indicate ‘No’ and go to Q5.

Page 3 (Q4) – About the people who witnessed the incident(s):

The term ‘witness’ can refer to any person who may have some material information to provide regarding the alleged incident of abuse and/or inappropriate care. This may not only relate to a person who ‘saw’ something but also to those who may have heard something that may have some bearing on the incident. Although not specifically requested, it would assist the person appointed to investigate this

matter, if details were provided of other persons who may be potential witnesses (staff members who were 'on duty' at time or persons visiting at the time of the alleged abuse/inappropriate care). Such details could be included under Q8 or on a separate sheet of paper and attached to the VA1 Referral form.

Page 3 (Q5) – About the person(s) reporting the incident(s):

As explained in the sub-text of the question, this relates to the first person to draw attention to the alleged abuse. If more than one person reports the incident, then details of all the persons should be recorded and submitted with the VA1 Referral form using the space provided in Q8 or on a separate sheet of paper. In exceptional circumstances, the person making the 'referral' may express a wish to remain anonymous. In such cases, you must respect this and go to Q7 where details can be recorded. Lead managers should note paragraph 2.6 of this guidance in such circumstances.

Page 4 (Q6) – Who was the report first made to?

This relates to the Practitioner who actually 'receives' the complaint or 'referral' made.

Page 4 (Q7) – Does the referrer wish to remain anonymous?

Where the 'referral' is made by a member of staff in confidence under the auspices of the Public Interest Disclosure Act 1998 ('whistle-blowing') then every effort must be made to protect the anonymity of that person and provide the necessary support that may be required. In such circumstances, the person concerned may wish to seek assurances before making the disclosure that their anonymity will be respected and that appropriate support and protection from potential victimisation will be provided by their senior management. To achieve this level of assurance, the confidential disclosure made by this person may inevitably be made direct to a senior manager or above in which case, that person will then be responsible for completing the VA1 Referral form and invoking the SWAP procedures.

Staff wishing to make a confidential disclosure should refer to their own agency's policy on 'Public Interest Disclosure' or 'whistle-blowing'. Supplementary guidance can also be found in Appendix 'B' of the SWAP Policy and Procedures. Additional support may also be available through an independent organisation entitled Public Concern at Work - telephone number 020 7404 6609 or email: helpline@pcaw.co.uk

Page 4 (Q8) – Additional information:

The space provided can be utilised to include any additional information – if space is insufficient, use separate sheet of paper and attach to VA1 Referral Form.

Page 4 (Q9) – Details of person completing this form:

This is to be completed in all cases prior to handing or sending the form to your line manager. You must complete the form at your earliest

opportunity. Failure to do so MUST NOT delay you notifying your line manager of the circumstances of this 'referral'. It must always be remembered that if your immediate line manager or other member of staff is a potential suspect in the 'referral' made, the person receiving the 'referral' should contact their Departmental Head direct and notify them of what has occurred.

5. LINE MANAGERS – Guidance on completing Section 2 of the VA1 'Referral' Form:

- 5.1 Once Section 1 of the VA1 Referral form has been completed, the form must be handed (or a copy sent under confidential cover) to your immediate Line Manager (or supervising officer) without delay. Further guidance on the role and responsibilities of the immediate Line Manager can be found in paragraph 9.38 of the SWAP Procedures.
- 5.2 Once notified of any incident(s) of alleged abuse and/or inappropriate care, it will be the responsibility of the immediate Line Manager to progress the 'referral' by taking the most appropriate action that they deem is necessary. (Further guidance on Stage 2 of 'referral' process can be found in paragraphs 9.33-40 of the SWAP procedures).

Line Managers are reminded that they have a responsibility to:

- Evaluate reliability of source of information
- Consider the wishes of victim, their capacity and the provision of informed consent
- Confirm that the alleged victim is informed of the reasons for any 'referral' to the Police and that they understand the consequences of taking such action
- Collate any available information
- Record decisions and actions taken to date

- 5.3 The VA1 Referral form (section 2) **must** be completed by the immediate Line Manager **in all cases** prior to submitting it to the Designated Lead Manager (DLM). Again, any delay in the completion and submission of the VA1 Form must not prevent the Line Manager notifying their DLM at the earliest opportunity and without delay.

Action 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, consider contacting the designated Public Protection Inspector (see above box for advice)
- Record decisions and actions taken to date

5.4 Again the following explanations are provided for clarity and should be considered in the context of the corresponding questions set-out in the VA1 Referral form:

Page 5 (Q10) – Other action taken:

Once informed of this, the immediate Line Manager has a responsibility to check all the details of the ‘referral’ made with a view to ensuring that:

- Where appropriate, emergency medical treatment has been provided (see paragraph 9.18 of SWAP procedures for guidance).
- In cases of alleged physical and/or sexual abuse, it may be that a medical examination may be arranged, the purpose of which would be to:
 - Ensure that the alleged victim’s condition is medically assessed and appropriate treatment given
 - Reassure the alleged victim, if appropriate, as to their physical wellbeing
 - Obtain an assessment about possible indicators of abuse
 - Ensure that any injuries or signs of abuse or neglect are noted for evidential purposes
 - Secure any forensic evidence (Forensic Medical Examiner would need to be used for this)

If there is a need to record the location and size of any physical injuries, consideration should be given to completing the VA1 (a) Body Map form – see Chapter 6 for guidance.

- Physical evidence preserved (see paragraphs 10.23-31 of SWAP procedures for further guidance)
- Action is taken to prevent further abuse or risk to other vulnerable adults (if a potential suspect is present, to notify Police)

Details of whatever action is taken should be entered under this heading and continued in Q12 if more space is required.

Page 5 (Q11) – Record of any inter-agency referral made relative

to the reported incident(s):

Following the receipt of any 'referral' that alleges abuse has taken place, there may be a need to contact certain agencies to notify them of what has occurred sooner rather than later. Paragraph 9.23 of the SWAP procedures enforces this point by stating that *'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'*.

Similarly, contacting the CSIW may be appropriate where abuse occurs in a regulated setting covered under the Care Standards Act 2000. Details of any such inter-agency referral made by the Line Manager should be entered in this section.

Page 6 (Q12) – Additional information and comments:

This should not to be confused with Q8 in Section 1 of this form, as this part is for use by Line Managers **only** and provides an opportunity for any further observations or comments they may wish to make in respect of the 'referral'.

Page 6 (Q13) – Collation of information available to Line Manager:

The information to be recorded here relates to that which is readily available from either records kept or information volunteered by family members or friends.

Page 7 (Q14) – Capacity and Consent of alleged victim: Section 8 of the SWAP procedures provides detailed guidance on the topic of 'capacity and consent'. As the sub-text on the VA1 Referral form indicates – *'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 re-offending that may take place if the matter is not formally dealt with.'*

Whilst Line Managers must be mindful of this advice, the primary consideration for them in this particular context is to determine whether the alleged victim has given informed consent to this '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. (More specific guidance on 'Consent - The basic principles' can be found in section 8, paragraph 8.16-19 of the SWAP procedures)

Page 7 (Q15) – Details of Line Manager/Supervisor:

To be completed in all cases. Referral to your Designated Lead Manager must be at your earliest opportunity. Failure to complete and

submit the VA1 Referral Form should not prevent you from notifying your DLM at your earliest opportunity and without delay.

Practitioners and managers must always be mindful of the basic principles for the sharing of confidential information with outside agencies – this involves being compliant with the conditions imposed by the Data Protection Act 1998, the Caldicott Principles (see Section 7, SWAP procedures - Patient Information - paragraph 7.17) and other relevant legislation. Any communication between outside agencies will be deemed unrestricted unless marked 'Restricted Information'. Guidance contained in Section 7 of the SWAP policy document: 'Inter-Agency Protocols - Sharing Information' must be complied with at all times.

Practitioners and managers should also be mindful of the 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 via a fax, this must be sent to a known recipient who must be notified in advance so that they may make arrangements to receive and collect the information.

6. **VA1 (a) Body Map Form – General guidance on when to complete this form**
- 6.1 The VA1(a) Body Map form is supplemental to the VA1 Referral form and **must** only be used in conjunction with this form. The VA1 (a) Body Map form **must never** be used as a 'referral' form on its own and when utilised, **must** always be submitted with the VA1 Referral form.
- 6.2 The VA1(a) Body Map form should be used when it is considered appropriate to record the location, size and number of injuries which may have been caused through physical/sexual abuse or injuries sustained through inappropriate care.
- 6.3 The VA1(a) Body Map form may be used prior to any arrangements made for the photographing of the injuries sustained (for example - photographing by medical staff and/or police).
- 6.4 Practitioners should use the second page of the VA1 (a) form to record any verbal 'disclosures' the alleged victim may make during the examination, together with any 'close-up' drawings of particular body parts/injuries highlighting where they appear on the body map e.g. injury to ear, fingers or genitalia.

