

# **Warwickshire Inter-Agency Safeguarding Vulnerable Adults (Adult Protection) Policy & Procedure**

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**This document is agreed by the Warwickshire Safeguarding Adults Partnership Board, comprising:**

- **Warwickshire County Council**
- **NHS Warwickshire**
- **Warwickshire Police**
- **Warwickshire Probation Trust**
- **University Hospitals Coventry & Warwickshire NHS Trust**
- **South Warwickshire NHS Foundation Trust**
- **George Eliot Hospital NHS Trust**
- **Coventry & Warwickshire NHS Partnership Trust**
- **West Midlands Ambulance Service NHS Trust**
- **Warwickshire Community Health**
- **Age Concern Warwickshire**

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# Introduction & Purpose

## Introduction

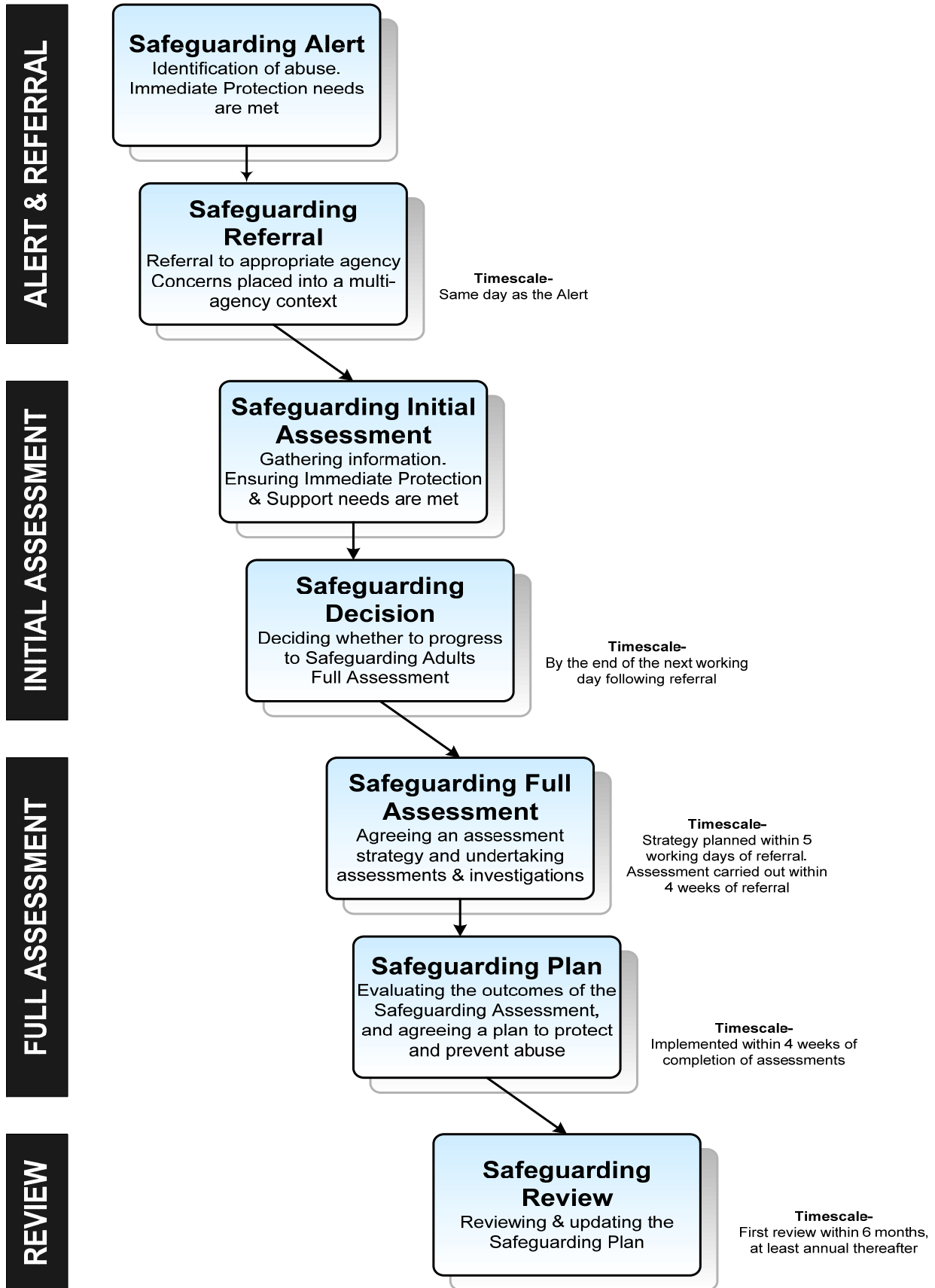
- i). In 2000, the Government issued guidance on developing and implementing procedures to protect Vulnerable Adults from abuse. Entitled “*No Secrets*” it provides a definition of ‘Vulnerable Adult’ and of adult abuse. “*No Secrets*” requires agencies that have contact with vulnerable adults to act jointly through shared procedures to protect Vulnerable Adults from abuse. The aim is to create a framework for action where all responsible agencies work together to ensure a consistent and timely response to protect vulnerable adults who may be at risk of abuse.
- ii). Warwickshire County Council, through its adult social care services, is required to play a co-ordinating role in developing local policies and procedures to safeguard Vulnerable Adults in conjunction with other key statutory agencies such as the Police and Probation Services, NHS organisations, and other providers of health and social care.

## Purpose

- i). Safeguarding adults is everybody’s business. Statutory agencies and all who work with Vulnerable Adults have the responsibility to safeguard the wellbeing and safety of Vulnerable Adults in different ways. “Safeguarding” when viewed in its wider sense of promoting the safety, wellbeing and opportunities of adults forms part of core business for all statutory agencies, for example, ensuring health and patient safety is the NHS responsibility, promoting independence and wellbeing is the responsibility of Adult Social Care, and protecting people from harm is the responsibility of the Police. For all professionals, “safeguarding” in its wider sense is part and parcel of everyday working life. However, this procedure refers to a very specific area of work- the reactive inter-agency response to protect Vulnerable Adults who are at risk of significant harm through abuse by another person or persons.
- ii). The Purpose of this Procedure is to provide a clear framework for effective inter-agency working to Safeguard Adults from abuse in Warwickshire, where-
  - \* The person is thought to meet the definition of Vulnerable Adult,  
And,
  - \* Where the abuse related risk to the Vulnerable Adult meets the threshold of significant harm.
- iii). Vulnerable Adult/s will be placed at the centre of the Safeguarding Adults Procedure, and outcomes will be sought that are consistent with the needs and wishes of the Vulnerable Adult/s.

# Overview of the Safeguarding Procedure

## Overview of the Safeguarding Vulnerable Adults Procedure.



**Warwickshire Inter-Agency  
Safeguarding Vulnerable Adults  
Procedures**

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**Section 1-**  
**The Safeguarding Alert**  
**(Alerter's Guide)**

The “**Safeguarding Alert**” refers to the process where someone is first alerted to the issue of Vulnerable Adult abuse or neglect, and responds & reports the issue correctly.

## 1.1. Recognising Vulnerable Adult Abuse - Definitions

### 1.1.1 Abuse

Defining abuse is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. However, abuse is defined in *No Secrets* as:

**“the violation of an individual’s human and civil rights  
by any other person or persons”.**

It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Whilst it is acknowledged that abuse can take different forms, a consensus view is that it can be determined in the following ways:

- a. **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medical/chemical restraint or inappropriate sanctions
- b. **Sexual abuse** - including rape and sexual assault or sexual acts to which the vulnerable adult has not or could not consent and/or was pressured in to consenting.
- c. **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, verbal or racial abuse, isolation or withdrawal of services or supportive networks.
- d. **Financial or material abuse** - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- e. **Neglect and acts of omission** - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- f. **Discriminatory abuse** – including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.
- g. **Institutional abuse** - repeated instances of poor care of individuals or groups of individuals through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation.

## 1.1.2 “Vulnerable Adult”

For the purpose of this procedure, a “Vulnerable Adult” is defined as a person aged 18 or over :

**“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm”.**  
(*No Secrets*, DoH 2000)

This may include:

- people with a learning disability;
- people who experience mental ill health;
- disabled people;
- older people;
- people who are experiencing short or long term illness.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly vulnerable.

## 1.1.3 “Significant Harm”

“Significant harm” means not only ill treatment, but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social, or behavioural development.

## 1.1.4 ‘community care services’

*No Secrets* states “community care services...will be taken to include all care services provided in any setting or context”.

Clarification of this definition is offered through the “Government’s response to the recommendations and conclusions of The Health Select Committee’s Inquiry into Elder Abuse” (2004), which notes that the *No Secrets* definition is:

“wide and includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of care services”.

For the purposes of this procedure, this includes people who are assessed as being able to purchase all or part of their community care services (“self-funding”), as well as those people who are eligible for direct or self managed care service provision.



## 1.2. Responding to Vulnerable Adult Abuse – What to do.

### 1.2.1 Location of abuse

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with a relative. It may occur in nursing, residential or day care settings, in hospitals, custodial situations, support services into people's own homes and other places previously assumed safe, or in public places.

Intervention will partly be determined by the environment or the context in which the alleged abuse has occurred. Assessment of the environment or context is relevant as it may be important for the vulnerable adult to be interviewed away from the sphere of influence of the alleged abuser or the setting in order to be able to make a free choice as to how to proceed.

### 1.2.2 Disclosures.

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the vulnerable adult;
- a passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- a growing awareness that "something is not right";
- an allegation of abuse by a third party,
- a complaint or concern raised by a vulnerable adult or a third party who doesn't perceive that it is abuse.

### Good Practice Guide – Responding to Disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.

## 1.2.3 Responsibilities at the Safeguarding Alert Stage

There are some key responsibilities and actions for anyone who identifies the possibility of abuse.

These responsibilities must be addressed on the same day as the Alert is raised.

### i. Immediate protection.

Take any immediate actions to safeguard anyone at immediate risk of harm, including summoning medical assistance.

### ii. Listen, Reassure & Support.

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what they have to say, and ensure they are given the support they need.

### iii. Detection & Prevention of crime.

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately.

### iv. Record & Preserve evidence.

Preserve evidence through recording, and take steps to preserve any physical evidence (see Good Practice Guides on next page).

### v. Report & Inform.

- REFER TO ADULT SOCIAL CARE AS SOON AS POSSIBLE, AND IN ALL CIRCUMSTANCES ON THE SAME DAY AS THE ALERT IS RAISED.
- REFER TO CHILDREN'S SERVICES AS SOON AS POSSIBLE IF A CHILD IS IDENTIFIED AT BEING AT RISK OF HARM.
- If you are a paid employee, inform your manager. Report the matter internally through your internal reporting procedure (e.g. incident or serious untoward incident reporting procedures).
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.
- Consider and take required actions under employment vetting schemes- e.g. the ISA scheme.
- Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.  
(See [www.riddor.gov.uk](http://www.riddor.gov.uk)).

## Good Practice Guide – Recording

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, person's own words, keeping it factual and not interpreting what you saw or were told,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible and of a photocopyable quality,
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report/s confidential, storing them in a safe and secure place until it will be needed.

## Good Practice Guide – Preserving Physical Evidence

### What to do?

In cases of physical or sexual abuse, **contact the Police immediately**. Ask their advice about what to do to preserve physical evidence.

As a guide-

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and alleged perpetrator. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault –

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the alleged perpetrator. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or alleged perpetrator can cross contaminate evidence.

## 1.3. Reporting Vulnerable Adult Abuse

1.3.1 All referrals of Vulnerable Adult abuse should be reported to Warwickshire County Council by telephone on the Safeguarding Adults single point of referral contact number :-

**01926 41 20 80**

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1.3.2 If the abuse is very serious, or a criminal offence has occurred or may occur, contact the Police immediately-

### **Warwickshire Police:**

To report abuse or raise a concern about a crime, dial non-emergency - **01926 415 000**.

If a crime is in progress or life is at risk, dial emergency - **999**.

Then make the referral to Adult Social Care- as above.

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1.3.3 Referrals outside office hours will be directed to the Warwickshire County Council Emergency Duty Service. The EDS can be contacted directly outside office hours on **01926 886922**.

The Emergency Duty Service will-

- Respond to Safeguarding Adults referrals out of hours and make a decision whether the referral requires an immediate response or whether they will transfer to the appropriate Adult Social Care the next working day,
  - Respond to the immediate support and protection needs of adults referred out of hours,
  - Report suspected criminal offences to the Police without delay.
- 

1.3.4 Referrals relating to adults (aged 18-65) who have mental health needs will be signposted to the appropriate Integrated Adult Mental Health Service to respond to the concern.

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1.3.5. If a child is identified at being at risk of harm, refer to Children's services as soon as possible.

Warwickshire Children's Services - **01926 410 410**.

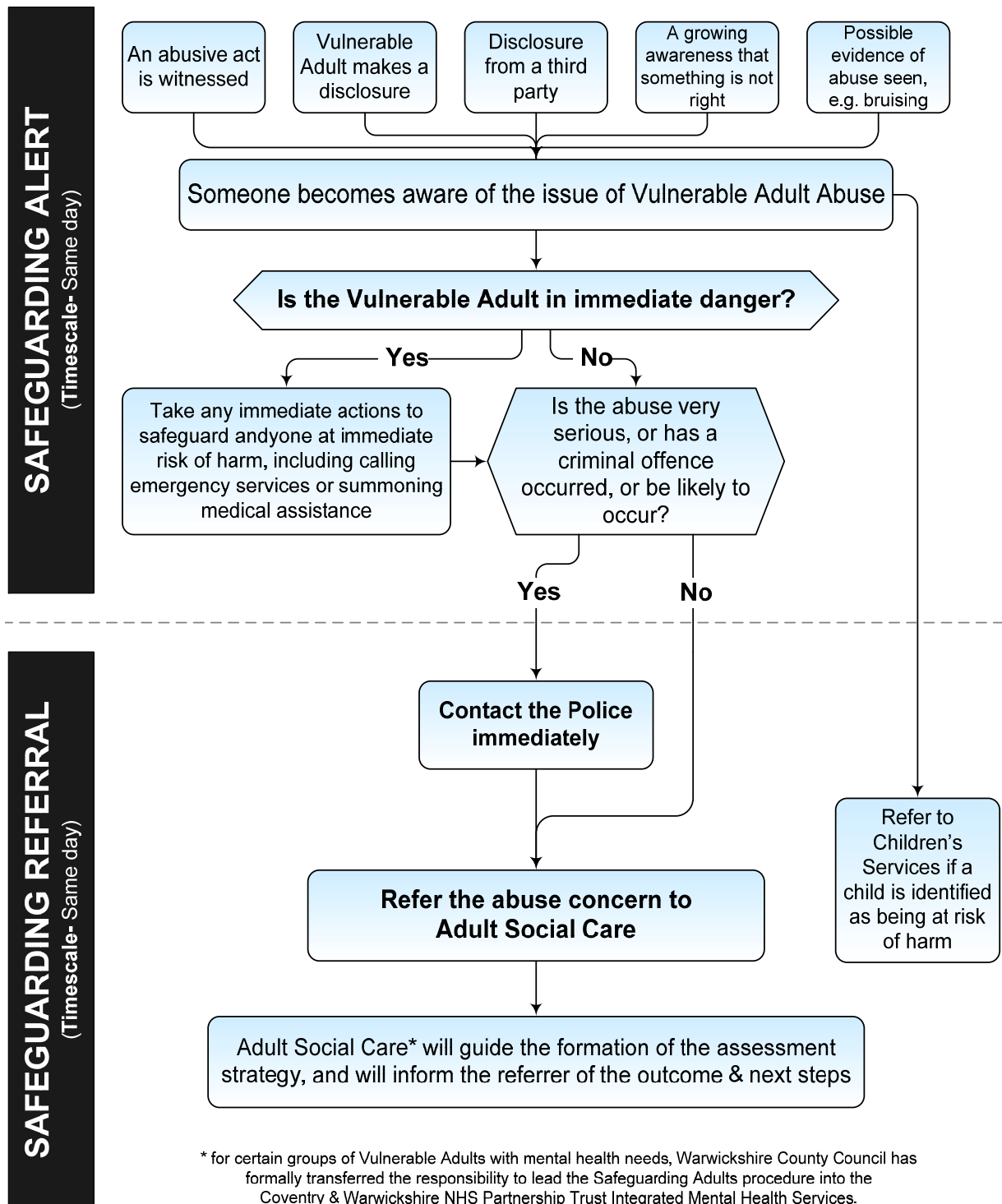
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# The Safeguarding Alert

- Recognising Vulnerable Adult Abuse
- Responding to Vulnerable Adult Abuse
- Reporting Vulnerable Adult Abuse

## 1.3.6. Flowchart - Referral Pathways for the Safeguarding Alert

This flowchart gives an overview summary only of referral pathways. Please note it does not include other responsibilities which need to be considered through this process, such as preserving evidence and providing appropriate support to victims.



