

# **WBSAB**



## **Practical Guidance for the Completion and Submission of the VA1 Inter-Agency Adult Protection Referral Form**

**Signed by WBSAB Chair: dd/mm/yyyy**

## **1. Introduction:**

**1.1** The following guidance is provided for the benefit of any person who wishes to make a referral. The guidance specifically relates to the use of the standardised inter-agency adult protection referral form (VA1), used by Social Services, Health organisations and the Police.

**1.2** This guidance should not be considered as being totally prescriptive in that it may not always be appropriate for every 'referral' scenario that is likely to be encountered. Where this is apparent, advice should be taken from your local Adult Protection /Safeguarding Team or your own Designated Lead Manager.

**1.3** This guidance is primarily based on the Wales Policy and Procedures for the Protection of Vulnerable Adults

## **2. Initial considerations regarding the responsibilities of Practitioners and Line Managers:**

**2.1** All agencies involved in the care, support and protection of Vulnerable Adults have a duty and responsibility to ensure that they are protected from any form of abuse or inappropriate care. If you suspect or are told that a vulnerable adult is being abused, you **must** ensure this is reported and the matter formally recorded using the VA1 Adult Protection Referral Form.

## **3. It is very important that everyone remember the following key principles which relate to the 'referral' process:**

- You must never assume that somebody else will recognise and report when vulnerable adults are at risk.
- Any person who reports their concerns has a right to be assured that these will be fully investigated.
- Having regard to their mental capacity, all vulnerable adults have a right to self-determination and involvement in the decision making process.

## **4. If someone tells you that they or another Vulnerable Adult is being abused:**

- Do not give any undertaking of absolute confidentiality as you have a responsibility to disclose information to those who need to know.
- Reassure them that the allegations/referral will be taken seriously.
- Listen carefully and sympathetically and bear in mind that an adult with learning disability/sensory impairment will sometimes require a person specialising in communications skills.

- If the abuse amounts to a criminal assault, the Police should be contacted and any physical evidence preserved.
- Avoid asking the victim leading questions about the alleged abuse and avoid intrusive questioning.
- Note what the vulnerable adult tells you using their exact words.
- Do not confront the alleged abuser.
- Do not investigate the matter yourself
- Report the details to your line manager or Designated Lead Manager without delay.

If the behaviour of a co-worker, colleague or other member of staff causes you concern:

- Do not dismiss your concerns.
- Do not confront the person about whom you have concerns.
- If concerned about the conduct of a colleague in your workplace, discuss these concerns with your line manager (or designated lead manager if the concerns involve your line manager).

**Always remember never delay reporting your concerns to a senior member of staff who is in a position to take positive action and ensure that a proper investigation takes place. Do not worry about being mistaken - it is better to have discussed your concerns with somebody who has the experience and responsibility to make an informed assessment and take positive action.**

**5. If unsatisfied with the response you receive, or the vulnerable adult(s) remains at risk of abuse with no apparent action taken to reduce this risk, follow up your concerns by contacting the person who is dealing with the matter.**

**5.1** If you remain dissatisfied with their explanation, contact your own Designated Lead Manager, your local adult protection/safeguarding team or the Police direct if the abuse constitutes a criminal offence.

**5.2** All staff who work in the caring services have a duty of care and a responsibility under the Public Interest Disclosure Act 1998 to report to their line manager any suspicion or allegation of abuse. If the alleged abuser is a colleague and/or member of staff, this may well entail 'whistle blowing'. In such cases, line managers and Heads of Department have a duty of care to staff that report abuse by colleagues and must endeavour to protect these individuals from potential retribution or intimidation.

**For details of Designated Lead Manager / Adult Protection/Safeguarding Teams look at Local authority/ Health Board websites.**

## **6. VA1 Referral Form – General Principles to be considered prior to completion:**

**6.1** The terms alert/concern/disclosure and referral are fully explained in the Wales Adult Protection Procedures and all practitioners and managers should have a good working awareness of the Guiding Principles relating to the 'Referral' and 'Decision-Making Process'.

**6.2** The VA1 adult protection referral form is essentially a 'fast-track' reporting document which once completed can be used to facilitate the 'first point of contact' communication between key agencies involved in the inter-agency 'referral' process. It can be used by **all** agencies involved in the care, support and protection of vulnerable adults.