7. VA2 FORM – General Principles to be considered by Designated Lead Managers prior to completing the form

- 7.1 The VA 2 Record of Decision-making process and Outcomes form (hereafter referred to as the VA2) is for use by Social Services, Health and the Police and is to be completed by the Designated Lead Manager (Stage 3 onwards) as a record of the 'decision-making' process and any subsequent action taken. Further guidance on the roles and responsibilities of all Designated Lead Managers can be found in paragraphs 9.47-55 of the SWAP procedures.
- 7.2 The VA2 provides Designated Lead Managers with guidance in the form of a series of 'prompts' which when followed, allows the 'Referral' and 'Decision-making' process to be adhered to in a timely and consistent manner. Reasons for any non-compliance **must** be acknowledged and recorded in the VA2.
- 7.3 A summary of the generic guidance provided to all Designated Lead Managers (DLMs) is outlined on the front-sheet of the VA2 and this does highlight some of the basic principles that all DLMs need to understand and follow. These are:
- All DLMs have specific responsibility to implement the SWAP procedures in co-ordinating their agency's response to any 'referral' or disclosure of alleged abuse or inappropriate care.
 - Social Service Authorities have the lead responsibility for co-ordinating policy and practice relating to the abuse and/or inappropriate care of vulnerable adults. In recognition of this, if an initial 'referral' is made to a designated lead manager who is **not** Social Services based, then this 'referral' must be notified to the designated Social Services Lead Manager within 24 hours (i.e. within one clear working day) of the original 'referral' or disclosure being made.
 - To facilitate any strategy discussion/meeting, a copy of the VA1 Referral form should be sent to the DLM with whom any discussion takes place. Ideally, this will be done prior to the strategy discussion and/or strategy meeting taking place.
 - The 'minutes' of any Strategy Discussion and/or Strategy Meeting **must** be recorded in the VA2 and where appropriate, a copy of these can be shared **in confidence** with any agency having a specific interest in this case. (See Practical guidance – Governing the use of email & facsimile transfer of information – boxed text – page 181)
- 7.4 All DLMs have sole responsibility for the completion, legibility and accuracy of the VA2 Form. DLMs are also responsible for instigating Stage 3 of the 'decision making process' and as such, any liaison with outside agencies as part of any strategy discussion process **must take place within 24 hours** (i.e. within one clear working day) of the initial referral or discovery of the alleged abuse/inappropriate care.

- 7.5 DLMs are also responsible for completing their own individual copy of the VA2. This should contain an accurate record of any discussions held and decisions made. To ensure accuracy in this respect, it would be prudent for agencies to collaborate over any shared decisions resulting in joint action being taken.
- 7.6 If completed accurately and in a contemporaneous manner, the record kept in the VA2 will contribute positively to the established ethos of 'defensible decision-making'. This will not only provide an audit trail in respect of the whole inter-agency process but will also support managers and practitioners alike in the action they take when dealing with the 'Referral' and the outcomes made.
- 7.7 The VA2 contains a number of appendices which are copies of standard documentation that have been designed to facilitate various needs and requirements during the course of this process. Utilising these will ensure consistency of practice. These are:
- **Appendix 1 – Arranging an Interview with Alleged Victim.** This provides a series of questions to be addressed relative to the competency and mental capacity of the alleged victim as a potential witness. This is most likely to be completed by the Police following the outcome of a strategy discussion/meeting with Social Services and other relevant agencies when these issues would need to be discussed and agreed.
 - **Appendix 2 – Interview of Alleged Victim.** This again is likely to be completed by the Police who will take the lead when conducting interviews with any vulnerable witnesses.
 - **Appendix 3 – Medical Examination/Psychiatric Assessment Consent Form.**
Subject to issues relating to the mental capacity of the alleged victim, this consent form will need to be signed by the vulnerable person who is subject of a medical examination and/or psychiatric assessment. In the event that this person does not have the capacity to make an informed decision on such issues and treatment is needed for their wellbeing, arrangements should be made for the person to see a doctor. The doctor will form a judgement about whether or not to examine and/or provide treatment.
 - **Appendix 4 – Medical Examination and/or Psychiatric Assessment of Alleged Victim.** This form is to be used to record the outcome of the examination/assessment.
 - **Appendix 5 – Authority of Witness to Release Copy of Witness Statement to Local Authority or CSIW.** Witness statements taken (either written or video recorded) by the Police during the course of a criminal investigation cannot be released to a third party without the explicit consent of the person who made them. This form is to be used to obtain this consent.

- **Appendix 6 – Outcome of Criminal Investigation.** This form is likely to be completed by Police and possibly Social Services to record the result of any formal police investigation.
- **Appendix 7 – Template for Minutes of Adult Protection Case Conference.** This template is to be used by all Social Service Authorities that are responsible for chairing Case Conferences.

8. DESIGNATED LEAD MANAGERS – Guidance on the completion of the VA2 Form:

8.1 Before commencing this process, it is essential that a completed VA 1 Referral form (and if appropriate, a completed VA1 (a) Body Map form) is received by the Designated Lead Manager and attached to the VA2 for reference purposes. If this has not been received, then arrangements must be made for immediate submission (see note on use of email and facsimile systems – boxed text – top of page 181 of this supplementary guidance).

8.2 Again the following explanations are provided for clarity and should be considered in the context of the corresponding questions set-out in the VA2 Form:

Page 2 (Q1) – Capacity & Consent of Alleged Victim:

Issues of capacity and consent can be fundamental both in deciding whether an act was abusive or not and in deciding to what extent a vulnerable adult can, and should be asked to take decisions about how best to deal with their situation. Capacity to consent should be considered and assessed in relation to the specific area of concern. The expressed wishes of the vulnerable adult should where possible, be paramount in the assessment and decision-making process. However, there remains a fundamental duty to balance the person's right to self-determination with their need for protection.

As the sub-text on the VA2 Form indicates – ‘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 re-offending that may take place if the matter is not formally dealt with.’

The series of questions posed under Q1 are designed to establish the alleged victim's mental capacity relative to the alleged 'act' of abuse; the informed consent the victim provides allowing professionals to investigate and any subsequent action taken as a result. The lack or inability for the alleged victim to provide informed consent will not necessarily mean that no investigation will take place. Whilst all vulnerable adults have the right to self-determine whether they wish any action taken in respect of any incident of alleged abuse, this can be over-riden when it is considered to be in the best interests of the individual or other vulnerable persons at risk. See SWAP procedures: paragraph 8.7 – Basic principles of 'Capacity' and paragraph 8.16 – Basic principles of 'Consent' for further guidance on this.

Informed consent is the voluntary and continuing permission of the adult to agree to a course of action or inaction, based on adequate knowledge of the purpose, nature, likely effects and risks of the 'proposed action/inaction' including the likelihood of its success and any alternatives to it. Permission given under any unfair or undue pressure is not consent'.

Pages 2, 3 & 4 (Q2) – Collation of information available to Designated Lead Manager:

This is relatively self-explanatory and the included sub-text provides most of the necessary guidance. It must be emphasised however that when recording information in the various sub-categories of (i) to (vi), the source of the information should always be identified and only substantiated information used. In circumstances where the information appears unreliable, this fact must be clearly stated.

9. THE STRATEGY PROCESS (Completion of the VA2 by DLMs):

- 9.1 It is essential that guidance relating to the strategy process is always adhered to and in this respect (paragraphs 9.57-74 of the SWAP procedures provides detailed guidance on the whole process).
- 9.2 The following key considerations should be made prior to any decision being made on whether to hold a strategy discussion and/or meeting:
- The Social Services/Health or Police designated lead manager will decide whether to hold a strategy discussion 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 on a person to person basis or over the telephone. Despite the informality of such discussions, all information shared and decisions made must be recorded (See paragraph 9.58 of SWAP procedures)
 - It will be the responsibility of the Social Services/Health or Police designated lead manager to decide on whether to hold a strategy meeting with those agencies that have a relative interest in the 'referral' made by the vulnerable adult (alleged victim) or other third party. Where the 'referral' or disclosure 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 (See paragraph 9.59 of the SWAP procedures).
- 9.3 **Strategy Discussion** – the initial strategy discussion is probably the most pivotal aspect of the whole process and is likely to shape the immediate future of any inter-agency response and investigation.

- 9.4 As a general principle, a strategy discussion is appropriate when no more than two agencies are involved and the issues are relatively easy to resolve. It can be conducted by telephone or by meeting person to person. Further guidance is provided in paragraph 9.58 of the SWAP procedures as to when a strategy discussion should be held.
- 9.5 A strategy discussion facilitates the reporting of a 'referral' by one designated Lead Manager to another. 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 policy 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
 - 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 Strategy Meeting (See paragraph 9.59 of the SWAP procedures for further guidance on when to hold a strategy meeting).
- 9.6 **The main reasons for holding a strategy meeting is when there is a need to:**
- Collate and co-ordinate information sharing with those agencies involved in the process (more than two)
 - Examine circumstances of disclosure and assess the impact on the alleged victim
 - Address any complex issues identified
 - Identify an 'action plan' to eliminate or reduce future risk
 - Decide on level of response and by whom
- 9.7 **Other key considerations when holding of a Strategy Discussion and/or Strategy Meeting:**
- Where any alleged abuse occurs in a health setting, the appropriate Social Services DLM **must be informed of this within 24 hours** (i.e. within one clear working day) of the 'disclosure' being made. It should be pointed out that in cases where practice issues in a health setting may amount to potential inappropriate care taking place – Social Services agencies would not wish to become

involved in such matters but would want to be notified of that for data -record purposes only.

