Waltham Forest Safeguarding Adults at Risk Partnership Board

London Borough of Waltham Forest

and

Waltham Forest Adult Safeguarding Partnership

Adult Safeguarding

Operational Guidance Manual

May 2012

London Borough of Waltham Forest
Safeguarding Vulnerable Adults
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Core Principles

DOING NOTHING IS NOT AN OPTION

If we know or suspect that a vulnerable adult is being abused, we will do something about it and ensure our work is properly recorded

and

Safeguarding is the responsibility of everyone, including statutory, independent and voluntary agencies as well as every citizen.
We will work together to prevent and minimise abuse

SAFEGUARDING IS EVERYBODY'S BUSINESS

Introduction

This guidance has been updated to incorporate the agreement reached by all London Authorities to produce the Pan-London Multi-Agency Policy & Procedures in relation to Safeguarding Adults from Abuse. This was formerly launched in January 2011.

It is primarily intended for the use of LBWF Council staff, including those managed by North East London Foundation Trust although elements of them apply to all partner organisations.

The guidance provides a framework for positive action, working together to protect adults at risk from mistreatment and abuse, based on respect for each individual's human rights.

This guidance makes the roles and responsibilities of staff from all agencies who work with vulnerable adults explicit, and all relevant staff should follow it. Failure to follow this guidance could result in a poor quality service for those who are most vulnerable, and damage our reputation for protecting adults at risk.

The guidelines set out the way in which a Safeguarding Investigation should be carried out to enable an Adult Safeguarding Plan to be put in place for a person at risk.

Some instances of abuse will constitute a criminal offence, and in such cases adults at risk are additionally entitled to the protection of the law in the same way as any other member of the public.

This guidance will be reviewed following the formal review of the Pan-London Adult Safeguarding Procedures and Guidance in January 2014.

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Guidance Note 1:

Definition of an adult at risk

The term ‘adult at risk’ has been used to replace ‘vulnerable adult’. This is because the term ‘vulnerable adult’ may wrongly imply that some of the fault for the abuse lies with the adult abused.

The term ‘adult at risk’ is used as an exact replacement for ‘vulnerable adult’, as used throughout *No secrets*.

An adult at risk is aged 18 years or over ‘who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’ (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships. Other definitions exist in partner organisations. An adult at risk *may* therefore be a person who:

• is elderly and frail due to ill health, physical disability or cognitive impairment
• has a learning disability
• has a physical disability and/or a sensory impairment
• has mental health needs including dementia or a personality disorder
• has a long-term illness/condition
• misuses substances or alcohol
• is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
• is unable to demonstrate the capacity to make a decision and is in need of care and support
(This list is not exhaustive)

Abuse

"Abuse is the violation of an individual's human and civil rights by any other person or persons."

(*“No Secrets”,* March 2000)

The term “abuse” has now been replaced with “harm” in line with the Pan London Procedures 2011

Consideration needs to be given to a number of factors:

- Anyone may experience harm/abuse
- Abuse/harm may be a single or repeated act
- Abuse/harm may be physical, verbal, sexual, financial, institutional or psychological, or may be caused by neglect
- Abuse/causing harm may be a deliberate act or may be the result of a failure to act appropriately
- Abuse/harm may occur within a personal relationship or within a professional relationship where there is an expectation of trust
- Abuse/harm may take place in any setting; for example a person's own home, in a care home, in a hospital, day centre or public place.

- Self-harm is **not** considered abuse for the purpose of safeguarding[1].

Types of Abuse/Harm

Physical harm: including hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint, or inappropriate sanctions.
Sexual harm: including rape and sexual assault, or sexual acts to which the vulnerable adult has not consented, or could not consent, or where pressure was applied to secure their consent.
Emotional harm: including verbal abuse, psychological abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, forced marriage, harassment, isolation or withdrawal from services or supportive networks.
Financial or Material harm: 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 (including acts of omission): including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, food, drink and heating.
Discriminatory harm: including making racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment.
Institutional harm: involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.

Significant Harm

In determining what justifies intervention and what sort of intervention is required, *No Secrets* uses the concept of 'significant harm'. This refers to:

- 'ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- the impairment of, or an avoidable deterioration in, physical or mental health and/or
- the impairment of physical, intellectual, emotional, social or behavioural development'.

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

[1] The only exception to this is where the self-harm, including suicide or self-neglect, may have been caused through the actions or inaction of others.

Seriousness of harm or the extent of the abuse is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the safeguarding adults policy and procedures.

No Secrets puts forward the following factors to be taken into account when making an assessment of the seriousness of the risk to the person:

- vulnerability of the person
- nature and extent of the harm or neglect
- length of time the harm or neglect has been occurring
- impact of the alleged harm on the adult at risk
- risk of repeated or increasingly serious acts of abuse or neglect
- risk that serious harm could result if no action was taken
- illegality of the act or acts.

Guidance Note 2:

Purpose of an Adult Safeguarding Investigation

The purpose of the investigation is to establish the facts and contributing factors leading to the referral. In addition there are responsibilities to identify and manage risk to ensure the safety of the individual and others. It should seek to clarify the views of the adult at risk, enable a mental capacity assessment to be carried out if required and instruct an IMCA if that is indicated. It should address the following :-

- protect the person at risk from serious harm and reduce the likelihood of abuse
- reduce the likelihood of any future harm
- establish and record the **facts** about the circumstances giving rise to concern
- determine whether a criminal offence may have taken place and ensure the integrity of evidence
- establish the vulnerable adult's perception of the incident(s) and what he/she wants to happen to ensure future safety
- assess the source and level of risk
- assess the extent of person's mental capacity to understand the degree of competence and risk involved
- consider any actions needed to protect others, including any children
- consider whether legal advice is required
- bring together and assess information to develop a multi-agency safeguarding plan
- ensure appropriate action is taken with regards to alleged perpetrator, including where needed, the provision of social care services.

The investigation may also contribute to:

- a police prosecution
- identifying powers to protect the adult at risk, for example, a restraining order
- actions under civil law, for example, an injunction
- staff disciplinary proceedings

Referrals to:

- the ISA
- the CQC in relation to a registered provider
- commissioners of the service in relation to breach of contracts
- a landlord in relation to a breach of a tenancy agreement
- a community care assessment or assessment under CPA
- a healthcare assessment.

Guidance Note 3:

Mental Capacity Act 2005[2] and the Deprivation of Liberty Safeguards

Testing for capacity

The Mental Capacity Act 2005 states that every adult must be assumed to be mentally competent unless it is established that they lack capacity.

The Act sets out four criteria for deciding whether a person lacks capacity. He or she must be unable:

- to understand the information relevant to the decision,
- to retain that information,
- to use or weigh that information as part of the process of making the decision,
- to communicate the decision (whether by talking, using sign language or any other means).

For some people with impaired cognitive functions, their ability to meet some or all of these criteria will fluctuate over time.

Some people, for example those in the early stages of dementia, are able to retain information for a limited period only. The fact that a person is able to retain the information relevant to a decision for a short period only does **not** prevent him or her from being regarded as able to make a competent decision at a given point in time.

An individual may be competent to make certain relatively simple decisions, but at the same time not have the capacity to make other, more complex decisions.

When assessing for capacity to make a particular decision, the assessment should be made at the time the decision needs to be made. Where it involves more than one decision, each decision must be considered in turn, as a person may have capacity to make one decision but lack capacity to make another. Those making the assessment should ensure that:

- the person has all the information, or sufficient information in order to make that specific decision

[2] Not all adults who meet the safeguarding definitions will lack capacity – the establishment of mental competence does NOT mean that there is no safeguarding issue to investigate.

- the information is explained or presented in a way that is easiest for the person to understand (taking into account the particular needs of the individual)
- arrangements are made to take account of whether;
  - there are particular times of day when the person's understanding is better
  - there are locations where they feel more at ease
  - to postpone the decision to another occasion if that would be better
- where the person can be helped or supported to make choices or express a view by someone else, such as a relative or an independent advocate, that arrangements are put in place to provide that support.

A person should not be treated as unable to make a decision because he or she makes an unwise decision, or one that appears irrational.

The Independent Mental Capacity Advocate (IMCA) Service
People who lack capacity will often have support from family members or friends who take an interest in their welfare. However, some people who lack capacity may not have anyone to support them in making major life changing decisions, so the Act has created an Independent Mental Capacity Advocate (IMCA) to support them. An IMCA is a specific type of advocate who will only be involved if there is no family, friends or legal representation who can be consulted. An IMCA will not be the decision maker, but the decision maker will have a duty to take into account the information given by the IMCA.

An Independent Mental Capacity Advocate MUST be involved if:
- the decision is about serious medical treatment
- it is proposed that the person be moved into long term care of more that 28 days in a hospital or 8 weeks in a care home
- a long term move (8 weeks or more) to different accommodation is being considered, for example, to a different hospital or care home
- where adult safeguarding procedures are being instigated.

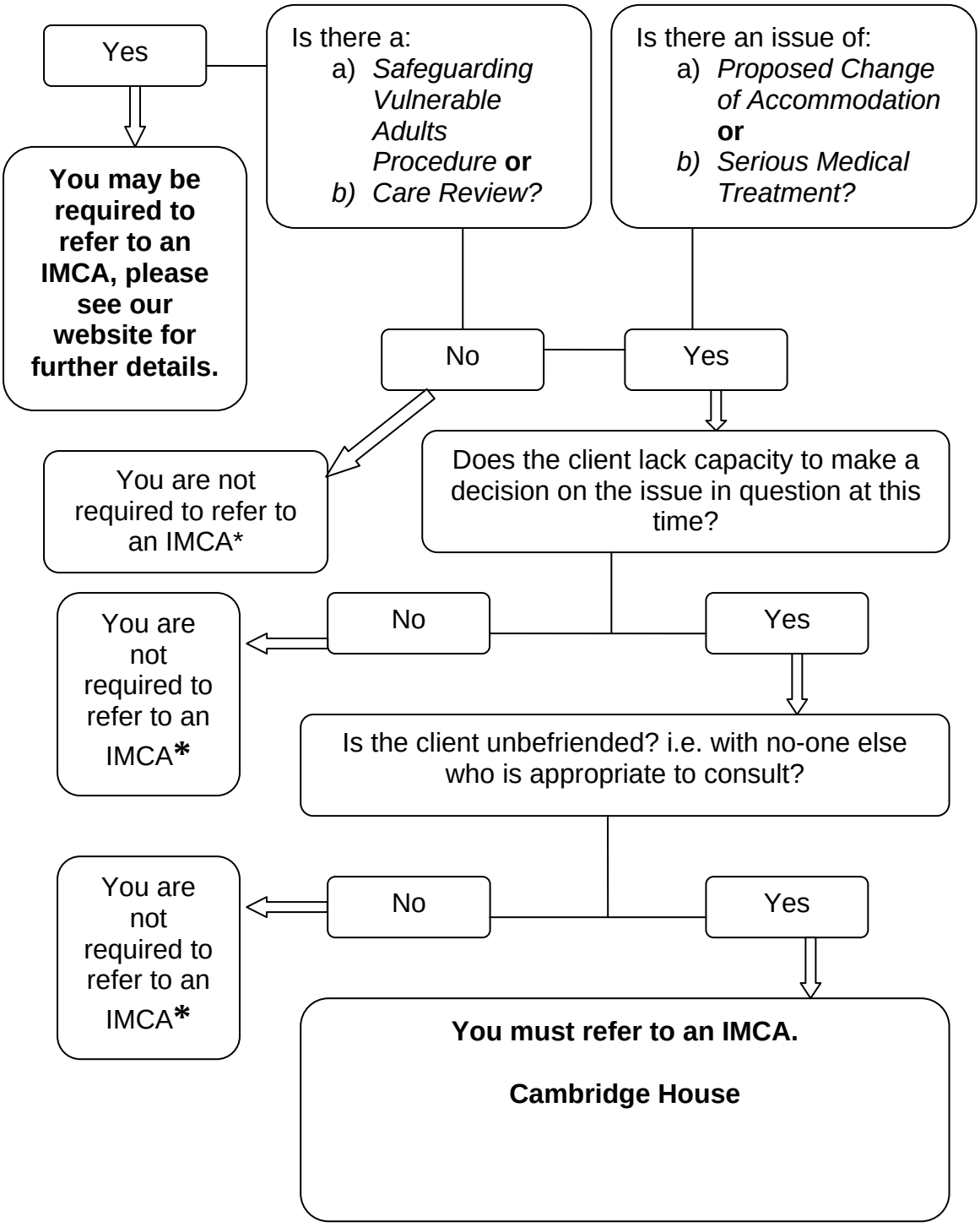
The Department of Health has extended the Mental Capacity Act in relation to the safeguarding of vulnerable adults who are deemed to lack capacity from abuse and neglect. These regulations equally apply to a person who is allegedly an abuser and who lacks capacity. In an adult safeguarding situation, an IMCA may be appointed even where there is someone else such as a relative or friend to consult with if that person is allegedly implicated in the abuse.

