Surrey Safeguarding Adults
Multi-agency Procedures, Information and Guidance

SECTION 2

SURREY SAFEGUARDING ADULTS MULTI AGENCY PROCEDURE
CONCERN ABOUT AN ADULT AT RISK

Is this an emergency?

Yes

Contact Surrey Police
Risk of immediate harm: tel: 999
Non-immediate harm: tel: 101

No

Is it a Safeguarding Alert?
Is there an adult at risk?
Potential abuse?
Confirm with responsible Manager *

Is it a Safeguarding Alert?

Forward to Responsible Worker

Within 48 hours of contact being received

* If no further safeguarding action required then process can be terminated and care management continues.

TOI Level 0:
No further action under Safeguarding
Continue with Care Management/CPA Process or close

TOI Level 1: Intervention by service providers
TOI Level 2: Intervention by appropriate team
TOI Level 3: Safeguarding Adults Enquiry

TOI Level 4:
Senior Strategy (Complex safeguarding adults enquiry)

Strategy Discussion / Meeting *

Within 5 working days of TOI decision

Within 28 calendar days of Strategy Discussion

Investigation
Provide progress updates if not complete within 28 days

Investigation
(Senior Strategy) provide progress updates if not complete within 28 days

* No Further Action Under Safeguarding
Continue with Care Management/CPA Process or Close

Progress to Case Conference?
Discussion-Safeguarding Advisor

Case Conference
Produce Safeguarding Adult Plan(s) *

Review Conference
Repeat until all risks have been managed *

Senior Strategy Case Conference
Produce Safeguarding Adult Plan(s) *

Within 48 hours of contact being received

Within 5 working days of TOI decision

Within 28 calendar days of Strategy Discussion

Within 15 working days of investigation conclusion

Within 3 months of Case Conference

CONCERN ABOUT AN ADULT AT RISK

Contact local Adult Social Care / Integrated Mental Health Team or SCC Contact Centre
Tel: 0300 200 1005

Is this a safeguarding alert?

Is there an adult at risk?
Potential abuse?
Confirm with responsible Manager *

Investigation
Provide progress updates if not complete within 28 days

Investigation
(Senior Strategy) provide progress updates if not complete within 28 days

* No Further Action Under Safeguarding
Continue with Care Management/CPA Process or Close
Section 2: Surrey Safeguarding Adults Multi Agency Procedure

2.1 Involving and supporting the adult at risk
   2.1.1 Vital interest
   2.1.2 Best Interest
   2.1.3 Public Interest
   2.1.4 Personal Decisions

2.2 Involving and supporting carers, families, friends and significant others
   2.2.1 Relative / carer who is reporting a safeguarding concern / disclosure of abuse / alleged crime
   2.2.2 Relatives / carers supporting the adult at risk
   2.2.3 Preventing potential abuse within the caring relationship

2.3 Safeguarding Adults Alert
   2.3.1 Anyone can raise a concern/alert about an adult at risk
   2.3.2 Any individual becoming aware of potential abuse should take action
   2.3.3 How to raise an alert
   2.3.4 What happens when an alert is raised

2.4 Assessing the alert
   2.4.1 Information gathering
   2.4.2 Risk Assessment and Management
   2.4.3 Inter County Safeguarding Adults Protocol
   2.4.4 Responsibilities to those who are alleged to have caused the harm
   2.4.5 Suspected or actual abuse by an adult at risk
   2.4.6 Deciding the action to be taken following assessment of the alert
2.5 Safeguarding adults strategy discussion meeting
   2.5.1 The purpose of the strategy discussion/meeting
   2.5.2 The role of the Chair within safeguarding adults meetings
   2.5.3 The role of the Chair within safeguarding adults strategy discussion meetings
   2.5.4 Invitees

2.6 Safeguarding Adults Investigation following safeguarding adults strategy meetings
   2.6.1 The role of the nominated investigator(s)
   2.6.2 The nominated investigators communication with the adult at risk
   2.6.3 When the investigation is concluded

2.7 Safeguarding Adults Case Conference
   2.7.1 The overall purpose of the Safeguarding Adults Conference
   2.7.2 Specific objectives of the Safeguarding Adults Case Conference
   2.7.3 Attendees at Safeguarding Adults Case Conference
   2.7.4 Invitees to Safeguarding Adults Case Conference

2.8 Safeguarding Adults Review Case Conference

2.9 Safeguarding Adults Senior Strategy meeting
   2.9.1 Invitees to Safeguarding Adults Senior Strategy Meeting
   2.9.2 The purpose of the Senior Strategy meeting
   2.9.3 The Senior Strategy meeting should consider
   2.9.4 Safeguarding Adults Senior Strategy Investigation

2.10 Safeguarding Adults Senior Strategy Case Conference
   2.10.1 Invitees to Safeguarding Adults Senior Strategy Case Conferences

2.11 Safeguarding Adults Senior Strategy Review Case Conference

2.12 Record Keeping

2.13 If the adult at risk dies during the safeguarding adults process

2.14 Adults at risk who make repeated or unfounded allegations
2.15 Adults at risk who may witness abuse or a crime

2.16 Where an adult at risk is the person alleged to have caused harm and who also reports that they have been abused

2.17 Psychotherapy and Counselling

2.18 Interface between Safeguarding Adults and Safeguarding Children Procedures

2.19 When to close the safeguarding adults process

2.20 Actions on closing
Section 2: Surrey Safeguarding Adults Multi Agency Procedure

This Section explains what happens in Surrey within the Safeguarding Multi Agency Procedures when a concern is raised about the potential abuse of an adult at risk.

The Safeguarding Adults Process Flowchart is a summary of the safeguarding adults process in Surrey.

2.1 Involving and Supporting the adult at risk

Where concerns are raised about the potential abuse of an adult at risk it is vital that the adult at risk is involved and supported throughout the safeguarding adults process.

The adult about whom there is a concern should be supported in a way, which does not jeopardise any investigation or criminal prosecution. Surrey County Council Adult Social Care teams, including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams, are responsible for ensuring that arrangements are made to meet these needs. Decisions about how this will be achieved will be made throughout the safeguarding adults process informed by what the adult is saying they need and what would be acceptable to them.

The identification of risk should usually be undertaken with the person who has been harmed unless doing so is likely to increase the risk of harm or puts other people at risk.

2.1.1 Vital interest

If the adult at risk has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information under Safeguarding Adults Procedures with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult at risk is not being unduly influenced or intimidated, and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult at risk that this action is being taken unless doing so would increase the risk of harm. See section 3 for further information regarding assessing mental capacity within the Mental Capacity Act 2005.

2.1.2 Best interest

If an adult at risk lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005. See section 3 for further information.
2.1.3 Public interest

If the adult at risk has the mental capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, where it is assessed that there is potentially harm to others, practitioners may have a duty to share the information with relevant professionals to prevent harm to others. See Section 3 and Appendix 2.

2.1.4 Personal decisions

The adult at risk will have views about what is an acceptable level of risk to them and about balancing the risks in order to maintain the lifestyle or contacts they wish. There may be a balance to be agreed between the benefits of achieving safety and the loss of contact with someone whom they value.