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**Section 2-**  
**The Safeguarding Initial  
Assessment**

# The Safeguarding Initial Assessment

- *Ensuring* immediate safety & support
- *Information* gathering & lateral checks
- *Making* the Safeguarding decision

The “**Safeguarding Initial Assessment**” refers to the actions to be taken by the **Responsible Safeguarding Agency (RSA\*)** upon receipt of a Safeguarding Adults Referral. (\* See definition of RSA in Section 6.9.3 below).

## Timescale-

The Safeguarding Initial Assessment should be completed by the **end of the next working day** following the Safeguarding Adults referral.

## 2.1. Ensuring immediate safety & support

2.1.1 On receipt of the Safeguarding Adults referral, the Responsible Safeguarding Agency (RSA) will establish the following:

- What is the concern,
- Who is making the referral,
- Who is involved and how, are there risks to others,
- Biographical information of those involved, including the alleged perpetrator where appropriate; e.g. name, gender, DOB, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, and sexual orientation where available).
- What is known of their mental capacity and of their wishes in relation to the abuse/neglect,
- Any immediate risks identified, or actions already taken to address immediate risks.

2.1.2 On the **SAME DAY** as the Safeguarding Adults Referral is made, the RSA will:

- take responsibility for ensuring the immediate safety of the individual, including arranging medical treatment if needed,
- make an early referral to the Police if there is evidence a criminal offence has taken place, or a crime may be about to be committed,
- ensure an early referral to children’s services is made where a child is identified as being at risk of harm.

## 2.2. Information gathering and lateral checks

2.2.1 This stage of the Safeguarding Adults procedure describes the process of making relevant internal and external checks, and contacting partner agencies & professionals to provide additional background information to feed into the initial risk assessment.

# The Safeguarding Initial Assessment

- Ensuring immediate safety & support
- Information gathering & lateral checks
- Making the Safeguarding decision

- 2.2.2 A named “Safeguarding Manager” will be designated within one day of the referral- the Safeguarding Manager is the nominated person within the RSA who has responsibility for managing the inter-agency Safeguarding procedure and processes, including co-ordinating the Safeguarding assessments, plans and reviews - see Guidance Page at end of document. The Safeguarding Manager will guide the nature of the lateral checks to be undertaken in individual circumstances.
- 2.2.3 In carrying out lateral checks, the consent of the person/s referred is required to share or seek information, unless there is an overriding public interest (See Guidance Page at end of document). In accordance with responding to all referrals, the person referred should be contacted within 48 hours of referral. Consent to share or seek information should be addressed at this stage. When contacting the person/s referred at this stage of the Safeguarding Adults process, the contact should follow the format and aims for the *Assessment Interview* rather than the *Substantive Interview* – for more information, see the *Good Practice Guide – Interviewing* in Section 3 below.
- 2.2.4 It is important to remember that in carrying out lateral checks, no actions should be taken which may put the person/s referred or others at further risk of harm, or that would contaminate evidence.
- 2.2.5 The types of information to be gathered will be dependent on the individual circumstances of the referral. Accordingly, information sources will vary dependent on individual referrals, but some examples are listed below:
- Gaining the views of the individual referred,
  - Check of electronic/paper files to establish known history of person,
  - Check if there is a currently allocated worker & liaison with previously allocated workers,
  - Verifying referral information and gaining further information from the referral source,
  - Liaison with other involved professionals & services (e.g. care service, GP, District Nurse, CPN),
  - Liaison with the Police to see if they have any information relating to the person/s referred or alleged perpetrator.

In the case of **Safeguarding concerns involving social care or other support Services**, the following lateral checks must be made:

- Liaison with WCC Adult Social Care Strategic Commissioning Contract Monitoring Team, and checks of the Concerns/Complaints Log.
- Check if the service is registered with CQC. If yes, CQC must be informed. Liaise with CQC and check inspection reports.
- Check if the service is funded by Supporting People and, if yes, liaise with SP team/Strategic Commissioning Contract Monitoring Team.
- Where information is available, check which other commissioners of care (e.g. neighbouring Local Authorities, PCT) and how many private purchasers of care are involved.
- If the manager of the service is not involved or implicated in the Safeguarding Issue, an assessment of their ability and fitness to take part in the Safeguarding assessment strategy should be made.



# The Safeguarding Initial Assessment

- *Ensuring immediate safety & support*
- *Information gathering & lateral checks*
- *Making the Safeguarding decision*

2.2.6 In general, through performing lateral checks, the following information should be available/checks been made :

- Name of person/s referred,
- Biographical details & address/living situation,
- As full details as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact of the individual, and details of any witnesses),
- The views of the person/s referred, and their capacity to make these decisions,
- Details of any immediate actions that have taken place (including use of emergency or medical services, crime number),
- An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs),
- An overview of the person/s religious, spiritual and cultural needs,
- GP details, and other health services/professionals,
- Details of other services/professionals involved,
- Name of main carer (where applicable) or name and contact details of organisation providing support,
- Checks made to ensure that the referral is not a duplicate referral,
- Checks made for possible alias's,
- Checks made if other services, teams or allocated workers are involved with the person/s referred or alleged perpetrator/s,
- Checks made for previous concerns of abuse and/or neglect with regards to person/s referred,
- Check for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

In the case of **Safeguarding concerns involving social care or other support services** the following information should have been gathered:

- Whether the service is funded by Supporting People, registered with CQC, or both.
- Name of the Service Provider, registered manager, and their contact details.
- If registered with CQC, information should have been gathered relating to category and conditions of registration, relevant information from most recent inspection report, and outstanding statutory requirements or regulatory action being undertaken by CQC.
- Numbers and names of service-users funded by Warwickshire, and if known, by other commissioners of care, and people who purchase their care privately.

## 2.2.7 **Timescale and next steps**

The target date for completion of the lateral checks and information gathering is by the end of the next working day following the referral.

The information gathered will form the basis for the decision whether to use the Safeguarding Adults Procedures to address the concerns – i.e. the **Safeguarding Decision**.

## 2.3. The Safeguarding Decision.

2.3.1 This stage of the procedure refers to the decision making process required to justify the application, or not, of the next steps of the Safeguarding Procedure.

2.3.2 Based on the information gathered from lateral checks, an assessment should be made which addresses the following –

- Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined in Section 1 above)?
- Do the concerns referred constitute an issue of abuse and/or neglect (as defined in Section 1 above)?
- Do the issues of abuse constitute a risk of “significant harm” to the independence and wellbeing of the individual or group of individuals?
- Where is appropriate to do so, has the informed consent of the individual been given to apply the Safeguarding Procedures? If consent refused, and the person has the mental capacity to make this decision, does an overriding public interest apply?

If the answer is **yes** to these questions, the decision should be made to use the Safeguarding Procedures.

If the answer to any of these questions is **unknown or unclear**, the Safeguarding Adults Procedures should be used. Part of the Safeguarding Assessment Strategy will include methods to establish the answers to the above questions.

If the answer is **no** to any of these questions, it will probably not be appropriate to use the Safeguarding Procedures. Anyone who is not covered by these Procedures should be given appropriate information or referred onto appropriate forms of support. This could include, for example, information relating to counselling or victim support, referral to domestic or sexual violence support organisations, referral for general assessment and support via the appropriate statutory service.

2.3.3 The Safeguarding Decision will be made by the designated Safeguarding Manager by the end of the next working day following the Safeguarding referral. The Safeguarding Decision and the rationale for the Decision will be recorded in full by the Safeguarding Manager.

2.3.4 The Safeguarding Manager is responsible for ensuring the referrer is contacted and receives a clear response giving appropriate information on how the referral will be dealt with. Issues of confidentiality and consent must apply, and the referrer will not be contacted where doing so would cause further risk to the person/s referred or others, or where doing so may contaminate evidence.

2.3.5 In the case of **Safeguarding concerns involving social care or other support services**, if the Safeguarding Adults Procedure is not appropriate to address the concerns raised, CQC must be informed, and issues should be fed into and addressed by routine contract monitoring processes.

**Warwickshire Inter-Agency  
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**Section 3-  
The Safeguarding Full  
Assessment**

The “**Safeguarding Full Assessment**” refers to the actions to be coordinated by the **Responsible Safeguarding Agency (\*RSA)** when the Safeguarding Initial Assessment has indicated the need for a Full Assessment to take place. (\*see definition of RSA in Section 6.9.3 below).

## **Timescale-**

The Safeguarding Assessment Strategy should be planned within **5 working days** of the Safeguarding Adults referral.

The Assessments/Investigations should be completed within **four weeks** of the Safeguarding Referral.

## **3.1 Planning the Safeguarding Assessment Strategy**

3.1.1 The “Safeguarding Assessment Strategy” refers to the jointly agreed multi-agency plan for assessing/investigating the Safeguarding Referral and addressing immediate protection needs.

3.1.2 The Safeguarding Assessment Strategy should be undertaken and completed within 5 working days of the Safeguarding Referral. Urgency of response should be proportionate to the seriousness of the concerns raised, and the level of risk. When assessing the urgency of the response, the following factors should be considered –

- the level of threat to independence,
- the impact of the alleged abuse on the physical, emotional and psychological wellbeing of the adult,
- the duration and frequency of the alleged abuse,
- the degree and extent of the abuse,
- the level of personal support needed by the adult, and whether that support is normally provided by the alleged perpetrator,
- the extent of premeditation, threat or coercion,
- the context in which the abuse takes place,
- the risk of repeated or increasingly serious acts involving this or other adults.

In all circumstances, safeguarding adults who are at risk due to abuse or neglect is a top priority for all agencies signed up to the Warwickshire Safeguarding Adults Partnership, and our responses must reflect this.

3.1.3 **Formulating the Safeguarding Assessment Strategy** is the responsibility of the designated Safeguarding Manager. The process for formulating the strategy could be a conventional face-to-face meeting, or could be a series of telephone calls and/or email communication. In either case it is chaired and convened by the Safeguarding Manager.

The Safeguarding Assessment Strategy should cover the following areas:

- Assessing current levels of risk to the individual/s or groups concerned,
- The plan for the Safeguarding Assessment- what types of investigation are required and who will be responsible for carrying them out,
- Developing an Interim Safeguarding Plan, including what support is accessible or will be made available for the alleged victim/s while the Safeguarding Assessment is carried out (see Section 4 below for guidance on Safeguarding Plans),
- Consideration of whether the criteria is met for referral to the Independent Mental Capacity Advocate service,
- Agreeing a communication plan between all relevant parties during the period of the Safeguarding Assessment,
- Agreeing what support is accessible or will be made available for involved family/friends/informal carers, staff who are “whistleblowers”, and alleged perpetrators (particularly when the alleged perpetrator is a service-user or is vulnerable for other reasons).

The Safeguarding Assessment Strategy should be jointly agreed by all relevant stakeholders. The Responsible Safeguarding Agency has responsibility for coordinating the Safeguarding Assessment Strategy, but as a multi-agency plan, other agencies and individuals should be expected to undertake actions and tasks appropriate to the role and remit of their organisation.

There is a proforma document Guidance Page at end of document that should be used to record agreed actions and be signed off by all parties at the Safeguarding Assessment Strategy meeting. This will be used as a multi-agency record of agreed actions, and can be used at subsequent Update Strategy Meetings to review progress.

#### 3.1.4 **Who should be involved**

Who is involved in Safeguarding Assessment Strategy Discussions/Meetings will be dependent on the individual situation, and will be decided by the Safeguarding Manager.

As a general principle, and as long as this does not cause undue delays, all relevant agencies and individuals who have a stakeholder interest in the concerns should be involved in the process in the most appropriate way (taking into consideration issues of consent, risk, and preserving evidence). Deciding the most appropriate method of involvement for different stakeholders will often be complicated, as not all stakeholders will need to be involved in all aspects of the Safeguarding Assessment Strategy. In circumstances, for example, where a referral relating to an individual also raises concerns about a service provider, the person referred or their family have a right to be involved in all discussions and decisions relating to that person, but it will not be appropriate for them to be involved in planning actions to address the concerns in the service. Vice versa, Commissioning and regulatory bodies need to be involved of all aspects of the planning

relating to the service concern issue, but may not need to know all the details relating to the individual.

As a result, a face-to-face meeting with all concerned may not be the best approach, and separate meetings/contacts discussing different aspects of the concerns may be appropriate.

However, the following must occur :

- **Contact with the adult/s referred.** Adults will be involved as full partners in the Strategy Discussion where they have the mental capacity to do so (with appropriate use of independent advocacy and victim support services), unless prevented by other considerations, for example: for their safety, for the safety and rights of others (including the rights of an alleged perpetrator) or for the potential contamination of evidence.

Where an adult cannot be included as a full partner, the Safeguarding Manager should agree with them how their views are to be incorporated into the strategy making process.

- **Contact with the Police** must occur when a criminal offence is indicated. The Police are key stakeholders in Safeguarding Adults processes, and should be included as full partners in the strategy-making process wherever appropriate. Whether to involve the Police will depend on whether there is reason to suspect that a criminal offence may have been committed, however, where uncertainty exists, a referral to the Police should be made.  
The Police also have a role in preventing crime, and in circumstances where criminal offences could occur without appropriate intervention, the Police should be contacted for their input.
- Involvement or input from the **Independent Mental Capacity Advocate** when a referral to IMCA has been made.

For Safeguarding Adults referrals where the abuse/neglect has taken place within or in connection with a **social care or other support service**, the following must be included as a full partner in the strategy making decision -

- Adult Social Care Strategic Commissioning Contract Monitoring Team,
- CQC must be involved (and minutes of meetings/other strategy records, and all relevant information must be shared with CQC) when a registered service is involved or implicated,
- The Service Provider/Registered Manager if they are not implicated in the abuse/neglect, and where an assessment has judged they are fit to be involved,
- Other involved commissioners of care (e.g. other Local Authorities, PCT).



### 3.1.5. Important factors to consider

In planning and carrying out the Safeguarding Assessment, the following should be considered –

- Repeat questioning of victims and witnesses is minimised.
- The communication needs, wishes and decision-making capacity of the adult/s referred are properly assessed and taken into full account.
- The support and advocacy needs of the adult/s referred are properly assessed.
- Any assessment or investigation needs to be culturally sensitive.
- In the case of **Safeguarding concerns involving social care or other support services**, the Interim Safeguarding Plan should include consideration of whether to apply any appropriate Commissioning Actions to manage risk (e.g. Cautionary Note or Placement Stop),
- Forensic and other evidence needs to be collected and preserved. This includes securing relevant files and documents through using appropriate powers of partner agencies.
- Best evidence is achieved through victims being given protection and support regarding the criminal justice system, in line with the Youth Justice and Criminal Evidence Act 1999.
- Any investigation or assessment should be led by the agency with the appropriate remit and/or legal powers. On some occasions joint investigations may be appropriate. Examples of which types of assessment/investigation should be led by which agency can be found on the next page.

- **Criminal Investigations**

If a criminal investigation is to take place, the Police will manage this with other agencies being conscious of the need to avoid compromising the gathering of evidence as they undertake welfare functions. However, there may be occasions where the pace of Police investigations precludes timely protection interventions by other agencies. The Safeguarding Manager should, in these circumstances, discuss likely timescales with the investigating Police Officers. Where lack of immediate intervention is likely to put the adult/s concerned at risk then it may be necessary to proceed with interventions to protect the person regardless of the Police investigation. The person's safety should always be the paramount concern. Where this is likely to occur, the Safeguarding Manager should discuss this with the investigating Police Officer and agree the most appropriate course of action which will protect the person but also, where possible and appropriate, preserve evidence.

