
Service Governance Directorate

Safeguarding Vulnerable Adults

Operational Procedure for dealing with allegations of abuse and Procedure for conducting investigations

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Policy Number:	1

Referral Procedure

All allegations of abuse must be taken as referrals.

All referrals should be completed on the **Allegation of Abuse Referral Form**. (FORM 1 Please see Appendix)

The Record of 1st Complaint is very important for the subsequent enquiry and therefore clarity of information is essential.

If there is a possibility that sexual/physical abuse has occurred, advise the referrer not to encourage/assist the individual to wash, bathe, change clothes, groom hair or take food or drink until the police have been consulted.

1. Inform the referrer that they will be contacted by the manager responsible for coordinating the investigation, as soon as possible. (Wherever practicable this should be the same day)
2. Check the name of the alleged victim. If they are already known to a Community Mental Health Team, immediately refer to the team manager of the involved team.

Where the referrer, is a service user or inpatient and is therefore the alleged victim, direct health and social care staff should be mindful of the following;

- Record exactly what the person says as soon as possible. Write down the person's own words.
- Do not press the person for lots of details (At this early stage it is not appropriate to launch an investigation)
- Do not promise to keep secrets. There is a duty to inform the appropriate person.
- Do not confront the alleged abuser.

- Report the disclosure to the appropriate line manager as soon as possible. If the line manager is unavailable they should follow the managerial line upwards until advice is secured.

Operational Procedure for dealing with allegations of abuse

INTRODUCTION

This policy has been developed in accordance with the Department of Health Guidance “No Secrets” (2000) which sets out the requests for establishing multi-agency frameworks and procedures to investigate individual cases of alleged abuse. The policy outlines procedures to be followed by all Manchester Mental Health and Social Care Trust staff when abuse is disclosed/identified/suspected or alleged.

Manchester Mental Health and Social Care Trust, as a partner organization have signed up to the Manchester Multi Agency Policy for the Protection of Vulnerable Adults from Abuse: The following operational procedures for this Trust dovetail with these.

This Policy and procedure should be read in conjunction with the Safeguarding Vulnerable Adults Guidance. **See Appendix 3**

Staff Duties

- All allegations of abuse received must be reported to the appropriate line manager who will make a decision at an early stage regarding the nature of the allegation. This is particularly important where it is felt that allegations may be of a malicious nature. In all cases the allegation will be logged even if a decision is made that a full investigation, at that early stage is not required. Managers must be very clear on what they base these decisions and records should be kept. These will be monitored on a regular basis.
- All allegations of abuse should be recorded on the Adult Protection Policy Referral Form which prompts details from those making an allegation of the alleged victim and the alleged incident.

- In all cases the Locality Director should be notified of the allegation, or the Assistant Director for Citywide Services. Out of hours the senior manager on call should be notified.
- All allegations will be treated as urgent .
Contact numbers are as follows: -
 - Locality Director North 720 2424
 - Locality Director Central 276 5643
 - Locality Director South 291 6960
 - Assistant Director City Wide Services 882 1130
- Where consultants receive an allegation they should use the appropriate referral form and in the first instance refer to the Locality Director , who will determine the course of the investigation

Community Settings Older Age Services

- It should be noted that in community settings for older age services, the appropriate course of referral should be to the local Children, Families and Social Care Social Services care management team. The care manager will take lead responsibility for investigation but it would be good practice to jointly manage the process with involvement from the appropriate Mental Health and Social Care Trust staff. **Contact details are contained within the Manchester Multi Agency Policy.**
- **Referrals for older age adults who are not known or open cases to care managers should be referred via the Contact Centre , referrals can be faxed to the contact centre on the Adult Protection Referral Form.**
- **The Contact Centre Number is 255 8250. Fax number 255 8266**

Community Settings Adult Services

- Within community team settings the Team Manager will take responsibility for appointing an Investigating Officer. It is viewed as good practice that any investigation should have a lead investigator supported by another colleague within the Community Team. It is likely that the investigating officer should be a Care Manager/ Band 7 Nurse/Senior OT/A grade Psychologist or equivalent.