A person with mental capacity may choose to live in a situation which is seen as unsafe by professionals, if the alternatives they are being offered are unacceptable to them. However, they do not have the right to make decisions about the protection that other people may need where they may also be at risk from the same person, service or setting.

The adult at risk needs to be able to make informed choices from the information they are given. In order to do this they may need support in a variety of ways such as the help of a family member or friend (as long as they are not the person alleged to have caused the harm), an advocate or Independent Mental Capacity Advocate (IMCA), a language interpreter or other communication assistance or aid. See section 3 for further information about the Mental Capacity Act and Safeguarding Adults and section 5 for further information about the role of IMCAs, advocates and interpreters.

2.2 Involving and supporting carers, families, friends and significant others

Where concerns are raised about the potential abuse of an adult at risk it is also vital that the carers, families, friends and / or significant others of the adult at risk are involved and supported throughout the Safeguarding Adults Procedure where appropriate.

Family, friends and carers who are not implicated in the allegation of abuse often have an important part to play in providing support to the adult at risk within the Safeguarding Adults Procedures.

Where appropriate, and where the adult at risk has capacity to consent, relevant family and friends should be consulted in relation to the support for the adult at risk. Where the adult at risk does not have capacity to give consent for information to be shared or to make a decision relevant to the concern in question, family and friends must be consulted in compliance with the Mental Capacity Act 2005 (see section 3 for further information).
In the Safeguarding Adults Procedure it is important when considering the role of a carer to be clear about whom this refers to.

A carer is defined as: a family member, friend or neighbour who is unpaid and supports someone who has a mental illness and / or has a learning disability, and / or is physically disabled and / or whose health is impaired by illness or age.

It is important not to confuse the role of carer with that of care worker who is someone who is employed and paid to provide personal / practical care to an individual.

2.2.1 Relative / carer who is reporting a safeguarding concern / disclosure of abuse / alleged crime

A relative / carer is usually the person who will know the adult at risk best. They are often best placed to pick up on concerns, witness abuse, have details of an abuse disclosed to them, note unexplained injuries, or see changes in behaviour that may suggest that something has occurred that has distressed the adult at risk.

Professionals should recognise that making a disclosure can be difficult for a relative / carer and ensure that appropriate information and support is available for them. Carer support organisations may be an appropriate form of support for a carer in those situations.

When a disclosure by a relative / carer has triggered a Safeguarding Alert response, they should be informed about the safeguarding process and where appropriate the decision made / action being taken as a result of the referral. Relatives / carers should be advised of how confidentiality is applied within the Safeguarding Adults Procedures.

A relative / carer should be advised that the adult at risk would be sensitively approached and engaged with as part of the investigation process. Professionals working with the adult at risk should take into account that a relative / carer may experience guilt or anxiety in relation to having raised the safeguarding alert.

Professionals should advise the relative / carer of issues that may arise, for example, things they should not do to prevent evidence or an investigation from being compromised, i.e. not to approach the person alleged to have caused harm, not to question or talk to other person who receives services or their families about what has been seen or heard etc.

2.2.2 Relatives / carers supporting the adult at risk

Relatives and carers will often be the most appropriate person to support the adult at risk through an investigation and this should be recognised by professionals. Professionals should recognise that a relative / carer may themselves need support to manage their own feelings.
Where the relative / carer is a witness to the alleged abuse or crime they would be unable to support the adult at risk in relation to the interview process and the relative / carer should be informed of this at the earliest opportunity.

2.2.3 Preventing potential abuse within the caring relationship

Professionals should be aware that providing robust support to whole families (adults at risk and / or their family / carers) is best practice. Acknowledging the role and needs of a relative / carer in care support planning for an adult at risk is essential in the prevention of some forms of abuse brought about by a strain in relationships.

There is a clear difference between unintentional harm caused inadvertently by a carer and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police or Adult Social Care apply.

In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the carer’s own physical or mental needs make them unable to care adequately for the adult at risk. The carer may also be an adult at risk. In this situation the aim of safeguarding adults work will be to support the carer to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for.

Adult Social Care Teams (including Surrey and Borders Partnership NHS Foundation Trust Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) have a legal duty to offer and complete Carers Assessments. See section 6 for further information regarding the legal duties and powers for carer’s. A carer’s assessment should take into account the following factors:

- whether the adult for whom they care has a learning disability, mental health problems or a chronic progressive disabling illness that creates caring needs which exceed the carer’s ability to meet them
- the emotional and / or social isolation of the carer and the adult at risk
- minimal or no communication between the adult at risk and the carer either through choice, mental incapacity or poor relationship
- whether the carer is in receipt of any practical and / or emotional support from other family members or professionals
- financial difficulties
- whether the carer has a lasting power of attorney or appointeeship
- a personal or family history of violent behaviour, alcoholism, substance misuse or mental illness
- the physical and mental health and well-being of the carer.

See section 3 for further information regarding the legal duties and powers for carers.
2.3 Safeguarding Adults Alert

2.3.1 Anyone can raise a concern / alert about an adult at risk

An alert is a concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Professionals who are concerned that an adult at risk is or may have been abused and / or may be the victim of a criminal offence have a duty and responsibility to contact the Police or Adult Social Care, including Surrey and Borders Partnership Foundation Trust (SABPFT) Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams.

Family members, carers, volunteers, paid care staff, those who are supporting or working with adults who are at risk, other people who use services and members of the general public should raise their concerns when they have a concern that an adult at risk may be abused, exploited or the victim of a crime.

2.3.2 Any individual becoming aware of potential abuse should take action to:

- listen to what the adult at risk is saying or what others have told you such as a family member or carer
- consider the immediate safety of the adult at risk and others who may be at risk including other adults at risk or children
- contact the Emergency Services if there is immediate danger or the need for medical assistance via 999. This could include Police, Ambulance or Fire Services
- only ask questions if you are concerned the adult at risk is at immediate risk of harm
- record the words of the adult at risk and accept the statements as fact, record the full details, including the time, date and location that disclosure was made. All written notes must be made as soon as practicable and kept securely
- discuss with the adult at risk as to who will be informed and why if safe to do so
- do not promise the adult at risk that what has been disclosed / witnessed will be kept secret or confidential. Their right to confidentiality is not absolute and may be over-ridden where there is concern or evidence that the individual or others may be at risk of harm or that a serious crime may have occurred
- ensure that actions are taken to preserve possible forensic evidence that may assist an investigation
- do not confront the alleged abuser as this could place you at risk, give the alleged abuser an opportunity to destroy evidence, or intimidate vulnerable victims or witnesses
- staff should follow their organisational procedures for raising the alert.
The initial conversation should be regarded as a source of evidence, it is therefore important to listen and not ask leading questions which may suggest or invite an anticipated or acceptable answer and to record the concerns precisely at the time in question, as expressed by the adult at risk or others involved. This initial conversation may become the basis for a formal interview at a later date.

2.3.3 How to raise an alert

In order to prevent a delay in raising concerns, alerts should usually be made by telephone to the Surrey County Council Contact Centre on 0300 200 1005.

