

LONDON BOROUGH OF RICHMOND UPON THAMES

LOCAL SAFEGUARDING ADULTS PROTOCOL



South West London
Richmond Borough Team



Working together for a safer London

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Section 1

Introduction

- 1.1 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' represent the commitment of organisations in Greater London to work together to safeguard adults at risk.

Partners who sit on the Richmond Safeguarding Adults at Risk Partnership Board formally agreed to the final draft of the London multi-agency policy and procedure at the Board meeting in March 2011.

The policy and procedures are for all agencies and individuals involved in safeguarding adults, including managers, professionals, volunteers and staff working with the public, voluntary and private sector organisations.

They represent the commitment of organisations to;

- work together to prevent and protect adults at risk from abuse
- empower and support people to make their own choices
- investigate actual or suspected abuse and neglect
- support adults and provide a service to adults at risk who are experiencing abuse, neglect and exploitation

The procedures aim to make sure that;

- the needs and interest of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with The Mental Capacity Act 2005.

- 1.2 This protocol is a local London Borough of Richmond supplement to 'Protecting adults at risk: London multi-agency policy and procedure to safeguard adults from abuse' (PLP).

It aims to set out how Richmond Safeguarding Adults at Risk Partnership Board implements those policies and procedures locally. This document is to be used in conjunction with the PLP by any statutory agency or provider.

These two documents together replace the Richmond Adults Inter-Agency Policy and Procedure 2008.

Individual partner agencies have a responsibility to have their own operational policy and procedures in place that links to these documents and Safeguarding Adults at Risk Board Governance arrangements.

The 'Protecting adults at risk: London multi-agency policy and procedure' (referred to in this document as PLP) will evolve over time and be subject to regular review.

The London Borough of Richmond Upon Thames Local Protocol will therefore be updated regularly to ensure it accurately reflects national, London-wide and local developments relating to Safeguarding Adults.

The local Safeguarding Adults protocol, 'Protecting adults at risk: London multi-agency policy and procedure to safeguard adults from abuse' updates are available at http://www.richmond.gov.uk/home/health_and_social_care/adult_protection.htm

- 1.3 All information required for partner agencies has been incorporated into this document. Further detailed guidance for all practitioners involved at each stage of the Safeguarding Process is available on the London Borough of Richmond Upon Thames website.

The latest Safeguarding Adults training information can be found at http://www.richmond.gov.uk/home/health_and_social_care/social_care_training.htm

If you have experienced abuse or are concerned about abuse occurring, information is also available on the website. This provides guidance as to what the safeguarding process means for you and what support you will receive

Regardless of eligibility under normal circumstances, under the new adult social care eligibility guidance (DH 2010)¹ published by the Department of Health, a safeguarding concern will give rise to a duty on the local authority to assess that person under s.47 of the NHS and Community Care Act 1990.

Once an assessment has been carried out (or, in urgent cases, even before), and it is established that abuse or neglect has occurred or will occur, the person's need will – under the guidance - be 'critical' or 'substantial'. A legal obligation then arises to provide assistance, by way of community care services under one or more pieces of community care legislation.

¹ Prioritising need in the context of *Putting People First: A whole system approach to eligibility for social care*; *Guidance on Eligibility Criteria for Adult Social Care, England 2010*

1.4 The term 'adult at risk' replaces 'vulnerable adult'. An 'adult at risk' is aged 18 or over and is defined as *'[a person 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'*.² In practice this refers to 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 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

Just because someone is elderly or frail or has a disability does not necessarily mean they are 'at risk'. This will depend on factors that determine vulnerability which will be considered by the Adult and Community Services or the South West London and St Georges Mental Health NHS Trust (SWLStG) when a referral is made.

It is everybody's right to live in a safe environment free from being threatened, intimidated or abused. The feeling of being unsafe can occur in different ways and in different circumstances. Most people would consider abuse as being either physical or sexual in nature, but it can also be financial or psychological, happen as a result of neglect or discrimination; it may be deliberate but it may also happen as a result of poor care practice, a lack of knowledge in how to support someone or ignorance. An adult at risk may be subject to abuse when they are neglected, persuaded to agree to something against their will, or be taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. Abuse can occur in any relationship, most frequently by people who the adult at risk knows.

² No Secrets: No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

Section 2

The Safeguarding Process

This section should be cross-referenced with pages 51-102 of the PLP. See Appendix 1a and 1b for the accompanying flowcharts outlining the safeguarding process and timeframes.

STAGE 1	ALERT	Identifying safeguarding adult concerns, immediate safety action and reporting to Adult Community Services / SWLStG
STAGE 2	REFERRAL	A Social Worker will look at the information you have presented and determine whether to accept the alert as a safeguarding referral
STAGE 3	STRATEGY MEETING / DISCUSSION	Multi-agency decision whether to proceed with the investigation; agree a protection plan and investigation actions. Review risk assessment
STAGE 4	INVESTIGATION	Allocated Lead Investigating Officers will carry out the safeguarding investigation actions and complete an investigation report for the Case Conference
STAGE 5	CASE CONFERENCE	To consider evidence obtained during the investigation and determine the outcome of the abuse allegation and agree a protection plan
STAGE 6	PROTECTION PLAN REVIEW	Review of the protection plan and risk assessment. Revision of the protection plan if needed.
STAGE 7	CASE CLOSURE	End of the safeguarding process. Check to assure that all stages have been completed appropriately. All parties informed of case closure

See Appendix 2 for details of key responsibilities at each stage of the process including timeframes and reference to the PLP.

Summary of the 7 stages

2.1 Stage 1 - Alert

Safeguarding is everybody's business. If you are a member of a statutory agency or provider (e.g. Social Services, NHS or Provider), and you have a duty of care, and it is suspected someone is being abused or is at risk of being abused you have a responsibility to take action. This involves reporting your concerns to the London Borough of Richmond Upon Thames (LBRuT) **within 4 hours** of the disclosure or concern and immediately reporting to the Police if criminal activity is suspected. See Section 5 of this document.

A guidance pack has been put together to assist people in identifying a Safeguarding Alert and reporting it to Adult and Community Services / SWLStG. See Appendix 6.

You are required to evaluate risk and consider any immediate action that is necessary to safeguard the adult at risk (e.g. where appropriate dial 999 for an ambulance or the police if there is reason for emergency action to be taken). See Appendix 15

You will need to consider whether the adult at risk has the mental capacity to understand the abuse allegation and to consent to the alert being reported to Adult and Community Services / SWLStG.

If you are a member of the public (neighbour/ friend/ colleague/ carer) and wish to report a concern regarding a person who you believe to be an adult at risk this can be done by calling the Adult and Community Services Access Team on 020 8891 7971. The Social Worker will record the details of your concern and consider how best to proceed.

2.2 Stage 2 - Referral

The Safeguarding Referral Point is the LBRuT Access Team. Alternatively if you know the relevant team you may contact them directly.

When an alert is reported to Adult and Community Services / SWLStG, a Social Worker will look at the information you have presented and determine whether the alert is a safeguarding referral. If the alert is not determined to be a safeguarding referral then the receiving Social Worker will progress the alert appropriately depending on the needs of the person.

This decision regarding whether the alert is a safeguarding referral should be made **within 24 hours of receipt of the alert** and will be taken by an appropriate Safeguarding Adults Manager (SAM) within the relevant Health and Social Care Team or Mental Health Team. The SAM will consider the risk of harm to the person and other potential adults at risk, and will agree protective measures in the form of an interim protection plan, ensuring they

are implemented. The SAM will take into account the wishes of the adult at risk, the mental capacity of the adult at risk, views of all the relevant multi-agency professionals, making reference to appropriate legislation and any public interest considerations. All information and actions will be recorded by Adult and Community Services to evidence decisions made. The Lead Investigation Officer will be allocated at this point and will remain the allocated worker throughout the case.

Guidance for Local Authority staff making these decisions is available on the London Borough of Richmond website.

2.3 Stage 3 – Strategy Meeting / Discussion

The allocated SAM will co-ordinate a Strategy Meeting or discussion. The purpose of this stage of the Safeguarding Process is to:

- consider the safeguarding alert / referral, including risk of harm to the person and any immediate measures put in place to protect the adult at risk
- review the information available from all relevant professionals/ agencies relevant to the allegations of abuse and review the risk of harm
- review any interim plan in place and agree a multi-agency interim protection plan
- assign responsibility for the investigation and how the investigation will be carried out.
- appoint the most appropriate person to support the adult at risk throughout the safeguarding investigation

This Strategy stage will involve relevant workers from agencies who are involved in supporting the adult(s) at risk who may subsequently be involved in the investigation process. This will include, where appropriate, the adult at risk.

A meeting is more likely to be held where there is more than one agency involved as this is the best way to facilitate a discussion amongst all partners to identify the risk of harm, consider ways to keep the adult at risk safe and agree the best way to investigate the abuse allegation.

A discussion will be held when the SAM does not consider a meeting is needed after considering all factors relevant to the particular situation.

A record of the Strategy Meeting / Discussion will be provided as evidence of information shared and decisions made. All parties involved in the meeting will receive a copy of the minutes within 5 days of the meeting. The investigation plan and interim protection plan will be agreed at the meeting and shared with

all relevant parties within 24 hours of the meeting. See Appendix 1a and 1b for accompanying flowcharts that highlight timeframes and responsibilities.

For a copy of the Standard Agenda for a Strategy Meeting / Discussion plus guidance as to what will be discussed in the meeting see Appendix 10.

2.4 Stage 4 – Investigation

The allocated Lead Investigating Officer(s) responsible for carrying out the safeguarding investigation are required to complete the investigation actions within 20 days of acceptance of the referral. The Lead Investigating Officer is required to complete an Investigation Report which should be sent to the Chair of the Case Conference. The chair will review the report and give approval for it to be sent out to all parties invited to the Case Conference.

There are different types of investigations that may be undertaken. Partner agencies may carry out certain aspects of the investigation. A Social Worker will be the named Lead Investigating Officer for Adult and Community Services and the Mental Health Trust. Where the allegation is a possible crime the Police will lead the investigation. See appendix 15.

There are occasions when the investigation may take longer than 20 days due to the complexity of the allegation and/or the disclosure of additional evidence during the investigation. This may require amendments to the initial investigation plan or more time to gather all the evidence required.

2.5 Stage 5 – Case Conference

(This meeting was previously known as the Protection Meeting)

Within 5 days of completion of the investigation a Case Conference will be co-ordinated by the SAM.

The purpose of the Case Conference is to:

- review all evidence obtained during the investigation
- determine whether on the balance of probabilities abuse can be substantiated/ unsubstantiated/ partially substantiated or whether the findings from the investigation were inconclusive
- create a protection plan and/ or further investigation plan if required.
- assign a Protection Plan Co-ordinator

The Case Conference will involve the adult at risk wherever possible to ensure that the outcome meets their individual needs and wishes. An advocate or representative may attend the meeting on their behalf. All parties involved in the investigation will be invited to present their findings and to

contribute to the decision as to whether the abuse occurred or not and what action is required to minimise the risk of further harm to the person and/ or other adults at risk.

Formal invites will be sent out. Apologies must be sent and feedback provided to the meeting in the form of a written report. It may be that the meeting will need to be rearranged to ensure that all appropriate parties are in attendance.

The interim Protection Plan put in place during Stage 3 must be reviewed and an ongoing Protection Plan agreed at the meeting to identify ways to protect the adult at risk(s) from further harm. The Protection Plan will be recorded and shared with all parties within one day of the meeting. The minutes of the meeting will be sent out to all parties within 5 days. Attendees will have the opportunity to suggest amendments as required.

For a copy of the standard Case Conference agenda and guidance as to what will be discussed at the meeting see Appendix 10.

2.6 Stage 6 - Protection Plan Review

The Protection Plan must be reviewed as regularly as required based on presenting risks and no later than within 3 months of the Case Conference. This may require a meeting if a number of partners need to be involved. Alternatively the Chair may agree that a more informal review can be held with the Protection Plan Co-ordinator reviewing the protective measures in place to see if they are working and reporting their findings to the Chair.

Any changes to the Protection Plan should be shared with all parties involved in agreeing the original Protection Plan and must be agreed wherever possible with the adult at risk or their advocate / representative.

If the risk assessment identifies ongoing risk the Protection Plan will be reviewed 6 monthly thereafter.

For a copy of the Protection Plan review meeting agenda and guidance see appendix 10.

2.7 Stage 7 – Case Closure

The named SAM who is responsible for ensuring that the Safeguarding Process is adhered to and that the adult at risk is protected is required to authorise completion of the Safeguarding Process. This will involve checking that all stages of the process have been complied with and that the risk of harm has been minimised.

Good practice requires that the adult at risk is at the centre of the process throughout and that their views and wishes are respected. If the person lacks the mental capacity to understand the allegation, agree to the investigation,

and make decisions throughout the Safeguarding Process, the SAM must ensure that the Mental Capacity Act has been adhered to throughout the process. See Section 7 of this document.

To ensure that we can improve the lives of adults at risk in a supportive and collaborative way it is essential to reflect on the outcome of an investigation and to obtain the views of the adult(s) at risk so that improvements to practice can be made where required.

The person who raised the initial alert will also be advised of the outcome of the investigation.

If the case remains open for longer than 3 months there must be regular oversight and review of the case by the relevant Adult and Community Team Manager, with clear recording as to why the case remains open.

Section 3

Risk Assessment and Management

3.1 Risk assessment is the cornerstone of Safeguarding Adults. PLP emphasises the need for appropriate risk assessment to take place throughout the safeguarding process and the response should be proportionate.

When assessing risk and determining a proportionate response to it the SAM will use a variety of risk assessment tools, which are available to safeguarding practitioners, and anyone involved in the Safeguarding Process.

When reporting an alert to Adult and Community Services it is important to consider the views of the adult at risk wherever possible and consider the impact of the suspected abuse on their life as well as the impact of any safeguarding investigation and intervention, and how best the person can be supported. Consideration of any potential risk of harm to other vulnerable adults is also required at this early stage. Immediate action may need to be taken to protect the person and any other adults at risk from further abuse.

3.2 The Social Worker who receives the alert when it is reported to Adult and Community Services will then ensure that their response is proportionate to the risk of significant harm (this may not be the same individual who becomes the lead investigating officer).

A risk assessment will be carried out to evidence the specific risks and to determine what measures are in place to manage this risk. It is expected that the risk assessment will be reviewed formally at the Strategy Meeting/ Discussion, Case Conference and Protection Plan Review Meetings.

