

Bury Adults Safeguarding Guidance Notes

Introduction

This document relates to the internal processes and documentation for Bury Council Social Work Teams only and takes its basis from the Bury Safeguarding Adults Multi Agency Policy and Protocol.

As a practitioner working within Adult Care Services, this document will hopefully give you the detail under Multi Agency Policy and Protocol.

Within Bury Adult Care Services the Safeguarding Adults Process has been split into 9 consecutive stages which includes 2 “pre referral stages”. The “pre-referral stages” do generally fall to provider agencies; however as a practitioner within Adult Care Services you would also need to complete these stages should you identify adult abuse.

The main stages, once an alert has been referred into Adult Care Services are identified as Stages 1 – 7; and outline Adult Care Services’ responsibility once a safeguarding alert has been raised. Please note however that for stages 2-7 the person with the responsibility for overseeing the process is the Manager in charge of the Case.

This document is split into 3 Sections:

- **Section 1** – Will give you detailed guidance on what needs to happen at each stage. At the beginning of each section there will also be an indication of what forms you need to use within each section. The section begins with a summary flowchart.
- **Section 2**- Will navigate you through how to use the new protocol forms
- **Section 3** – Contains links to relevant associated documentation.

This process should be used when abuse of adults at risk is identified or suspected.

Content:

.Heading		Page Number
Section 1- Practice Guidance		
1.1	Process flowchart	
1.2	Pre Stage 1 – Identification of Abuse	
1.3	Pre Stage 2 – Raising an Alert	
1.4	Stage 1 – Receipt of Safeguarding Referral	
1.5	Stage 2 – Decision to Proceed	
1.6	Stage 3 – Strategy Meeting/Discussion	
1.7	Stage 4 – Investigation	
1.8	Stage 5 – Outcome of Investigation	
1.9	Stage 6 – Review	
1.10	Stage 7 – Case Closure/Serious Case Review and Lessons Learnt	
Section 2 Guidance Re: Protocol Form Completion		
2.1	SF1 – Safeguarding Alert Form	
2.2	SF1a – Body Map	
2.3	SF2 – Record of Discussions and Outcomes	
2.4	SF3 – Strategy Outcomes	
2.5	SF4 – Risk Management and Protection Plan	
2.6	SF5 – Investigating Officer Report	
2.7	SF6 – Summary and Outcome of Safeguarding Investigation	

2.8	SF7 – Review Meeting /Discussion Outcomes	
2.9	Closure Form	
2.10	ST1 – Strategy Meeting Minutes Template ST2 – Investigation Outcome Meeting Minutes Template ST3 – Review Meeting Minutes Template ST4- Meeting Attendance Sheet and Confidentiality Statement ST5-Safeguarding meeting minutes template (for extraordinary meetings as required) ST6- Feedback on Outcome or Review Meeting Actions	

Section 1 – Practice Guidance

1.1 Process Flow Chart

The flowchart below is intended as an overview of the Adult Care Services Safeguarding Adults process, who has overall responsibility for each stage and an indication of which forms (highlighted in yellow) need to be utilised.

Throughout the process it is essential that the views of the adult at risk (and or their advocate) are sought, and that they are kept up to date with the process of an investigation should one take place. This responsibility will fall to the manager in charge of the referral/investigation.

Pre Stage 1 – Identification of Abuse

Action at this stage is everyone's responsibility.

- 1) Abuse is identified.
- 2) Emergency action taken where needed.

Pre Stage 2 – Gathering Information and Raising and Alert

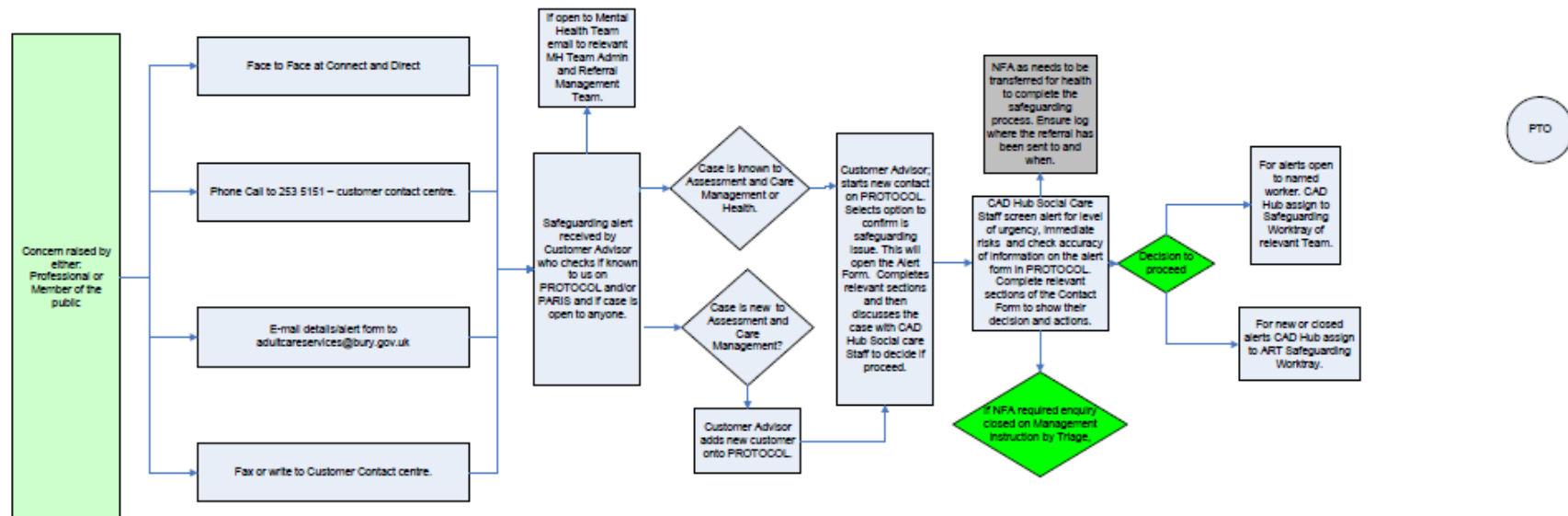
Gathering Information and Raising an Alert:

Action at this stage is everyone's responsibility.

- 1) Gather initial information.
- 2) Consult with adult at risk (or rep) re: consent.
- 3) Check to see whether this meets the safeguarding adults threshold.
- 4) If above is positive raise Alert with Adult Care Services (SF1 and risk assessment)

Safeguarding Process for Adult Care Services

Alert stage and Triage decision to proceed (must be completed Immediately of receipt of Alert).



Note: If any Safeguarding Alerts are received in any other teams or buildings, they should all be forwarded to 5151 before any work is carried out

Pre Referral Stage 1 – Identification of Abuse

Documents associated with this stage – none. However, case notes will need to be updated with a record of the incident and any actions taken.

Pre Referral Stage 1		
Person Responsible	Timescale	Activity Summary
Anyone within Adult Care Services Workforce.	Immediately if an emergency Or Completed within 4 hours of the same working day	<ul style="list-style-type: none">• Act to protect an adult at risk;• Respond to immediate needs;• Contact emergency services;• Preserve evidence;• Report to a responsible manager within own agency; and• Record incident.

Identifying a concern/ alert

A concern/ alert is a feeling of anxiety or worry that an adult at risk is, may have been, or might be a victim of abuse. A concern/alert may be:

- Possible signs of abuse observed;
- A direct disclosure by the adult at risk;
- An observation of inappropriate behaviour either by or towards an adult at risk by another person(s) including service user(s);
- Concerns that possible poor practice by a practitioner or agency could or has resulted in harm to an adult at risk; and
- A concern for welfare/ care of an adult at risk raised by staff or volunteers, others using the service, a carer or a member of the public.

Please refer to the **Safeguarding Adults Thresholds** to determine whether you are reporting a concern or making a safeguarding adults alert.

A concern identifies where the adult at risk has come to no harm or where the risks of harm occurring are considered to be low. A need for a prevention strategy has been identified to prevent harm from occurring and this may not need multi-agency intervention or a protection plan but could be dealt with through monitoring.

A safeguarding alert identifies where the risks of harm to an adult at risk are considered to be moderate/ high/ or extreme and as such the adult is in need of protection. The adult remains at risk and there is a need for multi-agency investigation and intervention to protect the adult at risk from further abuse or neglect.

What is Abuse?

Abuse is a violation of an individual's human and civil rights by another person or persons which results in significant harm. (DH, 2000).

Abuse includes physical, sexual, emotional/psychological, financial, discriminatory abuse and acts of neglect and omission. Though it must be remembered that an adult at risk can face more than one type of abuse at a time (domestic abuse) or more than one person causing harm

(institutional abuse). Individuals, groups, or an organisation may be responsible for causing harm to one or more adult at risk.

Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or appropriate care tasks.

Categories of Abuse

Within ACS, for national recording purposes, we “categorise” abuse. The categories are as follows:

- Physical Abuse – includes hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
- Sexual Abuse – includes rape and sexual assault or sexual acts to which the ‘adult at risk’ has not consented, could not consent or was pressured into consenting;
- Emotional/Psychological Abuse – includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks;
- Discriminatory Abuse – including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment;
- Financial Abuse – includes theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- Neglect and Acts of Omission – includes ignoring medical or physical care needs, failure to provide access to appropriate healthcare, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;
- Institutional Abuse – includes the mistreatment of people brought about by poor or inadequate care or support or systematic poor practice that affects the whole care setting.

The **primary abuse** should always be that which places the adult at risk at the most significant level of risk.

Domestic Abuse We do not separately categorize Domestic Abuse, as this type of abuse can cover many different abuse categories

Domestic Abuse includes any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial, and emotional) between adults aged 18 and over, who are or have been intimate partners or family members regardless of gender and sexuality;

If you are raising an incident of Domestic Abuse, record what the primary abuse type is i.e. physical abuse.

Pre Referral Stage 2 – Gathering Information and Raising an Alert

Documents associated with this stage – risk assessment, form SF1 and SF1a

Pre Referral Stage 2		
Person Responsible	Timescale	Activity Summary
Anyone within Adult Care Services Workforce.	Immediately or within 1 day of identification of abuse.	<ul style="list-style-type: none">• Gather initial information and clarify facts;• Complete an interim risk assessment/ protection plan;• Take immediate; action to identify and address risk;• Consult with the adult at risk of abuse and relative, carer or friend as appropriate to determine their consent, views and wishes;• Decide if concern or a referral under the safeguarding adults procedures is needed by referring to the Bury Safeguarding Adults Thresholds Tool.• Where appropriate complete alert form and send to Adult Care services contact centre either by using fax 0161 253 7198 or adultcareservices@bury.gov.uk

Risk Assessment

Risk assessment and risk management are central to the safeguarding adults' process. A risk assessment must be undertaken when a concern or an alert is raised. This should clarify the degree of risk to the adult at risk, other adults 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 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 adult'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 risk of future harm from the same source.

The risk assessment should take into account wider risk factors, such as the risk of fire in the adult's home.

The safeguarding adult risk management and protection plan (SF4) that is put in place aims to remove or minimise risk to the adult, and others who may be affected if it is not possible to remove the risk altogether. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop.

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.

Stage 1 Receipt of a Safeguarding Referral

Documents associated with this stage – Referral to Safeguarding Adults Thresholds needed, forms Contact (includes SF1) & SF2

This stage is initially a processing stage, whereby the alert is raised and is entered onto ACS electronic systems as a Safeguarding Referral.

Stage 1		
Person(s) Responsible	Timescale	Activity Summary
1. Contact and Direct Hub 2. Manager in charge of the case	Immediately or within 1 day of identification of abuse.	<p>Contact and Direct Hub An alert can be received either verbally or electronically, however once received it needs to be entered onto Protocol. Every referral must go through to Adult Care Services Contact Centre where it will be entered onto the system. Receive alert and enter onto PROTOCOL then pass onto Social Worker.</p> <p>Social Worker to manage any immediate risks and complete any actions as necessary, these are recorded in the Contact Form on PROTOCOL. The Social Worker will inform the referrer (where appropriate) re: any action taken. Decision then made as to whether to proceed as a safeguarding and record this on the contact form. If to be dealt with by assessment and care management then assign to Team Safeguarding Worktray. If Mental Health then make referral to their Referral Management Team. IF case to be investigated by Health then refer to them.</p> <p>Triage Team (closed or new referrals):</p> <ul style="list-style-type: none"> • Complete gaps on form SF2 and “triage only section”. • Conduct initial fact finding and deal with any immediate issues /risks – recording SF2. • Decision made whether 1) meets thresholds 2) process through safeguarding route. • Advise referrer <p>Manager in charge of the case (referrals open to a team):</p> <ul style="list-style-type: none"> • Conduct initial fact finding and deal with any immediate issues /risks – recording SF2. • Decision made whether 1) meets thresholds 2) process through safeguarding route. • Advise referrer

Stage 2 Decision to Proceed

Documents associated with this stage – SF2

This stage is the point at which a decision to proceed through the Safeguarding Process is made or whether alternative more appropriate pathway is selected.

Stage 2		
Person Responsible	Timescale	Activity Summary
1. Manager in charge of the case. 2. Social Worker	Immediately if an adult at risk or a child is at immediate risk. Otherwise no more than 1 working day from receipt of alert.	<ul style="list-style-type: none">• Gather facts• Assess and deal with immediate risk• Identify if any similar alerts have been raised• Seek the views from the adult at risk.• Cross reference with other protocols i.e. MARAC, MAPPA etc.• Based on above decide to proceed/or not.• Identify further action.• Advise adult at risk re: action and where appropriate advise referrer and carer.• Involve and inform other agencies as appropriate (including IMCA service).• Where a case has not met the safeguarding thresholds but can be dealt with by the referring/supporting organisation, ask the organisation to report back action taken to safeguard the adult at risk.• Record all discussions, actions and risk management on the SF2 form.• If decide to proceed then arrange a Strategy Meeting/Discussion.

However, ultimately it is the responsibility of the Manager to whom the referral has been allocated to make the decision as to whether to proceed.

Receiving a referral and gathering the facts

The Manager in charge of the case can be from any of the Adult Social Care Teams i.e. Community Mental Health Team Manager/, Complex Care Team Manager or equivalent position in other departments.

The Manager in charge of the case should first of all clarify the basic facts i.e.:

- Who is involved in the allegation?
- Is the adult at risk a person who is vulnerable as identified by “No Secrets”.
- Do the allegations relate to third part abuse or neglect?
- Is there a likelihood of significant harm?
- Has consent from the adult at risk been obtained?
- Have there been any similar alerts relating to this person, or possibly to the person causing harm?
- Has immediate action been taken to deal with risk/potential risk?

Note: This not an investigation but will enable an informed decision about the level of risk and the process to be followed to be made and could involve contact with the person making the

referral and a brief discussion with the adult at risk, but not with the person alleged to have caused harm;

- If the allegation is a potential crime there must be immediate liaison with the police to avoid contamination of evidence; and
- Inform other relevant agencies of the nature of the allegation and the actions being taken.

Decision to accept as a safeguarding adults' referral

The following factors apply when making a decision to accept a referral:

- The adult at risk may not have the mental capacity to make decisions about their own safety;
- The abuse or neglect has occurred on property owned or managed by an agency with a responsibility to provide care;
- The person causing the harm is:
 - Staff; or
 - a volunteer(s);
- Other people are at risk from the person causing harm and they are also adults at risk.

In the above situations, action should be taken under the safeguarding adults process even if the adult at risk does not want any action taken. However, they should be informed of the decision, the reason for the decision and reassured that no actions will be taken which affect them personally without their involvement.

In other situations, for example, domestic violence, if, in consultation with relevant agencies, there is seen to be a high level of risk, a multi-agency strategy discussion or meeting may be held even if the adult at risk does not want any action taken. This would enable discussions around providing the adult at risk with support and signposting to relevant agencies, for example, Victim Support, counselling services and housing services.

If the concern indicates high-risk domestic violence, a referral should be made to the MARAC (the Domestic Violence – Multi Agency Risk Assessment Conference) this can be done through the Operations Manager.

Concerns raised regarding adults with so-called 'low level needs' will not be excluded from action under the procedures where there are risks that the harm to the adult puts their independence and well-being at risk and leads to a deterioration in their ability to protect themselves. All adults are entitled to an assessment and in some situations it may be appropriate to signpost adults with low level needs to other agencies for support rather than take action under the procedures. Adults with 'low level needs' may include:

- Adults with low-level mental health problems/ borderline personality disorder;
- Older people living independently in the community;
- Adults with low-level learning disabilities;
- Adults with substance misuse problems; and
- Adults self-directing their care.

Decision not accept a safeguarding adults' referral

It may be decided not to continue through the safeguarding process once the initial fact finding has been completed, for example in cases where:

- The situation does not involve abuse, neglect or exploitation, in which case another service/ procedure may be appropriate;
- The adult at risk is not an adult who is covered by these processes. They can then be signposted to other services or resources;
- The adult at risk has the mental capacity to make an informed choice about their own safety; there is no public interest or vital interest considerations and they choose to live in a situation in which there is risk or potential risk; and
- Concerns raised where the adult at risk has come to no harm but prevention strategies, risk assessment/risk management, support and signposting needs to take place to prevent further incidents.