In patient services; Adults/Older age

- In in –patient settings the Clinical Services Manager or Locality Director should decide on who will be the investigating officer and how this will be allocated. As above, consideration should be given to a joint investigation process at the appropriate staffing grade levels. Where in – patients have a care co-ordinator they must be informed and where appropriate involved in the investigation process..

Community Living Services

- Where an allegation of abuse is received by someone using Community Living Services, the general manager or the Service Manager in conjunction with the Locality Director will decide on the appropriate person to investigate.

Independent Provider Services

- All independent provider organizations supporting vulnerable people have signed up to the multi-agency policy and adherence to it is part of their contractual arrangements, monitored through the Commission for Social care Inspection (CSCI). However it is likely that where they receive an allegation of abuse and the alleged victim has a named care manager they will in the first instance send this referral to the local community team manager.
- **If the alleged perpetrator is a staff member, or employed on a bank or agency basis then Manchester Mental Health and Social Care Trust Disciplinary Procedure should be invoked for staff investigation, with possible suspension or removal from regular service user contact duties,**

as appropriate. This applies to all employees of Manchester Mental Health and Social Care Trust. In all cases Human Resources should be informed immediately.

Process of Investigation

- Procedures for conducting an investigation into allegations of abuse are contained within the Multi Agency policy and have been adapted for use within Manchester Mental Health and Social Care Trust. These should be followed. **Please see Procedure for carrying out investigations.**
- In all investigations the lead investigator will use the Adult Protection Policy Stage 2 Investigation Report Form. **See Appendices**
- At the conclusion of the investigation it will be the responsibility of the nominated Manager, to chair a planning meeting for the future protection of the alleged victim, and to complete the Planning meeting report form which documents the outcomes of the investigation. **See Appendices**
- The forms should be stored securely in the individuals file and copies should be sent to the lead officer for Manchester Mental Health and Social Care Trust. (See below)

Links to other Manchester Mental Health and Social Care Trust Policies

- Where allegations are received through the Public Disclosure At Work policy they will be fully investigated in line with both policies. **All staff have a duty to report concerns or allegations about abuse to their line managers. It is acknowledged that it is not always easy to raise concerns about a colleague, however despite these difficulties staff have a duty to care and therefore must make their concerns about any abuse known.** If allegations are anonymously received they will still be investigated, though those that choose this course of action must be aware that investigations will probably be severely restricted.

MONITORING AND REVIEW

The effectiveness of the policy will be monitored quarterly through the Operational Risk and Governance Committee.

The quarterly reports will include monitoring of the policy, audit of the policy as well as a review of audit findings to ensure improvements in practice occur

The Lead Officer for Manchester Mental Health and Social Care Trust will be the Associate Director of Governance. It will be their responsibility to collect data on all allegations received within the Trust and ensure that the policy is adhered to and monitored. The Lead Officer will produce an Annual Report for the Trust Board

Supporting Staff

Involvement in adult safeguarding work may be stressful for staff members that need to empathise with victims and carers, confront abuse issues, resolve conflict and establish support and protection. It is important that the impact on staff is recognised and they have appropriate opportunities for support through management or professional supervision. If necessary, it should be possible to offer access to confidential counselling.

Staff who report allegations or suspicions of abuse should receive acknowledgement and support, especially where abuse involves colleagues in line with the Trust Public Disclosure at Work Policy

.Advice on the policy and procedure can be sought from

Associate Director Governance	882 1071
Medical Director	882 1378

TRAINING

The Trust is committed to providing staff with appropriate training that enables staff to understand, recognise and take appropriate action in relation to vulnerable adults. The training for protection of vulnerable adults will be inter and intra agency as the Trust recognises the importance the Department of Health Guidance "No Secrets" (2000)

Employees operating in different roles will need different levels of training and skill and employers will take responsibility for coordinating training at 2 levels

Basic Awareness

All staff as part of their induction will receive training on Safeguarding Adults to ensure they can respond appropriately to

Types of abuse

Recognising signs of abuse

Duty to report

Their role in responding to suspected abuse

Manager/Senior Practitioner Level

In addition to the above those with responsibility for managing or supervising services/employees must be familiar with:

Leading and managing an investigation

Internal disciplinary procedures

Supporting staff through investigation

Protecting the vulnerable person

Mental Capacity Act /IMCA Service

Staff should be aware of the new Mental Capacity Act and should ensure that all Safeguarding Adult Investigations take account of the service users capacity in the context of the legislation.