Section 4

Roles and Responsibilities

- 4.1 Richmond's Safeguarding Adults at Risk Partnership Board oversees the Governance of Safeguarding Adults. See appendix 7 for the Governance Structure. A copy of the terms of reference, current membership and Annual Report can be found on the Richmond website at http://www.richmond.gov.uk/home/health_and_social_care/adult_protection.htm
- 4.2 The London Borough of Richmond upon Thames has a Safeguarding Adults Team based in the Adult and Community Services Directorate. The team is responsible for ensuring compliance with the Safeguarding Policy and Procedures. It can also be contacted by anyone for advice and support regarding individual investigations. The team can be contacted on 020 8487 5444 or via email at safeguarding.adults@richmond.gov.uk. The Safeguarding Team does not take referrals. Referrals should be sent to the single point of access for LBRuT Adult and Community Services, which is the Access Team.
- 4.3 The Teams responsible for receiving safeguarding alerts and / or co-ordinating the safeguarding investigations are as follows:

Access Team
Adult Emergency Duty Team
Adult Mental Health Services
Health and Social Care Teams:
East Sheen and Barnes
Richmond, Ham and Kew
Twickenham and Whitton
Teddington and Hampton
Community Drug and Alcohol Team
Learning Disabilities Team

For Contact details see 'Guidance for people with concerns about adult abuse and how to raise an alert'. See Appendix 6.

Section 5

Suspected Crime

- 5.1 The Police should be informed if any criminal activity is suspected. If the crime is in the process of occurring call 999. Otherwise contact your local station using the following number: 101

It is important that when an alert is reported to Adult and Community Services / SWLStG that the alerter confirms whether the police have been contacted or not and if they have to provide the crime reference number. If a referral has not been made to the police then the Social Worker taking the alert will consider whether a referral is necessary.

- 5.2 The Police will Lead on an investigation where a crime is suspected, however Adult and Community Services will co-ordinate the overall safeguarding process even where the police are the only agency investigating. The safeguarding process will look at ways to support the adult at risk, consider if an assessment of their health and social care needs would be beneficial and provide emotional and psychological support as well as keeping the person informed throughout each stage of the process.

The Local Authority has a different threshold from the police when concluding an investigation. The safeguarding Process requires evidence to be viewed and a decision to be determined based on the balance of probabilities. This is not the same degree of certainty that a criminal investigation is required to have.

A safeguarding investigation may therefore conclude prior to the outcome of the police investigation. The outcome of the criminal investigation may have implications for the person's Protection Plan and therefore a review may need to be co-ordinated at the time that the police investigation is concluded.

See Appendix 15 for Safeguarding Adults Consultation and referral Protocol between Social Services and the Police.

- 5.3 London Borough of Richmond upon Thames has a Domestic Abuse and Hate Crime Co-ordinator who can be contacted directly if advice is required concerning Domestic Violence or Hate Crime.

Section 6

Regulated Social Care and Health Settings

- 6.1 If an adult at risk is allegedly abused in a regulated health or social care setting or by a member of staff who is employed by a regulated health or social care provider the regulatory body Care Quality Commission (CQC) must be contacted. The person taking the alert within Adult and Community Services / Mental Health Trust will ask whether CQC has been informed. If this has not happened the Social Worker will alert CQC. The regulatory body may subsequently participate in any Safeguarding meetings and undertake part of the investigation.

Members of the public are able to report any concerns regarding a registered provider directly to CQC. CQC will consider whether the concern relates to possible abuse and report a Safeguarding Alert to Adult and Community Services/ Mental Health Trust if appropriate.

- 6.2 NHS SW London, Richmond Team (formerly NHS Richmond), Hounslow Richmond Community Health Care NHS Trust (HRCH) and South West London and St George's Mental Health NHS Trust have their own procedures for investigating incidents which may link in to the Safeguarding Adults Process. PLP identifies the need to ensure congruence between such arrangements and safeguarding to ensure appropriate processes are followed. Page 65 of PLP provides a helpful flow chart to assist in ensuring this is followed appropriately
- 6.3 Health professionals within health organisations have a key role to play in safeguarding arrangements, including involvement in initial strategy meetings and discussions, involvement at Case Conferences or in leading aspects of or assisting in safeguarding investigations. They will not act as lead investigating officers. For example a Community Psychiatric Nurse who knows the adult at risk well may be the best person to interview the person and obtain information pertinent to the investigation but will not be responsible for co-ordinating the other parts of the investigation. This would be the role of the Social Worker who is assigned as the lead investigating officer. Where the Police are leading an investigation the Social Worker will take on the role of Co-ordinating Investigating Officer.

Section 7

Mental Capacity and Consent

- 7.1 The Mental Capacity Act 2005 underpins the Safeguarding Process where the adult at risk does not have capacity.

A mental capacity assessment will be carried out by the Social Worker who interviews the adult at risk if there is a concern that the person may not have the mental capacity to make decisions regarding the abuse allegation and consent to a Safeguarding investigation.

Where the person is at risk of harm and a decision is required to consider how to prevent abuse from occurring or reduce the risk of further abuse an Independent Mental Capacity Advocate (IMCA) may be requested to support the person and those involved in making a best interest decision. An IMCA will only be engaged where there is no other appropriate person who can advocate on behalf of the adult at risk or when the person who would normally advocate on their behalf could be the person who is alleged to have caused harm; or where family members who could act as an advocate are in direct conflict with each other. See Appendix 12 for further information on involving an IMCA.

- 7.2 The Deprivation of Liberty Safeguards were designed to provide a framework for protecting people who lack the mental capacity to make the decision as to whether they receive care and/ or treatment in a care home. Anyone can make a referral if they consider that someone may be being deprived of their liberty in a care home or hospital. Where it is identified that an unauthorised deprivation of liberty is occurring, the Deprivation of Liberty Safeguarding Team will make a safeguarding alert.

Section 8

Feedback on the Safeguarding Adults Process

It is essential wherever possible to obtain feedback from the adult at risk as to how they experienced the safeguarding process. This will enable all agencies to consider better ways to support the person and to ensure that the process meets the individual's needs.

There is a working group looking at these issues to guide our understanding and practice. An appendix will be added.

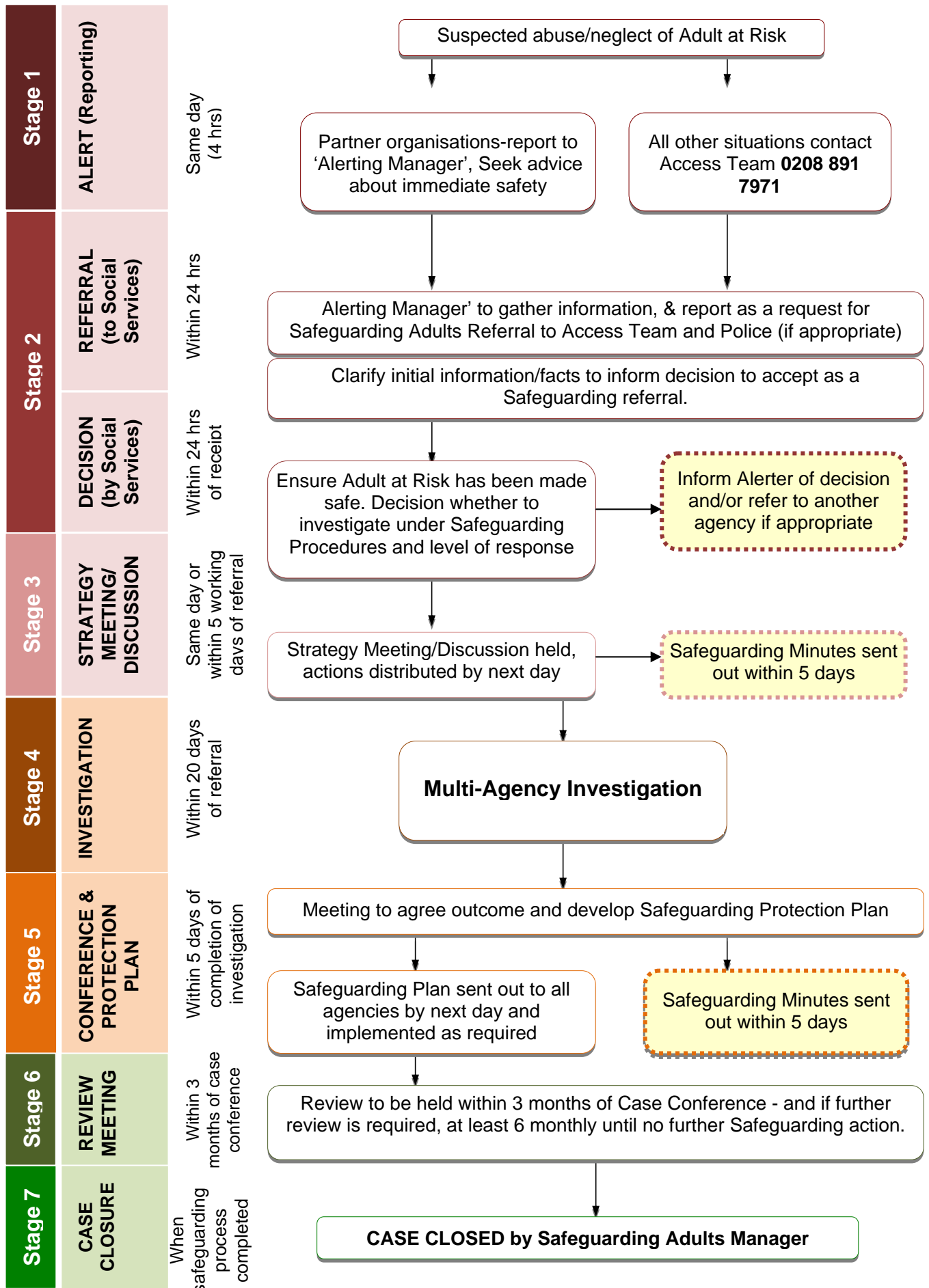
**LONDON BOROUGH OF RICHMOND UPON THAMES
LOCAL SAFEGUARDING ADULTS PROTOCOL**

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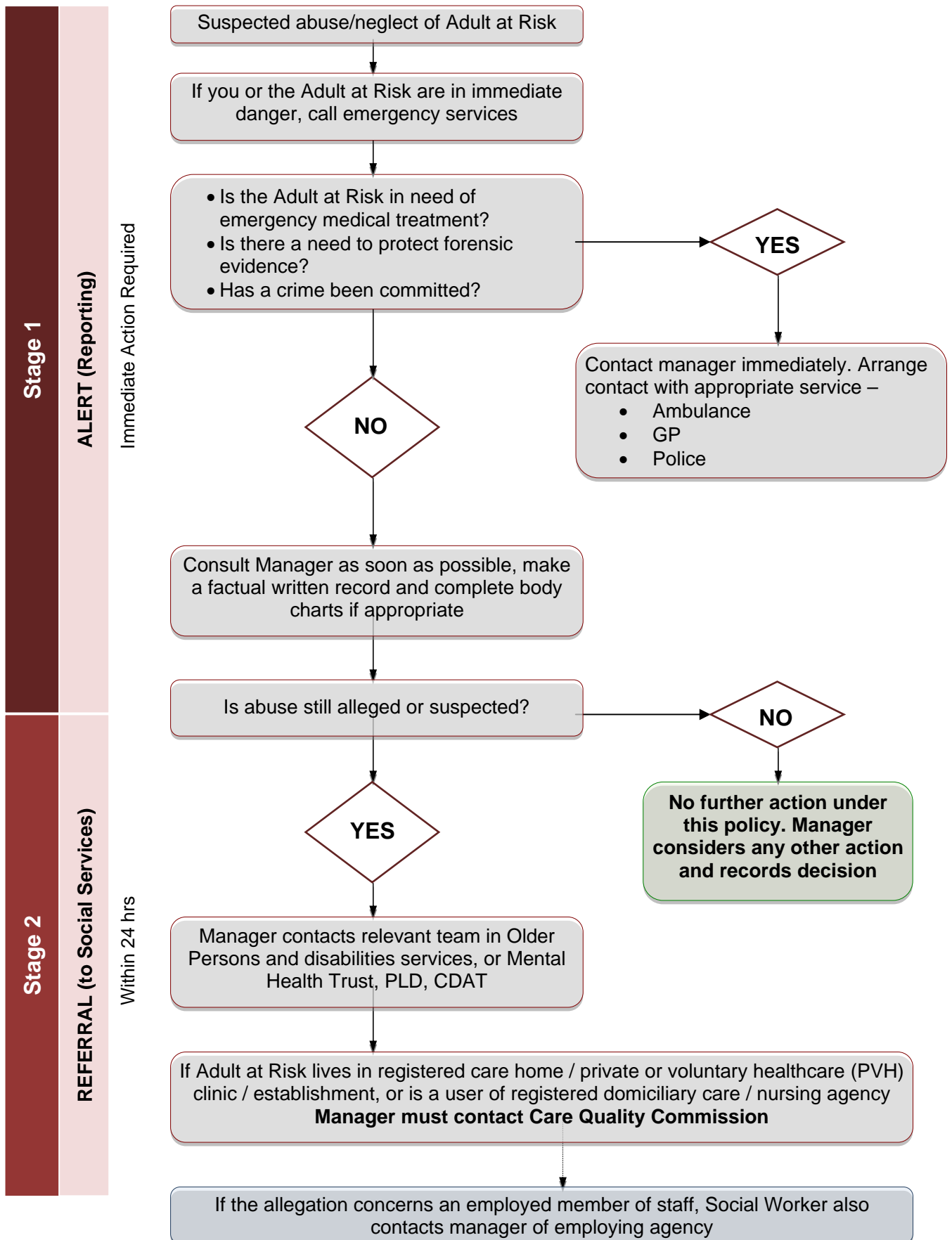
Always check the Richmond website for the most up to date version of the protocol

Appendix 1a – Flowchart: 7 Stage Safeguarding Adults Process



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Appendix 1b – Flowchart: Alert / Referral



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Appendix 2 - 7 Stages: Local Responsibilities and Time Standards

The following table builds on the process described on pages 51 to 55 of Protecting adults at risk: London multi-agency policy and procedures (PLP). It describes how this is tailored to specific local procedural requirements that must be followed by Richmond Partners in all cases of safeguarding adults concerns.