If a decision is made not to follow the safeguarding adults' procedures a record must be made highlighting the reasons (use form **SF2**). The agency who made the referral must also be informed of the decision, the reasons for it and information given about any alternative services which have been offered, if this does not breach the adult's confidentiality. The Manager in charge of the case will also designate the most appropriate person to feed back to the adult at risk.

Where the adult does not have mental capacity, they should still be included in the process. Feedback should also be given to any person acting in their best interests, for example, their carer, court appointed deputy or Independent Mental Capacity Advocate.

If the referrer/referring agency does not agree with the decision that has been made, they need to first raise these issues with the Manager in charge of the case. If they are still not satisfied they can contact Head of Vulnerable Adults who will aim to resolve the situation. If the disagreement remains unresolved, a complaint can be made to the ACS complaints officer using the standard complaints procedure. (also see Bury Safeguarding Adults Multi Agency Policy)

Did Not Meet Thresholds - In some instances the referral may not meet the safeguarding thresholds i.e. "physical abuse" inexplicable marking found on one occasion. These types of incidents require that the staff within the provider organisation where the abuse is alleged to have happened will investigate and report back – there is not set "format" for reporting this information as different providers use different recording mechanisms. However, as a basic requirement the provider organisation should report:

- 1) The details of the incident i.e. what happened, what harm occurred.
- 2) What the views of the adult at risk were about the incident.
- 3) What the organisation have done in relation to their action and any prevention work.

Where the adult at risk may not have mental capacity to consent to the process

Where there is concern that the adult at risk may not have mental capacity to make relevant decisions, it is important that their capacity is appropriately assessed as soon as possible. It may be established that with appropriate support, they are able to make their own decisions:

- If it is established that the adult at risk lacks capacity, feedback will be given to them and anyone who is acting in their best interests, unless that person is implicated in the allegation; and
- If the adult at risk has no suitable family or friend who can be consulted regarding their best interests, an advocate or an IMCA should be instructed in line with the local IMCA referral policy..

The Manager in charge of the case will, in consultation with other relevant agencies, decide what information will be fed back to the person causing the harm.

Where the adult at risk has mental capacity to consent to the process

Where the adult at risk has mental capacity to make decisions about their safety, you must:

- Find out from them what is happening;
- Talk to them about your concerns;
- Carry out a risk assessment with them to find out if they understand the risk and what help they may need to support them to reduce the risk if that is what they want;
- Be satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation if they decline assistance; and
- Reassure them that they will be involved and supported in all relevant decisions and actions that are taken to protect them.

Where the adult at risk may require a medical examination

Should it be necessary as part of the investigation to arrange for a medical examination to be conducted, the following points should be considered:

- The rights of the adult at risk;
- Issues of consent and ability to consent;
- The need to preserve forensic evidence;
- The involvement of any family members or carers; and
- The need to accompany and support the adult at risk and provide reassurance and the identification of someone appropriate to do so (consider an advocate).

Stage 3 Strategy (discussions and meetings)

Documents associated with this stage – SF3, SF4 and ST1 and ST4

Stage 3		
Person Responsible	Timescale	Activity Summary
Manager in charge of the case	<p>Strategy discussion within 2 working days of receipt of referral.</p> <p>Strategy meeting within 5 working days of receipt of referral.</p>	<ul style="list-style-type: none"> • Ensure discussion/meeting is facilitated within timescales. • Identify agencies that need to be involved (including CQC, Contracts etc) • Determine whether police involvement is needed • Set clear objectives and actions for all involved. • Commission further assessments if required (mental capacity/community care etc). • Involve and inform the adult at risk/their rep. • Inform regulatory authority (as appropriate) • Ensure appropriate protection plan is in place. • Ensure minutes of the meeting/discussion re recorded on ST1 and those in attendance complete ST4 and these are on PROTOCOL. • Complete SF3 on PROTOCOL to show outcome of Strategy. • Complete Risk Assessment and Protection Plan (SF4) if required.

Purpose of the strategy discussion/meeting

- To agree a multi-agency plan to investigate the abuse allegations.
- Assess the risk to the adult who is being harmed and address any immediate needs.
- To coordinate the collection of information about the abuse or neglect.

The strategy discussion/meeting must:

- Consider the wishes of the adult at risk and whether consent has been given;
- Agree whether an investigation will take place, and if so, how it should be conducted and by whom using the gathered information;
- Undertake risk assessment;
- Agree a protection plan; (SF4)
- Make a clear record of the decisions;
- Record what information is shared;
- Agree an investigation plan with timescales;
- Agree a communication strategy;
- Consider whether a child (under 18 years) may be at risk; and
- Circulate decisions to all invitees within five days.

The strategy discussion/meeting takes place before the investigation. The commencement of a police investigation is an exception to this when vital evidence gathering is required. An agency should not begin an investigation prior to a decision by the multi-agency strategy discussion/meeting.

The strategy discussion/ meeting should reach an agreement about respective roles and responsibilities of agencies during the investigation, including agreement on lead responsibilities, specific tasks, cooperation, communication and the best use of skills.

Agencies Overview of Responsibilities

External agencies involved with the referral will need to contribute by, where appropriate, fulfilling the following roles, however, it is good practice to ensure on initial contact that the person identified as lead for that agency understands their role and what is expected of them:

- Continuing to support and feedback to the adult at risk and the agency worker who raised the concern/ alert;
- Identifying who will be the responsible person within each participating agency for any agreed actions;
- Contribute what information is known about the potential risk and provide/ receive advice/ information towards an interim protection plan;
- Keeping a record of all conversations, discussions and decisions at this stage;
- Feed back as required to the Manager in charge of the case; and
- Meet any other requirements to provide information internally or to external bodies.

All agencies involved in the investigation should have regard to other responsibilities or the legal powers, for example, employment law, criminal law and clinical governance.

Strategy Stage

Progression through the strategy discussion and meetings is a multi agency responsibility and all agencies involved have an equal part in ensuring protection of the adult at risk is prioritised. However the responsibility for coordinating the strategy stage where the safeguarding case sits with Adult Care Services will be that of the Manager in charge of the case.

The strategy stage could be a discussion by telephone if holding a meeting would involve a delay and place the adult at greater risk or where few agencies are involved and a meeting is not necessary to ensure that a protection plan is put in place.

If a strategy discussion is held, it may still be necessary to hold a follow up strategy meeting, and more than one strategy meeting or discussion may be necessary. The Manager in charge of the case will ensure that a multi-agency strategy discussion and/ or meeting is convened and chaired, and minutes taken and circulated and decisions formally recorded (**form SF3** and template **ST1** and **ST4**)

A strategy discussion should be held within 2 working days of an alert being raised. A strategy discussion should be held where immediate action is needed to protect the adult at risk; the information should be passed to the agency that is in the best position to carry out the action as quickly as possible. Agreement should be reached on what action they will take, including reporting back to the Manager in charge of the case.

Information shared at the strategy stage is strictly confidential. The information should not be shared for any purpose other than the protection and care of the adult(s) at risk of abuse and/ or neglect. Permission must be obtained from the agency that gave the information if another agency wishes to use it.

A strategy meeting should be held within 5 days of an alert being raised. A strategy meeting is a meeting of professionals to decide the process to be followed after considering the facts. There must be careful consideration about inviting the adult at risk. In a very small number of cases, it may be appropriate to invite the person causing harm. However, this decision must be taken with care as their presence may compromise the meeting.

Every effort should be made prior to the meeting to explain its purpose to the adult at risk to find out their concerns, what they want to happen and how they want to be involved in what is decided. The strategy meeting must decide who will feed back the decisions of the meeting to the adult at risk.

Deciding whether to hold a strategy meeting

A decision to hold a face-to-face strategy meeting will be based on the following factors:

- The potential risk to the adult being harmed;
- The risks to others from the person causing harm;
- Whether several agencies have concerns and need to share information;
- Whether there may be a number of investigations by different agencies;
- Whether there may be legal or regulatory actions;
- Whether the allegation involves a member of staff/ volunteer/ or the safety of a service; and
- Whether the situation could attract media attention.

A decision not to hold a strategy meeting might be made because there is sufficient information to indicate that:

- The adult is not at risk of abuse or neglect and there is no need to investigate or take further action under the procedures. The decision will be recorded with the reasons and an alternative plan formulated if necessary; and
- No formal investigation is needed and a protection plan can be put in place to remove or reduce the risk to the adult. The adult at risk agrees with this decision and with the plan. The plan should specify a time for review and indicators of risk that might trigger further action under the procedures.

Who should attend a strategy meeting?

Attendance at the strategy meeting should be limited to those who need to know and who can contribute to the decision-making process. Officers who have a role in investigating the allegation of abuse or neglect, responsibility in the assessment of the risk to the adult at risk, or for taking action in relation to the person causing the harm should be asked to attend.

Attendees need to be of sufficient seniority to make decisions within the meeting concerning the agency's role and the resources they may contribute to the protection plan.

Any agency requested to attend a strategy meeting should regard the request as a priority. If no one from the agency is able to attend, they should provide information as requested and make sure it is available at the meeting.

Attendees may include:

- The Adult Social Care Services Manager or key worker if the case is known to them;
- The care coordinator of the Community Mental Health Team if the case is known to them;
- The police, if there are concerns that a crime has been committed;
- The person making the referral, if they are a professional;
- An officer from the CQC in line with their safeguarding adults' protocol with regard to registered care homes;
- A health professional;

- The IMCA or other advocate (if an IMCA has not been instructed a decision must be made as to whether to do so. An agency which does not have authority to appoint an IMCA should discuss this with the Manager in charge of the case, who can ensure that one is instructed as necessary);
- Other staff from adult social care who have a role to play/ relevant involvement such as Contracts and Quality Assurance Officers;
- The manager of a provider service unless they are named in the allegation, in which case advice should be sought from the CQC as to who should attend;
- A representative of the Council's legal department or client affairs officer;
- A representative of any other agency which has a role to play;
- A child protection coordinator, if there are also child protection concerns;
- The Safeguarding Adults Lead for health; and

If the allegation involves a member of staff or paid carer, the strategy meeting will be attended, where appropriate, by:

- The authorised officer for contracts;
- The commissioning manager;
- The human resources (HR) officer;
- The line manager of the member of staff; and
- A senior manager of the employing agency.

In cases where a crime has been reported and is being investigated by police all subsequent action by other agencies must be coordinated with them. The police officer in charge of the investigation should be invited to the strategy meeting. If the officer in charge is unavailable to attend, a strategy discussion should take place on the telephone and the outcome noted on the police information system as applicable.

The police investigation could take some time and other agencies could have duties to take action. Agreement must be reached at the strategy stage, either in a strategy discussion or meeting between the police and other involved agencies about what actions they can take and when.

Managers in charge of the case who experience difficulty in obtaining a responses from relevant agencies should report any concerns to their manager or Head of Service to pursue through strategic multi-agency partnerships.

Further considerations for the strategy discussion/ meeting are: -

- Identification of possible personal safety issues for investigating officer.
- In cases where a potential or actual crime has been reported and is being investigated by police, invite the police to the strategy meeting. If the police are unavailable to attend, hold a strategy discussion on the telephone.
- Early identification of the likely need for witness support and special measures.
- Action that may lead to legal proceedings should take precedence over other proceedings and there should be discussion and coordination of those processes to avoid prejudicing such investigations.
- If there are going to be a number of investigations, the meeting or discussion will decide in what order the various investigations, assessments and enquiries should take place.
- Where joint investigations or assessments are planned, there should be clear agreement between the agencies concerned as to their respective roles and responsibilities.
- Agree how communication will be maintained during the investigation.

- Identify who will be the responsible person within each participating agency for any agreed actions.
- Identify whether there are children at risk and agree referral routes.
- If the situation indicates that the adult at risk is being subjected to domestic violence and the risks are high, agree a referral to MARAC. Designate the agency and the person who will complete the MARAC risk assessment and make the referral. This can be done via the Safeguarding Operations Manager. The MARAC process does not replace the safeguarding adults' process, but adds benefit to any risk assessment.
- If the alert was made by a service user or a member of the public about abuse or neglect within an agency, the agency's complaints procedure could form part of the investigation and risk assessment. A decision will be made on a case-by-case basis as to whether the complaints process is suspended pending the outcome of another investigation.

Providing Support to the adult at risk

- Clarify the key issues of risk faced by the adult at risk;
- Decide who will interview and record the account of the adult at risk;
- Decide who will ensure the adult at risk is involved in the process to the maximum of their willingness and ability, and how this will be achieved;
- Decide who will support the adult at risk in a formal investigation and ensure that their needs for support and protection are met;
- Clarify the mental capacity of the adult at risk to make decisions about their own safety. Arrange for an assessment by the most appropriate person, if required;
- If the adult does not have mental capacity, decide how they will be supported to be involved as much as they are able and whether an IMCA should be instructed;
- Identify if the adult needs advice, support, assistance or services under community care legislation;
- Identify any communication needs of the adult at risk;
- Identify who will keep the adult at risk informed and what information can be shared with them; and
- Where the adult has capacity, ensure their wishes are respected as to sharing of information with relatives and/ or carers (unless there is a duty to override their decision).

Action to be taken if the person causing harm is also an adult at risk

Adults at risk may themselves cause abuse or neglect. The identification of indicators that such a person (for example, another service user or a carer) may potentially cause harm should be included as part of any risk assessment. If a criminal offence is disclosed, reporting to the police should be considered.

Assessment of the risk posed by an adult at risk who has allegedly caused harm should include an assessment of the nature of the risk. This assessment may result in the provision of community care services to the person who is alleged to have caused the harm.

If an adult at risk is identified as a person who may potentially harm then this should be addressed as part of their care plan, including:

- Undertaking a risk assessment;
- Devising a protection plan;
- Devising a treatment plan;
- Having in place a contingency safety plan; and
- Making arrangements for monitoring and reviewing plans.

Plans should involve all relevant professionals as well as family and carers where appropriate.

Supporting the person allegedly causing harm

- Decide who will interview the person allegedly causing harm and/or give them information about the allegations (and when this should happen) This will usually be the investigating officer;
- If the person allegedly causing harm is a member of staff or a volunteer, confirm that the relevant regulatory authority has been informed;
- The primary concern must be the safety of the adult at risk, but the person allegedly causing harm has a right to have information about any accusations and the process that will be followed;
- Decisions about notifying the person allegedly causing harm need to be made at the strategy meeting, weighing up potential repercussions or further risk of harm;
- If the person allegedly causing harm is also an adult at risk, a decision must be made about how their needs are to be met during the investigation. For example, if they lack capacity, they will also need someone who can represent them, possibly an IMCA;
- Identify if the person allegedly causing harm needs advice, support, assistance or services under community care legislation; and
- Cases where the person alleged to have caused harm is a family member, friend or carer need to be treated with particular sensitivity. For example, work may need to be done to make sure the person alleged to have caused harm understands what abuse is. A carer may also need a carer's assessment.

Specific decisions to be taken at the strategy meeting when the person alleged to have caused harm is also an adult at risk

The primary focus of the strategy meeting or discussion is the adult at risk. It may be necessary however to hold a separate multi-agency meeting to meet the needs and address the behaviour of the person causing the harm. However, decisions that will need to be taken at the strategy meeting in relation to the person causing the harm will include:

- How to coordinate action in relation to the adult at risk causing the harm;
- Identification, and allocation, of a separate care manager/ care coordinator in order to ensure that their needs are met and that a care plan is devised to ensure that others;
- Identification of who should be involved in the investigation and development of the interim protection plan;
- Whether there is likely to be a criminal prosecution (if known at this point); and
- What information needs to be shared, and with whom.

The Manager in charge of the case will maintain communication with those concerned with the care of person causing harm.

Possible outcomes of the Strategy Meeting/Discussion

1. Continuing the safeguarding adults' process

The safeguarding adults' process will continue and an investigation/ joint investigation and risk assessment will take place.

If a decision is taken at the strategy stage to continue with a safeguarding investigation, agreement should be reached on the following matters:

- Whether the strategy and risk management/protection plan will need to be reviewed during the investigation;
- The timescale in which the investigation should take place. The investigation should begin as soon as possible after the strategy meeting or discussion and be **completed within 28 days of receipt the safeguarding adults' referral**;
If, due to the complexity of the investigation, it is clear from the outset that a longer timescale will be required, this must be agreed with all relevant agencies and recorded at the strategy meeting or within discussion notes;
In the above situation it may be necessary to hold a further strategy meeting to ensure that a review is made of protection arrangements;
- Who will conduct the investigation and the reasons for them being chosen as investigator. (SF3)
- A date for an Outcome of Investigation Meeting.

If it is decided that an investigation will be undertaken by the agency in which the concern arose, the Manager in charge of the case must ensure that:

- The adult(s) at risk is protected by implementing an immediate protection plan (SF4)
- Only essential information is shared within the agency on a need-to-know basis.
- Staff or teams delivering services to the adult at risk are adequately resourced and are supported to implement the protection plan.
- If the person causing the harm is also a service user, ensure that staff delivering services to them are adequately resourced and supported to deliver the protection plan.
- The protection plan is reviewed at regular intervals as long as the risk exists.
- A further referral is made to the multi-agency safeguarding adults process if the monitoring and reviews show that the protection plan is not working.