For service users who do not have advocates or where there may be a conflict the IMCA service may be able to help support victims through the investigatory process. For advice on this please contact :

IMCA Service

Rethink

EMF House

12 Charlotte Street

Manchester

Tel 0161245 3262

PROCEDURE FOR CARRYING OUT INVESTIGATIONS INTO ALLEGATIONS OF ABUSE

Management and Investigation Duties

1. The manager receiving the referral of allegation of abuse will be responsible for coordinating the investigation.
2. The investigation team will be agreed by the appointed manager. A Care Manager / Social Worker should always be in the investigating team. (There may be some services where there are other workers who are recognised as competent investigators). Investigating staff should be trained in abuse awareness and its investigation.
3. A maximum of 2 investigating staff should be allocated, with any other essential workers being brought in as and when required. All responsibilities and duties of the investigating staff will be negotiated with their line managers, in order to permit speedy and efficient investigation into the allegation.

Police Consultation

4. It is advisable to **seek police consultation** at an early stage because it is not always clear whether or not a criminal offence has occurred. Likewise, medical assessment should be sought in cases of possible physical or sexual abuse and in cases of possible neglect. Depending on police advice, medical assessment can be from the GP, practice nurse, Accident and Emergency service or St Mary's Crisis Centre.
 - **Decisions regarding police consultation must be addressed as soon as possible. This is often a sensitive area of practice and thought should be**

given to the process. It is advisable to have the full facts of the case before consultation and this should take account of all relevant information.

- **There is a difference between consulting with the police and referring a case for investigation.**
- **Managers should feel confident to consult with the police, but may wish to discuss this with a senior manager or director on call, in the first instance, particularly out of office hours.**
- **Early consultation should be done at Team Manager or equivalent level with the local Detective Inspector. Please see appendix contact details for police consultation.**

5. If the police decide that they wish to be involved, they will take the lead in the investigation and all interviews.

Do not interview the alleged victim or anyone other than the initial referrer until after the police have decided on their need to be involved.

6. Prior to interviewing anyone who may be involved, or have relevant information, the investigation staff will confirm the allegation with the person who initially reported the concerns.
7. The investigating staff should list the names of any witnesses and any already known evidence that may substantiate the allegation.
8. The manager overseeing the investigation must be sure that:
 - The alleged victim is supported.
 - The alleged perpetrator does not have unsupervised access to the alleged victim, wherever this is possible.
 - Any staff who are alleged perpetrators are not carrying out duties with other vulnerable adults.

- The police are satisfied and have agreed whether they will/will not be involved.
- Any necessary medical/health support for the alleged victim has been accessed.
- A timescale for the completion of the investigation, and a planning meeting are scheduled.
- Any other involved services/agencies are co-operating with the investigation and their staff are being supported effectively.
- The required paperwork is being completed, signed, sent to the lead officer and stored confidentially.
- Information regarding the allegation, and the findings of any investigation, are shared only within the remit of Confidentiality Polices i.e. only with those individuals who are required to know for the safety of the individual involved.

Record Keeping

9. The investigation team should keep accurate written recordings of their work in the case. Details should meet the **F.A.C.E.R.** factor i.e.
 - **F**actual
 - **A**ccurate
 - **C**oncise
 - **E**thical
 - **R**elevant

- 10.** At the conclusion of the investigation, the appointed manager will chair a planning meeting for the future protection of the alleged victim. This will include agreeing any follow up action in identified services, advice regarding the alleged perpetrator, alteration to the individual's care plan if required.

- 11.** All paperwork in connection with the investigation will be signed by the appointed manager, sealed and stored in the case file(s) of the involved service user(s).

- 12.** The reporting forms will be sent to the lead officer (Associate Director Governance) within one working day of each stage of the events (copies will be stored with the investigation papers in the client file).