Concerns can also be raised in the following ways:

- By completing the Alert Form online at: https://online.surreycc.gov.uk/esuite/esuite.nsf/openOnlineForm?open&fcuid=EE7003C374135F6A80257A38004FC753&aztitle=Adult+at+risk+report
- By writing or completing the Alert Form (See Appendix 1)
- By contacting any Surrey County Council Adult Social Care team (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) either by telephone or in writing.
- By contacting the Surrey Safeguarding Hub on 01372 832276

2.3.4 What happens when an alert is raised

Anyone expressing concern, or making a complaint or allegation whether they be a member of staff, people who use services, carers or members of the general public, will be assured that:

- they will be taken seriously
- their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
- anyone who is perceived to be at risk will be given immediate protection from the risk of reprisals or intimidation
- if they are a staff member they have the right not to be subject to any detriment, or to be selected for dismissal or redundancy on the basis of having made a protected disclosure (see section 6.22 Public Interest Disclosure Act 1998)
- they will be dealt with in a fair and equitable manner
- as far as possible, they will be kept informed of action that has been taken and its outcome
- it is the responsibility of the person receiving the alert within Adult Social Care, including Surrey and Borders Partnership NHS Foundation Trust Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams, to confirm the next steps to be taken with the person who has raised the concern.
2.4 Assessing the Alert

Once the alert has been received by Adult Social Care (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams), the first priority is to ensure the immediate safety of the individual(s) and ensure that risk is assessed and managed. If it is considered an emergency, the police will be contacted immediately on 999 as the preservation of any evidence is vital.

Within 48 hours (or sooner depending on the level of risk identified), information will be gathered by the Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) to enable a decision to be taken as to whether the alert meets the criteria for the safeguarding thresholds of intervention. See page 2, Surrey Safeguarding Adults Process Flowchart as to how alerts will be responded to within the levels of intervention.

2.4.1 Information gathering

As part of this information gathering process, the following issues will be considered:

- is the person an ‘adult at risk’ by the definition (see section 1.4)
- what is the perceived type of abuse
- the alerter’s view as to what is known of the wishes of the adult at risk in relation to the safeguarding issue
- the perceived level of risk
- where there have been multiple, low level concerns their cumulative effect should be considered.
- how the concern came to light
- the impact on the person(s) concerned
- the setting and geographical location of where the alleged abuse took place
- the person alleged to have cause harm’s name and relationship to the adult at risk
- the involvement of any witnesses
- any action that has already been taken to safeguard the adult at risk
- the health and social care support needs of the adult at risk and whether this support is provided by the person alleged to have caused harm
- has the adult at risk’s needs been assessed (under a self supported plan, Community Care Assessment / Care Programme Approach)
- is the adult at risk known to any other agencies or Multi Agency Processes e.g. MAPPA, MARAC (see section 5 for further information)
- to establish where possible the adult at risk’s mental capacity (decision / specific / competence)
- are there any children at risk who should be referred to Surrey children’s services.
2.4.2 Risk Assessment and Management

Risk Assessment and Risk Management are central to the Surrey Safeguarding Adults Procedures. A risk assessment must be undertaken when an alert is raised. This should clarify the degree of risk to the adult at risk and/or children. Risk should be constantly re-evaluated throughout the process to ensure adults at risk and all others involved are appropriately protected.

Risk assessment is integral to the whole process of safeguarding adults and is specifically concerned with the identification of specific risks to a person covered by the Surrey Safeguarding Adults Multi Agency procedures.

Risk assessment will seek to determine:

- what the actual risks are – the harm that has been caused, the level of severity of the harm, and the views and wishes of the adult at risk
- the person’s ability to protect themselves
- who or what is causing the harm
- factors that contribute to the risk, for example, personal, environmental, relationships, resulting in an increase or decrease to the risk
- the likelihood of the risk of future harm from the same source.

The risk assessment should also take into account wider risk factors such as the risk of fire in a person’s home (see section 5.4 SFRS). Organisations will have risk assessment tools to assist staff and the Surrey Safeguarding Adults Board has a Multi Agency Risk Assessment Policy and Tool that can be used. (add in link).

A formal risk assessment can take place at any point. However, the most likely point at which a formal assessment will take place is after the strategy discussion or meeting.

2.4.3 Inter County Safeguarding Adults Protocol

There is an Inter-Authority Protocol for the investigation of adult abuse. This agreement was ratified by the Association of Directors of Adult Social Services (ADASS) on 20th February 2004 and is intended for adoption by all Local Authorities and Adult Protection / Safeguarding Adults Committees.

This protocol clarifies the responsibilities and actions to be taken by local authorities for people living in one area, but for whom some responsibility remains from their area of origin within England. This protocol should be read in conjunction with section 3.8 of ‘No Secrets’ (DoH 2000) and LAC (93) 7 Ordinary Residence which identifies these responsibilities.

Where the alert relates to an allegation of abuse that has occurred within Surrey involving a person who uses services funded by another Local Authority, it is the responsibility of Surrey (the host authority) to co-ordinate the Safeguarding arrangements under the Surrey Safeguarding Adults Multi Agency Procedures. The placing authority will however still have a continuing duty of care to the adult at risk and will maintain their responsibility for the longer-term care needs of that individual.

2.4.4 Responsibilities to those who are alleged to have caused the harm

Adults who are alleged to have abused an adult at risk have the right to be assumed innocent until the allegations against them are proved on the evidence. Whether they are a member of staff, a volunteer, a relative or a carer they also have the right to be treated fairly and their confidentiality respected. What information is shared with them, and when, should be decided at the strategy discussion or meeting (see section 2.5).

They have a right to know in broad terms what the allegations are that have been made against them, unless the police advise otherwise. They should be provided with appropriate support throughout the process.

If the person allegedly causing harm is also an adult at risk, they should be provided with appropriate support. If the person allegedly causing harm is a young person or has a mental disorder, including a learning disability, and they are interviewed at the police station, they are entitled to the support of an appropriate adult under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice. Practitioners should refer to local Police and Criminal Evidence Act procedures and agreements.

2.4.5 Suspected or actual abuse by an adult at risk

It must be recognised that an adult at risk can be an offender (person who has, or is alleged to have, caused harm or abuse) as well as a victim (person thought to have been harmed). In this case, if a crime has been committed, it would be wrong to presume that the person who is alleged to have caused the abuse or harm does not know the difference between right and wrong.

Where an allegation is made that an adult at risk may be, or is abusing others including their carer or care worker, the relevant procedures must be followed. This may include Child Protection and / or Domestic Abuse and / or Safeguarding Adults Procedures, as appropriate. Practitioners working with adults at risk, as alleged offenders should be of sufficient experience and have undertaken appropriate training.

Where the abuse is so serious that it may constitute a criminal act, the Police must be consulted and will determine how the investigation is to proceed. The
Police alone are responsible for interviewing the adult at risk who is a suspect, although it will be necessary in most cases for an Appropriate Adult to be present during the interview.

