



# **Waltham Forest Safeguarding Adults Policy and Procedure**

**Revised on May 2008**

LBWF Safeguarding Adults Team

**Safeguarding Adults Service Manager  
Diane Collings  
Adult Protection Officer**

**Tel: 020 8496 3459/ 3497**

**Fax: 020 8496 6916**

**Email: [safeadults@walthamforest.gov.uk](mailto:safeadults@walthamforest.gov.uk)**

**Adults Social Care and Health Services**

**Silver Birch House  
Uplands Business Park  
Blackhorse Lane  
Walthamstow  
London E17 5SD**

# Contents

- FOREWORD .....1**
- INTRODUCTION .....2**
- Safeguarding Adults Policy and Procedure.....2
- SECTION 1 – POLICY BACKGROUND.....3**
- 1.0 Definition of Vulnerable Adults .....4
- 1.1 Definitions of abuse .....4
- 1.2 Types of Abuse.....4
- 1.3 Confidentiality .....5
- SECTION 2 - RESPONDING TO ABUSE .....7**
- 2.0 Duty to report allegation or suspected abuse.....7
- 2.1 Incidents of abuse in Care Provider Services .....7
- 2.2 Ensuring Immediate Safety .....7
- 2.3 Recording .....8
- 2.4 Duty Social Work/ Care Management Teams .....11
- 2.5 Screening Process–Roles and responsibilities .....11
- 2.6 Stage 1 - Screening Process.....11
- 2.7 Stage 2 - Strategy Meeting.....15
- 2.8 Multi Agency Case Conference .....16
- SECTION 3 – PRACTICE GUIDANCE.....17**
- 3.0 Investigation & Report Writing .....17
- 3.1 Out of Borough Placements .....20
- 3.2 Un-cooperative Vulnerable Adults.....20
- 3.3 Financial Abuse .....23
- 3.4 Poor Practice .....24
- 3.5 Serious Case Review .....24
- SECTION 4 – LEGISLATIVE FRAMEWORK.....26**
- 4.1 The Mental Capacity Act 2005 and IMCA Services .....26
- 4.2 Deprivation of Liberty Safeguards .....28
- SECTION 5 - STATUTORY PROVISIONS.....29**
- 5.0 Adult Social Care & Health Services .....29
- 5.1 Social Services & NELMHT out of hours services .....29
- 5.2 Community Learning Disability Partnership .....30
- 5.3 North East London Mental Health Trust (NELMHT).....30
- 5.4 Hospital settings .....31

|   |                                |           |
|---|--------------------------------|-----------|
| 5.5   | Primary Care Trust (PCT) ..... | 31        |
| 5.6   | The Police.....                | 31        |
| 5.7   | Complaints Procedure.....      | 32        |
| <b>SECTION 6 - APPENDICES.....</b>  |                                | <b>33</b> |
| Appendix 1 – (SA1) Safeguarding Adults Incident Referral .....  |                                | 33        |
| Appendix 2 – (SA2) Safeguarding Strategy Meeting .....  |                                | 36        |
| Appendix 3 – (SA3) Safeguarding Multi-Agency Case Conference.....                                     |                                | 37        |
| Appendix 4 – (SA4) – S A Investigators Report Template .....  |                                | 38        |
| Appendix 5 - Adults Health & Social Care Teams.....   |                                | 39        |
| Appendix 6 - Third Party Police Referral .....  |                                | 40        |
| Appendix 7 - Guidance Protection of Vulnerable Adults (PoVA) List Referral.....                       |                                | 43        |
| Appendix 8 - Protocol for Inter-Authority Investigation of Safeguarding Adults (ADASS) Guidance ..... |                                | 52        |
| Appendix 9 - Waltham Forest Serious Case Review Process .....   |                                | 53        |
| Appendix 10 - Useful Contacts.....  |                                | 59        |

## Foreword

I am delighted to endorse our Safeguarding Adults Policy and Procedure. The revised Policy has adopted National Framework for Safeguarding Adults of standards for good practice and outcomes in adult protection work.

This is a good example of partnership working with our Health colleagues, the Police, the Voluntary and Independent sector providers.

Safeguarding adults is a high priority for this Council and this Policy reflects our commitment and demonstrates our joint approach to safeguarding adults.

The Safeguarding Adults Team with the introduction of the revised Policy will support us all in protecting and safeguarding vulnerable adults.

Cllr Phillips, Lead Member for Health, Adults & Older People

# Introduction

## **Safeguarding Adults Policy and Procedure**

I am very pleased to formally introduce our revised Safeguarding Policy & Procedure in line with “No secrets” guidance (issued by Department of Health [DH] 2000) and more recent ministerial guidance “Dignity in Care” by Ivan Lewis MP, Minister for Care Services.

Safeguarding Adults is a key priority for Adult Social Care and Health Services. As the lead agency in Safeguarding Adults, I am pleased to say we have created a Safeguarding Adults Team to reflect increasing demand in this important area of work. We are keen to draw on the expertise of our “Partner” agencies working with vulnerable adults.

Joint training and partnership working with all partners and the community is essential in preventing abuse. Our aim is to raise awareness around adult abuse in the community and work with that community to keep all adults safe whether they are in residential care or their own homes.

The Safeguarding Adults Policy & Procedure was developed in consultation with all Partner Agencies, through the Safeguarding Adults Board (SAB) and Safeguarding Adults Working Group (SAWG).

The organisations represented include the Primary Care Trust (PCT), Whipps Cross University NHS Hospital Trust, North East London Mental Health Trust (NELMHT), Metropolitan Police and Independent & Voluntary Sector Providers, and Redbridge & Waltham Forest Learning Disability Partnership.

The Safeguarding Policy reflects a partnership approach to safeguarding adults so that the most vulnerable in our community are protected. It provides a consistent and seamless approach.

The Safeguarding Adults Board will review the Policy annually, however, if you have any suggestions on how the document could be improved, please contact: Safeguarding Adults Manager, Silver Birch House, Upland Business Park E17 5SD. Tel: 020 8496 3497 Fax: 020 8496 3658  
E-mail: [safeadults@walthamforest.gov.uk](mailto:safeadults@walthamforest.gov.uk)



**Sandra Howard**  
**Chair, Safeguarding Adults Board**  
**(Head of Adults Social Care and Health Services)**

## Section 1 – Policy Background

In April 2005, the first Waltham Forest Safeguarding Adults Policy was implemented. The Safeguarding Adults Policy's aim was to protect vulnerable adults from abuse. In November 2006, the Association of Directors of Social Services (ADSS) issued guidelines to local authorities to change the name and emphasis of the 'Protection of Vulnerable Adults Policy' to 'Safeguarding Adults'. The revised Waltham Forest Safeguarding Adults Policy continues to reflect the high priority agencies within the borough give to the prevention of abuse of vulnerable adults, and the need for a consistent and effective approach to any circumstances that give grounds for concern.

In October 2006 changes within London Borough of Waltham Forest placed Safeguarding Adults within the Improvement and Efficiencies Service. In January 2007 guidelines issued by Care Quality Commission (CQC) and ADSS best practice guidance recommended that local authorities change the term Protection of Vulnerable adults to Safeguarding Adults, to cover a wider aspect of protection of adults locally. London Borough of Waltham Forest officially adopted term Safeguarding Adults from March 2007

The Waltham Forest Safeguarding Adults Policy has been adopted by the following; Waltham Forest Adult and Community Services, Waltham Forest Primary Care Trust, Metropolitan Police, Whipps Cross University Hospital NHS Trust, North East London Mental Health Trust, Redbridge & Waltham Forest Learning Disability Partnership and Waltham Forest Age Concern.

A Safeguarding Adults Board, consisting of multi-agency Senior Managers has been established in Waltham Forest. The Safeguarding Adults Board forms the steering group for protection of vulnerable adults in the Borough. The Board has members from all statutory agencies listed above and others involved with vulnerable adults.

The aim of the Board is to achieve excellent inter-agency working by agreeing and determining Policy, coordinating activity between agencies, facilitating joint training and monitoring and reviewing progress.

## 1.0 Definition of Vulnerable Adults

**A Vulnerable Adult** is a person who is aged 18 years or over “who is, or may be, in need of community care services by reason of Mental Health, Disability, or other chronic illness; **and** who is or may be unable to take care of him/herself or unable to protect him / herself against significant harm or exploitation’

The term ‘community care services’ includes all care services provided in any setting or context, by any agency. This includes statutory, voluntary and independent organisations in health and social care, including hospitals, housing agencies and advice agencies (DH “No Secrets “).

**A vulnerable adult may be a person who:**

- Is elderly and frail
- Has a mental health needs including dementia or a Personality Disorder
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Misuses substance
- Is homeless
- Lacks Mental Capacity

## 1.1 Definitions of abuse

**Definition of abuse:** A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a vulnerable adult (DH “No Secrets”).

## 1.2 Types of Abuse

Abuse may consist of a single act or repeated acts and the following main forms of abuse have been identified: -

### **Physical Abuse**

This includes hitting, slapping, kicking, misuse of medication, restraint or inappropriate sanctions. Physical abuse includes the non-accidental infliction of physical force that results in bodily injury, pain or impairment.

### **Sexual Abuse**

Sexual abuse includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent, or was pressured into consenting. Also this includes the involvement of a vulnerable adult in sexual activity or relationships, which they cannot understand, or have been coerced into because the other person is in a position of trust, power or authority.

### **Psychological Abuse**

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

Psychological abuse is behaviour that has a harmful effect on the vulnerable adult's emotional health and development.

### **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.

### **Neglect or Acts of Omission**

This includes 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. This form of abuse may arise in cases where the carer is also a vulnerable adult. It is then important to respond in such a way to ensure that the carer's needs are addressed also.

### **Discriminatory Abuse**

This includes racist, sexist behaviour and harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability, and other forms of harassment, slurs or similar treatment.

### **Institutional Abuse**

Institutional abuse is the mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution. It can be through repeated acts of poor or inadequate care and neglect or poor practice.

## **1.3 Confidentiality**

Where information, or a referral, comes from a third party who wishes to remain anonymous, or wishes for their identity to remain confidential, that wish is to be respected so far as possible. However every effort should be made to encourage referrers to identify themselves so that they can be contacted, as necessary, as the investigation progresses. This is particularly important if the referrer is providing evidence relating to a possible, or alleged, crime. Each agency is bound by its own regulations on confidentiality of client information. These differences need to be openly acknowledged, and taken into account, where multi agency work is taking place.

- Information must only be shared on a need to know basis when it is in the best interests of the service user;
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained when a vulnerable adult has capacity, but it may be necessary to override the requirement and workers should discuss any issues around information sharing with their line managers and advise the vulnerable adult that professionals will hold this discussion in the vulnerable adult's best interest.
- When there is a lack of mental capacity, IMCA service considered.

It is inappropriate for agencies to give assurance of absolute confidentiality where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.

## Section 2 - Responding to Abuse

This section covers the key stages of reporting allegations of abuse, the risk assessment, investigation and Safeguarding Adults Protection Plan.

The flowchart overleaf describes the range of tasks, which should be covered at each stage of the investigation, and identifies points at which conclusions should be reached, and decisions made which will be used by staff with a duty to lead and co-ordinate investigations.

### **2.0 Duty to report allegation or suspected abuse**

All staff working for Waltham Forest, partner agencies and providers of health and social care in the borough have a duty to report any allegations, suspicion of abuse or potential risk of abuse to their line manager or to the responsible person or the agency without delay.