Stage of Procedure	Purpose/Activity/Role	Responsibility	Time Standard
Stage 1 Raising an Alert	<ul style="list-style-type: none"> Act to protect Adult at Risk. Report concerns as required by own agency/service procedure. Consider reporting to the police if a crime. Record 	Everyone with duty of care	Immediately if an emergency Or within the same working day (this should be within 4 hours)
<i>Decision</i>	<ul style="list-style-type: none"> Take any immediate management action to identify and address the risk Decide if a referral to ACS under Safeguarding Adults procedure is needed If NHS, consider reporting as serious incident (See page 34 PLP - role of NHS) 	Alerting manager Safeguarding Adults lead, member of staff, as per own agency procedure.	Immediately <u>or</u> within 24 hours of alert being raised
Stage 2 Making a Referral request	<ul style="list-style-type: none"> Refer to Safeguarding Adults Referral Point (SARP). Report to Police if a crime. If NHS, also make a report under Serious Incident procedures (as above) Notify CQC if necessary Gather initial information so that SAM can make a decision. 	Designated staff within organisations	
<i>Decision to accept referral</i>	<ul style="list-style-type: none"> Evaluate risk Decide if SA procedures apply and identify alternative responses where not, taking appropriate action Agree actions needed for an <i>interim</i> (urgent) protection plan and begin to implement e.g. ensure adult at risk is safe, any actions relating to carers (Human Resources, Police investigations may 	SAM with relevant partner agency/ service staff	Within 24 hours <u>of receipt</u> of referral request

Stage of Procedure	Purpose/Activity/Role	Responsibility	Time Standard
	<ul style="list-style-type: none"> have begun, liaison with carer) Decide whether strategy <i>meeting</i> or <i>discussion</i> is appropriate, or neither (See page 74 PLP) Decide on level of response and who should be SAM/Chair Record decisions and reasons. Inform alerter/alerter manager 		
Stage 3 Strategy discussion or Meeting	<ul style="list-style-type: none"> Assess immediate risk and overall case risk management needs Evaluate non urgent risk (review level and whether Large-scale process response is needed) and investigation requirements 	SAM with relevant partner agency/ service staff	Same day or within 5 working days of receipt of referral request
Decision	<ul style="list-style-type: none"> Decide how to address urgent/ safeguarding needs Decide if investigation is needed If not SA agree appropriate action If not SA close the process at this point (see Stage 7) Agree the investigation plan If large-scale investigation, follow process Exceptionally, consider if a Strategy Review Meeting/ discussion will be necessary (agree date). Record decisions & reasons Distribute decisions/ plans Where discussions/meetings are held, distribute the minutes/notes. Inform Alerter/Alerting Manager 	<p>SAM with relevant partner agency/ service staff</p> <p>Adult at Risk as appropriate</p>	<p>Investigation plan and immediate safety plan to be available in 24 hours</p> <p>Minutes to be available within 5 days</p>
Stage 4 Investigation	<ul style="list-style-type: none"> Conduct investigation (liaising with partners as required) Re-evaluate risk Collate evidence and share with involved organisations Where necessary, arrange 'Strategy meeting/discussion Review', agree and implement new investigation plan. Produce investigation report for SAM/Chair. Report distributed to all relevant parties once agreed 	<p>Coordinated by SAM with relevant partners</p> <p>Allocated lead Investigating Officer</p>	Within 20 working days from receipt of referral

Stage of Procedure	Purpose/Activity/Role	Responsibility	Time Standard
	<ul style="list-style-type: none"> Record activity and reasons Arrange a Case Conference date. 		
<p>Stage 5 Case Conference and Protection Plan</p> <p><i>Decision</i></p>	<ul style="list-style-type: none"> Discuss evidence obtained during investigation Evaluate risk Consider actions for protection plan Where no further investigation is required, and review is not necessary, close SA process (see 2.8.1 p.98) – Stage 7 and Serious Concerns Process. Keep under review (see Stage 6) Record decisions and reasons Distribute decisions/plans. Where meetings are held, distribute the minutes. 	<p>Coordinated by SAM with relevant partners. Adult at Risk/family / advocate as appropriate</p>	<p>Within 5 working days of completion of the investigation report.</p> <p>The Protection Plan to be available within 24 hours of the Case Conference Minutes distributed in 5 days.</p>
<p>Stage 6 Review of the Protection Plan</p> <p><i>Decision</i></p>	<ul style="list-style-type: none"> Review progress of actions in protection plan Evaluate the risk Consider if plan needs to be revised Distribute decisions/ revised plans Where no further review is required, close the SA process Distribute the minutes Record decisions and reasons 	<p>Coordinated by SAM</p>	<p>First review within three months of Case Conference or as agreed at the case conference. Subsequent reviews should be within 6 months. Revised Protection Plans (where relevant) shared within 24 hrs, minutes distributed in 5 days</p>

Stage of Procedure	Purpose/Activity/Role	Responsibility	Time Standard
	<ul style="list-style-type: none"> • Agree revised Protection Plan or • Agree no further action under SA process 		
<p>Stage 7 Closing the Safeguarding Adults process</p> <p><i>Decision</i></p>	<ul style="list-style-type: none"> • Complete the SA process/record overall conclusion • Notify alerter/alerting manager of closure • Obtain feedback on SA process from Adults at risk/others • Reflect on learning from the case • Reflect on how well the SA process applied, supervision, role of SAM • Consider whether Serious Case Review is appropriate • Disseminate any learning <ul style="list-style-type: none"> • Agree to sign-off of the SA process • Decide if referral to a Serious Case Review is required 	<p>SAM sign-off. Reflection /feedback from adult at risk, Partners etc</p>	<p>At time of agreement to no further action under SA procedures. Agreement with partners and adult at risk.</p>

Appendix 3

Quick guide to Stages, Roles and Responsibilities

This document compliments pages 51 – 102 of the PAN London Safeguarding Protocol

Stages	Process/Activity (&refs) (see detailed activity description in Table 2 below)	Relevant Partners (incl. ACS SWLStG)	ACS & SWLStG only
Stage 1 Alert	Discovery or disclosure of suspected abuse/neglect of Adult at Risk Immediate safety	✓ ✓	
Reporting an Alert	Initial information gathering Immediate safety Passing the details of the alert/info to ACS / SWLStG teams or Police if it's a suspected crime	✓ ✓ ✓	
Stage 2 Referral	Accepting a Safeguarding Adults referral of an alert. Alternative action/signposting elsewhere if not Safeguarding referral (e.g. not an Adult at Risk).	✓	✓
Decision	Deciding whether the alert information requires more thorough investigation (assessment) and by whom. Addressing immediate safety needs. Alternative action if not Safeguarding Adults investigation (e.g. level 1 investigation or monitoring 'concerns').		✓ ✓ ✓
Stage 3 Strategy	Arranging a Strategy meeting or discussion. Participating in the Strategy meeting/discussion to determine what action is required, by whom and why. Agreeing 'Interim Protection Plan'. Deciding who to lead the investigation (e.g. police/ACS).	✓ ✓ ✓	✓ ✓
Stage 4 Investigation	Fact finding/interviews. Participating in interviews and providing information. Report writing. Supporting the investigator.	✓ ✓	✓ ✓

Stages	Process/Activity (&refs) (see detailed activity description in Table 2 below)	Relevant Partners (incl. ACS SWLStG)	ACS & SWLStG only
Stage 5 Case Conference/P rotection Planning	Arranging and Chairing the Case Conference.		✓
	Participating in the Case Conference decision-making.	✓	
	Developing the Protection Plan.		✓
Stage 6 Protection Plan Reviews	Arranging and Chairing the Safeguarding Adults Review meeting		✓
	Participating in the Safeguarding Adults Review decision-making/revised plan	✓	
Stage 7 Closure	Evaluating and learning from the case/process	✓	
	Closure		✓
	Monitoring	✓	✓
	Serious Case Review request/Complaints	✓	

Individual Partner SA Policy & Procedure Implementation (see PAN London Safeguarding Protocol p36)

• Own agency/service operational procedure linking to Richmond SAPB local procedures & PARLMAPP.	✓	
• Human Resources systems and strategies.	✓	
• Independent Safeguarding Authority/Vetting & Barring Scheme (Safe Recruitment) policy & monitoring systems.	✓	
• Supervision/support policy & monitoring systems.	✓	
• Training & development policy & monitoring systems.	✓	
• SAPB governance arrangements.	✓	✓
• - Borough coordination of Safeguarding Adults.		✓

Appendix 4

LONDON BOROUGH OF RICHMOND SAFEGUARDING ADULTS PARTNERSHIP BOARD

DRAFT

Procedure & Guidance for Conducting Serious Case Reviews

Version 2	Published May 2011
Review	September 2013

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Introduction

The guidance suggests that local agencies should collaborate to achieve effective inter-agency working, through the formation of multi-agency management committees known as Adult Protection Committees. This has been renamed the Safeguarding Adults Partnership Board (SAPB) in Richmond.

The document Safeguarding Adults published by the Association of Directors of Social Services (ADSS) October 2005, provides a National Framework of Standards for good practice and outcomes in adult protection work. One of the standards in this document states that, as good practice Adult Protection Committee's should have in place a Serious Case Review (SCR) protocol.

It is recommended that:

- *There is a 'Safeguarding Adults' Serious Case Review protocol. This is agreed, on a multi-agency basis and endorsed by the coroner's office, and details the circumstances in which a Serious Case Review will be undertaken. For example: when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence homicide review should be clear. (Paragraph 1.22 Safeguarding Adults)*
- *There is a clear process for commissioning and carrying out of a Serious Case Review by the partnership. (Paragraph 9.10.15 Safeguarding Adults)*

The London Borough of Richmond Serious Case Review (SCR) protocol is contained in the Safeguarding Adults Inter-Agency Policy and Procedure. This guidance explains how the protocol should work operationally.

Purpose

The purpose of having a Serious Case Review is:

- to establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard vulnerable adults
- to review the effectiveness of procedures (both multi-agency and those of individual organisations)
- to inform and improve local inter-agency practice
- to improve practice by acting on learning (developing best practice)

- to prepare or commission an overview report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action

SCRs are not enquiries into how a vulnerable adult died or who is to blame; that is a matter for coroners and criminal courts to determine.

It is acknowledged that all agencies will have their own internal/ statutory review procedures to investigate serious incidents; e.g. an untoward incident. This protocol is not intended to duplicate or replace these. Agencies may also have their own mechanisms for reflective practice.

Where there are possible grounds for other review processes (e.g. Domestic Homicide Review, Child Serious Case Review, Health Serious Untoward Incident) a decision should be made at the outset by the lead decision makers of the review processes involved, as to which process is to lead and who is to chair with a final joint report being taken to all the relevant Review commissioning bodies.

Section 1 - Criteria for Serious Case Review

1.1 The SAPB has the lead responsibility for conducting an SCR. A SCR should be considered when:

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death **or**
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect **or**
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case
- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death

1.2 The SAPB can also consider conducting a Serious Case Review into any incident(s) or case(s) involving vulnerable adult(s) where it is believed to be in the public interest to conduct such a review.

1.3 Any agency or professional body, also councillors, MPs and the coroner may refer such a case to the SAPB seeking a Serious Case Review to establish if there are important lessons for inter-agency work to be learnt from a case.

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

Section 2 - Initiating the process

- 2.1 Any agency or professional may refer a case to the SAPB via the Serious Case Review Sub Group (SCRSG) using the referral form in Appendix 1. Staff will usually find it helpful to discuss their concerns with either their agency's SCRSG representative (if they have one, or the Head of service Safeguarding Adults & DoLS prior to making a referral. Referrals must be in writing (see Appendix 1). To ensure the efficient identification of appropriate cases for SCR consideration, the relevant operational and 2nd line managers of agencies represented on the SAPB need to be aware of the criteria for implementing a SCR (see section 3 above). The SAPB should ensure that this takes place.
- 2.2 Once a decision has been made to instigate a Serious Case Review, the Care Quality Commission will be notified of the decision. This task will be the responsibility of Richmond Head of Service Safeguarding Adults & DoLS.

Section 3 - Decision making

- 3.1 The SCRSG is a sub-group of the SAPB and is responsible to that committee.

When a case is referred, the group will determine (within a maximum of one month) and make a recommendation to the Chair of SAPB (or Vice Chair in their absence) who has ultimate responsibility for deciding whether or not to conduct a review. To facilitate timely decision making this process will usually be conducted by 'virtual meeting' (email, telephone etc) with a physical meeting taking place if required. The decision making process by the SCRSG will need to be supported by the consideration of as much available information about the case as possible at the time, including notes of safeguarding adults strategy meetings and case conference. In the likely event that a SCR will be recommended, the SCRSG can further utilise this information to help provisionally scope the SCR and its terms of reference. If there is sufficient information at this stage, some initial draft terms of reference for the SCR will be drawn up (see paragraph 6.6).

- 3.2 As soon as the SCRSG has made a recommendation that an SCR should take place, and this has been confirmed by the chair of the SAPB (via standard letter A), a letter from the SAPB chair (or the chair of SCRSG on his/her behalf) will be sent to the chief executive (and copied to their respective SAPB representative) of each relevant agency,

advising them that records relating to the vulnerable adult need to be secured, and requesting that the process be set underway to undertake their individual management review (standard letter B – if there are draft terms of reference, these should be included in the letter). This communication will also include the two templates for completing the chronology and the analysis components of the individual management reviews as well as Appendix 7 of this document.)

NB: If the chair of SAPB does not agree with the recommendation of the SCRSG, a meeting should be convened with the chair of the SCRSG to try to resolve the issue as a matter of urgency. If necessary, a special meeting of the full SAPB should be convened to make a final decision.

- 3.3 When a decision has been made to proceed with a SCR, the Care Quality Commission will be notified. This task will be the responsibility of the Richmond safeguarding adults Head of Service.
- 3.4 The SCRSG will need to agree arrangements to contact appropriate relatives to inform them that an SCR will be undertaken.
- 3.5 The SCRSG will need to consider how the vulnerable adult (where he or she has survived the abuse) and appropriate relatives will be supported through and involved in the SCR process.
- 3.6 The SCRSG should consider whether the SCR requires the involvement of friends of the vulnerable adult or any other relevant person, and should also consider whether it is appropriate to involve/interview the alleged perpetrator.
- 3.7 If the recommendation of the SCRSG is not to proceed to a SCR, the group may consider whether to request an individual management review or a smaller-scale audit of agency involvement. In such cases, arrangements should be made for the agency to share relevant findings with the SCRSG or other appropriate body.
- 3.8 If the decision is not to proceed to an SCR, the referrer should be notified by letter from the chair of the SCRSG, stating the reasons.

