

## **Safeguarding Adults** **Investigator Guidance notes**

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# 1. Introduction

This Telford & Wrekin Practice Guidance document has been developed locally to support the practice implementation to the **Safeguarding Adults: Multi-Agency Policy and Procedures for the West Midlands** (referred to in this document) as **WMP&P**. This guidance is to be used in conjunction with the **WMP&P** by any Adult Social Care practitioner or manager who has responsibility for undertaking Adult safeguarding investigations. A full copy of **WMP&P** can be found at:

<http://www.scie.org.uk/publications/reports/report60/files/report60.pdf>

The purpose of this document is not to replace the Safeguarding Adults: Multi-Agency Policy and Procedures for the West Midlands but to support practice with local implementation and internal protocol.

## 2. Definitions

### Adult at Risk:

A person aged 18 years or over who is or maybe in need of community care services by reason of mental health, age or illness  
and is/or:  
may be unable to take care of themselves  
or  
protect themselves against significant harm or exploitation.

### Significant harm

Is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, Intellectual, emotional, social or behavioural development.

## 3. Seven stage process

### The Safeguarding Process:

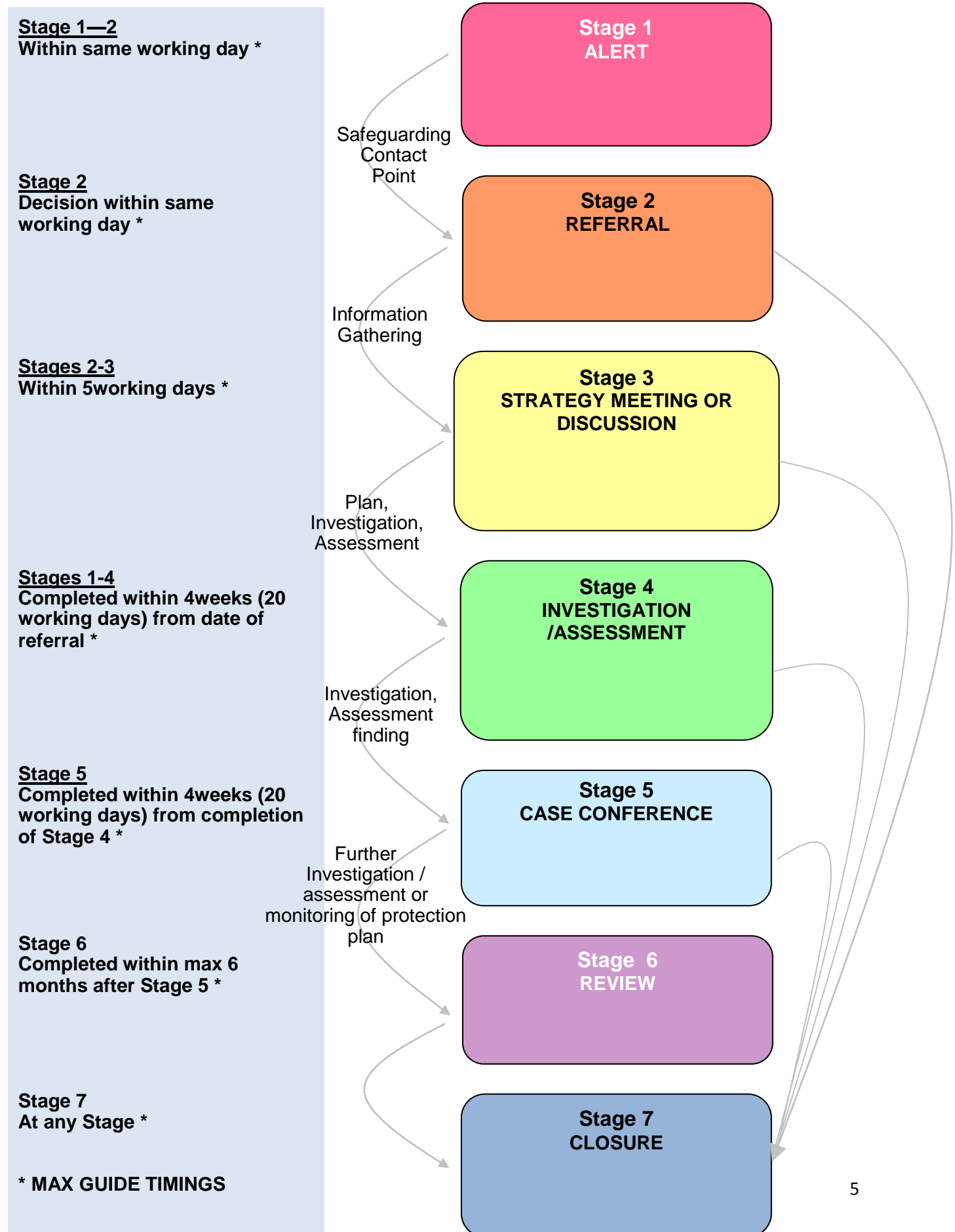
This section should be cross-referenced with the **WMP&P** pages 44 - 100. See Appendix 2 for the accompanying flowchart outlining the safeguarding process and timeframes.