If the line manager is implicated, there is a risk of collusion, or the manager is not taking the allegation seriously, then the matter should be reported to his/her line manager. In the case of no manager being available to report to, they should contact the duty social work manager in the relevant team, e.g. Access and Assessment team, Learning Disability Partnership Team, Community Mental Health Team or Safeguarding Adults Team for advice.

### **2.1 Incident of abuse in Care Provider Services**

In relation to abuse incidents in services regulated under the Care Standards Act 2000, it is the expectation of the Care Quality Commission (CQC) that notifications of actual or suspected abuse are made both to the Safeguarding Team and to the CQC in accordance with relevant Regulations.

A joint decision will be made on the basis of information received to determine the appropriate agency or agencies to conduct any preliminary investigation required prior to a strategy meeting. The strategy meeting itself will further identify the appropriate agency or agencies to conclude any investigation.

The Care Quality Commission will lead on undertaking enquiries into matters concerning potential breaches of Regulations under the Care Standards Act 2000.

### **2.2 Ensuring Immediate Safety**

If the victim is in immediate danger or in need of urgent medical attention, action should be taken to ensure their safety and well-being. For example, contacting Police or the Ambulance Service by dialling 999 or seeking alternative accommodation and support.

If there are reasons to believe a serious crime has been committed, then the Police should be called immediately.

The crime scene should be preserved for forensic examination. Please see If allegations are against a paid carer or member of statutory, private or voluntary organisation, it is the responsibility of the employer to suspend the alleged perpetrator with advice from the Human Resources while the investigation proceeds.

Staff should be mindful of their own and other individuals safety and not alert, confront or interview the alleged perpetrator.

## **2.3 Recording**

**All staff are responsible for ensuring that all Safeguarding Adults actions and information are properly recorded.**

The line manager should ensure the allegation is properly recorded and signed as soon as possible within the agency's recording system.

In a Residential / Nursing Home or Day centre, this will include service user's personal file as well as daily recording sheet. In the case of Residential and Nursing Homes, an incident reporting form **Regulation 37** should be sent to the Local Office of the Care Quality Commission (CQC).

The recording should provide an accurate detailed record of what was disclosed by the vulnerable adult, any other significant conversation and what was observed. Main elements of recording should contain: -

- what was alleged?
- when it was said to have occurred?
- where did it happen?
- who was involved?

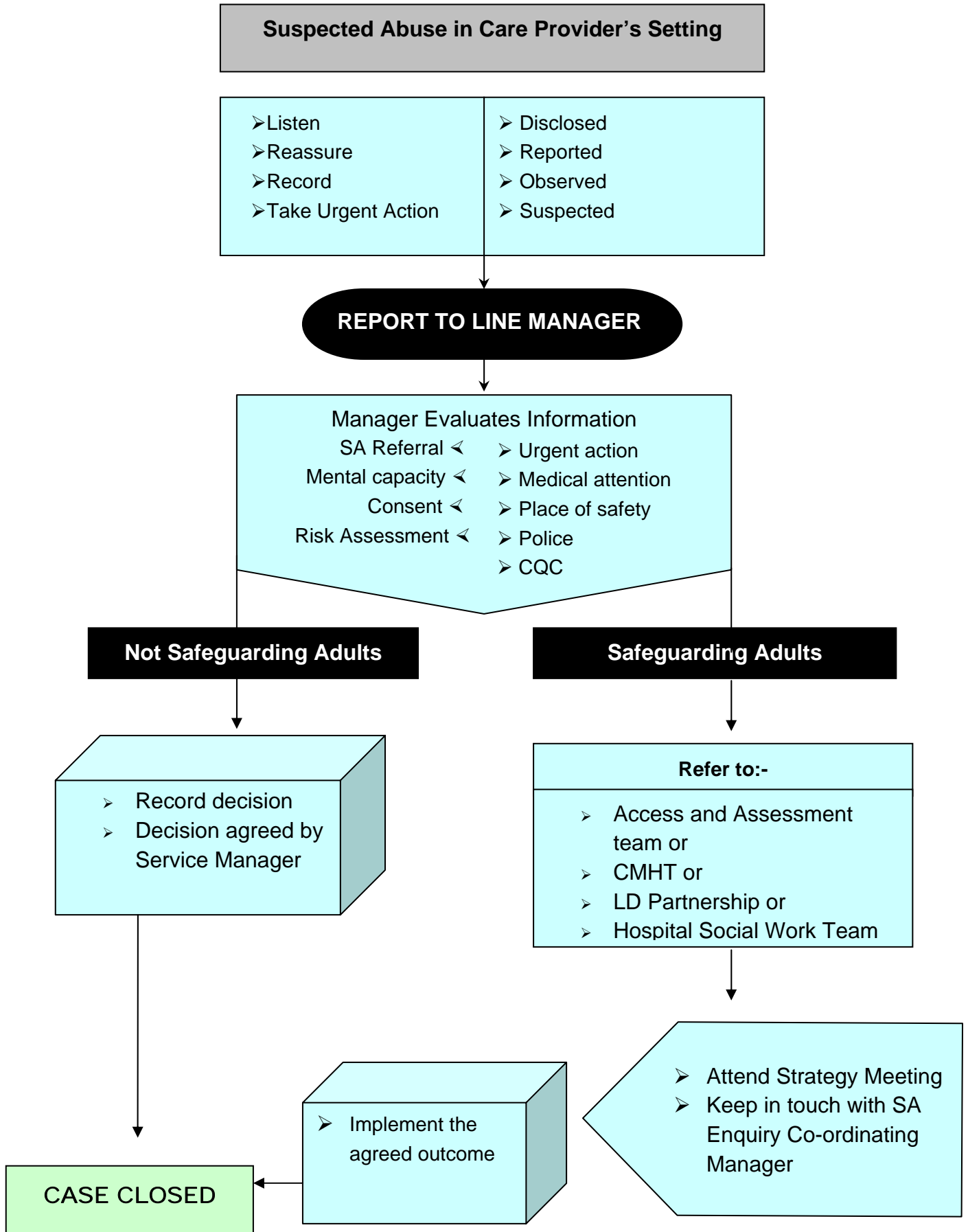
On receipt of an allegation/concern, Managers of nursing and residential care; day care or home care will decide whether this incident triggers a Safeguarding Adults referral. If a decision is made to proceed with Safeguarding Adults procedure, then a referral form (**SA1**) must be filled in and forwarded at the earliest opportunity to the appropriate Team. Please refer to **Appendix 5** for details of Adult Social Care and Health Services in the London Borough of Waltham Forest.

However, if the decision is not to proceed with a Safeguarding Adult referral, then the evidence for making this decision must be recorded and the decision not to proceed with a Safeguarding Adult referral brought to the notice of a senior manager of that organisation. For Residential/Nursing Care, Home Care and Day Care, a Service Manager must agree this.

All Safeguarding Adults referrals must be made to the appropriate Access and Assessment team in Adult Services, i.e. Community Mental Health Team or the

Learning Disability Partnership, unless the vulnerable person is in hospital. In this case the referral should be made to the Hospital Social Work Duty Team. If there is uncertainty as to whether the abuse has taken place, the incident should be referred to the relevant team or Safeguarding Adults Team for advice.

# Flow Chart 1



## 2.4 Duty Social Work/ Care Management Teams

On receipt of a referral, the relevant Social Work Team in Waltham Forest (**appendix 5**) will be responsible for instigating a strategy meeting and follow up investigation for the service user. The manager will ensure it is logged on Screening and on iSIS (where used), recorded, as a Safeguarding Adults referral and a check must be made to establish whether the vulnerable adult or the alleged perpetrator is known to the Social Services. NELMHT will use their system (RIO) for recording Safeguarding Referrals.

## 2.5 Screening Process–Roles and responsibilities

The Duty / Screening Manager will act as a **Safeguarding Adults Enquiry (SAE) Co-ordinating Manager** for the Safeguarding Adults Referral. They will also take appropriate urgent actions to ensure the safety of the vulnerable adult(s).

### Role of SAE Co-ordinating Manager

The role of the SAE Co-ordinating Manager is to act as lead manager for the Safeguarding Adults enquiry, leading up to a Strategy meeting and Case Conferences where necessary.

The SAE Co-ordinating Manager will be responsible for facilitation, initial information gathering, risk assessment and setting up a strategy meeting. The SA Enquiry Co-ordinating Manager is the management point of contact for outside agencies. She/he will supervise the day-to-day progression of the case and ensure that decisions are made according to the Safeguarding Adults Policy and Procedures. She/he will also liaise with the Senior Manager and Safeguarding Adults Unit for advice and guidance as and when necessary.

The SAE Co-ordinating Manager is responsible for allocating the case to a named worker, unless the case is allocated to a named worker already.

## 2.6 Stage 1 - Screening Process

The Screening Process, Stage 1 should be completed within 24 hours of referral. This should include information on:

### The vulnerable person

- The risk and safety of the vulnerable adult
- The situation in which they are living
- Details of their family or significant others
- Their mental capacity/ disability/ sensory impairment/ communication
- Whether they are aware of the referral has been made
- Their view of the situation and what action they would like to be taken
- Services received / agencies that have contact with them, including their GP.

### **Details of the alleged abuse**

- The reasons/incidents causing concern leading to the referral.
- The degree of immediate danger the referrer perceives the vulnerable person to be in.
- What was alleged?
- When it was said to have occurred?
- Where did it happen?
- Who was involved?

### **Other agencies already involved**

- Information about any action taken by health professionals
- Information about any police involvement including the Crime Number if reported
- Any other agencies that have been involved in the identification of abuse
- Contact with regulatory bodies, i.e. CQC

### **Risk Assessment**

A risk assessment should be undertaken for the alleged victim. Under this will include the:

- Likelihood of repeated abuse / incidents
- The risk of evidence being tampered with
- General areas of concern
- Direct or indirect evidence of abuse
- General circumstances and any environmental risks and safeguards
- General care and well-being of the vulnerable adult

The risk assessment will also take into account information about the alleged abuser, including:

- Their relationship to the vulnerable person
- Their mental capacity / disability / sensory impairment
- Their whereabouts and the likelihood of contact or risk to other people
- Services received / agencies in contact
- Any previous information relevant to the incident

### **The referrers judgement of the situation**

- Action already taken
- Any immediate action that the referrer thinks should be taken in relationship to safeguard
- The perceived risk to others including children