Section 4 - Planning the Serious Case Review

- 4.1 As soon as the SAPB chair's decision is made to proceed with an SCR, he/she will need to commission the creation of a Serious Case Review panel whose role it will be to undertake the review of the case in question. The following actions should therefore be taken, either by the convening of a SRCG meeting, or if this is not possible by the chair of the SCRSG in consultation with members of the SCRSG. It may have been possible for much of this work to have already been initiated from the SCRSG meeting held to recommend the need for the SCR.
- 4.2 The chair of the SCRSG, in consultation and with the active support of members of the SCRSG, should create an SCR panel, by identifying and communicating with potential members drawn from SAPB member organisations involved in the case and other agencies/organisations as appropriate. Depending upon the circumstances of the case, it may be necessary to seek the involvement of a specialist professional, (e.g. adult psychiatry, substance misuse) and ask them to join the SCR panel.
- 4.3 Agencies represented on the SAPB will be asked to provide a list of people who might be in a position to serve on such a review panel. The agency SCR panel member should not be the same person who compiles the individual management review, and if possible should be drawn from a different operational area or division of the agency to that which has had the direct contact with the vulnerable adult.
- 4.4 Once agreed, the chair of the SCRSG should write (letter C) to confirm the individual's role on the SCR panel and (where relevant) provide them with a copy of the initial letter to their chief executive (letter B). The SCR panel member should be asked to monitor their agency's progress in respect of the instigation of their individual management review.
- 4.5 The chair of the SRCG, in consultation with members of the SCRSG, should identify, approach and appoint an independent person, to act as the chair of the panel. (A standard contract to be devised for this purpose). For the purposes of a SCR an 'independent person' will be either:
 - A person who has no connection with any agencies/services covered by the SAPB Inter-Agency Policies and Procedures. Or
 - In SCR's that involve few SAPB partners, a person who has no connection with any of the services/agencies involved in the case.
- 4.6 The SCRSG will decide whether to appoint a separate independent report writer, or whether the Chair of the panel will undertake this role.
- 4.7 The independent chair of the panel will be accountable in the first instance to the chair of the SCRSG for the quality of their work and the need to keep to the Terms of Reference/timescales for the review. The report writer will be accountable to the Chair of the panel.

- 4.8 The SCRSG should identify if the SCR will need to take account of any outstanding criminal proceedings or other legal circumstances, and make recommendations to the SCR panel accordingly.

Section 5 - Undertaking the Serious Case Review

5.1 The SCR Panel Planning Meeting

- 5.1.1 The Chair of the panel will be responsible for ensuring all members of the panel, and independent management review authors, have clarity about the terms of reference and scope of the Review, roles and expectations. This will normally require an Initial meeting of the panel prior to commencement of the review. The panel chair will liaise with the chair of the SCRSG for agreement to any recommended changes to the scope the review, that result from clarification discussions.
- 5.1.2 The panel will agree how to communicate and share information (e.g. all documents sent to the Chair/report writer or direct to all panel members, how and when to inform the chair of problems), and time frames for completion of individual management reports/chronologies.
- 5.1.3 The panel will consider whether victims/family etc need to be interviewed, and if so who by (for example the Independent Chair/Report writer).
- 5.1.4 The Panel will need to consider how to address any refusal to fully cooperate with the SCR by relevant services/agencies. This may require involvement of the Chair of the SAPB, and escalation to the Local Strategic Partnership in extreme cases.

5.2 The First SCR Panel Report Meeting

- 5.2.1 The first SCR panel meeting should be convened within 10 working days of the deadline for the return of the individual management reviews. All members of the panel should receive relevant documents a minimum of 5 working days prior to the first meeting of the SCR panel by agreed secure arrangements. Documents should include completed individual management reviews and an amalgamated chronology.
- 5.2.2 This will provide the material for the first panel meeting, whose main purpose will be to collate and analyse the detailed information and findings from the individual management reviews, and overview Chronology and in the light of this to:
- Identify if any further information is needed or other reports need commissioning, and who, how, when this will be achieved.
 - Review/revise the terms of reference and time period for the SCR
 - Audit the quality of the IMRs.

NB: Services/agencies completing IMR's should not delay implementing own agency improvements once they have been identified.

5.2.3 Different options may be employed in order to separately consider the individual management reviews e.g.

- Each member of the SCR panel will take responsibility for summarising their agency's respective review in order to generate further analysis, or alternatively:
- The author of each report could be formally invited to attend the meeting (at appropriate intervals), to individually present their report, and for the SCR panel to ask any questions for clarification.

5.2.4 By the end of the first panel meeting, there should have been sufficient examination, discussion, and analysis of the SCR information, for the independent author to be able produce the first draft of the overview report, subject to any supplementary information gathering agreed. A deadline will be given for its completion and a date agreed for the next panel meeting.

5.2.5 Where there has been a refusal to fully cooperate with the SCR by a service agency, following repeated attempts by panel members, the Panel Chair will inform the Chair of the SCRSG who will involve the SAPB Chair in deciding appropriate action.

5.3 The Second SCR Panel Report Meeting

5.3.1 At a minimum of 5 working days prior to the second meeting of the SCR panel, the members will be sent a copy of the draft overview report from the independent author.

5.3.2 The main purpose of the meeting will be to consider and examine the draft overview report in detail, in order to ensure that it reflects the factual background, analysis and discussion from the previous meeting, taken from the material within the individual management reviews and relevant supplementary information. The draft report will also need to reflect any relevant independent perspectives regarding the management of the case, developed by the independent author, and agreed by the panel. (A standard agenda for the second SCR panel meeting is attached as Appendix 6)

5.3.3 By the end of this panel meeting, there should have been sufficient examination, discussion, and analysis of the draft overview report, for the independent author to produce the final draft of the overview report, including draft recommendations.

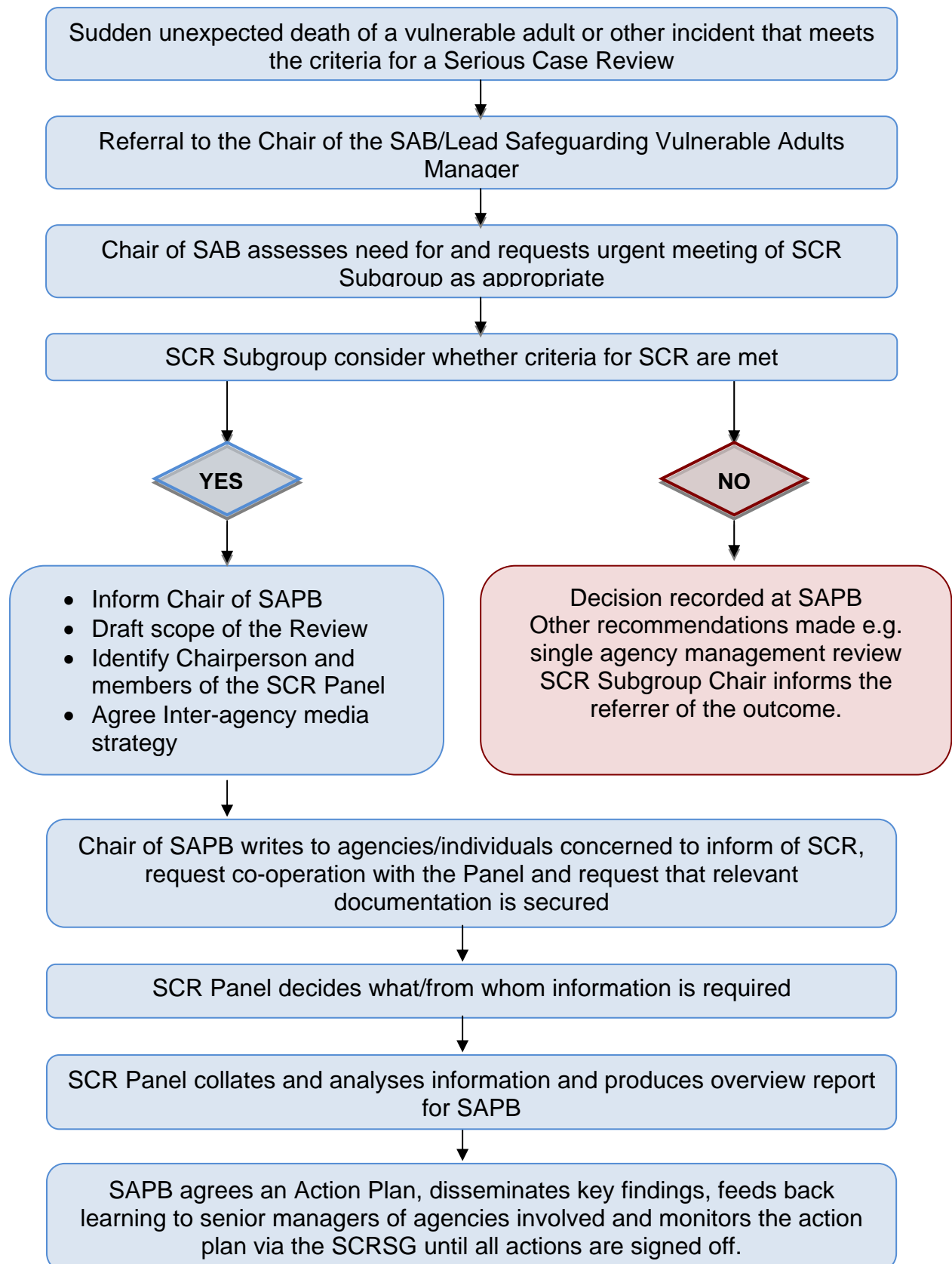
- 5.3.4 Unless there are incomplete pieces of work which may affect the detail of the final draft report (such as plans to seek further views from family members, or some pertinent pieces of information have not been received), a deadline for the final draft report to be completed will be agreed.
- 5.3.5 The final draft of the overview report will be circulated to the members of the SCR panel by the date agreed, for members to ensure that it accurately reflects their agency and the panel discussions, and includes recommendations and changes agreed. The SCR panel members will be given up to 10 working days to respond to the final draft report.
- 5.3.6 The independent author will produce the final overview report based on the feedback received within the agreed time frame. If there is disagreement among the panel members in respect of what should be included in the report, the chair will be responsible for mediating to achieve a consensus by the most appropriate means (email/telephone/conference calls or meetings with relevant panel members), and if necessary for the independent author, in conjunction with the SCRSG chair, to recommend the most appropriate conclusion to the dispute. On rare occasions, a further meeting of the SCR panel may be required.
- 5.3.7 Throughout the process the SCRSG, via the chair, should monitor the progress of the SCR via updates from the independent chair/report writer.
- 5.3.8 The Final Overview Report and a written summary of the key findings/recommendations will be presented to the SCRSG to enable the SCRSG to formally accept the report.
- 5.3.9 The SCRSG will inform the SAPB chair that the review has been concluded and the report is available. Arrangements will be made for a Summary to be presented to the next SAPB meeting for approval of the Report. The SAPB chair will need to make decisions in respect of who should receive copies of the Final Overview Report, although as a minimum these should be forwarded to the chief executives of the agencies who compiled individual management reviews, for onward distribution within their agency as appropriate. It is recommended that, if it is considered appropriate to share the full contents with the whole SAPB, hard copies are distributed at the meeting, and collected afterwards to maintain confidentiality.
- 5.3.10 The SAPB chair will decide who should present the report at the SAPB meeting (e.g. the independent chair of the SCR panel and/or the SCRSG chair), to formally accept the review findings and recommendations. Any recommended final revisions should be referred back to the SCR panel for their action.

- 5.3.11 An Executive Summary will be produced to share the learning from the SCR with the public, to be made available on the Council's website.
- 5.3.12 The Panel's work should be completed within 6 months of the initial decision to commission an SCR, unless an alternative timescale is agreed at the outset. If at a later stage the complexity of a case means that this time-scale will have to be extended, this should be agreed with the chair of the SCRSG. Own agency improvements should be commenced as soon as they have been identified e.g. prior to or during the earlier stages of the Review.

Section 6 - Learning the Lessons - Implementing the Recommendations

- 6.1 The only real value of the completion of a Serious Case Review is that relevant professional lessons are learnt and that local multi agency safeguarding practice is improved.
- 6.2 The SCRSG will be responsible for ensuring an Action Plan is produced to implement the recommendations agreed in the review report. The Chair of the SCRSG (or Head of Safeguarding Adults Service on their behalf) will coordinate panel member development of the Action Plan, ie agreement of tasks, timeframes and allocated responsibilities, which may require multi-agency working/pooling of resources to implement. The Action Plan should include cross agency and individual agency actions. Agencies will be required to produce regular updates to the SCRSG on progress/achievement.
- 6.3 The SCRSG will be responsible for ensuring implementation of the Action Plan and the monitoring of progress until the Action Plan has been delivered. The SCRSG will report to the SAPB on progress/achievement.

Supplement 1: Overview of the Serious Case Review Process



Supplement 2: Serious Case Review Referral Form

The format for requesting a Serious Case Review **must** include a summary of information based on the criteria set out below.

The completed request must be sent in the first instance, under **confidential cover** to the or Head of Service Safeguarding Adults or Chair of the SAPB Serious Case Review Group

Email to: safeguarding.adults@richmond.gov.uk

By post to: The Business Centre,
Grimwood Road,
Twickenham, TW1 1BY

All requests will be assessed by the SAPB Serious Case Review Sub Group in accordance with the Richmond SAPB Procedure/Guidance for conducting Serious Case Reviews.

Content of the request:

1. Name of the person submitting the request for a Serious Case Review.
2. Position/designation of person making the request.
3. Agency/organisation of the person making the request (if applicable).
4. Contact details, to include address, telephone number, fax and e-mail.
5. Brief details of the safeguarding adults issue to include:
 - The name(s) and date of birth of the victim(s) (if known)
 - Name of any service provider involved.
 - Local authority involved in the safeguarding adults case
 - Name of the safeguarding adults co-ordinating manager and or the chair of any strategy meeting or safeguarding adults case conference (if known)
 - Details of why, in the person's opinion, the case meets the Serious Case Review criteria and guidelines contained in paragraph 3 of the protocol.

Please note that the report should not exceed two sides of A4 paper. If any additional information is required you will be contacted.

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Appendix 5

Information sharing – Safeguarding policy

A local information-sharing agreement needs to be agreed with all partner agencies. However we recognise that information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

Personal and sensitive Information will be shared within and between organisations in line with the principles set out below:

- Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.
- The person's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved.
- Information given to an individual member of staff belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk.
- An organisation should obtain the adult at risk's written consent to share information and should routinely explain what information may be shared with other people or organisations. However where this is not possible and an adult or others are at risk of harm, it may be necessary to override this requirement.
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm.
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.
- Person identifiable data is held by the agencies listed in both manual and electronic formats. This information is collected in order that services users receive proper care and treatment from the partner agencies.
- All staff have an obligation to safeguard the confidentiality of personal information. This is governed by legislation, Caldicott requirements, duty of confidentiality, contracts of employment and also by professional codes of conduct.
- All staff must be aware that any breach of confidentiality could be a matter for disciplinary action or could provide grounds for complaint against them.
- Staff reporting concerns at work ('whistleblowing') are entitled to protection under the Public Interest Disclosure Act 1998.