2. Cooperation with Parallel investigations

A referral can trigger various processes that amount to a formal investigation, for example, a criminal investigation, or disciplinary procedures action under Serious Incidents policies in health, or less formal investigative processes. Such investigations might include:

- A police investigation if a crime might have been committed.
- An investigation by the CQC, if the concern arose in a regulated service.
- An investigation under care management or the Care Programme Approach.
- An assessment of a carer's needs.
- Action by employers such as suspension and an investigation under disciplinary procedures if the concern indicates that the abuse or neglect was caused by a member of staff or paid carer.
- Investigation of a complaint by the complaints department of an agency.
- An investigation by the Office Public Guardian if the concern is about an attorney created under a lasting or enduring power of attorney or a court-appointed deputy.
- Referral to the Court of Protection for a decision, declaration order or the appointment of a deputy.
- An investigation by the Department for Work and Pensions if the concern is about the misuse of appointeeship or fraud in relation to benefits.
- Action for breach of contract terms.
- A referral to MARAC where the allegation indicates domestic abuse and there is a high risk to the adult.
- An investigation into a situation where forced marriage could be indicated.

These investigations and processes supplement and are in addition to the safeguarding adult's investigation. Where there are parallel investigations discussions need to be held to determine whether to carry out single or joint investigations. The benefits of a properly coordinated joint investigation will achieve more than a series of separate investigations. It will ensure that evidence is shared, avoid repeat interviewing and will cause less distress for the person who may have suffered abuse. Where separate investigations are carried out an agreement needs to be reached as to when the safeguarding adult's investigation can commence to avoid any unnecessary delays. However, where separate parallel investigations are held the outcome of the safeguarding investigation should not be delayed by the conclusion of the other investigations.

3. Management through the utilization of other processes

There is no need to conduct a safeguarding adult investigation, but there is need for action through other processes (for example, case/care management).

4. No further action under the safeguarding adults' process

There are safeguarding adults' concerns, but the adult at risk has mental capacity, is living at home and they are confident that they can protect themselves from further harm and they do not wish any action to be taken under the procedures.

Practitioners must be confident that the adult at risk is making this decision without undue influence, threats and intimidation. If there are no other people at risk from the person causing the harm, there will be no more action under the process at this time. The adult at risk should be given information about abuse and neglect, possible sources of help and support and whom they can contact if they should change their mind or the situation changes and they no longer feel able to protect themselves.

If a concern persists and the adult at risk's refusal to consent to action is seen to have resulted from fear, loyalty, coercion or disempowerment as the result of long-term or persistent abuse, the action under the process will continue and a multi-agency decision made about the best way to engage with the adult and consider the legal powers available to intervene with the person(s) causing the harm.

A decision to discontinue the safeguarding adults' process must be agreed by all relevant agencies and signed off by the Manager in charge of the case. The reasons for closing the safeguarding adults' process should be recorded and a copy sent to strategy meeting attendees. The adult at risk should have a copy of the decisions that takes into account issues of confidentiality and the need for protection of personally identifiable information.

Decisions of the discussion or meeting should be made available to participants at the meeting within 24 hours, and minutes of the meeting should be distributed within 5 working days. Regard should be had to confidentiality and data protection issues.

Stage 4 Investigation

Documents associated with this stage – SF5

Stage 4		
Person(s) Responsible	Timescale	Activity Summary
1) Manager in charge of the case 2) Investigating Officer 3) Investigating Officers Manager	Investigation as agreed by strategy meeting/discussion or within 28 days or earlier if abuse is likely to occur.	1) Manager in charge of the case: <ul style="list-style-type: none"> • Ensure investigation plan implemented and timescales are met. • Remove barriers to investigation. • Ensure care and support is in place for the adult at risk during the course of the investigation and monitor risk. • Refer to other processes if necessary i.e. MARAC etc. 2) Investigating Officer: <ul style="list-style-type: none"> • Manage the investigation i.e. gather evidence, conduct interviews. • Determine type and level of risk • Reach a decision and produce Investigation Report (SF5) including proposed protection plan and potential services to support adult at risk. • Report any blockages to the investigation, increases in risk to the Manager in charge of the case. 3) Investigating Officer's Manager: <ul style="list-style-type: none"> • Provide supervision support to the Investigating Officer throughout the investigation. • Support Investigating Officer to compile the Investigation report and proposal for the protection plan.

Purpose of the investigation

The purpose of the investigation is to:

- Find out **if and how** the adult has experienced abuse. Establish the facts and contributing factors leading to the referral;
- Clarify the views and wishes of the adult at risk and/or consult with an IMCA or advocate;
- Determine the type and level of risk to the adult at risk (and any other adult at risk);
- Reach a recommended finding, based on the balance of probabilities, that the allegation is either: substantiated, partially substantiated, not substantiated; and not determined/inconclusive;
- Manage the risk to the adult at risk and others.
- Ensure the Protection Plan reflects any emerging information and identifies appropriate services and support to the adult at risk.

Agencies Overview of Responsibilities

External agencies involved with the referral will need to contribute by fulfilling the following roles, however, it is good practice to reiterate to the person identified as lead for that agency what is expected of them i.e. :

- Ensuring actions taken to safeguard adults at risk are given priority and they are supported throughout the process;
- Cooperate with other agencies taking part in the investigation.
- Conduct agreed enquiries without delay;
- Ensure full coordination with other investigations;
- Ensure there is support and supervision for staff carrying out this work;
- Keep the Manager in charge of the case up to date and informed of any new information or changes in the situation or the plan as soon as possible;
- Provide a written report (where appropriate) of the findings (which will form the basis of the agency's input into the protection plan) and send a copy to the Manager in charge of the case.

Standard of proof

The standard of proof for a criminal prosecution is higher as the case has to be proved beyond reasonable doubt. For civil, disciplinary or regulatory investigations the standard of proof is based on the balance of probability.

The "balance of probability" is the method used for deciding guilt or innocence, based on the evidence available. The principle of "balance of probability" works both ways, in proving guilt as well as in proving innocence.

The findings made by the Investigating Officer needs to lead to sufficient evidence, to show on a balance of probability that the abuse has or has not taken place. Sufficient evidence to show that abuse has or has not taken place is set around 50/ 50 probability. A probability of 51% is sufficient enough to tip the scale.

"Sufficient" means enough for the Investigating Officer and those present at the Outcome of Investigation Meeting, after having examined all the evidence/ information available to be able to say "I think harm or abuse has or has not occurred".

Without any evidence to show to the contrary as to whether harm/ abuse has occurred then an unsubstantiated allegation is possible. Therefore, there is insufficient evidence to make a finding on the balance of probability.

Timescales

Unless the situation was regarded as so urgent that it was decided to conduct an immediate investigation, the Investigating Officer will make contact with the adult at risk and begin the investigation immediately following the strategy meeting. The investigation should be implemented without any reasonable delay and should be **completed within 28 working days of the referral**.

It is important that this process runs to time; however, the interests of the adult at risk are paramount, and divergence from the timescales may be justified on grounds of good practice where:

- Adherence to the timescales would jeopardise achieving the outcome that the adult at risks wants;
- It would not be in the best interests of the adult at risk; and
- The complexity of the investigation is such that a longer timescale is unavoidable.

Reasons for divergence from timescales must be recorded. Where this divergence concerns the investigation and outcome of investigation meeting; the agreement of the Manager in charge of the case must be sought and an alternative timescale agreed to avoid the process becoming open ended.

Other processes, including police investigation, can continue alongside the safeguarding adults' process, but should not delay it; for example a decision that the balance of probabilities abuse took place can be taken even if the police have not concluded their enquiries.

Contributing to other lines of enquiry/ parallel investigations

The safeguarding adult investigation may also contribute to:

- A police prosecution;
- Identifying powers to protect the adult at risk, for example, a restraining order;
- Actions under civil law, for example, an injunction;
- Staff disciplinary proceedings;
- Referrals to:
 - The Independent Safeguarding Authority;
 - The Care Quality Commission in relation to a registered provider;
 - Commissioners of the service in relation to breach of contracts; and
 - A landlord in relation to a breach of a tenancy agreement;
- A community care assessment or assessment under Care Programme Approach; and
- A healthcare assessment.

Role and Responsibilities of the Manager in charge of the Case

The responsibility at this stage is to primarily ensure the investigation is running to time and work with the Investigating Officer to remove any blockages which could hold up the investigation.

However, there are a number of circumstances where the Manager in charge of the case will need to take additional action. The action can be completed by them directly or can be delegated to another officer involved with the investigation. However, the responsible officer details/ timescales need to be clearly recorded: -

- If during the investigation it becomes clear that the situation indicates domestic violence and there is a high risk of harm, a referral should be made to Multi Agency Risk Assessment Conference (MARAC);
- If the investigation reveals that a child or young person is living in the same household and could be at risk, referral should be made immediately to the relevant children and families service; and
- If the investigation is likely to be prolonged, a strategy review meeting must be held to ensure that the interim protection plan is providing adequate safeguards for the adult at risk (and other adults at risk if necessary)

The manager in charge of the case will also:

- Identify the Investigating Officer; The Investigating Officer should be a suitably qualified and experienced member of staff working under the supervision of a manager. The Investigating Officer must not have line manager responsibilities for the person alleged to have caused harm, or work in the same department;
- Ensure effective supervision and ongoing support is in place for the Investigating Officer whilst undertaking the investigation;
- Confirm the accuracy of all records relating to a safeguarding adult's investigation, including:
 - records of the initial investigation and assessment.
 - records of any decisions taken at strategy meetings or outcome of investigation meetings.
 - records of the investigation and interview(s) and;
 - a record of any decision taken to close the investigation.
- Take all reasonable steps to ensure the health and safety of staff involved in a safeguarding adult's investigation.
- Conduct a risk assessment of the situation including consideration of the risks to the member of staff involved in the investigation. Where the risk is assessed as being high, staff should not normally undertake a visit unaccompanied.
- Preserve the confidentiality at all times of all concerned including staff members in accordance with the Safeguarding Adults Information Sharing Protocol.

Role and Responsibilities of the Investigating Officer

The Investigating Officer should:

- Speak to the adult at risk to try and establish if abuse has occurred and if so, who or what has caused it;
- Carry out a risk assessment and gain the adults views and wishes towards risk and the impact of abuse in order to inform the protection plan;
- Adopt different forms of communication depending on the adult at risk's capabilities;
- Continue to involve an adult at risk who does not have mental capacity to make decisions about their safety and consult with their representative (if they are not implicated in the allegation) and/ or an IMCA if one has been instructed;
- Record the reasons for deciding not to include a representative;
- Gather facts and collate evidence relating to the referral including "witness statements" from key people;
- Obtain copies of relevant agency records i.e. medical records, care home records and GP notes etc;
- Ensure full coordination with other investigations;
- Coordinate with Greater Manchester Police if there is a criminal investigation in progress. In the instance of a police investigation, the police will be the lead agency and any other investigations must be coordinated with them;
- Inform the Manager in charge of the case regarding the investigation progress and of any information that could impact on the continued safety of the adult at risk or others who may be at risk;
- Advise the Manager in charge of the case immediately of any changes that are needed to the interim protection plan;
- Ensure the investigation is completed within 28 days from receipt of the referral, unless prior agreement has been made with the Manager in charge of the case. Any changes to the timescales need to be clearly documented with reasons for the delay specified; and
- Send a report of the investigation to the Manager in charge of the case. The report will form the basis of the discussion at the Outcome of Investigation Meeting. The report should keep personally identifiable information concerning the adult at risk, the person

causing the harm and any third parties to a minimum. The report should only be shared with the agencies that have a need to know in order to safeguard the adult at risk, to inform the protection plan and to inform what action will be taken against the person causing the harm if the allegation is substantiated.

Responsibilities to the adult at risk during the investigation

Whether or not the adult at risk has mental capacity, they should be the first person to be interviewed to establish what has occurred and what they want to happen. Depending on the setting and circumstances of the adult at risk, a number of agencies will have a role play in ensuring the responsibilities to the adult at risk are fulfilled. The Investigating Officer and the Manager in charge of the case need to ensure that they and agencies:

- Involve the adult at risk in the process as far as possible;
- Address any communication needs;
- Identify and take into account any equality issues;
- Agree an interim protection plan with the adult at risk and ensure they know them and how they will be supported and kept informed during the investigation, including having an appropriate independent advocate;
- Carry out a risk assessment with the adult at risk if they have mental capacity;
- Discuss issues of confidentiality and information sharing with the adult at risk and if there are no others at risk, obtain permission to share information with other agencies as required. If there are others at risk, inform the adult at risk of the duty to share information to protect others;
- Where the adult at risk has mental capacity, reassure them that no decisions or plans which have an impact on their daily living arrangements will be made without their agreement to that decision;

If the police are the lead investigating agency, they will conduct interviews in a way to achieve best evidence under the provisions of the Youth Justice and Criminal Evidence Act 1999; and if there are grounds for prosecution, the Crown Prosecution Service should consider the need for an application to be made to the court for special measures under the above legislation.

Stage 5 Outcome of Safeguarding Investigation

Documents associated with this stage – SF4, SF5 SF6, ST2 and ST4

Stage 5

Person Responsible	Timescale	Activity Summary
Manager in charge of the Case	Within 10 days after completion of the investigation.	<ul style="list-style-type: none"> • Ensure meeting is facilitated within timescales and appropriate officers/adult at risk or their rep are invited/involved. • Receive and consider the Investigation Report (SF5) and gain majority consensus on outcome. • Decide appropriate further action, including ensure mitigating risk etc. • Arrange feedback to appropriate parties (including adult at risk, person causing harm etc). • Notify appropriate authorities (i.e. CQC, ISA) • Complete Risk Assessment and Protection Plan (SF4) if required. • Agree review date, if required. • Ensure minutes of the meeting/discussion re recorded on ST2 and those in attendance complete ST4 and these are on PROTOCOL. • Complete SF6 on PROTOCOL to show outcome of investigation.

Purpose of the Outcome of Investigation Meeting

The purpose of a Outcome of Investigation Meeting is to:

- Consider the information contained in the Investigating Officer's report(s);
- Consider the evidence and, if substantiated, plan what action is needed;
- 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 needed;
- Make a decision about the levels of current risks and any likely future risks;
- Agree a protection plan; and
- Agree how the protection plan will be reviewed and monitored.

Planning the meeting

The safeguarding Outcome of Investigation Meeting should take place **within 10 days of the Investigation being completed.**

The Manager in charge of the case ensures that a safeguarding Outcome of Investigation meeting is convened, chaired and minutes taken. The may be a more senior manager if the nature of the enquiry indicates that this would be appropriate, for example, in the case of a large-scale enquiry or where an allegation concerns a member of staff or a paid carer.

The Investigating Officer will present a report summarising the findings of the investigation. The report should be sent to the Manager in charge of the case (and the meeting Chair, if different) prior to the meeting, with copies also to attendees.

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

- Part 1, for professionals to receive the Investigating Officer's report and to make decisions on the findings; and

- Part 2, concerned with agreeing the protection plan and feeding back to the adult at risk or their representative. 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).

Outcome of Investigation Meeting Part 1

Attendance

Managers and professionals involved in the safeguarding adults' process should attend the first part of the Outcome of Investigation Meeting to discuss the Investigating Officer's report and make decisions on the finding.

The manager in charge of the case needs to ensure that delegates attending the meeting have the authority to agree to provide services to contribute to the protection plan.

In exceptional circumstances where an agency is unable to attend, the Manager in charge of the case should discuss with the agency their views prior to the meeting taking place.

The investigation findings

The meeting will:

- Receive and consider the information contained in the Investigating Officer's report and decide what further action is/may be needed;
- Make a decision about current levels of risk, the reduction of future risks; and
- Decide what action is appropriate when the allegation was not proved or was unfounded but concerns remain about standards of care.

The fact that there is insufficient evidence for a criminal prosecution does not mean that action cannot be taken under civil or disciplinary proceedings as there are differing burdens of proof. Discussions about this may form part of the meeting although the final decisions about this may occur at a later date (it may not be possible to state with certainty that civil proceedings will take place).

Deciding the outcome

The purpose of the Outcome of Investigation meeting is to evaluate the evidence, to determine the outcome on balance of probability and to ensure the protection plan is still relevant and appropriate. The four possible outcomes that are:

- **Substantiated** – all of the allegations of abuse are substantiated on the balance of probabilities.
- **Partially substantiated** – This would apply to cases where it has been possible to substantiate some but not all of the allegations made on the balance of probabilities. For example 'it was possible to substantiate the physical abuse but it was not possible to substantiate the allegation of financial abuse'.
- **Not substantiated** – It is not possible to substantiate on the balance of probabilities any of the allegations of abuse made.
- **Not determined/ Inconclusive** – This would apply to cases where it is not possible to record an outcome against any of the other categories. For example, where suspicions remain but there is no clear evidence.
- **Investigation ceased at Individuals request** – This would apply if the adult at risk had capacity to make the decision that they no longer wished for the investigation to proceed and there was no significant risk to others or no criminal act involved.

Other possible outcomes of the Outcome of Investigation Meeting

Other possible outcomes may include:

- Implementation of changes following an agency review, for example, staffing, recruitment, policies, procedures, training, working practice and culture. This may include planned changes (training etc) relating to the individual staff members;
- Implementation of requirements made in recommendations from a complaints process (including an action plan/timetable for implementation);
- Review of personal budget arrangements for someone who directs their own care;
- Improvement of risk monitoring and quality assurance measures; and
- Referral to the Independent Safeguarding Authority.