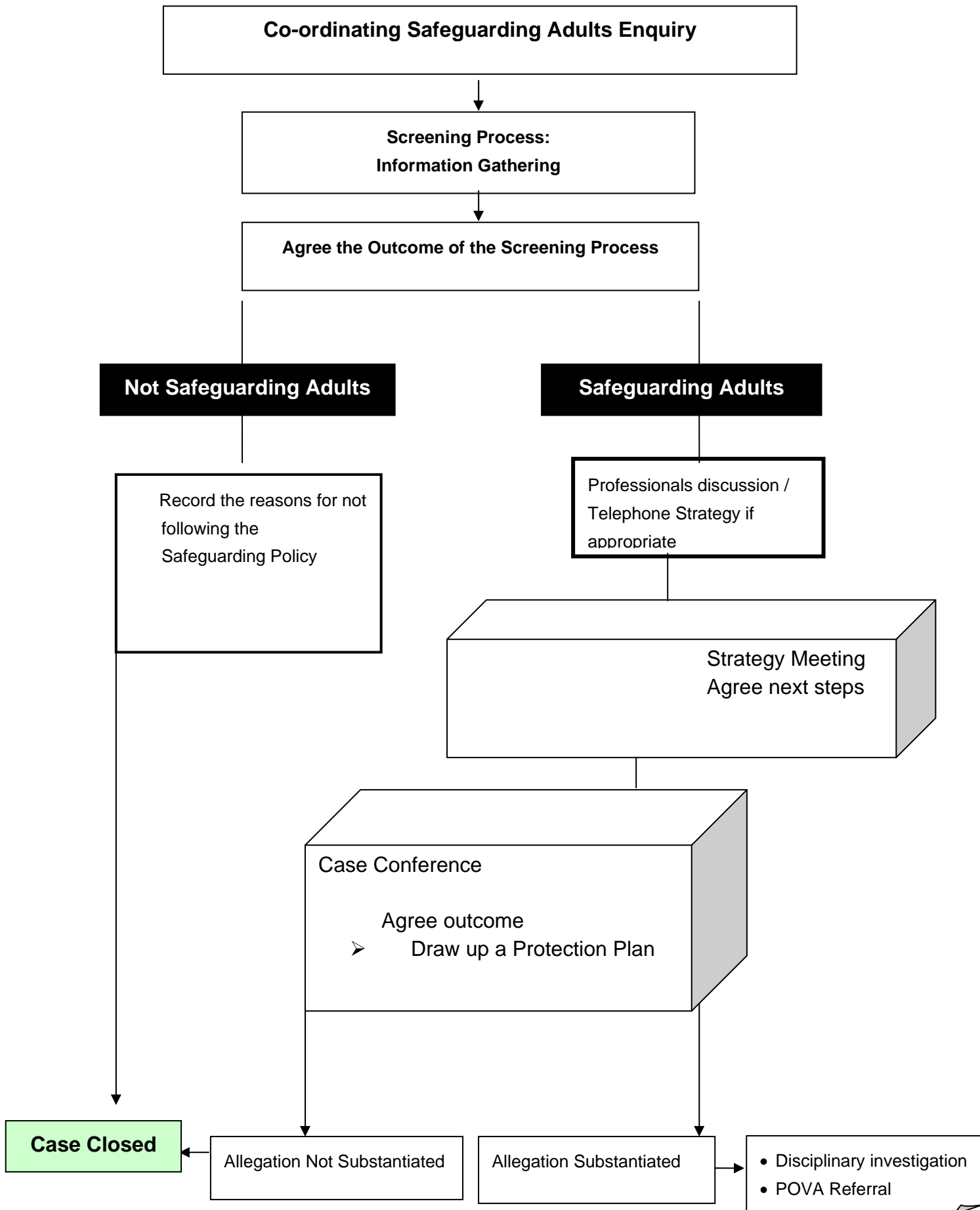
### **Health and Safety of staff**

- The SA Enquiry Co-ordinating Manager should take all reasonable steps to ensure the health and safety of staff involved in Safeguarding Adults investigations.
- A member of staff should not normally undertake a visit unaccompanied.

Once the initial checks have been carried out, a discussion should take place between the Safeguarding Adults Enquiry Co-ordinating Manager and the named duty or allocated social worker or the Team Manager to decide the next steps and move to Stage II.

If the decision is not to proceed with a Safeguarding Adult investigation, then the reasons not to proceed should clearly be recorded and agreed by the Locality Manager / Service Manager. The *Alertter* should be made aware of this decision.

## Flow Chart 2



## **2.7 Stage 2 - Strategy Meeting**

If the decision is to go ahead with a Safeguarding Adult a strategy / professional meeting or discussion should take place within 48 hours of making the screening decisions (Stage I). The purpose of the strategy meeting is to establish and agree an action plan. A range of individuals should be invited who can contribute to sharing information and planning the investigation. The following should be considered at the strategy meeting:

- Evaluation and sharing all available information
- Appointment of an Investigating Officer
- Agreement on timescales and methodology for completing this investigation, allocation of tasks, e.g. who is best placed to interview the vulnerable adult / perpetrator etc.
- Agreement on how to monitor progress
- Agreement of a further date for follow up Strategy Meeting/Case Conference
- Consideration of who else should be invited to the follow up Strategy/Case Conference
- Agreement of an action plan/risk assessment together with an interim Protection Plan where necessary.
- Support for victim/service user to communicate outcomes of meeting.

There may be a need for further (follow-up) Safeguarding Adults strategy meetings during the investigation phase.

## 2.8 Multi Agency Case Conference

At the conclusion of the investigation or when it reaches a sufficiently advanced stage to make key decisions, a formal case conference should be convened. (This will usually occur within twenty-eight days of the initial strategy meeting).

Having evaluated all the evidence the case conference must decide whether the adult has been abused and, if so, how they will be protected in the future.

The Chair should formally ask all those present of their decision on the following questions:

- 1) Whether the abuse is substantiated
- 2) Whether the abuse is partially substantiated
- 3) Whether the abuse is not substantiated
- 4) Whether the abuse is not proven, but further investigation is required
- 5) Whether the abuse is not proven – and no further investigation is required.

If the abuse is not substantiated or not proven, the Case Conference may still recommend actions. This may include further assessment or a change in the care plan. This will proceed under Assessment and Care Management.

**If the perpetrator is a Council Staff member or that of a service provider or agency, the Case Conference will:**

- Consider whether actions should be taken under employment procedures or ask the agency to do so
- Consider notifying the appropriate professional or regulatory body
- Consider whether further risk assessment in relation to this alleged perpetrators work should be undertaken
- Consider referral to the POVA list

**Recommendation and follow-up arising from case conference will include:**

- Agreement on actions to protect the vulnerable adult by drawing up a Protection Plan .
- Agreement of monitoring and reviewing arrangements and future care management
- Consideration of Criminal or Civil procedures. This may be decided outside the conference by the single agency, the police or by the individual themselves.
- Referral of the perpetrator's name to POVA List (**appendix 7**).

## Section 3 – Practice Guidance

### 3.0 Investigation & Report Writing

The purpose of an investigation is to: -

- Assess immediate or future risk of being abused;
- Any other person(s) at risk;
- Establish exactly what happened;
- Whether the service failed care for the vulnerable person and safeguard.

The interviewer should: -

- Ensure that any communication needs are recognised prior to the interview and steps taken to enable effective communication.
- The location of the interview must ensure privacy, safety and un-interrupted
- Allow time, remain calm, unhurried and non-accusatory
- Be clear about confidentiality and explain that information will only be shared on a "need to know" basis
- Be aware of making stereotypical judgements about race, gender sexuality and disability
- Inform the interviewee of purpose of the interview - think beforehand how you will explain why you are there. It is important not to alarm the interviewee and to establish a rapport first.
- Use open-ended questions, i.e. What? How? Why? These invite more detailed, spontaneous responses.
- Include: family history and dynamics, assessment of level of dependency, assessment of needs of carers, what services are being provided, physical and material environment.
- The person can be encouraged to invite someone they feel comfortable with to stay with him or her throughout the interview.

### Investigation Report

An Investigation Report by the Investigating Officer should be presented to the Safeguarding Adults Co-ordinating Manager within a maximum of 20 working days or a shorter time if this has been agreed at the Strategy Meeting. The standard requirements for a Safeguarding Adults Investigation report include:-

- Details of the initial referral (background to initial referral)
- Details of current and any previous allegation(s) or abuse
- Identified ongoing risk(s)
- Information on the abuse and the circumstances, ensuring that every element of the abuse listed on the Referral form or that came to light subsequently has been addressed
- Mental Capacity and other factors bearing on vulnerability
- Background information about the vulnerable adult including their social situation and networks
- Information on the alleged perpetrator and their needs if they are also a vulnerable person

- Reference to expert reports - medical, psychiatric etc
- Recommendation on whether the abuse took place i.e. proven, not proven or inconclusive
- Recommendations for the future protection of the individual and if appropriate / any alterations to their care plan or any further work required
- It must be clear when writing the report to distinguish between first hand information and that supplied by a third party (expert report).
- Evidence for judgments must be clear.
- Factual statements and investigators evaluation should be clearly distinguished.
- Any photographic evidence

See report template **SA 4**.

|   |      |
|---|------|
| <b>SAFEGUARDING ADULTS INVESTIGATOR'S REPORT</b>                    |      |
| Safeguarding Adults enquiry co-ordinating manager:                  |      |
| Investigator:   |      |
| Name:   |      |
| Address:  |      |
| Post Code:  |      |
| Alleged Perpetrator (If Known):                                     |      |
| Name:   |      |
| Address:  |      |
| Post Code:  |      |
| Back Ground to initial referral:                                    |      |
| Details of current and any previous allegations of abuse:           |      |
| Identified ongoing risks:   |      |
| Mental Capacity:  |      |
| Information regarding alleged perpetrator if also vulnerable adult: |      |
| Recommendation:   |      |
| Signed:   | Date |
| Position:   |      |

### **3.1 Out of Borough Placements**

As a Host Authority, Waltham Forest is responsible for organising a Safeguarding Adults strategy meeting and investigation on incidents of abuse, which occur in Waltham Forest. The relevant Team will be expected to instigate a Safeguarding Adults Investigation including emergency actions for service users who have been placed by another authority in Waltham Forest. In these cases, the Safeguarding Adults Coordinating Manager will be responsible for coordinating the Safeguarding Adults strategy meeting and inviting a social worker of the placing authority to discuss further safeguarding actions.

As a placing authority for service users placed outside the London Borough of Waltham Forest, we need to also ensure that the host authority follows the safeguarding adults procedures appropriately. The responsible team must attend the strategy meeting and follow up the protection plan.

Please also refer to **Appendix 8-** Protocol for Inter-Authority Investigation of Safeguarding Adults.

### **3.2 Un-cooperative Vulnerable Adults**

Working with a vulnerable adult can be demanding and challenging. Some vulnerable adults may be either un-cooperative or refuse conventional services or intervention. Carefully planned and co-ordinated efforts may help to meet some of the challenges that all agencies are faced with when working with people who refuse contact or services.

It is recognised that risk can be minimised but not always removed, as there is not always a legal solution to non-co-operation. However, we need to move away from a culture of not acting to a more proactive intervention - in a co-ordinated, joined-up and multi-agency approach, which will produce better outcomes.

#### **Eligibility criteria**

When vulnerable adults are at risk of being abused or self-neglect, they are eligible to receive an assessment under the NHS and Community Care Act 1990. Vulnerable adults who are abused, or are at risk should be regarded as having a high priority under this Act for assessment and reassessment. This must be seen as preventing harm to themselves and or to others.

Cases where a vulnerable adult is at significant risk because of their refusal of an assessment and intervention by statutory or voluntary organisations are to be dealt through the processes of:

1. Community Care Assessment, Care Management and Care Programme Approach (if this applies)
2. Safeguarding Adults Policy & Procedure.

There may be occasions when the vulnerable adult does not wish to proceed with an investigation but the risks for them are considered as high. In this case, a robust approach is required and a Multi-Agency Strategy Meeting must proceed with relevant stakeholders and professionals to review the vulnerable adult's needs under the Safeguarding Adults Policy Procedure. The strategy meeting should consider whether the Mental Capacity Act or the Mental Health Act can be applied.