If in the course of your work you become concerned that an adult maybe at risk of being abused, you are required to take action and this will involve evaluating risk, and considering 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) and raise a safeguarding alert.

When a concern is raised but the alleged abuse happened in a local authority outside Telford & Wrekin it will be that authority managing the investigation and the safeguarding alert will need to be raised with them. Allegations of abuse or neglect taking place in Telford and Wrekin will be investigated by Telford and Wrekin (even if the person at risk is funded by another authority).

If the allegation of abuse or neglect is alleged to have happened outside of Telford and Wrekin but Telford & Wrekin are the funding authority this should be referred to the host Local Authority using that Authorities safeguarding alert process. (See ADASS Inter county protocol ).

# SAFEGUARDING ADULTS PROCESS:



# Seven stages

## The Safeguarding Process:

This section should be cross-referenced with the **WMP&P** pages 44 - 100.

<b>STAGE</b>	<b>NAME</b>	<b>PURPOSE</b>
<b>1</b>	<b>ALERT</b> (To be raised within one working day of becoming aware of the concerns)	Alarmer will identify safeguarding adult concerns, take any <b>immediate</b> safeguarding action and report to Adult Care & Support Access Team
<b>2</b>	<b>REFERRAL</b> (Management decisions on how to proceed to be made within one working day of receipt of the alert.)	An Team leader will look at the information presented and decide whether to accept the alert as a safeguarding referral and determine level of risk.
<b>3</b>	<b>STRATEGY MEETING/DISCUSSION</b> (To take place within five working days of the acceptance of the referral).	Multi- agency decision on how to undertake investigation, decide on emergency Protection Plan if necessary and complete Strategy Discussion/produce minutes
<b>4</b>	<b>INVESTIGATION</b> (To be completed within twenty working days of the acceptance of the referral).	Investigating Officer will carry out the safeguarding investigation, determine level of risk and outcome and complete an investigation report
<b>5</b>	<b>CASE CONFERENCE</b> (To be held within 20 working days of completion of the investigation).	To consider evidence obtained during the investigation and determine the outcome of the investigation and agree a protection plan if required.
<b>6</b>	<b>REVIEW</b> (Within a maximum of six months of the case conference or date of protection plan)	Review of the protection plan and risk assessment.
<b>7</b>	<b>CLOSURE</b>	End of the safeguarding process. Check to ensure that all stages have been completed appropriately. All parties informed of outcome and case closure, Closure and outcomes recorded

## **Stage 1 ALERT– Within one working day**

### **Safeguarding contact point**

If in the course of your work you become concerned that an adult maybe at risk of being abused, you are required to take action and this will involve evaluating risk, and considering 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) and raise a safeguarding alert. See Safeguarding Adults Guidance notes for provider managers.

#### **ACCESS Team:**

Is the main contact point for all external agencies and members of the public to raise a Safeguarding Alert. Alerts can be received by telephone or by completing the Adult Safeguarding Alert Form and sending directly to the Access Team. Any concerns that an incident has occurred which may have caused harm to a potential “adult at risk” this must be identified and recorded as an Alert. Where there is an allocated worker an alert can be made directly to the worker concerned.