A referral to the Independent Safeguarding Authority must be made by the regulated activity provider:

- If they have withdrawn permission for the person (a member of staff or volunteer) to engage in regulated or controlled activity, or would have done so if the person had not resigned, retired, been made redundant or been transferred to a position which is not a regulated or controlled activity and if they think the person has:
 - engaged in relevant conduct or
 - satisfied the harm test (that is, they have harmed or put at risk of harm the adult at risk); and
- If they have received a caution or conviction for a relevant offence.

Possible outcomes for the adult at risk

There are a number of possible outcomes such as:

- Increased monitoring/ Restriction/ Management of access
- Removal from property/ Support/ Advice services
- Assessment/ Services/ Review of self-directed support
- Application to Court of Protection/ Application to change appointeeship
- Referral to advocacy service/ Referral to counselling services
- Guardianship/ Use of Mental Health Act (MHA) 1983 (amended MHA 2007)
- No further action/ Other

Possible outcomes for the person alleged to have caused harm

There are a number of possible outcomes such as:

- Criminal prosecution/ Formal caution/ Police action
- Assessment/ Services
- Removal from property/ Support/ Advice Services
- Management of access to adult at risk
- Disciplinary action/ Referral to Independent Safeguarding Authority / Referral to regulatory body
- Action by Care Quality Commission/ Action by contract compliance
- Continued monitoring/ Counselling/ Training
- Referral to court-mandated treatment/ Referral to MAPPA
- Action under Mental Health Act (MHA) 1983 (amended MHA 2007)
- Exoneration/ No further action/ Other

Requirements by other bodies

Such requirements may include:

- Implementation of requirements by the appropriate regulator, for example, Care Quality Commission;
- Implementation of requirements made by the commissioner of the services, for example, Bury Adult Care Services, NHS Bury; and
- Instigation of a serious case review or serious incident process if there are concerns about the safeguarding adults' process and/ or inter-agency working by Bury Safeguarding Adults Partnership Board.

Action by other bodies

This may include:

- Suspension of a contract by a commissioner, for example, Bury Adult Care Services, NHS Bury;
- A commissioner ending a contract or a relationship with a provider;
- Deregistration by the Care Quality Commission;
- Prosecution of company directors; and
- Referral to a relevant professional body.

Outcome of Investigation Meeting Part 2 – Protection Plan

The meeting will:

- Agree a protection plan with the adult at risk (or the person representing them or their best interests) and decide which agency will monitor and coordinate the plan;
- Agree contingency actions if the protection plan does not work;
- Designate a Protection Plan Coordinator (this is likely to be different to the role of the Manager in charge of the case, for example, the adult at risk's named social worker);
- Agree how the protection plan will be shared with partners, taking into account information-sharing considerations;
- Provide support and services to meet the needs of the adult at risk and of a carer, if that is indicated;
- Determine what additional information needs to be shared and with whom;
- Set a date for a review unless all agencies agree that a review can take place as part of the care management/ Care Programme Approach or health and social care process. If this is the decision reached, the reporting mechanism for the outcome of the review needs to be established and agreed (for example, information sent to the Manager in charge of the case following the review);
- If there are concerns that the protection plan may not lead to a reduction of the risk or where the investigation is incomplete at the time of the outcome of investigation meeting, arrange a review date no later than three months from the date of the outcome of investigation meeting; and
- If the impact of the protection plan potentially results in a deprivation of liberty for an adult at risk who lacks capacity to agree to the deprivation, then the managing authority would need to make a request for authorisation of the deprivation. If the deprivation is around access then Manager in charge of the case should seek legal advice as to making an application to the Court of Protection.
- **The protection plan will not include actions taken against the person causing harm.**

The adult at risk should be:

- Supported to take the lead in deciding what should be in the protection plan;
- Invited, supported and enabled to attend the outcome of investigation meeting or equivalent part of the meeting as appropriate where it is safe for them to do so; and
- Supported to have an active part in the decisions about what measures can be taken to protect them and reduce the risk to their safety. This will include being given information about the purpose of the meeting and who will be there.

If the adult at risk has capacity to make decisions about their own safety, their views should be taken into account about who should attend the meeting. This could include choosing a representative to attend on their behalf.

If, for reasons of confidentiality or any other reason, the adult at risk who has mental capacity does not attend the outcome of investigation meeting, they should be consulted beforehand as to their views. Their views should be represented at the meeting by a representative, advocate (including IMCAs) or a key worker.

If the adult at risk does not have capacity to make decisions about their safety, they should be represented by someone already closely connected with them, a family member (if they are not implicated), a welfare attorney or, if one has been instructed, an IMCA, who will advise on what is in the adult's best interests unless there are issues of confidentiality which exclude them from the meeting or relevant part of it.

In this case they should be consulted beforehand so that the views of the adult at risk can be represented at the meeting, and they must be informed of the outcome of the meeting.

The meeting should decide who will feed back the decisions about the protection plan to the adult at risk if they do not attend the meeting, and they must know who they can contact if they do not agree with or wish to comment on the plan.

A record should be made if the adult at risk does not attend the meeting, including reasons why this has occurred.

Others attending the meeting

Carers should only be invited to the meeting on the express wish of the adult at risk. If the adult does not have the mental capacity to make that discussion, it may be made in their best interests, or with the consent of an attorney or deputy.

The person causing the harm should not attend the meeting unless it is part of the protection plan to change their behaviour and reduce abuse or neglect and the adult at risk has given explicit consent. If the meeting decides there are actions to be taken with regard to the person causing the harm, the meeting must decide who will inform them of the actions and the reasons why this decision was taken.

Deciding to hold a separate protection plan meeting

Normally a protection plan will be agreed as part of the outcome of investigation meeting. A separate protection plan meeting may also be considered necessary if:

- The strategy meeting decided that it was possible to move to agreeing a protection plan without a formal investigation and outcome of investigation meeting;
- The investigation was complex or lengthy and there were confidentiality issues which would mean the adult at risk being absent for a significant part of the meeting. Their interests would then be best served by having a separate meeting that they could attend;

- There are clinical considerations regarding the adult at risk's ability to engage in the process at a given time as agreed by the agencies concerned; and
- The protection plan meeting needs to take place in the adult at risk's own home or in another setting because of access reasons.

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 but 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.

Supporting the adult at risk to make decisions about what can be done to help them will mean that they are given information about:

- The process and the agencies that may be involved;
- The actions that agencies may be or are able to take;
- Which agencies may be able to offer support; and
- What the risks may be from not taking any action.

The adult at risk should also be offered the possibility of:

- Receiving emotional support if necessary;
- Taking part in activities which increase their ability to protect themselves; and
- Making contact with a named agency if they change their mind about the protection plan, or if they indicate that they do not wish any further involvement with the safeguarding adults' process at this time and later change their views about this or the abuse gets worse and they want help to reduce the risk of further harm.

Recording and feedback

Outcome of Investigation minutes

Minutes should be recorded on the relevant Bury's multi-agency pro forma (**Form ST2**) and approved by the chair of the meeting. The minutes record the decisions of the Outcome of Investigation meeting and evidence of how the decisions were made. This may involve recording separate decisions and outcomes for each allegation.

The minutes should be circulated **within five working** days of the outcome of investigation meeting to:

- The alerting manager and the protection plan coordinator;
- All attendees and invitees to the meeting;
- All those contributing to the protection plan;
- The Care Quality Commission where the outcome of investigation meeting relates to a service that it regulates; and
- All other relevant regulatory bodies, as appropriate.

Unless it would increase the levels of risk, the section that the adult at risk or their representative attended should be sent to the adult at risk or, with their permission, to another person. If the adult at risk does not have mental capacity, a decision should be made in their best interests about who to send this part of the minutes to.

Where there is information that cannot be shared, it should be deleted from versions of documents sent out. It is imperative that Data Protection Act 1998 principles are adhered to.

Where information is sent to a carer, with permission of the adult at risk or in their best interests, the Manager in charge of the case will decide what information can be shared about the person causing the harm.

Whether or not minutes of the meeting are sent to the adult at risk, the Manager in charge of the case will decide on who is the best person to feed back to them the outcome of the meeting.

Feedback should be given to the person who made the referral, taking into account confidentiality and data protection issues.

Feedback to the person causing the harm

The person causing the harm has a right to know about the referral and the reasons for it at a time that will not compromise the investigation or protection plan.

A decision must be made in the meeting about what feedback should be provided to the person causing harm and the agency that employs the person if relevant, and who should provide it.

If the person causing the harm does not have mental capacity and is also an adult at risk, feedback will be given to the person acting in their best interests.

If the adult at risk moves to another local authority during the safeguarding adults' process

The Manager in charge of the case must:

- Ensure that action is taken to ascertain their whereabouts and their safety/ wellbeing.
- Notify the new local authority, in writing, of action taken under the safeguarding adults' process and what action remains outstanding. The new local authority area needs to agree to the case transfer, if this is what is being requested.
- Send fully documented and relevant information and summaries as appropriate.
- Reach agreement with the case manager in the new local authority about future action and roles and responsibilities.
- Acknowledgement of receipt of the information should be obtained in writing.

Other agencies that have been involved in the investigation must also be advised if the adult at risk has moved to another area. If an adult at risk moves to a residential or nursing home outside the local borough and the local borough retains financial responsibility, they should liaise with the host local authority. If appropriate, the protection plan will be incorporated into the residential care plan. In this case the funding authority retains a duty of care.

Special rules apply to adults who are subject to Section 117 of the Mental Health Act 1983 (aftercare). Where this applies, the mental health service in the original borough retains responsibility for the patient until this responsibility is accepted by the mental health services of the new area.

In some cases family, friends or carers may remove an adult from the UK before a full investigation can be carried out and protective measures put in place. If there is any indication that such a removal is being planned, or has happened legal advice must be sought urgently.

If the person causing the harm moves to another local authority during the safeguarding adults' process

If the person causing the harm is a paid worker or a volunteer, their situations are covered by the provisions of the Safeguarding Vulnerable Groups Act 2006.

Regulated activity providers are now under a duty to make referrals to the Independent Safeguarding Authority of the names of staff and volunteers who have been found to have harmed or put at risk of harm a child or an adult at risk. This includes the names of those who would have been dismissed because they harmed or put at risk of harm a child or an adult at risk.

The Independent Safeguarding Authority will make a judgment on the evidence whether the person should be barred from any future employment or activity with adults at risk.

For guidance on referral processes to the Independent Safeguarding Authority, see www.isa.gov.org;

A person who is barred from working with adults at risk and/ or children and who seeks such employment commits an offence punishable with up to five years' imprisonment. An employer is also committing an offence if they knowingly employ someone who is barred from such employment.

Where a police investigation is already under way, it will continue even if the person causing harm moves away.

If a safeguarding referral or complaint is received after an adult at risk has died

The referral or complaint could contain an allegation or suspicion that abuse or neglect could have been a contributory factor in the adult at risk's death. The allegation may be made by a family member or friend, a concerned member of staff who is 'whistle-blowing', or as a result of a report from the coroner. Such a referral will give rise to action under Bury Safeguarding Adults Policy and Protocol. Further action will be needed to ensure that no other adults are at risk from the same source and, if they are, to take steps to ensure their safety. Decisions may also be taken about whether a serious case review will be undertaken.

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 these situations the police may be involved where there is evidence or suspicion:

- 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. The Health and Safety Executive will make a decision as to whether they will investigate.

Following the death of an adult at risk, more than one investigation into the circumstances surrounding the death may be instigated because more than one agency may have been involved with the adult at risk. A strategy meeting of relevant agencies 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.

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 to whether there should be an independent manager's review or a serious case review to examine the circumstances involved.

Information that may be shared with other local authorities where concerns have been identified about the quality of care of a particular provider

Following the investigation:

- The Care Quality Commission should be informed if a local authority or a health agency had concerns about the standards of care within a care setting; and
- Factual information regarding concerns about standards of care can be shared with local authorities on a need-to-know basis.

If an investigation has not been completed and there has been no decision about whether the concerns have been proven, the information can be shared with local authorities to enable them to ascertain whether there are concerns about service users that they are responsible for and whether any action needs to be taken.

- If, following an investigation, allegations have been proved, then that factual information can be shared on a need-to-know basis with respect for the right to confidentiality of the person causing the harm
- The agencies must seek legal advice with regard to restraint of trade issues.

Serious Case Reviews (SCR's)

As noted above Bury SAPB have the authority to commission SCR's; the circumstances and purpose for which are as below:

A serious case review will be held in the event of a death, where abuse is known or suspected, and will be considered where an adult at risk has sustained a potentially life threatening injury through abuse or neglect, serious sexual assault, or sustained serious and permanent impairment of health or wellbeing through abuse or neglect.

The purpose of the review will be to:

- Learn from past experience
- Improve future practice by acting on the learning
- Improve multi-agency working

Any personnel issues which arise as the result of a serious case review will be managed by each agency according to their usual procedures and statutory responsibilities.

Stage Six: Review

Documents associated with this stage – SF7, ST3 and ST4

Stage 6

Person Responsible	Timescale	Activity Summary
Manager in charge of the case	As agreed at Outcome Investigation meeting, but no more than 6 months.	<ul style="list-style-type: none"> • Ensure meeting is facilitated within timescales and appropriate officers/adult at risk or their rep are invited/involved. • Ensure any actions agreed at the Investigation Outcome meeting have been completed. • Review what risks remain, and whether the protection plan is working. Does it need to stay in place? • Where necessary alter the protection plan ensuring appropriate people are updated. • Consider whether a further review meeting is needed and set date.

Purpose of the review

The purpose of the review is to ensure that the actions agreed at the Investigation Outcome meeting and in the protection plan have been implemented and to decide whether further action is needed, including any service improvements. Any new concerns of abuse or neglect should be considered as a new alert/ referral.

The review should:

- Ensure all agreed actions in relation to the case have been completed.
- Review risk assessment and Protection Plan and decide who will have ongoing responsibility, if it is to remain in place;
- Decide in consultation will the adult at risk or their personal representative what changes, if any, need to be made to the protection plan to decrease the risk or to make the plan fit more closely with their wishes;
- Identify any issues of continuing concerns and risks;
- Record the feedback of the adult at risk or their personal representative about the protection plan and/ or other matters of importance to them;
- Make decisions about what changes/ additions are needed to the care plan;
- Decide whether there is need for a further review and, if so, set a date; and
- Decide whether to close the safeguarding adults' enquiry/ processes.

A review should take place as agreed at the Outcome Investigation meeting, but no more than 6 months.

A review will always take place:

- If an investigation is still under way at the time of the Outcome of Investigation meeting;
- 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 adult at risk requests a review;
- If the situation is seen as high risk;
- Where a review is requested by any agency involved in the delivery of the protection plan; and
- As the result of a request by the Designated Protection Plan Coordinator

If a decision is taken at the Outcome of Investigation meeting 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 Care Programme Approach processes.

Agencies Overview of Responsibilities

Agencies need to contribute by:

- Presenting their evaluation of risk assessments and protection plan;
- Assessing what actions/ measures/ support needs to be in place to continue to manage/ reduce the risks;
- Reviewing the protection plan in consultation with the adult at risk (where appropriate); and
- Working together to decide whether to close the safeguarding adults' process at the protection plan review.

Who should attend?

The review should be attended by all those who are involved in the protection plan and any services that may be able to provide support or may need to be involved in the future.

The adult at risk should be enabled to participate in the review on the same basis as for the Outcome of Investigation meeting.

In certain circumstances it may be beneficial to hold the review in the adult at risk's home.

The attendance at the review of a carer or a personal representative would be on the same basis as their attendance at the Outcome of Investigation meeting.

Recording and feedback

- Record the feedback of the adult at risk or their personal representative about the protection plan and/ or other matters of importance to them;
- Record any decisions and actions with the names of those agencies and individuals who have a role to play in the protection plan and who have been undertaking actions agreed during the review;
- Ensure that all those involved in the review and the care plan have a copy of the review notes, including the adult at risk or their personal representative if the adult at risk gives them permission; and
- Reach agreement about feedback arrangements during the review in accordance with the adult at risk's best interests if they do not have mental capacity and do not attend the review. This feedback should be provided as soon as possible after the review meeting.

Safeguarding review minutes

Minutes should be recorded on the relevant Bury's multi-agency pro-forma (ST3) and approved by the chair of the meeting. The minutes record the decisions of the review and evidence of how the decisions were made. This may involve recording separate decisions and outcomes.

The minutes should be circulated within five working days of the review meeting.

Stage Seven: Closing the safeguarding adults' process

Documents associated with this stage – Safeguarding Closure Form

Stage 7		
Person Responsible	Timescale	Activity
Manager in charge of the case	This can be done at any stage during the process	<ul style="list-style-type: none">▪ Identify lessons learnt and ensure appropriate officers/organisations are advised.▪ Consider whether Serious Case Review/ Domestic Homicide Review is needed.▪ Ensure all files are updated and complete.▪ Ensure the adult at risk is aware of the outcome and understands how to access services in order to prevent further abuse from occurring.▪ Complete the closure step on PROTOCOL.

Agencies Overview of Responsibilities

Agencies need to contribute by:

- Deciding to close the safeguarding adults' process either at Outcome of Investigation Meeting or at a protection plan review.
- Ensuring all actions have been completed and recorded;
- Ensuring appropriate action has been taken where allegations involve a member of staff;
- Ensuring the adult at risk knows that the process is concluded and where/ who to contact if they have any future concerns about abuse;
- Consider evaluation or a quality assurance audit of the safeguarding adults process which includes feedback from the adult at risk;
- Record any lessons learnt and actions planned to address key issues; and
- Ensure feedback is collated, integrated and cascaded into the agency's learning.