If you are the decision maker it will be your duty to instruct the IMCA before making the decision (apart from in emergency situations). The service is provided locally by:

CAMBRIDGE HOUSE
31 Camberwell Road
Camberwell
London
SE5 0HE

A record of the referral and the decision must be kept in the service user's file.

Should I refer my client to an Independent Mental Capacity Advocate (IMCA)?-



***This may not be an IMCA issue, but it may be suitable for another type of independent advocacy.**

The Deprivation of Liberty Safeguards

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

What is Deprivation of Liberty?

Some people who live in hospitals and care homes are unable to make their own decisions about their care or treatment because they lack the mental capacity to do so. They need more care and protection than others to make sure they don't suffer harm.

Sometimes, caring for and treating people who need extra protection may mean restricting their freedom. For instance, it might be necessary to stop a person from leaving the hospital or care home, or staff might have to make many choices for a person inside the care home. If there are a lot of restrictions, it may be that the person is being deprived of their liberty.

Hospitals and care homes should always try to avoid this, but sometimes there is no alternative to deprive a person of their liberty because it is in their best interests.

What are the Deprivation of Liberty Safeguards?

The Deprivation of Liberty Safeguards are part of the Mental Capacity Act and came into effect in April 2009. They apply to anyone who:

- Is aged 18 or over
- Is suffering a 'disorder or disability of the mind'
- Lacks the capacity to give consent to their care/treatment
- Is receiving care or treatment that might amount to a deprivation of liberty under Article 5 of the European Declaration of Human Rights.

If there is no alternative but to deprive such a person of their liberty, the Deprivation of Liberty Safeguards say that a hospital or care home must apply to the supervisory body for authorisation. The supervisory body is the local authority or Primary Care Trust that commissions the service.

The Supervisory Body is responsible for commissioning the required assessments to determine whether the person concerned:

- comes under the protection of DoLS
- is deprived of their liberty,
- and if so, whether it is in their best interests.

If the Supervisory Body authorises a deprivation of liberty, this will be for a limited time (up to a maximum of 12 months) and the Supervisory Body may put conditions in place to make sure the person's welfare is safeguarded.

The Supervisory Body will also make sure that the person being deprived of liberty has a 'Representative' who will keep in touch with the person, support them in all matters regarding the authorisation, and ask for a review of the authorisation when necessary. This Representative would usually be a family member or friend. In the absence of anyone suitable, the Supervisory Body will arrange a paid advocate.

The Safeguards also allow people the right of appeal against a decision in a court of law.

What are Authorities' duties under the Safeguards?
Hospitals and Care Homes (these are called Managing Authorities) have a duty to:

- Provide care and treatment in ways that do not deprive a person of their liberty, or if this is impossible;
- Apply to the Supervisory Body for authorisation of the deprivation of liberty.

The Council and the PCT (these are called Supervisory Bodies) have a duty to:

- Assess any person for whom the Managing Authorities request a deprivation of liberty
- Authorise a deprivation if it is necessary in the best interests of a person to whom the Safeguards apply
- Set any necessary conditions to make sure the person's care/treatment meets their needs in their best interests
- Set a time-scale for how long a deprivation can last
- Keep records of who is being deprived of their liberty.

What should I do if I feel a person is being deprived of their liberty?

- Discuss the issue with the hospital or care home. They may be able to change a person's care or treatment to make sure the person is not being deprived of their liberty, or may be able to explain why a person is not actually deprived of their liberty.
- Request that the Supervisory Body reviews the person to see whether they are being deprived of their liberty. This request can be by telephone, fax or email.

Guidance Note 4:

Alerting, Risk assessment and risk management

Risk assessment and risk management is integral to the safeguarding process. A risk assessment must be undertaken as soon as an alert is raised. The risk assessment should take into account wider risk factors such as environmental issues and clarify the degree of risk to the adult at risk, other adults and children.

An immediate safeguarding protection plan must be put in place aimed at removing or minimising risks to individuals if it is not possible to remove the risk altogether.

Alerting, or reporting concerns, about an allegation or suspicion of harm involves:

- recognising possible signs of harm and ongoing poor practice
- responding to disclosure of harm
- ensuring immediate safety
- preserving evidence
- reporting a concern, disclosure or allegation
- recording initial information
- working in accordance with policies for promoting equality and respecting diversity and Human Rights legislation.

Responding to Disclosure and Immediate Safety Needs
The way you respond to an adult at risk who has or may have experienced harm is critical. The following issues must always be considered:

- **Ensure Immediate Safety**

  If the person at risk is in immediate danger or in need of immediate medical attention, action should be taken to ensure his/her safety and wellbeing. This could include calling the appropriate emergency services.

  The Police Public Protection Unit should be called immediately if it is believed that a serious crime has taken place. In cases involving physical or sexual abuse care must be taken to preserve evidence. Consult the Council's Safeguarding Team if the referrer has asked that the Police are not to be informed. At all times staff should be mindful of their own safety and the safety of others and should not alert or confront the person alleged to have caused the harm. (***Staff are advised to familiarise themselves with the relevant lone working policy)***

- **Listen Carefully to What Is Being Said**

  Ensure the adult at risk is not interrupted or discouraged from reporting abuse.

  Give reassurance that information is being treated seriously, that it is not their fault and that they have done the right thing by sharing the information.

  Clarify the facts of the alleged harm, or grounds for suspicion by asking open questions but ***avoid going into detail***.

  Do ***not*** in any circumstances discuss the allegation with the person allegedly causing the harm.

- **Ensure Evidence is Retained or Preserved**

  In the case of a potential criminal offence ensure that the Police Public Protection Unit is called immediately to investigate and collect any relevant information i.e forensic evidence available (e.g. letters, notebooks, e-mails)

  However, in circumstances where this is not undertaken by the police, there is an expectation that relevant items will be securely held should they be required for any further investigation.

  Where a physical or sexual assault has occurred the person should be encouraged not to wash, bathe or shower if a medical examination is likely to be needed. Police and medical staff will respond quickly in these circumstances.

  Do not tidy up or wash clothes, bedding or other items.

  All records of the incident must be signed and dated.

- **Explain Duty to Inform Alerter's Line Manager**

Where the alerter is a member of staff or volunteer, the person at risk should be advised that all allegations, disclosures, concerns or suspicions will be recorded and discussed with a line manager.

Check how the person at risk feels about informing services who might be able to help, e.g. Social Services and if clearly relevant, the Police Public Protection Unit.

- **Inform Alerter's Line Manager/Supervisor of Incident**

  Staff must inform their Line Manager/Supervisor as soon as possible ***on the same day***. If the allegation is against the Line Manager/Supervisor then the next senior member of management should be informed.

- **Recording Initial Information**
  The record should be written clearly and accurately, and should include:

  - the date and time of the incident;
  - the victim's view and description of what happened using as far as possible their own words, phrases and expressions;
  - the appearance and behaviour of the victim;
  - any injuries observed;
  - if a third party reports the allegation, record what they have said and their relationship or role;
  - details of the outcome the adult at risk wants;
  - any questions that may have been asked.

  All records must be signed and dated.

- **Safeguarding Children at Risk**

  If there are any immediate concerns that a child may be at risk, a referral should be made to the Police Public Protection Unit or Waltham Forest's Children & Young People Services.

Guidance Note 5:

Responsibilities of Line Manager on Receiving an Alert

The Line Manager of the member of staff receiving the Alert must decide within 24 hours on the most appropriate course of action.

The Line Manager should:

- **Ensure immediate safety needs are met**

  - That the victim of the alleged harm is safe
  - That any necessary emergency medical treatment has been arranged and the ambulance service contacted if necessary

- That the Police Public Protection Unit have been contacted if a criminal act is alleged or suspected
- That all forensic and other evidence has been preserved
- That the safety of staff, other service users and the public has been prioritised and confirmed

- **Clarify facts received by Alerter**

  - Clarify with member of staff the facts of the alleged incident and where possible avoid re-questioning the person who has allegedly experienced the harm.
  - Do ***not*** in any circumstances discuss the allegation of harm with the person who has allegedly caused the harm
  - Decide whether it meets the safeguarding criteria
  - Determine whether the allegation of harm relates to service delivery or an employee

- **Consider issues of consent and confidentiality**

  - Do the individuals, the person harmed or the person causing the harm appear to have the mental capacity to make decisions?
  - Is the person allegedly experiencing the harm able to decide who should be informed?
  - Is the incident of a level of seriousness, or is there a risk of future harm to the individual or others so high that any refusal of investigation should be overridden?
  - Where there is any doubt about action to be taken discuss with the Council's Safeguarding Service Manager.

- **Record**

  - Ensure that the allegation is fully recorded, signed (with designation), dated and timed as soon as possible.
  - In care settings, e.g. residential and nursing homes, day centres and hospital, records may include the vulnerable adult's personal file and a general communications log.
  - The recording should include an accurate record of what was said to the member of staff or volunteer by the vulnerable adult, plus any other significant observations or information.
  - Wherever possible, agree the record with the person who has given the statement or who has been interviewed.

Line Manager's Responsibility to Process a Referral

A referral should ideally have the consent of the adult at risk; however there will be circumstances when an alert will need assessing and information shared without the individual's consent.

For example:

- Where the person at risk lacks the mental capacity to give consent.

- Where there may have been a crime committed and the risk of harm to the individual or others is such that there is an overwhelming responsibility to intervene.

Anonymous referrals must always be acknowledged and investigated.

The initial referral should be made to the Access Team on **0208 496 1848.** Any referral that needs to be made outside normal office hours, or at weekends or Bank Holidays, should be made to the Emergency Duty Team on **0208 496 3000.**

The referral should be made within one working day of the alert being received.

If in doubt, make the referral.