Alerts can be received by telephone or by completing the electronic safeguarding Adults Alert Form and emailing to the Access Team –

[access.team@telford.gov.uk](mailto:access.team@telford.gov.uk)

**Telford and Wrekin Access Team can be contacted on 01952 381280**

#### **On receipt of an Alert:**

- Screen on Carefirst to identify current/ past involvement
- establish whether the individual meets the definition of an adult at risk
- Senior Access worker to apply Risk threshold tool and confirm whether the concerns meets definition for potential significant risk of harm
- When appropriate a professional discussion will take place between designated Managing Officer and Provider Manager within one working day – wherever the alert comes from.
- Decisions and actions will be agreed – threshold for significant harm and interim protection plan to be recorded by both parties, possibly including alternative services offered if not safeguarding.

#### **Recording an alert:**

- External alerts maybe recorded on Safeguarding Adults Alert form
- All alerts will be completed on Care Assess
- Risk threshold outcome to be recorded on Care Assess
- Decisions and actions to proceed including alternative services offered if not safeguarding

**Allocation:**

All alerts will be:

- allocated to current allocated worker if that worker is deemed suitably experienced and competent to undertake adult safeguarding investigations.
- referred to an appropriate service if the person at risk has additional/ alternative needs.
- allocated to adult safeguarding team on carefirst.

**Roles and responsibilities**

Access and Investigating team members can receive and record alerts. This includes initial screening on carefirst and basic information gathering regarding whether the individual meets the definition of an adult at risk.

**Senior worker – Responsibility to :**

- where appropriate undertake a professional discussion and gather and share information with:
  - the Provider Manager
  - the police

and:

- screen against risk threshold and make professional decision regarding whether the alert meets criteria for potential risk of significant harm and the individual is person at risk.
- ensure alternative services are offered where appropriate.
- make decision to not proceed with safeguarding adults process in line with risk thresholds and definition of an adult at risk.

**Stage 2 REFERRAL Timescale – within one working day****Information gathering**

Access Team senior / or allocated worker to collate basic information to establish Risk Threshold met to initiate referral. This can include nature and extent of alleged abuse and information gathering and sharing with other agencies including police, Care Quality Commission, Commissioning and Contracts where appropriate. If provider is not referrer they should be notified so that they can take immediate action rather than waiting for the meeting to find out what the allegations are.

**NOTE-** This is basic information sharing and does not take place of strategy or investigation stage.

However the Team Leader may still request further information in order to progress the safeguarding investigation (**supplementary information form**)

**Risk of harm assessment and Immediate protection plan** Once an alert becomes a referral the initial risk of potential harm to the person at risk must be assessed and recorded. Where possible an immediate protection plan will be developed in response to endeavouring to reduce the risk of harm.



**Recording-** on CareAssess-

- Risk threshold outcome
- Risk of harm assessment
- Immediate protection plan
- Alternative services offered if not safeguarding

**Allocation** Team leader/senior in appropriate team to allocate to investigating worker.

**Roles and responsibilities**

**Investigating worker-** Responsibility to

- be allocated the referral to undertake safeguarding investigation.

**Senior worker-** Responsibility to :

- undertake role of Managing Officer as outlined in procedures.
- ensure risk assessment and initial protection plan completed.
- allocate referral to suitably competent and experienced worker who holds a relevant professional qualification (see Adult Safeguarding competence framework).
- supervise investigating worker.

**Adult safeguarding team-** Responsibility to:

- be co-allocated case
- collate appropriate safeguarding data.
- provide specialist advice where needed

**Provider Manager (if relevant)-** Responsibility to

- be undertaking a disciplinary investigation
- being part of protection plan

**Stage 3 STRATEGY MEETING OR DISCUSSION-** Within five working days -if the referral involves allegations against a paid member of staff/volunteer of an organisation the strategy discussion will take place **within one working day**

**Strategy Discussion/ meeting:**

The investigating worker with support from Senior Adult Protection Officer will decide whether a meeting or discussion should take place based on the following guidelines:

**Discussions-** Investigations that are not complex and the person/s at risk is/are potentially medium risk of harm. All discussions must be appropriately recorded on Careassess. This includes the strategic plan of how the investigation is going to proceed.