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 Outcome of Investigation meeting or at a protection plan review.

The Manager in charge of the case must reach agreement to close the process with all agencies that have been involved in the investigation and protection plan. The closing process must be signed off by the Manager in charge of the case and/ or a senior manager in the case of a serious/ complex safeguarding adult's situation.

Actions on closing

The Manager in charge of the case should ensure that, on conclusion of the process:

- All actions are completed or are in progress;
- All records are completed;
- Case records contain all relevant information and satisfactorily completed forms;

- The adult 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 adult at risk know how to re-refer if there are renewed or additional concerns;
- If proven, action to remove a member of staff from a professional register or refer to the Independent Safeguarding Authority is taken;
- Evidence and decisions are adequately recorded;
- Referral is made to appropriate professional bodies where necessary;
- Notifiable occupation schemes are informed;
- The referrer is notified of completion;
- All relevant partner agencies are informed about the closure; and
- 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.

The case may remain open to care management or 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.

Through Bury Safeguarding Adults Partnership Board, any partner agency can request that a case review, serious case review or independent management review is undertaken if there was a near-miss or a fatality, and procedures do not appear to have been followed or agencies did not work together effectively.

A serious case review or independent management review could also be indicated where the adult at risk disagreed strongly with the outcome of the investigation and provisions of the protection plan.

When other processes continue

The safeguarding adults' process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the adult at risk.

Evaluation and learning

The Manager in charge of the case will ensure that:

- An evaluation or a quality assurance audit of the safeguarding adults process is considered by agencies involved and informed by feedback from the adult at risk;
- A record is made of any lessons learnt and actions planned to address key issues;
- Feedback is collated and integrated and cascaded into agencies learning in a variety of ways, including training and case discussions at appropriate levels within agencies; and

Record keeping and confidentiality

Throughout the safeguarding adults' process, detailed factual records must be kept utilising the pro-forma's and case notes facility available on Protocol.

This includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken relating to the process.

Records may be disclosed in court as part of the evidence in a criminal action/ case or may be required if the regulatory Care Quality Commission authority decides to take legal action against a provider.

Records kept by providers of services should be available to service commissioners and to regulatory authorities.

If the person causing the harm is also an adult known to Adult Care Services or is also an adult at risk

The information about the person causing the harm involvement in a safeguarding adult's investigation, including the outcome of the investigation, should be included in their records. If an assessment is made that the person causing the harm still poses a threat to other service users, this must be included in any information passed on to service providers.

Where the person causing harm is living within a care setting or supported living unit, the impact of their actions on the environment for other residents should be taken into account.

Large-scale investigations, service-level concerns and serious case reviews

Bury Safeguarding Adults Partnership Board has procedures in place to determine action to be taken in a serious case review.

The following procedure is for large-scale investigations and service-level concerns.

A large-scale safeguarding adults investigation would be indicated when a number of adults at risk have been allegedly abused, or patterns or trends are emerging from data that suggest concerns about poor quality of care:

- In a particular resource/establishment;
- Where the same person is suspected of causing the abuse or neglect; and
- Where a group of individuals are alleged to be causing the harm.

Such situations will involve a wide range of agencies and a number of individual safeguarding adults' processes and investigations. There will be an overarching strategy meeting or discussion and outcome of investigation meeting. However, each situation will require an outcome, that is, a potential safeguarding adult's plan for each adult at risk.

It is important that all aspects of the investigation are planned and the agencies and individual professionals are clear about their respective roles and responsibilities.

In receiving information about individual cases of suspected or actual abuse or neglect, it is important to consider possibilities that other adults may also be at risk, including whether past service users could have been abused. Data checks should be made and consultation held with other agencies that have a responsibility for a person receiving a service.

Where the need for a large-scale investigation becomes apparent, senior managers in the local authority should identify a senior manager to take responsibility for coordinating the overall investigation with all other relevant agencies. If a crime is thought to have been committed, the usual principles and responsibilities for reporting to police apply.

If the concern is with a health setting, the concerned party will contact the executive lead for safeguarding adults in that agency, who will alert the Care Quality Commission and NHS Bury. Together they will determine the next steps. The Safeguarding Adults Strategic Team of the local authority should also be informed.

Section 2 Guidance Re: Protocol Form Completion

The following section is designed to act as a guideline for when you complete the Safeguarding Adults Forms and associated template.

For a more detailed explanation of what needs to be considered at each stage of the safeguarding process, please refer back to Section 1.

Safeguarding Referrals and Consent

It is always essential to assess whether the adult at risk is capable of giving informed consent. If they are, their consent must be sought. Consent may be in relation to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation the adult at risk's consent to it should be disregarded.
- The progression of a Safeguarding Adults investigation: -
Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. However, they must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.
- The recommendations of an individual protection plan being put in place.
- A medical examination.
- An interview.
- Certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

If an adult at risk who has mental capacity refuses intervention, their wishes will be respected *unless*:

- There is a public interest, for example, not acting will put other adults or children at risk.
- There is a duty of care to intervene, for example, a crime has been or may be committed.
- There is evidence to suggest that the adult at risk has been unduly coerced/threatened into not seeking intervention.

2.1 SF 1 - Safeguarding Alert Form (responsibility of all staff)

Overview of the form:

This form is the first stage of officially raising concerns about abuse of an adult at risk.

This form also provides the majority of information needed for the National Information Centre data return, therefore it is important that information on the form is completed.

Generally the SF1 form will be completed by providers however if you are completing it yourself please first refer to the “Safeguarding Adults Multi Agency Thresholds Guidance”.

Forms should be emailed to adultcareservices@bury.gov.uk or faxed to 0161 253 7198.

Section	Subsection	SF1 Safeguarding Alert Form
Date and Time of the Alert		<p><u>If you are raising the alert:</u> This will be the date and time that <u>you</u> filled the documentation in.</p> <p><u>Putting the data onto the system:</u> This will be the date and time of which the alert was received by Adult Care Services.</p> <p>This firstly is to give a clear timeframe for the Manager in charge of the case to work to and;</p> <p>To ensure that anomalies are registered. For example a practitioner may have filled in the form 2 weeks prior to sending it over to Adult Care Services – therefore unnecessary risk due to delay in reporting and unmet safeguarding process timescales would need to be raised with the initiating practitioner rather than with the Manager in charge of the case.</p>
Details of the Alerter	Name of Alerter and Contact details	<p>These details can be left blank if the alerter wishes to remain anonymous. This however would only apply to members of the public – any practitioner involved in the field of Adult Social Care has a statutory responsibility to report unless there are exceptional circumstances to the case.</p> <p>The details of the alerter must be those of the person who raised the alert. If you are filling the form in for someone it is their details which need to be entered.</p>
	Organisation Alerter Works For	<p>This is self explanatory with option selection available. Only one option should be chosen.</p> <p>If selecting “other” category please explain in free text i.e. not known , fire service, solicitor etc.</p> <p>Where selecting the “Family Member” category state the relationship of that person to the adult at risk.</p>
Details of Adult	Personal and	Enter first name, Surname and Date of Birth.

at Risk	contact details	<p><u>Age</u> – not mandatory field however would become more necessary if Date of Birth is not known to ensure the correct person is located on the system.</p> <p><u>Address and contact number</u> – would be the details where the person normally lives, not for example the details of a short term respite provision.</p> <p><u>Next of Kin Or Carers details</u> – Enter these if known including contact number if one is available. This is essential if the adult at risk is unable to speak for or represent themselves.</p> <p><u>GP Name and Address</u> – self explanatory</p> <p><u>English Speaking</u> – tick either yes or no.</p> <p><u>Interpreter Required</u> – if yes advise what language.</p> <p><u>Ethnic Origin</u> – select the most appropriate category from the options given.</p> <p><u>Gender</u> – chose either male or female, if transgender chose the option which illustrates the gender by which they are currently living.</p> <p><u>Any disabilities or Impairments</u> – Chose either “No” or “Yes”. If the “Yes” option is chosen select from the most appropriate category from the options given.</p> <p><u>Is the Adult At risk known to Social Care?</u> – If the answer is “No” move on to the “Details of Alleged Abuse” section.</p> <p>If the answer is yes – interrogate PROTOCOL and enter: <u>Name of the Local Authority</u> – this could be a local authority other than Bury i.e. the placing authority.</p> <p><u>Protocol Number</u> – enter their PROTOCOL identification number.</p> <p><u>Details of Case allocation</u> : i.e. enter - who the case is currently allocated to, the name of the team, name of the allocated worker and any current services they are in receipt of .</p> <p><u>Is the Adult at Risk known to Health?</u> (if “Yes) advise which division of Health services there are known to)</p>
Details of the alleged abuse	Brief details of Alleged abuse	<p>This is a descriptive of what abuse has been seen or noted. Follow - what, where, when, how and who.</p> <p>Where physical abuse has also occurred, and a Body Map has been completed, ensure that it is uploaded onto PROTOCOL or forwarded to the Contact Centre with the Alert Form.</p>
	Action Already	Describe here what you or what you know others have already

	Taken	done to protect this person.
	Has there been any other incidents....	<p>If you have access to PROTOCOL briefly interrogate the system to firstly see whether anything similar has been reported recently (i.e. in the last 12/18 months), is there anything in the case notes which could be linked to the abuse you are reporting. This doesn't have to be a safeguarding alert – but could be the report of an incident etc.</p> <p>If you do not have access to PROTOCOL but know of similar incidents/reports please also not them here.</p>
	Have you completed a Mental Capacity Assessment...	<p>Mental Capacity Assessments should only be conducted if there is reason to doubt a person's capacity relating to a specific decision.</p> <p>If there is no reason to doubt capacity at this time, tick the No box.</p> <p>Where an Assessment is needed, but hasn't yet been completed chose the "No" option but advise that an assessment will be completed as soon as possible.</p> <p>The need for a capacity assessment must not slow up the reporting of abuse.</p> <p>Where a relevant capacity assessment has been conducted select the "Yes" option and forward the assessment to the contact centre or attached to PROTOCOL.</p>
Nature of Abuse		Choose the most appropriate option. <u>There can be more than one option chosen</u> . However, the primary abuse must always be a selected.
Location of Abuse		<p>Choose from the most appropriate option.</p> <p>Where the option of "care home" has been chosen, please also fill in "If care home please state name". Also state if the Home is EMI (Elderly Mental Infirm).</p> <p>Postcode of location of abuse : where possible please fill this in.</p>
Is the adult at risk aware you are making this alert		<p>Select either yes or no.</p> <p>Unless there is good reason for not doing so, the adult at risk must be informed of the action you are going to take.</p> <p>If the adult at risk has the mental capacity to make an informed choice about their own safety, there is no coercion from a third party, there is no public interest or vital interest considerations and they choose to live in a situation in which there is risk or potential risk and do not consent to the safeguarding referral, the process should stop here with a note placed on the customers file.</p>
Is anyone else at risk or potentially at risk, including		<p>Need to consider if other people would be at risk from the person causing harm as this will inform what action is taken next.</p> <p>If it is a child then a referral must then be made to follow the</p>

children.		Children's safeguarding process.
Details of person alleged to have caused harm.	Personal details	Enter here as many details as you can. These details should be for the person who you believe has caused harm to the adult at risk. Not knowing details however, must not slow up the making of the alert, particularly in high risk situations.
	Relationship to Adult at Risk (drop down options)	Choose from the most appropriate option. Where the "Other" option is selected. Give a very brief description of the relationship the person causing harm has to the adult at risk.
	Is the person alleged to have caused harm themselves an Adult at Risk?	Choose either yes or no. Check on PROTOCOL to see whether this person causing harm is known to us before selecting your answer to this question.
	Has any action been taken to support them (free text)	It could be that the person is another adult at risk or a member of staff who has been accused of abuse. Where action has been taken to support the person alleged to have caused harm give a brief description here.
Form Completer Details		This may differ from the alerter details i.e. if you are filling the form in on behalf of someone. Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.
To be completed by the Triage Team	Decision of Triage	CAD Hub Social Work Staff only complete this section <i>This part of the form will be completed electronically, directly onto PROTOCOL.</i> There are 3 options (proceed, nfa but action needed, and nfa), only 1 must be chosen. When an option has been chosen enter into the free text box the reason for the decision and any other actions that have been taken. There is also a section to complete to detail any immediate risks that have been identified and how these will be managed. Then enter your name (Social Care staff member details) and the "Date Completed". When a decision has been made to proceed through the safeguarding route or where a decision not to proceed but where other actions are required: <ol style="list-style-type: none"> 1) Ensure the completed alert form and associated documentation saved onto PROTOCOL 2) Reassign the case to the relevant team that will be proceeding with it..

		<p>3) Notify the person making the alert of the decision and to which team the referral has been passed for action.</p> <p>When a decision has been made not to proceed:</p> <ol style="list-style-type: none"> 1) Close the alert down ensuring reasons are clearly stated. 2) Advise the person making the alert of the decision.
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2.2 SF1a - Safeguarding Adults Body Map (responsibility of all staff)

This is a simple body map which will allow you to immediately record the nature of physical abuse.

Where injury is apparent, ensure medical treatment is accessed before attempting to map.

When using the form draw on an identifying line or arrow pointing to the general area of the injury, labelling i.e. cut, bruise, skin tear etc.

If a doctor or medical professional is in attendance and has completed an examination, ask them to show you on the body map where the injury was and what type of injury it was. Write on the map that the injury was not seen by you but who it was seen by and their brief contact details.

Under no circumstances must you ask to view injuries against the will of an adult at risk. Again if the adult at risk has suffered injury and are not comfortable showing either you or a third party (i.e. family member etc) ask them to tell you where and what type of injury they have sustained, and again write on the map that the injury has not been seen by you but the injury has been described by the adult at risk.

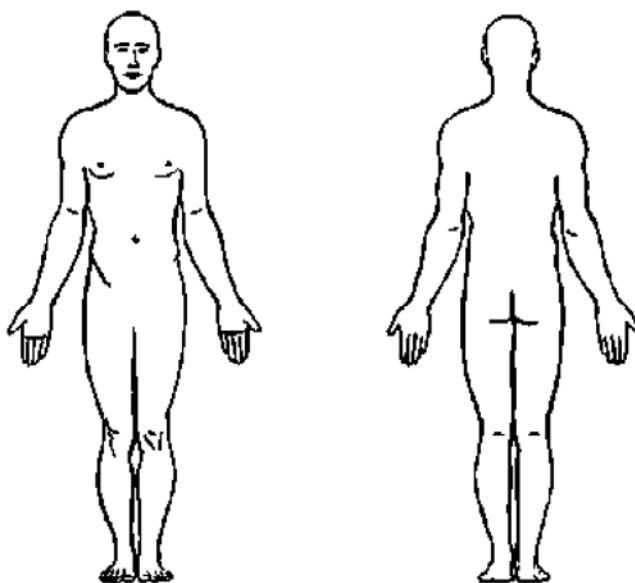
When received by Adult Care, ensure this is scanned and uploaded onto PROTOCOL.

Example of form below:

SF1a

Bury Safeguarding Adults Body Map

Please use this form document any injuries sustained on the following body maps, indicating location of injury and type of injury e.g. graze, cut, bruise.



Name of Adult at Risk	
Date and Time	
Name of person completing form	
Name of Organisation Alerter works for	

d of Discussions and
the case and Triage)

Overview of the form:

This form is designed to capture the fact finding and initial discussions that surround the very early stages of an alert and should be used to allow you to make a decision as to

whether to carry forward this case to a strategy discussion/meeting. Also to record how you have identified and managed any immediate risks.

Section	Subsection	SF2 Record of Discussions and Outcomes
Personal details of Adult at Risk		When completing electronically this information will transfer over automatically. However, please check for accuracy.
If the Adult at Risk has a service how is this funded?		Choose on of the options. If the customer si funded by another authority, you now need to follow the procedure for informing another authority of a safeguarding alert for one of their customers.
Record of Discussions and Outcomes		This section of the form should be used as a brief log of any discussion you have had around the case (i.e. fact finding). This should also include the discussion you have had with the adult at risk. Only under exceptional circumstances should the adult at risk be excluded.
	Date and Time	Record here the date and time of the discussion, it will allow you to keep an accurate record of timescales.
	Details of all people involved	Where there has been a discussion with multiple people record names (and if possible contact details) including the persons job title.
	Decision/Action	Following the discussion mark down what decision was taken (and by whom). Or what action was decided upon, who has responsibility for the action and what deadline has been given.
Risk Assessment		The actions headings under this section are self explanatory and allow you to note down any continuing risk, actions being taken by who and within what timeframe.
Outcomes of Discussion		<p>Following your discussions and after weighing up the decisions made, actions taken and risk you will need to make a decision whether to continue further.</p> <p>In this section there are 2 options.</p> <ol style="list-style-type: none"> 1) Proceed to safeguarding Strategy. Where you have chosen this option move then straight to the "Give details of what feedback...." Section. If you choose this option the next form will open. 2) No further action to be taken... Where no further action is chosen using the free text box outline your rationale.
Alternative Outcome to Safeguarding Adults Procedure		<p>Only fill this section in if the case is not continuing as safeguarding referral. Choosing all actions that are appropriate.</p> <p>Where there are other outcomes recognised which are not represented in the options selection, use the "Other" option to free text enter the additional outcome.</p>
Give details of what feedback is given to who at this stage		<p>Feedback should be given no matter what the Outcome.</p> <p>Record here the name (and designation i.e. adult at risk, adult at risk representative, alerter etc).</p>

		The alerter and the adult at risk (where appropriate) should be advised of the decision and next steps.
Decision Maker details		<p>Details filled in here must be those of the decision maker (i.e. the manager in charge of the case) and not the person filling in the form.</p> <p>Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.</p>

SF 3 – Safeguarding Adults Strategy Outcomes (Responsibility of manager in charge of the case)

Overview of the form:

This form is designed to capture the outcome following a strategy discussion/meeting.