Guidance Note 6:

Referral Taking

Before passing any alert on as a safeguarding referral, please identify whether the victim is a person at risk based on the criteria in this policy and that there is an allegation or suspicion of harm.

If the concern does not constitute a safeguarding alert ensure that it is still dealt with in the most appropriate way e.g. contract compliance issue, complaints procedure or care management referral, referral for Domestic Violence etc.

Making a decision not to refer

If the adult at risk has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the harm or neglect continues and they subsequently want support to promote their safety. The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation.
If unsure please discuss with the Council's Safeguarding Team.

Referrals should if possible include the following information and be entered onto the relevant client information system:

- **The person at risk (alleged victim):**
  - The situation in which the person is living
  - Their mental health/disability/sensory impairment
  - Whether they are aware the referral has been made
  - Their view of the situation and what action they would like to be taken
  - Services currently received and agencies in contact with them including GP
  - Details of the family and significant others

- **Details of the referrer:**
  - Name, address and contact details
  - Whether they are happy for the person alleged to have caused the harm to know they have alerted Social Services about the alleged harm
  - If the referrer is asking to remain anonymous please explain that the investigator will need to call them to request more detailed information. **If they refuse then accept this and continue to record the information.**

- **Details of alleged harm:**
  - The reasons/incidents that are causing concern and that have led to the referral.
  - The degree of immediate risk that the referrer perceives the person at risk to be in.

- **The person causing harm (alleged perpetrator):**
  - Their name
  - Their relationship to the adult at risk
  - Their mental health/disability/sensory impairment
  - Their whereabouts and the likelihood of contact or the risk to other people
  - Services received/agencies in contact with them including GP

- **The referrer's perceptions of the situation:**
  - Action already taken
  - Any immediate action the referrer thinks should be taken
  - The perceived risks to others ***including children***

- **Other agencies already involved:**
  - Information about any actions taken by health care professionals
  - Information about any Police involvement
  - Any other agencies that have been involved in the identification of harm.

Guidance Note 7:

Threshold for Adult Safeguarding Referrals

The characteristic of much harm is that it is the abuse of power. It is important to note that some harm is criminal; other harm does not amount to a criminal act but, as an infringement of human rights, must be treated with the utmost seriousness.

It is not always clear whether or not abuse is taking place, whether in someone's home or in a service. Allegations can be vague, misleading or even malicious. Suspicions and concerns may have little evidence to support them. However, lessons from both child and adult safeguarding cases have highlighted the importance of the sharing of individual pieces of information (which may be pieces of a significant 'jigsaw'), and of the proper use of procedures.

Initiating Safeguarding Procedures
The questions that must first be considered are:

- Is the person who may have been abused a **vulnerable adult / Adult at Risk**? The definition of person at risk can be found in Guidance Note 1.
- Is there a duty of care that has been breached, e.g. by a family member, care worker or a carer? This information helps distinguish abuse of trust from abusive/criminal acts by strangers.
- Has the adult at risk experienced harm, or is there a suspicion that they have? This may be a loss of rights, independence or opportunity, emotional and psychological harm, or something more overt such as physical harm or loss of assets

It is important to note that the harm does not need to be deliberate. Some neglect is not deliberate. It is not the **intent** that needs to be considered, but the **harm** that has resulted from an act or omission that should trigger safeguarding procedures.

The Council's Safeguarding Team may be consulted about possible referrals.

IF IN DOUBT REPORT

Relationship between Safeguarding Procedures and other Procedures

The significance and importance of abuse is such that safeguarding investigations **must** take priority over investigations which otherwise might be conducted into complaints or untoward incidents.

Safeguarding processes take account of disciplinary procedures, duties of employers and the rights of alleged person causing the harm. A disciplinary investigation should not commence until after the conclusion of the safeguarding investigation **unless this has been agreed at a Strategy Meeting.**

Guidance Note 8:

Gathering Initial Information

Initial information gathering is the way we assess what the most appropriate course of action is for any reported case of harm or suspected harm. This initial information

will normally be collected by the care coordinator initially allocated to the case (this person will usually become the Lead Investigator following any Strategy Meeting).

Initial gathering of information may include contacting:

- Adult Social Care
- NHS Waltham Forest
- GP
- North East London Foundation NHS Trust
- Metropolitan Police (Waltham Forest Public Protection and/or Community Safety Unit)
- Hospitals
- Community Nurses
- The Care Quality Commission (CQC)
- The Commissioning and Contracts Team
- Any private, voluntary or statutory organisations providing services or support to the alleged victim.

Where the allegation concerns a registered healthcare or social care service provider, CQC and the appropriate health or social care Commissioning and Contracts Team **must** be informed and kept updated.

If it concerns a service that is commissioned by the Council, but is not regulated by CQC, then the Commissioning and Contracts Team **must** be notified.

- **'INFORMATION GATHERING' DOES NOT MEAN VISITING THE VICTIM - IF NEEDED THIS WILL BE DONE DURING THE INVESTIGATION STAGE.**

- **THE PERSON ALLEGEDLY CAUSING THE HARM MUST NOT BE CONTACTED AT THIS STAGE.**

- **WHERE THE PERSON ALLEGEDLY CAUSING THE HARM IS EMPLOYED BY ANY SERVICE PROVIDER, DO NOT CONTACT THE SERVICE PROVIDER PRIOR TO ANY INVESTIGATION IF THIS WILL CONTAMINATE ANY EVIDENCE AT THE INVESTIGATION STAGE.**

Guidance Note 9:

Responsibilities of the Manager of the Team receiving the Referral

- Actions to safeguard adults at risk are given top priority and they are supported throughout the process
- clear records are kept of any contact with, or actions taken to support or care for the adult at risk
- Allocate the referral to an appropriately qualified and experienced staff member, who shall become the Investigating Officer.
- Provide support and supervision for the investigator at all stages of the investigation.

- Decide at what point the investigation should move to the next stage or be closed, ensuring that all stages of the safeguarding process have been followed.
- Ensure that the investigation is in line with the Waltham Forest Safeguarding Vulnerable Adults Partnership Board Multi-Agency Policy and Procedures, and that the process meets the agreed timescales.
- Initial strategy discussions can be held over the telephone or via e-mail.
- Decide who should be invited to any Strategy Meeting/Case Conference.
- Ensure that recommendations from any Strategy Meeting/Case Conference are carried out.
- If it becomes apparent that a safeguarding investigation is not appropriate, the Team Manager must record the reasons for the decision.
- Ensure that the person who made the alert is aware of the decision; any information provided should be in accordance with confidentiality policies.
- Where the alerter does not accept the decision, or there are any doubts about the appropriate action to take, the matter should be referred to the Council's Safeguarding Service Manager.
- If the appointed Investigator is unavailable through sickness or leave, then the Team Manager is responsible for arranging or negotiating a replacement.
- If the person allegedly causing the harm is also a vulnerable adult, the Team Manager must ensure that a Care Manager is allocated to assess their needs. It is important that the person allegedly causing the harm receives support to remove or minimise the risk that they may pose to others or to themselves.
- Give due consideration at every stage to the potential for risks to wider groups.
- Ensure that the safeguarding plan is allocated to a qualified worker (if not the investigator), to be implemented and reviewed.
- Where the safeguarding plan will be implemented and reviewed by a different team and different line manager, ensure that it is accepted and signed by the supervising Team Manager who will then be responsible for allocation to a qualified worker and responsible for its implementation and review.
- **It is the responsibility of the Team Manager of the allocated worker to ensure that the safeguarding plan is monitored as prescribed. Evaluation of the success of the safeguarding plan must be made through the supervision process as a minimum, and more regularly discussed and recorded for more complex cases. This supervision must discuss progress against action points and the progress of the plan as a whole. These notes should be agreed, signed and saved into the service users file to create an audit trail of action and governance.**
- **If it is clear through supervision that the safeguarding plan is not working or being adhered to, it is the Team Manager's responsibility to decide whether this requires a further meeting to formally review the safeguarding plan and re-design it, or whether this is better managed through communication and negotiation.**
- The manager of the investigating officer should take all reasonable steps to ensure the health and safety of staff involved in a Safeguarding Adults investigation.
- A risk assessment of the situation should include consideration of the risks to the member of staff involved in the Safeguarding Adults investigation. Where the risk is assessed as being high, staff should not normally undertake a visit

unaccompanied.
- The manager of the investigating officer must preserve the confidentiality at all times of all concerned including staff members under the Safeguarding Adults information-sharing protocols

Guidance Note 10:

Responsibilities of the Investigating Officer

- Plan the safeguarding investigation in conjunction with the Team Manager.
- Follow the action plan that is agreed in any safeguarding strategy meeting or case conference.
- If for any reason the action plan cannot be followed as instructed, seek guidance from the Team Manager before proceeding further.
- Ensure that all relevant information is recorded in line with the recording policy.
- Act as a contact point for professionals and others who have an interest in the adult at risk's welfare, e.g. partner, carers, relatives, friends, advocate, etc.
- Coordinate the activities of other professionals who may act as advisers to the investigation.
- Proceed with each stage of the investigation only after agreement with the Team Manager about how each stage will be conducted, and refer back to the Team Manager after completion of each stage – make sure these consultations are fully recorded.
- Draw up the safeguarding plan, and ensure that all agencies involved understand their roles and responsibilities within that plan.
- Complete appropriate forms and reports to be checked and agreed by the Team Manager.
- Feed back on the progress of the case and outcomes, providing information on the process of the investigation to the alerter.
- Give due consideration at every stage to the potential for risks to wider groups and consider if this needs separate management. If the Investigating Officer thinks that there may be wider risks, the Team Manager, the Safeguarding Service Manager and the Commissioning and Contracting Team must be informed.

The investigating officer should be a suitably qualified and experienced member of staff working under the supervision of a manager, who could be the Safeguarding Adults lead manager within the organisation. The investigating officer must not have line manager responsibilities for the person alleged to have caused harm, or work in the same department.

If there is a criminal investigation, the police will be the lead organisation and any other investigations must be coordinated with them.

Guidance Note 11:

Communication with Service Providers during an Investigation

It is important that lines of communication are kept open between provider managers, the Investigating Officer and the Commissioning and Contracting Team throughout a safeguarding investigation.

A provider manager may face many difficult issues associated with the suspension of staff or through the restriction on generating additional business due to blocks or cautions that may have been placed by the council or CQC.

A senior manager within the organisation being investigated should be identified to act as the link between the Investigating Officer and the service provider and to take primary responsibility for providing further information and evidence.

Whilst great care should be taken not to compromise any investigation, the Investigator or Team Manager should offer regular updates of the progress of the investigation and, if possible, an indication of future action.

This will help to ensure that the provider manager is aware of potential issues in terms of covering staffing shifts and other matters to maintain the required standard of service provision.

The provider manager should be included in Strategy Meetings, if appropriate, and certainly at Case Conferences, as this will enable dialogue and offer learning opportunities for provider managers. This will also reinforce that the investigation is a transparent and inclusive process that encourages improvement in service delivery.

The role and responsibility of the provider manager is:

- To ensure the person at risk is made safe
- To ensure that any staff or volunteer who may have caused harm is not in contact with service users and others who may be at risk, for example, 'whistleblowers'.
- To ensure that appropriate information is provided to the investigator in a timely way.