### **Key Principles:**

1. The safeguarding Adults Policy ensures that organisations may prevent harm / abuse.
2. We need to move away from a culture of not acting to a more pro-active culture of preventing harm by others or self-harm.
3. All agencies have a specific role, especially in providing assessment information.
4. The lead agency will normally be Adult Social services. In all criminal investigations will be led by the Police.
5. The lead agency should assess the situation and collect information and/or visit to undertake a risk assessment.
6. The Police should be consulted if assistance is needed to gain access, including forcible entry, where necessary. Any agency can do this.
7. There should always be a written Safeguarding Plan, with clear actions and outcomes, which is recorded and circulated to other agencies who need to support i.e. the plan.
8. Cases will require co-ordinated action by several agencies.
9. Referrals concerning people from black and ethnic minorities should be taken particularly seriously as they may involve people who are already vulnerable to isolation and racial harassment or abuse. This must relate to the Risk Assessment.
10. Monitoring arrangements should be established so that any patterns of vulnerability become apparent and appropriate action can be taken.

### **Referral and Assessment**

#### **Noting vulnerability**

If anyone is concerned about how a vulnerable adult is managing in their daily living, the responsible manager for the vulnerable adult should consider the need for additional information. The responsible manager must ensure there is an Action Plan with clear follow up monitoring arrangements. If in doubt a diary-date should be entered for further checking and follow up. *(E.g. with a third party or another agency who may be in contact)*

#### **Ensuring an Assessment**

In line with the Safeguarding Adults Policy, if there are any areas of concerns noted, the referral must be taken forward to an assessment. Any agreements/decisions about getting to this point should be recorded. Diary dating should be used to ensure future progress checks.

## **Obtaining and Sharing Information**

The first objective is to gather information. Appropriate agencies may use the Contact Assessment within the Single Assessment Process (SAP), to gather information. This must be shared with other agencies.

## **Home Visits**

If the information gathering stage does not show that the person is safe and well, a risk assessment and a visit must be made promptly. Unsuccessful visits should be repeated until the person is seen. Follow-up visits should be made at different times, i.e. early evening, to try to secure access. Calling cards should always be left. A co-ordinated response is necessary, e.g. communication with significant others, safeguarding other people and staff. Another way to visit successfully may be a joint visit if one agency finds access to the vulnerable person easier than others (e.g. Tenants Support Service may have visited before, Environmental Health may be able to get a warrant for entry if there is a health hazard).

## **Gaining Access**

If there is any reason to think that the person could be at immediate risk, the police must be consulted about gaining access, including if necessary forcible entry to the property. The lead agency should do this and accompany the police. It is not the sole responsibility of any one agency to involve the police in gaining access.

## **Importance of a Mental Health Assessment**

If visits are unsuccessful and there is a specific reason to think that person may have mental health problems, a referral should be made to the Community Mental Health Team (see **Appendix 5** for contact details) and a warrant sought from the local Magistrate under Mental Health Act.

## **Mental Capacity**

An Independent Mental Capacity advocate (IMCA) is someone instructed to support and represent a person who lacks capacity to make certain serious decisions. They need to be approved by the Local Authority to undertake their role, which is to gather information, provide support to the person concerned and make representations about that person's wishes, feelings, beliefs and values, at the same time as bringing to the attention of the decision-maker all factors that are relevant to the decision. They will also be able to challenge the decision-maker.

## **Ensuring a Future Progress Check/Monitoring**

Where other agencies undertake to monitor, the responsible manager should diary-date the file so that a specific report is obtained at a later stage.

## **Particular attention must be given to:**

1. Clear Action Plan identifying appropriate lead agency
2. Effective and efficient inter-agency planning for all cases.
3. Appropriate monitoring including progress checking.

Any difficulties in operating this procedure should be notified through the line management of each agency.

### **Multi-agency Strategy Meeting and Protection Plan**

Discussion between managers / professionals in different departments/agencies in a multi-agency strategy meeting will agree an intervention strategy and Protection Plan.

The role of the responsible manager will be to liaise with partners, identify the need for a meeting and to arrange a strategy meeting.

The most appropriate attendees must always be identified for the Strategy Meeting.

The GP, and a Community Mental Health Team Manager should always be consulted about attendance or submission of a report to the meeting.

Concerned members of the public can be invited (*e.g. relatives, neighbours*).

If any difficulty is envisaged in carrying out the action plan successfully it is the responsibility of all agencies to ensure that further arrangements are made (*e.g. the involvement of more senior managers, a further meeting, special monitoring arrangements*).

The meeting should allocate clear monitoring or action tasks and Risk Assessment, and distribute these and the Protection Plan in writing to all concerned whether or not present.

If no other plan or solution is possible, monitoring visits should take place as agreed in the protection plan.

The person and agency responsible for monitoring should be clear. Further action should be taken, as before if monitoring is unsuccessful.

All meetings must end with an agreement and Protection Plan.

Any difficulties or disagreements should be noted at the Strategy Meeting.

### **3.3 Financial Abuse**

Financial abuse is a crime. It is appropriate to involve the Police in investigating financial/property frauds. The Receivership office should be contacted for advice and invited to Safeguarding Adults Strategy meetings. Any evidence should be protected for Police investigation and forensic examination.

If the alleged perpetrator is a member of statutory services (i.e. Local Authority, NHS & PCT) the Line Manager should discuss this with the appropriate audit and/or financial managers. Financial Auditors can be helpful in all cases of financial abuse even if the abuse does not involve council or NHS monies or staff. They also have good links with the Police Fraud investigators so it is essential to consult with them and possibly involve them in strategy meetings. They can be asked to investigate any inappropriate relationship involving finances or property, a financial irregularity or a conflict of interest relating to finance or property. It is therefore important that the Financial Auditor is informed and their advice sought in any case of financial abuse at the earliest opportunity.

### **3.4 Poor Practice**

Where the alleged abuse occurs in a provider unit, or the alleged abuser is employed by a Domiciliary Care Agency or Residential /Nursing Care Providers, the strategy meeting should consider whether this abuse is an isolated incident or whether it is indicative of more widespread abuse of other service users. The alert should be considered in the context of any other complaints, referrals or past alerts that have been received about the service provider. This may be an indication of institutional abuse, arising from poor practice, lack of staff training or unclear Procedures within the service.

In these situations it may be necessary to hold further strategy meetings involving a wider range of interested parties (e.g. other local authorities who commission this service, other services within the Waltham Forest partner organisations and Waltham Forest Adult Services Commissioning Team) to determine the extent of the abuse and to agree an overall strategy.

In these cases the Procedures for the Safeguarding Adults Policy should still be followed as far as possible leading to an investigation and a conclusion. However often this will require close work with the Care Quality Commission as most of these cases involve registered services.

These investigations often necessitate longer timescales as more partners and potential victims are involved. This strategy might include reviewing all service users or determine if it is a situation of poor but not abusive care, inadequate training or failure to follow procedures. These situations also require careful joint work with the provider of the service to understand the cause of the alerts.

### **3.5 Serious Case Review**

The Waltham Forest Serious Case Review has been developed in accordance with recommendations made in No Secrets Guidance. The aim is to ensure local agencies should collaborate and work together to achieve effective inter-agency working. The multi-agency Safeguarding Adults Board (SAB) will oversee the serious case reviews. Please see **Appendix 9** Waltham Forest Serious Case Review Policy.



## Section 4 – Legislative Framework

Procedures for responding to abuse of vulnerable adults are not underpinned by a specific legislative framework, as is the case for children. Nevertheless a range of legal remedies exists which may be applicable to the protection of vulnerable adults.

In some cases, such as assault, sexual offences or financial abuse, adult abuse can be dealt **with** under criminal law. This requires a joint approach by the Police, Waltham Forest Social Services and other relevant agencies. In other instances, including domestic violence and harassment, civil remedies may be available.

The proper use of the law is encouraged. Where abuse constitutes a criminal offence, there is a duty to report it. In other cases, the existence of legal remedies available to the Council or others must be borne in mind Council's "Duty of Care". Agencies may be called to account for decisions they have made in relation to the use of available remedies.

It is important to seek appropriate advice in relation to individual situations. Council staff and the staff of other agencies where arrangements are in place can seek advice from the Local Authority's Legal Section. The police will provide advice on matters falling within their responsibilities.

In relation to service provision to vulnerable adults, local authorities are required by the **NHS and Community Care Act 1990** to carry out an assessment where people may be in need of community care services and then to consider whether their needs call for services to be provided. The existence of abuse, or the fact that a person is at risk, will be significant factors in the assessment process. The Mental Health Act 1983, which specifically deals with those vulnerable adults who have mental health problems, as well as regulating admission to hospital for assessment and treatment and the provision of aftercare, creates the concept of guardianship, which can authorise a local authority or others to take certain specific steps to support a vulnerable adult.

### **4.1 The Mental Capacity Act 2005 and IMCA Services**

The Mental Capacity Act 2005 was fully implemented in October 2007 and has with it an accompanying Code of Practice. The Act and Code applies to those persons over the age of 16 and provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

A person will lack capacity if at the material time they are unable to make a decision for themselves in relation to a particular matter because of an impairment of, or disturbance in the functioning of the mind. It is irrelevant whether the

impairment or disturbance is permanent or temporary. A person will be incapable of making a decision if he is unable to:

- a. Understand the information relevant to the decision
- b. Retain that information
- c. to use or weigh that information as part of the process of making the decision, or
- d. to communicate his decision (whether by talking, using sign language, or any other means)

The Act also introduces several new roles, bodies and powers, all of which support the Act's provisions. From April 2007 the Act introduced the new role of the Independent Mental Capacity Advocate (IMCA) to support vulnerable adults in certain situations. The IMCA will represent and support people who lack capacity and have no one else in their life to represent them. There is a duty on local authorities and NHS Trusts to instruct IMCA's in the following circumstances:

- a. Where there is a proposal to provide serious medical treatment (which would include withholding or withdrawing treatment) for someone who lacks capacity and they are satisfied that there is no other person who it would be appropriate to consult in determining the person's best interests
- b. Where the LA or the NHS Trust propose to make the provision of accommodation in a care home or hospital for a prescribed period.

The role of the IMCA service has been expanded to include a power to instruct an IMCA in situations where the local authority or NHS Trust wishes to undertake a care review following a change of accommodation or where there is an adult protection investigation (where, for example the perpetrator is the only family member).

The Act also radically reforms the Court of Protection; the Court now has jurisdiction to deal with health, welfare and financial matters of those who lack capacity.

Additional guidance is available in Waltham Forest for implementation of Mental Capacity Act to assist staff working with service users/patients who may have impaired mental capacity. It gives guidance on how to help people to make decisions, and when they are unable to make decisions, what principles to follow to act in their best interests. For information on Waltham Forest Guidance note on Mental Capacity Act, the Independent Mental Capacity Advocacy Service and other related information, can be found at

<http://www.walthamforest.gov.uk/index/care/adults-and-older-people/mh-intro/mental-capacity-act.htm>

A full copy of the Code of Practice can be downloaded:

<http://www.dca.gov.uk/menincap/legis.htm#codeofpractice>

## **4.2 Deprivation of Liberty Safeguards**

The safeguards for the Deprivation of Liberty (DOL) are set to come into force in April 2009 as amendments to the Mental Capacity Act 2005. The safeguards will apply to those people who are incapacitated, vulnerable and where they are at risk of being deprived of their liberty.

A person may be at risk of being deprived of their liberty if they lack capacity to consent to the arrangements proposed for their care and it is in their best interests and it is not possible to care for them in a less restrictive way. Under DOL hospitals and care homes will have a duty to identify anyone at risk of deprivation of liberty and if they do not consider that a less restrictive regime is possible they must request authorisation from the supervisory body. The supervisory body for a care home will be the local authority and in the case of a hospital, the PCT.