Decisions about what information is shared and with whom will be taken on a case by-case basis. Whether information is shared with or without the adult at risk's consent, the information shared should be:

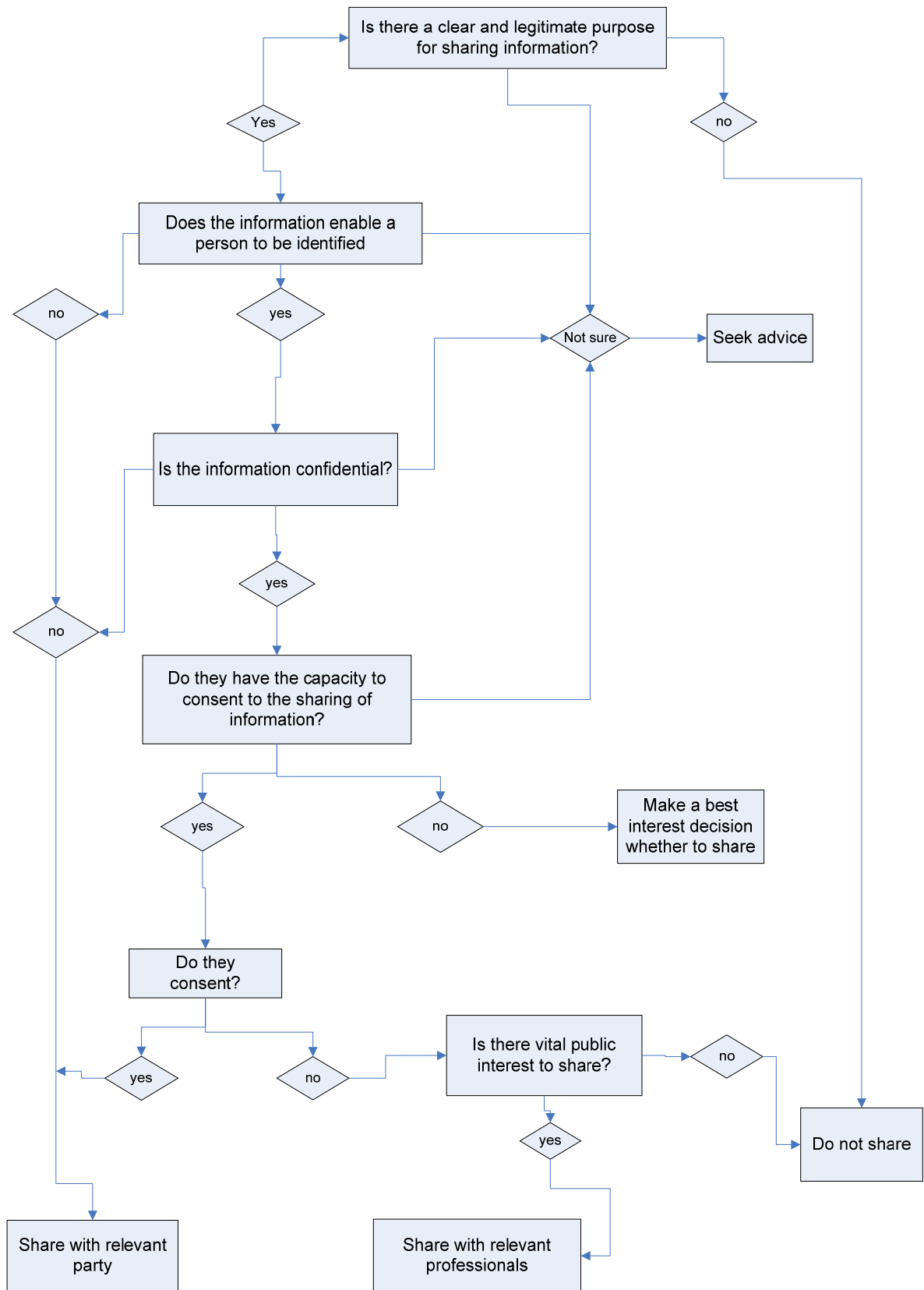
- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- be accurate and up to date
- be shared in a timely fashion
- be shared accurately
- be shared securely between partner agencies –via secure encrypted email such as GCSx, or NHS.mail

Key principles of information sharing

- Identify how much information to share.
- Distinguish fact from opinion.
- Ensure that you are giving the right information to the right person.
- Ensure you are sharing the information securely.
- Inform the person that the information has been shared if they were not aware of this and it would not create or increase risk of harm.
- Record the information sharing decision and your reasons, in line with your agency's or local procedures.
- If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay.
- Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

See next page for the Flowchart of key questions for information sharing

Key questions for information sharing



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Appendix 6

Guidance for people with concerns about adult abuse and how to raise an alert



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Section 1

1.1 Introduction

This booklet has been produced as a simple guide to help you:

- recognise an adult at risk
- identify when abuse may be occurring
- understand the different types of abuse
- understand when and how to report your concerns in accordance with the Protecting adults at risk: London multi-agency policy and procedure
- know what to expect from Adult & Community Services / South West London and St Georges Mental Health NHS Trust (SWLStG) when you make a safeguarding alert

You can obtain a copy of the Protecting adults at risk: London multi-agency policy and procedure and London Borough of Richmond upon Thames Local Safeguarding Adults Protocol by logging on to http://www.richmond.gov.uk/adult_protection

This booklet includes guidance on how to complete the Safeguarding Alert Form which can also be found on the website.

1.2 Who is an Adult at Risk?

The term adult at risk directly replaces 'vulnerable adult' and refers to:

An adult 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; an 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.

Please refer to page 4 of the Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse for examples of an adult at risk and the vulnerability factors that contribute to someone being an adult at risk.

1.3 Definition of Abuse

Abuse is a breach of an individual's human right. This may be a single act or happen repeatedly over a period of time. This may be because of:

- Neglect
- Persuading someone to agree to something against his/her will
- Taking advantage of someone who is unable to give consent

It is vital to recognise abuse as early as possible and to take action.

1.4 Preventing abuse

It is everyone's responsibility to ensure that adults at risk are protected from abuse.

This means **sharing relevant information** with other agencies in a timely manner in order to prevent abuse occurring wherever possible.

This may be information concerning someone's general vulnerability due to their health condition, lack of support network, isolation, dependency on one person, new friends etc.

If you have seen / heard something that raises your concern that the person may be at risk of abuse please share this information with appropriate agencies in accordance with your own organisations sharing of information policy.

It is always best to be **open and honest** with the person themselves about the concerns that you have as the person has the right to know what information is being shared and with whom.

You can **help an individual to protect himself / herself** from abuse by enabling him / her to:

- access information about adult abuse
- access an independent advocacy scheme
- talk about any concerns they may have
- contact agencies including Adult and Community Services and the Police if required
- develop safe and supportive relationships with others

Staff can **minimise the risk** of adult abuse by:

- developing an awareness of what adult abuse is by attending up to date training
- acknowledging that it could happen to any adult at anywhere and at any time
- being alert to the support needs of carers
- being alert to risk factors
- attending staff meetings and regular supervision to discuss and learn about care practices which could be abusive
- accessing support from colleagues and managers as required

Carers can **minimise the risk** of adult abuse by:

- accessing support with caring for the adult at risk
- identifying appropriate ways to meet the adult at risk's needs
- finding someone to talk to about the caring experience

1.5 Types of abuse and indicators

Type	Examples	Signs and Symptoms
Physical	<ul style="list-style-type: none"> • Hitting/ slapping, scratching • Restraining without justifiable reason • Misusing medication • Deprivation of food, clothing, warmth and appropriate healthcare 	<ul style="list-style-type: none"> • History of unexplained falls or minor injuries • Unexplained bruising in well protected areas of the body • Malnutrition, bed sores, wet or inappropriate clothing
Sexual	<ul style="list-style-type: none"> • Rape or attempted rape • sexual assault or harassment • involvement in sexual activity or relationships which the person does not want or has not consented to; lacks of mental capacity to give consent to; coerced into because the other person is in a position of trust, power or authority 	<ul style="list-style-type: none"> • bruising or bleeding in the rectal or genital areas • torn or stained underclothing especially with blood or semen • sexually transmitted disease or pregnancy where an individual cannot consent to sexual acts
Psychological/ emotional	<ul style="list-style-type: none"> • feeling threatened or fearful of someone • spoken to in a way that is hurtful and/or demeaning • isolation or over-dependence that has a harmful effect on the persons emotional health , development and well-being • denial of basic human and civil rights such as self expression, privacy and dignity • preventing adult at risk from making choices 	<ul style="list-style-type: none"> • anxiety and confusion • withdrawing from social contact • appearing frightened

Financial	<ul style="list-style-type: none"> • misuse or theft of money • pressure in respect of wills, property or inheritance • exploitation 	<ul style="list-style-type: none"> • withdrawal of large sums of money which cannot be explained • personal possessions going missing from home • money missing from purse/wallet • extraordinary interest and involvement by the family/carer or friend in an individual's assets
Neglect	<ul style="list-style-type: none"> • ignoring medical or physical needs • failing to allow access to proper medical care • with-holding necessities of life • failing to provide adequate care • can be intentional or unintentional 	<ul style="list-style-type: none"> • a carer may not be aware of services that are available • carer may not understand the needs of the adult at risk • carer may have their own health issues • missed health appointments • person looking unwell, unkempt • loss of weight
Discriminatory	<ul style="list-style-type: none"> • discrimination on the grounds of gender, sexual orientation, race, disability, age, colour, language, religion or belief and politics • harassment 	<ul style="list-style-type: none"> • tendency to withdraw, fearfulness and anxiety • limited access to services or being excluded • loss of self esteem
Institutional	<ul style="list-style-type: none"> • mistreatment or abuse or neglect of an adult at risk by a regime or individuals within services that adults at risk live in or use, that violate the persons dignity • occurs when routines, systems and regimes of an institution result in poor or inadequate standards of care or poor practice which affects the whole setting 	<ul style="list-style-type: none"> • staff receive little support from management, inadequate training or guidance, poorly supervised • too few staff • rigid practices and inflexible routines • no person-centred plans • closed culture

1.6 What is a Safeguarding Alert?

All staff (professionals and volunteers) of any service involved with adults at risk have a duty to inform the relevant manager if they have a concern regarding abuse.

The Relevant Manager is the named Alerting Manager (usually the Safeguarding Adults Lead) in the organisation. The information provided to the Relevant Manager is the 'alert'. The manager will then make a decision as to whether to make a referral to Adult and Community Services / SWLStG.

Where the Relevant Manager is not available staff should consult a manager if appropriate and/ or make a referral themselves by contacting the Safeguarding Adults Referral Point (SARP).

Friends, family, neighbours or members of the public can also make a referral by contacting the SARP (see below).

Consent should be obtained from the adult at risk wherever possible however if the adult at risk does not consent to the alert being reported to ACS/SWLSGT a referral should be made without consent where:

- there is an over-riding public interest or vital interest,
- gaining the consent of the adult at risk would put the adult at risk at further risk, or
- you consider that the decision made to withhold consent is made under undue influence, coercion or intimidation.

1.7 How to report a Safeguarding Alert

A Safeguarding alert must be raised with your local Adult and Community Services / Mental Health Trust who can then co-ordinate an appropriate response to protect that person from harm and other adults that may be at risk of harm. There are a number of ways to refer as follows:

The Safeguarding Team does not take referrals. Referrals should be sent to the single point of access for LBRuT Adult and Community Services, which is the Access Team. Where the person is known to a particular Health and Social Care Team you can send this alert form or make a telephone call directly to the following integrated Health and Social Care Teams:

Team	Contact Details
East Sheen and Barnes	020 8487 1691
Richmond, Ham and Kew	020 8487 1691
Twickenham and Whitton	020 8891 7611
Teddington and Hampton	020 8614 5399
Richmond Community Mental Health Team	020 3513 3200
Twickenham Community Mental Health Team	020 8977 3156
Community Drug and Alcohol Team	020 3513 5679
Learning Disabilities Team	020 8487 5315

If you are not aware of the relevant team then the London Borough of Richmond has a Safeguarding Adults Referral Point - Adults and Community Services Access Team.

It doesn't matter if the person is already known to one of the above Health and Social Care Teams as the Access Team will be able to pass the details of the alert onto the relevant team where appropriate.

The Access Team is open during office hours 9am-5:15pm and 9am-5pm on Fridays. Calls will go through to the Emergency Out of Hours Team at other times during the week and at weekends.

SAFEGUARDING ADULTS REFERRAL POINT: 020 8891 7971

LBRuT also has a Safeguarding Adults and DOLS (Deprivation of Liberty Safeguards) Team. Although this is not the primary referral point if you have any queries regarding the Safeguarding Adults process you can contact the Team as follows.

Tel: 0208 487 5444

Email: safeguarding.adults@richmond.gov.uk

Fax: 0800 014 8629

The team does not have staff immediately available at all times therefore it is not appropriate to send your alerts to this address.

When you are raising an alert via the telephone please state clearly that you are reporting a Safeguarding Alert.

It is also recommended that you request the name and contact details of the person you are speaking to at Adult and Community Services/ South West London and St Georges Mental Health NHS Trust and keep this for your own records.

A Social Worker will contact you within 24 hours to discuss the alert and agree whether it will be progressed using 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' or under Care Management procedures. You will also be advised of the outcome of any safeguarding investigation.

If you experience any difficulties in raising an alert or finding out information concerning an investigation please contact the Safeguarding and DOLS team on 020 8487 5444 or send an email to safeguarding.adults@richmond.gov.uk

Section 2 - Guidance on How to complete an alert form

This form is to be used by anyone who wishes to report concerns about the suspected abuse of an adult at risk or who has had a disclosure about abuse made to them.

It is important that this form is completed and sent to your 'Alerting Manager' as soon as possible. The Alerting Manager will then determine whether or not to report the alert to Social Services. In the absence of your Alerting Manager or Line Manager or where the concern relates to those parties please forward this alert directly to the relevant team (as above).

The requirement is for all concerns or disclosures to be reported to Adult and Community Services / SWLStG within 4 hours.

The alert form can be used as a guide to ensuring that relevant information is provided to Adult and Community Services / SWLStG however if all sections of the form cannot be completed fully please do not delay in raising the alert.