Guidance Note 12:

Role of the Council's Safeguarding Service Manager and Team

Main Purpose

Accountable to the Executive Director, Adult Social Care for ensuring that LBWF's safeguarding processes are delivered in accordance with local and national policy, Pan London procedures and statutory requirements

The Council's Safeguarding Team must be informed when all strategy meetings and case conferences are taking place, and will attend meetings where cases are complex, or where more than one service user is involved as a potential victim.

The Council's Safeguarding Team has the authority to challenge investigators and managers if practices are seen that do not follow these procedures or the multi-agency policies and procedures.

The Council's Safeguarding Service Manager will report directly to the Council's Executive Director for Adult Social Care.

Main Team Responsibilities

- Managing the investigation of large scale referrals including chairing Strategy Meetings & Case Conferences in such cases
- Taking the lead on other referrals if deemed appropriate by the Safeguarding Service Manager
- Working closely with the appropriate training Officers and through the Training and Development Sub Committee of the Safeguarding Vulnerable Adults Partnership Board to identify the training requirements of all staff within the Waltham Forest Safeguarding Partnership
- Developing and implementing safeguarding processes that meet local and national quality standards and that can be monitored and measured for the purposes of quality assessment and internal and external inspection.
- Co-ordinating all matters in relation to adult safeguarding as specified in the Safeguarding Board's policies and procedures.
- Liaising with line managers to monitor the progress of investigations.
- Keeping up to date with new initiatives and developments in adult safeguarding, and advising managers and staff of implications for policy and practice.
- Chairing a monthly meeting with safeguarding best practice leads and Team Managers to share practice issues and learning points and disseminate best practice to all staff.
- Offering advice on complex cases to staff of all partner agencies.
- Ensuring that service users and carers are able to participate in planning and decision-making and that any complaints are investigated in line with policy.
- Ensuring that management information on quantitative and qualitative performance is provided to the Safeguarding Board and for internal use.
- Developing and maintaining positive working relationships with carers, other services within LBWF and with other statutory agencies and local authorities, and private and voluntary providers.
- **To consider taking the lead when an allegation, and subsequent investigation centres upon a member of staff from within the receiving team**

Guidance Note 13:

Role of the Chair at Adult Safeguarding Meetings

The Team Manager of the Investigating Officer (the Safeguarding Adults Manager - SAM) should normally chair Strategy Meetings and Case Conferences.

Preparation

The Chair will produce an agenda for the meeting and arrange for notices of meetings and agendas to be circulated. Check availability by phone or email prior to sending out invitations. Neither the Chair of the meeting nor the Investigating Officer

should act as minute taker. It is the Chair's responsibility to ensure that either an administrator or another attendee is prepared to minute the meeting. However, it should be noted that this is not a significant enough reason to delay the convening of a safeguarding meeting.

Who should attend Strategy Meetings and Case Conferences?

Attendance at the **strategy meeting** should be limited to those who need to know and who can contribute to the decision making process. They should be staff of any organisation who have a role in investigating the allegation of abuse or neglect or in the assessment of the risk to the adult at risk, or for taking action in relation to the person causing the harm. They should be of sufficient seniority to make a decision within the meeting concerning the organisation's role and the resources they may contribute to the agreed protection plan. (Pan-London)

In making a decision about attendance at a strategy meeting, managers should be mindful of the objective of the meeting, as it is generally aimed at allocating specific investigatory functions in order to progress the safeguarding process, and may be completed within a very short time. In this scenario there would be a question as to the value of non-professionals attending.

Similarly, there may well be an issue of detailing specific confidential information about staff, etc where there is an expectation that information should be handled in a sensitive manner which is re-inforced by appropriate professional accountabilities for professional staff, which do not exist for family members.

Should the adult at risk, or indeed their representative seek to be involved in all aspects of the safeguarding process, it may be appropriate to ensure a "slot" within the strategy meeting in order to gain their comments and for them to be aware of what is being proposed.

The person who is alleged to have caused the harm should **NOT** be invited to a strategy meeting, although there may be occasions when it is appropriate to invite them to a case conference.

Attendance at the **Case Conference** should be as above although all attempts should be made to facilitate the involvement, and attendance of the adult at risk where appropriate.

To help support the attendance and effective participation of the adult at risk, it is recommended that the case conference be divided into two parts:

- For professionals to receive the investigating officers report and to make decisions on the findings.

- Concerned with agreeing the protection plan. This part could be attended by the adult at risk. The agenda should be set out so that the adult at risk may actively participate at the meeting (if appropriate).

LBWF are keen to improve the level of engagement of service users within safeguarding processes, in a manner that is meaningful to them, and evidences that the allegations are taken seriously and that protection plans, where devised are agreed upon.

Consideration should also be given to the possibility of the person alleged to have caused the harm attending case conferences, where appropriate and if this is agreed by the multi-agency team who attended the initial strategy meeting. This should take into account the views of the adult at risk. This could provide supplementary information in addition to emphasising the seriousness of the situation, etc. However, one of the main functions of this would be to ensure the person alleged to have caused the harm has a "right to reply".

Representatives at either meeting may include:

Adult Social Care
NHS Waltham Forest
Whipps Cross Hospital
ONEL
NELFT
Metropolitan Police
London Ambulance service
London Fire service
London Probation
Statutory, voluntary or private sector providers (unless the provider itself is the person who is alleged to have caused the harm)
Family/unpaid carers
The service user

Not every organisation or individual will need to be invited to every meeting. In particular, judgement needs to be used regarding the attendance of the service user and carers. The service user's and carer's views must be sought prior to the meeting if they are not attending.

At both meetings, the Chair will:

- Ensure that meetings are conducted on a multi-agency basis and in accordance with these procedures.
- Inform attendees of the policies in relation to confidentiality, equal opportunities and anti-discriminatory practice.
- Promote a culture that pursues positive outcomes for the adult at risk through putting the needs of the person first.
- Seek a consensus on decisions of risk, and how risk can be minimised to both the person at harm and other adults at risk (where appropriate) during the investigation.
- Decide with the Contracts Team whether a caution or block needs to be placed on a provider - this decision will be made and recorded at the meeting.
- Clearly summarise at the end of the meeting the action plan (strategy meeting)/safeguarding plan (case conference) for the note taker, including details

of exactly who will be responsible for each action, within what timescale and reporting arrangements.

- To advise that, should the person alleged to have caused the harm be employed, and possibly suspended, then an appropriate person is allocated from the employing agency to be a contact person for them.
- Hold ultimate responsibility for the process followed during the investigation, and liaise with other agencies if action plans agreed are not completed*.
- Ensure that no papers relating to the meeting have been left in the meeting room.

***NB.** This means informing the particular agency's appropriate manager if the process is not being followed as agreed. This will be discussed with the Council's Safeguarding Service Manager in the first instance prior to any action being taken

Guidance Note 14:

Note Taker's Responsibilities

Any member of LBWF staff who is asked to minute any safeguarding meeting will need to have an understanding of the WF Safeguarding Board Multi-Agency Policies and Procedures. They should have attended Safeguarding Awareness training.

Staff members who have never previously minuted a safeguarding meeting should be thoroughly briefed on expectations by their line manager or by the Chair of the meeting.

If you have been asked to take the minutes of a meeting that is not at your normal work place, discuss travel arrangements to and from the venue with your line manager or the Chair of the meeting.

Prepare an attendance sheet; list those people who have been invited and where appropriate the organisations they represent.

If the meeting is divided with different participants attending separate parts of the meeting, ensure that the attendance sheet(s) reflect this.

Prepare a list of apologies for absence and collate any reports to be given to the Chair before the start of the meeting. Familiarise yourself with the contents of any reports as these will assist in compiling the minutes. Try to have a short de-brief with the Chair immediately after the meeting.

Aim to produce draft minutes as soon as possible after the meeting and pass them to the Chair for approval. If the Chair is not the minute taker's line manager, agree a timescale that reflects the urgency and priority that should be allocated to the task.

If the note taker is distressed by the content of the discussions during the meeting they should talk through the issues with the Chair of the meeting or arrange to meet with their line manager to discuss the issues in confidence.

The responsibility for the content of the minutes rests with the Chair of the meeting and the Chair relies on the note taker to produce the draft and the final version of the minutes as soon as possible after the meeting has concluded.

The note taker should know exactly who should have the minutes and any additional papers that may have been agreed. Unless told otherwise, the minutes should be circulated to all those who were invited to the meeting.

Local partnerships may have their own standard agendas and templates for the structure of strategy meetings and discussions.
Minutes, Action Plans and Safeguarding Plans should be sent out within 5 working days of the meeting either by secure e-mail or by 1st class post, marked confidential.

If another meeting has been arranged, ensure that an appropriate meeting room is booked.

Guidance Note 15:

Commissioning and Contracting Responsibilities

Commissioning governance

Commissioners of services should set out clear expectations of provider agencies and monitor compliance. Commissioners have a responsibility to:

- Ensure that agencies from whom services are commissioned know about and adhere to relevant registration requirements and guidance.
- Ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the multi-agency Safeguarding Adults policy and procedures
- Ensure that managers are clear about their leadership role in Safeguarding Adults in ensuring the quality of the service, the supervision and support of staff, and responding to and investigating a concern about an adult at risk
- Commission a workforce with the right skills to understand and implement Safeguarding Adults principles
- Ensure staff have received induction and training appropriate to their levels of responsibility.

Lead Commissioners and their teams have an important role to play both in identifying the possible abuse of adults and during an investigation.

Duty to Report and Take Action

Staff who have responsibility for monitoring and managing care and support contracts have a duty to report to their line manager any suspicions that an adult at risk is being abused.

On identifying a potentially abusive situation it may be necessary to take urgent action, which could include referring the matter to the Police Public Protection Unit or ensuring that the person receives urgent medical treatment.

A service user should never be left in a situation where they could be at risk of being seriously harmed. In such cases it may be necessary to contact the appropriate Adult Social Care Team with a view to obtaining alternative accommodation as a matter of urgency.

Consideration should be given as to whether it is more appropriate for the person alleged to have caused the harm to be removed in cases when that person is also a vulnerable adult.

If the service is registered in accordance with the Care Standards Act (2000) the Care Quality Commission (CQC) should be informed of any concerns or incidents of abuse via the appropriate method.

If the service is based within another local authority area the Lead Commissioner should also contact the host authority, which will be responsible for the coordination of the investigation.

If the service user is placed in Waltham Forest by another local authority, LBWF will take responsibility for the investigation, but the home authority must be kept informed, and it may well be appropriate for them to be engaged in the investigation in a particular role.

Alert Stage:
The Lead Commissioner will:

- Receive copies of alerts where a contracted service is involved, to ensure they are aware that the people alleged to have caused the harm are providers of care.
- Inform CQC of any alert involving a registered provider.

Strategy Meeting:
The Lead Commissioner will:

- Designate a Lead Contracts Officer for each case involving a contracted service.
- Be invited to and be represented at all Strategy Meetings where the person alleged to have caused the harm alleged is a contracted provider within LBWF.
- Where the provider is in another local authority area but has service users funded by a Waltham Forest Commissioner, a representative of either the Lead Commissioner or a member of the Council's Safeguarding Team or the appropriate Care Management Team will attend the meeting. If a representative is unable to attend, then minutes must be requested.
- Bring the latest monitoring report on the provider to the Strategy Meeting or Case Conference, and share the information in the report.
- Act on any recommendation of a Strategy Meeting or Case Conference to place an amber or red flag on a provider whilst an investigation is being completed. The decision will be recorded in the minutes of the meeting. **The decision on the placing of an amber or red flag will be made by the relevant Lead Commissioner.**

Definition of Amber and Red:

Amber
If an amber flag is placed on any service, this means that service users will continue to use the service funded by LBWF, NHS Waltham Forest or the Learning Disability Partnership but consideration will be given to the type of service user using the service in relation to the areas of concern. This is an operational decision.