### 3.1.6. Alleged Perpetrators

An alleged perpetrator would only be included in strategy discussions in very exceptional circumstances and with the agreement of the Safeguarding Manager. This must also be with the informed consent of the adult/s referred where they have mental capacity to give consent.

Any such decision is recorded in full by the Safeguarding Manager, and safeguards put in place to ensure any Safeguarding Plan is not jeopardised.

Where the alleged perpetrator is covered under the remit of the Independent Safeguarding Authority Scheme referrals to the ISA scheme must be made in accordance with the requirements of the scheme.

# The Safeguarding Full Assessment

- *Planning the assessment strategy*
- *Assess & address immediate risk*
- *Undertake assessments & investigations*

## Guidance examples of types of assessment/investigation and appropriate lead agency

Type of investigation/assessment	Agency Responsible
Criminal (including, assault, theft, fraud, hate crime and domestic violence)	Police
Fitness of a registered service provider/manager	Care Quality Commission
Breach of Care Standards Regulations	Care Quality Commission
Breach of terms of employment /disciplinary procedures	Employer
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another)	Service provider i.e. Manager/proprietor of service/ complaints department
Breach of contract to provide care or service as specified	Adult Social Care Strategic Commissioning / PCT
Assessment of need for health and social care provision (service users and carers)	Relevant Health/Social care agency- e.g. Adult Social Care, CHC, Warwickshire Community Health
Inappropriate person or persons making decisions about the care and wellbeing of an adult without mental capacity which are not in the adult's best interests	Court of Protection
Misuse of Enduring Power of Attorney, Lasting Power of Attorney, or Court Appointed Deputy status	Office of the Public Guardian
Misuse of appointeeship or agency	Department of Work and Pensions
Breach of professional code of conduct	Professional regulatory body
Bogus callers or rogue traders	Trading standards
Misuse of public money	Local Authority audit
Anti-social behaviour (e.g. harassment and nuisance by neighbours/people in community)	Police Safer Neighbourhoods teams
Breach of tenancy agreement (e.g. harassment and nuisance by neighbours)	Landlord/Registered Social Landlord/Housing Trust
Breach of Health and Safety Legislation	Health and Safety Executive
Breach of rights of person detained under the Mental Health Act	Care Quality Commission
Complaint regarding failure of service provision in an NHS or independent healthcare setting	The relevant healthcare organisation (NHS or independent)
Unresolved serious complaint in a health care setting	Care Quality Commission



## 3.2. Assess & Address Immediate Risk

- 3.2.1 The Safeguarding Assessment Strategy Planning must consider the support and safety needs of the Vulnerable Adult/s during the period of time it will take to carry out the required assessments & investigations. The plan of safety measures and support provided for the Vulnerable Adult/s at this stage of the Safeguarding Adults Process is called the **Interim Safeguarding Plan**.

For further details of Safeguarding Plans, see Section 4 guidance (below).

## 3.3 Undertake Assessments & Investigations

- 3.3.1. The Safeguarding Assessment refers to the processes and actions required to collect information and evidence relating to the abuse/neglect that has occurred or might occur. This may include an investigation, e.g. a criminal or disciplinary investigation.

### 3.3.2. Timescale

The Safeguarding Assessment should be completed within four weeks of the Safeguarding Referral. It is accepted that investigations in certain cases may take longer than four weeks (e.g. criminal investigations), however, any actions or investigations that are the responsibility of the Responsible Safeguarding Agency should be completed within the four week timescale.

### 3.3.3 Criminal Investigations- Achieving Best Evidence and Special Measures.

The Police are responsible for leading any investigation into suspected criminal offences. Police Officers have considerable experience and expertise in conducting interviews, however, on occasion, members of other Partner agencies may be required to work jointly with the Police and conduct joint interviews.

Detailed guidance on how the Police should work with Vulnerable and Intimidated witnesses can be found in the Police Service guide- link below-

Link to –

[Vulnerable Witnesses- A Police Service Guide](#) (at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk))

Guidance on supporting vulnerable and intimidated witnesses through investigation and the criminal justice system, including what protective measures are available is detailed in the Home Office guidance “Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including children”. This document describes good practice in preparing for and conducting interviews with vulnerable or intimidated witnesses, both adults and children, to enable them to give their best evidence in criminal proceedings, as well as providing guidance on supporting and preparing the witness for court and information about the trial process itself.

Link to - [Achieving Best Evidence](#) (at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk))

### 3.3.4 Interviewing

Through the Strategy planning stage, any investigations or assessments that are required will have been designated to the agency with the appropriate remit and/or legal powers.

Where an interview with the adult/s referred is appropriate and necessary, they will usually be the first person to be interviewed.

Members of Partner agencies will often be required to undertake interviews with adult/s referred under the Safeguarding Adults procedures, referrer, witnesses, and in some circumstances, alleged perpetrators. It is important that any such interviews are conducted according to best practice, taking into account the communication and support needs of the person being interviewed. Good practice guidance on interview technique is included below.

## Good Practice Guide- Interviewing

### Types of Interview- Assessment and Substantive

The Interview Process has two component parts; the Assessment Interview and the Substantive Interview. In some circumstances it may be unnecessary to conduct an assessment interview as the facts of the alleged abuse have already been established. This might be, for example, where the adult referred has made a full and frank disclosure of abuse.

### The Assessment Interview

The Assessment Interview should not take place in the presence of the alleged abuser; it should take place where there is a degree of privacy both for the user and to prevent the suspicions of the alleged abuser being aroused. It should enable an initial assessment of the mental capacity of the victim to be carried out. The purpose of the interview is to establish the facts of the alleged abuse and should not go into any detail of the alleged abuse. The interview will need to be recorded in detail, preferably contemporaneously and verbatim if it contains any detail of the disclosure.

The Assessment Interview has the following objectives:

- To establish the facts of the alleged abuse
- Where the person at risk has not disclosed the alleged abuse, the interviewer may need to make them aware of the concerns that have been raised
- To assess the person's willingness to pursue the investigation and ascertain their wishes regarding the situation
- To ascertain the support the person will require to be interviewed / give evidence
- To decide on the format of the Substantive Interview, i.e. tape recording/video etc.
- To inform decisions about possible medical and forensic needs
- To ascertain any immediate support needs the vulnerable adult has

The record must show the date, time and location of the interview, who was present and, if appropriate, details of any disclosures and explanations given.

## **The Substantive Interview**

The Substantive Interview may need to be a series of interviews rather than a single interview. However, it should be noted that repeatedly interviewing a person and asking the same or similar questions could be construed as leading the person and also, may be very distressing for the person being interviewed if they have to repeat painful experiences a number of times. Wherever possible "Open Ended" (see below) questions should be used, as these are more credible if a court case was pursued.

Again, "Leading Questions" (see below) should be avoided wherever possible, but if unavoidable, should offer the option least likely to produce a response confirming abuse has taken place. The Substantive Interview should close with a summary, in the person's own language, of what they have said, what will happen next and how the agency/ies will continue to help and support them. After the Interview, the interviewers should have a short debriefing session to evaluate and collate the information and evidence obtained. It will also have to be decided what action, if any, needs to be taken to prevent the subject of the interview talking to other witnesses.

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## **Planning the interview**

The interview should be planned prior to it taking place, taking account of the following points:

- Does this person give their consent to be interviewed?
- Is it appropriate to interview the person at this time?
- Is the person's mental capacity such that they are able to participate in an interview?
- Who will be interviewing? Who is the most appropriate person to facilitate the interview? Does the interviewer have the proper experience, knowledge and skills to conduct the interview? Would it be preferable if the interviewer were the same gender as the person to be interviewed?
- If the interview will be conducted jointly, the roles of each person and their respected questions should be agreed beforehand.
- Time of day most suitable for the person to be interviewed
- What communication methods or languages does the person usually use? Is an interpreter or particular communication aid required?
- Does the person require support and if so, who is the most appropriate person to provide it?
- Where should the interview take place? What, in the person's own opinion, is the preferred location? Will there be access requirements- how will the person get to the interview location?
- Who will take notes of the interview? Will the interview be recorded or taped?

## General Guidelines regarding Interviewing and Interview Techniques

Stages of the Interview :

- 1) **Establish Rapport** – This stage of the interview should enable participants to feel as comfortable as possible and become accustomed to their environment and the other people present. It is useful if the purpose of the interview and how it will be conducted is discussed at this stage.
- 2) **Free Narrative** – Here the person being interviewed should be encouraged to recall the events of an incident, using their own words and in their own time.
- 3) **Questioning** – At this stage, the interviewer will ask specific questions to ascertain the facts of the incidents. This might include clarifying points the participants made during the Free Narrative stage of the interview (see types of question below).
- 4) **Closing the Interview** – Here the interviewer will summarise the interview. They will, using appropriate language or communication methods, reiterate what the person has said to clarify that the information which has been recorded is correct. It is important that people are aware of avenues of support following the interview as it may be recalling the events has been distressing and additional support may be required. Interviewers may also have observed non-verbal cues from the person being interviewed which may indicate that the person is uncomfortable in sharing information at this time with the interviewer/s at this point. Contact details should be offered to the person being interviewed so that they can make further contact in the future if they wish

Records of interviews should be verbatim and kept confidential as they may be used in subsequent criminal proceedings.

## Types of Questioning

**Open Ended Questioning** – Open ended questions enable people to give a more detailed answer than closed questions (see below) and can be answered in a number of ways. They are useful when a descriptive account or explanation is required and where the aim of the question is for the person to provide a detailed response. They usually begin with words such as *How?* and *What?* etc. Examples of open ended questions include:

*How did that happen?*  
*What did it look like?*  
*Tell me how that happened?*

**Closed questions** – Closed questions usually require a limited range of answers and can be used to establish information such as name, address, age etc or when a 'Yes' or 'No' answer is required. With some people who experience difficulties in communicating these may be the most appropriate questions to ask as they do not require a detailed response. It is important however, to use caution when using closed questions as they may be suggestive and lead people to give particular answers. Care needs to be taken to phrase questions so that they are not biased towards the respondent giving a particular answer. Examples of closed questions include:

*Who is your Support Worker?*  
*Did you go to the bank?*  
*What is your address?*

**Leading Questions** – Leading questions should usually be avoided. However, there may be occasions where it is unavoidable to use them, particularly when questioning a person who has difficulties with verbal communication and/or uses alternative communication methods. When the need for using leading questions arises, the interviewer should ask the most unlikely response first e.g. *Was it nice being alone in the room with her?* rather than asking the question in such a way that leads the person to give a negative response e.g. *Was it scary being alone in the room with her?*

It is important to give consideration to the interview schedule if a number of people are being interviewed. For example, if a number of family members or workers are being interviewed with regards to an allegation of abuse, these interviews should be planned preferably for the same day or with as short a gap as possible between them. This is to ensure that those people who are interviewed do not share information on what questions they were asked or collaborate on the answers they have given / will give. This avoids the danger of people providing 'a story' of what happened in order to protect themselves and others and therefore not sharing the accurate facts of an incident.

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**Section 4-  
The Safeguarding  
Plan & Review**

The “**Safeguarding Plan**” refers to the protection & prevention plan that will be coordinated by the **Responsible Safeguarding Agency** (\*RSA) when the Safeguarding Assessment has identified the risks that will need to be managed/minimised. (\*see definition of RSA in Section 6.9.3 below).

## **Timescale-**

The Safeguarding Plan should be formulated and implemented within **four weeks** of the Safeguarding Assessments being completed.

The Safeguarding Review should be completed within **six months** of the Safeguarding Plan commencing, and at least annually thereafter.

## **4.1. The Safeguarding Plan**

4.1.1 The Safeguarding Plan refers to the multi-agency planned actions that have been agreed to address and minimise the risk to individuals or groups of individuals.

The Safeguarding Plan will be formulated following the Safeguarding Assessment, i.e. when the appropriate assessments/investigations have been carried out to establish levels of risk and whether the abuse or neglect occurred. The Safeguarding Plan will be formulated in partnership with all relevant stakeholder parties through the Update Safeguarding Assessment Strategy Discussion/Meeting.

### **4.1.2 The Update Safeguarding Assessment Strategy Discussion/Meeting**

The Update Strategy discussion/meeting will follow a similar process to the initial Safeguarding Assessment Strategy planning process. Guidance in Section 3 relating to urgency, who should be involved, and format should be applied equally to this stage of the Safeguarding Adults process.

The update strategy discussion/meeting will be coordinated by the Safeguarding Manager, and should address the following :

- Feedback and evaluation of the evidence and outcomes from the Safeguarding Assessment, including making a multi-agency judgement of whether the abuse/neglect has occurred, has not occurred, or whether this is still not known,
- A review of the Interim Safeguarding Plan,
- An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others,
- To evaluate the need for further assessment and investigation,
- Consideration of whether the criteria is met for referral to the Independent Mental Capacity Advocate service,
- Where abuse/neglect has taken place, or an ongoing risk of abuse/neglect is identified, a Safeguarding Plan should be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect,



- Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), other involved individuals or agencies, and who will be responsible for doing this,
- To set an agreed timescale for review of the Safeguarding Plan.

#### 4.1.3 Formulating the Safeguarding Plan

The Safeguarding Plan should include, relevant to the individual situation:

- Positive actions to safeguard the person/s at risk from further abuse/neglect, and to promote recovery.
- Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

(Guidance examples of positive actions that can be taken as part of Safeguarding Plans are given in the table at the end of this section.)

- The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s, and how this should be dealt with (e.g. who to contact to call a further Update Safeguarding Assessment Strategy process).

#### 4.1.4 Support for Vulnerable Adults.

Support measures for Vulnerable Adults who have experienced abuse or who are at risk of abuse should be carefully considered when formulating the Safeguarding Plan. Mainstream support service provision (e.g. mainstream Domestic Abuse support services, Victim Support) should be considered as well as specialist support services (e.g. specialist psychology services).

The role of Police and related support measures should be considered where a Vulnerable Adults may be going through the criminal justice process, including use of Intermediaries, Independent Domestic Violence Advocates (IDVA), and Independent Sexual Violence Advisors (ISVA).

Where there is a potential for criminal prosecution it is important to ensure that support provided to the Vulnerable Adult (some types of Counselling or psychology support in particular) will not interfere with criminal processes and evidence. This should be discussed as part of strategy planning, and guidance can be obtained from the Crown Prosecution Service on a case by case basis should this be a possibility.

- #### 4.1.5 In the case of **Safeguarding concerns involving social care or Supporting People services**, the Safeguarding Plan should include consideration of whether to apply change or revoke any appropriate Commissioning Actions to manage risk (e.g. Cautionary Note or Placement Stop).



## Guidance examples of positive safeguarding actions for Safeguarding Plans

### Actions to prevent repeat abuse or neglect by a person or an organisation

- Criminal prosecution
- Enforcement action by CQC, including cancellation of registration
- Application for a Court Order e.g. restraining contact or an anti-social behaviour order.
- Application to the Court of Protection to change/remove a Lasting Power of Attorney
- Application to the Department of Work and Pensions to change/cancel appointeeship or agency
- Civil Law remedies e.g. suing for damages
- Prosecution by Trading Standards
- Referral to registration body (e.g. NMS, GSCC, BMA)
- Training needs assessment and supervision (of employee/volunteer)
- Organisational review (e.g. of staffing levels, policies/procedures, working practices, or culture)
- Increased observation of and appropriate interventions to prevent abusive behaviour by other service users

### Actions to promote the safety of an adult & for recovery from abuse/neglect

- Provision of support or care services to promote safety and wellbeing (e.g. homecare, telecare)
- Security measures e.g. door locks and entry devices, personal alarms, telephone or pager, CCTV.
- Activities / personal development / awareness raising that increase a person's capacity to protect themselves
- Activities that increase self esteem and confidence
- Activities that increase health and wellbeing
- Advocacy Services
- Application for Criminal Injuries Compensation
- Application to the Court of Protection for single decision or court appointed deputy
- Guardianship order under the Mental Health Act e.g. to require residence or require access be given
- Support for survivors of sexual violence and abuse- Independent Sexual Violence Advisor (ISVA).

## Guidance examples of positive safeguarding actions for Safeguarding Plans

### **Actions to prevent repeat abuse or neglect by a person or an organisation**

- Changing service provision to a person who harms other service user/s so that they are not in a position to continue abusing
- Carrying out a carers assessment and providing services to decrease risk of harm
- Change of support services provided to an adult to decrease carer stress
- Meeting with an individual who has caused harm, and negotiating changes to their behaviour.