**Meetings-** Investigations that are complex and the adult/s at risk is/are potentially at medium to high risk of harm. The investigating worker will send to the Adult safeguarding senior practitioner an invite list. The Adult safeguarding team will organise the strategy meeting. This will include setting dates, invite etc

The investigating worker with supervision from a senior practitioner will co-ordinate a Strategy Meeting or discussion, this should take place within five working days of accepting the alert as a referral.

The Strategy stage should involve the investigating worker and consideration should be given to the involvement of other relevant professionals who may be involved in the investigation process. The Police should always be invited to participate in the Strategy discussion/ meeting, the police will decide on evaluation of the presenting information whether there is a police role in the investigation.

Key individuals who can be identified to participate in all Strategic discussions :

- Senior Adult Protection Officers
- Vulnerable Adult Police leads
- SATH Adult Safeguarding Lead- If the referral concerns The Princess Royal Hospital
- Provider Managers -If the referral involves allegations against a member of staff/ or volunteer of an organisation. Provider manager of the organisation should be invited to participate in the strategy discussion as disciplinary action may need to be considered by the organisation. The exception is when the provider manager is implicated in the investigation. In such circumstances a senior manager or owner of the organisation should be consulted.

Potential other Key individuals who can be identified to participate in Strategic discussions where relevant are:

- Quality Monitoring Officers
- Specialist Practitioners such as specialist nurses, OTs and other therapists
- Complex Care Team Nurses
- Other adult safeguarding lead officers
- Medicines Management Officers
- Infection Control Officers

## **Recording**

A record of the Strategy Meeting/Discussion will be provided as evidence of information shared and decisions made on the Strategy meeting/ discussion record. . All parties involved in the meeting will receive a copy of this record. The investigation plan and interim protection plan will be agreed at the meeting and shared with all relevant parties.

If an internal investigation may be required to be undertaken, this will contribute to the safeguarding investigation. Discussions may also take place regarding any disciplinary action that may need to be taken. Therefore if the referral involves allegations against a paid member of staff/volunteer of an organisation the strategy discussion will take place within **one working day**.

### **Risk of harm assessment and Interim protection plan**

The *actual* risk of harm to the adult at risk must be assessed and recorded.

The *potential* risk of harm to the adult at risk must be assessed and recorded

The *potential* risk to other adults at risk must also be assessed and recorded

The immediate protection plan must be reviewed and updated to reduce the risk of harm.

### **Roles and responsibilities**

**The allocated investigating worker-** Responsibility to:

- coordinating a strategy discussion/ or requesting a meeting.

**The Team leader /Senior Practitioner-** Responsibility to:

- ensure that a multi-agency strategy discussion or meeting:
  - takes place,
  - is recorded

and

- decisions circulated.

**The Senior Adult protection officers and/or Adult safeguarding professional lead-** Responsibility to:

- provide specialist advice and guidance on how to proceed with investigation
- arrange and Chair Strategy meetings.
- direct minutes takers to undertake and distribute appropriate set of minutes which will include decisions and actions to support protection plan.

### **Stage 4 INVESTIGATION –To be completed within twenty working days of the acceptance of the referral.**

There are different types of investigations that may be undertaken. Other agencies may need to carry out certain aspects of the investigation; for example an internal enquiry, a disciplinary investigation, or a police investigation. However Adult Social Care still retains the responsibility for co-ordinating the overall safeguarding investigation.

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. This information should be communicated with relevant partner agencies and a record made of the reason for a revised timescale.

The investigation will involve:

- face-to-face contact with the adult at risk of harm including where relevant an assessment of capacity.
- ascertaining the views and wishes of the adult at risk and providing appropriate support.
- undertaking an assessment of risk of harm.

- collating all evidence and information gathered and completing an investigator's report.
- 

Interviews may need to be arranged with:

- person at risk.
- Any witnesses to the alleged abuse.
- Someone identified as the person alleged to have caused harm.