Red
If a red flag is placed on any service, this means that no new LBWF, NHS Waltham Forest or Learning Disability Partnership funded service users will use the service.

In both instances the Lead Commissioner will write to the provider explaining why the amber or red flag has been placed. The amber or red flag will be recorded and a new copy of this record will be circulated to all relevant staff and external commissioning and regulatory agencies.

Investigation Stage
The Lead Commissioner may be required to assist with elements of the investigation. This will be agreed at the strategy meeting. This task would be in relation to contract and compliance issues only.

Case Conference
A representative of the Lead Commissioner will attend any case conference where the case involves a contracted provider and where an action plan has been formulated that requires a Contracts Officer to confirm that recommendations have been completed within the specified time scales.

Where the provider is located outside the area but still includes Waltham Forest funded service users, a Commissioning representative will attend if possible. If it is not possible to attend, the Lead Commissioner will request the minutes from the host authority.

Based on the evidence provided at the Case Conference, the Lead Commissioner, following discussion with the Chair, will decide whether an amber or red flag needs to be placed on the provider until the recommendations have been achieved. The decision will be recorded in the minutes of the meeting.

The recommendations from the investigation with timescales for completion may include the appropriate Commissioning Team following up whether the provider has achieved them as part of the review process. The Commissioning representative will feed back at a review case conference.

Review Case Conference
A Commissioning representative will attend the review meeting, and feed back any information as appropriate. For cases involving residential or nursing homes in LBWF, the Lead Commissioner will develop an action plan to monitor the home, including timescales for any required improvements.

Where the provider is out of area but provides services to Waltham Forest funded clients, a Commissioning representative will attend the meeting.

Out of Area Large Scale Investigations
Where the Commissioning Team is informed of a large scale investigation on a service provider that is being coordinated by another authority, and where a member of the Waltham Forest partnership is funding service users with this service provider, the Lead Commissioner will:

- Ensure alerts on these clients are processed
- Provide the contact details of the lead Officer of the investigation to the Council's Safeguarding Service Manager, so the appropriate Waltham Forest investigator(s) can contact the investigator in the other local authority for further information.

LBWF Large Scale Investigations
Where LBWF is leading a large-scale investigation into a service provider, the Lead Commissioner will:

- Provide a list of clients funded by LBWF and other partners, and of self-funders to the Council's Safeguarding Service Manager.
- Inform any other local authorities that are funding service users with the service provider that a large-scale investigation is taking place.
- Arrange attendance at any strategy meetings, case conferences, and any other safeguarding meetings that require the involvement of the Commissioning Team.
- Contribute to the action plan, monitor the action plan against set timescales and feed back through the appropriate meetings.
- **Not** discuss the details of the investigation with the registered provider outside of the formal safeguarding process.
- Stop any planned monitoring on the service provider until the investigation is completed.

Guidance Note 16:

Roles and Responsibility of the Care Quality Commission (CQC)

The CQC regulates and inspects health and social care services including domiciliary services and protects the rights of people detained under the Mental Health Act 1983. It has a role in identifying situations that give rise to concern that a person using a regulated service is or has been at risk of harm, or may receive an allegation or a complaint about a service that could indicate potential risk of harm to an individual or individuals.

Alert Stage
CQC will inform the Safeguarding Service Manager of LBWF of any adult safeguarding alert that they generate or receive.

Strategy Meeting
It is not necessary or appropriate for CQC to attend all Strategy Meetings; however, attendance is essential where one or more of the following criteria are apparent:

- One or more service users of a registered provider is directly implicated either as person at harm, or the person alleged to have caused the harm, or where the person alleged to have caused the harm is an employee or manager of a registered service provider
- Urgent or complex regulatory action is indicated
- Any form of enforcement action has commenced or is under consideration in relation to the service involved.

The following information will be supplied by CQC to the Chairs of all Strategy Meetings convened in relation to regulated services whether CQC staff will be attending or not:

- Name, address and telephone number of service
- Name of registered provider/company (if applicable)
- Name of registered manager (if applicable)
- Type of registration
- No. of places registered (if applicable)
- Category(ies) of registration, with number of places
- Conditions of registration
- Enforcement action underway or pending
- Complaints investigations underway or pending
- Most recent inspection report
- Any direct information relating to the allegation obtained through the inspection process

CQC staff must not chair or act as minute takers for Strategy Meetings or Case Conferences. CQC will be copied into appropriate strategy meeting minutes, whether or not they have attended the meeting

Where the allegation suggests breaches of regulations and standards, CQC may conduct enquiries or initiate an inspection and take appropriate regulatory action.

Adult Safeguarding Plan

CQC within its regulatory role will assure adherence to those elements of the safeguarding plan that relate to service compliance with regulations and standards. Where they have already undertaken some inspection activity as part of the multi-agency response to the concerns, they will have considered whether any enforcement action was needed based on their findings.

Guidance Note 17:

Staff Disciplinary Procedures for Providers

If provider managers are aware that a member of staff is causing harm or allegedly causing harm to a vulnerable adult, they should use their **internal staff disciplinary procedures** to take action to protect vulnerable adults. This may involve suspending the member of staff, on a “without prejudice” basis, pending the outcome of the safeguarding Investigation.

If it appears that a criminal offence has been committed then an urgent referral should be made to the Police.

The manager should also report the matter to LBWF Council's Safeguarding Service Manager and to CQC.

Where it appears that an investigation is necessary and a crime is suspected, the Police should co-ordinate the response; if no crime is suspected, Social Care will co-ordinate the response.

The employer should comply with employment legislation at all times, and take any required advice regarding the application of employment law.

Where a formal Police or Social Services led adult safeguarding investigation has been instigated, the employer should be advised not to interview adults at risk or witnesses as part of their disciplinary process until the formal investigation has been completed, or unless agreed at a formal strategy meeting or case conference.

The employer must ensure that any internal inquiry actions do not interfere with the adult safeguarding investigation or jeopardise potential criminal proceedings.

Guidance Note 18:

Protocol for Inter-authority Investigation of Vulnerable Adult is highlighted with the Pan London Policy & Procedures, and seeks to uphold the following basic principles:

- The local authority in which the abuse occurs has overall responsibility for coordinating the safeguarding arrangements (and is referred to as the host authority)
- The placing authority – the local authority with funding and/or 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 safeguarding vulnerable adults and for managing concerns, which in turn link with local policy and procedures set out by the host authority
- The placing authority will provide any necessary support and information to the host authority in order for a prompt and thorough investigation to take place
- The host authority will make provision in service contracts, which refer to this protocol, outlining the responsibilities of the provider to notify the host authority of any adult protection concern.

Responsibilities of Host Authorities
The authority where the harm occurred always takes the initial lead on the adult safeguarding 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.

CQC should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the safeguarding 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 is the authority that is usually responsible for the client and who usually funds their community care service, and as such 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 Adult Safeguarding strategy meeting and/or may be required to submit a written report.

Responsibilities of Provider Agencies
Provider agencies should have in place suitable Adult Safeguarding procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority.

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

Provider agencies will have responsibilities under the Care Standards Act 2000 to notify their local CQC area Officer of any allegations of abuse or any other significant incidents.

Provider agencies that 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.

Guidance Note 19:

Large Scale Investigations

Indicators for Large Scale Investigations

A large-scale Safeguarding Adults investigation would be indicated when a number of adults at risk have been allegedly abused, or patterns or trends are emerging from data that suggest concerns about poor quality of care:
• in a particular resource/establishment
• where the same person is suspected of causing the abuse or neglect
• where a group of individuals are alleged to be causing the harm.

Such situations will involve a wide range of organisations and a number of individual Safeguarding Adults processes and investigations. There will be an overarching Strategy meeting or discussion and case conference. However, each situation will require an outcome, that is, a potential Safeguarding Adults plan for each individual. It is important that all aspects of the investigation are planned and the organisations and individual professionals are clear about their respective roles and responsibilities. In receiving information about individual cases of suspected or actual harm or neglect, it is important to consider possibilities that other adults may also be at risk, including whether past service users could have been harmed. Data checks should be made and consultation held with other organisations who have a responsibility for a person receiving a service.

Where the need for a large-scale investigation becomes apparent, senior managers in the local authority should identify a senior manager to take responsibility for coordinating the overall investigation with all other relevant organisations. If a crime is thought to have been committed, the usual principles and responsibilities for reporting to police apply.
If the concern is with a health setting, the concerned party will contact the executive lead for Safeguarding Adults in that organisation, who will alert the CQC and NHS London. Together they will determine the next steps.

The Safeguarding Adults coordinator of the local authority should also be informed.

At the point of referral, and throughout the course of an investigation, the Team Manager of the Investigating Officer will need to consider whether the alleged harm indicates that there could be a risk to other vulnerable adults. This may arise for example when:

- The harm has taken place in a poorly managed service.
- The person allegedly causing the harm is a care worker (or group of care workers) and has contact with a number of vulnerable people.
- The person allegedly causing the harm is a service user who shares living arrangements or services with other vulnerable people.

In addition, a large-scale investigation may be indicated when a series of alerts or referrals have been received within a short timeframe about a single service provider.

Levels of Investigation
This procedure identifies two levels of large-scale investigations.

On receipt of an adult safeguarding referral/alert the Team Manager, if necessary in consultation with the Council's Safeguarding Service Manager, will consider the appropriate level of investigation. This will determine whether the Chair of the

Strategy Meeting should be a Team Manager or a member of the Council's Safeguarding Team.

- Large Scale Investigation Level 1 – Chaired by an appropriate Team Manager
- Large Scale Investigation Level 2 – Chaired by Council's Safeguarding Team.

Large Scale Investigation: Level 1
This level of investigation applies when:

- Allegations of abuse do not amount to "significant harm"
- The harm has not been ongoing for a considerable time or previously referred.
- No more than 3 people are at risk and are easily identifiable.

Large Scale Investigation: Level 2
This level of investigation will be triggered by:

- Allegations of harm made in respect of 4 or more people.
- The seriousness of harm; including sexual harm.
- The length of time over which harm has taken place.
- Harm carried out by a group of individuals.

When it becomes apparent that a Large Scale Investigation Level 2 needs to take place, the Council's Safeguarding Team should co-manage and Chair the adult safeguarding investigation.
The Executive Director, Head of Assessment and Care, Head of Strategic Commissioning and CQC should always be notified of a decision to carry out any Large Scale Investigation.

LBWF as Lead Authority

Upon identifying that a Large Scale Investigation may be required, a strategy meeting will be held. The strategy meeting will determine whether alerts need to be raised on other service users as part of the large-scale investigation. The Chair will make the final decision.

If the Chair decides that alerts need to be raised on the other service users, the Chair will need to ensure that the alerts are processed. All these alerts will be recorded on a database as part of a large-scale investigation.

In accordance with standard processes, it will be for the Chair to **recommend** and the Head of Strategic Commissioning to **decide** whether an amber or red flag needs to be placed on the service provider. This can be decided at further meetings, as evidence is gained throughout the process, if not decided at the strategy meeting stage.

All service users who are funded in any way by LBWF **and** those who are self-funded will be raised as alerts, and LBWF Adult Social Care will be responsible for those individuals.