### **Actions to promote the safety of an adult & for recovery from abuse/neglect**

- Support through the Criminal Justice system; Independent Domestic Violence Advocate (IDVA), ISVA, Intermediary Service.
- Support to recover from crime and for advice on the criminal justice system- Victim Support.
- Support to make visual evidence for later use if decide to make criminal complaint- Visual Evidence for Victims (via Victim Support).

## 4.2. The Safeguarding Review

4.2.1 The Safeguarding Adults Review refers to the planned process of reviewing the actions and safeguards put in place by the Safeguarding Plan.

If new or heightened concerns arise prior to the planned Safeguarding Review, this should be dealt with by way of a further Update Safeguarding Assessment Strategy Discussion/Meeting rather than a Safeguarding Review (see Process Flowcharts for further guidance on pathways through the Safeguarding Procedure).

Again, guidance in Section 3 relating to urgency, who should be involved, and which format the review should take should be applied equally to this stage of the Safeguarding Adults process.

### 4.2.2 Aims of the Safeguarding Review

The Safeguarding Review should:

- Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan,
- Evaluate the effectiveness of the Safeguarding Plan,
- Evaluate through appropriate risk assessment whether there remains a risk of abuse or neglect to the individuals or group of individuals that is appropriate to remain under the Safeguarding Adults Procedure,
- Make required changes to the Safeguarding Plan and set a further review date.

4.2.3 In the case of **Safeguarding concerns involving social care or Supporting People services**, the Safeguarding Review should include consideration of whether to apply, change or revoke any appropriate Commissioning Actions to manage risk (e.g. Cautionary Note or Placement Stop).

### 4.2.4 Closing the Safeguarding Adults Procedure

The updated risk assessment arising from a Safeguarding Review may evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through the Safeguarding Adults Procedure. When this occurs, the decision to discharge the Procedure is the responsibility of the relevant Responsible Safeguarding Agency, and should be taken with multi-agency agreement where appropriate.

Reasons and rationale for closing the Safeguarding Adults Procedure must be recorded in full by the relevant RSA.

#### 4.2.5 Evaluating the Safeguarding Process

The Safeguarding Review process should also be used as an opportunity to evaluate the Safeguarding intervention in general terms, e.g. what worked well, what caused difficulties, how effectively did people and agencies work together.

This level of information should be fed back by the Safeguarding Manager to their agency Safeguarding lead for onward submission as appropriate to the multi-agency Warwickshire Safeguarding Adults Board.

Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect.

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### **Source Documents**

The key documents used to formulate these procedures are listed below:

Warwickshire Multi-Agency Policy and Procedure for the Protection of Vulnerable Adults (dated February 06)

Department of Health (2000) *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.*

ADSS (2005) *Safeguarding Adults. A National Framework of Standards for good practice and outcomes in adult protection work.*

Action for Elder Abuse (2006). *Adult Protection Data Collection and Reporting Requirements.*

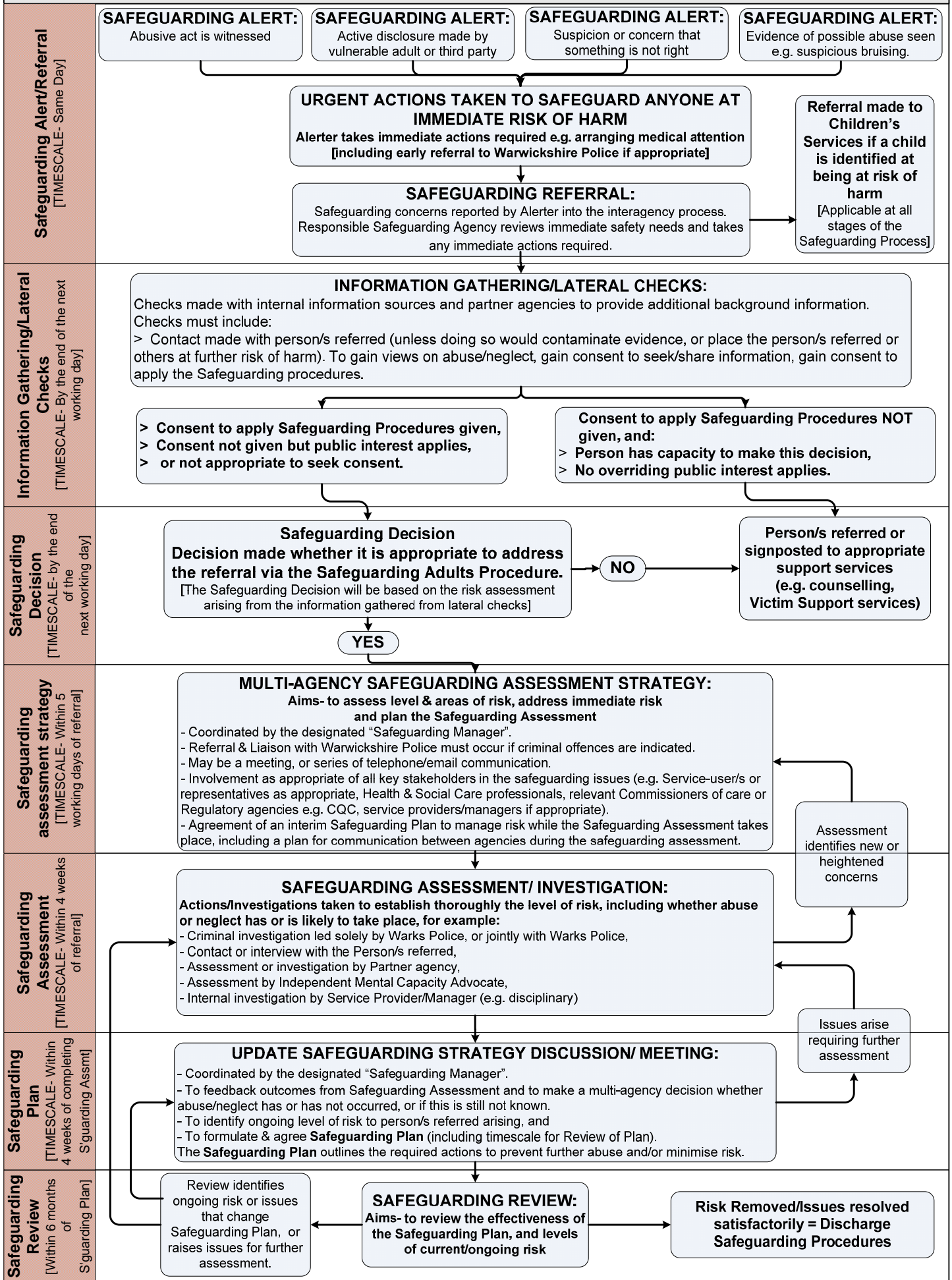
Department for Constitutional Affairs (2007). *Mental Capacity Act 2005 Code of Practice.*

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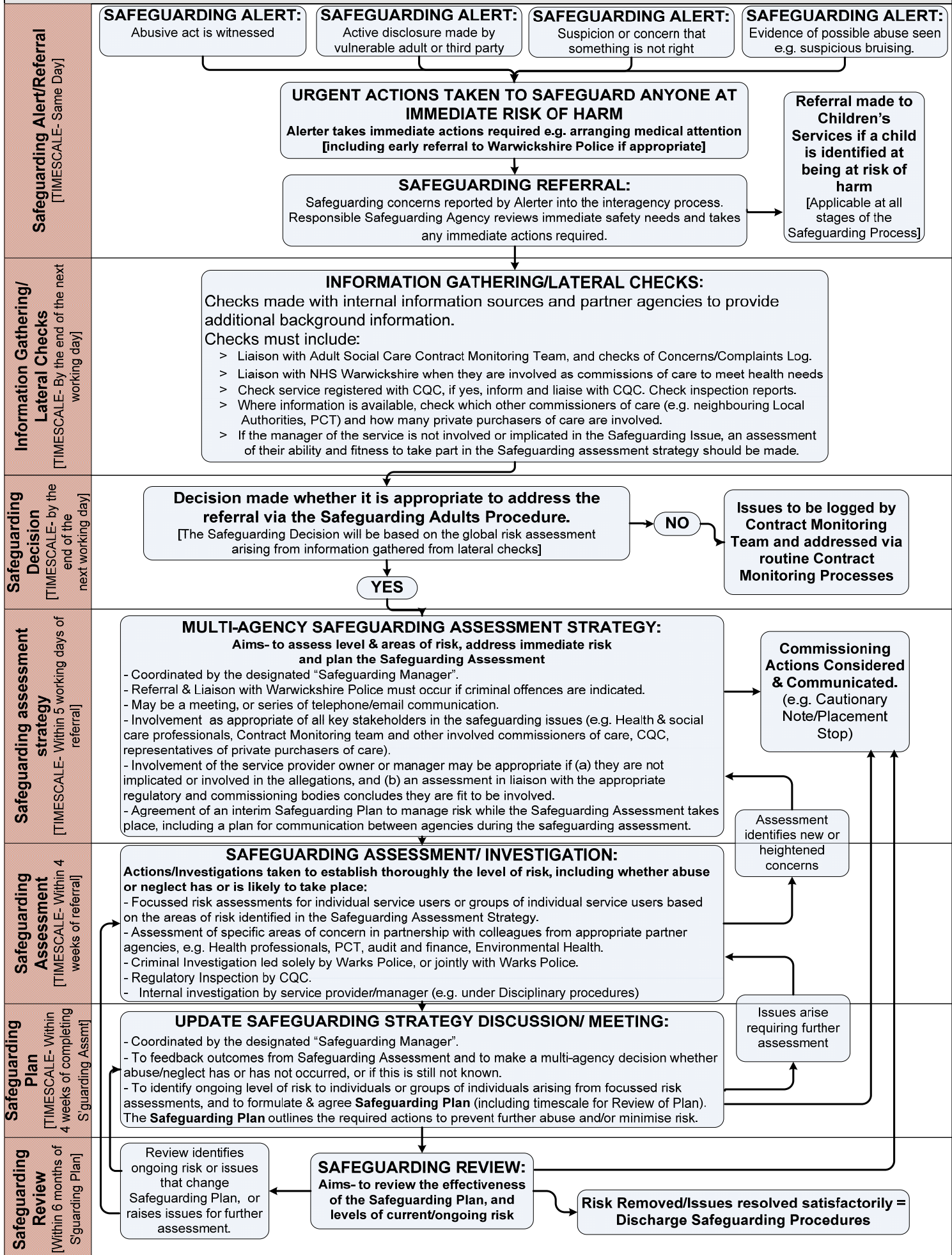
**Section 5-  
Procedural  
Flowcharts**

# Safeguarding Vulnerable Adults (Adult Protection) Process Flowchart for responding to Safeguarding Referrals relating to individuals





Safeguarding Vulnerable Adults (Adult Protection) Process Flowchart for responding to service-related Safeguarding concerns in social care or other support services.



**Warwickshire Inter-Agency  
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**Section 6-  
Underpinning Policy**



## **Section 6 - Underpinning Policy**

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- 6.2. Scope & Definitions**
- 6.3. Involvement of Vulnerable Adults-  
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**6.20. Protocol for Inter-Authority Safeguarding Adults Investigations**

**6.21. Allegations of historic abuse**

**6.22. Whistle-Blowing & the Public Interest Disclosure Act**

**6.23. Serious Case Review**

**6.24. Complaints**

## 6.1. Principles

6.1.1. The Warwickshire Safeguarding Adults Partnership is committed to a policy of Zero Tolerance of abuse and neglect. Mistreatment, abuse and neglect of any person is unacceptable.

### **Doing nothing is not an option.**

6.1.2. When using and applying this policy and procedure, the following principles will be followed:

- All adults have the right to retain their independence, well-being and choice, and to be able to live their lives free from abuse, neglect and discrimination.
- All adults have the full legal capacity to make decisions for themselves, unless it can be shown that they lack mental capacity to make specific decisions for themselves at the time that decision needs to be made. Individuals must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision- making process.
- All Safeguarding processes, procedures and interventions will be designed and implemented so as to minimise the distress and disruption caused to the individual, and to maximise independence, wellbeing and choice.
- Diversity is to be valued, and promotion of equal access and equal opportunity irrespective of race, gender, sexual orientation, disability, age, and religion is integral to effective safeguarding of adults.

## 6.2. Scope & Definitions

6.2.1. This policy and procedure covers:

### **All Vulnerable Adults who are at risk of significant harm due to abuse by another person or persons.**

6.2.2. Definitions of “Vulnerable Adult”, “significant harm”, and “abuse” are laid out in Section 1.1.

### **6.2.3. Self-Neglect & Self-Harm**

Vulnerable Adults who are at risk of harm through self-neglect or self-harm do not fall within the scope of this procedure, unless a causal factor for the self-neglect or self-harm is abuse by another person or persons.

### **6.3. Involvement of Vulnerable Adults – Person Centred Safeguarding Practice.**

6.3.1 The wider purpose of safeguarding adults work is: to enable people to retain their independence, well-being and choice, and to access their right to a life free from abuse and neglect. A personalised approach to safeguarding is about working with a person in their own context in order to negotiate the levels of risk enablement, positive risk taking and safeguarding that are appropriate to them, and to weigh up the risks and benefits of different choices. It requires an understanding, negotiation and management of what the risk means to the adult/s concerned. Working in a person centred way avoids the risks of making assumptions and generalisations, and encourages an approach that considers the particular circumstances, history and experiences of the individual.

6.3.2. Agencies and practitioners will follow a person-centred approach to safeguarding when applying the Safeguarding Adults Procedure. Principles of person-centred safeguarding practice include-

- The central focus should be the empowerment and well-being of the Vulnerable Adult.
- At all times, listen to the Vulnerable Adult and ensure that their voice is heard.
- Vulnerable Adults have the right to make choices and decisions themselves - practitioners are there to support the decision making of the individual and to respect their rights.
- Safeguarding processes should be led by the Vulnerable Adult not professionally led.

(adapted from Julian and Penhale, 2009)

6.3.3. Active involvement of the vulnerable adult/s at risk in the Safeguarding Process is essential. As adults, we constantly weigh up the balance of risks and benefits of different choices. It is hard to feel safe if we don't feel in control of what is happening in our lives, and hard to feel in control if we don't feel safe. Effective safeguarding practice needs to strike a balance between protecting vulnerable adults and promoting their safety, while recognising their rights to independence and choice, and supporting and enabling vulnerable adults to take risks. If someone has full mental capacity and is able to take their own decisions, then it is essential that they maintain control and that professionals support their decision-making at every stage.

6.3.4. If someone does not have full mental capacity and is not able to take their own decisions then it is essential that they are helped to participate as fully as possible in decision-making (in line with the requirements of the 2005 Mental Capacity Act).

## **6.4. Informal carers.**

- 6.4.1 For the purpose of this Procedure, informal carers are defined as people who look after family, children and young people, partners, or friends in need of help because they are disabled, ill or frail\*. This definition encompasses all carers regardless of age, gender, race, religion or sexual orientation.
- 6.4.2 Informal carers will be a critical part of a Vulnerable Adult's social support network, and are likely to be the first people that both the Vulnerable Adult and involved agencies will look to in providing the necessary support to an individual at risk of abuse. Information sharing and the active involvement of informal carers within the safeguarding adults process should be promoted wherever appropriate, and will often be key to effective interventions to prevent further abuse and promote recovery for the individual at risk. Consent to share information with informal carers should be obtained from the Vulnerable Adult/s concerned wherever possible- see Information Sharing section below.
- 6.4.3 There will be occasions where the allegations or concerns of abuse suggest an informal carer may be responsible for the harm or potential harm to the vulnerable adult concerned. In responding to such concerns, agencies and professionals should be mindful that the role of a carer can be demanding and stressful, and can affect the physical and mental health of the informal carer, with a good number of carers having symptoms of anxiety and/or depression\*. Harm or risk of harm to Vulnerable Adults from their informal carers will often be the result of informal carers having difficulty coping with the responsibilities of caring, rather than through an intention to cause harm. Responses to risk of harm in such circumstances should focus on the assessment and provision of appropriate support to informal carers.