2.4.6 Deciding the action to be taken following assessment of the alert:

Once the information has been gathered and assessed by Adult Social Care (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) there are four possible courses of action that can be taken:

- where it is clear that a criminal offence may have taken place, the Police will take the lead in the investigation
- where it is unclear at this stage as to whether a criminal offence has taken place, Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) will ‘cause an enquiry to be made’ and co-ordinate the various strands of the investigation
- following further discussion and assessment it may not be necessary to pursue a Safeguarding Adults Investigation and no further action may be required
- following further discussion and assessment it may not be necessary to pursue a Safeguarding Adults Investigation however other actions may be required. For example it may be agreed that the person’s health or social care support plan needs reviewed, that the complaints process within an agency should be followed or that a referral to another appropriate agency is required.

A decision on how to proceed will be made by the responsible person within the relevant Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) in partnership with other agencies or person involved.

Consideration must be given to how and when the adult at risk will be enabled to be part of the process. Where the adult at risk has the capacity to make choices, they must be advised of the options available, and their wishes respected, unless, exceptionally, a statutory responsibility to intervene arises or there is a risk to others (see section 3 of the Mental Capacity Act).

2.5 Safeguarding Adults Strategy Discussion / Meeting

Where the decision has been made that the concerns meet the thresholds for intervention under the Safeguarding Adults Procedures the responsible Adult Social Care or Integrated Health and Social Care Team (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) will convene a safeguarding adults strategy discussion. This must be held within five working days of the decision. If this timescale is not achieved, the reasons must be recorded. An investigation should not be delayed whilst waiting for a safeguarding adults strategy discussion to be convened. Any
interim action taken must be agreed by the responsible person within the appropriate Adult Social Care Team or Integrated Health and Social Care Team (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams).

2.5.1 The purpose of the Strategy Discussion / Meeting is:

- to confirm that the person alleged to have been harmed is an adult at risk and to evaluate the abuse against the thresholds of intervention
- to consider the immediate safety and well being of the adult(s) at risk and carry out any risk assessment
- to share information between agencies in relation to the alleged abuse, to establish if there is a need for an investigation and if so, by whom. It may not always be appropriate, following the sharing of information, to proceed with the safeguarding adults process

The Strategy Discussion / Meeting will also consider the following:

- the time scale of the investigation
- the adult at risk’s mental capacity (decision specific)
- the wishes of the adult at risk and the potential role for an advocate
- any special needs of the adult at risk
- the health and social care needs of the adult at risk, such as where they live, their need for ongoing support or increased health or social care provision
- if there is a need for legal intervention
- agreement of a multi agency safeguarding action plan
- the likelihood of media attention
- who should be the key worker and liaise with the adult at risk
- that there is a thorough discussion and assessment in relation to the level of risk and how risks will be managed in relation to the capacity of the adult at risk
- the safety and well-being of other adults at risk and whether they are at risk
- whether the concerns meet the thresholds for a safeguarding adults senior strategy meeting / discussion (see section 2.9.
- consideration to any parallel proceedings (e.g. regulatory action, health and safety issues, serious incidents and disciplinary process (see section 4).
- whether a joint trained investigator should be appointed to undertake an Achieving Best Evidence interview with Surrey Police
- whether the referrer should be updated and if so how this will be done
- nomination of a responsible person to coordinate agreed actions

If care staff are involved, agree who, if anyone, should interview them about the allegations that have been made. Under no circumstances should Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) undertake staff interviews outside of their own agencies
Where it is thought that no crime has been committed (following consultation with the Police) and where the employee has been directly employed e.g. via Direct Payments or via an Introduction Agency, the responsibility for the investigation lies with the person who uses services and / or family as the employer. Where appropriate Surrey Independent Living Council (SILC) should be requested to provide assistance and support.

A safeguarding adults strategy discussion can be held between relevant agencies by telephone in exceptional circumstances where an urgent intervention / investigation is required and the outcome of these discussions must be recorded. In either case, clear records of the meeting must be kept. At this stage, there must be clear delineation of responsibility and it should be clear about what can / cannot be said to the adult at risk involved. Consideration should be given at this time as to whether it may be appropriate to involve an advocate or Independent Mental Capacity Advocate (IMCA). See section 5.24.

2.5.2 The role of the Chair within safeguarding adults meetings

Throughout the safeguarding adults process the Chair of any safeguarding adults meetings will act in an impartial and objective way in conducting the meetings and will facilitate the meeting to reach decisions and recommendations.

The Chair has responsibility for promoting a multi agency culture that puts the needs of adults at risk first. The Chair is instrumental in placing a high value on professional practice standards and the pursuit of positive outcomes for adults at risk.

- the safeguarding adults meeting will be chaired by an experienced and skilled Chair who has undertaken the required Surrey County Council safeguarding adults training.
- the Chair should not be directly involved with the investigation or the adult at risk
- the Chair is responsible for ensuring that the meetings are conducted in line with Surrey County Council’s equal opportunities and anti-discriminatory practice principles. Any statements made by attendees that are considered to be discriminatory will be challenged by or through the Chair
- the Chair will advise the attendees of the structure of the safeguarding meetings using a set agenda for the meeting and remind attendees of its confidential nature
- when issues relating to improvements in practice are raised within Safeguarding meetings, the Chair will ensure that this is recorded and raised with the relevant agency.

The Chair will seek consensus on those decisions that the meeting can make. If agreement cannot be reached the Chair has the final decision. Should the
Chair’s decision be against the majority view of a safeguarding meeting it must be reported to the appropriate Surrey County Council senior manager.

Any member of the meeting (including the adult at risk, supporter / advocate, relatives and carers) may also register their dissent formally for the record and request that the matter is brought to the attention of the Surrey County Council senior management as soon as possible, dependent on any perceived risks.

At the discretion of the Chair, people who did not attend a safeguarding meeting, but who have a legitimate role in the safeguarding adults process, may also register their dissent, ideally in writing, to the Chair within ten working days of the date of the meeting.

The Chair will ensure that action agreed is achievable within the timescale given. All agencies need to agree that their role in any plan is immediately operable.

2.5.3 The role of the Chair within safeguarding adults strategy discussion / meetings

The Chair of the Strategy Discussion / meeting will be a suitably qualified and trained practitioner from Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams).

When a safeguarding adults strategy discussion is convened, the Chair will be responsible for:

- confirming that the alleged victim is an adult at risk and whether it is suspected that abuse has taken place and at what level.
- setting the objectives of the meeting
- ensuring that the venue for the meeting is suitable
- ensuring representation is appropriate for the meeting
- ensuring the meeting is held within the stated timescales except in exceptional circumstances – in which case, clear reasons must be given and recorded.
- ensuring an effective communication strategy is in place to keep people informed during the process where appropriate e.g. adult(s) at risk, referrers, employer, the person who is alleged to have caused the abuse or harm etc.
- ensuring risks are identified, managed and recorded
- ensuring that the agreed actions are completed and that timescales are clearly stated
- ensuring that the views and wishes of the adult at risk, carers and representatives, including advocates (where appropriate) are ascertained and considered as part of the Safeguarding Strategy Discussion / Meeting.
- it is at the Chair’s discretion, in exceptional cases, to invite the adult at risk, carer or other representative to a part of the Safeguarding Strategy Meeting, but in making this decision, the Chair must consider
if doing so, whether it would increase the assessed risks, compromise information sharing or compromise an ongoing investigation.

- they will be responsible for ensuring that a record of the meeting and its outcome is made and distributed within 15 working days to all relevant agencies adhering to the Caldicott principles. See Appendix 2 for further guidance and advice regarding information sharing protocols.