Appendix One

Police names and contact details for consultation on Vulnerable Adult issues

Grey Mare Lane

Covers City Centre, Collyhurst, Cheetham, Crumpsall, Blackley, Harpurhey, Newton Heath, Clayton

Detective Inspector Mark Roters 856-3544 CID office 856 3540

B Division

Longsight

Covers Longsight, Ardwick, Levenshulme, Moss Side, Fallowfield, Whalley Range

Detective Inspector Andy Meeks/Peter Marsh 856 4244 CID Office 856 4260

C Division

Elizabeth Slinger Road

Covers Chorlton, Didsbury, Withington

Detective Inspector Chris Duffy 856 6104 CID Office 856 4260

Wythenshawe

Covers Wythenshawe, Northenden

Detective Inspector Mark Willdigg 856 4843 CID Office 856 4853

Appendix 2

ADULT PROTECTION POLICY

Referral Form

MANCHESTER SOCIAL SERVICES PROCEDURES FOR DEALING WITH ALLEGATIONS OF THE ABUSE OF VULNERABLE ADULTS

DETAILS OF REFERRER		Date:	Time:
Name:			
Connection with alleged victim (please tick):			
Anonymous	<input type="checkbox"/>	Domiciliary Care Provider	<input type="checkbox"/>
Health Care Professional	<input type="checkbox"/>	MCC	<input type="checkbox"/>
Other LA	<input type="checkbox"/>	Other Professional	<input type="checkbox"/>
Volunteer/Friend/Advocate	<input type="checkbox"/>	Residential/Nursing Home	<input type="checkbox"/>
Other (Please state):	<input type="checkbox"/>		<input type="checkbox"/>
Address:			
Tel:			
DETAILS OF ALLEGED VICTIM			
Name:		SCI Person No:	
Date of birth:		Age:	
Address:			
Tel:			
Ethnicity:			
Current location:			
Nature of Current Living Situation (please tick):			
Lives in 24 Hour care	<input type="checkbox"/>	Lives in family home	<input type="checkbox"/>
		Lives alone	<input type="checkbox"/>
		Supported Housing	<input type="checkbox"/>
		Lives With partner	<input type="checkbox"/>
Living Situation unknown	<input type="checkbox"/>	Adult Placement	<input type="checkbox"/>
		Other (Please state):	<input type="checkbox"/>
		Hospital In-patient	<input type="checkbox"/>
Main carer/advocate's name:			
Tel:			
Any known service involvements (please detail):			
Social Services	<input type="checkbox"/>	Voluntary Sector	<input type="checkbox"/>
		Health	<input type="checkbox"/>
		Service User funds own care	<input type="checkbox"/>
Funded by LA	<input type="checkbox"/>	No Services	<input type="checkbox"/>
		Other	<input type="checkbox"/>

Primary language and communication needs:

Reason for vulnerability (please tick):

Elderly	<input type="checkbox"/>	M/Health	<input type="checkbox"/>	P/ Disability	<input type="checkbox"/>	L/Disability	<input type="checkbox"/>	Drugs	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>	DAHIV	<input type="checkbox"/>		<input type="checkbox"/>

DETAILS OF ALLEGED INCIDENT

When took place:

Date:

Time:

Where took place:

What took place (please tick box below):

If **Domestic Abuse** please tick here as well as category below:

Physical	Sexual	Financial	Multiple (Please state):		
Neglect	Emotional	Forced Marriage	Verbal	Theft	
Institutional	Discriminatory	Civil Rights	Other (Please state):		

Is alleged perpetrator known (please give details & tick):

Family (carer)	Family Member	Friend or Neighbour	Health Care Professional	MCC	
Other Vulnerable Adult	Paid Carer	Stranger	Unknown	Volunteer	
Other (Please state):					

Is alleged perpetrator still in contact with vulnerable person(s):

Yes

No

Not sure

If alleged perpetrator is a staff member, have they been suspended pending investigation:

Yes

No

Not sure

Is there any potential evidence of the alleged abuse:

Changed
behaviour

Medical
evidence

Physical
injury

Financial
discrepancy

Witnesses (please name)

If the alleged incident happened recently, has any material/environmental evidence been left undisturbed (please detail):

Have the Police been informed (please detail):