- Where a strategy discussion achieves all its aims relative to the elimination of risk and action against any potential perpetrator, then it may not be necessary to hold a strategy meeting. In such cases, the Social Services DLM may decide on whether to hold an Adult Protection Case Conference (see paragraph 9.78-82 of the SWAP Procedures).
- In cases where there has been a strategy discussion and/or strategy meeting held, it would be appropriate to re-convene a strategy meeting in order to discuss any 'new developments' that may have occurred. It would however, be inappropriate to reconvene a strategy meeting to discuss the 'outcome' of an investigation that has been finalised. In such cases, an Adult Protection Case Conference must be convened to deal with such issues.
- Where a 'referral' is received by the DLM and the facts of the case unequivocally support the view that the SWAP procedures should not be invoked, the DLM can use discretion as to whether or not to invoke the Adult Protection procedures. Making unilateral decisions of this nature should 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 of the 'referral' is 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 SWAP procedures. In either case, the reasons for making such a decision must be recorded.

9.8 **Completion of Strategy process section of the VA 2 (pages 5 - 16):**

Page 5 – 1: Initial Strategy Discussion:

Prior to any strategy discussion taking place, a copy of the VA1 Referral form (and if appropriate, copy of any VA1(a) Body Map form) must be 'faxed' or handed to the Designated Lead Manager or other nominated person with whom the strategy discussion is held. By doing this, DLMs will have a greater awareness of the circumstances leading to more informed judgements being made.

Pages 5/6 – Minute Sheet (Strategy Discussion):

In order to avoid keeping separate notes or 'minutes' of any strategy discussion held, the minute sheet allows for 'Agreed actions' to be recorded by the Designated Lead Manager. It also allows for any 'Actions currently being pursued' to be recorded by the DLM.

Page 6 – Outcomes from Strategy Discussion:

There are 3 options to this section and whilst relatively self-explanatory, each outcome is quite distinct from the other and may call for specific action to be taken:

Page 6 - (i) No Further Action under the VA Procedures:

The reasons and options that may justify taking 'NFA' must be specific and the use of unsubstantiated evidence or facts must be avoided. DLMs must be mindful of the guidance provided above relative to making unilateral decisions and where appropriate, such decisions should be shared with outside agencies as part of the strategy process. If the reasons clearly justify no further action under the Vulnerable Adult procedures, and the DLM endorses this action by signing the bottom of page 6, there is no need to complete any further section of the VA2 following this decision.

Page 7 - (ii) Need for Strategy Meeting:

Whilst some limited guidance is provided in the sub-text of the VA2 (page 7) other more comprehensive guidance on whether to hold a strategy meeting can be found in paragraphs 9.59-74 of the SWAP procedures.

Purpose for holding a Strategy Meeting:

A Strategy meeting facilitates the gathering of relevant information from agencies that have a involvement and/or interest in the alleged victim, to consider and evaluate that information and then decide on the most appropriate action to take. Some of the most likely issues to be considered during the strategy meeting are outlined as follows:

- Need to establish the roles of the social services, health trusts, CSIW and Police
- What issues relate to capacity and wishes of the alleged victim?
- Is a formal assessment of the victim's capacity likely to be required?
- Does victim consent to investigation – if not, is it in the public interest to proceed?
- How will the victim 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 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?
- Is there a criminal element to the alleged abuse – is there need to preserve evidence/Police to take lead in any investigation?
- Does the victim need to have a medical examination? – if so, issues of consent to be addressed and arrangements made.
- 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 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.
- What arrangements should be made to facilitate the involvement of victims 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?
- Are there other 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 victim, service user or worker?

Page 7 – (iii) Need for Adult Protection Case Conference:

Guidance outlining the circumstances when a strategy meeting should defer to an Adult Protection Case Conference can be found in paragraphs 9.78-82 of the SWAP procedures. Additional information is also provided under the section headed ‘Next Steps – Other options to consider’ on page 20 of this guidance.

Page 8 - 2: Strategy Meeting - Arranging the Strategy Meeting:

Whilst there is no specific guidance on ‘arranging’ a strategy meeting, guidance on ‘holding a strategy meeting’ can be found in paragraphs 9.59-74 of the SWAP procedures. For ease of reference, the following extract from paragraph 9.62 is reproduced and states: ‘A *strategy meeting must be arranged on the same day of the referral and in any case within 48 hours (i.e. within two clear working days) of the disclosure being made*’.

This section is designed in such a way that the preparatory arrangements that need to be made prior to holding the actual meeting can be recorded. Paragraph 9.74 of the SWAP Procedures does provide guidance on who is likely to be present at this meeting.

Page 9 - Record of Strategy Meeting - Confidential:

The reason why this section is highlighted is to draw attention to the fact that pages 9-14 can be utilised as a set of ‘minutes’ covering the strategy meeting. These may be photocopied and circulated under **confidential cover** to those individuals who either attended the strategy meeting or have a vested interest in the case.

Page 9 (i) - Holding the Strategy Meeting:

This provides a section for details of time/date and venue of the meeting to be recorded together with details of all persons who are present. It also allows any observations that the ‘Chair’ may make relative to the aims and objectives of the meeting together with relative information contained within the VA1 Referral form. It is essential that those persons who are present at these meetings are aware of their

own individual responsibilities in respect of maintaining confidentiality relative to any information shared.

Page 10 (ii) - Minute Sheet: Decision-Making Process:

This section has been designed to provide a summary of the known facts that have been established to date. It also allows the 'chair' to highlight the relative aims and objectives of the strategy meeting and to remind those individuals who have been invited to attend of the rules on confidentiality. On pages 11 -13, the 'minute sheet' is divided into a series of questions with optional answers. Whilst relatively self-explanatory, care must be taken in its completion to avoid misleading information being provided.

Divided into 3 sections, the following guidance is designed to assist with the completion of this section of the VA2:

Page 11 (1) – Based on the available information provided to date, are the actions taken to protect the vulnerable adult sufficient and effective?

This initial consideration is fundamental when considering any action taken to date. If it is felt that the action taken to date is insufficient to protect the alleged victim, immediate measures must be taken to address this – details of any additional action to be taken must then be recorded in this section.

Page 11 (2) – Do the circumstances of the 'referral' identify a criminal element?

This section is relatively straight forward, albeit that care should be taken to complete the various options that are set out. If it is clear at this point that there is no criminal element in the alleged abuse, the Police must complete a VA3 (NFA) form (if not already done so), a copy of which must be submitted to the agency DLM who chairs the meeting.

Page 12 (3) – Victim Considerations:

Again this provides multiple options which require care in completing. Whilst answers to some of the questions require a 'Yes/No' response, other information concerning arrangements may be addressed at a later date. Having due regard to the questions raised in (a) & (b), it is possible that issues relating to whether the alleged victim should be interviewed or undergo a medical examination would have been addressed during the strategy discussion phase of the process. If this is the case, the decisions made then (unless under review) may be confirmed by completing the relative sections under (a) & (b).

The guidance provided by the sub-text relative to the 'Provision of Therapy' refers to those cases that potentially involve criminal proceedings taking place. Detailed guidance on this can be found in Paragraph 9.67 of the SWAP procedures.

Page 13 – Outcome of Strategy Meeting – Agreed Actions:

This allows the DLM to summarise the actions taken. It also allows for a decision on whether to hold an Adult Protection Case Conference to

be held. As a general indicator, a summary of the possible outcomes that may be considered are listed as follows:

- An Action Plan setting out the immediate action to protect the vulnerable adult
- Decide which agency will take the lead in any investigation into the allegation of abuse
- Secure appropriate support for people with particular needs
- Arrange to reconvene the meeting to receive reports from investigating officers
- To take no further action – in such cases, does the victim require services or support to take matters further?
- If concerns about safety and welfare of the vulnerable adult remain – consideration must be given to holding an Adult Protection Case Conference

Once the 'Record of the Strategy Meeting' (pages 9 -14) has been completed, the DLM responsible for completing the VA2 may consider whether to circulate the information contained in these pages as 'minutes' of the strategy meeting held. These 'minutes' should only be circulated **under confidential cover** to those individuals who were present at the Strategy meeting or any other person who has a legitimate reason for seeing them.