Where the Police are not involved in the interview, consideration should be given to interviewing with an experienced colleague. Investigating workers undertaking interviews should be assessed by their Team leaders as having relevant skills and knowledge as identified in The Adult Safeguarding Competence framework and hold a relevant professional qualification.

All Interviewees should always be offered the opportunity to be supported during the interview.

All concerns and conclusions relating to allegations of abuse should be shared in writing. It is the responsibility of the Senior Worker, Team Leader or Chairperson to decide who will undertake this task.

## **Recording**

### **The Investigation Report**

The safeguarding adult investigation report is key to the safeguarding process. It draws together all the information relevant to the allegation of abuse. It presents an analysis of this information, keeping the adult at risk central to the process, and enables the safeguarding conference to make sound, professional, evidence-based decisions on the protection of individuals and others. An investigation report must be thorough and objective, be written in precise and clear language, make a distinction between fact and opinion and state the evidence that accounts for both. The standard of proof for police investigations is 'beyond reasonable doubt'. The evidence they gather about the allegation and about the actions of the person alleged to have committed the crime must therefore be robust enough to provide such proof in court. The standard of proof for non-criminal investigations, to support civil actions or disciplinary procedures, is on the 'balance of probabilities'.

There are four categories of evidence:

1. Direct evidence: this is the most important evidence and is what the person experienced themselves by their own account – in court referred to as evidence 'in chief'.
2. Hearsay evidence: evidence of what a person has heard from another person. Hearsay evidence is usually excluded from criminal trials although new rules have been introduced which allow such evidence to be introduced in certain cases. Hearsay evidence can be used in civil cases or disciplinary hearings.
3. Corroborated evidence: evidence that supports the evidence of a person in another way, such as evidence contained in records.

4. Circumstantial evidence: evidence that is not based on the facts in question but on other facts that may support the case. For example, evidence of injury immediately following contact with a particular person, or money having gone missing after a visit by a particular person. Circumstantial evidence alone cannot be relied on to convict a person in the absence of other evidence.

### **Risk of harm assessment and protection plan**

The allocated Investigating Officer is required to update the risk of harm assessment and develop/amend the protection plan

### **Allocation**

Wherever possible it is 'best practice' for the investigating officer not to be the long term allocated worker as this could lead to a potential conflict of interest. This is particularly true if an allegation is made against a family member or carer with whom the allocated worker has developed a working relationship. It may however not always be possible to assign a different worker in these circumstances due to resource issues.

### **Roles and responsibilities**

#### **The investigating worker- Responsibility to::**

- be undertaking and/or coordinating all aspects of the investigation including:
- interviews relating to the allegations made.
- face to face contact with the adult at risk
- seek specialist advice and guidance from the Chairperson/ Adult protection officers
- identifying and coordinating specialist investigators such as financial officers, nurses and employers.
- gathering evidence and information from a variety of sources
- producing and completing the Investigators Report (SAR? )within 20 days on receipt of referral. In all cases, the report should be complete before the investigation is closed.
- update the risk of harm assessment and protection plan.

#### **The Team leader /Senior Practitioner- Responsibility to:**

- ensure that an investigation is allocated to a worker with the necessary competency and experience to undertake the investigation
- ensure supervision and support is available to investigating worker
- ensure Investigator's report is completed and ensure risk of harm assessment is completed and protection plan is in place which is proportionate to the potential risk of harm

#### **The Senior Adult Protection Officers and/or Adult Safeguarding Professional Lead - Responsibility to:**

- be responsible for providing specialist advice and guidance on how to proceed with the investigation. This may include support with the development of the appropriate risk of harm assessment and protection plan
- will receive the Investigator's report and distribute copies to relevant information within the timescale of case conference.

## **Stage 5 CASE CONFERENCE- Within 20 working days (28 days) of completion of the investigation**

A case conference will be arranged if deemed necessary.

The aim of a case conference is to:

- consider the information contained in the investigating officer's report(s).
- consider the evidence and, if substantiated, plan what action is indicated.
- plan further action if the allegation is not substantiated.
- plan further action if the investigation is inconclusive.
- consider what legal or statutory action or redress is indicated.
- make a decision about the levels of current risks and a judgement about any likely future risks agree a protection plan.
- agree how the protection plan will be reviewed and monitored.