Section	Subsection	SF3 Strategy Outcomes
Details of the Adult at Risk		When completing electronically this information will transfer over automatically. However, please check for accuracy.

	Date of Strategy	Enter the date that the strategy meeting/discussion was held.
	Chair of Strategy	Enter the name of the Strategy meeting Chair – or in the case of a strategy discussion, the name of the person leading the discussion. If this person is not from Adult Care Services, also enter the name of the organisation they work for and their job title.
	Has the adult at risk given consent?	Answer either yes or no. If the answer is “No” enter the reason for the decline to consent.
	Has a mental capacity assessment been completed....	Note – a mental capacity assessment will only have been conducted where the persons capacity is in questioned. It is acceptable to answer “No” for this section, and give the reason (in free text) as “No reason to doubt capacity”.
	Is there anybody who could act as an Advocate for the adult at risk?	Choose “Not Applicable” – where a person has capacity to make decisions for themselves regarding the abuse that is being perpetrated against them. Choose “No” - Where a person lacks capacity to make decisions around the abuse being perpetrated against them but has no one i.e. family or friends etc to act for them Choose “ Yes” - Where a person lacks capacity to make decisions around the abuse being perpetrated against them but has family or friends etc who are prepared to act for them. Using the free text option advise the name and contact details of the advocate and also the nature of their relationship to the adult at risk.
Decision Made at Strategy	No further Action	Following the strategy meeting/discussion: Choose the “No Further Action” option where it has been decided that there is going to be no further action in respect of safeguarding adults procedures. You will be asked to choose a reason for selecting no further action. Choose the most appropriate action. Where there is no appropriate category featured, choose the “Other” option and enter your reason.
	Proceed to Investigation	Following the strategy meeting/discussion: Choose the “Proceed to investigation” where it has been decided that a full investigation will be conducted. This will then open up the section ‘Investigation Details’ There are then 2 reminder boxes regarding assessment of immediate risk and action taken to minimise risk during the investigation – both of these should be chosen as “Yes”. However, where this has not happened the manager in charge of the case must ensure that appropriate action is carried out

		immediately in order to mitigate risk.
Investigation details	Investigator	<p>This section is a free text section for noting details of the person conducting the safeguarding investigation.</p> <p>Include:</p> <ul style="list-style-type: none"> • The name of the investigator. • Their job title. • Their contact details (phone number/email). • The name and contact details of their manager. • Confirmation that they are aware of being appointed.
	Other organisations	<p>This section is a free text section for noting the details of officers from other organisations involved in the safeguarding investigation</p> <p>Include:</p> <ul style="list-style-type: none"> • The names of the officers • Their job titles • Their contact details (phone number/email)
	Detail the Agreed Timescale	<p>This section is a free text section for noting the timeframe agreed at strategy for the completion of the investigation.</p> <p>E.g. Investigation to run from i.e. the 1st of August 2012 to the 27th of August 2012.</p> <p>Where it is known now that the investigation will not fall within the required timescales enter a note here.</p> <p>Note that unless there are exceptional circumstances, the timescale for investigation completion is 28 days from the decision to proceed.</p>
	What date has been set for the Outcome of Investigation Meeting?	<p>Enter agreed for the Outcome of Investigation Meeting.</p> <p>Where it is known now that the meeting will not fall within the required timescales enter a note here.</p> <p>Note: that the Outcome meeting must be held as soon as practicable after the investigation, but should be within 10 days after investigation concluded.</p>
	Sign off	<p>This document must be agreed by the Safeguarding Strategy Chair and dated.</p> <p>Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.</p>

SF 4 – Safeguarding Risk Management and Protection Plan

Responsibility of manager in charge of the case/investigation

Overview of Form:

This form is designed to outline the areas of concern/risk of abuse to the adult at risk detailing what action has been taken in order to manage risk of and by whom.

The form can be updated at any point, however should be initiated at the “Decision to Proceed” stage.

Section	Subsection	SF4 Risk Management and Protection Plan
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Date Completed and Version Number		<p>This document has been designed so that it can be updated as the safeguarding referral progresses.</p> <p>Therefore when entering the details in this section, firstly enter the date which you initiated/amended the form and which version of the form your document relates to. The numbering of the forms will run concurrently i.e. 1,2,3 etc.</p> <p>No form should be overwritten there should be a document for each version. PROTOCOL will allow you to copy forward each form, so you do not have to type the whole thing each time.</p>
Details of the Adult at Risk		When completing electronically this information will transfer over automatically. However, please check for accuracy.
Risk	Area of Risk/Concern	<p>Free text – Briefly detail what the risk/concern is.</p> <p>Every area of risk/every concern must be detailed separately.</p>
	Risk to Whom	Name the person at risk, in most circumstances this will be the adult at risk as named in the original referral.
	Level of Seriousness	Use “risk assessment” to work out either low, medium or high risk.
	Action to be taken to manage the risk	Free text – outline action taken, again this needs to be repeated for every area of risk/every concern.
	By whom & when....	Detail who has responsibility for the corresponding action, their name, designation, and agency. Also advised the date for action completion.
Review and Management	Agreed to be reviewed	<p>There are a number of options under this list i.e. daily, weekly, fortnightly etc.</p> <p>Chose the most appropriate option, however make sure that</p> <ol style="list-style-type: none"> 1) the frequency of the review matches the risk i.e. high risk will need a more frequent review than that of a lower risk 2) the review frequency is achievable 3) the review frequency is proportionate – in that reviewing would not cause unnecessary distress or be seen as oppressive. <p>There must then be a record of this being completed on PROTOCOL.</p>
	Nominated Person	Free text – enter the name, and designation and contact details of the person in charge of conducting the reviews.
	Manager in charge of reviews	Free text – enter the name and contact details of the Manager with responsibility for ensuring the reviews are conducted on time. This normally will be the manager of the person nominated to conduct the review.
	Dates reviews completed	This section should be updated by the Nominated Person as and when they conduct the reviews.

SF 5 – Safeguarding Adults Investigating Officer Report

Responsibility of Investigating Officer – over seen by Investigating Officer's Manager

Overview of Form:

This form is designed to bring together the investigation findings in order to support the members of the Outcome of Investigation meeting to make a decision regarding whether abuse has occurred or not and what further actions need to be taken.

This is the key report within the safeguarding investigation process.

Section	Subsection	SF5 – Investigating Officers Report
Details of the Adults at risk		<p>When completing electronically the majority of this information will transfer over automatically. However, please check for accuracy.</p> <p>Free Text – complete the details of the Investigating Officer their line manager, the manager in charge of the case, date of investigation initiation and conclusion.</p>
Background	Details of Allegation	<p>Free Text – give details of the nature of the abuse and a brief history when it happened, where the abuse took place, how many times did it happen and whether it was witnessed.</p> <p>Also advise in this section whether the initial report (i.e. the abuse noted on the SF1 form) was different from what came out in the investigation.</p> <p>For example the abuse of neglect was reported as an adult at risk was not receiving proper care – however on investigation it turned out to be financial abuse as the family were withholding funds and therefore care was not being paid for.</p>
	Actions taken upon receipt of allegation	<p>Give a brief chronology of what action has been taken to support the adult at risk (some of this will be held on form SF2).</p> <p>Also advise whether any other action has been taken i.e. person causing harm has been arrested, HR investigation has commenced etc.</p>
	Chronology of events	<p>List here the main events in date order starting from the date the alert was received – work through the safeguarding process i.e.</p> <p>Date alert received – 12/12/12 Initial fact finding completed – 12/12/12 Date decision to proceed made – 13/12/12 Right through to the completion of investigation. Also include dates in which you spoke or interviewed people.</p> <p>Where timescales have not been met explain the reasons why.</p>
	Details of any previous safeguarding concerns	<p>Give a brief overview of any previous safeguardings including date, nature of abuse incident and the outcome.</p> <p>Additionally if there are any other significant incidents or events that did not result in a safeguarding but are relevant to</p>

		the overall picture include details here. Again including date, nature of incident and the outcome.
Investigation	Details of organisations involved in the investigation	Detail here the name of the organisation, the lead person(s) for that organisation and what their involvement was with the adult at risk or the person causing harm. Also note here if the organisation did not cooperate with the investigation and the reasons for their non cooperation.
	Detail of any others that are involved in the investigation	Detail here anyone else who doesn't belong to an organisation and who has had some involvement in the investigation i.e. friends, family neighbours, solicitor etc.
Details of Investigative activities	Activity	Detail the nature of the activity i.e. interview, medical, copied records etc. Detail here who carried out the activity and what organisation they worked for.
	Date	Give here the date of the activity, if the activity took place over a number of days enter the " to and "from" dates.
	Comments/ Information	Detail here what the outcome of the activity was and any other salient points relating to the carrying out of the activity. i.e. did the activity work/achieve its purpose.
	Details of evidence collated and attached to the report	List the additional documentation you have included with the report. These should all be saved in attached documents in the safeguarding module on PROTOCOL. i.e. statements, incident reports, risk assessment and management plan etc.
	Adult at Risk/ Representative views	As part of the investigation and the ongoing process the adult at risk views should be sought throughout. Or if they lack capacity the views of their representative should be sought. Detail their comments about the abuse, the investigation and what they would like to see/or not see regarding the outcome and action taken. Where possible also seek their views as to whether they feel safe from further abuse.
Summary from Investigating Officers Perspective	Analysis of evidence/ Continuing risks	Summarise what you have been able to prove (based on balance of probability) and whether there are any factors that still remain unclear. Try to provide enough detail to be clear, but it should be a summary. The detail is in the attached documents which you can refer to. Also advise as to whether you feel that there is continuing risk to the adult at risk or others.
	Do you feel you have the evidence to reach an overall outcome ...	This is your opinion as an Investigating Officer as to what you feel the outcome of the investigation should be. It is not the final outcome. This is agreed at the meeting and recorded when the case is closed. Option selection: Choose from the following options: <u>Substantiated</u> - where all of the allegations of abuse are substantiated on the balance of probabilities.

		<p><u>Partially substantiated</u> – This would apply to cases where it has been possible to substantiate some but not all of the allegations made on the balance of probabilities. For example <i>‘it was possible to substantiate the physical abuse but it was not possible to substantiate the allegation of financial abuse’</i>.</p> <p><u>Not determined/Inconclusive</u> - This would apply to cases where it is not possible to record an outcome against any of the other categories. For example, where suspicions remain but there is no clear evidence</p> <p><u>Not substantiated</u> - It is not possible to substantiate on the balance of probabilities any of the allegations of abuse made.</p> <p><u>Investigation Ceased at Individuals Request</u> - This would apply if the adult at risk had capacity to make the decision that they no longer wished for the investigation to proceed and there was no significant risk to others or no criminal act involved.</p>
	Recommended Actions	Detail here what actions you feel still need to take place and where possible who should undertake them and by when.
	Signatures	<p>Sign and date the document before submitting to the Outcome of Investigation meeting.</p> <p>Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.</p>

SF 6 – Safeguarding Adults Form Summary and Outcome of Safeguarding Investigation

Responsibility of the Manager in charge of the case

Overview of document:

This document will officially record the conclusion of the Outcome of Investigation Meeting and is used to provide information for the National Information Centre annual statutory data return for Adult Safeguarding.

Section	Subsection	SF6 – Summary and Outcome of Safeguarding Investigation
Details of the Adults at risk		<p>When completing electronically the majority of this information will transfer over automatically. However, please check for accuracy.</p> <p>However, you will have to enter the name and designation of the investigating officer and the manager in charge of the case.</p>
Summary and Outcome	Are lessons learnt to be shared	<p>Option selection: Choose from the following options:</p> <p>Yes or No</p> <p>Where the “Yes” option has been selected detail what the lessons learnt are and how they have been disseminated.</p>
	Who is to receive feedback and who will do this?	<p>Detail the names (and if possible contact numbers) of all those who are to be advise of the outcome, in addition who has responsibility in contacting that person and by when.</p> <p>Consider feeding back to:</p> <p>Contracts and Compliance</p> <p>CQC</p> <p>Regulatory bodies</p> <p>Any persons involved in parallel investigations</p> <p>The adult at risk and/or their representative should always be contact and advised of the outcome.</p> <p>Any of the main participants involved in the investigation should also be advised of the outcome (in particular if they were unable to attend the meeting).</p> <p>The person causing harm should also be advised of the outcome unless doing so would damage parallel investigations.</p>
	Do you Consider that for the Adult at Risk the;	<p>Risk Remains</p> <p>Risk is Reduced</p> <p>Risk is Removed</p> <p>Select an option.</p>
Planned Review	Is the case to remain open and a planned review to take place?	<p>Option selection: Choose from the following options:</p> <p>Yes – where a protection plan has been put in place and further meetings need to occur to ensure that the adult at risk is properly protected from further abuse. Also if actions have</p>

		<p>been agreed and a further meeting is required to ensure these have been completed.</p> <p>Reviews may also occur where the not determined/inconclusive decision has been reached but where it is felt that risk still may be present.</p> <p>No- where the conclusion from the meeting is one of “Not Substantiated”.</p>
	Date of Planned review	Enter date of review/review meeting.
	Signatures	<p>Sign and date the document</p> <p>Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.</p>

SF 7 – Review Meeting/Discussion Outcomes

Responsibility of the Manager in charge of the case

Overview of Form:

This form is designed to capture the outcome of a review meeting/discussion.

Section	Subsection	SF7– Summary and Outcome of Safeguarding Investigation
Details of Adult at Risk		<p>When completing electronically the majority of this information will transfer over automatically. However, please check for accuracy.</p> <p>However, you will need to enter:</p> <ol style="list-style-type: none">1) Date of the Review Meeting and;2) Details of the Chair of the Review meeting (name and designation)
Reason for the review meeting taking place		<p>Detail the reasons for holding the meeting i.e. to review the effectiveness of the protection plan and to ensure the actions from the Outcome of Investigation Meeting/Previous Review meeting have been completed.</p>
Decisions made at the review meeting		<p>Detail any significant decisions, whether they were fully or partially agreed by the meeting attendees. Where there is an objection to a decision note</p> <ol style="list-style-type: none">1) What the decision was2) The name and designation of the person who is objecting and the reason for the objection.3) Who took the responsibility for overriding the objection (this should generally be the meeting chair). <p>By each decision highlight whether the adult at risk/their representative agreed with the decision.</p>
Agreed actions from the review meeting		<p>Detail agreed action, who has responsibility for them and the agreed date of completion.</p>
Outcome of the review meeting		<p>Option selection: Choose from the following options:</p> <p>Further review required – this is where it is felt there is continuing risk of abuse, or where significant actions have not been completed.</p> <p>Close Case – this is where there is no further action needed to protect the adult at risk from abuse.</p>
Signatures		<p>Sign and date the document</p> <p>Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.</p>

Safeguarding Closure Form

Responsibility of the Manager in charge of the case

Overview of Form:

This form is designed to capture the mandatory information required for a safeguarding case, which includes the outcome for the adult at risk and the person alleged to have caused harm. This could be completed at any stage where it is agreed NFA.

Outcome of the Investigation	Overall outcome of the investigation.	<p>This is what was agreed and minuted at the Outcome Meeting. Choose the correct option;</p> <p><u>Substantiated</u> - where all of the allegations of abuse are substantiated on the balance of probabilities.</p> <p><u>Partially substantiated</u> – This would apply to cases where it has been possible to substantiate some but not all of the allegations made on the balance of probabilities. For example <i>'it was possible to substantiate the physical abuse but it was not possible to substantiate the allegation of financial abuse'</i>.</p> <p><u>Not determined/Inconclusive</u> - This would apply to cases where it is not possible to record an outcome against any of the other categories. For example, where suspicions remain but there is no clear evidence</p> <p><u>Not substantiated</u> - It is not possible to substantiate on the balance of probabilities any of the allegations of abuse made.</p> <p><u>Investigation Ceased at Individuals Request</u> - This would apply if the adult at risk had capacity to make the decision that they no longer wished for the investigation to proceed and there was no significant risk to others or no criminal act involved.</p>
	Investigation leading to a serious case review?	This is also agreed and minuted at the outcome meeting.
Outcome of investigation for Adult at Risk		<p>Option selection: There are a number options available, choose all that are appropriate.</p> <p>Where there is no appropriate category featured, choose the "Other" option and free text your reason.</p>
	Is the vulnerable Adult assessed as lacking capacity?	Select 'Yes, or 'No'. If select 'Yes' ensure record who supported them through the process.
	Does the adult at risk accept the protection plan?	<p>Option selection: Choose from the following options:</p> <p>Yes – where an adult with capacity has directly advised that they will accept the protection plan.</p> <p>No – where an adults with capacity has directly advised that they will not accept the protection plan.</p> <p>Could not consent – this involves an adult who does not have the capacity to consent to a plan and therefore where a plan</p>

		has been put together under “Best Interest rules”. Not Applicable – as no Protection plan to be put in place.
	Do you consider that for the Adult at Risk the;	Risk Remains Risk is Reduced Risk is Removed Choose one option. If risk remains should be protection plan still in place.
Outcome of the investigation for the Person Causing Harm....		Option selection: There are a number options available, choose all that are appropriate. This relates to the outcome for the person, organisation or service who perpetrated the abuse. Where there is no appropriate category featured, choose the “Other” option and free text your reason.
Please State the reason(s) for the case closure.		To confirm why the case has been closed, could be investigation completed, not a safeguarding, no consent given
Signatures		Sign and date the document Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.