Section	Guidance
Section 1	<ul style="list-style-type: none"> • Details of the person reporting the concern to Adult and Community Services / SWLStG (alerter). • If you are a staff member this may be the Safeguarding Lead/ Alerting Manager or the person who raised the safeguarding concern (please refer to your own organisations procedures).
Section 2	<ul style="list-style-type: none"> • Details of the person who you suspect may have been neglected/ abused or is at risk of neglect/ abuse occurring. • If you are aware as to whether the person is known to specific health or social care services this is useful information as it speeds up the process of making decisions about how to protect the person.
Section 3	<ul style="list-style-type: none"> • Details of the person who you believe may have caused harm to the adult at risk. • If this is not known then please state 'not known'. If you do not know names but consider that the person alleged to have caused may be a Care Worker, family member, friend, Personal Assistant etc please state this.
Section 4	Select one or more of the 7 types of abuse.

Section 5	Select one or more of the relevant locations of abuse to match the type of abuse in Section 4.
Section 6	<ul style="list-style-type: none"> • Record details of the Incident / Concern / Disclosure including dates and any relevant information gathered so far. • Use the specific words used by the person disclosing wherever possible. • Identify what makes you think that abuse has occurred e.g. 'Bruise observed, not seen any bruises before, is able to mobilise independently. Person themselves could not say how the bruise occurred. Looks like it may have been caused by a blow to the arm, significant bruise, person stated husband gets angry.' • Who have you consulted so far? E.g. 'spoke to Care Worker who witnessed the incident. Care Worker reported that she saw the daughter take the envelope from the draw with the cash in it.' • How long have you known the adult at risk and in what capacity? • Have there been any previous concerns about abuse?
Section 7	If the police have been contacted please provide the name of the Police Officer who was spoken to and the person who made the call, the crime reference number (if received), police station and time of report.
Section 8	<ul style="list-style-type: none"> • What is the persons view of the incident / your concern and what support would they like? • What is the best way to contact the person? • Do they have an advocate or a family/ friend whom they would like us to contact on their behalf to advise of the situation or to liaise with regarding the Safeguarding Process?
Section 9	<p>Is the person at immediate risk of harm and if so what action has been taken to protect the adult at risk. E.g.</p> <ul style="list-style-type: none"> • one to one support provided • family contacted and adult at risk will be staying with them over the weekend <p>Note: if the adult at risk has declined any support please confirm whether they feel safe or whether you feel there may be any undue influence on the part of the person alleged to have caused harm that may be impacting on the adult at risks ability to protect themselves.</p>

Section 10	This section only needs to be completed if the alerter is not the person raising the alert (as detailed in Section 1)
Section 11	<ul style="list-style-type: none"> • Record the date and time the concern was raised i.e. when the adult at risk disclosed abuse/ when bruising was noticed/ when the incident was witnessed etc. • Record the date and time the alert was reported to LBRuT/ SWLStG. • A previous telephone call may have been made providing immediate details whilst this alert form is being completed or alternatively put the time that the form is being faxed or emailed. • If the form is being completed online the time of submission will be recorded so you will not need to fill in this section.

Section 3 - Safeguarding Adults Alert Form

This Form should be used to report concerns about possible adult abuse. It is not to be used to refer general concerns regarding an individuals health and well-being including concerns regarding self – neglect.

Please complete the Form within 4 hours of the concern being identified and send to Social Services (see 'How to Report a Safeguarding Alert'). Please refer to the guidance provided to assist in completing this form.

Section 1 – Details of the person reporting the concern

Name:	
Address:	
	Post Code:
Telephone (home):	(mobile)
Organisation (if appropriate):	
Position (if appropriate):	
Relationship to adult at risk:	

Section 2 – Details of the Adult at Risk

Name:	
Date of Birth:	
Address:	
	Post Code:
GP Name:	
GP Address:	
	Post Code:

Details of services involved with the person (e.g. District Nurse, Social Worker, Community Psychiatric Nurse):

Section 3 – Details of person(s) alleged to have caused harm

Name:	
Date of Birth:	
Address:	
	Post Code:
In what capacity do they know the Adult at risk:	

Section 4 – Type of Abuse

Allegation 1

- Physical
- Psychological/ emotional
- Financial
- Sexual
- Neglect
- Discriminatory
- Institutional

Allegation 2

- Physical
- Psychological/ emotional
- Financial
- Sexual
- Neglect
- Discriminatory
- Institutional

Section 5 - Location of Abuse

Allegation 1

- Mental health inpatient setting
- Other health setting
- Acute hospital
- Community hospital
- Nursing/ Residential permanent
- Nursing/ Residential temporary
- Public place
- Supported accommodation
- Person alleged to have caused harm's home
- Own home
- Day Centre

Allegation 2

- Mental health inpatient setting
- Other health setting
- Acute hospital
- Community hospital
- Nursing/ Residential permanent
- Nursing/ Residential temporary
- Public place
- Supported accommodation
- Person alleged to have caused harm's home
- Own home
- Day Centre

If abuse allegedly occurred in a regulated health or social care setting date that CQC informed:	
--	--

Section 6 – Details of Incident/ Concern/ Disclosure:

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Section 7 – Referral to Police

Has the case been referred to the police?	Yes / No
Name and /or station of Police Officer:	
Crime reference number:	
Date and time that crime reported:	

Section 8 – Consent/ Capacity

Does the person have the mental capacity to consent to the safeguarding alert being reported?	Yes / No
If 'no' please detail why you think they may lack capacity and why you think it is in their best interest to raise the safeguarding alert on their behalf	
If 'yes' have they consented?	Yes/ No
If consent not given on what basis did you decide to raise the safeguarding alert?	

Section 9 - Immediate Action taken to protect the adult at risk from harm

Risk(s) identified:

Action taken to minimise risk:

Section 10 – details of the person completing this form (if different from the person in Section 1)

Name	
Position	
Contact Number	

Section 11 – Record of Communication

Date and time alert received:	
Date and time alert reported:	

Please email / fax this form to the relevant team. To ensure that the form is received please confirm receipt by telephone.

Safeguarding Referral Point if team not known:

Access Team

Tel: 020 8891 7971 (prefix 18001 for textphone users)

Email: adultsocialservices@richmond.gov.uk

Fax: 0800 014 8359

SMS Text: 07507 512 733

Address: 4th Floor,
Regal House,
London Road,
Twickenham,
TW1 3QB

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Appendix 7

Paired Chairing Arrangement for Safeguarding Adults Partnership Boards: Richmond & Wandsworth Governance Structure

The Richmond upon Thames and Wandsworth Safeguarding Adults Partnership Boards agree to a shared independent chairing initiative for 2011- 12, to further enhance the effectiveness of safeguarding adults arrangements in both boroughs.

1. Within the terms of this agreement, the Director of Richmond Adult and Community Services will assume the chairing responsibility for the Wandsworth Safeguarding Adults Board quarterly meetings. On a reciprocal basis, the Director of Wandsworth Adult Social Services will assume the chairing responsibility for the Richmond upon Thames Safeguarding Adults Partnership Board quarterly meetings.
2. The primary purpose of the arrangement will be to provide independent scrutiny and challenge of safeguarding adults arrangements, towards achievement of Care Quality Commission standards of excellence.
3. The responsibility to coordinate arrangements in advance of Board meetings, principally involving preparation of an agenda and circulation of documents, will continue to be delegated to the Safeguarding Coordinator with responsibility for the host borough.
4. The Chair will have a responsibility to prepare in advance of Board meetings to ensure familiarization with the agenda items.
5. Accountability for and follow-up of actions agreed at Board meetings will remain with the Director of Adult Social Services responsible for the host borough, delegated as appropriate.
6. The Directors of Adult Social Services will continue to attend Partnership Board meetings in the host borough, and will report directly to the Chief Executive.
7. The Safeguarding Coordinators will be responsible for developing further partnership initiatives within this arrangement, including peer audits and shared learning.
8. The reciprocal arrangement will be formally reviewed by each Partnership Board during the fourth quarterly meeting from commencement of the arrangement.

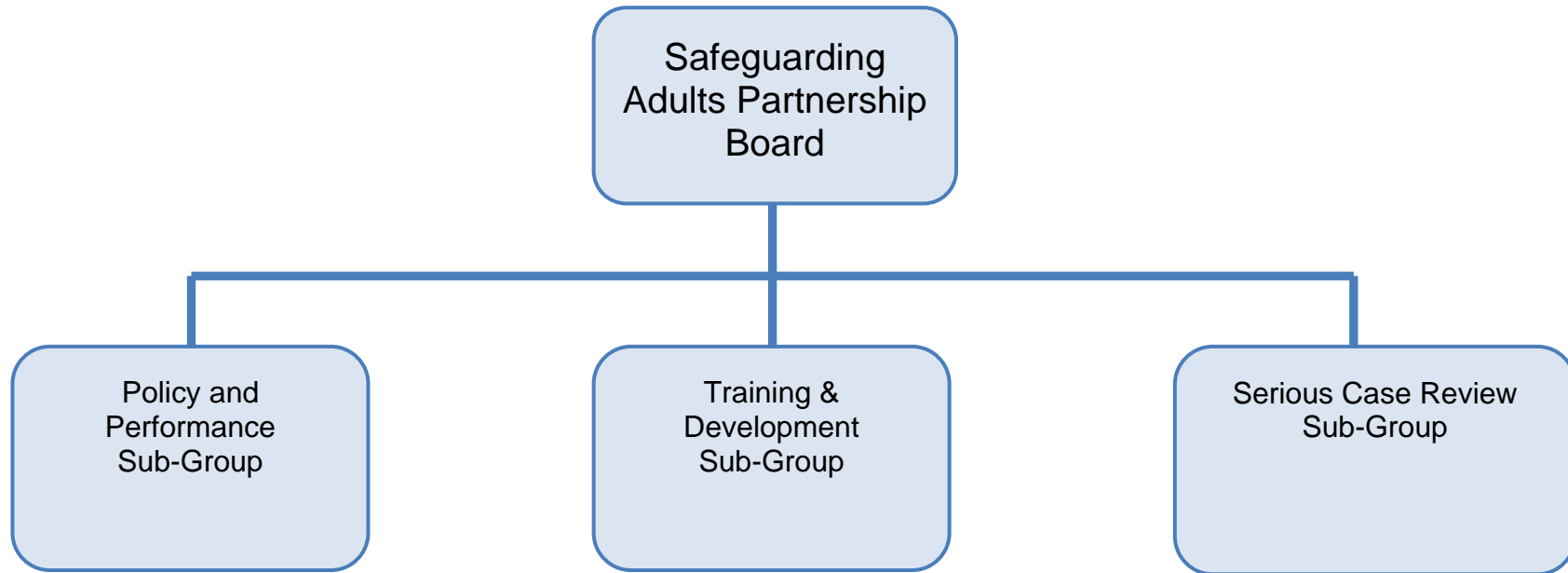
KEY RESPONSIBILITIES

9. To lead the SAPB in the exercise of its functions.
10. To Chair Safeguarding Adults Partnership Board meetings and any additional meetings convened as a response to specific and exceptional circumstances

(Minimum of 4 meetings per year).

11. To plan and agree the Board's agenda and agree the Board's minutes and ensure their timely distribution; delegated to the Safeguarding Adults Coordinator.
12. To keep abreast of and ensure compliance with latest Government guidance, recommendations and requirements.
13. To ensure that key issues and national developments are brought to the attention of and considered by the Board and its various sub-groups.
14. To ensure that Partner agencies are accountable for their work to safeguard vulnerable adults in accordance with 'No Secrets' (published by the Department of Health in 2000).
15. To uphold and develop the Partnership Board's constitution and membership.
16. To ensure that the SAPB works collaboratively to carry out its functions to safeguard and promote the welfare of adults in the borough.
17. To oversee the development of an effective auditing system within the SAPB partner organisations to ensure that the expectations of the Business Plan are met.
18. To ensure that the SAPB undertakes robust performance monitoring to demonstrate the effective performance of all member agencies in relation to safeguarding and to ensure that the expectations of the SAPB Business Plan are met. To assist in discussion on the SAPB budget and contributions from the various multi-agencies.
19. To oversee the production of the Annual Report including drafting the foreword to each report.
20. To respect confidentiality of sensitive information provided by the constituent agencies of the SAPB.
21. To respond to correspondence sent personally to the Chair or generally to the SAPB, referring matters to the relevant agencies for action, in liaison with the Director of Adult Social Services for the host borough.
22. To ensure that the Board promotes equality of opportunity through policies and practice.
23. To ensure, with others, that the voices of adults are well and broadly represented in the work of the SAPB.
24. Any other duties as may be jointly agreed from time to time as necessary and as appropriate to the role.

Richmond Safeguarding Adults Partnership Board Governance Structure



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Appendix 8

Protocol for Inter-Authority Investigation of an adult at risk

This document is an extract from the Association of Directors of Social Services (ADSS) Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse.

ADSS Protocol for Inter-Authority Investigation of Vulnerable Adult Abuse.
This agreement was ratified by the ADSS on 20th February 2004 and was intended for adoption by all Local Authorities and Safeguarding Adults Boards/Protection Committees.

Introduction

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

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

This protocol should be read in conjunction with Section 3.8 of 'No Secrets' (DH 2000) and LAC (93) 7 Ordinary Residence, which identifies these responsibilities in terms of:

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

Principles

The authority where the abuse occurs will have overall responsibility for co-ordinating the Safeguarding Adults arrangements (and, for the purposes of this protocol, be referred to as the host authority).

The placing authority (i.e. the authority with funding/commissioning responsibility) will have a continuing duty of care to the vulnerable adult.

The placing authority should ensure that the provider, in service specifications, has arrangements in place for protecting vulnerable adults and for managing concerns, which in turn link with local policy and 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 Safeguarding Adults concern.

Responsibilities of Host Authorities

The authority where the abuse occurred should always take the initial lead on referral. This may include taking immediate action to protect the adult, if appropriate, and arranging an early discussion with the police if a criminal offence may have been committed.

The host authority will also co-ordinate initial information gathering, background checks and ensure a prompt notification to the placing authority and other relevant agencies. It is responsibility of the host authority to co-ordinate any investigation of institutional abuse. If the alleged abuse took place in a residential or nursing home, other people could potentially be at risk and enquiries should be carried out with this in mind.

The Commission for Social Care Inspection should always be included in investigations involving regulated care providers and enquiries should make reference to national guidance regarding arrangements for the 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 will be responsible for providing support to the vulnerable adult and planning their future care needs.