2.5.4 Invitees to safeguarding adults strategy discussion / meeting:

Consideration must be given to inviting / obtaining the views from the following representatives:

- Adult Social Care / Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams)
- Children’s Services
- Care Quality Commission (CQC)
- Health or Social Care Provider proprietor or manager
- Surrey County Council Legal Services / Human Resources
- Other Local Authority or agencies if issues of abuse potentially cross borders between counties
- Surrey County Council Procurement
- Surrey County Council Commissioner
- Surrey County Council Finance and Benefits
- Surrey County Council Best Interest Assessor (Deprivation of Liberty Safeguards)
- Health and Safety Executive
- Acute Trust
- Surrey and Borders Partnership NHS Foundation Trust
- NHS Community Provider
- NHS England
- Clinical Commissioning Group Designated Safeguarding Nurse
- Surrey Police
- Joint Trained Investigator (Achieving Best Evidence)
- District/Borough Council
- Trading Standards
- South East Coast Ambulance Service
- Surrey Fire and Rescue Service
- Manager of day care services
- Housing Association or provider
- General Practitioner / Medical Staff
- Psychiatrist
- Psychologist
- Surrey County Council Emergency Duty Team (out of hours worker)
- Community / District Nurse
- Health Visitor
- Therapists
• Probation Officer
• Advocate
• Independent Mental Capacity Advocate (IMCA)
• Independent Mental Health Advocate (IMHA)
• Other agencies / professionals where appropriate

2.6 Safeguarding Adults Investigation following safeguarding adults strategy meeting

The purpose of a Safeguarding Adults Investigation is to establish:
• whether abuse / crime occurred and the surrounding circumstances
• the ongoing risks to the adult at risk or others identified to be at risk
• any immediate action to prevent further abuse
• the level of understanding of the risk by the adult at risk
• whether disciplinary action may be required on the part of the employer

Where the adult at risk is the person who is alleged to have caused the abuse, the investigation will also need to consider the following:
• the assessment of risk to other adults at risk or children (See section 2.18 for information regarding Surrey Safeguarding Children Procedures)
• whether the abusive behaviour is part of a pattern that may have developed
• whether the abuse is an indication of illness (mental / physical) and of their need for care, treatment, specialist assessment / referrals
• whether the person alleged to have caused harm (who is an adult at risk) might have been, or might continue to be, the subject of abuse him / herself.

2.6.1 The role of the nominated investigator(s) from the relevant agency is to:
• gather and preserve evidence
• establish what the alleged incident was and where it occurred
• establish when the alleged incident occurred. This may be particularly significant when considering the collection of forensic evidence
• assemble other background information
• interview the adult at risk where appropriate
• interview relevant staff (own agency)
• establish the perception of the adult at risk where possible
• consider the Mental Capacity of the adult at risk i.e. the understanding of the adult at risk in relation to specific decisions - see section 3 Mental Capacity Act.
• inform the adult at risk about the process and what will happen next
• carry out a risk assessment to assess present and future levels of risk, and the adult at risk’s ability to understand the risk
• reach a decision based on their investigation as to whether abuse has / has not occurred
• within 28 days, feedback to the nominated coordinator, the outcome or the progress of the investigation and produce a written report of the investigation findings

2.6.2 The nominated investigators communication with the adult at risk

Where the adult at risk has the capacity to make decisions regarding their present and future circumstances, they should have the opportunity to discuss the possible options with a professional. The adult at risk’s wishes should be paramount, unless a legal responsibility to intervene exists.

Where there are issues around capacity and potential legal proceedings, a formal capacity assessment should be undertaken in accordance with the Mental Capacity Act 2005 (see section 3 of the MCA). An Independent Mental Capacity Advocate (IMCA) may also be considered at this stage. These actions will run alongside the investigation.

Consideration should also be given at this stage to the involvement of family members or friends / others, where appropriate (see section 2). If an adult at risk is deemed to lack capacity, the responsibility to make a decision on behalf of the person rests with the professional who is the decision maker. The decision maker will, following assessment and in accordance with the Mental Capacity Act, make a best interests decision (see section 3 of the MCA).

The nominated investigator needs to consider:

• the ability of the adult(s) at risk to communicate
• their means of communication. Consideration should be given to how the adult at risk communicates, i.e. their preferred language, whether they communicate through Makaton, a Communication Board, or other preferred communication styles. This will reflect on the way questions are framed / language used and how sentences are constructed and whether an interpreter is required (see section 5.15)
• the degree of the adult at risk’s disability
• recognition of the possible continuing emotional attachment an adult at risk as a victim may have for their abuser.

The same consideration needs to be taken into account when interviewing an adult at risk who is an alleged to have caused harm.

2.6.3 When the investigation is concluded

The nominated person will notify the responsible manager within Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) following consultation with key agencies, that the investigation is concluded and will provide a written report of the investigation findings. The responsible manager, in discussion with other agencies, will make a decision
whether the outcome of the investigation / assessment requires a Safeguarding Adults Conference to be convened.

If it is agreed that no further action is required under the Safeguarding Adults Procedures the Surrey County Council responsible manager or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) must advise the Adult at risk where appropriate, the referrer and all relevant agencies the outcome of the investigation.

### 2.7 Safeguarding Adults Case Conference

A Safeguarding Adults Conference should be convened within 15 working days of the conclusion of the investigation. An additional period of time may be requested where the investigation is particularly complex. Reasons for longer delays must be identified, recorded and the Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) responsible manager informed.

#### 2.7.1 The overall purpose of the Safeguarding Adults Conference:

To evaluate the evidence from the investigation and determine the outcome on balance of probability whether harm or abuse has taken place considering four possibilities:

- Substantiated
- Partially substantiated
- Not substantiated
- Not determined / inconclusive

To provide an opportunity to exchange information, analyse risk, recommend responsibility for action and devise a safeguarding adults plan.

The meeting will recognise the inter-agency nature of assessment and management of the abuse of adult at risk and where appropriate, a risk management plan will be put in place taking into account issues around mental capacity.

The meeting provides the opportunity to focus on the inclusion of the adult at risk and / or their representative.

A separate Safeguarding Adults Case Conference should be held in respect of both the adult at risk and the alleged abuser if they are also an adult at risk.

The meeting does not form part of the investigation process, but is a method of pooling resources and information.
2.7.2 Specific objectives of the Safeguarding Adults Case Conference:

To listen to and respect the wishes of the adult at risk, acknowledging that person’s right to take risks within the context of their mental capacity to make informed choices.

To share and evaluate information gathered during the investigation detailed in a written report. The information for consideration must include a chronology of key events from each agency.

To share further information available to participants about the adult at risk and their circumstances.

To agree the level of risk to or from the adult at risk and a plan to manage those risks.

To agree safeguarding plans where possible, for the safety and well-being and support of the adult at risk in the future. This will include the circumstances surrounding contact between the adult at risk and person alleged to have caused harm.

A safeguarding adults plan should be agreed, identifying actions for specific agencies / individuals as appropriate, with given time scales
To nominate a person to coordinate the agreed actions and to advise the Chair upon the completion of those actions.