LBWF will take initial responsibility for any investigation concerning service users who are funded by other authorities. The Commissioning and Contracts Manager will inform the placing authorities of the large-scale investigation in the first instance. After this, the allocated worker for the service user will inform the key worker for that authority of the findings of the investigation and send any paperwork to them. The investigation on the client will then be completed by LBWF and responsibility handed back to the placing authority. The Commissioning and Contracts Manager will complete any further communication to other authorities.

The Team Manager or Council's Safeguarding Service Manager will, with the assistance of other Team Managers, appoint an investigator to each service user. Each service user's situation will then be investigated to establish whether they may have been subject to harm, and if there are continuing risks to them receiving a service from the provider. An assessment of service users' mental capacity will also need to be undertaken in relation to specific decisions being made relating to their awareness of the risks of them continuing to receive the service. An Independent Mental Capacity Advocate (IMCA) must be engaged where service users have been assessed as not having capacity, specifically when there is either no family or family involvement is not positive or in the person's best interests.

The investigator will also need to produce a safeguarding plan for each service user where there is ongoing risk. The safeguarding plan will be agreed with and countersigned by the Team Manager of the investigator, and copied to the Council's Safeguarding Service Manager.

Once the safeguarding plan has been formulated, the Team Manager will be responsible for ensuring that a qualified worker implements and reviews the plan as required, and ensures that all information is entered onto the relevant client information system.

The registered provider will be informed of the findings of the investigation at an appropriate time. The provider will have an opportunity to explain any of the findings, and develop an improvement action plan, which must be formally agreed with the local authority through the Council's Safeguarding Service Manager and, where appropriate, the Commissioning and Contracts Manager. This will be organised at the end of the investigation to prevent any contamination of evidence.

A Large Scale Investigation may need to involve other professionals such as Occupational Therapists, Tissue Viability Nurses and Community Nurses. When this is the case the Council's Safeguarding Service Manager will need to ensure the investigation is fully coordinated.

Service users' next of kin should be informed of the investigation where the service user has given their consent for the council to make such information available. Where the service user does not have capacity to consent, the next of kin will be informed unless specific instructions to the contrary are held.

Where the investigation is undertaken as a matter of urgency, service users' next of kin will be contacted as soon as possible after the initial investigation, in order to

ensure there is no contamination of evidence. However, it is important to be mindful of the need to engage families, etc.

Non-LBWF Large Scale Investigations
Where the council is informed that a Large Scale Investigation on a provider is being coordinated and led by another authority, individual alerts will need to be raised on all service users placed by LBWF.

The appropriate Team Manager(s) will need to gather further information from the lead of the large scale investigation, and plan with the allocated investigator how each alert is to be investigated and timescales for reporting.

Guidance Note 20:

The Large Scale Investigation Checklist
This checklist is not exhaustive and not all issues will be relevant to every investigation; but it is important that consideration is given to all these issues to facilitate the detailed planning required in complex investigations. Many of these issues will need to be reconsidered as the investigation progresses and new information is received.

Planning Issues to be considered:
- Joint response and decision making between agencies.
- Clarify issues to be investigated.
- Agree what is **not** to be investigated.
- Agree roles and responsibilities for each agency (e.g. local authority, Police, CQC, health, provider services etc).
- Agree timing of investigation actions (including complaints and disciplinaries).
- Ensure any intervention does not compromise possible Police investigation (unless there are overriding safety needs).
- Obtain background information.
- Identify all people affected by investigation (staff, service users and families).
- Consider whether concerns warrant a recommendation for suspension of staff, local authority or NHS placements or service contracts.
- Obtain documentary information e.g. protocols, care plans, plans of building and maps of area.
- Maintain a detailed chronology of all incidents related to the investigation.
- Keep a clear record of all policy decisions related to the investigation, including copies of strategy and conference minutes.
- Legal advice, where appropriate, should be taken as early as possible.
- Identify adult safeguarding investigators and agree information sharing arrangements.
- Preservation of evidence and preparation for medical examination.
- Joint response to risk assessment and management.

Management Issues to be considered:
- Identify key managers from all appropriate agencies.
- Clarify operational procedures and whether Police Major Incident procedures apply.

- Jointly agree staffing commitment and location of investigation.
- Ensure that staff involved do not, or are not seen to have any personal interest in the service or other elements to be investigated
- Prepare for interview of vulnerable witnesses – specialist staff and interview facilities to be made available (Police & Social Services).
- Agree and prepare joint press release/liaise with press officer.
- Consider involvement of other local authorities.
- Consult on management action and where appropriate agree on issues relating to disciplinary action and suspension.
- Plan for security of records, and possible public Interest based Freedom of Information requests.

Professional Issues to be considered:

- Identify differing agency priorities
- Regular briefing and information sharing for relevant staff and managers; which may need to be daily for some cases.
- Support and safeguarding for alerters.
- Care arrangements for vulnerable adults, including therapeutic support.
- Consideration of individual needs in relation to race, culture, age, gender, sexuality, religion and disability.
- Language and communication needs
- Advocacy services, including IMCA
- Help line facilities or identified contact point

Post Investigation Action:

- Debriefing for all staff involved.
- Lessons learnt or 'best practice' identified from the investigation should be made available to all staff and agencies involved in the investigation so that any training issues can be addressed.
- A summary of all Large Scale Investigations Level 2 should be prepared and sent to the Executive Director, Head of Assessment and Care and Head of Strategic Commissioning.
- If circumstances warrant referral for a Serious Case Review then this should be arranged via the Safeguarding Adults Board.

Guidance Note 21:

When the person causing harm is an Adult at Risk

Decisions about how to address each incident, and who should take the lead, should consider the following:

- Whether the person allegedly causing the harm may have committed a crime,
- The impact of the harm on the victim,
- The intent of the person allegedly causing the harm
- Whether the harm was a one-off incident or part of a pattern of harm,
- The impact of the harm on others,
- The risk of the harm being repeated against the victim or other adults at risk.

Action to be taken
The following actions should be considered in response to harm caused by another adult at risk:

- **Referral to Police**
  Where the person allegedly causing the harm is also an adult at risk, and a crime may have been committed, he or she should primarily be dealt with as a potential offender.

  A referral should be made directly to the Police Public Protection Unit, identifying the type of vulnerability, and using 999 if immediate assistance is needed. Social Services and, where appropriate, the regulatory authority should also be informed.

- **Referral to Social Services**
  Where the person allegedly causing the harm is also an adult at risk, but it does not initially appear that the incident is a crime, a referral should be made to Adult Social Care.

  If through further information gathering it is possible that a crime has been committed, Adult Social Care will contact the Police Public Protection Unit. The regulatory authority (normally CQC) should also be informed.

- **Support for the person causing the harm**
  Where the person alleged to have caused the harm is also an adult at risk the following support may be required:

  - **Emotional** e.g. counselling, psychiatric support or group support,
  - **Practical** e.g. alternative accommodation, day care, residential care, closer monitoring or supervision,
  - **Educational** e.g. support to develop social skills, understanding issues of harm or Probation Service Domestic Abuse Programme,
  - **Financial** e.g. legal advice, budgeting/debt counselling.

Guidance Note 22:

Hate Crime
The Metropolitan Police Service defines hate crime as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents that do not constitute a criminal offence.

Local crime reduction partnerships can prioritise action where there is persistent anti-social behaviour that amounts to hate crime. This may be raised at a monthly Anti-Social Behaviour Risk Assessment Conference (ASBRAC), which addresses behaviour that is repetitive or part of a pattern that caused or is likely to cause

significant nuisance, annoyance or distress to a reasonable individual or community.

The police and other organisations should work together to intervene under Safeguarding Adults policy and procedures to ensure robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection, and action is taken to identify and prosecute those responsible.

Hate Crime within LBWF can be reported at 12 Hate Crime Incident Reporting Sites across the borough, either by the person or by a 3rd Party. It can also be reported on line at: Report-it.CommunitySafety@Walthamforest.gov.uk or via phone on: 020 8496 3000.

Domestic Violence
The Multi Agency Risk Assessment Conference (MARAC) is set up to respond to and discuss cases of domestic and sexual violence where there is high and very high risk of harm. If the person who is experiencing domestic violence is not assessed as being at high risk of further harm there are alternative support options that are available, for example, consideration should be given to referring the individual to a local specialist domestic violence service, where it is deemed appropriate and safe to do so.
(Pan London Procedures,2011). Referrals can be made to the Community Safety Unit on **020 3276 0929** .

Honour based violence
Honour-based violence is a crime, and referring to the police should always be considered. It has or may have been committed when families feel that dishonour has been brought to the family. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact police or other organisations. Many are so isolated and controlled that they are unable to contact the police. (Pan London Procedures, 2011). If you become aware of this situation, it is advised that you make contact and discuss this with the Community Safety Unit on 0208 496 6839.

Forced Marriage
Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse(Pan London Procedures 2011). Guidance can be received by contacting the Forced Marriage Unit on **0207 008 0151or** o make contact and discuss this with the Community Safety Unit on 0208 496 6839.

Human trafficking
If an identified victim of human trafficking is also an adult at risk, the response will be coordinated under the Safeguarding Adults process. This will include organisations that have a role to play in dealing with victims of human trafficking, including the police, health trusts, immigrations officials and other relevant support services

including those in the voluntary sector. The adult at risk should receive the support and advice they need and be safely repatriated if this is the future plan. If the victim is a child, the situation will be dealt with under the London child protection procedures. (Pan London Procedures 2011). Contact numbers for advice about Human Trafficking: **020 3276 0967**

Exploitation by radicalisers
Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. Waltham Forest has a multi- agency referral process known as Channel which is based within the Community Safety Team on **0208 496 3000/ 4770.**

Please see guidance on Pan London procedures 2011 pages 14- 19

Guidance Note 23

Standard Agenda for Adult Safeguarding Strategy Meetings

A decision to hold a face-to-face strategy meeting will be based on the following factors:
• the potential risk to the person being harmed
• the risks to others from the person causing harm
• whether several organisations have concerns and need to share information
• whether there may be a number of investigations by different organisations
• whether there may be legal or regulatory actions
• whether the allegation involves a member of staff/volunteer or the safety of a service
• whether the situation could attract media attention.

A decision not to hold a strategy meeting or discussion might be made because there is sufficient information to indicate that:
• the person is not at risk of harm or neglect and there is no need to investigate or take further action under the procedures. The decision will be recorded with the reasons and an alternative plan formulated if necessary
• no formal investigation is needed and a protection plan can be put in place to remove or reduce the risk to the adult. The adult at risk agrees with this decision and with the plan. The plan should specify a time for review and indicators of risk that might trigger further action under the procedures.

Attendance at the strategy meeting should be limited to those who need to know and who can contribute to the decision-making process. This should be staff of any organisation who have a role in investigating the allegation of abuse or neglect, or in the assessment of the risk to the adult at risk, or for taking action in relation to the person causing the harm. They should be of sufficient seniority to make decisions

within the meeting concerning the organisation's role and the resources they may contribute to the agreed protection plan.

Introductions (Chair)

- Welcome to attendees
- Confidentiality and Equality Statements to be read out
- Read out apologies and reasons for non-attendance
- Invite attendees to introduce themselves and role at the meeting
- Explain briefly the purpose of the meeting
- Explain structure of meeting and handout agenda (where appropriate agree minutes of previous meeting and deal with any matters arising from those minutes)

Background (Investigating Officer)

- Historical background of the Service User such as age, health status, mental health status, social support, living arrangements, services being received
- Brief outline of current wellbeing/situation of the adult at risk
- Outline of the allegation, concerns or incident that led to the referral.