The placing authority should nominate a link person for liaison purposes during the investigation. They will be invited to attend any Safeguarding strategy meeting and/or may be required to submit a written report.

Responsibilities of Provider Agencies

- They should have in place suitable adult protect procedures to prevent and respond to abuse which link with the local inter-agency policy and procedures set out by the host authority.
- They should ensure that any allegation or complaint about abuse is brought promptly to the attention of Social Services, the Police, and/or the Commission for Social Care Inspection in accordance with local inter-agency policy and procedures.
- They will have responsibilities under the Care Standards Act 2000 to notify their local CSCI area office of any allegations of abuse or any other significant incidents.

Agencies who have services registered in more than one local authority area will defer to the CSCI area office relevant to the area in which the abuse took

Appendix 9

SAFEGUARDING ADULTS ADULTS EMERGENCY DUTY TEAM (AEDT) PROTOCOL

Introduction

The Adults Emergency Duty Team social workers work across the London boroughs of Kingston, Merton, Richmond and Sutton and operate out of normal working hours, at weekends and over statutory holidays. The service is hosted by the London Borough of Richmond Adult and Community Services.

A common out of hours emergency safeguarding process has been agreed by the four boroughs and is outlined in this specific protocol which needs to be read in conjunction with 'Protecting Adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' and Richmond's Safeguarding Adults Protocol.

Social Services have the responsibility to co-ordinate the safeguarding process regardless of which agency is leading the investigation. The AEDT will undertake this role out of hours.

The Social Worker's focus will be to assess risk and address the risk, taking immediate actions to support, protect, and make the adult at risk safe. They will:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger.
- Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment.
- Where appropriate, dial 999 for the Police if there is need for emergency police action.
- Consider contacting the police if a crime has been or may have been committed.
- Not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room.
- Contact the children and families department if a child is also at risk.
- If possible, make sure that other service users are not at risk.

Protocol

- The AEDT social worker will follow stage 1 and 2 of the 7 stage Safeguarding Adults Process with particular emphasis on carrying out a sound risk assessment using the risk assessment tools to make people safe.
- The AEDT social worker will make the immediate decision on safeguarding actions as outlined in the 'Protecting Adults at risk: London multi-agency policy and procedures to safeguard adults from abuse'.

- Where the person causing harm is also an adult at risk the AEDT social worker has a duty of care. The social worker will need to seek assistance from other agencies operating out of hours to ensure both parties' needs are met.
- Where the person causing harm is a member of staff (either in the statutory / independent sector or voluntary sector), the manager of the employing agency should take immediate measures to suspend the member of staff or prohibit staff not suspended from having contact with the adult at risk. The AEDT social worker will ensure that such measures have been put in place and are sufficient to keep safe the adult at risk and other service users who may be affected.
- Although the social worker would not be responsible for an investigation they will interview the adult at risk where the allegation is serious, that is, life threatening or likely to result in serious injury (in which case action would be coordinated with the police to ensure that any evidence is preserved), and there is a need to interview the adult at risk to ensure they can be safeguarded against further abuse if necessary.

Record Keeping and Communication with Day Services

- The AEDT social worker will record all activity and information and email this by secure email to the dedicated mailbox in each borough by 9am on the next working day. The administrators of each mailbox will forward these reports to the relevant day team / social worker. The report will be flagged as *urgent – safeguarding*. Copies of the report will be sent to the Safeguarding Leads for the borough, as well as the AEDT team manager.
- The day team in turn will provide the AEDT with an update on all action they undertake as a consequence of the referral.
- The Alert system will be used by the day teams to inform the AEDT of safeguarding concerns. The Alerts will be sent by secure email and will be flagged high *importance*. Where a case is serious and certainly where the day team are requesting action from the AEDT social worker, the day social worker must telephone the AEDT duty social worker at the start of the evening shift (currently 5pm) to alert and outline any action needed.
- The four boroughs will be responsible for providing the Adults Emergency Duty Team with the out of hours contact details for senior managers in the four boroughs and their Police Community Safety Unit and the out of hours Safeguarding Managers in borough hospitals and the Mental Health Trust.

Appendix 10

Standard Safeguarding Meeting Agendas with Guidance

The Safeguarding Adults Meetings form a key part of the Safeguarding Adults process where information relevant to the Safeguarding concern and investigation is shared and multi-agency decisions are made.

Standard agendas are available for Chairs to use. They provide a structure to the meeting and if followed will ensure that all required elements are considered. Sticking to an agreed agenda also assists the person taking the minutes to capture all relevant information and provide an accurate record of the meeting.

The standard agenda templates have been updated to ensure that practice complies with Protecting adults at risk: London multi-agency policy and procedure for safeguarding adults from abuse. The Chair may change the agenda to suit a particular meeting as necessary.

See below for the new templates:

- **Safeguarding Adults Strategy Meeting**
- **Case Conference**
- **Protection Plan Review Meeting**

Safeguarding Adults Strategy Meeting

**Re: Name
Time, Date
@ Room, Venue**

1. Introductions

Chair introduces themselves and identifies the name of the meeting, who it is regarding and that it is under the Protecting adults at risk: London multi-agency policy and procedure for safeguarding adults at risk Jan 2011.

Chair to check that all attendees are aware of the policy and procedures and to ensure a copy is made available during the meeting for reference as needed.

Chair to facilitate others in the meeting to introduce themselves and state in what capacity they know the adult(s) at risk and for how long.

2. Apologies

Minute taker to identify what apologies have been received and confirm whether reports have been sent to be presented at the meeting or a representative is present. Minute taker to send round the attendance register and ensure all details are accurate.

3. Information Sharing and Confidentiality/ Equality and Diversity

Information Sharing and Confidentiality

The minutes of this meeting and all information discussed is to remain strictly confidential between the attendees and invitees, and must not be disclosed to any other parties without the express permission of the chair. This is to ensure the safety, well-being, and the best interests of the service user are upheld according to the Protection of Vulnerable Adults inter-agency policy and procedures for the London Borough of Richmond-upon-Thames. In making the decision whether or not to disclose information the Chair is required to apply the Freedom of Information Act and Data Protection Act principles.

Equality and Diversity

The minutes of this meeting and all information discussed will be guided by a commitment to the London Borough of Richmond's Equality and Diversity Policy, specifically that all individuals involved in the meeting will be treated fairly, with respect, and without improper discrimination. All individuals are requested by the Chair to adhere to this policy throughout the meeting.

4. Acceptance of Previous Minutes (if necessary)

Will only be necessary if there has been a previous Strategy Meeting.

5. Purpose of Meeting

Chair to explain what the meeting is required to achieve:

- To consider Safeguarding Alert (risk of harm to adult(s) at risk and immediate safety measures that have been put into place)
- To review information available from all relevant professionals/agencies relevant to the allegations of abuse and review the risk of harm.
- To agree a multi-agency Safety Plan.
- To agree who will investigate the allegations, how this will be done and when by.
- to identify who is the person best placed to support the adult at risk through the safeguarding process.

7. Summary of Alert

The investigating Officer assigned by Social Services should gather the following information and present it to the meeting:

- Type of abuse, dates, witnesses etc. (see current guidance for Report by Investigating Officer)
- Information regarding adult(s) at risk ie. age, ethnicity, history, medical conditions, where they live, who are their support network, services in situ etc. (see current guidance as above).

8. Risk Assessment and Immediate Safety Plan

Risk Management Tool to be completed and presented at the meeting by the Investigating Officer including summary of risks identified and safety measures put in place to minimise the risk of harm.

9. Views of Adult(s) at Risk

To be presented by the professional who has obtained this information from the person. This could be the alerter or someone who has known the person for a while and whom they feel comfortable talking to.

Information to include:

- assessment of the persons' mental capacity to understand the allegations and how it has impacted on them.
- Whether agreement has been obtained to continue with the investigation and the level of participation that adult at risk would like in the process.
- desired outcome of the adult at risk and details of whom they would like to support them through the process.

If the adult at risk does not have the mental capacity to understand the allegations and participate fully in the safeguarding Investigation and does not have anyone who can act as an advocate then a referral must be made to an IMCA who should be copied into the minutes and be invited to attend future meetings.

10. Information sharing and Discussion

Chair to invite attendees (one by one) at the meeting to present any reports/information they have regarding the allegation.

Chair to facilitate a discussion regarding the information presented at the meeting and obtain agreement from the attendees as to the proportionality of response in line with the persons wishes and views and risk assessment

11. Strategy Conclusion

Chair to summarise the information shared at the meeting and decision regarding the appropriateness of the level of response and what action is now required.

12. Safety Planning

Chair to facilitate the agreement of a Safety Plan. To include measures already in place and any new safety measures agreed at the meeting. Agreed who will action these and when by.

14. Investigation Planning

Chair to facilitate the agreement of an Investigation Plan including who will be responsible for different elements of the investigation if it is a complex case. Actions need to be specific as to how evidence is to be obtained to confirm whether the abuse has or has not taken place or to conclude that insufficient evidence could be obtained. The actions in the Safety Plan are not to include safety measures or details of Care Management tasks. Care Management tasks may be agreed e.g. A review of the persons Support Plan as away to keep the person safe therefore would be included in the safety plan.

16. Time, date, location of next meeting

This would only be provisional as the investigating officer may contact the chair to advise that more alerts have occurred or the risk has increased therefore a further Strategy meeting may need to be co-ordinated. It may also be that the Investigation takes longer than expected and the Protection Meeting needs to be postponed until the investigation is completed or an interim Safeguarding Meeting to review progress and re-risk assess if required.

Case Conference

Re: Name

Time, Date

@ Room, Venue

1. Introduction

Chair introduces themselves and identifies the name of the meeting, who it is regarding and that it is under the Protecting adults at risk: London multi-agency policy and procedure for safeguarding adults at risk Jan 2011.

Chair to check that all attendees are aware of the policy and procedures and to ensure a copy is made available during the meeting for reference as needed.

Chair to facilitate others in the meeting to introduce themselves and state in what capacity they know the adult(s) at risk and for how long.

2. Apologies

Minute taker to identify what apologies have been received and confirm whether reports have been sent to be presented at the meeting or a representative is present.

Minute taker to send round the attendance register and ensure all details are accurate.

3. Information Sharing and Confidentiality/ Equality and Diversity

Information Sharing and Confidentiality

The minutes of this meeting and all information discussed is to remain strictly confidential between the attendees and invitees, and must not be disclosed to any other parties without the express permission of the chair. This is to ensure the safety, well-being, and the best interests of the service user are upheld according to the Protection of Vulnerable Adults inter-agency policy and procedures for the London Borough of Richmond-upon-Thames. In making the decision whether or not to disclose information the Chair is required to apply the Freedom of Information Act and Data Protection Act principles.

Equality and Diversity

The minutes of this meeting and all information discussed will be guided by a commitment to the London Borough of Richmond's Equality and Diversity Policy, specifically that all individuals involved in the meeting will be treated

fairly, with respect, and without improper discrimination. All individuals are requested by the Chair to adhere to this policy throughout the meeting.

4. Acceptance of previous minutes

Chair to check that all attendees are happy with the contents of the minutes and that any requested and approved amendments have been incorporated.

5. Purpose of the Meeting

Chair to explain what the meeting is required to achieve:

- to review all evidence obtained during the investigation.
- To determine whether on the balance of probabilities the abuse can be substantiated/ unsubstantiated/ determined as inconclusive and on what basis.
- Create a Protection Plan and/ or Further Investigation Plan if required.

6. Views of Adult at Risk and Desired Outcome

Adult at risk invited to share their views and what they would like the meeting and the overall Safeguarding Process to achieve.

Chair to request feedback from the nominated person who is representing the adult at risk at the meeting. This may be a professional or a representative chosen by the Adult at Risk or his/her Independent Advocate.

7. Summary of Investigation Findings

Chair to:

- request the lead Investigator(s) to present their Investigation Report..
- facilitate a discussion between attendees.
- check whether the attendees feel able to determine an outcome or whether further investigation is required.

8. Feedback on actions in Safety Plan

Chair to go through the agreed actions and to obtain feedback from the responsible person and their view as to what the action has achieved.

9. Investigation Outcome/ Decision

Chair to request that each attendee expresses their view on the outcome of the investigation: Substantiated/ Unsubstantiated/ Inconclusive and on what basis.

10. Risk Assessment

Chair to facilitate a discussion with attendees regarding the current risk of harm to the 'adult at risk' and others. This needs to be considered when making a decision as to what further action is required to Safeguard the person from harm and the proportionality of any further investigation.

11. Conclusion

Chair to summarise the discussion and decision making and conclude the outcome of the investigation stating what needs to be carried out next and why in respect of risk and proportionality.

12. Further Investigation Plan and Updated Safety Plan (if required)

As per Strategy Meeting guidance. If no further investigation is required then no need to cover this.

13. Protection Planning

Chair to facilitate the agreement of a multi-agency protection plan which will determine what protective measures are in plan to minimise the risk of further harm to the adult at risk. This may include actions that others may need to undertake. A protection plan co-ordinator will be identified to ensure that all actions are taken within the agreed timeframes and report to the Chair.

14. Details of next meeting

A date is to be set within 3 months for a Protection Plan Review Meeting. If a further Case Conference is required to determine the outcome of the investigation then a date for the meeting is required.

Protection Plan Review Meeting

Re: Name

Time, Date

@ Room, Venue

2. Introduction

Chair introduces themselves and identifies the name of the meeting, who it is regarding and that it is under the Protecting adults at risk: London multi-agency policy and procedure for safeguarding adults at risk Jan 2011.

Chair to check that all attendees are aware of the policy and procedures and to ensure a copy is made available during the meeting for reference as needed.

Chair to facilitate others in the meeting to introduce themselves and state in what capacity they know the adult(s) at risk and for how long.

7. Apologies

Minute taker to identify what apologies have been received and confirm whether reports have been sent to be presented at the meeting or a representative is present.

Minute taker to pass round the attendance register and ensure all details are accurate.

8. Information Sharing and Confidentiality/ Equality and Diversity

Information Sharing and Confidentiality

The minutes of this meeting and all information discussed is to remain strictly confidential between the attendees and invitees, and must not be disclosed to any other parties without the express permission of the chair. This is to ensure the safety, well-being, and the best interests of the service user are upheld according to the Protection of Vulnerable Adults inter-agency policy and procedures for the London Borough of Richmond-upon-Thames. In making the decision whether or not to disclose information the Chair is required to apply the Freedom of Information Act and Data Protection Act principles.