To make recommendations to the authorities with legal powers about whether legal action needs to be taken.

To consider the legal context of any possible intervention.

To achieve a framework for inter-agency working and co-operation.

To clarify and confirm the roles and responsibilities of the various professionals involved.

To make arrangements for monitoring and reviewing the safeguarding adults plan and risk assessment.

To agree future support for the adult at risk.

To agree whether a Safeguarding Adults Review Case Conference is needed.

The Chair will ensure that notes are sent out, password protected, to all those invited to the meeting within fifteen working days. Attendees will only receive the part of the notes relevant to the part of the meeting attended. Consideration should be given to the Caldicott principles when notes are sent out, as far as reasonably practical. See section 2.5.2.
2.7.3 Attendees at Safeguarding Adults Case Conference

The Chair will confirm that the attendees are from those agencies who have information and can contribute to an understanding of the case. The Chair has the right to exclude someone from the meeting if it is felt that they do not have a relevant contribution. For the meeting to fulfil its purpose those professionals attending must have prepared a full written report for the meeting. The Chair must be advised if this is not possible and the reasons for this. If it is not possible for the agency representative to be present at the meeting, a report must be submitted to the Chair five working days prior to the meeting.

The adult at risk, or their representative, has the right to attend the Conference and express their views and should be encouraged and enabled to do so. This may include the attendance and support of an independent advocate, IMCA or appropriate supporter, such as a carer, family member or friend.

If the adult at risk chooses not to attend, they have the right to nominate an advocate or appropriate representative, such as a carer, family member or friend, to attend on their behalf. At the discretion of the Chair, in discussion with the adult at risk and / or their representative, it may be deemed in their best interests that he / she only attends part of the meeting. The adult at risk or their representative may not attend part of the meeting if there is confidential third party information that needs to be shared amongst professionals. In the case of an independent advocate attending instead of the adult at risk, information that has been deemed not to be divulged to the adult at risk shall not be divulged to their representative.

Where an adult at risk who is deemed not to have mental capacity to make an informed decision does not wish to attend, their wishes / best interests must be addressed within the meeting forum and recorded within the notes. Although the adult at risk may not wish or be able to attend this should not preclude the meeting from taking place and the attendance of an advocate on their behalf should be considered.

2.7.4 Invitees to Safeguarding Adults Case Conference

Consideration must be given to inviting / obtaining the views from the following representatives where appropriate:

- The Service User
- Adult Social Care / Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams)
- Children’s Services
- Care Quality Commission (CQC)
- Provider Proprietor or Manager,
- Surrey County Council Legal Services / Human Resources
- Other Local Authority or agencies if issues of abuse potentially cross borders between counties
• Surrey County Council Procurement
• Surrey County Council Commissioner
• Surrey County Council Finance and Benefits
• Surrey County Council Best Interest Assessor (Deprivation of Liberty Safeguards)
• Health and Safety Executive
• Acute Trust
• Surrey and Borders Partnership NHS Foundation Trust
• NHS England
• Clinical Commissioning Group Designated Safeguarding Nurse
• Surrey Police
• Joint Trained Investigator (Achieving Best Evidence)
• Trading Standards
• South East Coast Ambulance Service
• Surrey Fire and Rescue Service
• District/Borough Council
• Manager of day care services
• Housing Association or provider
• General Practitioner / Medical staff
• Psychiatrist
• Psychologist
• Out of Hours Worker
• Community / District Nurse
• Therapists
• Probation Officer
• Independent Mental Capacity Advocate (IMCA)
• Independent Mental Health Advocate (IMHA)
• Advocate
• Family Member (with consent of service user where appropriate)
• Interpreter
• Any other professional / agency as appropriate

2.8 Safeguarding Adults Review Case Conference

If it is agreed that a Safeguarding Adults Review Case Conference will be held, this should be convened within three months of the first case conference.

This meeting will:
- Review the objectives set out in the safeguarding adults plan
- Note any significant changes in circumstances
- Reassess risk and how that risk will be managed
- Modify the action plan in relation to new information if appropriate
- Agree whether a further Review Case Conference is required.

Where possible the same Chair for the Safeguarding Adults Case Conference should also Chair any subsequent review conferences.
2.9 Safeguarding Adults Senior Strategy Meeting

There may be situations where the concerns raised reach the threshold of intervention level 4 and so require a more senior management response from the relevant agencies.

In these cases the senior strategy meeting process must be followed (see Safeguarding Adults Process Flowchart on p35).

A safeguarding adults senior strategy meeting must be considered where:

- the allegation of abuse is complex, sensitive, political or high profile and therefore requires senior management involvement
- where more than one adult at risk may have been abused, typically, but not always, in an institutional setting
- where there is an allegation against a member of staff employed by Surrey County Council Children or Adult Social Care teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams)
- where historical allegations are made, e.g. a number of adults at risk disclose that they were abused in care settings (as adults or as children)
- allegations that an adult at risk may have abused a number of other adults at risk

The responsible manager within Surrey County Council Adults Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) are responsible for informing their senior manager of the potential need for a Senior Strategy Discussion meeting. It is the responsibility of the Surrey County Council Adult Social Care (or SABPFT) senior manager, in consultation with relevant agencies to decide whether or not a safeguarding adults senior strategy meeting is required.

The safeguarding adults senior strategy meeting will be chaired by an experienced and skilled Chair who has undertaken the required Surrey County Council safeguarding adults training.

2.9.1 Invitees to safeguarding adults senior strategy meetings

The following senior representatives should always be considered as important partners when planning Senior Strategy discussions / meeting and invites sent to request their attendance as appropriate:

- Senior Manager from Surrey County Council Adult Social Care / or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams)
- Other Senior Managers from relevant agencies as appropriate
- Detective Inspector / Senior Police Officer
- Investigating Police Officer
- Joint Trained Investigator
• Surrey Fire and Rescue service
• South East Coast Ambulance Service
• Practitioner / Social Worker / Care Coordinator
• Care Quality Commission
• Other Local Authority Senior Manager, if appropriate
• Representative from Surrey County Council Commissioning and Procurement
• Representative from Surrey County Council Audit
• Representative of SCC Legal Services (where appropriate)
• Where appropriate the Regional / Area Manager of the organisation concerned
• The Health and Safety Executive (National Organisation)
• Senior Manager of the Acute Trust
• Senior Manager of Surrey and Borders Partnership NHS Foundation Trust
• Senior Manager of Community Provider
• Senior Manager District/Borough Council
• NHS England
• Clinical Commissioning Group Designated Safeguarding Nurse
• Human Resources of relevant agency (where appropriate)
• Consideration should be given to any potential contributions that could be made by people who use services / carers. This could include inviting them to attend part of the safeguarding adults senior strategy meeting / discussion, or by convening a separate meeting to discuss concerns.

Care must be taken not to invite any person who may be subject to or involved in the allegation, for example line managers of staff members of whom the allegations have been made.