Page 15 (Section 3) – Next Steps – Other Options to Consider:

This section is again divided into 3 sections each providing a separate and distinct option to the other:

(i) Arrange Adult Protection Case Conference: The sub-text contained on the VA2 provides some guidance on this and further guidance can be found in the SWAP Procedures in paragraphs 9.78-92. Generally speaking, the need to hold an Adult Protection Case Conference will be decided either as an outcome of the strategy meeting or by the DLM Social Services. A Case Conference should always be held in cases involving:

- Sexual and/or physical abuse
- Where other serious levels of risk are present
- Where more than one agency is involved in the preparation of a Adult Protection Plan

Whilst the main purpose for holding a Case Conference is to agree an Adult Protection Plan, the Case Conference will also need agencies and key professionals to:

- Share and evaluate information gathered during the investigation
- Consider further information from all participants
- Consider wishes of vulnerable adult and rights to take risks
- Clarify details of abuse and assess the current level of risk

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

Appendix 7 (VA2) provides a template for the minutes of any Case Conference and this must be used by Social Services to ensure consistency of practice.

- (ii) **Revert to Relevant Agency** – Such action may occur following a consensus view that any issues arising from the original ‘referral’ should be addressed by one particular agency.
- (iii) **No Further Action** – This action will be taken when there is consensus supporting the view that there are no Vulnerable Adult protection issues present.

10. **VA3 (No further action) FORM**

- 10.1 This form is to be used by South Wales Police only. The VA3 (NFA) form will be used by the Police to formally acknowledge that they will be taking ‘No further action’ in respect of the ‘referral’ made. In making this decision, there must be clear and unequivocal evidence to support the view that there is no criminal element in the circumstances surrounding the ‘referral’ made and as such, the Police may conclude that their formal involvement is no longer required.
- 10.2 In such circumstance, the Police will notify the referring agency and then complete a VA3 (NFA) form identifying the reasons for taking ‘No further action’ e.g. allegation of inappropriate care with no criminal connotations. **A copy of the form must be sent to relevant Designated Lead Manager, Social Services for their information (via fax or post as the case may be).**
- 10.3 Where there is a possibility that the allegation (referral) may contain some element of criminal activity, then the Police will undertake an investigation. If as a consequence of this investigation, there is conclusive proof that there is no criminal activity involved, the Police will complete the VA3 (NFA) form and record the outcome in the VA2 (page 23 – Appendix 6).

PRACTITIONERS AND MANAGERS SHOULD NOTE:

Disclosure of ‘Material Evidence’ in Criminal Prosecutions:

All Statutory Agencies must be mindful of the fact that any information recorded on the VA1, VA1 (a), VA2 & VA3 documents maintained by them may become 'material evidence' in any subsequent criminal prosecution. In view of this, Agencies **must be aware** that under the Criminal Procedure and Investigation Act 1996, they have a legal obligation to 'disclose' these documents and any other relevant documentation that has a material bearing on the prosecution case to the Crown Prosecution Service. Subject to CPS discretion, this information may be disclosed to the defence if it is felt that it has a significant bearing on the prosecution case. Any exemption under the rules on Public Interest Immunity will be addressed by the CPS and if necessary, by the trial Judge.

11. VA4 – Data Capture Form

- 11.1 Section 12 of the SWAP Procedures sets out the responsibilities of Agencies involved in the statutory care and protection of vulnerable adults to 'monitor & evaluate' data gathered in respect of adult abuse 'referrals'. To achieve this, the VA4 Data Capture Form has been introduced to facilitate the retrieval and data gathering process. Based on an 'All Wales' model, the data capture fields cover a diverse range of activities and settings that will potentially relate to the alleged abuse and inappropriate care of vulnerable adults.
- 11.2 Effective and accurate retrieval of data is essential and if carried out in a timely and consistent manner, will inevitably lead to identifying trends that will allow proactive action to be taken when dealing with potential 'hot spots' of abuse activity.
- 11.3 The VA4 **must** be completed by the Designated Lead Manager (or any delegated person) either at the conclusion of the Strategy process or sooner if a unilateral decision is made not to invoke PoVA Procedures.
- 11.4 It is imperative that Designated Lead Managers including those who are in the Health sector or the Police and who are the 'first point of contact' in instigating the Strategy process, **must complete and return the VA4 to their respective Social Services Designated Lead Manager at their earliest opportunity.**
- 11.5 As the lead agency having responsibility for co-ordinating policy and practice, Social Service Authorities will be responsible for collating this data and submitting statistical returns to their respective Area Adult Protection Committees for their consideration. In the interests of consistency, statutory agencies, other than Social Service Authorities that decide to maintain their own statistical data relating to the adult abuse 'referrals' and outcomes they become involved with should consider adopting the data capture model ratified by the South Wales Adult Protection Forum.

APPENDIX 'B'

SOUTH WALES ADULT PROTECTION FORUM

GENERAL GUIDANCE RELATING TO PUBLIC INTEREST DISCLOSURE (‘WHISTLE – BLOWING’)

All staff who work in the caring services have a duty under the Public Interest Disclosure Act 1998 (PIDA) to report to their line manager any suspicion or allegation of abuse and/or inappropriate care, or any instance where they have reason to believe a vulnerable adult is at risk of abuse or inappropriate care. This may inevitably involve the reporting of a colleague or other co-worker whom you suspect of instigating the alleged abuse.

Public Interest Disclosure or ‘whistle-blowing’ as it is generally referred to involves the making of a disclosure by individuals, usually staff/employees, about alleged abuse, malpractice or crimes that may be committed by others within their own organisation.

In the context of the SWAP procedures, all statutory agencies involved in the care, support and protection of vulnerable adults have Public Interest Disclosure Policies in place to support staff who choose to make disclosures that are in the public interest (whistle-blowing).

PLEASE NOTE: This guidance is designed to provide an outline of the law and rights of the individual. The guidance provided must be considered as supplemental to any existing Public Interest Disclosure Policy that your own organisation will have. Staff must always refer to their own agency policy for specific guidance in this respect.

What is public interest disclosure (or ‘whistle-blowing’)?

In the context of caring, supporting and protecting vulnerable adults, generally all staff engaged in such work are usually the first to know when something may be wrong with the way a vulnerable person is being cared for or treated. A culture of turning a ‘blind eye’ to such problems results in failure to ‘sound the alarm’ and those persons in charge, not being able to take quick and decisive action to deal with the matter. Public interest disclosure or ‘whistle-blowing’ can therefore be described as giving information (usually to a public body) about potentially illegal and/or underhanded practices and wrongdoing.

What is wrongdoing?

Wrongdoing involves any lawful or illegal behaviour and can include:

- Any unlawful act whether civil or criminal

- Breach of any statutory code of practice or failure to implement or comply with any Procedural rules or Policies determined by the employer
- Unprofessional conduct
- Dangerous practice likely to cause physical harm and/or injury to any person or damage to any property
- Abuse of power
- Unfair discrimination

This list is by no means definitive but intended to give an indication of the kind of conduct which might be considered 'wrong doing'

Who is covered by the Act?

The PIDA applies to the following individuals:

- All professional workers employed in the NHS and Local Authority
- Contractors
- Trainees
- Agency staff

In rationalising these categories, the PIDA defines 'worker' as covering contractors, sub-contractors, agency staff, home workers and those providing general medical, dental, ophthalmic or pharmaceutical and those undertaking work experience either by means of a contract of employment or as part of an educational course run by a school, college or university establishment.

The PIDA affords protection for 'qualified disclosures' and as such, protects workers in the private, public and voluntary sectors from being victimised or dismissed by their employers when they raise genuine concerns about alleged abuse, malpractice or criminal activity. If an employee works in the public sector they are also protected if they raise concerns directly with the sponsoring department.

What is a qualified disclosure?

This term is used to identify the categories of information that a worker may disclose to an appropriate person without fear of reprisal. A 'qualifying disclosure' is defined as one that tends to show one or more of the following:

- A criminal offence is being committed, is likely to be committed or has been committed
- A person has failed or is failing or is likely to fail to comply with any legal obligation to which he/she is bound
- A miscarriage of justice has occurred, is occurring or is likely to occur
- Health and safety of any individual has been, is being or is likely to be endangered
- The environment has been, is being or is likely to be damaged
- Information tending to show any matter falling within any one of the preceding paragraphs has been, or is likely to be deliberately concealed

You should note that a disclosure of information is not a 'qualifying disclosure' if:

- The person making it commits an offence by doing so

- A claim to legal professional privilege could be maintained in legal proceedings if it is made by a person to whom information has been disclosed in the course of obtaining legal advice

Types of 'Qualifying Disclosure'

- **Internal Disclosure:**

In the first instance, making disclosures internally is considered to be in the best interests of all parties. This particular option affords workers with the greatest degree of protection and provides the employer with an opportunity to address the concerns raised by the individual. However, a worker may be protected for raising such concerns outside the workplace if this is done according to the Act's provisions.

Prescribed regulators hold a special status under the PIDA as workers can raise concerns with them directly even if they have not raised their concerns with their employee first.