While the DOL safeguards are not currently in force and where the local authority is of the view that an individual is or may be at risk of being deprived of their liberty legal advice should be sought immediately.

## Section 5 - Statutory Provisions

All statutory organisations have a responsibility to work together to investigate an incident of abuse. The role of some are specified as follows:

### 5.0 Adult Social Care & Health Services

The NHS and Community Care Act 1990 requires local authorities to assess the needs of an individual who may have a need for community care services and having done so to decide whether his needs call for the provision of such services. In making the assessment they are able to call on agencies within the NHS for assistance. There is an out of hour's legal service for advice to the Council that the Emergency Duty Team can contact.

In most cases the Social Services/Social and Community Services Care Management Teams are the lead agency, including receiving referrals and determining the action to be taken in response to actual or suspected abuse of a vulnerable adult.

### 5.1 Social Services & NELMHT out of hours services

Social Services Emergency Duty Teams (EDT) and NELMHT Home Treatment Team (HTT) operate **out of hour's** services, at weekends and over statutory holidays.

If a referral is made to the EDT or HTT which indicates an immediate or urgent risk, the officer will take any immediate steps necessary to protect the vulnerable adult including arranging emergency medical treatment, contacting the police and taking any other action to ensure the vulnerable adult is safe.

A member of the EDT / HTT must use the **SA1** to alert a Safeguarding Adults Referral for a Safeguarding Adults investigation and it may be necessary to interview the alleged victim where:

- The allegation is serious i.e. life threatening or likely to result in serious injury. (In which case action would be coordinated with the police and medics).
- The referral is unclear.
- There is a need to interview the vulnerable adult to ensure they can be safeguarded against further abuse.

Whether or not any immediate action is necessary, the Emergency Duty Officer (EDO) / HTT Worker will record the facts concerning the alleged abuse by using **Form SA1** and pass all relevant information to the appropriate duty team in Adults Social Services or the Learning Disability Team or NELMHT Borough Directorate on the next working day. If the case is allocated, the EDO / HTT will also notify the allocated worker.

## 5.2 Community Learning Disability Partnership

Service User(s) with Learning Disability will be referred to Learning Disability Partnership Team (LDPT) for all Safeguarding Adults Referrals in Waltham Forest. The LDPT will be responsible for every safeguarding referral even if the case is closed or in abeyance.

## 5.3 North East London Mental Health Trust (NELMHT)

The Safeguarding Adults Policy shall apply to all staff employed within the London Borough of Waltham Forest's partner organisation, the North East London Mental Health Trust / Home Treatment Team (HTT).

Incidents of abuse or suspected abuse concerning adults with a serious mental health problem or suspected serious mental health problem, should be reported immediately\* by way of an **SA1** form to the borough directorate **Safeguarding Adults Coordinator**

(or their delegated other) at Thorpe Coombe House.

Safeguarding Adults Coordinator

Borough Directorate

North East London Mental Health Trust

714 Forest Road

London

E17 3HP

Tel: 0844 600 1250 / 1201

Fax: 0844 493 0259

\* When concerns arise out of normal working hours (9-5 M-F), section 5.1 should be followed.

### **The NELMHT SA Coordinator will:**

- 1) Decide whether the Safeguarding Adults procedure is applicable in each case.
- 2) Assign a member of staff from the most appropriate team to chair an initial Safeguarding Adults Strategy Meeting
- 3) Notify the Local Authority SA Coordinator.

The member of staff assigned to chair the initial strategy meeting must then inform the directorate Safeguarding Adults Coordinator of the outcome of the initial strategy meeting, including whether or not a Safeguarding Adults Investigation is indicated, as a matter of urgency.

### **The NELMHT SA Coordinator will:**

- 1) Request a closure report if the outcome of the initial strategy meeting is that an investigation is not indicated.

2) Assign a member of staff from the most appropriate team to lead a Safeguarding Adults investigation

3) Notify the Local Authority SA Coordinator

The member of staff assigned to lead a SA investigation must then inform the directorate SA Coordinator of the outcome of the investigation as soon as possible.

**The NELMHT SA Coordinator will:**

1) Request a report into the findings of the investigation

2) Notify the Local Authority SA Coordinator.

## **5.4 Hospital settings**

Staff in the accident and emergency department may be concerned by the injuries of a vulnerable adult presenting in the department or may be alerted by a pattern of repeat attendances. Similarly staff in outpatient clinics or day facilities could have their concerns.

A vulnerable adult may choose a hospital admission to disclose abuse, or hospital staff may be alerted by other signs to the possibility that abuse is occurring.

Whatever the circumstances giving rise to concern, hospital staff from all departments have a duty to take action to ensure that the situation is assessed and investigated. The member of staff should report their concerns to the line manager who will make a decision as to what action should be taken.

If the case is allocated to a community based team, than the safeguarding referral will be followed by the allocated worker or by the appropriate community based team determined by a Manager.

## **5.5 Primary Care Trust (PCT)**

Allegations of abuse that involve a member of staff will be investigated by the PCT under the Safeguarding Adults Procedure and the Serious Untoward Incident Procedure.

GPs and community health staff may be concerned that a vulnerable adult is or may be being abused. Staff should discuss their concern with their line-manager.

However, any member of staff can refer directly to the relevant social services or community mental health or learning disability team.

Any referral must be made within 24 hours of the allegation / suspected abuse.

## **5.6 The Police**

The Local Community Safety Unit plays a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to

investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and will direct investigations in line with legal and other procedural protocols.

## **5.7 Complaints Procedure**

Local Authorities and Health Trusts have statutory Complaints Procedures.

If a complaint received by a complaints officer which may indicate that a vulnerable adult is being, has been or could be at risk of being abused, the Complaints Officer will bring the complaint to the attention of the relevant manager in line with operational policies.

The Complaints Officer must:

- Notify the Safeguarding Adults Lead Officer
- Notify the relevant regulatory body (CQC/Healthcare Commission) if the complaint concerns a service subject to regulatory issues
- Contact the relevant commissioning manager and the contract-monitoring officer.

In the event of a complaint leading to a Safeguarding Adults enquiry, action under the multi-agency Procedure would take precedence. The complaints procedure would be suspended pending the outcome of the investigation. The complainant would be informed of the suspension.

## Appendix 1 – (SA1) Safeguarding Adults Incident Referral

This form should be completed to report incident of abuse or suspected abuse.

Where a criminal act has been committed against a vulnerable adult, police must be also be notified using a Police 3<sup>rd</sup> party referral form. Please refer to Appendix 6

**Out of Hours Contact:**  
**LBWF SOCIAL SERVICES EMERGENCY DUTY EAM:**  
**0208 496 3000**

Safeguarding Adults Team  
 Silver Birch House  
 Blackhorse Lane Walthamstow  
 London E17 5SD  
 T: 020 8496 3459/3497  
 F: 020 8496 3658  
 E: safeadults@walthamforest.gov.uk

| DETAILS OF VULNERABLE ADULT               |  |     |                       |   |                                 |
|---|--|-----|-----------------------|---|---------------------------------|
| NAME                                      |  |     |                       | iSIS User ref no  |                                 |
| DOB                                       |  | AGE |                       | GENDER  |                                 |
| ADDRESS                                   |  |     |                       |   |                                 |
| RESIDENCE TYPE                            | Own home   |     |                       | Supported housing   |                                 |
|   | Residential care   |     |                       | Nursing care  |                                 |
|   | Other  |     |                       |   |                                 |
| USER GROUP                                | Learning Disability  |     |                       | Mental Health   |                                 |
|   | Older People   |     |                       | Physical & Sensory  |                                 |
| CASE STATUS                               | Open to social worker  |     |                       | Open to team  |                                 |
|   | Not known/closed   |     |                       | Placed by another authority                               |                                 |
|   | Self Funder (Yes/No)<br>(For Social Services/ Service provider only) |     |                       |   |                                 |
| Any previous referral adult abuse history |  |     |                       |   |                                 |
| ETHNIC ORIGIN                             | White British  |     | White Irish           |   | Other White                     |
|   | Black Caribbean  |     | Black African         |   | Other Black                     |
|   | Indian   |     | Pakistani             |   | Bangladeshi                     |
|   | Chinese  |     | Other Asian           |   | Mixed White and Black Caribbean |
|   | Mixed White and Black African  |     | Mixed White and Asian |   | Mixed White and Chinese         |
|   | Other  |     |                       |   |                                 |
| RELIGION                                  | Christian  |     | Catholic              |   | Buddhist                        |
|   | Hindu  |     | Muslim                |   | Sikh                            |
|   | Jewish   |     | None                  |   | Other                           |
| LANGUAGE SPOKEN                           |  |     |                       | Does the vulnerable adult require an interpreter/ Signer? |                                 |
| ABUSE/ INCIDENTS                          |  |     |                       |   |                                 |

|   |                               |               |                   |                                     |  |        |  |
|---|-------------------------------|---------------|-------------------|-------------------------------------|--|--------|--|
| BRIEF FACTUAL OUTLINE OF ABUSE / INCIDENT:                                    |                               |               |                   |                                     |  |        |  |
| DATE OF ABUSE   |                               | DATE REPORTED |                   |                                     |  |        |  |
| ABUSE REPORTED BY   | Service user                  |               | Friend            |                                     |  |        |  |
|   | Relative                      |               | Paid carer        |                                     |  |        |  |
|   | Statutory agency/professional |               | Stranger          |                                     |  |        |  |
|   | Other                         |               |                   |                                     |  |        |  |
| ABUSE SETTING   | Own home                      |               | Supported housing |                                     |  |        |  |
|   | Residential care              |               | Nursing care      |                                     |  |        |  |
|   | Public place                  |               | Hospital          |                                     |  |        |  |
|   | Other                         |               |                   |                                     |  |        |  |
| TYPE OF ABUSE   | Physical                      |               | Sexual            |                                     |  |        |  |
|   | Psychological                 |               | Emotional         |                                     |  |        |  |
|   | Financial                     |               | Neglect           |                                     |  |        |  |
|   | Discriminatory                |               | Institutional     |                                     |  |        |  |
|   | Combination                   |               |                   |                                     |  |        |  |
| ALLEGED PERPETRATOR DETAILS (Do not put details if employed by the Authority) |                               |               |                   |                                     |  |        |  |
| NAME  |                               | DOB           |                   | AGE                                 |  | GENDER |  |
| ADDRESS   |                               |               |                   |                                     |  |        |  |
| IS ALLEGED PERPETRATOR:   | Service user                  |               | Friend            |                                     |  |        |  |
|   | Relative                      |               | Paid carer        |                                     |  |        |  |
|   | Statutory Agency/professional |               | Stranger          |                                     |  |        |  |
|   | Institutional abuse:          |               | Other             |                                     |  |        |  |
| WAS ALLEGED PERPETRATOR LIVING WITH VULNERABLE ADULT AT TIME OF ABUSE?        |                               |               |                   | Still living with vulnerable adult? |  |        |  |
| PLEASE GIVE DETAILS   |                               |               |                   |                                     |  |        |  |
| URGENT ACTION TAKEN:  |                               |               |                   |                                     |  |        |  |