Station:

Officer:

Date:

Crime number:

DETAILS AT POINT OF REFERRAL

Person taking referral:

Name:

Job title:

Location:

Tel:

Referral passed to:

Name:

Job title:

Location:

Tel:

Date:

Time:

ADULT PROTECTION POLICY

Form 2 Investigation Report Form

MANCHESTER SOCIAL SERVICES PROCEDURES FOR DEALING WITH ALLEGATIONS OF THE ABUSE OF VULNERABLE ADULTS

Name of alleged victim:							
Date of referral of allegation:							
Date this form completed:							
Investigating Officer:							
Job Title:							
Police involvement: (please tick to indicate if police were involved in the following)							
Initial Consultation	<input type="checkbox"/>	Initial Consultation & Attended planning meeting	<input type="checkbox"/>	None	<input type="checkbox"/>		
Shared investigation	<input type="checkbox"/>	Police Leading Investigation	<input type="checkbox"/>				
If the police were not involved, please indicate why:							
Other agency involvement: (please indicate if any other agencies were involved in the process)							
Initial Consultation	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Shared interview/investigation	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Please name the agency involved and state why:							
Medical involvement: (please indicate if medical involvement occurred)							
Consultation/examination by GP:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>					
Consultation/examination by hospital:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>					
Consultation/examination by nurse:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>					
If there was no medical consultation please explain why:							
Please give brief details of the conclusions of the investigating officer, including assessment of whether the allegation was substantiated:							
Allegation Withdrawn	<input type="checkbox"/>	Unsubstantiated	<input type="checkbox"/>	Incomplete	<input type="checkbox"/>	Inconclusive	<input type="checkbox"/>
Lack of Consent to Proceed	<input type="checkbox"/>	Ongoing	<input type="checkbox"/>	Passed to other Organisation	<input type="checkbox"/>	Substantiated	<input type="checkbox"/>
Police Leading Investigation	<input type="checkbox"/>	Other (Please state):	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Indicate the time taken to complete the investigation and the numbers of staff/agencies involved in the process:							

Time:

Numbers involved

Staff

Agencies

Investigating officer signature:

Team Manager signature:

Date:

**Please copy to lead officer and file original securely
in individual's file**

ADULT PROTECTION POLICY

Form 3 Planning Meeting Report Form

MANCHESTER SOCIAL SERVICES PROCEDURES FOR DEALING WITH ALLEGATIONS OF THE ABUSE OF VULNERABLE ADULTS

Name of alleged victim:			
Date of referral of allegation:			
Date of planning meeting:			
Chaired by:			
Job title:			
(if the Chair was not a team manager please state why)			
Attendees at meeting:			
NAME		ROLE	
Apologies received from:			
NAME		ROLE	
List reports received:			
Summary of outcomes for alleged victim:			
Advice given	Care Reviewed	Counselling Offered	
Declined Support	Died	Service increased/started	
Monitor	Legal support accessed	Moved to safer environment	
Ongoing Investigation	Referral to other service/professional	Risk Management Plan agreed	
Other (Please state):			
Outcomes for alleged perpetrator:			
Awaiting Police Action	Disciplinary Action		
Dismissed	Dismissed & POVA Registered		
Guidance issued to all staff	Left		
Left & POVA Registered	No access to victim		
Warning given (specify)			
None – lack of victim’s consent	None – no reason		
Other (please state)			

Police Action		Referral to other service	
Suspended		Risk Management Plan agreed	
Disciplinary hearing		Training	
Transferred		Unable to identify	
Complaint to professional body		Remains at home/in residence	
Moved from residence		Referred to Multi Agency Risk Panel (MARP)	
Service increased/started			

Any additional information (Please attach Minutes of the Planning Meeting):

Chair's signature:

Date:

**Please copy to lead officer and store original
securely in individual's file**

SAFEGUARDING VULNERABLE ADULTS **GUIDANCE**

MONITORING OF ALLEGATIONS AND THEIR INVESTIGATIONS

1.0 Form 1 : Referral Form

This is a notification form to indicate to the lead officer that safeguarding procedures are being used.