2.9.2 The purpose of the Senior Strategy Meeting:

If the decision has been made to convene a safeguarding adults senior strategy meeting it is the responsibility of the relevant Surrey County Council Adult Social Care or Integrated Health and Social Care Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) Senior Manager to:

• ensure all agencies work together to achieve the best possible outcome for the adult at risk involved
• ensure any necessary action is taken to safeguard the adult at risk or any other person, which may include relocation or removal of staff, following careful consideration by the employer
• ensure that disruption to any establishment is kept to a minimum subject to the requirements of the investigation and any necessary action
• assess with the relevant agencies what resources may be required. Resources should be pooled if appropriate.
2.9.3 The Senior Strategy meeting should consider:

- All the factors as would be raised in a safeguarding adults strategy discussion / meeting (see section 2.6) and:
  - who will be responsible for undertaking and recording a risk assessment for each adult at risk potentially affected including a plan to manage identified risk
  - who will be responsible for assessing / reviewing the needs of the adult at risk and ensuring that their views and mental capacity (decision specific) are considered as part of the decision making process
  - the need or the adult at risk’s wish for independent advocacy / IMCA / IMHA support
  - how relatives / carers will be involved and informed where appropriate
  - give consideration to the consequences of providing support / therapeutic work that may be needed by the adult at risk and their families following such investigations
- The most appropriate way of managing the investigation and which agency will lead the investigation
- The extent and scope of the investigation, including timescales
- The appropriate interview plans / need for joint trained investigators
- Resource issues, e.g. number of investigators required, facilities for conducting interviews, gathering of forensic evidence, whether there is a need to temporarily remove staff or relocate residents if any adult at risk needs alternative accommodation
- Who should be notified of the investigation, by whom, and in what manner
- The role and involvement of other authorities who have placed adults at risk within Surrey
- Who holds management responsibility if the investigation crosses local authority boundaries
- How media enquiries and notification to elected County Council and District / Borough members will be managed
- How support, consultation and supervision for staff involved will be managed
- Requirements relating to confidentiality and access to records
- Timescale for the Safeguarding Adults Senior Strategy Case Conference
- Any other complex issues.

As a result of the allegations of abuse there may be legal and / or criminal issues relating to the providers ongoing registration with the regulatory body, Care Quality Commission, and in some exceptional cases an urgent closure of an establishment may be required to protect adult at risk. In this instance the Senior Strategy Meeting must ensure that this legal imperative is not overlooked in the desire to conduct the investigation into the allegations of
abuse. Implementation of the Local Authority’s Provider Failure Protocol must be considered.

2.9.4 Safeguarding adults senior strategy investigation

The safeguarding adults senior strategy investigation should be completed as section 2.3.

Throughout the safeguarding adults investigation, detailed factual records must be kept, including the date, time and circumstances in which conversations or interviews are held. Wherever possible hand-written or typed contemporaneous notes should be taken and retained as these records may be required to be submitted in the future should any criminal prosecution take place or, where in the case of a registered care service the authority decide to take legal action against a provider that may result in the cancellation of registration or prosecution.

2.10 Safeguarding Adults Senior Strategy Case Conference

A Safeguarding Adults Senior Strategy Case Conference will be convened within 15 working days of the conclusion of the investigation.

To evaluate the evidence from the investigation and determine the outcome on balance of probability whether harm or abuse has taken place considering four possibilities:

- Substantiated
- Partially substantiated
- Not substantiated
- Not determined / inconclusive

An additional period of time may be requested where the investigation is particularly complex. Reasons for longer delays must be identified, recorded and the Surrey County Council Adult Social Care or Integrated Health and Social Care Teams, including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams, responsible manager informed.

The Safeguarding Adults Senior Strategy Case Conference will address the same issues as identified in the Safeguarding Adults Case Conference in section 2.7.

2.10.1 Invitees to Safeguarding Adults Senior Strategy Case Conferences

The following Senior Representatives should always be considered as important partners when planning Senior Strategy Case Conferences and invites sent to request their attendance as appropriate:

- Senior Manager from Surrey County Council Adult Social Care / or Integrated Health and Social Care Teams (including SABPFT Working Age
Adult Mental Health, Drug and Alcohol and Forensic Community teams)
Other Senior Managers from relevant agencies as appropriate
- Detective Inspector / Senior Police Officer
- Investigating Police Officer
- Surrey Fire and Rescue service
- South East Coast Ambulance Service
- Practitioner / Social Worker / Care Coordinator
- Care Quality Commission
- Other Local Authority Senior Manager, if appropriate
- Representative from Surrey County Council Commissioning and Procurement
- Representative from Surrey County Council Audit
- Where appropriate the Regional / Area Manager of the organisation concerned
- The Health and Safety Executive (National Organisation)
- Senior Manager of the Acute Trust
- Senior Manager of Surrey and Borders Partnership NHS Foundation Trust
- NHS England
- Clinical Commissioning Group Designated Safeguarding Nurse
- Human Resources of relevant agency (where appropriate)
- Consideration should be given to any potential contributions that could be made by people who use services / carers. This could include inviting them to attend part of the safeguarding adults senior strategy meeting / discussion, or by convening a separate meeting to discuss concerns.

Care must be taken not to invite any person who may be subject to or involved in the allegation, for example line managers of staff members of whom the allegations have been made.

2.11 Safeguarding Adults Senior Strategy Review Case Conference

If it is agreed that a Safeguarding Adults Senior Strategy Case Conference Review will be held, this should be convened within 3 months of the Safeguarding Adults Senior Strategy Case Conference.

This meeting will:
- review the objectives set out in the Senior Strategy Case Conference safeguarding plan
- note any significant changes in circumstances
- reassess risk
- modify the action plan in relation to new information if appropriate.

Where possible the Chair of the Senior Strategy Safeguarding Adults Case Conference should also Chair the Safeguarding Adults Senior Strategy Review Case Conference.
2.12 Record keeping

Whenever a concern or allegation of abuse is made all agencies must keep clear and accurate records. Where a service provider is registered with the Care Quality Commission, records of incidents must be made available to the relevant officer.

All safeguarding adults records must be compliant with the Human Rights Act 1998 and the Data Protection Act 1998. They are subject to Caldicott principles in the case of health and social care records and to the same confidentiality protocols as are operated by the agency, so far as reasonably practical.

All agencies should identify arrangements, consistent with the principles of fairness, for making records available to those affected by and subject to investigation. Requests for access to safeguarding adults documentation must be processed in accordance with the rights and exemptions to access detailed in the Freedom of Information Act 2000 and the Data Protection Act 1998. These requests should be handled in accordance with the agency’s procedures and always in consultation with the other agencies involved.

Partner agencies should follow their own guidelines regarding file retention.

See Appendix 2 for further information, guidance and legislation on confidentiality and information sharing within the Safeguarding Adults Procedures.

2.13 If the adult at risk dies during the safeguarding adults process

The safeguarding adults process will continue and an immediate review must take place to decide whether the death was as a result of the inadequacy of the protection plan or whether poor inter-agency working was a contributory factor. In either of the situations the Police may be involved where there is evidence or suspicions:

- that the actions leading to harm were intended
- that adverse consequences were intended
- of gross negligence and / or recklessness in a serious safety incident

If the incident occurred in a health or social care setting and involved unsafe equipment or systems of work a referral may be made to the Health and Safety Executive (HSE). The HSE will make a decision as to whether they will investigate.