(\* Warwickshire Carer's Strategy 2009-12)

## 6.5. Legal Framework

- 6.5.1 Statutory guidance issued by the Department of Health in 2000 – “No Secrets”- required local authorities to act as lead agency in establishing local frameworks to safeguard Vulnerable Adults. These frameworks include establishing local inter-agency Policies and Procedures for Safeguarding Vulnerable Adults at risk of significant harm through abuse.
- 6.5.2 There are numerous and varied legal provisions which are applicable when operating the local Safeguarding Vulnerable Adults procedures. These provisions embrace criminal law, general protective legislation, available civil procedures and common law. Where there are concerns regarding the legality of a person’s actions or proposed actions, legal advice should be sought by the appropriate agency that is leading on the particular intervention.
- 6.5.3 Different agencies and individuals who engage with Safeguarding Vulnerable Adults will have differing duties of care towards the Vulnerable Adult/s concerned. A Duty of Care may arise as a result of a statutory obligation (i.e. a specific legal requirement), a general duty on public agencies to ensure the welfare of individuals in need or of the general public, or as a result of a professional obligation or duty imposed by a professional code of conduct.
- 6.5.4 Statutory agencies involved in Safeguarding Vulnerable Adults work have a responsibility to make such enquiries as they consider necessary, where there is a reasonable cause to suspect that a vulnerable adult is suffering or is likely to suffer significant harm. This responsibility includes the welfare of other vulnerable adults or family members at the same address. This may entail referring into Child Protection arrangements if these include family members or significant others under 18 years of age.
- 6.5.5 In discharging their statutory duties it is important that all agencies are conscious that the lack of necessary intervention or inappropriate intervention may have an adverse effect on the vulnerable adult, the family or other carers. Agencies should work together and balance their differing duties and responsibilities to ensure effective inter-agency responses to Safeguarding Vulnerable Adults.

## 6.6. Threshold for Intervention

- 6.6.1 Professional judgement will be required when assessing and deciding whether to use the Safeguarding Adults Procedure to address concerns of mistreatment and abuse. Each case is unique, and the impact on the individual – a key factor in deciding how to address the concern – will be different in each case, and can be influenced by disability or illness, previous exposure to mistreatment, as well as social, cultural and religious beliefs. As such, a prescriptive set of thresholds for determining whether to invoke the Safeguarding Adults Procedure, and what interventions should take place, is neither possible nor desirable.
- 6.6.2 In certain cases, there may be sufficient information at point of referral to make a decision whether or not to progress with the Safeguarding Adults Procedure. In most cases, the Safeguarding Initial Assessment should be used to gather the required information to base a decision. In all circumstances, the decision and the rationale for the decision should be recorded in full by the Responsible Safeguarding Agency (See Section 6.9.3. below), and communicated to the referrer and to other stakeholders as appropriate.
- 6.6.3 Decisions should be made with the agreement of the Vulnerable Adult/s involved and with relevant Partner Agencies where appropriate and possible. The following factors should be taken into account when deciding a proportionate response to the Safeguarding Referral, including deciding whether to continue to the Safeguarding Full Assessment:
- The **desired outcomes** of the individual/s involved,
  - Any issues of **coercion** or **duress**,
  - The **vulnerability** of the individual,
  - The level of **risk** to their **independence** and **wellbeing** as a result of the abuse,
  - The **nature** and **extent** of the abuse or neglect,
  - The **length of time** it has been occurring,
  - The **impact** on the individual, including on their cultural, religious and spiritual beliefs/needs,
  - The risk of **repeated or increasingly serious acts** involving this or other vulnerable adults.
- 6.6.4. All interventions must be legal and proportionate. When a Vulnerable Adult has the mental capacity to make a specific decision, but making that decision will put the Vulnerable Adult at increased risk of harm or abuse, agencies must carefully consider their duty of care towards that individual. This should include an assessment of what harm to the individual can reasonably be foreseen, and the role and abilities of each agency to put in place proactive measures to minimise the risk of harm.
- 6.6.5. All adults have the right to retain their independence, well-being and choice, and to make decisions for themselves when they have the mental capacity to do so. However, the fact that an adult has mental capacity to make a certain decision does not necessarily remove an agency's duty of care, particularly when making that decision will put the adult at increased risk of harm.

## 6.7. Capacity & Consent

### 6.7.1 Informed Consent

All adults have the right to choice and control in their own lives. As a general principle, no action or decision should be taken for, or on behalf of, an individual without obtaining their consent. To consent, a person must agree by choice, and have the freedom and capacity to make that choice.

Obtaining consent should not be seen as a one-off exercise. If circumstances change it may be appropriate to ask for consent or confirmation of consent again.

For the purposes of this policy, and relating to Safeguarding Adults from abuse and neglect, to ensure consent is “informed”, the person must be able to:

- Understand what the intervention is,
- Understand why the intervention is proposed,
- Understand the nature of the proposed intervention,
- Understand the benefits and risks of the intervention; and
- Balance the information and arrive at a decision without duress or undue influence operating, and;
- Understand that they have the right to change their mind and withdraw consent at any stage.

### 6.7.2 Mental Capacity

The Mental Capacity Act 2005 (MCA) provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions for people who lack capacity, in which situations, and how they should go about this.

The MCA sets out the following five principles:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.



- 6.7.3. Detailed guidance relating to responsibilities when acting or making decisions on behalf of individuals who lack the capacity to make these decisions for themselves is found in the MCA Code of Practice 2007. Certain categories of people have a legal duty to have regard for the Code of Practice. Section 14 of the Code of Practice gives specific directions for situations where abuse and neglect may be suspected.

In relation to the Safeguarding Adults Procedures, adults who are the subject of the procedures have the right to be involved in all stages of the process, and in all decisions that are made. Where the person lacks capacity in relation to the decision to be made, or it is suspected lacks capacity, practice must be carried out in accordance with the statutory provisions and guidance in the Mental Capacity Act & MCA Code of Practice.

Link to - [MCA Code of Practice](#) (at [www.justice.gov.uk](http://www.justice.gov.uk))

## 6.8. Information sharing

6.8.1. Information sharing between key statutory agencies in Warwickshire is governed by the “Warwickshire Information Sharing Charter”, and by the information sharing and information management policies and procedures of individual agencies.

Link to- [Information Sharing Charter](#) (at [www.warwickshire.gov.uk](http://www.warwickshire.gov.uk))

6.8.2 The general legal framework surrounding the sharing of information includes:

- the law that governs the actions of public bodies (administrative law);
- the Human Rights Act 1998 and the European Convention on Human Rights;
- the common law duty of confidence;
- the Data Protection Act 1998; the Freedom of Information Act 2000; and,
- legislation that covers specific aspects of public service delivery (eg crime and disorder prevention, social care, child protection, patient records).

6.8.3. Overall the law strikes a balance between the rights of individuals and the interests of society. The law is not a barrier to sharing information where there is an overriding public interest in doing so (such as where it is necessary to do so to protect life or prevent crime or harm) provided it is done fairly and lawfully.

### 6.8.4 **Consent.**

The consent of the individual concerned is necessary to share their personal information, with the exception of the circumstances as detailed in Section 6.8.5 below.

When obtaining consent to pass on or seek information from another agency, the Data Protection Act 1998 is clear that explanation should be given to individuals about:

- The purpose of approaching other individuals or organisations
- The reasons for disclosure of information
- Details of the individuals or organisations being contacted
- What information will be sought and shared
- Why the information is important
- What it is hoped will be achieved

Whenever possible written consent should be sought and include reference to the information to be shared. Where this is not possible verbal consent needs to be clearly sought and recorded by the agencies sharing information. Under the Data Protection Act 1998, consent must be explicit and clearly indicated in writing or by the recording of a positive response.

However, there will be occasions when it is not appropriate to seek consent, for example, if there is a court order, to prevent or detect crime, to arrest or prosecute offenders, to safeguard someone, and where disclosure could prejudice those objectives.

**6.8.5. Disclosure of information without consent.**

The Data Protection Act 1998 allows for **the disclosure of information without the consent of the individual in certain circumstances**. These are:

- Where there is a concern about the risk of harm to an individual and information needs to be sought or shared in order to clarify the situation.
- For the detection and prevention of crime.
- Where a court has ordered that information should be shared.

Disclosure without consent, however, needs to be justifiable and the reasons recorded by professionals in each case. Sharing information without consent should be appropriate for the purpose and only to the extent necessary to achieve that purpose. These situations are often complex and require the involvement of Senior Officers and/or legal advice.

## 6.9. Key Roles & Responsibilities

### 6.9.1. Responsibilities of all staff who work with Vulnerable Adults

All staff who work directly with Vulnerable Adults, or whose work brings them into contact with Vulnerable Adults, have a responsibility to:

- Be alert to the possibility of abuse and neglect,
- Ensure their own practice does not cause abuse or neglect,
- Report concerns of abuse and neglect on the same day as they become aware or are informed of the concerns.

### 6.9.2. Responsibilities of all agencies who work with Vulnerable Adults

All agencies whose staff work directly with Vulnerable Adults, or whose work brings them into contact with Vulnerable Adults, have a minimum responsibility to:

- Ensure staff are trained appropriately and know how to recognise Vulnerable Adult abuse, know how to respond to Vulnerable Adult abuse, and know how to report Vulnerable Adult abuse.
- Ensure that own organisational policies or practice do not cause abuse or neglect,
- To have in place internal policies & procedures relating to Safeguarding Vulnerable Adults that are consistent with the Warwickshire Inter-Agency Procedures.

These responsibilities extend not only to member agencies of the Warwickshire Safeguarding Adults Board, but to all agencies who work directly with Vulnerable Adults, or whose work brings them into contact with Vulnerable Adults.

### 6.9.3. Role of the Responsible Safeguarding Agency (RSA)

The Responsible Safeguarding Agency (RSA) refers to the Agency that will take lead responsibility for coordinating and managing the Safeguarding Adults Process in individual cases of abuse.

This responsibility lies with the Social Services function of local Councils. Within Warwickshire, this responsibility lies with Warwickshire County Council Adult Social Care, with the exception of certain groups of people who have mental health needs, where the Council has formally transferred Social Services functions including responsibility to lead Safeguarding Adults issues into the Coventry & Warwickshire NHS Partnership Trust under Section 75 of the National Health Service Act 2006. See Appendix C for the Safeguarding schedule that details the transfer of Safeguarding responsibilities to the Coventry & Warwickshire NHS Partnership Trust.

The responsibilities of the RSA include:

- Ensuring the procedure laid out in this document is followed.
- Ensuring effective multi-agency working and information sharing is carried out.
- Ensuring & checking that Partner agencies follow through agreed actions.
- Keeping full records of the Safeguarding Adults process and outcomes in line with their internal agency record-keeping processes.
- Reporting aggregate data on the incidence and profile of Safeguarding Adults activity to the Warwickshire Safeguarding Adults Board.

**Responsible Safeguarding Agency in relation to Adult Mental Health-**

The Coventry & Warwickshire NHS Partnership Trust Integrated Mental Health Services is the Responsible Safeguarding Agency for adults from 18-65 who have a mental health need and whose independence and wellbeing is at risk due to abuse.

**Responsible Safeguarding Agency in relation to Older Adults with a mental health need-**

The Coventry & Warwickshire NHS Partnership Trust Community Mental Health Teams for Older People (CMHTOP's) is the Responsible Safeguarding Agency adults over 65 who have a mental health need and whose independence and wellbeing is at risk due to abuse, and where the adult is subject of an open case to a CMHTOP.

**For all other Vulnerable Adults**, the Responsible Safeguarding Agency is Warwickshire County Council Adult Social Care.

In the case of any dispute relating to case responsibility, existing protocols governing case responsibility should be followed.

**6.9.4. Role of the Safeguarding Manager**

The "Safeguarding Manager" is the designated person who has responsibility for managing and coordinating the inter-agency Safeguarding Adults Procedure in individual cases. The RSA will ensure this responsibility is taken by a professional who has the appropriate levels of skills, experience and seniority to manage the issues as they arise within individual Safeguarding Adults concerns.

The Safeguarding Manager will:

- Take responsibility for coordinating and managing the Safeguarding Adults case in accordance with this Procedure and within timescales,
- Ensure a focus is kept on the desired outcomes and involvement of the Vulnerable Adult/s,
- Ensure & check assessments/investigations are carried through in a thorough manner,
- Ensure full records are kept, and are stored in line with their own organisational information governance policies.

Whilst carrying out the roles and responsibilities of the Safeguarding Manager, staff members are acting on behalf of the Warwickshire Safeguarding Adults Partnership, and are accountable both to their own organisation and to the Warwickshire Safeguarding Adults Partnership via their organisations.

**6.9.5. Out of Hours responses – role of the WCC Emergency Duty Service**

The Emergency Duty Service provides an emergency social work service at night, at weekends, and on all public and local authority holidays. In relation to the Safeguarding Adults Procedures, staff in the Emergency Duty Service have the responsibility to:

- Respond to all Safeguarding Adults referrals out of hours and make a decision whether the referral requires an immediate response or whether they will transfer to the appropriate agency the next working day,
- Respond to the immediate support and protection needs of adults referred out of hours,
- Report suspected criminal offences to the Police without delay.

**6.9.6. Role of the IMCA in Adult Protection Cases**

The Mental Capacity Act 2005 introduced the new role of the Independent Mental Capacity Advocate (IMCA). The aim of the IMCA service is to provide independent safeguards in certain situations for people who lack capacity to make certain important decisions.

The "Mental Capacity Act (IMCAS) Expansion of Role Regulations 2006" gave the Responsible Body the power to instruct an IMCA in adult protection situations, and the MCA Code of Practice states in Section 10.60 "**the responsible body must consider in each individual case whether to instruct an IMCA**". To fulfil this statutory obligation, the MCA Code of Practice directs the Responsible Body towards establishing a local policy underpinned by a locally agreed criteria setting out the conditions and circumstances for appointing an IMCA.

Warwickshire's criteria and guidance for the use of the IMCA service in adult protection situations is included in Appendix A below. If the criteria are met in any individual case, the referral to the IMCA service must be made.

## 6.10. Role and involvement of the Police

### 6.10.1 Warwickshire Police

Warwickshire Police are responsible for the prevention and detection of crime, maintaining public order, the safety of road users and the protection from harm for people who live, work and travel in the county. As such the protection from harm of the most vulnerable members of society whether by virtue of age, disability, illness or capacity is of paramount importance.

Warwickshire Police will lead investigations into criminality and will provide advice on investigations to other agencies who may either be working in partnership with them or independently.

Where appropriate and in respect of matters they have investigated, they will be responsible for the submission of case files to the Crown Prosecution Service (CPS). Where prosecution is approved, they will continue to support the prosecution throughout its progress to court.

In all these matters they will ensure that everything practicable is done to support the vulnerable adult/s through the legal process and to enable all the agencies involved to reduce risk to the victims.

### 6.10.2 Notification & Referral to the Police

Contact with the Police must occur where there is reason to believe a criminal offence has occurred or may occur. Where uncertainty exists, a referral to the Police should be made. The Police also have a role in preventing crime, and in circumstances where criminal offences could occur without appropriate intervention, the Police should be contacted for their input.

In circumstances where a criminal offence has occurred or may occur, and the Vulnerable Adult has expressly stated they do not wish the Police to be contacted, the Responsible Safeguarding agency still has a duty to notify the Police of the concern. Warwickshire Police will take into account the wishes of the individual when considering a proportionate response to the concern. The Vulnerable Adult should be informed the matter has to be reported to the Police.

All Safeguarding Adults Referrals made to Warwickshire Police during usual office hours should be made to the Protecting Vulnerable People Referrals Desk.

## 6.11. The Role of the NHS

### 6.11.1 The Role of NHS Warwickshire- NHSW (the PCT).

NHSW is a commissioning body, responsible for the commissioning of healthcare services throughout Warwickshire from NHS Provider services, independent healthcare providers, and independent social care providers. NHSW is responsible for ensuring the quality & safety of services it commissions, and as such has a clear stakeholder interest in Safeguarding Adults cases suggesting risks in connection with quality & safety issues in commissioned services. In addition, NHSW has a clear stakeholder interest in managing risk to persons who are in receipt of fully funded NHS Continuing Health Care.