It should be completed by the investigating officer as determined by the appropriate line manager. The Investigating Officer may be a ward manager/ senior nurse/CPN /Care Manager/Care Coordinator

Form 1 should be completed and forward to the lead officer Pauline John within 24 hours of the decision to use safeguarding procedures.

1.2 Form 2 : Investigation Report Form

This form is used to indicate what conclusions were reached and which other agencies were involved.

1.3 Police Consultation

Where a crime has been committed it is essential to consult with the police, this is at Detective Inspector level and there are named contacts across the city.

We must consult the police where:

- The allegation is against a paid carer
- Where you have concerns for other vulnerable adults

- Where there is a clear public interest and a serious crime has been committed.
- If there are any safeguarding children concerns.

1.4 Medical Examination

Where there is suspicion of physical or sexual assault medical examination is strongly recommended.

Where sexual abuse is suspected, examination will take place at St Mary's Rape Crisis Centre.

The police will usually lead on these arrangements, however, it can be accessed by other professionals.

(Please be mindful of other aspects of sexual health that may be relevant e.g use of the morning after pill, testing for sexually transmitted infections, pregnancy and advice on contraception)

1.5 Safeguarding Strategy

Before an investigation begins consideration should be given to a safeguarding strategy.

There are 2 differing ways to conduct this.

1.6 Full Strategy Meetings

These are formal multi-agency meetings involving everyone necessary to plan the response to an allegation of abuse.

This will address any immediate risks both to the individual referred and other vulnerable adults and devise a plan for carrying out the investigation, including who needs to be involved, who needs to be interviewed and timescale for completion.

1.7 Safeguarding Discussions

On occasion a formal meeting may not be necessary, alternatively discussions could take place via telephone or e-mail, again these will address immediate safety issues and devise plans.

Whichever format is used should be recorded.

Strategy meeting or discussions should take place within a maximum of 5 working days after referral. However, there may be a need for immediate discussions.

1.8 User Involvement

Good practice should be to involve service users as equal partners in any strategy meetings or discussions. Where necessary, this may mean appropriate use of independent advocacy and victim support services.

There may be occasions when it is not appropriate for service users to be involved, for example where there are concerns for their safety or a risk of contaminating evidence, or where they choose not to attend. It is then the responsibility of the investigating officer to ensure their views are incorporated and that the agreed strategy is appropriately communicated.

1.9 Who else needs to be involved for informed

Where the allegation is against a paid carer the contracts section must be informed.

Where there is another funding body, for example, funded nursing care or continuing health care, they must also be informed.

Providers should inform CSCI.

However, where there are general concerns about an establishment or any suggestion of institutional abuse MMHSCT should contact CSCI or the Healthcare Commission as appropriate and agree a joint investigation.

If the allegation is against a member of MHSCT staff then the Trust's disciplinary processes must be used. However the appropriate vulnerable adults documentation should also be used to monitor outcomes of allegations.

1.10 Joint Investigation with Providers

Where an allegation is against a paid carer it is usual to conduct joint investigations.

By working alongside providers we minimise the need for the vulnerable adult to repeat what may be traumatic events. Working together means adult protection and disciplinary proceedings can run concurrently.

Providers will also often know the person well and help minimise any discomfort the person may feel disclosing to a stranger.

Where the allegation relates to a person who is also supporting other vulnerable adults, then the other adults should be interviewed. This will provide a bigger picture of the alleged perpetrator's behaviour and ensure others are not experiencing similar abuse.

Joint investigations depend on the nature of the allegation. If the concern relates to a manager or management team, then this must be discussed with the regulatory body and contracts.

1.11 Concluding Investigations

Investigations should be completed as promptly as possible. There are also circumstances where a member of staff has been suspended and prompt investigations are needed to help with the decisions on disciplinary action.

As a general rule investigations should be concluded within a maximum of 4 weeks of a referral.

Well documented investigations can greatly assist any future investigations.

If all 3 forms are not received, these are recorded as incomplete safeguarding adult cases.

There are three possible outcomes;

Substantiated – the investigation identified evidence to support the allegation of abuse.

Unsubstantiated – the investigation indicates that the alleged abuse is highly unlikely to have occurred.