Following the death of a person, more than one investigation into the circumstances surrounding the death may need to be instigated because more than one organisation may have been involved with the individual. A strategy meeting of relevant organisations should be convened to review the allegation or complaint and to agree a coordinated investigation. If there is to be a police investigation, that investigation will take primacy. As with any other safeguarding situation giving rise to action under the Safeguarding Adults Procedures, there is an expectation that all organisations will cooperate in the agreed process.
The Coroner will be informed by the police of the death as soon as possible (and before burial or cremation) if abuse or neglect is suspected to be a contributory factor, that is, if it is thought that the death was not a natural death.

In either of the above situations, consideration should be given by the Chair of the meeting as to whether there should be a notification to the Surrey Safeguarding Adults Board Serious Case Review Group to examine the circumstances involved. See section 4.7.

2.14 Adults at risk who make repeated or unfounded allegations

Where a person who uses services has made repeated allegations of abuse which have each been thoroughly investigated and found to be unsubstantiated, the person who uses services multi-disciplinary team together with the Social Worker / Care Co-ordinator involved may agree that making repeated allegations is part of the person's normal repertoire of behaviour / illness.

If this situation arises a robust multi-agency risk management plan must be developed in recognition that similar future allegations may be made. This must consider measures to protect those who are at risk of being falsely accused, which could include staff who need to continue to provide care, treatment and support for the person using services, within their own home, a hospital of residential setting.

If a new allegation is subsequently made and following review presents the same issues as before then the allegation should be managed and recorded as agreed in the risk management plan.

However, if must be recognised that a person who uses services who has a history of making unfounded allegations may be particularly at risk of harm / abuse. Therefore all new allegations must still be taken seriously and reviewed and if the allegation presents different issues than specified in the risk management plan than the concern should be reported as per section 2 as a new Safeguarding Adults Alert.

2.15 Adults at risk who may witness abuse or a crime

Adults at risk may witness a crime or acts of abuse or have knowledge of abuse that has been disclosed to them by a friend or someone else they know. They need to be supported to express their concerns and make an alert as detailed in section 2.3 to Adults Social Care or Integrated Teams (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams).

Managers and staff should:

- Be open to the potential that an adult at risk may witness a crime or abuse and report what they have seen
- Do not minimise or dismiss an allegation of crime or abuse because the allegation is being made by an adult at risk
• Reassure the adult at risk that their disclosure and information they have shared will be taken seriously
• Reassure the adult at risk that the information will be treated confidentially, while informing them that their concerns will need to be shared if the person being reported or others are at risk
• Reassure the adult at risk that they will be informed of what is happening
• Advise the adult at risk not to approach the alleged abuser or discuss with or question other people about what they have seen and heard
• Record what the adult at risk has said and any comments/questions made by any staff members as per section 2.12. This record will be shared with the agencies undertaking any investigation of the alleged crime and/or abuse and is a potential source of evidence to the police and may also form the basis for a formal interview at a later date with the adult at risk reporting the allegation.

Consideration will be given to giving the adult at risk a written copy of the allegation they have made, however staff need to be mindful of any possible security issues relating to the keeping of such a document in the person’s home.

2.16 Where an adult at risk is the person alleged to have caused harm and who also reports that they have been abused

If during the course of an interview with the person alleged to have caused the abuse or harm, under the Police and Criminal Evidence Act 1984 (PACE), they themselves make an allegation of being a victim of abuse, the Police will make a referral to Adults Social Care or Integrated Health Teams, including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams, and the Safeguarding Adults Procedures will be followed. The timing of the referral will depend on the circumstances. In such circumstances a second investigator from the appropriate agency will be appointed to investigate the other person who is alleged to have caused abuse or harm. This is in order to avoid a conflict of interest.

All those involved with the provision of care for adults at risk in a twenty-four hour health or social care setting must be alert to the possibility of abuse by other adults at risk. When another adult at risk, resident in a twenty-four hour health or social care setting, allegedly causes the abuse, it is necessary to follow the procedures for both the alleged abuser(s) and the victim(s).

Where the organisation is both the commissioner and provider of services, is providing health or social care services and is also investigating an allegation of abuse, it is considered good practice that there should be independent oversight of the organisations response to this type of allegation.

2.17 Psychotherapy and Counselling

Once an investigation has been completed and if the Crown Prosecution Service has decided to proceed with legal action, then consideration should be given as to how to provide formal therapeutic support to the person
involved with services. The paramount duty of staff is to promote his or her health and welfare by providing any psychotherapy or counselling required, whether or not it relates to the specific incident. This paramount duty must however, be balanced against the possible risk that the proposed psychotherapy or counselling might prejudice the legal proceedings. Before any such psychotherapy or counselling is started, the issues should be discussed with the person who uses services solicitor.

See ‘Provision of Therapy for Vulnerable or Intimidated Adult Witnesses Prior to a Criminal Trial’ for further information:

http://www.cps.gov.uk/publications/prosecution/pretrialadult.html

2.18 Interface between Safeguarding Adults and Safeguarding Children Procedures

Where it is identified through the safeguarding adults process that a child may be at risk the concern must be referred immediately to the Surrey Safeguarding Hub, Telephone Number: 01372 832276. The Safeguarding Hub will ensure that the information is passed to the relevant Surrey County Council Children’s team so that an assessment and risk assessment can be completed and further action taken if required.

There must be a ‘families’ approach to safeguarding adults. It should not be necessary for separate safeguarding meetings to be held for an adult at risk and a vulnerable child identified in the same alert. A decision will be made as to who will lead the safeguarding process, whether it be Adult Social Care or Children’s Services. Regardless of who takes the lead there should be appropriate representation from both Adults and Children’s services within this joint process.

2.19 When to close the safeguarding adults process

The safeguarding adults process may be closed at any stage if it is agreed that an ongoing investigation is not needed or if the investigation has been completed and a protection plan is agreed and put in place.

In most cases a decision to close the safeguarding adults process is taken at the case conference or at a conference review.

The Chair of the meeting must reach agreement to close the process with all organisations that have been involved in the investigation and protection plan.

The closing process must be signed off by the responsible Adult Social Care manager (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) who will confirm that all actions have been completed.
2.20 Actions on closing

The responsible Adult Social Care manager (including SABPFT Working Age Adult Mental Health, Drug and Alcohol and Forensic Community teams) should ensure that on conclusion of the process:

- all actions are completed or are in progress
- all case records are completed
- case records contain all relevant information and completed forms
- the person at risk knows that the process is concluded and where / who to contact if they have any future concerns about abuse
- all those involved with the person know how to re-refer if there are renewed or additional concerns
- where identified a referral has been made to the appropriate professional body and / or to the Disclosure Barring Service (DBS)
- all evidence and decisions are adequately recorded
- the referrer is notified of completion
- all relevant partner organisations are informed about the closure
- the necessary monitoring forms and all data monitoring systems are completed.

Feedback must routinely be sought from the adult at risk about their experience of the process and whether they are satisfied with the measures that have been put in place and if they feel safer. This will be undertaken by a service user evaluation face to face interview.

The case may remain open to care management or the care programme approach systems, in which case the situation will be reviewed and monitored through those processes. This will include monitoring and review of the protection plan as necessary.