

Case Discussions and Safeguarding Strategy Meeting Guidance

Case Discussion

Where there is a concern being expressed by one or more agency(s), which **falls short of an allegation or disclosure** being made, a **Case Discussion** must take place. This would normally take place between the key worker (care manager, CPN etc) and their line manager. Main points to consider include:

- Is the person currently safe?
- Is the person aware they are subject of an alert?
- Is there a need for protective action, either on a voluntary basis or through the courts?
- Is it likely to happen again?
- Is there enough information? It may be necessary to check with other agencies, and clarify the information given with the alert. Check the facts are correct.

This must be recorded in the case file.

Where an **allegation or disclosure** of abuse has been made, a **Safeguarding Strategy Meeting** may be called. This decision will be based on information/evidence available.

A Safeguarding Strategy Meeting is recommended where:

- Several different agencies have similar concerns
- A crime may have occurred
- Other legal or regulatory action may be needed
- Paid staff are implicated
- Other people may be at risk
- The degree of harm or distress experienced by the adult is significant
- There is significant level of risk to the adult and/or others

The Safeguarding Adults/Adult Protection Officer in Devon (different practice applies to Torbay Care Trust) will chair Safeguarding Strategy meetings where:

- A registered provider is involved
- More than one person is at risk
- CQC have concerns about the provider
- There are previous concerns
- It may be a service used by several teams
- It is likely to have a high profile

Strategy Meeting

A strategy meeting is an inter-agency forum to plan the process of the investigation.

Service users and their carers will not normally be invited to Strategy Meetings.

The first Strategy Meeting must take place as soon as possible and definitely within five working days of the initial alert or case discussion.

The Strategy Meetings will be **chaired by a senior practitioner** (preferably suitably trained). A Strategy Meeting will consider the following:

It is expected that all participants will contribute some information to the Strategy Meeting(s).

Reports to Strategy Meetings

Wherever possible, these should be in writing even if it is only a list of bullet points to back up an oral statement. This should be written by the person who is regarded as the key worker in the case e.g. care manager, community nurse. Reports should always be requested from people invited but unable to attend. Wherever possible, reports should be sent to the Chair before the day of the meeting.

A list of issues that need to be covered in a report:

- Details of the initial alert.
- Outline of this and any other previous related allegations/concerns.
- A pen-picture of the vulnerable adult(s) and their circumstances.
- An assessment of the vulnerable adult(s) in terms of consent, capacity and/or other legal issues, including a risk assessment.
- Any other relevant information including date of birth, address, who they live with.

Strategy Meeting Attendees

The following list is a guide to who should be invited to attend the Strategy Meetings. You should only invite those people who are relevant to the case.

The Alerter would not normally be invited to attend – a written record of their concerns or observations should be presented to the meeting.

Even when the meeting is set up by phone, a written invitation should be sent as confirmation. This should request a written report from anyone who is unable to attend.

It is important to note that when someone from a non-statutory service (e.g. voluntary organisations, independent care provider) is invited, it may be necessary to hold the meeting in two parts. This is particularly important where the Police are present – the information sharing protocol does not allow them to share confidential information outside the statutory services of the NHS, the Local Authority and the Care Quality Commission.

- Managers from investigating agencies.
- Police Supervisor/Officer(s).
- Social worker.
- Investigating social worker.
- Social Work Team Manager.

- Community Nurse.
- Community Psychiatric Nurse.
- Home Care Manager.
- Environmental Health Officer.
- Health Visitor.
- Care Quality Commission
- Human Resources.
- Housing Officer.
- Occupational Therapist.
- Probation Officer.
- Senior Health/Social Services Manager.
- Any voluntary agency known to be involved. NB Statutory agencies may not be able to share all information with voluntary agencies and the meeting may need two distinct parts.
- General Practitioner.
- Legal Practitioner/s.
- Procurement and contract team.

Strategy Meeting Issues

Issues that must be considered during any Strategy Meeting include:

- The wishes of the vulnerable adult
- Are there any doubts surrounding the vulnerable adult's mental capacity? If so, what are they and who has raised them?
- Is an assessment needed concerning the vulnerable adult's mental capacity in this situation? If so, who will arrange it and who will carry it out?
- Do you need to make a referral to the IMCA service?
- Have/will/can they give permission to involve agencies other than those represented at the meeting or in the discussions?
- How can the vulnerable adult's family or carers be involved if the vulnerable adult wants this? This includes such matters as:
 - Who should be interviewed?

- When is the best time for the interviews?
 - Will their involvement alert the alleged perpetrator and threaten the safety of the vulnerable adult and/or the collection of evidence?
 - Where is the best place for the interviews?
 - Does their current level of distress affect their involvement, and if so how?
 - Should they be present at any of the meetings or are there more appropriate ways for them to contribute to the decision making?
 - Support groups.
 - Social work support.
 - Carer representation.
- Is there a need to break confidentiality?
 - Who is going to lead and therefore co-ordinate the investigations?
 - Is the allocated key worker/care manager to take part in the investigation or will they have a support role only?
 - Who will take responsibility for keeping the vulnerable adult, alerter, carers and so on informed of events?
 - Have issues of gender, race, culture, language, communication been considered? Is an interpreter or signer needed?
 - What practical assistance would facilitate the vulnerable adult's involvement? This includes:
 - Transport to medical appointments or interviews.
 - Assistance with child care arrangements.
 - Fully accessible interview venues.
 - Is the giving of video evidence appropriate?
 - How can information about the vulnerable adult and the alleged incident(s) best be gathered?
 - Are criminal proceedings a possible outcome?
 - Is there a need for co-ordinated interviews to avoid repeat interviewing?
 - Is there a need for a formal interview to take place with the involvement and under the direction of the Police?
 - Is there a need for the vulnerable adult/perpetrator to undergo a medical examination? Who will carry out the examination(s) and what will be the necessary arrangements?

- Is it possible that there are other abused people?
- Are there children potentially at risk? Does a referral need to be made to Safeguarding Children?
- When, how and by whom is the alleged perpetrator to be informed about the allegations?
- Is the alleged perpetrator in need of community care services?
 - Will they need social work support?
 - Will they need an Appropriate Adult for Police interviews?
 - If they are in need of community care services, a separate Safeguarding Conference must be arranged specifically to consider their needs.
- Who will support the vulnerable adult after the investigation?
- Action plan
- Date, time and venue for the Safeguarding Conference.