Inconclusive – the investigation has not identified evidence to enable a conclusive decision about whether or not the alleged abuse occurred.

In all cases Form 3, the Planning Meeting Report Form must be completed. Where the investigation concludes that the evidence of alleged abuse is unsubstantiated, Form 3 will be helpful to identify any support issues that have arisen, such as whether the actions of staff may have placed them at risk.

2.0 Form 3 : Planning Meeting Report Form

Form 3 records outcomes achieved for both alleged victims and perpetrators and should be completed promptly on conclusion of the planning meeting.

2.1 Chairing Planning Meetings

Team Managers or Senior Practitioners should chair planning meetings. For more complex cases, the Adult Protection Co-ordinator can be approached to chair. This allows the Manager or Senior Practitioner to attend as a full participant.

2.2 The Planning Meeting

The investigating officer provides reports on the findings of their investigations. Other agencies may provide reports as appropriate.

2.3. Outcomes

Safeguarding plans should be devised and appropriate agencies, bodies or individuals actioned to ensure the safety of the alleged victim and other vulnerable adults.

2.4 Review Safeguarding Plans

Dates should be set to review these plans within 6 months, to assess their success concentrating on the individual and any wider concerns for other vulnerable adults.

3.0 POVA LISTING

One of the possible outcomes is an agreement that a care worker be referred to the POVA (Protection of Vulnerable Adults) list.

The list is designed to ensure that unsuitable care workers and volunteers cannot work with vulnerable adults. It does not include informal or family carers.

3.1 Referrals to POVA List

Referral can only be made by providers and under some circumstances CSCI, where an individual has been dismissed as a result of misconduct.

Referrals can also be made where a person has resigned or retired in circumstances where a provider would have dismissed them or where they have been transferred to a non caring post.

Referrals can also be made where misconduct comes to light after a care worker has resigned.

Referrals can be made for provisional listing where a person has been suspended on the grounds of harm to a vulnerable adult. In these circumstances providers should feel that the allegation has some substance and any investigation concluded as quickly as possible.

Where the allegation is found unsubstantiated the individual will be removed from the POVA list.

The purpose is to ensure an individual suspended cannot simply begin work with another care provider.

Agreement to refer would usually be made at strategy or planning meetings. In most cases full agreement would be required from all parties. If you encounter circumstances where the provider is resistant and you feel that behaviour warrants a referral consult with your manager.

4.0 IF THE PERPETRATOR IS ALSO A VULNERABLE ADULT

These cases do fall under the policy. The strategy may differ in that a separate assessment of the perpetrator should take place. This should include gathering information on whether the perpetrator understood the concept of consent and whether they are likely to abuse again.

The primary focus remains on the intervention and rights of the victim. However consideration must be given to providing services for the perpetrator, including therapy and treatment and community care services.

The perpetrator's assessment should be completed by a different practitioner to the person leading the investigation.

4.1 Unpaid Carers

Similarly where the perpetrator is an unpaid carer a different practitioner should complete the carer's assessment.

5.0 AWAITING POLICE ACTION

Where a case is being taken forward by the police the investigating officer **should not** wait for this to reach a conclusion before completing the documentation.

The criminal justice system can take a long time to reach a conclusion.

In these cases record as awaiting police action. If at a later date a conclusion is communicated by the police, this should be reported to the safeguarding adults lead.

6.0 RECORDING AND DOCUMENTATION

Always assume that anything written will be read by the individual.

All recordings should be :-

Accurate Once mistakes have been made in recording they can be perpetrated

Concise Facts should be recorded without unnecessary detail.

Relevant Judgement is required on what is relevant and care should be taken not to leave out the facts. However, recording irrelevant material can hide

relevant facts from the reader.

<u>Factual</u>	Only factual information should be recorded. Record what was said and by whom, what was observed and by whom. If something is hearsay or third party information record as such.
<u>Ethical</u>	All recording should be non discriminatory and non judgemental.

6.1 Storage of Documentation

A copy should be kept on the individuals file in a confidential manner. Access should be strictly limited and the information opened only with the permission of the Manager.

Pauline John Associate Director Governance

Dated November 2007

Review Date November 2009