Relevant information sharing (from each agency representative)

- All agencies invited to share relevant information and concerns
- Discussion of any public interest considerations

Risk Assessment (all representatives)

- Consider safety of individual
- Consider safety of other adults at risk or children
- Consider whether any employees need to be suspended pending the investigation.
- Consider whether contracts need to place a caution or a block (amber or red flag) on a provider whilst the investigation is pending (Chair and Contracts representative to agree on this decision at the meeting, which is then minuted).

Safeguarding Status (Chair)

- Discussion by all attendees on whether the case should proceed to Safeguarding Investigation.
- Consideration of whether issues need to be addressed in other ways such as contracts, care management, complaints etc.

Mental Capacity

- Agree the assessment of the Mental Capacity of the service user; and if there is no next of kin or close friend or if family are alleged to have caused the the harm, decide whether an Independent Mental Capacity Advocate (IMCA) referral is required.

Action plan (Chair)

- Nominate investigator(s) responsible for co-ordinating investigation
- Agree specific responsibilities for each agency including potential criminal investigation
- Agree clear timescales for action

Summarise the action agreed with timescales at the end of the meeting for the minute taker (Chair)

- This needs to include any actions for those agencies who have not attended the meeting, but who need to undertake a task as part of the investigation. Chair to advise those agencies of tasks to be completed.

Set Date and Time for Case Conference.

Guidance Note 24:

Format for Minuting Adult Safeguarding Strategy Meetings

It should be recorded in the minutes that the Chair read out the Confidentiality and Equality Statements.

Introductions

The minute taker should record the following:

- those attending and their role and status
- apologies and reasons for those not attending
- details of any reports submitted in lieu of attendance
- those invited but neither present nor tendering apologies for absence
- purpose of the meeting

Background

The minute taker should record the following:

- historical background of service user
- outline of current wellbeing situation of the service user
- any previous relevant allegations

Summary of current concerns/details of the allegation

Record of all attendee's comments and concerns

Risk Assessment

Recording documented as per agenda

Mental Capacity assessment of victim and whether IMCA involved

Adult Safeguarding Status

Record discussion of attendees on whether the case should be investigated, and what further issues need to be addressed

Action Plan

To be recorded as per the format shown below:

Action	Person responsible	To be completed by (date)

The minute taker should record those agencies who have not attended the meeting, but who need to undertake a task as part of the investigation. Chair to advise agencies of tasks.

Circulation of Minutes

The Chair should ensure that minutes are sent to all those who were **invited** to attend within 5 working days. The Council's Safeguarding Team should be copied into all minutes of strategy meetings. CQC should be copied into all minutes that involve a regulated provider.

The minutes should be produced in an accessible format to ensure the adult at risk is able to understand their content.

Guidance Note 25:

Standard Agenda for Adult Safeguarding Case Conferences

The aim of a case conference is to:
• consider the information contained in the investigating officer's report(s)
• consider the evidence and, if substantiated, plan what action is indicated
• plan further action if the allegation is not substantiated
• plan further action if the investigation is inconclusive
• consider what legal or statutory action or redress is indicated
• make a decision about the levels of current risks and a judgement about any likely future risks
• agree a protection plan
• agree how the protection plan will be reviewed and monitored.
To help support the attendance and effective participation of the adult at risk, it is recommended that the case conference be divided into two parts:
• Part 1, for professionals to receive the investigating officer's report and to make decisions on the findings
• Part 2, concerned with agreeing the protection plan. This part could be attended by the adult at risk. The agenda should be set out so that the adult at risk may actively participate in the meeting (if appropriate).

Introductions (Chair)
- Welcome to attendees
- Confidentiality and Equal Opportunities Statements to be read out
- Record apologies and reasons for non - attendance
- Invite attendees to introduce themselves and role at the meeting
- Explain briefly the purpose of the meeting
- Explain structure of meeting and hand out agenda
- Hand out the Adult Safeguarding Investigation Report to all attendees

Background (Investigating Officer)
- Brief outline of the allegation, concerns or incident that led to the referral.

Action Plan (Chair)
- Summary of the action plan agreed on at the Strategy Meeting.

Evidence gained from Investigation (Investigator)
- Investigator provides a summary of the evidence gained from the investigation, referring to the report as needed.

Relevant Information Sharing and discussion (from each agency representative)
- All agencies invited to share relevant information and concerns and comment on the evidence gained from the investigation
- Discussion of any public interest considerations

Summary from the Chair (Chair)

- Chair refers back to the action plan, and identifies any actions that have not been completed as agreed, identifying which agency is responsible and why.

Victim's comments (Chair)
- Ask the victim (if present) to comment and share their views. If not present ask the investigator to provide this information.

Risk Assessment (all representatives)
- Consider safety of individual
- Consider safety of other adults at risk or children
- Consider whether any employees or others need to be referred to POVA/ISA.
- Consider whether Contracts Manager needs to place a caution or a block on a provider whilst any recommendations are being completed.

Other Actions (all representatives)
- Consider any other actions that need to be taken, and agree on these actions, confirming who is responsible for the action, and time set to complete.

Safeguarding Plan (Chair)

- Formulate a Safeguarding Plan that all attendees agree (including the Victim if present), with key roles for agencies, and time scales set.
- Decide which manager will be accountable for the delivery of the Safeguarding plan.
- Decide on the key worker who will implement this plan.
- Confirm when the Safeguarding plan will be monitored and reviewed.
- Set date and time for Review Case Conference if appropriate.
- Send copies of the Safeguarding Plan to the Council's Safeguarding Team who will monitor the progress of the Safeguarding Plan and timescales for reviews.

Guidance Note 26:

Format for Minuting Adult Safeguarding Case Conferences
It must be recorded in the minutes that the Chair read out the confidentiality and equality statements.

Introductions
The minute taker should record the following:
- those attending and their role and status
- apologies and reasons for those not attending
- details of any reports submitted in lieu of attendance
- those invited but neither present nor tendering apologies for absence
- purpose of the meeting

Background
The minute taker should record a brief summary of details of the allegation.

Action Plan
The minute taker should record the previous action plan agreed upon.

Investigation
The minute taker should record the evidence gained from the investigation, referring to the safeguarding report as appropriate.

Information Sharing and discussion
The minute taker should record any information shared and comments from the evidence gained from the investigation.

Chair's Summary
The minute taker should record the Chair's details of any actions not completed as set out in the action plan, documenting the agency responsible and why.

Victim's comments
Record any comments made by or on behalf of the victim, in their own words if present, or if not present in the investigator's words.

Risk assessment
The Minute taker should record the details of the risk assessment as per the agenda.

Safeguarding Plan
The actions and responsibilities for these should be recorded on the Safeguarding plan. A clear review date needs to be agreed and recorded.

Record how the Safeguarding plan will be provided to the victim if appropriate.

Review conference
Set a date and time for a review conference (if required).

Circulation of Minutes

The Chair should ensure that minutes and safeguarding plan are sent to all those who were **invited** to attend within 5 working days.

The Council's Safeguarding Team should be copied into all minutes of strategy meetings. CQC should be copied into all minutes that involve a regulated provider.

Guidance Note 27:

Recording in Adult Safeguarding

When to Record
- All recording must be completed as soon as possible from the time that a concern, allegation or disclosure is made.
- Each entry must be dated and timed. The name and designation of the person recording the information must be written in full.

What to Record

- All records must include factual information e.g. times, dates, names of people contacted, what was observed and by whom.
- Expressions of opinion should be avoided unless a professional judgment is required e.g. regarding the level of risk.
- Opinion should always be clearly distinguished from factual information.
- All contact with the adult at risk and person alleged to have caused the harm and details of any discussions.
- Use body maps to illustrate any physical injuries.
- All consultations with Team Manager, Council Safeguarding Team or Senior Managers.
- Discussions with and information received from other agencies.
- All telephone calls received or made regarding the alleged abuse.
- All decisions made should be fully recorded and must include details of factors considered and evaluated to arrive at a decision.
- When a decision is made not to refer to the Police and/or for no investigation to take place the reasons why and on whose authority this decision was taken must be recorded.
- All meetings should be fully minuted.
- All records should be non-judgemental and non-discriminatory.
- Best practice is based on key principles of openness and accuracy.
- Wherever possible recording should be a process carried out with the service user.

How to Record Information

All records should be in the safeguarding module of ISIS

- If this is not possible, records should be either typed or written clearly in black ink.
- All alterations should be crossed through with a single line and initialled.
- Correction fluid must never be used.

Storing Information

All records must be stored in accordance with the Data Protection Act 1998

Guidance Note 28:

Information Sharing

Introduction

This is a summary of the full Information Sharing Protocol agreed by the Waltham Forest Safeguarding Vulnerable Adults Partnership Board. It applies to all agencies that have signed up to the multi-agency safeguarding arrangements in Waltham Forest, and is designed to facilitate the sharing of information between those with a "need to know". The partner agencies that have adopted the protocol are:

London Borough of Waltham Forest
NHS Waltham Forest

Metropolitan Police
Whipps Cross University Hospital NHS Trust
North East London Foundation Trust
Waltham Forest Learning Disability Partnership
London Fire Brigade
Ascham Homes
Care Quality Commission
SafetyNet (Waltham Forest Community Safety Partnership)
Voluntary Action Waltham Forest

Sharing Information

Information should only be shared on a "need to know" basis

- Information about a service user may only be used for the purpose for which it is intended
- Breaches of confidentiality and security for non-legitimate reasons may result in disciplinary or even criminal or civic action against individual members of staff
- The legitimate sharing of information is essential for the provision of high-quality, coordinated care and support for service users and patients
- All sharing of information **must** comply with legal and ethical standards
- The law does **not** prevent the sharing of information between agencies for proper purposes, although there are important rules and safeguards that must be followed
- The staff of all organisations who are party to this protocol accept a continuing obligation to comply with their own professional codes of conduct

Individual agencies will prepare their own operational procedures for specific purposes. However, all organisations that are party to this protocol have agreed to ensure that their procedures are consistent with this general protocol.

Key Legislation and Guidance

- The Data Protection Act 1998
- The Common Law Duty of Confidentiality
- The Human Rights Act 1998
- The Care Standards Act 2000
- The Caldicott Principles
- The Mental Capacity Act 2005

All staff should have at least a basic understanding of this legislation and guidance. Further advice in respect of the Information Sharing Protocol can be found on the LBWF ForestNet website.

Capacity and Consent

If a safeguarding alert is received:

- Mental capacity is the key to many of the issues regarding information sharing.
- If someone has capacity, and declines / refuses consent to share information, the decision must be honoured except in certain specific circumstances. Failure to do this might constitute a breach of the Human Rights Act. People should be assisted to access independent advocacy services if appropriate.

- If someone with capacity refuses intervention, we should still provide information and advice about other forms of advice and support that might be available. This should be fully recorded on the alert/referral form on the electronic record, with an outcome of No Further Action.
- Where the person is assessed as not having the capacity to be able to make the appropriate decisions, the decision on whether to share personal information should be made on behalf of the service user or patient by the appropriate staff member. In these circumstances, an Independent Mental Capacity Advocate should be involved, and any decision should take into account any known views of the service user/patient. The best interests of the service user/patient must **always** be the paramount consideration. Such decisions must be recorded clearly in the safeguarding section of the service user file.