NHSW must be informed of Safeguarding Adults concerns where:

- Quality & safety issues are raised in relation to an NHS Provider,
- Quality & Safety issues are raised in relation to a independent healthcare provider,
- Quality & Safety issues are raised in relation to a independent social care provider where-
  1. NHSW commissions services from the Provider for people who are in receipt of fully-funded NHS Continuing Care,
  2. or within a Care Home with Nursing where NHSW fund the NHS Funded Nursing Care Contribution.
- Any Safeguarding Adults Alerts or Referrals relating to Vulnerable Adults who are in receipt of fully funded NHS Continuing Health Care.

On a case by case basis, the involvement of NHS Warwickshire within the Safeguarding Adults process will be proportionate to the type of concern raised, and the overall role it fulfils in ensuring quality and safety in health related services, e.g. NHSW may take a lead investigatory role where concerns are raised relating to nursing practice or clinical management, but may need to be less involved where, for instance, financial concerns are raised.

#### **NHS Continuing Health Care cases**

Where a Vulnerable Adult in receipt of fully funded NHS Continuing Health Care is referred under the safeguarding Adults process, the responsible safeguarding agency (WCC or CWPT) will take the lead in coordinating and managing the SA process, but NHSW will take the lead in any investigations, assessments, and direct contact with the vulnerable adult that are required under the process.



### 6.11.2 The Role of NHS Provider Services

NHS Provider services in Warwickshire provide a wide range of direct healthcare services to the population of Warwickshire.

Within the Safeguarding Adults Process, the main role of NHS Provider services is as an Alerter and Referral agency; to identify concerns of abuse and neglect, ensure immediate safety, and refer to the appropriate organisation within the wider Safeguarding Adults Partnership arrangements.

#### **Internal identification of Safeguarding Adults concerns**

Identification of Safeguarding Adults concerns within NHS Providers is addressed in the Department of Health best practice guidance document "Clinical Governance and Adult Safeguarding- An Integrated Process" (DoH, February 2010). All NHS Providers are required to follow this best practice guidance.

The aim of this guidance is to encourage organisations to develop local robust arrangements to ensure that adult safeguarding becomes fully integrated into NHS systems. This will result in greater openness and transparency about clinical incidents, learning from safeguarding concerns that occur within the NHS, clarity on reporting and more improved positive partnership working.

The guidance directs that NHS Provider organisations should have a locally agreed review process for all types of reports (e.g. Serious Untoward Incidents, complaints, clinical incident reporting) that links clinical governance processes and adult safeguarding processes. The locally agreed review process should ensure that all types of internal reporting are reviewed within 24 hours to ensure Safeguarding Adult Referrals are made in a timely way where reported issues constitute an adult safeguarding concern.

#### **External identifications of safeguarding adults concerns within NHS Provider services.**

NHS Provider services have well established clinical governance processes for the identification, investigation and establishment of improvement measures where concerns are raised regarding the quality & safety of services they provide. As the Commissioning body, NHS Warwickshire is responsible for monitoring these systems and the overall quality and safety of services provided.

Circumstances may arise where concerns or allegations of poor care or poor practice within NHS organisations are referred in to the local Safeguarding Adults process. Concerns or allegations of poor care or poor practice within NHS organisations will not usually be appropriate to retain within the Safeguarding Adults process, and it will usually be appropriate to pass the concerns to the NHS organisation to address through established Clinical Governance processes (e.g. NHS Complaints process, or Serious Untoward Incident / Clinical Adverse Incident investigation).

In line with the CQC Safeguarding Protocol, whenever a Safeguarding Adults Referral is received involving the care provided by an NHS Provider Service, **the Care Quality Commission must be notified.**

## **6.12. Responding to Safeguarding issues in Social Care Provider Services, Housing-related Support Provider Services, or Independent Healthcare Provider Services.**

6.12.1 There are occasions where Safeguarding Adults concerns are raised which affect a whole service or a group of individuals living in the same location or receiving a service from the same care provider organisation.

These Safeguarding concerns may be raised in a number of ways –

- A member of an organisation may witness instances of poor practice, or increasingly become aware of Safeguarding issues that affect a number of people within the same service,
- A complaint about a service may raise concerns about risk of harm to other people who receive a service from the same individual or provider organisation,
- Routine contract monitoring processes pick up repeated and serious concerns relating to a service,
- A Safeguarding Referral relating to an individual may raise concerns about a group of individuals,
- A Safeguarding Referral that directly alleges poor practice, abuse or neglect within a service.

6.12.2 In these circumstances, the Safeguarding Procedure must be followed, but actions within each stage of the process will likely differ to those for managing Safeguarding Referrals relating to individuals. In certain cases where both named individuals and groups of individuals are at risk of harm, separate Safeguarding processes may be needed to ensure the needs of named individuals are not subsumed by wider actions taking place. However, the processes must be linked appropriately to ensure consistency.

6.12.3. In such circumstances, it is likely that Commissioning organisations and regulatory agencies will have a greater role to play within the Safeguarding Adults Procedures. Close collaborative working will be required between Commissioners of care (e.g. Adult Social Care Locality Services, & NHS Warwickshire), Adult Social Care Strategic Commissioning Contract Monitoring Team, the Supporting People team, regulatory bodies (e.g. CQC), other public bodies who commission services from the provider, and people who buy services privately.

#### 6.12.4 Routine Notifications

Where Safeguarding Adults referrals are received within the following care services, the following agencies must be notified:

Independent regulated Healthcare Providers	<ul style="list-style-type: none"> <li>• NHS Warwickshire</li> <li>• Care Quality Commission</li> </ul>
Social Care Provider Services	<ul style="list-style-type: none"> <li>• Adult Social Care Contract Monitoring Team</li> <li>• Care Quality Commission</li> <li>• NHS Warwickshire, where-             <ul style="list-style-type: none"> <li>– NHSW commissions services from the Provider for people who are in receipt of fully-funded NHS Continuing Care,</li> <li>– or within a Care Home with Nursing where NHSW fund the NHS Funded Nursing Care Contribution.</li> </ul> </li> </ul>
Housing Related Support Provider Services	<ul style="list-style-type: none"> <li>• Adult Social Care Contract Monitoring Team</li> </ul>

#### 6.12.5. Involvement of Service Providers and Managers

As a general principle, service providers and managers should be included fully in the Safeguarding Adults process, where they have been assessed as fit to be involved and are not implicated in the abuse/neglect.

In many circumstances, the agreed outcome of the Safeguarding Assessment Strategy will be for the Service Provider or Manager to conduct an internal investigation, for example, under their disciplinary procedures. This may be done solely or in partnership with other agencies, such as the Police or with the Responsible Safeguarding Agency, and will be overseen by the multi-agency group through the Safeguarding process. Good working relationships and engagement of Service Providers and Managers will be key to the effectiveness of the Safeguarding process.

In deciding the fitness of a Service Provider or Manager to participate in the Safeguarding Assessment Strategy, and to undertake internal investigations as part of the Safeguarding Assessment, the following factors should be taken into consideration:

- Information from the Strategic Commissioning Contract Monitoring Team, Supporting People Team, and CQC.
- If a regulated service, the current CQC service quality rating including judgements about the management of the service.
- Previous history of effective concerns and complaint investigation.
- Implications for the Service Provider or Manager in terms of the focus of the allegation, investigation required and outcomes.
- The Agreement of all agencies.

## 6.13. The Role of the Care Quality Commission (CQC)

6.13.1 The role of the CQC in Safeguarding Adults investigations is outlined in detail in the “CQC- Our Safeguarding Protocol. The Care Quality Commission’s commitment to Safeguarding.” (CQC, 2010).

Link to- [CQC Safeguarding Protocol](#) (at [www.cqc.org.uk](http://www.cqc.org.uk))

6.13.2. CQC’s function in response to Safeguarding Adults concerns is primarily as regulator, contributing their knowledge of the service, regulations and standards to the multi-agency Safeguarding assessment/investigation.

6.13.3. In individual cases, CQC must always be informed of any Safeguarding Adults concerns when they occur within a regulated service. While it is not routinely necessary for CQC to attend all safeguarding strategy meetings, the CQC Safeguarding Protocol states that the CQC’s involvement with the strategy meeting should take place when:

- 1. A person or people registered with CQC to provide services are directly implicated.**
- 2. Urgent or complex regulatory action is indicated.**
- 3. Any form of enforcement action has started, which relates to risks to people using the service or their quality of care, is under consideration in relation to the service or location involved.**

6.13.4. Whether or not the CQC attend a strategy meeting, the CQC will provide relevant information to the chairs of all strategy meetings convened in relation to regulated services as requested. For example, information from CQC about the quality of service and regulatory track record of the provider may be useful to the chair of the meeting in determining the provider’s level of involvement in the process.

CQC have developed a form for giving this information- “The Safeguarding Adults Assessment Strategy Meeting Information form”.

6.13.5. The Responsible Safeguarding Agency has responsibilities to inform, and feedback progress and outcomes to CQC in relation to Safeguarding Adults cases which involve regulated services.

## 6.14 Deprivation of Liberty Safeguards (DOLS)

6.14.1 The Mental Capacity Act Deprivation of Liberty Safeguards were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007.

6.14.2 The MCA DOLS apply to anyone:

- aged 18 and over
- who suffers from a mental disorder or disability of the mind – such as dementia or a profound learning disability
- who lacks the capacity to give informed consent to the arrangements made for their care and / or treatment and,
- for whom deprivation of liberty (within the meaning of Article 5 of the ECHR) is considered after an independent assessment to be necessary in their best interests to protect them from harm.

6.14.3 The DOLS cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.

6.14.4 The DOLS are designed to protect the interests of an extremely vulnerable group of people and to:

- ensure people can be given the care they need in the least restrictive regimes
- prevent arbitrary decisions that deprive vulnerable people of their liberty
- provide safeguards for vulnerable people
- provide them with rights of challenge against unlawful detention
- avoid unnecessary bureaucracy

6.14.5. Agencies and staff should understand that the DOLS process and the Safeguarding Adults Procedure are separate but interlinked processes, and can run alongside each other to ensure risk is managed legally and effectively, and in the least restrictive way.

6.14.6. Abuse is defined as the violation of an individual's human or civil rights. However, if a deprivation of a person's liberty has been assessed and authorised under the DOLS process by the appropriate DOLS Supervisory Body, appeals or requests to review the authorised deprivation must follow the proper legal process as outlined in the DOLS Code of Practice and will not follow the Safeguarding Vulnerable Adults Procedure.

The Safeguarding Adults Process can and should be used to address associated or ancillary issues of abuse arising from or in relation to the deprivation of liberty or other restrictive measures.

6.14.7. People who reside in places other than hospitals and care homes can also be deprived of their liberty, e.g. people living in their own homes, the home of a relative or friend, hostel or other accommodation. The DOLS do not currently address issues of deprivation of liberty outside hospitals or care homes, and any such concern should be referred into and addressed via the Safeguarding Adults Procedure.

## 6.15 Transitional Cases & Care Leavers

### 6.15.1 Transitional Cases

Transition in this context refers to young people with disabilities who are under 18 years old and who are about to transfer from children's to adult services.

Transition between children and adult services is a crucial time for disabled young people and many disabled young people need continuing support in adult life. All agencies have a responsibility to ensure a smooth transition, with services appropriate to the needs of the young person being made available. In addition all agencies have a responsibility to ensure that the safety and welfare of disabled children is promoted during the transition period and thereafter. It is crucial that previous experiences of abuse or neglect and any continuing safeguarding concerns are taken into account during the process of transition to adult services.

Where concern has been expressed about a young person, or where a care order has been in operation to ensure their protection, it is obviously essential that consideration is given to ensuring their safety as they reach adulthood.

In the above situation the following steps should take place:

1. As part of the preparation for transition to Adult Services, concerns of abuse or vulnerability of a young person with disabilities must be shared within the existing Transition meetings process.
2. Concerns of abuse or vulnerability of a young person with disabilities will be discussed between Children's Services & Adult Services at the Transition Case Planning Meetings.
3. Details of any current protective measures such as care orders must be provided.
4. The relevant Adult Social Care team will then assess the information and decide whether a Safeguarding Adults Referral should be taken on the case. If it is decided it is not appropriate to address the issues of vulnerability through the Safeguarding Adults Procedure, other avenues of support and protection should be considered as part of the Transition Planning process.
5. If a Safeguarding Adults Referral is accepted then a Safeguarding Adults Strategy Meeting should be held in good time to allow a transfer of protection arrangements (e.g. from Care Order to Guardianship under Mental Health Act 1983 or Declaration by Court of Protection under Mental Capacity Act 2005).
6. The Strategy Meeting should proceed as normal to consider the risks and actions that may be required when the vulnerable adult reaches adulthood.
7. As described elsewhere in these Procedures the Strategy meeting will be followed by a Protection Plan and Review arrangements, if appropriate.

### 6.15.2 Care leavers

A Care Leaver is a young person who is leaving (or has left) the Local Authority Looked After Children care system.

Local Authorities have a range of different statutory duties and powers to support care leavers, for example, to stay in touch with the care leaver, assess and plan what advice & support the young person needs, assist with accommodation and education, financial assistance, and appointing a Personal Advisor.

There are different categories of young people entitled to care leaving support from the Local Authority:

<b>'Eligible'</b>	16 & 17 year olds who have been in care for at least 13 weeks since the age of 14 and are still in care.
<b>'Relevant'</b>	16 & 17 year olds who have been in care for at least 13 weeks since the age of 14 and who have left care after reaching age of 16.
<b>'Former Relevant'</b>	Aged 18 and above who have been 'eligible', 'relevant' or both.
<b>'Former relevant children pursuing further education or training'</b>	A care leaver aged under 25 who, following his 21 <sup>st</sup> Birthday informs local authority that he wants to pursue or is pursuing a programme of education or training

[These definitions include disabled young people, but exclude those disabled young people who live permanently with their parents and have regular respite within the care system away from home.]

Full details of the support care leavers are entitled to and guidance for Local Authorities can be found in the statutory guidance “The Children Act 1989 Guidance and Regulations. Volume 3: Planning Transition to Adulthood for Care Leavers Including The Care Leavers (England) Regulations 2010” (DfE, October 2010).

Link to - [Care Leavers Guidance](http://www.education.gov.uk) (at www.education.gov.uk)

#### **Care Leavers and the Safeguarding Vulnerable Adults Process**

Care leavers are stated to be among the most disadvantaged groups in our society, with a number of care leavers leaving school with no qualifications and moving quickly into unemployment. Care leavers are over represented in the prison system, mental health services and the homeless population. Care leavers can experience homelessness, loneliness, unemployment, poverty and a range of other disadvantages.

As such, care leavers can be vulnerable through a range of factors, but not all care leavers will meet the definition of “Vulnerable Adult” and fall within the scope of this policy & procedure.

Where care leavers do fall within the scope of this policy, the Responsible Safeguarding Agency must notify the relevant Children’s Services Care Leavers team and involve the Care Leavers team within Safeguarding Adults Strategy meetings/discussions. Care Leaving services can often have a role to play within risk management and Safeguarding Plans.



## 6.16 Hate Crime & Anti-Social Behaviour

### 6.16.1 Hate Crime / Incident

A Hate Incident is any incident, which does not constitute a criminal offence, which is perceived by the victim or any other person, as being motivated by prejudice or hate.

Similarly, a Hate Crime is any incident, which does constitute a criminal offence, that is motivated by an offender's prejudice or hatred of someone because of their:

- disability
- race
- religion or belief
- sexual orientation
- transgender.

Hate crime/incidents can take many forms including:

- **physical attacks** – such as physical assault, damage to property, offensive graffiti, neighbour disputes, and arson
- **threat of attack** – including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate, and unfounded, malicious complaints
- **verbal abuse or insults** - offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace.

6.16.2. Hate Crime/Incidents can have significant and long-lasting effects on its victim. Each case should be assessed individually when deciding whether to invoke the Safeguarding Adults Procedure, using the Threshold for Intervention guidance as above.

6.16.3. Regardless of whether or not the decision is made to deal with the Hate Crime/Incident under the Safeguarding Adults Procedure, the victim should be encouraged and supported to report the incident to the Warwickshire Police Hate Crime Helpline on **0845 129 2221**.