To be protected, workers have only to show that they raised their concerns honestly and that there is some substance to their concern.

- **External Disclosure:**

To receive protection in respect of a disclosure made to an external organisation, a worker has to show that:

- The disclosure was made in good faith
- It was substantially true
- It was not for personal gain and
- They acted reasonably.

The worker also has to show that they had a reasonable belief that if they made a disclosure to their employer they would either be victimised, that a cover-up may occur or that the matter had already been raised with their employer or prescribed regulator.

None of the 35 regulators# currently prescribed under the PIDA deals with the abuse of vulnerable adults. The Social Services Inspectorate for Wales is not currently prescribed (under review). At the moment therefore, disclosure to the SSIW would be considered an external disclosure under the PIDA as would the Police and the media.

In dealing with such matters, the Public Concern at Work (PCaW) organisation provides a confidential help-line (details below). This provides legal advice and assistance to workers on how they can legitimately 'make confidential reports' or 'whistle-blow' on such things as fraud, negligence, abuse in care and threats to public safety. The PCaW also advises and assists organisations with risk management and whistle-blowing procedures, providing up-to-date guidance on law and practice.

What are worker's rights under the PIDA?

Line managers have a duty of care to the staff they supervise to protect them from any retribution or victimisation following the reporting of alleged abuse or inappropriate care by co-workers or other staff.

It is automatic unfair dismissal to dismiss a worker or select him/her for redundancy for making a qualifying disclosure in good faith to someone to whom he/she is entitled to make it or to penalise him/her for doing so. This protection is available regardless of how long the worker has been employed and without age limit.

The Public Interest Disclosure Compensation Order 1999 provides that there is no maximum limit on the compensation that a tribunal can award where an employee has been dismissed for making a disclosure under the PIDA.

If the employer fails to comply with such an Order, the employee is deemed to remain in employment until a hearing and is entitled to be paid as such.

Do's and Don'ts of 'Whistle-Blowing'

Do:

- Keep calm
- Think about the risks and outcomes before you act
- Remember you are a witness, not a complainant
- Phone Public Concern at Work organisation for advice

Don't:

- Forget there may be an innocent or good explanation for what has occurred
- Become a private detective
- Use whistle-blowing procedures to pursue a personal grievance
- Expect any thanks

Useful telephone numbers

- Action on Elder Abuse Help Response Line: Tel. No. 0808 8088 141
 - Public Concern At Work Help-Line: Tel. No. 020 7404 6609

Subject of confirmation

APPENDIX 'C'

SOUTH WALES ADULT PROTECTION FORUM

MEMORANDUM OF UNDERSTANDING

Inter-Agency arrangements for investigating alleged abuse of Vulnerable Adults placed in other Local Authority areas
(Ratified by SWAP Forum 26.9.03)

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

It should be read in conjunction with **Welsh Office Circular 41/93: Ordinary Residence – Personal Social Services**. This Circular specifically identifies these responsibilities in terms of:

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

3. Guiding Principles

- The authority where the abuse occurs will have overall responsibility for co-ordinating the adult protection arrangements (and, for the purposes of this Memorandum of Understanding, be referred to as the host authority)
- The placing authority (i.e. the authority with funding/ commissioning responsibility) will have a continuing duty of care to the vulnerable adult and will maintain their responsibility for the longer-term care needs of that individual.

- The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link with local policy and procedures set out by the host authority.
- 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.

4. Responsibilities of Host Authorities

- 4.1 The authority where the abuse occurs should always take the initial lead on responding to the referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.
- 4.2 The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies.
- 4.3 It is the responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse takes place in any Regulated Services, other people could potentially be at risk and enquiries should be carried out with this in mind.
- 4.4 The Care Standards Inspectorate for Wales should always be included in investigations involving regulated care providers and enquiries should make reference to 'In Safe Hands' regarding arrangements for the protection of vulnerable adults.
- 4.5 There will be instances where allegations relate to one individual only and in these cases it may be appropriate to negotiate with the placing authority their undertaking certain aspects of the investigation. However, the host authority should retain the overall co-ordinating role throughout the investigation.

5. Responsibilities of Placing Authorities

- 5.1 The placing authority will be responsible for providing support to the vulnerable adult and planning their future care needs.
- 5.2 The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Adult Protection strategy meeting and/ or may be required to submit a written report.

6. Responsibilities of Provider Agencies

- 6.1 Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and/ or the Care Standards Inspectorate for Wales in accordance with local inter-agency policy and procedures.

- 6.2 Provider agencies will have responsibilities where applicable, under the Care Standards Act 2000 (Regulation 37) to notify their local Care Standards Inspectorate area office of any allegations of abuse and any other significant incidents.
- 6.3 Provider agencies who have services registered in more than one local authority area will defer to the Care Standards Inspectorate area office relevant to the area in which the abuse took place.

The South Wales Adult Protection Forum expresses its gratitude to Staffordshire Adult Protection Committees for allowing them to use their draft Cross Border Inter-Agency Protocol in the development of this Memorandum of Understanding.

SOUTH WALES ADULT PROTECTION FORUM

GUIDANCE IN RESPECT OF ALLEGATIONS OF ABUSE AGAINST AN INDIVIDUAL WHO IS A PROFESSIONAL, STAFF MEMBER OR VOLUNTEER IN CONTACT WITH CHILDREN OR VULNERABLE ADULTS

RECIPROCAL ARRANGEMENTS FOR REPORTING POTENTIAL ABUSE

1. Scope

This guidance addresses the link between the All Wales Child Protection and South Wales Adult Protection Procedures. Currently, there is no reference in either set of procedures as to what action to take in circumstances where:

- a) Allegations have been made that individuals have abused vulnerable adults with whom they have a care relationship and whose work brings them into contact with children.
- b) Allegations have been made that individuals have abused children with whom they have a care relationship and whose work brings them into contact with vulnerable adults.

This guidance does not extend in detail to situations where individuals are alleged to have abused a child and who care also for a vulnerable adult or, conversely, are alleged to have abused a vulnerable adult and who also care for a child. Local arrangements should be agreed but see Section 3 below for general guidance.

2. Definitions

- 'Individual' – relates to a professional, staff member or volunteer, including those in training. This process should apply to situations where individuals work within the area of the Local Authority dealing with the original allegation or within another Local Authority area.
- 'Volunteer' – relates to individuals used or accredited by any public, voluntary or private agency, whose work brings them into contact with children or vulnerable adults.
- 'Children' – relates to any person under the age of 18
- 'Vulnerable adult' relates to a person who is 18 years of age or over and who is or may be in need of community care services by reason of mental or other disability, age or illness and is or may be unable to take care of him/herself, or is unable to protect him/herself against significant harm or serious exploitation.

(Broader definition can be found in paragraph 5.6 of the SWAP procedures).

3. General Guidance

- 3.1 Staff from all agencies have a responsibility to report concerns they may have about children or vulnerable adults they come into contact with in the normal course of their work in accordance with both sets of existing procedures.
- 3.2 When there are allegations of abuse against children within families, the consequences for any vulnerable adults in the household should be considered and a referral made to the appropriate team if the context of the abuse raises concern. The converse of this is there should always be consideration of any consequences for the wellbeing of children in the household if there are allegations of harm to vulnerable adults, and a referral made to the appropriate team.

4. Guidance in respect of action to be taken where allegations are made against professionals, staff members or volunteers

4.1 Allegations of abuse involving Vulnerable Adults

When cases arise in which allegations have been made that individuals have abused vulnerable adults with whom they have a care relationship and **whose work brings them into contact with children** the following action should be taken:

- (i) The Adult Protection Co-ordinator or designated lead manager should convene a strategy meeting in accordance with the South Wales Adult Protection Procedures - section 9. He/she must ensure that the Child Protection Co-ordinator or designated manager for the area in which the individual works, is invited to attend.
- (ii) Alternatively, if it becomes apparent in the course of a strategy meeting that the individual concerned works with children, the action plan from the strategy meeting should include responsibility for informing the Child Protection Co-ordinator who should then be invited to attend any subsequent strategy meeting.
- (iii) The All Wales Child Protection Procedures paragraph 4.5.1 'Responding to referrals about professional abuse' should then be applied by the Child Protection Co-ordinator or lead manager in conjunction with this guidance.
- (iv) All notifications made under these arrangements must be recorded as potential 'referrals' of abuse and a VA1 'Referral' form completed by the person receiving the notification.

4.2 Allegations of abuse involving children

When cases arise where allegations have been made that individuals abused children with whom they have a care relationship and whose **work brings them into contact with vulnerable adults**, the following action should be taken:

- (i) A strategy meeting should be convened in accordance with Part 3 of the All Wales Child Protection Procedures. The Adult

Protection Co-ordinator or designated lead manager from the area in which the individual works, should be invited to attend.