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

**Part 1**, for professionals to receive the investigating officer's report and to make decisions on the findings

**Part 2**, concerned with agreeing the protection plan. This part could be attended by the adult at risk. The agenda should be set out so that the adult at risk may actively participate in the meeting (if appropriate).

Alternatively, if it is necessary in order to meet the adult at risk's access and communication needs (if specialist facilities are needed), a separate protection plan meeting could be held in a different venue. If this proves to be necessary, such a meeting should be held as close in time to the first part of the meeting as possible.

When inviting the person at risk to a meeting or indeed family members attending on their behalf the Chair of the case conference will give them an opportunity to meet shortly before the meeting to go through the agenda with the person at risk /family and explain what to expect from the meeting. If the adult at risk does not attend, the reasons for this must be recorded on CareFirst (a record will also be made in the minutes of the meeting) The views of the adult at risk must wherever possible be sought in advance by the investigating officer.

All case conferences will be coordinated, Chaired and minuted by The Adult protection team using SA agendas.

Apologies must be sent to the minute taker and information provided to the meeting in the form of a written report if apologies are sent. It may be that the meeting will need to be rearranged to ensure that all appropriate parties are in attendance. The Investigating Officer will share the findings of the investigation which are recorded on the completed Investigation report with the meeting participants during the course of the meeting and this will form the basis of discussion in the case conference.

## Recording

**Attendee and confidentiality statement** will be completed and signed at the case conference.

**Protection plan** The risk of harm assessment and updated Protection Plan agreed at the meeting to identify ways to protect the adult at risk(s) from further harm will be recorded by the Minute taker of the case conference and shared with all parties within one working day of the meeting.

**Action plan** -The actions of the meeting will be sent out to all parties within one working day of the meeting.

**Case conference Minutes** The full minutes of the case conference will be distributed to attendees and those who send apologies within ten working days of the meeting.

## Roles and responsibilities

**The investigating worker** is responsible for :

- providing a completed invite list to adult protection officer and agreeing a date for case conference
- updating and the implementation of the risk of harm assessment and protection plan
- presenting the Investigators report – summary of findings
- feedback decisions to person at risk made at the case conference.

**The senior Adult protection officers and/or Adult safeguarding professional lead** is responsible for:

- receiving invite list and with Adult Safeguarding team administrators organise the case conference including invite letters, room booking and allocating Chair and minute taker .
- identifying where the most appropriate location for the meeting is and clarify whether any arrangements are required in order to meet the needs of the adult at risk e.g. interpreter, accessibility of venue.
- Ensuring minutes, protection plan, and action plan are distributed to attendees or to relevant persons identified at case conference.

**The Team leader /Senior Practitioner** is responsible for:

- ensuring the investigating worker has the necessary competency, experience, knowledge, time, information and responsibility to attend case conference and make decisions regarding protection plan and actions to be undertaken.
- ensuring supervision and support is available to investigating worker
- attending the case conference when relevant
- ensuring risk of harm assessment is completed and protection plan is in place which is proportionate to the risk.

## **Stage 6 REVIEW- Within a maximum of six months of the case conference or date of protection plan**

The purpose of the review is to ensure that the actions agreed in the protection plan have been implemented and to decide whether further action is needed, including any service improvements. If a date for a review of the protection plan has not been fixed at the case conference, a review will always take place:

- if an investigation is still under way at the time of the case conference
- if the adult at risk has capacity to understand the nature of a review and requests a review
- if the person representing the best interests of the person at risk requests a review
- if the situation is seen as high risk
- where a review is requested by any organisation involved in the delivery of the protection plan
- as the result of a request by the person coordinating the protection plan.

If a decision is taken at the case conference that a review is not thought to be necessary, the Safeguarding Adults process will be closed. In this case a decision can be taken that the protection plan should be reviewed as part of the ongoing care management or CPA processes.

A new concern of abuse or neglect would be considered as a new alert/referral.