For further information on Hate Crime and the Hate Crime Helpline, visit- [www.warwickshire.police.uk](http://www.warwickshire.police.uk)

### 6.16.4. Anti-Social Behaviour

The term 'anti-social behaviour' covers a wide range of incidents which can have a serious impact on the quality of life of individuals or communities who are subjected to it. Often the behaviour is persistent and escalates in intensity leading to increased feelings of isolation and despair in the victims. Vulnerable adults can be particularly susceptible to such behaviour, both because they are often the favoured targets of the abusers, and because their feelings of helplessness and victimisation may be more acute.



**6.16.5. Warwickshire Police response to Anti-Social Behaviour**

Warwickshire Police recognises the serious nature of anti-social behaviour and is determined to tackle it robustly and reduce its impact on our communities. Warwickshire Police staff receive awareness training regarding safeguarding vulnerable adults, and are being encouraged to refer any such issues internally to the Protecting Vulnerable People Referrals Desk. The Protecting Vulnerable People Referrals Desk scrutinise all these reports, including of anti-social behaviour towards vulnerable individuals, and liaise with partner agencies to ensure a holistic response. Local Investigation Teams will often be charged with the proactive investigation of such behaviour, in conjunction with the PVP desk, with a view to the arrest and prosecution of offenders. Officers are being encouraged to make systematic intelligence records of any safeguarding matters, labelling the logs with the term 'safeguarding' to ensure that a picture of vulnerability and of serial offenders is built upon.

6.16.6. Anti-Social behaviour affecting Vulnerable Adults should be viewed within the context of adult abuse. Each case should be assessed individually when deciding whether to invoke the Safeguarding Adults Procedure, using the Threshold for Intervention guidance as above. Where the Safeguarding Adults Procedures are used to address the harm or potential harm to Vulnerable Adult/s through anti-social behaviour, the Police should be notified of the concerns as a matter of course.

6.17.6. Where incidents of anti-social behaviour occur that affect Vulnerable Adult/s, but the threshold of significant harm is not met (see Threshold for Intervention guidance above), the individual/s concerned should be actively encouraged and supported to report their experiences to the Police.

## 6.17. Domestic Abuse & the MARAC

6.17.1. Warwickshire has adopted the definition of domestic abuse agreed by the Home Office Violent Crime Unit and the Association of Chief Police Officers. Domestic abuse is:-

“threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults (aged 18 or over) who are or have been intimate partners or are family members, regardless of gender or sexuality.”

6.17.2. Since April 2008, Warwickshire has established a monthly Multi-Agency Risk Assessment Conference (MARAC), led by Warwickshire Police, that facilitates information sharing and inter-agency cooperation in cases of Domestic Abuse that have assessed as High Risk.

The purpose of Multi Agency Risk Assessment Conferences (MARAC's) is to reduce repeat offending and increase the safety of domestic abuse victims and their children, at the same time improving the level of professional support they receive.

6.17.3 Domestic abuse affecting Vulnerable Adults should be seen within the context of adult abuse. Vulnerable Adults experiencing Domestic Abuse should continue to be referred into the Safeguarding Vulnerable Adults Procedure as the appropriate inter-agency management process to address the risk of abuse. The RSA will ensure adults in the Safeguarding Vulnerable Adults Process can access the usual range of Domestic Abuse services and protective measures. Where the case has also been assessed as high risk and referred to the MARAC, close liaison and coordination between the two processes will be required.

6.17.4. The MARAC will not be responsible or accountable for agency actions relating to the Safeguarding of Vulnerable Adults, or for the overall coordination and management of Vulnerable Adult safeguarding processes. When the case is referred to MARAC, the Responsible Safeguarding Agency (as laid out in this document) will retain the overall responsibility for coordinating and managing the Safeguarding Vulnerable Adults Procedure.

## 6.18 Forced Marriage & Honour-Based Violence

### 6.18.1 Forced Marriage

A Forced Marriage is a marriage in which one or both spouses do not (or, in the case of adults with a learning disability or cognitive impairment, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

### 6.18.2. Honour-based violence

The terms “honour crime” or “honour-based violence” or “izzat” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, confinement or imprisonment and murder, where the person is being punished by their family or their community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. This is often related to a woman’s sexual conduct- actual, suspected or potential. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonour” of the family.

6.18.3. Forced Marriage & Honour-Based Violence should be seen in the context of Domestic Abuse and, in the case of Vulnerable Adults, adult abuse.

6.18.4. Concerns of Forced Marriage and/or Honour-based violence involving Vulnerable Adults should be referred into and addressed via the Safeguarding Adults Procedure. The RSA should ensure that information is shared with relevant agencies at the earliest opportunity, that all relevant stakeholders are engaged (including local and national specialist support organisations if required), and ensure that the Safeguarding Adults inter-agency group has the membership or input from someone who has knowledge & experience of dealing with these issues.

6.18.5 Although there is no specific criminal offence in England & Wales of “forcing someone to marry”, criminal offences may nevertheless be committed. Perpetrators- usually parents or family members- could be prosecuted for offences including threatening behaviour, assault, kidnap, abduction, theft (of passport), threats to kill, imprisonment and murder. Sexual intercourse without consent is rape, regardless of whether this occurs within a marriage or not. Any concerns of criminality or suspected criminality must be reported to the Police.

6.18.6 The Government Forced Marriage Unit has produced Multi-Agency guidance to follow when addressing issues of forced marriage. The guidance does not replace the Warwickshire Safeguarding Vulnerable Adults Procedure, but must be used to inform the response made and the actions undertaken within the remit of the Safeguarding Adults Procedure.

Link to- [Multi-Agency Practice Guidelines: Handling cases of Forced Marriage](http://www.fco.gov.uk)  
(at [www.fco.gov.uk](http://www.fco.gov.uk))

6.18.7 There is also specific guidance if dealing with issues of forced marriage relating to people who have learning disabilities.

Link to- [Forced Marriage & Learning Disabilities: Multi-Agency Practice Guidelines.](#) (at [www.fco.gov.uk](http://www.fco.gov.uk))

6.18.8 The Forced Marriage Unit Guidance provides a comprehensive guide of steps to follow when dealing with Forced Marriage, but important to remember when addressing issues of Forced Marriage and/or Honour-based violence is:

- DO NOT go directly to, share information with, or use as an interpreter a relative, friend, neighbour, community leader or other with influence in the community- this will alert them to your enquiries and may place the adult at further risk.
- DO NOT attempt to give the person immigration advice. It is a criminal offence for any unqualified person to give this advice.

## 6.19 The Multi-Agency Public Protection Arrangements

6.19.1 The Multi Agency Public Protection Arrangements (MAPPA) in Warwickshire aim to ensure the public are protected from sex offenders and dangerous offenders. This is achieved through effective joint working, information sharing, and risk management among stakeholder agencies.

6.19.2. There is a legal duty on many statutory agencies to cooperate in the local MAPPA under the Criminal Justice Act 2003.

6.19.3 Responsible Safeguarding Agencies may not routinely be required to attend MAPPA Level 2 & 3 meetings (although noting that Mental Health Services do routinely attend). However, Responsible Safeguarding Agencies be invited and required to attend when:

- the subject of the MAPPA meeting is a Vulnerable Adult, user or potential user of Social Care services (e.g. a person with mental health needs, learning disabilities, physical disabilities, or an older person), *and/or*,
- the subject of the MAPPA meeting presents a risk to Vulnerable Adults, users or potential users of Social Care services

6.19.4. The Safeguarding Adults Procedure can be run alongside the MAPPA process. Ensuring effective information sharing and liaison between the two processes is the responsibility of the designated Safeguarding Manager.

## **6.20 Protocol for Inter-Authority Safeguarding Adults Investigations**

6.20.1 When Safeguarding Adults concerns arise relating to Vulnerable Adults funded by Warwickshire but who are placed in other areas, or relating to individuals placed within Warwickshire who are funded by other Local Authorities or agencies, responsibilities and actions of Warwickshire Adult Social Care will be governed by the "Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse" agreed by the Association for Directors of Social Services in February 2004.

6.20.2. The full Protocol is included in Appendix B.

## **6.21 Allegations of historic abuse.**

### **6.21.1. Allegations of historic abuse experienced when the person was a child (under 18 years old)**

Circumstances can arise where a Vulnerable Adult may make a disclosure of, or information is obtained which gives rise to concerns of, historic abuse alleged to have taken place when the Vulnerable Adult was a child or young person aged under 18. When such concerns arise, they should be responded to in the same way as contemporary child protection concerns, and be reported without delay to the Children's Social Services Department in the Local Authority area where the abuse is alleged to have taken place. If the concerns suggest a criminal offence may have occurred, the concerns should also be reported to the Police in the area the criminal offences are thought to have taken place.

Due consideration should also be given to notifying persons and agencies involved in the person's care at the current time, particularly where the historic disclosures may affect that person's current support needs.

### **6.21.2. Allegations of historic abuse experienced when the person was an adult (18 years old and over)**

Similarly, circumstances can arise where a Vulnerable Adult may make a disclosure of, or information is obtained which gives rise to concerns of, abuse of a historic nature that is alleged to have taken place when the Vulnerable Adult was 18 years old or over. When such concerns arise, they should be responded to in the same way as contemporary adult protection concerns, and be reported without delay to the relevant Adult Service department in the Local Authority area where the abuse is alleged to have taken place. If the concerns suggest a criminal offence may have occurred, the concerns should also be reported to the Police in the area the criminal offences are thought to have taken place.

Roles and responsibilities of the Local Authority where the abuse is alleged to have occurred ("Host Authority"), and agencies that have ongoing funding / commissioning responsibilities ("Placing Authority") are detailed in the 2004 ADSS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse.

Due consideration should also be given to notifying persons and agencies involved in the person's care at the current time, particularly where the historic disclosures may affect that person's current support needs.

## 6.22 Whistle blowing & the Public Interest Disclosure Act

- 6.22.1. Occasions can arise where members of staff within an organisation may be the first people to realise that an issue of abuse is taking place, and that an internal colleague or service may be responsible for or be implicated in the abuse.
- 6.22.2. Reporting concerns taking place within your own organisation (for example, the abusive or neglectful practices of a colleague) is generally referred to as “whistle blowing”, and it can be a daunting prospect. People can feel that speaking up would be disloyal to their colleagues or to their organisation, and may fear harassment or victimisation or some other impact on their future careers.
- 6.22.3. However, in these circumstances, it is important to remember the safety and wellbeing of the person being abuse or neglected is paramount, and members of staff do still have a duty to report any issues of abuse or neglect, no matter who the perpetrator is.
- 6.22.4. Concerns raised by whistle blowers should be taken seriously, and should be reported in and dealt with under the Safeguarding Adults Procedures in the same way as any other referral where the concerns indicate risk of harm to Vulnerable Adults through abuse or neglect. It is worth noting that serious and widespread abusive practices in organisations and institutions have been uncovered as a result of concerns raised by whistle blowers, for example, the Ely Hospital Inquiry in 1969 and the Longcare Inquiry in Buckinghamshire in 1998.
- 6.22.5. The Public Interest Disclosure Act 1998 provides a framework of legal protection for individuals who disclose information so as to expose malpractice and matters of similar concern, including abusive or neglectful practice. The Act provides specific protection in certain circumstances, but in summary, it protects whistleblowers from victimisation and dismissal where the whistle blower has reasonable belief that misconduct or malpractice is taking place, and reports these matters in good faith.
- 6.22.6. While agencies involved in the Safeguarding Vulnerable Adults process will not have a specific duty of care (other than duty of confidentiality) to people who whistle blow and report concerns (unless the whistle blower is a member of their own organisation), it is nevertheless good practice to make people who whistle blow aware of the protection the Public Interest Disclosure Act affords. Agencies should signpost people who whistle blow towards their own organisational whistle blowing policies, or to organisations that may be able to support them, for example, the Citizens Advice Bureau.



## 6.23 Serious Case Review (SCR)

6.23.1. Serious Case Review is a measure used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect. The purpose of the Serious Case Review is not to apportion blame, but to learn from situations that have happened, and to use the learning as a basis for recommendations for improvement.

6.23.2. There is no legal framework for adult SCRs, though the establishment of local arrangements to examine serious cases is identified as a national best practice standard (*Safeguarding Adults*, ADSS, 2005). The Warwickshire Safeguarding Adults Partnership has an agreed Policy & Procedure to guide Serious Case Review activity – the Warwickshire Inter-Agency Safeguarding Adults Serious Case Review Policy & Procedure. A full copy of the document is available at [www.warwickshire.gov.uk/safeguardingadults](http://www.warwickshire.gov.uk/safeguardingadults) .

6.23.3 The purpose of having a case review under this Warwickshire SCR policy is to:

- Establish whether there are lessons to be learnt from the circumstances of the case in particular about the way in which local professionals and agencies work together to safeguard vulnerable adults.
- Identify clearly what those lessons are and how they will be acted upon and what is expected to change as a result.
- Inform and improve local inter-agency practice and better safeguard vulnerable adults.
- Review the effectiveness of procedures and any compliance issues (Both multi-agency and those of individual organisations).
- Improve practice by acting on learning (developing best practice).
- Prepare or commission an overview report, which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action.

6.23.4. Formal referrals for Serious Case Review should be made to the Chair of the Warwickshire Safeguarding Adults Board. Address and referral form contained within the full Warwickshire Inter-Agency Safeguarding Adults Serious Case Review Policy & Procedure.

## 6.24 Complaints

### 6.24.1. Complaints about the implementation of the Safeguarding Adults Process.

Complaints about how the Safeguarding Adults Procedure has (or has not) been implemented will be dealt with by the lead agency responsible for the coordination and management of the Safeguarding Adults Procedures in the particular case (the Responsible Safeguarding Agency- see Section 6.9.3.).

#### **Procedure for resolving complaints.**

If you are unhappy about the way agencies have used the Safeguarding Adults Procedures, or if you are unhappy about decisions made under the Safeguarding Adults Procedures, you should contact the agency or professionals involved in the case (for example, the social worker involved) who will try to answer your concerns and, where they are able, resolve the issues raised.

If you prefer not to contact agencies or professionals involved, or if you remain dissatisfied with the response received, formal complaints should be made to:

#### **The Customer Relations Team**

PO Box 9  
Shire Hall  
Warwick  
CV34 4RR  
Tel: 01926 414102  
Fax: :01926 736374  
e-mail: [feedback@warwickshire.gov.uk](mailto:feedback@warwickshire.gov.uk)

The Customer Relations Team will review the complaint, and either deal with the complaint under the Local Authority Complaints procedure (where the Responsible Safeguarding Agency in the case is Warwickshire County Council Adult Social Care), or pass the complaint to the NHS Complaints Procedure (where the Responsible Safeguarding Agency is the Coventry & Warwickshire NHS Partnership Trust). In some circumstances, particularly if the complaint overlaps agency responses, a joint NHS / WCC complaint response may be required, with either the NHS or WCC taking the lead by agreement.

### 6.24.2 Complaints about services provided by individual agencies.

In addition, representations and complaints may be received by individual agencies in respect of services provided (or not provided) as a consequence of assessments and input provided by the agency as part of a response to a Safeguarding Adults concern. Such representations and complaints should be responded to by the relevant agency in accordance with its own processes for responding to such matters.

**6.24.3 Policy Representations.**

Formal representations about the written Safeguarding Adults Policy & Procedures (as separate to the implementation of the Policy & Procedures), or representations regarding the operation of the local Safeguarding Adults Partnership & Board should be made in writing to the Chair of the Warwickshire Safeguarding Adults Board at the below address. The Chair will determine an appropriate response for the representation (e.g. dissatisfaction with an element of written Policy may be referred for response to the Policy and Procedure Subgroup), and will communicate this to the person making the representation.

c/o Chair of the Warwickshire Safeguarding Adults Partnership Board,  
Strategic Director for Adult, Health & Community Services,  
Warwickshire County Council,  
Building 2,  
Saltisford Office Park,  
Ansell Way,  
Warwick.  
CV34 4UL.

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**Warwickshire Inter-Agency  
Safeguarding Vulnerable Adults  
Policy & Procedure**

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**Section 7-  
Appendices**

## **Section 7 - Appendices**

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## Appendix A -

Guidance and Criteria for the  
use of the IMCA Service in Adult Protection Cases.