- (ii) Alternatively, if it emerges during the course of a strategy meeting that the individual concerned works with vulnerable adults the action plan from the strategy meeting should include responsibility for informing the Adult Protection Co-ordinator, for the relevant area, who should then be invited to attend the Outcome Strategy meeting.
- (iii) The Adult Protection Co-ordinator or designated lead manager will then apply sections 9 and 11 of the South Wales Adult Protection Procedures as appropriate.
- (iv) All notifications made under these arrangements must be recorded as referrals and processed according to local Child Protection arrangements.

APPENDIX 'E'

SOUTH WALES ADULT PROTECTION FORUM

TERMS OF REFERENCE

(Ratified 28.3.03)

1. This multi-agency group shall be known as the South Wales Adult Protection Forum (referred hereafter as the SWAP Forum).
2. The SWAP Forum shall comprise of nominated representatives from the seven Area Adult Protection Committees (AAPCs) established within the South Wales region. These representatives will include:
 - The elected Chair of each AAPC

- The designated Senior Co-ordinating Officers (or their nominated deputies) as appointed by each statutory agency within the SWAP Forum partnership.
 - Any other nominated AAPC representative (not designated as above) subject to agreement by the Forum's membership.
 - Any other nominated representatives from National Organisations involved in the care, support and protection of vulnerable adults subject to agreement by the Forum's membership.
 - The Chairperson of any Sub-Group commissioned by the Forum.
3. The constituent AAPCs that make up the SWAP Forum are:
- Cardiff AAPC
 - Bridgend AAPC
 - *Neath Port Talbot AAPC*
 - Merthyr Tydfil AAPC
 - Rhondda Cynon Taff AAPC
 - Swansea AAPC
 - Vale of Glamorgan AAPC
- Each AAPC shall be represented on the SWAP Forum by up to 4 of its members, in addition to the Chair or any Senior Co-ordinating Officers (or their nominated deputies).
4. The SWAP Forum fully accepts and operates within the guidance provided by *'In Safe Hands'* and *'The South Wales Policy & Procedures for the Protection of Vulnerable Adults'*.
5. Based on Section 12 of the South Wales Adult Protection Procedures (paragraph 12.11) the role of the SWAP Forum will be:
- To provide an over-arching strategic management group, responsible for co-ordinating policy and practice across the seven local authority areas and their respective Area Adult Protection Committees located within the boundaries of the South Wales Police Authority area.
 - This over-arching role will extend to and include all agencies and organisations within the boundaries of the seven local authorities that have a primary responsibility for the care, support and protection of vulnerable adults and who formally subscribed to the South Wales Procedures for the Protection of Vulnerable Adults.
6. The SWAP Forum will be accountable to those agencies and organisations that make up its membership. Forum representatives will be mandated to give or withhold the consent of their agency or organisation to issues considered and decided upon by the Forum or its constituent Sub-Groups. This will not prevent agencies and/or organisations acting unilaterally in some instances but prior notice of such actions will be given to the Forum.

7. The main objectives of the SWAP Forum is to:
 - Support and co-ordinate the work of the seven Local Authority Area Adult Protection Committees within South Wales.
 - Promote the provision of consistent, fair and quality professional practice relating to vulnerable adults in South Wales.

8. **The Forum's responsibilities will also encompass the need to:**
 - Consider and implement any strategic development and policy initiative relating to the protection of vulnerable adults.
 - Periodically review existing policy and practice and recommend changes based on identified 'best practice' and/or changes in legislation.
 - Consider referrals made to the Forum by any of the seven Area Adult Protection Committees relating to an identified shortfall or anomalies in any multi-agency procedures that exist.
 - Ensure multi-disciplinary partnerships are consistently and fairly provided.
 - Promote the understanding of and status of vulnerable adult abuse policies and procedures throughout South Wales.
 - Support where feasible the delivery of appropriate training to all key staff in partner agencies.
 - Monitor and evaluate the delivery of services through agreed quality assurance systems.

9. In order to facilitate the work of the SWAP Forum, the following standing Sub-Groups will be established:
 - Policy Review Sub-Group
 - Training Sub-Group
 - Monitoring Sub-Group

The appointment of Chairperson, their membership and terms of reference of these Sub-Groups will be determined respectively by each Sub-Group and will be subject of ratification by the SWAP Forum.

10. The SWAP Forum will seek to maintain a partnership with the Welsh Assembly Government and will endeavour to provide support for activities that are broader All Wales' matters. In addition, the SWAP Forum will ensure that relevant issues or concerns are shared with the Welsh Assembly Government, including any requirement where there is a need for additional resources and acknowledging any unmet need when it occurs.

11. The SWAP Forum shall elect a Chair who will hold office for the minimum of 12 months. The nomination and election of the Chair will

be made by members of the SWAP Forum. The nominee may be a representative from any of the agencies or organisations that make up the membership of the SWAP Forum.

12. A Vice Chair shall also be elected annually and may be nominated from any agency or organisation represented on the SWAP Forum other than that which the Chairperson represents.
13. The SWAP Forum shall meet every 3 months or sooner should circumstances dictate – this will be at the discretion of the Chair, following consultation with members.
14. Meetings of the SWAP Forum will only proceed if members of three or more core agencies are present.
15. Financial and Secretarial support for the SWAP Forum will be reviewed annually by constituent members of the Forum.

APPENDIX 'F'

SOUTH WALES ADULT PROTECTION FORUM

POLICY REVIEW SUB-GROUP

TERMS OF REFERENCE

(Ratified by SWAP Forum on 27.6.03)

The status of the Policy Review Group is that of a multi-agency sub-group of the South Wales Adult Protection Forum. The Policy Review Group's mandate in terms of its role and responsibilities shall be formally set and agreed by the Forum and any recommendations made by the Policy Review Group shall be subject to ratification by the Forum.

The Policy Review Group's membership shall be constituted from representatives of the core agencies represented on the Forum – these persons having management responsibility within their respective organisations.

The position of Chairperson for the Policy Review Group shall be reviewed annually and incumbent members of the group shall be responsible for the selection and appointment of this post.

The frequency of Policy Review Sub-Group meetings will be dictated by and subject to the allocation of tasks set by the SWAP Forum. Arrangements and scheduling for these meetings will be carried out by the Secretary in consultation with the group's Chair.

The Forum's Secretary/Consultant shall provide secretarial support to the Policy Review Sub-Group (subject to the provisions of contract).

Terms of reference for the Policy Review Sub-Group are:

1. To undertake any review of the policy and practice relating to the protection of Vulnerable Adults in South Wales, as commissioned by the SWAP Forum.
2. To take on executive responsibility for specific tasks as mandated by the SWAP Forum
3. In addition to (1 and 2) above and subject to the mandate provided by the SWAP Forum:
 - (i) To address emerging issues that impacts on policy and practice both nationally and in other UK areas.
 - (ii) To evaluate impact of new legislation and/or Government guidance on policy and practice.
4. To establish formal links with the SWAP Forum's Training Sub-Group with a view to assessing the likely impact on multi-agency training brought about by changes to policy and practice (subject of ratification by the Forum)
5. In conjunction with the SWAP Forum's Training Sub-Group and Monitoring Sub- Group (once latter is commissioned):
 - (i) To promote and maintain consistency and quality of practice across all agencies/organisations that subscribe to the South Wales Adult Protection policy and procedures.
 - (ii) To promote a positive attitude amongst multi-agency staff by facilitating systems for practitioner support relative to their roles and responsibilities.

6. To publish, circulate and consult on recommendations.

APPENDIX 'G'

SOUTH WALES ADULT PROTECTION FORUM

PRACTICE EVALUATION SUB-GROUP

TERMS OF REFERENCE

The status of the Practice Evaluation Sub-Group is that of a multi-agency sub-group of the South Wales Adult Protection Forum. The Practice Evaluation Sub-Group's mandate in terms of its role and responsibilities shall be formally set and agreed by the Forum and any recommendations made by the Practice Evaluation Sub-Group shall be subject to ratification by the Forum.

In setting the Sub-Group's terms of reference, it is acknowledged by all partner agencies that local arrangements must be put in place to monitor and address individual practice issues. The Practice Evaluation Sub-Group's remit does not have nor does it seek to have any authority to direct partner agencies in the way it carries out its statutory functions. In this regard, the Practice Evaluation Sub-Group will always seek to advise and support all partner agencies.

The Practice Evaluation Sub-Group's membership shall be constituted from representatives of the core agencies represented on the Forum – these persons having management responsibility within their respective organisations.

The position of Chairperson for the Practice Evaluation Sub-Group shall be reviewed annually and incumbent members of the group shall be responsible for the selection and appointment of this post.

The frequency of Practice Evaluation Sub-Group meetings will be dictated by and subject to the allocation of tasks set by the SWAP Forum. Arrangements and scheduling for these meetings will be carried out by the Secretary in consultation with the Sub-Group's Chair.

The Forum's Secretary/Consultant shall provide secretarial support to the Practice Evaluation Sub-Group (subject to the provisions of contract).