A review will be held if there are actions to be reviewed in response to the investigation and protection plan and risk assessment.

The purpose is to:

- Review of the protection plan and risk assessment
- The Protection Plan must be reviewed (when appropriate) as regularly as required based on presenting risks and no later than six months of the case conference or start of the protection plan, if a protection plan is put in place without a multi-agency case conference.

### **Recording**

**Attendee and confidentiality statement** will be completed and signed at the review

**Protection plan:** The risk of harm assessment and updated Protection Plan agreed at the meeting to identify ways to protect the adult at risk(s) from further harm will be recorded by the Minute taker of the review and shared with all parties within one working day of the review meeting.

**Action plan:** The actions of the meeting will be sent out to all parties within one working day of the review meeting.

**Review Minutes** The full minutes of the review will be distributed to attendees and those who send apologies within ten working days of the meeting.



### **Attendee and confidentiality statement**

If the risk assessment identifies on-going risk the Protection Plan will continue, and the safeguarding episode will remain open whilst a Protection Plan is in place. If the adult at risk refuses to accept the Protection Plan, the reasons for this must be recorded at the review.

### **Roles and responsibilities**

**The investigating worker** is responsible for:

- providing a completed invite list to adult protection officer and agreeing a date for review meeting
- updating and implementation risk of harm assessment and protection plan
- where relevant presenting Investigators report – summary of findings
- to feedback decisions to person at risk made at the review meeting .

**The senior Adult protection officers and/or Adult safeguarding professional lead** is responsible for :

- receiving the invite list and with Adult protection team administrators organise the review meeting including invite letters, room booking and allocating Chair and minute taker
- identifying where the most appropriate location for the review meeting is and clarify whether any arrangements are required in order to meet the needs of the adult at risk e.g. interpreter, accessibility of venue .
- ensuring minutes, protection plan, and action plan are distributed to attendees or to relevant persons identified at the review meeting

**The Team leader /Senior Practitioner** is responsible for

- ensuring the investigating worker has the necessary competency, experience, knowledge, time, information and responsibility to attend the review meeting and make decisions regarding protection plan and actions to be undertaken.
- ensuring supervision and support is available to investigating worker.
- attending the review meeting when relevant.
- ensuring risk of harm assessment is completed and protection plan is in place which is proportionate to the risk

### **Stage 7 CLOSURE- End of the safeguarding process.**

Closure can take place at any stage of the process if:

- the level of harm has been assessed as low and an information-gathering, sharing and protection plan can be evidenced
- the allegation of abuse has not been substantiated
- the adult at risk has the capacity to decide that they want no further intervention and there are no other adults or children at risk
- the status of the allegation has been determined and the adult at risk is protected.

It is usual that a case will remain in the Safeguarding Adults process if the risk of harm to an individual remains high or very high. However, there are individuals who have the capacity to choose to remain in high or very high risk situations. In these circumstances, it is imperative that all stages of the safeguarding process have been followed to ensure that *all* options have been offered to the adult at risk.

### **Recording**

**Protection plan** The risk assessment and Protection Plan are updated and any changes to the Protection Plan should be recorded and shared with all parties involved in agreeing the original Protection Plan. This must be agreed and shared wherever possible with the adult at risk or their advocate/representative.

**Closure** The outcome and conclusion of the investigation including additional information collection must be completed.

Adult Safeguarding investigations will be concluded when agreed and authorised by a Managing officer.

### **Roles and responsibilities**

**The Investigating worker** is responsible for :

- completing the risk of harm assessment and ensuring protection plan updated.
- completing outcome codes for closure on care assess.
- the outcome letter to adult at risk and /or family members if relevant and if there is no case conference .
- providing feedback to referrer.

**The senior Adult protection officers and/or Adult safeguarding professional lead** is responsible for:

- the outcome letter to person at risk and /or family members if relevant if case conference
- collating information and data

**The Team leader /Senior Practitioner** is responsible for:

- ensuring risk of harm assessment is completed and protection plan is in place which is proportionate to the risk.
- ensuring supervision and support is available to investigating worker to act as responsible Managing Officer for authorisation for closure.