ST1 – Strategy Meeting Minutes Template

Responsibility of Meeting Chair and minute taker

Overview of Template:

This template should be used for strategy meetings only. The responsibility for ensuring this document is put forward as a true reflection of the meeting falls to the Meeting Chair (this will however in the majority of the cases also be the manager in charge of the case).

The following guidance differs slightly from the form guidance in that both the chair of the Strategy Meeting and the Minute Taker have responsibilities within the Strategy meeting. The responsibilities actions of the minute taker and actions/considerations required of the Meeting Chair will be shown separately (however Chairs note, for more detailed guidance around Strategy meetings see the Stage 3 guidance notes).

Minute takers as basic standard must:

- Ensure confidentiality statement is passed round the group, signed (including by any latecomers) collected.
- Ensure copies of relevant documentation are distributed before or at the meeting.
- Record attendance, apologies and names of those people who did not attend.
- Note down salient points within meeting including the initials of the person who made the point.
- Note down any action points, again with the initials of the person responsible for the action clearly noted, and a where possible the date by which they must have completed the action.
- Ensure that the notes are signed off by the Meeting Chair before they are distributed to the group, distribution should be within 5 working days of the meeting being held.
- Place meeting minutes and confidentiality statement onto Protocol.

Other duties may include:

Arranging meetings, booking rooms and tracking meeting attendance.

Section	Subsection	ST1 – Strategy Meeting Minutes Template
Initial Details		<p>Minute Taker</p> <p>Under “Present” and “Apologies” enter the person’s name and their organisation also denote what initials will be used to identify that person within minutes i.e. John Smith (JS).</p> <p>Use the apologies section to note all those people who were asked to attend but either could not attend or did not respond. For those who did not respond not at the side “dr”.</p> <p>This will allow the chair to chase up any key people who may not have been aware of the strategy meeting.</p>
Agenda Items	1 Introductions/ Purpose of Meeting/ Confidentiality statement	<p>Meeting Chair</p> <p>Prior to the meeting ensure that all key representative are attending. Where they are not attending request they either send an appropriate deputy or provide any background information they can regarding the adult at risk and/or the person/organisation causing harm.</p> <p>Brief the minute taker re: attendees and apologies.</p>

		<p>During the meeting :</p> <ul style="list-style-type: none"> • Facilitate Introductions • Outline the purpose of the meeting i.e. To agree the plan for investigating the allegations of the abuse and to assess the needs re: immediate risk. <p>You may also want to underline the attendees responsibilities should and investigation go ahead (see Stage 3 guidance notes).</p> <p>Confidentiality Statement:</p> <ul style="list-style-type: none"> • Ensure that the statement has been passed round and signed by each attendee, and that any late comers also sign the statement. • Read out the statement, and whether anyone has any questions re: confidentiality before the meeting starts in full. <p>Minute Taker</p> <p>For introductions a simple line “Attendees introduced themselves and advise their role in relation to the strategy meeting” will suffice.</p> <p>Purpose of the Meeting – this can be a simple statement such as “The purpose of the meeting is to discuss a strategy for investigating allegations of (enter type of abuse) against (enter at risk adults name).</p> <p>Confidentiality statement – again, this can be a simple statement such as: “The confidentiality statement was seen and signed by all attendees additionally the Chair formally read out the statement, invited any questions regarding the statement, no questions were raised - or (enter name of person asking question) asked (enter question) to which the chair replied (enter answer).</p>
	<p>2 Case Background: Allegations and Concerns</p>	<p>Meeting Chair</p> <p>Ensure you have any relevant paperwork i.e. alert information, body map, record of discussion and outcomes, risk management and protection plan, and any comments/statements from people who could not attend (including comments from the adult at risk/their representative).</p> <p>Outline the case background including:</p> <ul style="list-style-type: none"> • The name of the adult at risk • The nature of the alleged abuse, and whether any injuries occurred. • When and where the abuse is alleged to have happened. • Who the person/organisation causing harm is. <p>The majority of the above can be taken directly from the alert information (SF1 and SF1a).</p>

		<p>Also advise:</p> <ul style="list-style-type: none"> • Whether similar or related incidents have also occurred (i.e. any patterns, or suggestions of other abuse). • What action has already been taken to support the adult at risk. (i.e. from SF2) • What actions have already been taken regarding the person/organisation causing harm (again from SF2). <p>Minute Taker</p> <p>This section will be a brief overview given by the Chair however there may be other information brought to the table by attendees, ensure when recording minutes that you capture:</p> <ul style="list-style-type: none"> • The name of the adult at risk • The nature of the alleged abuse, and whether any injuries occurred. • When and where the abuse is alleged to have happened. • Who the person/organisation causing harm is. • Whether there have been any other similar incidents. • Actions already taken to either protect/support the adult at risk or relating to action taken regarding the person/organisation causing harm. • Any other key comments which add to the case background or alleged abuse.
	3 Mental Capacity and Consent of the adult at risk	<p>This section will explore whether the person's capacity directly relating to the issue of abuse has been tested, and the findings, however the meeting Chair may pass over to the adult at risks' social worker/other practitioner present.</p> <p>Consent: whether the adult at risk with capacity consents to the investigation/or not (see stage 2 guidance re: consent)</p> <p>Meeting Chair</p> <p><u>Before the meeting</u> - Capacity: where possible ascertain whether the person has capacity relating to the issue of abuse. Where capacity is in doubt, assessments may have already been completed – bring these to the meeting.</p> <p>Where capacity is in doubt but no assessment completed, ascertain when and who is conducting the assessment.</p> <p>Consent: ascertain whether the adult at risk consents to the investigation or not. If consent is not given (depending on circumstances) there may be a necessity to stop proceeding.</p> <p><u>During the meeting</u> – update the status regarding adult at risks capacity.</p> <p>Update the status regarding adult at risks consent.</p>

		<p>Where consent is not given, discuss the reasons for continuing or stopping the proceedings.</p> <p>Minute Taker Capacity, note: Who gave the update regarding capacity What they advised, and if stated when capacity was tested or when it will be tested or even whether there is no reason to test capacity.</p> <p>Consent: The discussion here will be around whether the person has consented/or not, whether they have capacity to consent. Note as to whether consent has been given or not. Who gave the update re: consent.</p> <p>Where consent is not given note the reasons why.</p> <p>Note the outcome of discussions and any actions that arise from this section.</p>
	4 Views/Expectations of the adult at risk	<p>This will be an opportunity for the adult at risk or their representative to outline their opinion of the alleged abuse.</p> <p>Meeting Chair Where the adult at risk/representative is attending, arrange to meet them before the meeting and advise them of the meeting purpose and structure and who will be in attendance. Ensure they are comfortable and willing to speak - if they are not comfortable with speaking go through what their views/feelings and wishes are advising that you will present this section to the meeting, but they are able to interject should they wish to.</p> <p>Where the adult at risk/representative cannot attend ensure these are brought to the meeting and presented. This can be done by you or by someone who is closely involved with the adult at risk.</p> <p>Minute Taker Note down the adult at risk's/representatives views feelings and wishes, in addition any other information they bring to the meeting which may prove useful during investigation. Also note any discrepancies they raise regarding the previous section (case background, allegations and concerns.)</p> <p>In some circumstances the adult at risk will not be able to/willing to attend. A written statement or notes from a conversation will be read to the meeting by the meeting Chair – it is acceptable to transcribe these notes directly into the minutes.</p>

		Any questions asked and responses should be noted. Note also the response of the group to the adults wishes and comments and any actions which may arise.
	5 Information about the Person Causing Harm	<p>Meeting Chair <u>Before the meeting</u> : where there is information known about the person causing harm <u>that is relevant</u> to the investigation ensure you bring this information to the meeting, however, you may need to rely on others for this.</p> <p>Where an organisation cannot attend, request that they provide you with a written briefing note on any information known.</p> <p><u>During the meeting</u>: give each organisation the opportunity to discuss and disclose relevant information. Where the person causing harm is not known, ascertain what can be done as part of the investigation to identify them.</p> <p>Minute Taker Record salient points was given and by whom, and any action already taken regarding the perpetrator.</p>
	6. Any concerns about the welfare of the Person Causing Harm	<p>Meeting Chair <u>Before the meeting</u>: ensure that any risk assessments and any notes you have access to relating to possible welfare concerns are brought to the meeting.</p> <p><u>During the meeting</u>: give each organisation he opportunity to discuss and disclose any relevant information. In particular the person closely associated with caring for the adult at risk, or the adult at risk themselves should be given the opportunity to speak/their views presented.</p> <p>Minute Taker Record any salient points and who they were raised by, and any action already taken regarding the person causing harm.</p>
	7. Strategy for investigation and allocating Investigation Officer	<p>Meeting Chair <u>Before the meeting</u>: where possible, identify who is going to be the investigating officer. Also where possible, review the information already received and have an outline of possible actions that need to be taken.</p> <p><u>During the meeting</u>: set a clear investigation plan, identifying timescales and actions and person(s) responsible for actions.</p> <p>Minute Taker Record the details of the plan i.e. what needs to happen and by when and who has been given responsibility for the action.</p>
	8.	<p>Meeting Chair <u>Before the meeting</u>: bring the SF4 risk management and</p>

	Risk Management and Protection Plan	<p>protection plan latest version and any other risk management plan completed by another organisation (i.e. the provider services)</p> <p><u>During the meeting:</u> With support from the group and the adult at risk/carer set a clear protection plan, identifying timescales and actions and officers responsible for the actions.</p> <p>Advise the minute taker as to whether the plan needs to be sent to a person/organisation not in attendance at the meeting.</p> <p><u>After the meeting:</u> update the SF4 to reflect the changes. Ensure that any person not at the meeting who has been given an action is advised.</p> <p>Minute Taker</p> <p>Note the area of risk or concern, who the risk is too, the action which is to be taken in order to manage the risk and who is responsible for taking that action.</p>
	9. Feedback to the Adult at Risk, Person Causing Harm, Alerter	<p>Meeting Chair</p> <p>Identify who will be providing feedback and by when. Discuss feedback within the meeting so that those involved are able to voice their opinions re: appropriateness etc.</p> <p><u>Feedback to Adult at Risk (their representative)</u></p> <p>Where the adult at risk is at the meeting ensure time is spent with them after the meeting to ensure that they have:</p> <ul style="list-style-type: none"> • Understood what has happened at the meeting, • Understood what has been agreed around the protection plan • And understand “what happens next”. <p>This is also the opportunity to find out whether the person is truly in agreement with the plans, and is comfortable with the process.</p> <p>Where the adult at risk is not at the meeting ensure that it is documented who is responsible for advising them of the above and feeding back any concerns/queries they may have.</p> <p><u>Feedback to the Person Causing Harm (where appropriate)</u></p> <p>Detailed feedback does not need to be given to the person causing harm (or their representative if they are also an adult at risk). However it is good practice to advise them that an investigation is beginning, the timescales, and that they will be advised of the outcome.</p> <p><u>Feedback to the Alerter:</u></p> <p>The alerter may also be an intrinsic part of the meeting. However, where they are not, it is good practice to advise them that an investigation has started; may however then not be appropriate to continue to keep them involved – that</p>

		<p>would depending on their relationship to the investigation.</p> <p>Minute Taker Again, note who is providing feedback to whom and by when.</p>
	<p>10.</p> <p>Note Concerns and Disagreements</p>	<p>Meeting Chair and Minute Taker It is essential that any concerns and disagreements are summarised here. Record – who raised the concern/disagreement and what was the outcome of the final decision made, reasons why and any action taken. Also note whether there was any agreement from other members of the group.</p> <p>Meeting Chair Ask the group to express any concerns or disagreements they have that have not already been raised.</p> <p>However, it is the Meeting Chair who would have the overall deciding factor.</p> <p>Where disagreements cannot be resolved, refer to the Bury Safeguarding Adults Multi Agency Policy (chapter 6)</p> <p>Minute Taker <u>During the meeting</u> - Where there is disagreement, note who disagreed with the outcome and their reasons. Also note Chair's response.</p> <p><u>After the meeting</u> – Summarise any concerns and disagreements in this section and the response, also indicate under what agenda item the concern was raised.</p>
	<p>11.</p> <p>Summarise Agreed Actions and Dates</p>	<p>Meeting Chair Recap the actions and timescales agreed.</p> <p>Minute Taker Bullet point the agreed actions, timescales and person responsible for the action.</p>
	<p>Date of Next Meeting</p>	<p>Meeting Chair Where possible set the date, time and venue for the Outcome of Investigation Meeting (or if needed further Strategy /Multi Agency Meeting).</p> <p>Minute Taker Note and record the date, time, venue and what type of meeting the next meeting will be i.e. Outcome of Investigation Meeting, Strategy Meeting, Multi Agency Meeting etc.</p> <p>Where the Chair has not been able to set the date for the meeting, support them in sending out meeting invitations once the details have been agreed.</p>

ST2 – Investigation Outcome Meeting Minutes Template

Responsibility of Meeting Chair and minute taker

Overview of Template:

This template should be used for Outcome of Investigation meetings only. The responsibility for ensuring this document is put forward as a true reflection of the

meeting falls to the meeting Chair (this will however in the majority of the cases also be the manager in charge of the case).

The following guidance slightly differs from the form guidance in that both the chair of the Outcome Meeting and the Minute Taker both have responsibilities within the Outcome meeting.

The responsibilities actions of the minute taker and actions/considerations required of the Meeting Chair will be shown separately (however Chairs note, for more detailed guidance around Outcome of Investigation Meetings see the Stage 5 guidance notes).

Minute takers as basic standard must:

- Ensure confidentiality statement is passed round the group, signed (including by any latecomers) collected.
- Record attendance, apologies and names of those people who did not attend.
- Note down salient points within meeting including the initials of the person who made the point.
- Note down any action points, again with the initials of the person responsible for the action clearly noted, and a where possible the date by which they must have completed the action.
- Ensure that the notes are signed off by the Meeting Chair before they are distributed to the group, distribution should be within 5 working days of the meeting being held.
- Place meeting minutes and confidentiality statement onto Protocol.