Equality and Diversity

The minutes of this meeting and all information discussed will be guided by a commitment to the London Borough of Richmond's Equality and Diversity Policy, specifically that all individuals involved in the meeting will be treated

fairly, with respect, and without improper discrimination. All individuals are requested by the Chair to adhere to this policy throughout the meeting.

9. Acceptance of previous minutes

Chair to check that all attendees are happy with the contents of the minutes and that any requested and approved amendments have been incorporated.

10. Purpose of the Meeting

Chair to clarify the purpose of the meeting as:

- to review the protection plan to see if the adult at risk has been protected from harm
- discuss feedback from the police investigation if this was ongoing when the Safeguarding Investigation was concluded
- to review the adult at risk's risk assessment
- to consider any amendments to the Protection Plan

11. Feedback from the adult at risk

Adult at risk invited to share their views and whether they feel safe or have any concerns regarding the Protection Plan. If the adult at risk does not wish to attend the meeting this information may be provided by a professional or a representative chosen by the Adult at Risk or his/her Independent Advocate.

7. Review of Protective measures

Chair to:

- request the protection plan co-ordinator feedback as to whether the protective measures in place have minimised the risk of harm
- facilitate a discussion between attendees.

15. Risk Assessment

Chair to facilitate a discussion with attendees regarding the current risk of harm to the 'adult at risk' and others. This needs to be considered when making a decision as to what further action is required to Safeguard the person from harm and the proportionality of any further investigation.

16. Updates to Protection Plan

Chair to facilitate the agreement of a revised protection plan if required.

17. Details of next meeting

A date is to be set within 6 months for a further Protection Plan Review Meeting if required.

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Appendix 11

Legislation relating to Safeguarding Adults

This section is currently under review.

Please keep checking the Richmond website for updates
http://www.richmond.gov.uk/home/health_and_social_care/adult_protection.htm

There is no single or coherent statutory framework for adult safeguarding arrangements and adult protection in England and Wales. Instead, it must be discerned through reference to a wide range of law including general community care legislation and guidance, the Mental Health Act 1983, the Mental Capacity Act 2005, the Safeguarding Vulnerable Groups Act 2006, the inherent jurisdiction of the High Court, and the civil and criminal justice systems.³

In addition broader legislation relating to community care may also be referenced

If in any doubt, it is recommended that staff seek advice from their respective legal departments

³ adapted from The Law Commission review of Adult Social Care
http://www.justice.gov.uk/lawcommission/docs/lc326_adult_social_care.pdf

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Appendix 12

The Role of the Independent Mental Capacity Advocate

The Mental Capacity Act regulations extend the powers of Local authorities to instruct IMCAs in Safeguarding adults investigations. It will therefore be unlawful not to consider using these powers to instruct IMCAs for Safeguarding Adults where the qualifying criteria are met. The regulations specify that Local Authorities have powers to instruct an IMCA if the following two requirements are met:

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

We must therefore consider instructing an IMCA to represent the person concerned if we are satisfied that it would be of benefit to the person to do so. In cases an IMCA may be appointed even when family members or others are available to be consulted.

The regulations apply equally to, a person who:

- Has been abused.
- Has been neglected and
- Is alleged to be the abuser

Having the power to instruct an IMCA in Safeguarding Adults cases means that we need to consider for each individual who meets the qualifying criteria whether an IMCA should be instructed.

Where an IMCA is appointed we must take into account any information provided, or submission made by the IMCA when making any decision about the protective measures to be put in place. After the preliminary assessment a decision about further action will need to take account of the following factors:

- The nature and extent of the alleged/suspected abuse.
- Any evidence for the alleged/suspected abuse.
- The reasons why the person suspected of being abused is considered vulnerable.
- The vulnerable adult's capacity to give informed consent to the actions or inactions constituting the alleged abuse.
- What is known about the vulnerable adult's capacity to give informed consent to actions which may be required during an investigation/assessment?
- What is known of the vulnerable person's ability to communicate –

whether an interpreter is required?

- Whether a disclosure has already been made by the vulnerable person.
- The nature of the relationship of the alleged perpetrator and the vulnerable adult.
- Whether there have been previous reported episodes of abuse or alleged abuse and, if so, the outcome of intervention.
- What is already known about the needs of the vulnerable adult and the person suspected of abusing her/him?
- Who amongst the professional network has the confidence of the vulnerable adult?
- The risk of repeated or increasingly serious acts involving the vulnerable adult.

Appendix 13

Referrals to Independent Safeguarding Authority

The Independent Safeguarding Authority's (ISA) role is to help prevent unsuitable people from working with children and vulnerable adults.

Referrals are made to the ISA when an employer or an organisation, for example, a regulatory body, has concerns that a person has caused harm or poses a future risk of harm to children or vulnerable adults.

Employers, social services and professional regulators are under a legal duty to notify the ISA of relevant information, so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups.

- If your organisation dismisses or removes a member of staff/volunteer from working with children and/or vulnerable adults (in what is legally defined as regulated activity) because they have harmed a child or vulnerable adult you have a legal duty to inform the Independent Safeguarding Authority (ISA).
- An organisation which knowingly employs someone who is barred is breaking the law.
- A person barred from working with children or vulnerable adults is breaking the law if they work/volunteer or seek to work/volunteer with these groups.

The ISA will receive referrals when:

- there is harm or risk of harm to children or vulnerable adults, *relevant conduct* has occurred or
- an individual has received a caution or conviction for a *relevant offence*.

A full Guidance Document and Referral form are available on the ISA website www.isa.homeoffice.gov.uk

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Appendix 14

Coordinating the response to domestic abuse: The Multi-Agency Risk Assessment Conference (MARAC)

The Multi-Agency Risk Assessment Conference (MARAC) is a component of a coordinated community response to domestic abuse, incorporating representatives from statutory, community and voluntary s working with perpetrators, alleged perpetrators and victim/survivors of domestic abuse and any children.

The LBRuT MARAC aims to:

- Share information to increase the safety, health and well-being of victim/survivors – adults and their children.
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community.
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.
- Reduce repeat victimisation.
- Improve agency accountability.
- Improve support for staff involved in high-risk domestic abuse cases.

The key components of a MARAC are:

- Common understanding of risk.
- Clear framework for sharing information.
- Commitment from all key agencies.
- Community and voluntary representatives who have a role in providing the 'voice' of the victim at the MARAC.

The MARAC Protocol and MARAC Administration pack are available to all agencies. More information including the referral and the risk indicator forms below can be found at http://www.richmond.gov.uk/domestic_abuse

Any electronic information shared between agencies , including referrals , must be sent via Secure email. Using this system referrals should be sent to marac@richmond.gov.uk.cjsm.net. If you do not have access to Secure email or for any other enquiry contact the Domestic Violence Co-ordinator. For general enquiries contact the Domestic Violence Co-ordinator in the Community Safety Team by email at michael.allen@richmond.gov.uk or phone 020 8831 6198.

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Appendix 15

Safeguarding Adults Consultation and referral Protocol between Social Services and the Police

Guiding principles

Safeguarding Adults is a multi-agency responsibility. Social Services has the lead co-ordinating role in investigating allegations of abuse and has a 'Duty of Care' to act in the 'Best Interests' of Adults at Risk. Consultation with other agencies that may be able to contribute information or offer advice regarding the alleged abuse is part of this 'Duty of Care'.

When to Consult the Police

The Police lead on any investigation where there is evidence that a criminal offence has occurred. To this end the Police must be involved when:

- There has been an allegation from an adult to another person of sexual abuse
- There is a suspicion that sexual abuse has occurred
- There has been an alleged or suspected case of physical injury that has caused harm to an adult constituting an assault, actual or grievous bodily harm
- An alleged or suspected case of cruelty. The offences include those whereby an adult is ill treated or neglected
- There are allegations or suspicions that involve unusual circumstances, e.g. organised or institutional abuse
- There is an alleged or suspected case of financial abuse.
- If a situation is a matter of **urgency** and an immediate response is needed the Police should be contacted by dialling **999**.

Non emergency crime allegations should be referred to the Community Safety Unit, which is based at Teddington Police Station. This Unit not only deals with hate crime but domestic violence and certain crimes committed against vulnerable adults.

If you need to discuss any concerns with the police you should call the

Community Safety Unit Telephone:	020 8247 5809
Community Safety Unit Fax:	020 8247 5821

The police working within the Community Safety Unit will respond to referrals within 2 working days.

It is imperative that early consultation with the police should take place if there is any suspicion whatsoever that a criminal offence has been or may have been committed; failure to do this may lead to a loss and/or contamination of vital evidence.

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

It may be necessary for the Police to involve and inform other agencies and individuals as appropriate and in such circumstances there may be a need for joint investigations to be undertaken. Usually a safeguarding strategy meeting will be convened and it will be determined at the meeting how the investigation is to proceed and what is expected of each represented. The local authority has no statutory function justifying investigation on behalf of the police and no statutory protection from ordinary civil suit for exceeding its remit in this regard.

The Police may also be involved in multi-disciplinary strategy meetings to consider any longer term issues raised. In any situation they should be able to offer valuable guidance over the phone as to whether any crime is apparent and what steps to take next.

The involvement of the police does not suspend or defer the ongoing statutory functions of the authority in relation to duties to meet eligible assessed needs, in a safe and appropriate matter, taking all relevant circumstances, such as perceived risk, given what is known or not known at this point, fully into account.

Evidence-Gathering

It will always be the responsibility of the Police to gather and preserve evidence when a criminal offence is suspected. However, everybody working with adults at risk can play a part in preventing evidence being lost or contaminated.

Sexual assault

In case of sexual assault swift collection and preservation of forensic evidence is vital to the success of a potential police investigation.

Forensic evidence may be found at the scene of the incident, on the clothing worn by the aggrieved, on bedding or other fabrics and surfaces. Where an alleged perpetrator is believed to have ejaculated or penetrated a victim, DNA evidence may be found in body orifices after differing periods of time. This DNA evidence can remain in the vagina for up to seven days, in the anus for up to three days and in the mouth for up to two days.

DNA can remain on fabrics even after they have been washed. Any clothing, bedding and other fabrics should be retained for forensic examination, with

each item kept separately and packaged to avoid cross contamination. If the use of Rohipnol ('date rape' drug) is suspected, this can be detected in the body for up to eight hours after ingestion.

A consensual medical examination should be carried out as soon as possible after an assault has taken place to obtain these evidential samples and identify any signs of trauma, including vaginal or anal tearing and bruising, which may have been caused during the alleged incident. Gentle persuasion may be needed to obtain the trust and understanding of the victim as to why this is necessary. If the client is incapacitated a best interest decision needs to be taken by the Police doctor concerned.

The Police will require their own forensic medical examiner (Police Doctor) to carry out these procedures so immediate referral to the Police will reduce any possible delays. You will also be advised as to how to support the alleged victim without contaminating evidence.

Physical abuse

Evidences of physical assault may be found through a medical examination for bruising, and in more serious cases, bone fractures. As bruising will fade each day please note the colour of the bruising time and date. Injuries may need to be noted by a forensic medical examiner or GP/Consultant and should be photographed with a ruler, or familiar object, next to the injury to indicate scale.

Financial abuse

Financial abuse may involve the falsifying of documents and their fraudulent use. These documents can be examined for fingerprints and handwriting analysis. All documentary evidence should be detained and carefully handled to avoid fingerprint contamination. It is important to keep a record of everybody who has had contact with the documents.

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Appendix 16

Multi-agency contact details

National

Organisation	Descriptions	Contact Details
ACTION ON ELDER ABUSE	Works to protect, and prevent the abuse of, vulnerable older adults	0808 808 8141
ALZHEIMERS SOCIETY	Care and research charity	0207 423 3500
COUNSEL AND CARE	Advice and information to older people, their relatives and carers across the UK	0845 300 7585
CARE QUALITY COMMISSION	Independent regulator of health and social care in England	03000 616161
FORCED MARRIAGE UNIT	Joint-initiative with the Home Office	0207 008 0135
NHS DIRECT	Health advice and information service	0845 4647
PUBLIC GUARDIANSHIP OFFICE	Controls money and property on behalf of people who are not mentally capable of doing so themselves	020 7664 7300

Local

Organisation	Descriptions	Contact Details
VOICEABILITY	Supports people to speak up about what they want	020 8892 6559
AGE CONCERN	Advocacy support and Representation Advice	020 8940 9309 020 8940 8118
ALZHEIMERS SOCIETY	Care and research charity Local branch (Twickenham)	020 7306 0606 020 8892 7799
RICHMOND CARERS CENTRE	Information and access to services for unpaid carers	020 8867 2380
CITIZENS ADVICE BUREAU	Legal, Welfare & Benefits advice	020 8940 2501
COMMUNITY DRUG AND ALCOHOL TEAM	Specialist treatment service	020 8940 3331

COMMUNITY MENTAL HEALTH TEAMS	Specialist, community-focused, mental health and social care service to adults (18-75)	0203 513 3000 (Richmond) 0208 977 3156 (Twickenham)
LEARNING DISABILITY TEAM	Help people with a learning disability who are over 18 years old	020 8977 6881
ETHNIC MINORITIES ADVOCACY GROUP (EMAG)	Independent voluntary organisation	020 8893 9555
HOUSING ADVICE TEAM	Provides <i>advice</i> to residents	020 8891 7409
ADULTS EMERGENCY DUTY TEAM (ADET)	Provides out of hours emergency social work and homelessness service to all the adult user groups	020 8744 2442 0845 6007752 (MINICOM)
MARAC	Multi-Agency Risk Assessment Conference	020 8831 6198
PATIENT ADVICE LIAISON SERVICE	Provides patients, carers and their families with confidential advice, information and support	020 8973 3111 0800 953 0363
POLICE COMMUNITY SAFETY UNIT	Richmond	020 8247 7204
RICHMOND ADVOCACY	<i>Advocacy</i> for Mental Health	020 8744 9251
RICHMOND AID	Advice and Information on Disability	020 8831 6070
RICHMOND COUNCIL for VOLUNTARY SERVICES	Support body for the voluntary and community sector organisations	020 8255 8500
RICHMOND MENCAP	Support Children and Adults with Learning Disabilities and their family carers	020 8744 1923
RICHMOND PRIMARY CARE TRUST	Responsible for health services in Richmond	020 8973 3000
RICHMOND VICTIM SUPPORT	National charity giving free and confidential help to victims of crime, witnesses, their family, friends	020 7223 1234
RICHMOND ACCESS TEAM	First point of contact for all referrals and general enquiries about Adult Social Care	020 8891 7971
DoLS TEAM	Deprivation of Liberty Safeguarding Team.	020 8831 6318 0208 487 5026

Further information on Local Services can be found at www.richmond.gov.uk

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