**WHAT PROFESSIONALS HAVE YOU CONTACTED IN RELATION TO THIS INCIDENT.**

| NAME  | PROFESSION | ORGANISATION<br>(CQC, POLICE, GP) | PHONE NUMBER |
|---|------------|-----------------------------------|--------------|
|   |            |                                   |              |
| HAVE POLICE BEEN NOTIFIED USING - POLICE 3 <sup>RD</sup> PARTY REPORTING FORM (APPENDIX 3.) |            | CRIME REFERENCE NO:               |              |
| PROVIDE DETAILS IF MEDICAL ATTENTION GIVEN:   |            | NAME OF HOSPITAL/CONSULTANT/GP    |              |

**DETAILS OF THE PERSON COMPLETING THIS FORM**

| NAME | JOB TITLE | ORGANISATION/ CONTACT DETAILS | DATE |
|------|-----------|-------------------------------|------|
|      |           |                               |      |

## Appendix 2 – (SA2) Safeguarding Strategy Meeting

|   |  |
|---|--|
| <h3 style="margin: 0;"><i>London Borough of<br/>Waltham Forest</i></h3>   | <p>Re:</p> <p>Date of Meeting:</p>   |
| Attendees:  |  |
| Apologies:  |  |
| 1. Confidentiality Statement.   |  |
| 2. Purpose of Meeting.  |  |
| 3. Vulnerable Adult's Details.  | <p>3.1 Summary of Needs and Abilities:</p> <p>3.2 Current Living arrangements:</p> <p>3.3 Support Networks:</p>  |
| 4. Details of Allegation:   |  |
| 5. Views of Vulnerable Adult or Carer/ Advocate.  |  |
| 6. Agree Safeguarding Adults Investigation is required.   | <p>6.1 Identify Lead Agency:</p> <p>6.2 Identify Roles &amp; Responsibilities:</p> <p>6.3 Appoint SA Enquiry Co-ordinating Manager:</p> <p>6.4 Appoint SA Investigating Officer:</p> |
| 7. Agree Follow up Meeting / Case Conference date.  | (If at this stage it is agreed for no further action / meetings is necessary state; No further action and a brief reason why).   |
| 8. Any Other Issues not covered.  |  |
| 9. Summary (Strategy Agreement)   |  |
| <p><b>Note: These minutes are issued in the brief that they are an accurate representation of the meeting. Please contact the Chair within 14 days of receipt to record inaccuracies or omissions.</b></p> <p>The minutes are confidential and not to be produced or copied to others without Chair's approval.</p> <p>Chair:</p> |  |
| Date:   |  |

## Appendix 3 – (SA3) Safeguarding Multi-Agency Case Conference

|   |   |
|---|---|
| <p><b>London Borough of Waltham Forest</b></p>  | <p>Re:</p> <p>Date of Meeting:</p>  |
| <p>Attendees:</p> <p>Apologies:</p>   |   |
| <p>10. Confidentiality Statement.</p>   |   |
| <p>11. Purpose of Meeting.</p>  |   |
| <p>12. Outcome of Investigation to Date</p>   |   |
| <p>13. Views of Vulnerable Adult or Carer / Advocate.</p>   |   |
| <p>14. Care Standards, Management or Commissioning Issues.</p>  |   |
| <p>15. Evaluation of the Evidence.</p>  |   |
| <p>16. Decision regarding the Alleged Abuse/Concern.</p>  | <p>Please identify if allegation is:</p> <p>Substantiated <input type="checkbox"/> Part Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/></p> |
| <p>17. Risk Management and Protection Plan.</p>   |   |
| <p>18. POVA Referral (If appropriate)</p>   |   |
| <p>19. Feedback to Referrer / Service User</p>  |   |
| <p>20. Any Other Issues</p>   |   |
| <p><b>Note:</b> These minutes are issued in the brief that they are an accurate representation of the meeting. Please contact the Chair within 14 days of receipt to record inaccuracies or omissions.</p> <p>The minutes are confidential and not to be produced or copied to others without Chair's approval.</p> <p>Chair:</p> |   |
| <p>Date:</p>  |   |

## Appendix 4 – (SA4) – S A Investigators Report Template

| <b>SAFEGUARDING ADULTS INVESTIGATORS REPORT TEMPLATE`</b>           |      |
|---|------|
| Safeguarding Adults enquiry co-ordinating manager:                  |      |
| Investigator:   |      |
| Name:   |      |
| Address:  |      |
| Post Code:  |      |
| Alleged Perpetrator (If Known):                                     |      |
| Name:   |      |
| Address:  |      |
| Post Code:  |      |
| Back Ground to initial referral:                                    |      |
| Details of current and any previous allegations of abuse:           |      |
| Identified ongoing risks:   |      |
| Mental Capacity:  |      |
| Information regarding alleged perpetrator if also vulnerable adult: |      |
| Recommendation:   |      |
| Signed:   | Date |
| Position:   |      |

## Appendix 5 - Adults Health & Social Care Teams

### ACCESS AND ASSESSMENT TEAM

47 Gainsford Road  
Walthamstow E17 6QB

Tel: 020 8496 1814 / 1816 / 1818/ 1820

Fax No: 020 8496 1813

### COMMUNITY LEARNING DISABILITY TEAM

30 Coleridge Road  
Walthamstow E17 6QU

Tel: 020 8521 0337

Fax: 020 8521 8511

### WHIPPS CROSS UNIVERSITY HOSPITAL

Whipps Cross Road  
London E11 1NR

Social Work Team

Tel: 020 8539 5522 Ext. 5799

### SPECIALIST ADULTS DISABILITY TEAM

5 Oak Grove  
Chingford E4 6EY

Tel: 020 8496 1662 / 1664 / 1667

### SENSORY RESOURCE TEAM

5 Oak Grove  
Chingford E4 6EY

Tel: 020 8496 2488 / 2495 / 2497 / 2943

Fax No: 020 8496 2501

### NORTH EAST LONDON MENTAL HEALTH TRUST (NELMHT)

Safeguarding Adults Co-ordinator  
Borough Directorate

714 Forest Road  
Walthamstow E17 3HP

Tel: 0844 600 1250 / 1201

Fax: 0844 493 0259

## Appendix 6 - Third Party Police Referral



Working together for a safer London

| Details of Vulnerable Adult |                          |        |                          |           |  |          |  |
|-----------------------------|--------------------------|--------|--------------------------|-----------|--|----------|--|
| Family Name                 |                          |        | Forename                 |           |  |          |  |
| Age / Date of Birth         |                          |        |                          |           |  |          |  |
| Male                        | <input type="checkbox"/> | Female | <input type="checkbox"/> | Ethnicity |  | Religion |  |
| First Language              |                          |        |                          |           |  |          |  |

| Address:  |            | Phone Number: |           |              |                                   |    |                          |
|---|------------|---------------|-----------|--------------|-----------------------------------|----|--------------------------|
|   |            |               |           |              |                                   |    |                          |
| Is this address a Nursing Home / Residential Care Home / Hostel or Hospital?                  |            |               |           | Yes          | <input type="checkbox"/>          | No | <input type="checkbox"/> |
| Please insert GP details and contact Phone Number.  |            |               |           |              |                                   |    |                          |
| If <b>Yes</b> please state organisation details below including <b>contact phone number</b> . |            |               |           |              |                                   |    |                          |
|   |            |               |           |              |                                   |    |                          |
| If <b>No</b> please state the details of other persons in the household below.                |            |               |           |              |                                   |    |                          |
| Family Name   | First Name | Age / D.of.B. | Ethnicity | Male /Female | Relationship to Vulnerable Adult. |    |                          |
|   |            |               |           |              |                                   |    |                          |
|   |            |               |           |              |                                   |    |                          |
|   |            |               |           |              |                                   |    |                          |
|   |            |               |           |              |                                   |    |                          |
|   |            |               |           |              |                                   |    |                          |
|   |            |               |           |              |                                   |    |                          |

| <b>Concerns.</b>     | <b>Please Tick box</b>   | <b>In your opinion why is this person Vulnerable?</b> | <b>Please Tick Box</b>   | <b>Reason for Concern</b>                      | <b>Please Tick Box</b>   |
|----------------------|--------------------------|---|--------------------------|--|--------------------------|
| Physical Abuse       | <input type="checkbox"/> | Older Person  | <input type="checkbox"/> | Physical signs / evidence                      | <input type="checkbox"/> |
| Sexual Abuse         | <input type="checkbox"/> | Physical Disability                                   | <input type="checkbox"/> | Inconsistent story                             | <input type="checkbox"/> |
| Emotional Abuse      | <input type="checkbox"/> | Learning Disability                                   | <input type="checkbox"/> | Behavioural signs                              | <input type="checkbox"/> |
| Financial Abuse      | <input type="checkbox"/> | Mental Health Problem                                 | <input type="checkbox"/> | Environment                                    | <input type="checkbox"/> |
| Neglect              | <input type="checkbox"/> | Other   | <input type="checkbox"/> | Disclosure by Vulnerable victim/ other person. | <input type="checkbox"/> |
| Discriminatory Abuse | <input type="checkbox"/> |   |                          |  |                          |

## ***REFERRER***

|                      |  |              |  |
|----------------------|--|--------------|--|
| <b>Name:</b>         |  | <b>Dept:</b> |  |
| <b>Address:</b>      |  |              |  |
| <b>Phone Number:</b> |  |              |  |

### **Reason for Referral. (Including details of initial strategy discussion)**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |



## Appendix 7 - Guidance Protection of Vulnerable Adults (PoVA) List Referral

### Introduction:

In July 2004 the Department of Health launched a phased introduction of the Protection of Vulnerable Adults (POVA) scheme. At the heart of the POVA scheme is the POVA list, which is maintained by the Secretary of State. The POVA list works in a similar way as the existing Protection of Children Act (POCA) list. This operates as a workforce ban on care workers who have harmed vulnerable adults in their care.

The POVA scheme has initially been implemented for registered providers of care homes and domiciliary care agencies. It also applies to employment agencies and businesses who supply care workers to these providers. Once new regulations are put in place, the POVA scheme will be extended to adult placement schemes. (Until that time, adult placement carers come within the POVA scheme by virtue of the Care Home regulations.) The NHS will come within the scope of the POVA scheme in due course.

The POVA scheme gives significantly greater protection to vulnerable adults than has previously been the case. Care providers will have a statutory duty to check that potential new care workers are not on the POVA list before allowing them to work in a care position. They will do so as part of the CRB Disclosure application process.

- Safeguarding Adults Case Conferences should make decisions regarding POVA list referral if appropriate.
- **Referral of statutory staff in Waltham Forest should be discussed with the relevant HR department before making any referral to the POVA list.**
- **Referral of staff in Providers and commissioned services, in cases where abuse was proven substantiated should be made by the Care Provider.**
- If perpetrator is a member of professional body for example, General Social Care Council (GSCC), the employer should also be notified. The GSCC should also be informed of any investigation under the PoVA Guidelines or the employing agencies own Conduct & Discipline Procedure.
- **Care providers have a responsibility to refer care workers to the POVA list where such workers have harmed vulnerable adults in their care.**
- For a practical guide on Making referrals to the Protection of Vulnerable Adults (POVA) list Visit website:

[www.scie.org.uk/publications/practiceguides/practiceguide07/referral/index.asp](http://www.scie.org.uk/publications/practiceguides/practiceguide07/referral/index.asp) Please see Referrals Form for inclusion on POVA list (appendix). This form should be sent to: The Manager Protection of Vulnerable Adults List Ground Floor E, Mowden Hall, Staindrop Road, Darlington, County Durham DL3 9BG Email: [POVA.mail@dfes.gsi.gov.uk](mailto:POVA.mail@dfes.gsi.gov.uk) Advice line: 01325391328

# PoVA Referral Form

## PROTECTION OF VULNERABLE ADULTS (PoVA) LIST

**The Manager**  
**Ground Floor Area E**  
**Mowden Hall**  
**Staindrop Road**  
**Darlington DL3 9BG**

The Protection of Vulnerable Adults scheme acts as a workforce ban on those professionals who have harmed or put at risk of harm vulnerable adults in their care. It will add an extra layer of protection to the pre-employment processes, including Criminal Records Bureau checks, which already take place and stop known abusers from entering the care workforce.