# GUIDANCE & CRITERIA FOR THE USE OF THE IMCA SERVICE IN ADULT PROTECTION CASES

## SOLIHULL & WARWICKSHIRE

### 1. Background

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

The Act introduces several new roles, bodies and powers, all of which support the Act's provisions. One of these is the Independent Mental Capacity Advocacy (IMCA) Service, which introduces the role of the Independent Mental Capacity Advocate (IMCA).

The IMCA Service is intended to support and represent people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends whom it would be appropriate to consult about those decisions.

The IMCA Service can also be instructed in vulnerable adult protection cases if the local authority or NHS body is satisfied that it would be of particular benefit to the person to do so.

In vulnerable adult protection cases only, access to IMCAs is **not restricted** to people who have no one else to support or represent them. **Therefore, if the eligibility conditions (below) are met, the local authority and the NHS will consider whether an IMCA should be instructed, even though the person who lacks capacity has got family and friends.**

The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity, and represent their views to those who are working to determine their best interests.

### 2. Traditional Advocacy Services

In many cases, a person will be best served by having a traditional advocacy service rather than an IMCA. Traditional advocacy services are able to represent the person's best interests, and are able to cover a wide range of issues without strict time limits on their involvement. When a conflict of opinion among decision makers arises, all efforts should be made to mediate and reach a shared consensus before referral to the IMCA service is made.



### 3. The Eligibility Conditions

In relation to vulnerable adult protection cases, the Regulations specify that Local Authorities and the NHS have powers to instruct an IMCA if the following requirements are met:

- Where protective measures are being put in place in relation to the protection of vulnerable adults from abuse; and
- Where the person lacks capacity.

The regulations equally apply to a person:

- Who may have been abused by another person,
- Who has been neglected by another person,
- Who is alleged to be the abuser.

Where these qualifying conditions are met, the Local Authority or the NHS (i.e. the responsible body) have a legal duty to consider whether to instruct an IMCA. It would be unlawful for the Local Authority or the NHS not to consider the exercise of their power to instruct an IMCA for adult protection cases.

### 4. The Local Criteria

The following criteria have been adopted to identify persons who will particularly benefit from the support of an IMCA.

When a person who meets the eligibility conditions, a referral to the IMCA service will be made if:

- The person is at serious exposure to risk
  - of death,
  - of serious physical injury or illness, or
  - of serious deterioration in physical or mental health

*and,*

- Where a life-changing decision is involved (e.g. change of accommodation),

*and,*

- Where there is an ongoing conflict of views between decision makers, including family or friends, regarding the best interests of the person, and there is reasonable belief that family and friends do not have the person's best interests at heart.

### **When a referral to an IMCA is made:**

- The referral must be decision specific. If generalised advocacy support is required, a referral should be made to traditional advocacy services.
- The decision-maker must be satisfied that having an IMCA will be of particular benefit to the person who lacks capacity.
- The decision-maker must also follow the best interests checklist, including getting the views of anyone engaged in caring for a person when assessing their best interests, and
- The decision-maker must consider the IMCA's report and related information when making a decision.
- When the relevant decision has been made, the decision maker will inform the IMCA within 24 hours of making the decision.

### **5. When in the process should an IMCA become involved?**

In every case where the local multi-agency procedures for the protection of vulnerable adults are invoked, consideration should be given to whether the person concerned meets the eligibility conditions criteria for instructing an IMCA. If they do, a decision will then be made whether the person meets the local criteria and should be referred to an IMCA. A record should be made of the decisions and the reasons.

Consideration should be given at the initial and all subsequent planning meetings as to the most appropriate time to instruct an IMCA in vulnerable adult protection cases. This will be dependent on the decisions to be made and the risks to those involved. In some cases it will be appropriate to involve an IMCA at the Initial Planning Meeting/Discussion stage. The criteria could be met at this stage where the wishes/decisions made by the individual would have a significant impact on the investigative process or where actions need to be taken to safeguard the individual prior to further investigation taking place. A record should be made of the decisions and the reasons.

In other cases, it may be more appropriate for an IMCA to become involved at the vulnerable adult protection case conference/planning meeting stage so that they can provide input into the protection plan. This would be more appropriate in cases where decisions need to be made as a result of findings of the investigation. A record should be made of the decisions and the reasons.

**In all circumstances, the safety and wellbeing of the vulnerable adult is paramount. Referral and involvement of the IMCA in adult protection situations should not delay any actions that are necessary to protect vulnerable adults from immediate risk of harm.**

Where an IMCA has been involved at any stage of the vulnerable adult protection process, they should be invited to attend vulnerable adult protection meetings, as appropriate, including any subsequent reviews. The involvement of the IMCA should be reviewed once the specific decisions that prompted the referral have been resolved.

In those cases involving Lasting Powers of Attorney, where there is reasonable belief that the person holding the LPA is not acting in the best interests of the person lacking capacity, an application should be made to the Court of Protection for either a best interest decision or to displace the LPA **before** an IMCA is considered.

Guidance and Criteria 21/11/2007 authored by:

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This document will be reviewed by MCA implementation groups in respective authorities and at IMCA contract monitoring meetings.

## Appendix B -

### ADSS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse.

(Taken from the ADASS website [www.adass.org.uk](http://www.adass.org.uk))

## **ADSS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse**

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

### **1. Introduction**

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

### **2. Aims**

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

This protocol should be read in conjunction with Section 3.8 of '*No Secrets*' (DoH 2000) and LAC (93) 7 *Ordinary Residence*- Which 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. Principles**

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

#### **4. Responsibilities of Host Authorities**

- 4.1. The authority where the abuse occurred should always take the initial lead on 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 took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.
- 4.4. The Commission for Social Care Inspection should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance 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. Provider agencies should have in place suitable adult protection procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority.
- 6.2. Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and/ or the Commission for Social Care Inspection in accordance with local inter-agency policy and procedures.
- 6.3. Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CSCI area office of any allegations of abuse or any other significant incidents.
- 6.4. Provider agencies who have services registered in more than one local authority area will defer to the CSCI area office relevant to the area in which the abuse took place.

*(Document ends)*

## Appendix C -

Schedule 15 of the 2010 Section 75 Agreement-  
The “Safeguarding” Schedule.



# Schedule 15

## Safeguarding

### 1. Introduction

Both Partners are signatories to the Multi-Agency Memorandum of Understanding & Terms of Reference for the Warwickshire Safeguarding Adults Partnership and Board and members of The Warwickshire Safeguarding Adults Partnership. The prime consideration of the operation of The Warwickshire Safeguarding Adults Partnership is to fulfil multi-agency responsibilities in relation to the protection of Vulnerable Adults from abuse and neglect in line with the requirements made in national policy and guidance.

The Warwickshire Safeguarding Adults Partnership operates within the definitions laid out within the Warwickshire Multi-Agency Policy and Procedure for the Protection of Vulnerable Adults available at

[www.warwickshire.gov.uk/safeguardingadults](http://www.warwickshire.gov.uk/safeguardingadults)

### 2. Council Responsibilities

2.1 The local authority responsibilities retained by the Council are:-

- Leading the strategic interagency management arrangements to Safeguard Vulnerable Adults from abuse.
- Undertaking Responsible Safeguarding Agency responsibilities for Vulnerable Adults not covered by this schedule or any other arrangements.
- Undertaking Responsible Safeguarding Agency responsibilities for service-related Safeguarding Adults referrals & concerns (i.e. where the abuse related risk relates to a safety or quality of care issue within a social care provider service).

### 3. Trust responsibilities in relation to the integrated service

3.1 The local authority responsibilities undertaken by the Trust in relation to Safeguarding Adults are:-

3.2 In relation to Adult Mental Health,  
Undertaking Responsible Safeguarding Agency responsibilities for adults from 18-65 who have a mental health need and whose independence and wellbeing is at risk due to abuse.

### 3.3 In relation to Community Mental Health Teams for Older People

Undertaking Responsible Safeguarding Agency responsibilities for adults over 65 who have a mental health need and whose independence and wellbeing is at risk due to abuse, and where the adult is subject of an open case to a Community Mental Health Team for Older People.

### 3.4 This responsibility includes:

- Ensuring the procedure laid out in the Warwickshire Inter-Agency Safeguarding Vulnerable Adults Policy & Procedure is implemented and followed.
- Ensuring effective multi-agency working and information sharing is carried out.
- Ensuring & checking that Partner agencies follow through agreed actions.
- Keeping full records of the Safeguarding Adults process and outcomes in line with their internal agency record-keeping processes.
- Reporting aggregate data on the incidence and profile of Safeguarding Adults activity to the Warwickshire Safeguarding Adults Board in line with local and national reporting requirements.
- Undertaking appropriate case file audit & quality assurance exercises, and reporting outcomes & recommendations to the Warwickshire Safeguarding Adults Board or nominated Warwickshire Safeguarding Adults board subgroup.

3.5 The Trust, with the assistance of the Council's Social Care Coordinator will produce an operational policy that details how the Responsible Safeguarding Authority responsibilities will be allocated and discharged within the integrated service.

## 4. **Monitoring data to be provided to the Warwickshire Adults Safeguarding Board**

4.1 Aggregate data on the incidence and profile of Safeguarding Adults activity within mental health services will be provided to the Warwickshire

Safeguarding Adults Board via the County Council Performance & information team at least annually.

- 4.2 The data must cover as a minimum the requirements of the DoH Information Centre Abuse of Vulnerable Adults (AVA) dataset. Returns of the AVA dataset to the Information Centre will be mandatory from 2010-11.
- 4.3 This will be provided by the Trust to the Council from the commencement of the Agreement. A paper based notification form has been developed by the Partners and will be used by staff in the integrated service. These forms will be sent to the Council on a case by case basis and the Council will aggregate the information. The detailed process will be developed by the Partners and included in the Joint operational procedures too be developed.
5. The Council will continue to assist in the provision of training to the Trust to assist in managing safeguarding responsibilities outlined in this schedule and work on the training requirements and its provision is to be undertaken in conjunction with the work outlined in clause 2.5 of this schedule.

*[Schedule ends]*

## Appendix D -

### Safeguarding Adults Strategy Meeting Templates

- Strategy Meeting Template
- Update Strategy Meeting Template
- Review Meeting Template
- Agreed Actions & Safeguarding Plan Template

# **CONFIDENTIAL**

## **SAFEGUARDING ADULTS ASSESSMENT STRATEGY MEETING**

(DATE)  
(VENUE)  
RE. (Name of  
V.Adult/s or service)

### **AGENDA**

This meeting is held under the remit of the Warwickshire Inter-Agency Safeguarding Vulnerable Adults Policy and Procedure.

#### **Purpose of the meeting:-**

- To enable key stakeholders to provide relevant information regarding the safeguarding concerns, and to establish the facts
- To plan the Safeguarding Assessment jointly - i.e. what types of investigation or assessment are required and who will be responsible for carrying them out
- To formulate an interim safeguarding plan to ensure the safety of the individual/s, and what support will be made available to the individual/s during the Safeguarding Assessment

#### **Apologies & Introductions.**

- 1 Confidentiality & Information Sharing**
- 2 Minutes of Previous Meeting (if applicable)
- 3 Matters Arising
- 4 Example of agenda item – Chronology of events
- 5 Example of agenda item – Feedback from stakeholders
- 6 Example of agenda item – Capacity assessments
- 7 Consideration of criteria for referral to IMCA**
- 8 Interim Safeguarding Plan**
- 9 Communication plan**
- 10 Date/arrangements for further meeting**
- 11 AOB**

#### **FINISH**

(GUIDANCE NOTE-Agenda items in bold- items to include in all strategy meetings, items not in bold- examples)

Government Marking Scheme: **PROTECT** or **RESTRICTED** *[Delete as appropriate]*

## **CONFIDENTIAL**

# **SAFEGUARDING ADULTS UPDATE ASSESSMENT STRATEGY MEETING**

(DATE)  
(VENUE)  
RE. (Name of  
V.Adult/s or service)

## **AGENDA**

This meeting is held under the remit of the Warwickshire Inter-Agency Safeguarding Vulnerable Adults Policy and Procedure.

### **Purpose of the meeting:-**

- **To feedback outcomes from the Safeguarding Assessment and to identify the ongoing level of risk to the person/s concerned**
- **To plan jointly any further assessment/investigations required**
- **To formulate the safeguarding plan to prevent further abuse and/or minimise risk (including timescales for Review of Plan)**

### **Apologies & Introductions.**

- 1 Confidentiality & Information Sharing**
- 2 Minutes of previous Safeguarding Assessment Strategy Meeting (if applicable)**
- 3 Matters Arising**
- 4 Example of agenda item – Feedback of outcomes from Safeguarding Assessments/investigations
- 5 Example of agenda item – Events since last meeting
- 6 Example of agenda item – Further assessments required
- 7 Consideration of criteria for referral to IMCA**
- 8 Safeguarding Plan**
- 9 Communication plan**
- 10 Date/arrangements for further meeting, or review meeting**
- 11 AOB**

### **FINISH**

(GUIDANCE NOTE-Agenda items in bold- items to include in all strategy meetings, items not in bold- examples)

Government Marking Scheme: **PROTECT** or **RESTRICTED** *[Delete as appropriate]*

# **CONFIDENTIAL**

## **SAFEGUARDING ADULTS REVIEW MEETING**

(DATE)  
(VENUE)  
RE. (Name of  
V.Adult/s or service)

### **AGENDA**

This meeting is held under the remit of the Warwickshire Inter-Agency Safeguarding Vulnerable Adults Policy and Procedure.

#### **Purpose of the meeting:-**

- To establish any changes in circumstances or further concerns which may affect the Safeguarding Plan,
- To evaluate the effectiveness of the Safeguarding Plan,
- To evaluate through appropriate risk assessment whether there remains a risk of abuse or neglect to the individual/s that is appropriate to remain under the Safeguarding Adults procedure (or whether to discharge the procedure),
- To make required changes to the Safeguarding Plan and set a further review date.

#### **Apologies & Introductions.**

- 1 Confidentiality & Information Sharing**
- 2 Minutes of Previous Meeting (if applicable)**
- 3 Matters Arising**
- 4 Example of agenda item – Feedback from stakeholders re. the Safeguarding plan.
- 5 Example of agenda item – Changes in circumstance/ new information.
- 6 Example of agenda item – Risk assessment.
- 7 Consideration of criteria for referral to IMCA**
- 8 Updates to Safeguarding Plan**
- 9 Communication plan**
- 10 Date/arrangements for further meeting (if applicable)**
- 11 AOB**

#### **FINISH**

(GUIDANCE NOTE-Agenda items in bold- items to include in all strategy meetings, items not in bold- examples)

Government Marking Scheme: PROTECT or RESTRICTED [Delete as appropriate]



**STRICTLY CONFIDENTIAL - SAFEGUARDING ADULTS**

**Agreed Actions & Safeguarding Plan** – to be completed at Safeguarding Adults meetings where possible

Name of Adult at risk, or service :	Reference Number (e.g. Carefirst/EPEX):		Date:	
Action	Person Responsible	Target Date For Action	Date Achieved	Review Date

Government Marking Scheme: **PROTECT or RESTRICTED** [*Delete as appropriate*]

**STRICTLY CONFIDENTIAL** - **SAFEGUARDING ADULTS**

Name of Adult at risk, or service:	Reference Number (e.g. Carefirst/EPEX):		Date:	
Action	Person Responsible	Target Date For Action	Date Achieved	Review Date

Government Marking Scheme: **PROTECT** or **RESTRICTED** /Delete as appropriate/

Signature of person / persons completing this plan:

Print Name _____	Signature _____	Organisation _____	Date _____
Print Name _____	Signature _____	Organisation _____	Date _____
Print Name _____	Signature _____	Organisation _____	Date _____
Print Name _____	Signature _____	Organisation _____	Date _____
Print Name _____	Signature _____	Organisation _____	Date _____
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Print Name _____	Signature _____	Organisation _____	Date _____
Print Name _____	Signature _____	Organisation _____	Date _____
Print Name _____	Signature _____	Organisation _____	Date _____
Print Name _____	Signature _____	Organisation _____	Date _____

Signature of Safeguarding Manager/Chair of meeting, and Comments (if applicable)

Name \_\_\_\_\_ Team \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Government Marking Scheme: \_\_\_\_\_ **PROTECT** or **RESTRICTED** /Delete as appropriate/ \_\_\_\_\_