Section	Subsection	ST1 – Strategy Meeting Minutes Template
Initial Details		<p>Minute Taker</p> <p><u>Before the meeting</u> – ensure that you have the confidentiality statement which will record the names addresses and contact details of each person in attendance.</p> <p>Also liaise with the meeting Chair to see whether they need to bring copies of any documentation to the meeting.</p> <p><u>After the meeting</u> - Enter details as prompted by the form.</p> <p>Under “Present” and “Apologies” enter the person’s name and their organisation also note what initials will be used for that person throughout the rest of the minutes i.e. John Smith (JS).</p> <p>Use the apologies section to note all those people who were asked to attend but either could not attend due to other commitments or did not respond. For those who did not respond not at the side “dr”.</p> <p>This will allow the chair to chase up any key people who may not have been aware of the strategy meeting.</p>

		<p>Note this meeting will potentially be split into 2 stages, with the adult at risk only attending the meeting at agenda point 10 (Attendance of Adult at Risk or their Representative to hear feedback). The attendees from agenda point 10 will only be given minute notes from that point, therefore it is important that you keep a record of when attendees joined the meeting.</p>
Agenda Items	1 Introductions/ Purpose of Meeting/ Confidentiality statement	<p>Meeting Chair</p> <p><u>Before the meeting</u> –ensure that all key representative are attending. Where they are not attending request they either send an appropriate deputy or provide any background information they can regarding the adult at risk and/or the person/organisation causing harm.</p> <p>Brief the minute taker re: attendees and apologies.</p> <p>This is also an opportunity to invite the adult at risk (or their rep) to be involved in putting together the protection plan, whether the adult at risk(rep) is attending, you may wish to alter the running of the agenda slightly to accommodate them.</p> <p><u>During the meeting</u> - Ask everyone to introduce themselves, what organisation they are affiliated to.</p> <p>Outline the purpose of the meeting i.e.</p> <ul style="list-style-type: none"> • To review the investigation findings and establish actions dependant on the agreed outcome • To consider levels of current risk, agree the protection plan and protection plan review arrangements. • Outline the meeting format i.e. that it will be split into 2 parts, with the adult at risk (or rep) attending the second part for the protection planning. <p>Confidentiality Statement:</p> <ul style="list-style-type: none"> • Ensure that the statement has been passed round and signed by each attendee, and that any late comers also sign the statement. • Read out the statement, and whether anyone has any questions re: confidentiality before the meeting starts in full. <p>Minute Taker</p> <p>For introductions a simple line “Attendees introduced themselves. This meeting may be split into 2 sections, therefore you will need to note the attendees present at each section by their initials.</p> <p><u>Purpose of the Meeting</u> – this can be a simple statement such as “The purpose of the meeting is to review the</p>

		<p>investigation, establish whether abuse has occurred, and where relevant put in place actions to protect the adult at risk and manage the person causing harm.</p> <p><u>Confidentiality statement</u> – again, this can be a simple statement such as: “The confidentiality statement was seen and signed by all attendees additionally the Chair formally read out the statement, invited any questions regarding the statement, no questions were raised - or (enter name of person asking question) asked (enter question) to which the chair replied (enter answer).</p>
	2. Nature of Allegations and Summary of Circumstances to date with actions taken.	<p>Meeting Chair</p> <p>Prep before the meeting to ensure you know the background and current situation, bringing relevant reports with you i.e. original alert, risk management and protection plan.</p> <p>Give a brief summary of the initial alert and circumstances, and actions already taken.</p> <p>Minute Taker</p> <p>During the meeting: Bullet the Chair’s comments i.e. nature of the abuse (i.e. physical, financial etc), and actions taken to date.</p>
	3. Presentation of the Investigation Report(s)	<p>Meeting Chair</p> <p><u>Before the meeting</u> –ensure that you have read the investigation report(s) and clarified any queries with the investigating officer.</p> <p>This is particularly important if the investigating officer is unable to attend the meeting, as it would be your responsibility to present the investigation findings.</p> <p>Where possible (appropriate) arrange for the investigation report to be distributed to the attendees before the meeting.</p> <p><u>During the meeting</u> – support the investigating officer in their presentation.</p> <p>Minute Taker</p> <p><u>Before the meeting:</u> request a copy of the investigation report from the meeting Chair so that you can follow discussion.</p> <p><u>During the meeting:</u> Note who presented the report and any salient comments or challenges to the report including the initials of who raised the comment/challenge.</p> <p><u>After the meeting:</u></p> <p>Embed the investigation report into the minutes. This will save you needing to reproduce large sections of the report.</p>

	4. Outcomes of allegations – Decision	<p>Meeting Chair <u>During the meeting</u> – guide the group into making a decision around whether abuse occurred or not. Refer back to the standard of proof needed (see Stage 4 guidance).</p> <p>Where an overall majority decision cannot be reached, you will have the “deciding vote” ensure you explain your reasons for opting for a particular decision clearly to the group.</p> <p>Minute Taker During the meeting – Record the outcome decision i.e. substantiated, partially substantiated etc.</p> <p>Where there is disagreement, note who disagreed with the outcome and their reasons. Also note the reasons of the Chair for opting for a particular outcome.</p>
	5. Issues of continuing concern and risk	<p>Meeting Chair <u>Before the meeting:</u> again ensure that you have copies of risk management and protection.</p> <p><u>During the meeting:</u> Summarise and discuss known risks and any new risks that may have developed. Ensure that organisations involved have the opportunity to raise any concerns.</p> <p>Minute Taker Summarise the risks and note where new risks have been identified and note who has identified them. Also note any action taken to deal with the risk.</p>
	6. Concerns/actions required in relation to person causing harm	<p>Meeting Chair <u>During the meeting</u> Summarise and discuss known concerns and any new concerns that may have developed. Ensure that organisations involved have the opportunity to raise any concerns. Also summarise any action that has already been taken to support/deal with the person causing harm, again giving each organisation the opportunity to contribute. Where fresh action is needed or action is still pending, ensure that timescales for completion and responsible officers are identified.</p> <p>Minute Taker Summarise the concerns raised and note where new concerns have been identified and note who has identified them. Also note any action taken/agreed to support/deal with the person causing harm.</p>
	7. Note concerns and Disagreements	<p>Meeting Chair and Minute Taker It is essential that any concerns and disagreements are summarised here. Record – who raised the concern/disagreement and what</p>

		<p>was the outcome of the final decision made, reasons why and any action taken. Also note whether there was any agreement from other members of the group.</p> <p>Meeting Chair <u>During the meeting</u> – ask the group to express any concerns or disagreements they have that have not already been raised.</p> <p>However, it is the Meeting Chair who would have the overall deciding factor (as long as the majority of the group are in agreement).</p> <p>Minute Taker <u>During the meeting</u> - Where there is disagreement, note who disagreed with the outcome and their reasons. Also note Chairs response.</p> <p><u>After the meeting</u> – Summarise any concerns and disagreements in this section and the response, also indicate under what agenda item the concern was raised.</p>
	8. Agree feedback	<p>Meeting Chair Open the discussion around when feedback is going to be given and by whom to the :</p> <ul style="list-style-type: none"> • Person causing harm • The alerter • And to the adult at risk. <p>Minute Taker Again note who is feeding back to whom and by what date.</p>
	9. Agree Risk Management & Protection Plan	<p>Meeting Chair Work with the group to address the concerns/risks using the risk matrix to establish level of seriousness. Use the SF4 form to help you work through updating/establishing a protection plan. When the Adult at Risk or their representative attends later this should also be discussed with them for their views.</p> <p>Minute Taker <u>During the meeting</u> – utilise the SF4 form to help you log the elements required in the protection plan.</p> <p><u>After the meeting</u> – embed the protection plan in the meeting minutes, ensuring that anyone with actions relating to the protection plan who is not in attendance at the meeting is also forwarded a copy.</p>
	10. Attendance of Adult at risk/rep	<p>Meeting Chair <u>Before the meeting:</u> ensure that the views of the adult at risk are known these may have already been touched on during the investigation report.</p> <p>This section of the meeting is the point at which the adult at risk (if in attendance) will be invited into the meeting.</p>

		<p>It is probably prudent for the meeting Chair to call a short break at this point so that they can meet the adult at risk and advise them of the outcome of the investigation and brief them on what happens next.</p> <p>When the adult at risk (rep) arrives at the meeting, introductions should be repeated, (Minute Taker) and a note made of who is at this section of the meeting. Again the confidentiality statement needs to be passed around.</p> <p><u>During the meeting</u> – where the adult at risk (their rep) is present, outline again each concern/risk and seek their views.</p> <p><u>During the meeting:</u> Reiterate the views of the adult at risk (their rep). Discussing how to accommodate their views in any action taken. Where the views of the adult at risk are disregarded/not actionable ensure that clear reasons are given as to why the decision to disregard has been made.</p> <p>Minute Taker <u>During the meeting</u> Note each view/comment presented on behalf of the adult at risk and any comments made. In particular where a view/comment is disregarded or not considered to be actionable by the group, ensure the reasons for this are clearly noted.</p>
	11. Safeguarding Adults process completed/agree for review process....	<p>Meeting Chair <u>During the meeting</u> – where the process can now be completed i.e. there is no need for a review, advise the group of this. Where actions are still outstanding, set timescales for their completion.</p> <p>However, if the protection plan needs to be reviewed, where possible, set a date for review and agree who is to attend.</p> <p>Minute Taker <u>During the meeting -</u> note the Chairs comments. Where no further meetings will take place, make a note of any outstanding actions and the timeframe for completion (including who is responsible for those actions).</p> <p>Where a review meeting is planned note the date, time, venue and required attendees (if possible).</p> <p><u>After the meeting</u> – send meeting invites out where a further meeting is required.</p>
	12. Decide if a serious case review is required/ Dissemination of	<p>Meeting Chair <u>During meeting</u> – outline the considerations around forwarding for a serious case review. See stage 5 guidance notes for more information.</p>

	lessons learnt.	<p>Also consider what lessons can be learnt from the investigation as Chair is your responsibility to ensure lessons learnt are passed on. Discuss at the meeting what the main learning points are and how and who is going to disseminate them.</p> <p><u>After the meeting</u> – where moving to a serious case review has been agreed, ensure the process is triggered.</p> <p>Minute Taker <u>During meeting</u> – note the outcome of the decision whether or not the case is taken forward to a serious case review (and any disagreement).</p> <p>Note lessons learnt, and who has taken responsibility for disseminating those lessons learnt.</p>
	13. Summarise Agreed Actions and dates	<p>This section does not need to be discussed at the meeting.</p> <p>The Minute Taker can complete this following the meeting.</p>

ST3 – Review Meeting Minutes Template

Responsibility of Meeting Chair and minute taker

Overview of Template:

This template should be used for Review meetings only. The responsibility for ensuring this document is put forward as a true reflection of the meeting falls to the meeting Chair (this will however in the majority of the cases also be the manager in charge of the case).

The following guidance slightly differs from the form guidance in that both the chair of the Review Meeting and the Minute Taker both have responsibilities within the Review meeting.

The responsibilities actions of the minute taker and actions/considerations required of the Meeting Chair will be shown separately (however Chairs note, for more detailed guidance around Review Meetings see the Stage 6 guidance notes).

Minute takers as basic standard must:

- Ensure confidentiality statement is passed round the group, signed (including by any latecomers) collected.
- Record attendance, apologies and names of those people who did not attend.
- Note down salient points within meeting including the initials of the person who made the point.
- Note down any action points, again with the initials of the person responsible for the action clearly noted, and a where possible the date by which they must have completed the action.
- Ensure that the notes are signed off by the Meeting Chair before they are distributed to the group, distribution should be within 5 working days of the meeting being held.
- Place meeting minutes and confidentiality statement onto Protocol.

Section	Subsection	ST1 – Strategy Meeting Minutes Template
Initial Details		<p>Minute Taker</p> <p><u>Before the meeting</u> – ensure that you have the confidentiality statement which will record the names addresses and contact details of each person in attendance.</p> <p>Also liaise with the meeting Chair to see whether they need to bring copies of any documentation to the meeting.</p> <p><u>After the meeting</u> - Enter details as requested by the form.</p> <p>Under “Present” and “Apologies” enter the person’s name and their organisation also note what initials will be used for</p>

		<p>that person throughout the rest of the minutes i.e. John Smith (JS).</p> <p>Use the apologies section to note all those people who were asked to attend but either could not attend due to other commitments or did not respond. For those who did not respond not at the side “dr”.</p> <p>This will allow the chair to chase up any key people who may not have been aware of the strategy meeting.</p>
Agenda Items	1. Introductions/ Purpose of Meeting/ Confidentiality statement	<p>Meeting Chair</p> <p><u>Before the meeting</u> –ensure that all key representative are attending. Where they are not attending request they either send an appropriate deputy or provide any background information they can regarding the adult at risk and/or the person/organisation causing harm.</p> <p>Brief the minute taker re: attendees and apologies.</p> <p><u>During the meeting</u> - Ask everyone to introduce themselves, what organisation they are affiliated to.</p> <p>Outline the purpose of the meeting i.e.</p> <ul style="list-style-type: none"> • To ensure the actions in the protection plan have been implemented. • To decide whether any further action is needed. <p>Confidentiality Statement:</p> <ul style="list-style-type: none"> • Ensure that the statement has been passed round and signed by each attendee, and that any late comers also sign the statement. • Read out the statement, and whether anyone has any questions re: confidentiality before the meeting starts in full. <p>Minute Taker</p> <p>For introductions a simple line “Attendees introduced themselves.</p> <p>Purpose of the Meeting – this can be a simple statement such as “The purpose of the meeting is to review the protection plan.</p> <p>Confidentiality statement – again, this can be a simple statement such as: “The confidentiality statement was seen and signed by all attendees additionally the Chair formally read out the statement, invited any questions regarding the statement, no questions were raised - or (enter name of person asking question) asked (enter question) to which the chair replied (enter answer).</p>
	2. Minutes of last outcome/review	<p>Meeting Chair</p> <p>Go through and check for accuracy.</p>

	meeting	<p>Minute Taker Ensure noted is any amendments.</p>
	3. Actions from last outcome/review meeting	<p>Meeting Chair Go through and check have been completed</p> <p>Minute Taker Take record of what has/has not been completed and reasons why if not.</p>
	4. Feedback from all parties	<p>Meeting Chair Allow each person present to update from last meeting. This is where ST6 form would be presented.</p> <p>Minute Taker Take record of what fed back.</p>
	5. Review Risk Assessment and Protection Plan. Identify any other risks	<p>Meeting Chair Ensure that you have a copy of the most up to date version of the risk assessment and protection plan. Where officers unable to attend the meeting have actions, ensure that they submit an update before the meeting.</p> <p>Go through each risk and concern and identify whether they still stand or whether the risk has now ceased. Grade each risk again using risk assessment matrix, ensure that all actions agreed have been completed.</p> <p>Discuss with the group any new risks that may have occurred, using the risk assessment matrix to assess the level of seriousness and any actions required to mitigate the risk. Follow the format of the SF4 risk management and protection plan to identify the areas for consideration i.e. area of risk/concern, risk to whom, level of seriousness etc....</p> <p>If identified these risks will need to be added to the risk management and protection plan.</p> <p>Minute Taker Use the format of the existing SF4 Risk Management and Protection Plan update the areas of concern and actions taken etc. Following the meeting liaise with the meeting chair to update the SF4 form and embed into the meeting minutes.</p> <p>Use the format of the SF4 Risk Management and Protection Plan to note any new identified risks during the meeting. Following the meeting liaise with the meeting chair to update the SF4 form and embed into the meeting minutes.</p>
	6. Agree feedback	<p>Meeting Chair Open the discussion around when feedback is going to be given and by whom to the :</p>

		<ul style="list-style-type: none"> • Person causing harm • The alerter • And to the adult at risk. <p>Minute Taker Again note who is feeding back to whom and by what date.</p>
	7. Attendance of Adult at risk/rep	<p>Meeting Chair Ensure that the views of the adult at risk are known around whether the protection plan is working, whether they feel safer etc.</p> <p>Minute Taker Note each view/comment presented on behalf of the adult at risk and any comments made.</p>
	8. Safeguarding Adults Process completed/sign off....	<p>Meeting Chair Where the process can now be completed i.e. there is no need for a further review/review meeting, advise the group of this. Where actions are still outstanding, set timescales for their completion.</p> <p>However, if the protection plan still needs further review, where possible, set a date for review and agree who is to attend.</p> <p>Minute Taker Note the Chairs comments. Where no further meetings will take place, make a note of any outstanding actions and the timeframe for completion (including who is responsible for those actions).</p> <p>Where a review meeting is planned note the date, time, venue and required attendees (if possible).</p> <p><u>After the meeting</u> – send meeting invites out where a further meeting is required.</p>
	9. Decide if Referral is Required Elsewhere or alternative actions	<p>Meeting Chair Discuss with the group any alternative actions, this will not necessarily be actions that relate to dealing with the issue of safeguarding but may be general welfare concerns that will be need to be picked up through other routes.</p> <p>Note completion of actions under this section should not prevent a safeguarding case from being closed. However, mechanisms need to be put in place to ensure that these actions are completed. i.e. agreement by the person completing the action that they will update by a certain date.</p> <p>Minute Taker Note what action has been agreed, who is the responsible office and the action completion date.</p>
	10. Summarise Agreed Actions	<p>This section does not need to be discussed at the meeting.</p>

	and dates	The Minute Taker can complete this following the meeting.
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ST6 – Feedback on Outcome or Review Meeting Actions

Overview of Template:

This template should be used for Review meetings only to allow the Safeguarding case manager to feedback on progress since the last meeting and in particular agreed actions.

Section	Subsection	ST6 – Investigating Officers Report
Details of the Adults at risk		<p>When completing electronically the majority of this information will transfer over automatically. However, please check for accuracy.</p> <p>Free Text – complete the details of the person providing feedback and Manager responsible for the case. Insert date of the meeting.</p>
Background	Details of Allegation	Free Text – give details of the nature of the abuse (can copy from SF5).
	Actions agreed at Outcome/Review Meeting	Insert actions from ST2/3 minutes template.
Feedback on actions from Outcome/Review Meeting	Details of organisations involved in the actions	<p>Detail here the name of the organisation, the lead person(s) for that organisation and what their involvement was with the actions.</p> <p>Also note here if the organisation did not cooperate with completing the actions and the reasons for their non cooperation.</p>
	Detail of any others that are involved in the actions.	Detail here anyone else who doesn't belong to an organisation and who has had some involvement in the investigation i.e. friends, family neighbours, solicitor etc.
Details of activities	Activity	<p>Detail the nature of the activity i.e. training, disciplinary procedure</p> <p>Detail here who carried out the activity and what organisation they worked for.</p>
	Date	Give here the date of the activity, if the activity took place over a number of days enter the "to" and "from" dates.
	Comments/ Information	Detail here what the outcome of the activity was and any other salient points relating to the carrying out of the activity. i.e. did the activity work/achieve its purpose.
	Details of evidence collated and attached to the report	List the additional documentation you have included with the report. These should all be saved in attached documents in the safeguarding module on PROTOCOL.
Summary from Investigating Officers Perspective	Analysis of evidence/ Continuing risks	<p>Summarise what has been completed and whether there are any actions that still remain uncompleted or need further review. Try to provide enough detail to be clear, but it should be a summary. The detail is in the attached documents which you can refer to.</p> <p>Also advise as to whether you feel that there is continuing</p>

		risk to the adult at risk or others.
	Do you feel the actions have been completed?	This is your opinion as safeguarding Case Manager as to whether you feel all actions have been successfully completed. Select from; Yes No Partially Not Determined
	Recommended Actions	Detail here what further actions you feel still need to take place and where possible who should undertake them and by when.
	Signatures	Sign and date the document before submitting to the Outcome of Investigation meeting. Where filling in electronically and an electronic signature is not available – free texting a signature is acceptable.