This form is for the referral to the Secretary of State requesting that consideration be given to an employee/ex-employee being placed on the POVA list. To be completed in line with:

- The Protection of Vulnerable Adults Scheme’s ‘A Practical Guide’, and
- The Social Care Institute for: Making referrals to the PoVA List’.

**Please note** this is the maximum information required, therefore, please complete as much as possible but it is appreciated that a referral may only be at suspension stage. If any more information is required we will be in touch; we have no investigatory powers and are reliant on the information provided by referring organisations. Please also note that the text boxes can be expanded or you can add continuation sheets.

|  |   |   |
|--|---|---|
| <b>1. Details of person being referred (“the person”):</b> | <b>Surname</b>  |   |
|  | <b>Forename(s)</b>  |   |
|  | <b>Maiden name or alias</b>   |   |
|  | <b>Title</b>  | Mrs/Ms/Miss/Mr/Other:   |
|  | <b>Date of birth</b>  |   |
|  | <b>National Insurance Number (if known)</b>   |   |
|  | <b>Position held</b><br>Please include a copy of the job description, application form and references.  |   |
|  | <b>Dismissed, suspended or resigned?</b><br>If resigned or retired please state if the individual would have been dismissed or considered for dismissal | <i>Please enclose a copy of the dismissal / suspension / resignation letter and the disciplinary Procedure.</i> |
|  |   |   |

|  |                           |  |
|--|---------------------------|--|
|  | <b>Last Known Address</b> |  |
|  | <b>Post Code</b>          |  |
|  | <b>Telephone Number</b>   |  |

**INCIDENT AND RELATED DETAILS**

|  |  |
|--|--|
| <p>2. Evidence attached of the person's employment in a care position, e.g. copy of letter of employment and/or application form.<br/>Include details of the person's normal duties (e.g. personal care of vulnerable adults).</p> | <p>Yes <input type="checkbox"/>      No <input type="checkbox"/><br/><u>Details:</u></p> |
| <p>3. Length of the person's employment with your organisation (including dates and positions held).</p>   |  |
| <p>4. Details of the person's employment history. Including details (post/length of service) of previous/other jobs (where known) and of any previous disciplinary action or complaints against the person.</p>                    |  |

|   |  |
|---|--|
| <p>5. Details of any disciplinary action taken whilst with your organisation.</p>   |  |
| <p>6. Details of the person's relevant skills, qualifications and training received; e.g. RGN/NVQ Level 2 etc.</p> <p>Please confirm what the induction covered and provide any signed documents for training and supervisions.</p>   |  |
| <p>7. Summary of alleged misconduct, to include the nature of the abuse (physical, sexual, financial, neglect etc).</p> <p>Please note you need to be specific with the allegations, ideally what, when, where and how.</p> <p>Please make it clear which misconduct was the reason for dismissal or would have led to dismissal if the carer left without dismissal.</p> |  |

|  |  |
|--|--|
| <p>8. Explanation of how the person harmed, or put at risk of harm, the vulnerable adult(s), i.e. the conduct/misconduct.</p>  |  |
| <p>9. Impact of the alleged abuse on the victim(s).<br/>E.g. physical – injuries, STDs, pregnancy; emotional – changes in eating and sleeping patterns; or behavioural – dress or attitude.<br/>Give details of whether the victim(s) has given those details or whether it is based on an assessment of the impact - with details of who was involved in that assessment.</p> |  |
| <p>10. Background details on the victim(s), e.g. age; medical condition; level of care needed to assist his/her daily life; level of capacity; and, mobility.</p> <p>Where possible please provide a copy of the victim's care plan. If not, the dates these were sent and the signing-off officer details.</p>  |  |

|  |   |
|--|---|
| <p>11. Details of the care relationship between the person and the victim (e.g. personal/domiciliary carer, care assistant, adult placement carer, nurse, home manager, volunteer). Include details of the care usually provided (e.g. help with getting up, dressing, medication etc.)</p>                            |   |
| <p>12. Evidence of alleged misconduct. List of documentation provided: e.g. Witness statement, hearing notes, etc</p> <p>Please number documentation according to the list and remember that the evidence has to be of specific incidents – what, when, where and how.</p>   | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>  |
| <p>13. Witness Details.</p>  | <p>This information is not required at this stage. However, please note that in the event of an appeal against inclusion on the PoVA List we will need details of all witnesses. Where possible, please keep an up-to-date list of these witnesses, their current addresses and whereabouts, in case we need to contact them.</p> |
| <p>14. Details of investigations, and their conclusions, carried out to date. Include copies of relevant papers (statements, minutes of meetings, notes from disciplinary hearings), <u>signed</u> if possible.</p> <p>In the case of suspension pending investigation, describe planned investigation activities.</p> | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>  |

|   |  |
|---|--|
| <p>15. Details of the action taken against the person, e.g. suspension, dismissal or transfer to alternative employment not involving contact with vulnerable service users.</p>  |  |
| <p>16. Information of Police Involvement.</p> <p>Please give details of current position of any civil or criminal proceedings.</p> <p>Please note we are reliant on you to inform us of the progress and conclusion of any proceedings.</p> | <p>Police Contact:<br/> Crime ref:<br/> Station and address:</p> |
| <p>17. Information of any other agency involvement, e.g. CQC, NMC, Local Safeguarding Adults Team, Social Services, voluntary or independent sector agency.</p>   |  |
| <p>18. Details of proposed further action, e.g. give dates of any scheduled Safeguarding Adults investigations and/or disciplinary hearings.</p>  |  |

|   |  |
|---|--|
| <p>19. Any other information considered relevant to the referral.</p> <p>Include here brief details of any other employees involved in the abuse, and complete additional referral forms for them as appropriate.</p> |  |
|---|--|

**20. Employer Details:**

|   |   |
|---|---|
| <b>Contact Name</b>   | Mrs/Ms/Miss/Mr/Other:   |
| <b>Position</b>   |   |
| <b>Address</b>  | Post code:  |
| <b>CQC registration number</b>  | <b>Note:</b> Please enclose a copy of the certificate with referral |
| <b>Type of Establishment, e.g. care home, adult placement. Include details of the number and nature of service users, and of the care provided.</b> |   |
| <b>Contact Number</b>   |   |
| <b>Fax Number</b>   |   |
| <b>Email Address</b>  |   |
| <b>Signed</b><br><b>Date:</b>   |   |

Tick here  to confirm CQC certificate enclosed with referral form

### **Guidance for completion:**

Please provide as much information at this stage as you can as missing information may delay consideration of the case. Additional sheets may be used to provide extra information and/or supporting evidence, but must be clearly labelled as to which section it relates to on the form.

In addition to the above information, a referral to the POVA list from a provider of care should be accompanied by a copy of either:

- a. their registration certificate issued by the Care Quality Commission or the Care Standards Inspectorate for Wales; or
- b. the standard letter from the Care Quality Commission saying that the provider's application for registration has been received and is being processed.

Once completed, the form and all its supporting papers should be sent (hard or electronic copy) to:

The Manager  
Protection of Vulnerable Adults List  
Ground Floor E  
Mowden Hall  
Staindrop Road  
Darlington  
County Durham  
DL3 9BG

Email: [pova.mail@dfes.gsi.gov.uk](mailto:pova.mail@dfes.gsi.gov.uk)

Advice line: 01325 391328

Fax: 01325 392178

**Note:** When sending material through the post: those making referrals should have due regard to the confidential nature of the material. If the individual is provisionally listed pending consideration for full listing on PoVA (and the PoCA list where it applies) full details of information will be copied to the individual to enable them to make direct written representation to the Secretary of State. You should also be prepared to assure yourself that the material safely reaches the Manager of the POVA list.

Published December 2006

## **Appendix 8 - Protocol for Inter-Authority Investigation of Safeguarding Adults (ADASS) Guidance**

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

### **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 Safeguarding Adults;
- 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.

### **Principles**

- The authority where the abuse occurs will have overall responsibility for co-ordinating the Safeguarding Adults 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 Procedure set out by the host authority.
- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place.
- The host authority will make provision in service contracts, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any Safeguarding Adults concern.

## **Responsibilities of Host Authorities**

- 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.
- 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.
- 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.
- The Care Quality Commission 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.
- 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.

### **Responsibilities of Placing Authorities**

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

### **Responsibilities of Provider Agencies**

- Provider agencies should have in place suitable Safeguarding Adults Procedure to prevent and respond to abuse which link with the local inter-agency Policy and Procedure set out by the host authority.
- Providers should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and/ or the Care Quality Commission in accordance with local inter-agency Policy and Procedure.
- Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CQC area office of any allegations of abuse or any other significant incidents.
- Provider agencies who have services registered in more than one local authority area will defer to the CQC area office relevant to the area in which the abuse took place.

## **Appendix 9 - Waltham Forest Serious Case Review Process**

## Introduction

The document 'No Secrets' issued by DoH under section 7 of the Local Authority Social Services Act 1970, gave guidance on developing and implementing multi-agency policies and Procedure to protect vulnerable adults from abuse.

The guidance states that local agencies should collaborate and work together to achieve effective inter-agency working, the formation of a multi-agency management committee Safeguarding Adults Committee (APC) also known as Safeguarding Adults Boards (SGAB) is suggested.

The document Safeguarding Adults published by Association of Directors for Social Services (ADSS) provides a National Framework of Standards for good practice and outcomes in Safeguarding Adults work. One of the standards in this document states that as good practice APC's/ SGAB should have in place a serious case review protocol.

## Relevant Standards:

*There is 'Safeguarding Adults' serious case review protocol. This is agreed, on a multi-agency basis and endorsed by the Coroner's Office, and details the circumstances in which a serious case review will be undertaken. For example: when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence homicide review should be clear.*

*There is a clear process for commissioning and carrying out of a serious case review by the partnership*

The purpose of this document is to provide guidance to APC's/SGAB to develop a consistent approach to the process/ practice in formulating a protocol.

## Purpose

- The purpose of having a case review is not to apportion blame but is:
- To establish whether there are lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard vulnerable adults
- Review the effectiveness of Procedure
- Inform and improve local inter-agency practice
- To improve practice by acting on learning (developing best practice)
- To 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

## Criteria for Serious Case Review

The Safeguarding Adults Committee (APC/ SGAB) should undertake the lead responsibility for conducting a serious case review.

The APC/ SGAB should conduct a Serious Case Review when a vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death, or group of vulnerable adults has sustained any of the following:

*A life threatening injury*

*Serious sexual abuse*

*Serious or permanent impairment of development through abuse or neglect*

*And the case gives rise to concerns about the way in which local professionals and services worked together to safeguard vulnerable adults.*

The APC/ SGAB can also consider conducting a serious case review into any incident(s) or case(s) involving vulnerable adult(s) where it is believed to be in the public interest to conduct such a review.

Any agency or professional body may refer such a case to the APC/ SGAB seeking a serious case review to establish if there are important lessons for inter-agency work to be learnt from a case.