> ***N.B. Do not confuse confidentiality with secrecy. In some circumstances – normally those where harm to the service user or a third party could result from non-disclosure of information – it is proper to ignore the "normal" rules of confidentiality.***

Sharing Personal Information with a Third Party

- Does the person requesting the information need it to be able to do their job or to keep the service user or someone else safe?
- Have you checked that the person requesting the information is who they say they are?
- Have you got the service user's consent to share the information?
- If not, can you justify sharing the information without consent?
- Are you only providing the minimum level of information required?

If you are the person requesting the information

- Are you sure you need the information to do your job or to keep someone safe?
- Can the information be anonymised?
- Are you requesting the minimum detail necessary?

The full Information Sharing Protocol can be found at: ForestNet on the LBWF website.

Appendix 1 Confidentiality and Equal Opportunities Statement

<u>To be read by the Chair at every Safeguarding Meeting</u>

Confidentiality Agreement

This meeting/conference is being held under the Waltham Forest Multi Agency Safeguarding Vulnerable Adults Policies and Procedures to discuss the safety and welfare of an adult at risk.

Information exchanged is confidential to the members of this meeting and the agencies that they represent. The following principles will be followed:

- Information will only be shared on a 'need to know basis' when it is in the best interests of the service user.

- Informed consent to share information should be obtained from the victim but if this is not possible, or a serious crime has been committed and/or other adults are at risk, it may be necessary to over-ride the requirement.

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

- Minutes of this meeting/conference will be distributed in the strict understanding that they will be kept confidential and in a secure place.

Diversity Statement

The LBWF Safeguarding Vulnerable Adults Partnership operates an Equality Policy and will not tolerate comments or behaviour that discriminates against the following "protected characteristics":

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation

The Chair and other meeting/conference members will have "due regard" to the need to eliminate any discrimination, harassment and victimisation and to improve equality of opportunity, particularly for those who are most disadvantaged and vulnerable.

Appendix 2

Terminology and Glossary

Key terms

Safeguarding adults is used rather than 'adult protection'. This reflects the focus on preventative work and places the work to protect adults at risk within the wider context of empowering adults and promoting the rights of all adults.

Adult at risk is used in preference to 'vulnerable adult'. The adults referred to in the policy and procedures are adults who are vulnerable within the definition contained in No Secrets (DoH, 2000): An adult who 'may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself against significant harm or exploitation.'

Person causing the harm is used to refer to the person or adult who is alleged to have caused the abuse or harm. The term 'perpetrator' has not been used; however, the police will continue to use the term for actions that constitute a criminal offence. There is clearly a difference between unintentional harm caused inadvertently by a carer and a deliberate act of either harm or omission.

Glossary

Abuse is the 'violation of an individual's human rights by another person or persons which results in significant harm'. The term used in the policy and procedures includes any form of abuse and neglect.

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Alert is a concern or suspicion that an adult at risk is being or might be the victim of abuse or neglect. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

Alerter is the person who raises a concern that an adult is being, has been or is at risk of being abused or neglected. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

Alerting manager is the person within an organisation to whom the alerter is expected to report their concerns. They may also be the designated safeguarding adults lead within an organisation. It is the alerting manager who will in most cases make the referral and participate in the subsequent multi-agency decisions and actions that are taken to investigate the concern.

Capacity is the ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is set out in section 2 of the Mental Capacity Act (2005).

Care Quality Commission is responsible for the registration and regulation of health and social care in England and Wales.

Care setting/services includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget.

Carer refers to unpaid carers, e.g. relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer' are called staff.

Case conference is a multi-agency meeting held to discuss the outcome or progress of the investigation and to formulate and put in place a protection or safety plan.

CIDs (Criminal Investigation Departments) are the units within the Metropolitan Police Service that deal with crime that requires investigation by a detective but does not come within the remit of Community Safety Units or other specialised units.

Clinical governance is the framework through which the NHS is accountable for the continuing improvement of quality of its services while still safeguarding high standards of care, thereby creating an environment that aims for clinical excellence.

Computer Aided Despatch (CAD) is the Metropolitan Police Service's call-handling system. The operator can also call up details of the nearest police units available to respond and view lists of assigned and unassigned calls for all boroughs.

Community Safety Units (CSUs) operate in every area in London with dedicated staff who receive special training in community relations, including local cultural issues. The CSUs will investigate incidents of the following: domestic violence, homophobia, transphobia and racism, criminal offences where a person has been targeted because of their perceived race, faith, sexual orientation, or disability.

Consent is the voluntary and continuing permission of the person to the intervention (i.e. care decision or care action in question), based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

Crime Reporting Information System (CRIS) is the Metropolitan Police Service database which allows police officers to input details of crimes directly into it and to conduct online searches of the data.

Intermediary is someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court. S/he assists with communication. This is a special measure under Achieving Best Evidence.

Investigation is a structured process to gather evidence to determine whether an allegation of abuse can be substantiated.

Investigating officer is the member of staff of any organisation who leads an investigation into the allegation of abuse. This is usually a manager or other professional in the organisation that has a duty to investigate.

JIGSAW is the name of the Metropolitan Police Service units that deal with the management of sexual and violent offenders who come within the MAPPA (Multi-Agency Public Protection Arrangements – see below).

MAPPA (Multi-Agency Public Protection Arrangements) are statutory arrangements for managing sexual and violent offenders. The responsible authority, consisting of the police, prison and probation services, has a duty and responsibility to ensure that MAPPAs are established in their area for the assessment and management of risk in relation to sexual and violent offenders, and to reduce re-offending and protect the public and victims from serious harm, safeguarding adults arrangements in local areas usually link to MAPPA arrangements and Safeguarding Adults Managers attend MAPPA meetings as appropriate.

MARAC (Multi-Agency Risk Assessment Conference) is the multi-agency forum of organisations with a duty to cooperate, including the police, local authorities and health trusts, which meet to discuss and undertake risk assessment and management strategies in relation to high risk cases of domestic incidents, stalking and 'honour'-based violence.

Mental capacity is defined in the Mental Capacity Act (MCA) 2005. The presumption is that an adult has mental capacity to make a particular decision unless they are assessed as not having mental capacity at the time of making the decision. A person lacks capacity to make a decision if 'he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain'. Capacity is decision specific and if a person is not able to make a decision at one point in time they may be able to do so at another.

Public interest. There is no single definition of the term but a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy and respect for their private life with the rights of others to protection including through the prevention and detection of crime.

Referral is the act of reporting an allegation, concern or disclosure (an alert). The concern is formally recorded as a safeguarding adults referral when a decision has been taken that the situation will be dealt with under the safeguarding adults process.

Safeguarding Adults Managers (SAMs) are senior members of staff in local authority adult social care or community mental health teams who are suitably qualified and experienced and have received appropriate safeguarding training. SAMs are responsible for coordinating all safeguarding activity by organisations in response to an allegation of harm.

Safeguarding adults' process refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting/discussion, an investigation, a case conference(s), a care/protection/safety plan, and monitoring and review arrangements.

Sapphire units (Police) Each borough has a dedicated Sapphire team that has specially trained officers to investigate rape and look after victims, ensuring they are provided with the information they need, including the details for any partner agencies, and kept up to date with any developments.

Serious case review (Adults) is undertaken by a Safeguarding Adult Partnership Board 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 aim is to get a better understanding of how agencies worked together and how and why decisions were made. The prime purpose of a serious case review is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively.

Significant harm is defined as 'not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an

avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

Strategy Meeting / Discussion is a multi-agency meeting with relevant individuals involved, and with the adult at risk where appropriate, to agree how to proceed with the referral (further investigation or not) and assign specific roles and responsibilities.

Wilful neglect is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. Section 44 of the MCA introduces a new offence of wilful neglect of a person who lacks capacity.

Appendix 2:

Contact List.

London Borough of Waltham Forest Police Safeguarding Lead:

0208 496 3000

Care Quality Commission (CQC):
03000 616161

LBWF Safeguarding Team:
0208 496 3459/3497/3470

NHS Waltham Forest:
0208 478 5151

North East London Foundation Trust:
0844 600 1200

Whipps Cross Hospital Trust:
0208 539 5522

Other useful links

Action on Elder Abuse:

Practitioner Alliance for Safeguarding Adults:

Appendix 3

Ordinary Residence

In March 2010, the Department of Health published new guidance on determining ordinary residence for people in need of community care services. The guidance applies to England only, and separate guidance will be issued for Wales and for Scotland.

The full guidance can be found at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114338.pdf

This guidance supersedes the advice given in LAC (93)7, published in 1993, and consolidates guidance given about the application of ordinary residence rules relating to delayed discharges and the Mental Capacity Act.

The Executive Summary of the Guidance States:

This guidance explains how to decide where a person is ordinarily resident for the purposes of the National Assistance Act 1948 and certain other legislation. It is applicable to local authorities with social services responsibilities and sets out how to identify where responsibility lies between authorities for the funding and/or provision of care for people aged 18 and over who are assessed as needing social care services.
The guidance may also be of relevance to Primary Care Trusts, NHS Trusts and NHS foundation trusts which are exercising local authority health-related functions pursuant to arrangements made under section 75 National Health Service Act 2006 and the NHS Bodies and Local Authorities (Partnership Arrangements) Regulations 2000. The local authority functions that may be carried out by NHS bodies under such arrangements include functions under Part 3 of the National Assistance Act 1948, to which this guidance mainly relates.

Social care law and policy has moved forward since guidance on ordinary residence was last published in 1993. The shift towards independent living and the demand for services to be delivered in new and innovative ways has led to confusion over the identification of a person's ordinary residence. This guidance aims to clarify the approach to be taken and to set it within the context of modern day social care principles, so that the scope for disputes is reduced. Where disputes do occur, the guidance aims to assist local authorities to resolve the dispute at a local level and minimise the need to seek a determination from the Secretary of State.

This guidance also sets out the changes to the ordinary residence provisions introduced by the Health and Social Care Act 2008.
There are five parts to this guidance:

- *Part 1: provides advice on the identification of the ordinary residence of people who require social care services.*
- *Part 2: sets out particular situations in which a person's ordinary residence may be an issue.*

- *Part 3: covers other legislation under which an ordinary residence determination can be sought from the Secretary of State.*
- *Part 4: signposts other areas of legislation and guidance which are of relevance to ordinary residence.*
- *Part 5: deals with the procedure for making an application to the Secretary of State for the purpose of seeking an ordinary residence determination.*

Key Principles

Where two or more local authorities fall into dispute over a person's ordinary residence:

- *the key priority of local authorities should be the wellbeing of people who use services.*

- *the provision of accommodation and/or services must not be delayed or otherwise adversely affected because of uncertainty over which local authority is responsible.*

- *one local authority must accept responsibility, in accordance with the directions issued by the Secretary of State, for the provision of social care services until the dispute is resolved.*

The full document is 70 pages long, with additional guidance on delayed discharges and on the Mental Capacity Act, and it is not possible to provide a full summary here.

The full guidance on disputes about ordinary residence, published in March 2010, can be found at:

For the National Assistance Act 1948:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113776.pdf

For the Community Care (Delayed Discharges) Act 2003:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113774.pdf

For the Mental Capacity Act 2005:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113775.pdf