Terms of Reference

1. To review and report on activity and practice relative to the protection of Vulnerable Adults across South Wales with a view to identifying:
 - Examples of 'best practice'
 - Any differences and/or inconsistencies in practices
2. To review and consider outcomes from Annual reports published by each Area Adult Protection Committee within the South Wales Forum area with a view to:
 - Identifying regional trends of incidents of abuse
 - Sharing information relative to performance
3. To maintain appropriate liaison with other external groups on issues that are likely to impact on the care, support and protection of vulnerable adults - e.g. domestic violence and child abuse

4. To act as a 'reference' group by scanning current and emerging information relating to the protection of vulnerable adults and circulating relevant material to Forum members
5. To undertake specific tasks as determined by the SWAP Forum and to provide reports as requested
6. To review progress of the SWAP Forum against agreed targets identified by Forum
7. To prepare and publish an Annual Report outlining the work of the SWAP Forum (earliest start date Autumn 2005)
8. In conjunction with the SWAP Forum's Training and Policy Review Sub-Groups:
 - To promote and maintain consistency and quality of practice across all agencies/organisations that subscribe to the South Wales Adult Protection policy and procedures.
 - To promote a positive attitude amongst multi-agency staff by facilitating systems for practitioner support relative to their roles and responsibilities.
9. To publish, circulate and consult on recommendations. Outcomes from processes outlined in 1 & 2 above will be considered by the SWAP Forum prior to any dissemination of findings or recommendations being made to the each Area Adult Protection Committee.

APPENDIX 'H'

SOUTH WALES ADULT PROTECTION FORUM

AREA ADULT PROTECTION COMMITTEE

SPECIMEN CONSTITUTION

1. The Committee shall be known as the XXXXXXXX Area Adult Protection Committee (referred to hereafter as the AAPC).
2. The AAPC fully accepts and operates within the guidance as outlined by the 'In Safe Hands' guidance and the 'South Wales Procedures for the Protection of Vulnerable adults'.
3. The AAPC will be the joint forum responsible for monitoring and reviewing adult protection policies within the (City and) County

Borough. It will be the body responsible for issuing of procedural guidelines and associated documentation.

4. The AAPC will be accountable to the agencies that make up its membership. These are principally the Local Authority Social Services, the Local Health Group and NHS Trusts, South Wales Police, National Probation Service, Crown Prosecution Service and the Care Standards Inspectorate for Wales.
5. Agency representatives will be mandated to give or withhold consent of their agency to issues considered and decided upon by the AAPC or its constituent Sub-Groups. This will not prevent agencies acting unilaterally in some instances but prior notice of such actions will be given to the AAPC.
6. The AAPC shall elect a Chair who shall hold office for (x) years and be eligible for re-election.
7. A Vice Chair shall be elected annually from the represented agencies other than that represented by the Chairperson.
8. The AAPC shall hold meetings as it shall determine and accepts that the main objectives will be:
 - (a) To aggregate information about protection referrals in their area.
 - (b) To audit specific cases so those lessons may be learned and feed back into practice.
 - (c) To collaborate with adjacent Area Adult Protection Committees.
 - (d) To instigate an inter-agency review of any case where there is a significant concern/public concern identified, due to an apparent break down in inter-agency procedures leading to the safety and welfare of a vulnerable adult being seriously compromised.
 - (e) To promote awareness within statutory, voluntary and independent organisations and the general public relative to vulnerable adult abuse and the availability of these procedures.
 - (f) To promote related policy development in statutory, independent and voluntary sector agencies.
 - (g) To monitor training and policy development
 - (h) To publish and submit an annual report to the Social Services Inspectorate for Wales.
9. An individual member of the AAPC will be taken to have an interest in an agenda item when either:
 - (a) They are personally involved in a matter before the Committee in such a capacity as may require their professional conduct or competence to be examined by the Committee.
 - (b) They have a pecuniary interest in a matter before the Committee.

- (c) They have a private or personal interest in a matter that might influence their ability to impartially represent the views of their agency.
 - (a) - (b) above will be known as direct interests.
 - (c) above will be known as indirect interests.
10. Meetings of the AAPC shall only proceed if three or more member agencies are present.
 11. The AAPC shall establish and maintain a complaints and representation procedure.
 12. The AAPC shall produce an Annual Report that shall be circulated to the Welsh Assembly and constituent agency heads.

APPENDIX 'I'

PROTECTION OF VULNERABLE ADULTS INSPECTION **STANDARDS**

1. **Clarity of purpose - The authority makes clear the nature and purpose of its services to protect vulnerable adults including their statutory basis, user entitlements and expected standards.**
 - 1.1 The authority has clear and comprehensive policies, procedures and guidance, based on statutory powers and responsibilities, setting out the nature and purpose of the service to be provided; within the framework contained in *In Safe Hands*.
 - 1.2 Adult protection policies and procedures are properly scrutinised and revised to take account of current knowledge, practice developments,

new guidance and research findings about what constitutes an effective Adult protection service.

- 1.3 The authority ensures clear leadership for managing and co-ordinating the delivery of adult protection services within the overall strategy for services to vulnerable adults.
- 1.4 Within the authority there is a specific management post with clearly defined responsibilities for monitoring adult protection work and ensuring it is delivered to a high standard.
- 1.5 Roles and responsibilities in respect of adult protection procedures are clearly defined.
- 1.6 Delegation of authority to make decisions are clearly expressed and understood, with defined accountabilities for decision-making in individual cases at each stage of the process.

2. Planning services - The authority has effective arrangements for planning services to support vulnerable adults and protect them from abuse.

- 2.1 The authority has established effective arrangements for planning its services to support vulnerable adults and protect them from abuse, in conjunction with relevant partner agencies and organisations.
- 2.2 The authority meets the guidance provided by *In Safe Hands*, within the context of its Social Care Plan and its strategy for the protection of vulnerable adults.
- 2.3 Planning for the authority's services to protect vulnerable adults is based on a realistic appreciation of duties and responsibilities, workload demands and available resources.

- 2.4 Plans are based on good information about actual and future needs, which takes into account changing requirements and expectations.
- 2.5 The Plan or strategy for adult protection services is known and readily understood by those who need to use it.
- 2.6 There are clear links between longer-term strategic plans, business plans, workforce plans and operational plans that demonstrate a commitment to the prevention and protection from abuse of vulnerable adults.
- 2.7 The authority is effective in co-ordinating the process of policy development; so that all relevant agencies and organisations make and review plans for protecting vulnerable adults from abuse, which are based upon a clear understanding of duties and responsibilities, workload demands, available resources and the extent of need.

3. Providing services - Within an overall commissioning strategy, the authority provides directly or through partnerships or commissioning/contracting arrangements a range of services suitable to meet the assessed needs of vulnerable adults and their carers.

- 3.1 The authority has assessed the needs of vulnerable adults and their carers and decided on the services that can be provided to meet those needs.
- 3.2 The authority has provided or arranged to provide an appropriate range of services to protect vulnerable adults from abuse.
- 3.3 For services provided directly by the authority, there are clear statements of purpose and function setting out their availability and intended use.
- 3.4 For services provided through others, there are clear contracts, service level agreements or protocols governing their availability and use.
- 3.5 Social services managers and staff, and relevant professionals within partner organisations, have a good working knowledge of available

services.

3.6 Adult protection arrangements are well co-ordinated, responsive to the needs of service users and provided within an appropriate time scale.

3.7 Adult protection arrangements are located within a framework for services to vulnerable adults and their carers, which provides for a range of interventions, including risk assessment and risk management, prevention and treatment, carers strategy.

4. Access to services - The authority effectively promotes access to services by vulnerable adults and their carers and promotes access to adult protection arrangements where there are concerns.

4.1 The authority makes clear information available to actual and potential users, carers and referrers about services to support and protect vulnerable adults from abuse and entitlement to these.

4.2 The authority pays special attention to the needs of all those who may find it difficult to get services, for example marginalised or minority groups.

4.3 Services are provided in ways that respect and promote the linguistic needs and preferences of actual and potential users, including the need to implement a Welsh Language Scheme.

4.4 Public access, reception and duty arrangements, including out-of-hours or emergency duty, facilitate appropriate access to services and support sound judgements on priority and urgency.

4.5 Enquirers and referrers are treated in ways that promote good access to services.

4.6 Initial response arrangements deal effectively with judgements on priority and urgency, passing information on to the right place and in accordance with interagency arrangements and protocols.

4.7 Adults at risk of abuse are accorded a proper level of priority when

decisions are made about access to and eligibility for services.

- 4.8 The authority promotes access to a range of services for vulnerable adults without inappropriately triggering adult protection procedures.

5. Standards of practice - Assessment and care management practice is of a consistent high standard, and conforms to regulations, guidance, policies and procedures.