The Secretary of State also has authority under the Local Authority Social Services Act 1970 to cause an enquiry to be held where he considers it advisable.

#### Process for commissioning and carrying out of a serious case review

##### Principles.

- The Multi-Agency Committee (Safeguarding Board or equivalent) will be the only body, which commissions any serious case reviews.
- That board will publicise the criteria under which a serious case review will be considered and the process under which application might be made.
- Examples might include that the chair must be involved in a decision, that applications must attract the support of 33% of the committee, and that they must be made in writing.
- Clearly there must also be mechanisms for the consideration of requests from the Coroner, MPs, and Elected Members.
- Transparency is important but there must also be inbuilt a means by which vexatious, mischievous or malicious complainants are deterred from using the process.

#### Initiating a serious case:

##### The Process

- A serious case requiring a review will normally be identified by the Safeguarding Adults Coordinator, however any agency or professional may refer a case they believe to meet the criteria. The referral will be passed to the Chair of the Safeguarding Adults Committee for a decision.
- If it is agreed a multi agency Serious Case Review Panel will be set up:
- The Chairperson of APC/ SGAB will be responsible for the appointment an independent chair and consulting as necessary with APC/ SGAB member agencies.
- The Safeguarding Adults Co-ordinator will support the Independent Chairperson of The Serious Case Review Panel.
- The Independent Chair of the Serious Case Review Panel will be responsible for establishing the terms of reference and setting time scales

for the review. They will also be responsible for ensuring administrative arrangements are completed and that the review process is conducted according to the terms of reference.

- The chair of the APC/ SGAB will then write to the Chief Officers of all the agencies involved for nominations to the Serious Case Review Panel.
- The Serious Case Review Panel members will be made up from senior representatives of the agencies involved. Each agency will nominate a representative who has appropriate levels of experience of Safeguarding Adults inter agency working and will have suitable qualifications and seniority within their agencies and have no involvement in the case in question.

#### Members of the Serious Case review panel will:

Commission individual agency management reviews.

Give advice and support to agency staff that are conducting the management review.

Collate information and produce the individual agency report for the Serious Case Review Panel.

#### Management reviews

Each agency will be asked to:

Prepare a chronology of events

Produce a report by the time agreed, sent from the agency's Chief Officer to the Chair of the Senior Case Review Panel;

Act on any recommendations from the Serious Case Review Panel

Ensure the management reports, plus any other information identified as necessary will be passed to the Chair of the Serious Case Review Panel who will convene a meeting of the panel including any co-opted members for this specific review.

The review panel will complete the review of agency management reports and reports commissioned from any other source, producing a short overview report, which brings together information from the reports, analyses findings and recommendations for future action.

The review process should be completed within the agreed time scale.

#### Implementing the review recommendations

On completion, the overview report will be presented to the APC/ SGAB, which will:

Ensure contributing agencies are satisfied that their information is fully and fairly represented in the overview report.

Translate recommendations from the overview report into an action plan, which should be endorsed at senior level by each agency.

The action plan will indicate:

Who will be responsible for various actions.

Time-scales for completion of actions.

The intended outcome of the various actions and recommendations.

The means of monitoring and reviewing intended improvements in practice and/or systems.

Clarify to whom the report or parts of the report should be made available.

Disseminate the report or key findings to interested parties as agreed and provide feedback and debriefing to staff, family members and media.

The APC/ SGAB will ensure that all recommendations are actioned and will request updates from agencies.

### Annual Report

All Serious Case Reviews will be included in the annual report along with relevant service improvements.

### Guidance

A Serious Case Review is intended to be the executive response to an Safeguarding Adults case as defined in the criteria.

Where a death has not occurred, and at the discretion of the APC/ SGAB Chair, the original participants in the case may review situations as part of a reflective practice session, chaired by the Safeguarding Adults coordinator or other suitable person.

The findings/ lessons learned from such reflective practice sessions will be presented to the APC/ SGAB in order to determine if a case should progress to a Serious Case Review.

Any action points arising from a reflective practice session will be monitored by the Safeguarding Adults coordinator, recorded in the annual report and presented to the APC/ SGAB.

### Other Considerations to Serious Case Review

The right under the Freedom of Information Act and the Environmental Information Regulations to request information held by public authorities, known as the 'right to know', came into force in January 2005.

There are 'absolute' and 'qualified' exemptions under the Act. Where information falls under 'absolute exemption', the harm to the public interest that would result from its disclosure is already established.

If a public authority believes that the information is covered by a 'qualified exemption' or 'exception' it must apply the 'public interest test'.

The public interest test favours disclosure where a qualified exemption or an exception applies. In such cases, the information may be withheld only if the public authority considers that the public interest in withholding the information is greater than the public interest in disclosing it.

There will be a need to address the budgetary requirements for undertaking Serious Case Reviews.

Time scales for the completion of Serious Case Reviews will need to be put in place to ensure that the process is driven within a timely and specific framework.

There may be need for the completion and implementation of media and communication strategies.

## Appendix 10 - Useful Contacts

|  |   |  |
|--|---|--|
| <b>Action on Elder Abuse</b>               | Elder Abuse Response Line<br>(Monday – Friday:<br>10 am to 4.30 pm) | Tel. 080 8808 8141   |
|  | General enquiries   | Tel. 020 8764 7000   |
|  | Email   | <a href="mailto:enquiries@elderabuse.org.uk">enquiries@elderabuse.org.uk</a>   |
| <b>Age Concern England</b>                 | Information helpline  | Tel. 0800 00 99 66   |
| <b>Age Concern Waltham Forest</b>          | General enquiries<br>E-mail   | Tel. 020 8558 8716 / 5512<br><a href="mailto:info@ageconcernwf.org.uk">info@ageconcernwf.org.uk</a>  |
| <b>Alzheimer’s Society (London)</b>        | Helpline<br>(Monday – Friday:<br>8 am to 6 pm)                      | Tel. 0845 300 0336   |
| <b>Alzheimer’s Society Waltham Forest</b>  | General enquiries   | Tel. 020 8529 6782   |
| <b>Ashiana Asian Women’s Refuge</b>        | General enquiries   | Tel: 0114 2555740  |
| <b>Carers Association (National)</b>       | General enquiries   | Tel. 0808 808 7777   |
|  | Email:  | <a href="mailto:info@carersuk.org">info@carersuk.org</a>   |
| <b>Carers Association (Waltham Forest)</b> | General enquiries<br>(24 hour answer -<br>phone)                    | Tel. 020 8531 9652   |
| <b>Citizens Advice Bureau</b>              | Leytonstone   | Tel: 020 8988 9620   |
|  | Walthamstow   | Tel: 0870 1264 026   |
| <b>Care Quality Commission (CQC)</b>       | Ferguson House<br>113 Cranbrook Rd<br>Ilford IG1 4PU                | Tel: 020 8477 0960<br>Fax: 020 8477 0984<br>Email:<br><a href="mailto:enquiries.Ilford@CQC.gsi.gov.uk">enquiries.Ilford@CQC.gsi.gov.uk</a> |
| <b>Counsel and Care</b>                    | General enquiries   | Tel. 020 7241 8555   |
|  | Helpline  | Tel. 0845 300 7585   |
| <b>Dementia Support Service</b>            | Enquiries   | Tel. 020 8496 3000   |
| <b>Help the Aged</b>                       | General enquiries   | Tel. 020 7278 1114   |

|   |   |  |
|---|---|--|
| <b>Interpretation services</b>  |   | Tel: 020 8496 3000<br>Minicom: 020 8496 2002   |
| <b>Language Line</b>  | Enquiries   | Tel. 020 8981 9911   |
| <b>London MIND</b>  | General enquiries   | Tel. 020 8522 1333   |
| <b>MIND in Waltham Forest</b>   | Enquiries   | Tel. 020 8556 9621   |
| <b>London Rape Crisis</b>   | Initial contact   | Tel. 0171 837 1600   |
| <b>Sexual Referral Centre London</b>  | <p><b>Haven - Camberwell</b><br/>King's College Hospital<br/>Denmark Hill<br/>London SE5 9RS Tel: 020 7346 1599 (9am - 5pm Monday to Friday) or 020 7737 4000 at all other times.</p> <p><b>Haven - Paddington</b><br/>St Mary's Hospital<br/>Praed Street<br/>London W2 1NY Tel: 020 7886 1101 (9am - 5pm Monday to Friday) or 020 7886 6666 at all other times.</p> <p><b>Haven - Whitechapel</b><br/>The Royal London Hospital<br/>9 Brady Street<br/>London E1 5BD Tel: 020 7247 4787 at any time.<br/>Find out more about the Havens at Camberwell, Paddington and Whitechapel on the Havens website:<br/><a href="http://www.thehavens.org.uk">www.thehavens.org.uk</a></p> |  |
| <b>NAPAC<br/>(National Association for the Protection from Sexual Abuse of Children and Adults)</b> | Support Line  | Tel. 0800 085 3330   |
| <b>North East London Advocacy Service (NELA)</b>  | General enquiries   | Tel: 020 8970 5731   |
| <b>PAVA<br/>(Practitioner Alliance Against Abuse of Vulnerable Adults)</b>                          | General enquiries   | Tel. 0114 233 5314   |
| <b>Police</b>   | CSU<br>Crime Desk   | Tel. 020 8345 3152<br>Tel. 020 8721 5036   |
| <b>RNIB<br/>(Royal National Institute for the Blind)</b>  | Enquiries<br>Helpline<br>Textphone  | Tel. 020 7388 1266<br>Tel. 0845 766 9999<br>18001 020 7388 1266                      |
| <b>RNID<br/>(Royal National Institute for the Deaf)</b>   | General enquiries<br>Information line<br>Textphone<br>Fax   | Tel. 020 7296 8000<br>Tel. 0808 808 0123<br>Tel. 0808 808 9000<br>Tel. 020 7296 8199 |

|   |   |   |
|---|---|---|
| <b>Samaritans</b>                                     | All calls   | Tel. 0845 90 90 90  |
| <b>Stroke Association</b>                             | General enquiries<br>Helpline<br>Textphone                | Tel. 020 7566 0300<br>Tel. 0845 303 3100<br>Tel. 020 7251 9096  |
| <b>Terrence Higgins Trust</b>                         | Direct Helpline   | 0845 12 21200   |
| <b>Victim Support Waltham Forest</b>                  | Helpline<br>(Monday–Friday:<br>10am-1pm and<br>2pm-4pm)   | Tel. 020 8503 6226  |
| <b>VOICE UK<br/>(Learning disabilities)</b>           | General enquiries<br>(Monday – Friday:<br>9am to 5pm)     | Phone: 01332 345346<br>Fax: 01332 295670<br>Email: <a href="mailto:voice@voiceuk.org.uk">voice@voiceuk.org.uk</a> |
| <b>Waltham Forest Legal Services</b>                  | Legal Section, Waltham<br>Forest Town Hall,<br>London E17 | Tel: 0208 496 3000  |
| <b>Waltham Forest Supported Housing</b>               | Yvonne Toms<br>Head of Support and<br>Disabilities        | Tel: 020 8496 5535  |
| <b>Waltham Forest Domestic Violence Coordinator</b>   | Mee Cheuk   | Tel: 020 8496 6840/6833   |
| <b>Waltham Forest Primary Care Trust Headquarters</b> | Kirkdale House<br>7 Kirkdale Street<br>E11 1HP            | Tel. 020 8430 8000  |