- 5.1 Staff have a clear sense of what is expected of them and are appropriately aware of statutory responsibilities and guidance, local policies and practice procedures.
- 5.2 Practice conforms to regulations, guidance, policies and procedures.
- 5.3 Case records are well ordered, accurate and up to date, and provide a clear sense of what is done and why.
- 5.4 Those eligible for a service receive an adequate assessment, taking into account individual needs and circumstances (including relevant issues of gender, race, culture and religion) analysing problems relevant to the referral, and considering available options.
- 5.5 All assessments include assessment of risk (both to self and others). The care plan clearly identifies a range of risk and action to be taken in response to changes in risk.
- 5.6 Adequate care plans are drawn up, agreed with those concerned, and copies are given to users and carers and relevant service providers.
- 5.7 The authority has a systematic approach to assessment and care management that is developing in accordance with the guidance contained in the Welsh Assembly Government's *Creating a Unified and Fair System for Assessing and Managing Care*.
- 5.8 Care managers ensure that packages of care are delivered as agreed.
- 5.9 Carers are normally closely involved in the assessment process, with the agreement of service users. Carers are routinely offered separate carers' assessments. The assessment process ensures that the

differing interests and needs of service users and carers are acknowledged.

- 5.10 Care plans are reviewed at appropriate intervals and care packages are revised accordingly.

6. Procedures and practice in relation to adult protection

The authority gives clear guidance to staff, in the form of written procedures and protocols, which underpins the management of individual cases at all stages of the adult protection process and which is followed consistently in practice.

- 6.1 The authority gives clear guidance to staff in the form of up to date written procedures and protocols which take into account statutory responsibilities and guidance, local policies, available research evidence and good practice experience.
- 6.2 The guidance addresses all aspects and each stage of the adult protection process, describing in proper detail the role, function and lines of accountability for staff involved in case management and decision-making.
- 6.3 Staff demonstrate awareness of the guidance in their practice.
- 6.4 Staff keep clear and accurate records which are accessible and comprehensive, with judgements, actions and decisions carefully detailed and properly endorsed.
- 6.5 The authority's initial response to a referral expressing concerns about a vulnerable adult is prompt, thorough, proportionate and managed in accordance with written procedures. There is recognition that adult abuse is likely to be a crime that needs to be reported to the Police.
- 6.6 Adult protection strategy meetings and case conferences are convened in ways that maximise attendance and conducted in accordance with guidance and agreed local procedures.
- 6.7 The co-ordinating role for an adult protection investigation arising from a strategy meeting is confirmed and recorded in writing.

- 6.8 The twin processes of investigation and assessment result in a view about what has happened as the basis for protective action, even if evidence that might allow legal action to be taken is lacking.
- 6.9 Case conferences or similar meetings are used to formulate proper risk management, protective and therapeutic interventions, service provision and action against culpable individuals or service agencies. In respect of individual service users an individual protection plan or similar record is used to confirm these commitments.
- 6.10 The authority informs, liaises and works jointly with the Care Standards Inspectorate for Wales as appropriate.

7. Protecting vulnerable adults by establishing a positive service Culture - The authority has effective arrangements in place to promote a positive service culture, within and between service agencies, to promote the protection of vulnerable people.

- 7.1 Adult protection policies sit alongside a range of other policies that promote the protection of vulnerable adults; including policies on sexuality, restraint, managing people's money and the management of challenging behaviour.
- 7.2 The authority has in place a range of open and effective human resource management policies e.g. in relation to whistle blowing and disciplinary matters.
- 7.3 The authority promotes support for carers recognising the contribution that they make, while sensitive to risk.
- 7.4 Commissioning and contracting with providers of social care from the independent and voluntary sector promotes good practice in relation to adult protection.
- 7.5 Home managers, care managers and other staff responsible for monitoring practice in care homes, demonstrate an understanding of the indicators of a negative service culture in care homes e.g. staff attitude, poor resources, lack of staff training, ethos of the home.

- 7.6 The authority pays particular attention to the operation of its complaints procedure, recognising the potential significance of stage 1 complaints and ensuring good links with adult protection processes and procedures.
- 7.7 The authority actively promotes the provision of advocacy for vulnerable people and takes seriously concerns about a vulnerable person made by an advocate.
- 7.8 The additional support needs of adults in known vulnerable groups, e.g. those with a cognitive impairment, are given proper consideration through the care management process and throughout any involvement in adult protection procedures.
- 7.9 There are systems for collating concerns arising at different times and in different places.

8. Quality of service - Service users and their family carers receive a good quality of service, which is responsive to their needs, and takes into account their wishes and feelings.

- 8.1 The authority ensures that staff working to protect vulnerable adults do so by establishing the best possible degree of partnership with service users and family carers throughout the adult protection process.
- 8.2 Staff listen to service users and, when they appear to be able to make an informed choice, respect their wishes unless they are being intimidated, or another person is at risk, or unless their wishes conflict with a statutory duty to intervene.
- 8.3 Service users are kept appropriately and accurately informed, adequately consulted and involved in decisions about them and the services they receive, with choices offered wherever practicable.
- 8.4 Service users receive an efficient service - timely response, clear contact arrangements, consistently delivered.
- 8.5 Service users know whom they can contact with any queries, comments or complaints, including advice and advocacy services.

- 8.6 Service users receive due consideration of needs arising from age, race, religion, language, culture, gender, disability or sexual orientation; and are treated with respect in working relationships characterised by honesty and reliability.
- 8.7 Services agreed within an adult protection plan or a care plan are delivered.
- 8.8 The authority monitors and evaluates the outcomes for service users who are involved in adult protection procedures.
- 9. Managing performance - The authority has effective arrangements for monitoring and improving the quality and effectiveness of its adult protection services.**
- 9.1 The authority recruits, selects and deploys sufficient numbers of staff with suitable qualifications, training, experience, knowledge and skills for their specific level of involvement in adult protection work.
- 9.2 Effective line management, supervision, support and appraisal arrangements are in place for all staff involved in delivering adult protection services.
- 9.3 The authority ensures that its directly provided services select and recruit staff who are suitably qualified, competent, skilled and experienced.
- 9.4 The authority has a development and training strategy, (that should be an inter agency strategy where appropriate) which ensures that all relevant staff can recognise potential indicators of abuse and respond in accordance with written procedures.
- 9.5 Information systems provide adequate, timely information about workloads, activities, use of resources, outcomes and quality measures.
- 9.6 The authority makes arrangements for reviewing and auditing compliance with its adult protection policies and procedures.

- 9.7 The authority encourages user feedback and has systems for encouraging user involvement in service developments.
- 9.8 The authority actively promotes representation and complaints procedures and shows it can learn lessons from mistakes.
- 9.9 The authority demonstrates a capacity for analysing information from all these sources and for learning from practice, in order to respond appropriately by delivering either maintenance or change.
- 9.10 Managers demonstrate that they value staff and acknowledge good performance.
- 9.11 There are effective mechanisms for elected members to satisfy themselves about the performance of the authority's adult protection service.
- 10. **Managing resources – The authority promotes economy, efficiency and effectiveness in the use of its resources and seeks best value in the provision of adult protection services.**
- 10.1 The authority has adequate arrangements for budgeting, monitoring and control of expenditure on adult protection services.
- 10.2 Systems are in place to identify the financial requirements of the authority's adult protection services.
- 10.3 Managers and staff at an appropriate level are aware of the responsibility to make best use of resources.
- 10.4 The authority promotes devolution of budget responsibility, to bring it as close as possible to service delivery responsibility.

APPENDIX ‘J’

SOUTH WALES ADULT PROTECTION FORUM

TRAINING SUB-GROUP

TERMS OF REFERENCE

These *Terms of Reference* have been revised to take account of the South Wales Adult Protection Forum's newly established role as a multi-agency strategic management group responsible for co-ordinating Adult Protection Policy and Practice within the South Wales Region.

The status of the Training Group is that of a multi-agency sub-group of the South Wales Adult Protection Forum. The Training Group's mandate in terms of its role and responsibilities shall be formally set and agreed by the Forum and any recommendations made by the Training Group shall be subject to ratification by the Forum.

The Training Group's membership shall be constituted from representatives of the core agencies represented on the Forum – these persons having management responsibility for Training (or relative responsibility for co-ordinating training) within their respective organisations.

The position of Chairperson for the Training Group shall be reviewed annually and incumbent members of the group shall be responsible for the selection and appointment of this post.

The Forum's Secretary/Consultant shall provide secretarial support to the Training Group (subject to the provisions of contract).

The terms of reference for the Training Group shall be:

1. To maintain a common set of learning outcomes for each level of training.
2. To monitor and review multi-agency training in collaboration with the seven Area Adult Protection Committee Training Sub-Groups.
3. To monitor and review existing training programmes with a view to identifying and sharing 'best practice'.
4. To monitor and review multi-agency training needs with a view to addressing any gaps identified.
5. To promote the value of multi-agency training and identify the roles requiring a multi-agency response.
6. To promote a positive attitude amongst multi-agency staff and identify the knowledge and skills to meet their roles and responsibilities.
7. To publish, circulate and consult on recommendations.