Failure to complete the form in a reasonable time must not delay you reporting the matter verbally to your immediate line manager, Adult Protection/Safeguarding team or Designated Lead Manager at your earliest opportunity

### **6.3 The circumstances in which Practitioners and Managers complete the VA1 Referral form may vary considerably but the VA1 Referral form must always be completed when they:**

- Have some 'alerts/concern' that a form of abuse has taken place in respect of a vulnerable adult OR
- Have personally witnessed actions by a third party that has led to some form of abuse taking place against a vulnerable adult OR
- Are told by a vulnerable adult that some form of alleged abuse has taken place in respect of themselves OR
- Receive a direct referral or disclosure made by a third party.

**6.4** Details of the 'referral' must always be recorded accurately and without delay. This guidance should be followed.

**6.5** Any person with concern **must never** dismiss or disregard any 'referral' or disclosure made to them even if the circumstances surrounding the 'referral' suggests that it may be frivolous or spurious in nature. Even 'gut feelings' should not be discounted or ignored as these quite often may prove to have some substance.

**6.6** In support of this philosophy, practitioners and line managers **must never** make unilateral decisions or judgements that result in no further action being taking.

PRACTITIONERS AND LINE MANAGERS MUST NOTE THAT in circumstances where there may be an element of doubt as to whether the Adult Protection procedures should be invoked, the matter must always be discussed with your local adult protection/ Safeguarding team Or the Designated Lead Manager in your organisation.

## **7. Guidance on Completion of the VA1**

**7.1** The following explanations are provided for clarity and should be considered in the context of the corresponding questions set-out in the VA1 Adult Protection Referral form:

### **7.2 Question 1 – About the Vulnerable Adult:**

This is relatively straight forward and each sub-section of Q1 must be completed in respect of the person who is the subject of the alleged abuse.

- The date that the alert/concern is first raised should be recorded.
- Professional judgement may be required in relation to the main client category or area of need. The most appropriate category should be used.
- The case status may only be known by Local Authority Social Service departments. This detail may not be known at this stage in the process.
- **At this stage in the referral process it will only be necessary to record whether the vulnerable adult has the understanding or not to;**
- **Consent to this referral being made and**
- **Agree to any subsequent actions which may follow by way of protection or investigation.**
- **Any formal assessment of capacity will be the subject of discussion at any subsequent strategy discussion/meeting**

### **7.3 Question2 – About the alleged abuse/alert/ concern/disclosure:**

- The All Wales Policy Procedures provides guidance on the range of abuse categories.
- Whilst some details under Q2 may not be known at this stage, practitioners should not speculate or 'question' the alleged victim or alleged abuser to establish details about the circumstances of the alleged abuse.

It is imperative that the full details of any disclosure are recorded using the persons own words.

- Don't show shock or disbelief.
- Don't judge, e.g. say 'why didn't you stop them?'
- Don't ask detailed or leading questions.
- Don't press them for more details. This will be done later.
- Don't promise who will and will not be told, promise to keep it secret, or promise it will not happen again.
- Don't contaminate or remove any evidence.
- Don't give information about the disclosure to anyone except your manager or other appropriate person.

#### **7.4 BODY MAP**

Body Map is to be used to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care (as a precursor to medical/police photography).

Please draw on the body map in black ink, using the key to indicate the different types of injury (shading or alphabetic code), and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc. using arrows (a ruler is provided to assist with measurement):

#### **7.5 What actions have been taken to minimise or manage any identified risks to the vulnerable adult/s or others?**

Clearly document all actions undertaken to safeguard the vulnerable adult and/or others.

#### **7.6 Question 3 – About the person who is allegedly responsible for the abuse/ concern**

- Only complete this question if you have details of the person(s) who may be responsible. You must not 'question' the alleged victim for this information and if the identity of the alleged perpetrator is unknown, as this may compromise any future investigation. Q3 should be endorsed to that effect.

#### **7.7 Question 4 – Was the incident(s) of abuse / concern witnessed by anyone?**

- If there are known witnesses, details of these should be included. If there are no apparent witnesses, indicate 'No'
- The term 'witness' can refer to any person who may have some material information to provide regarding the alleged incident of abuse and/or neglect. This may not only relate to a person who 'saw' something but also to those

who may have heard something that may have some bearing on the incident. Although not specifically requested, it would assist the person appointed to investigate this matter, if details were provided of other persons who may be potential witnesses (staff members who were 'on duty' at time or persons visiting at the time of the alleged abuse/concern). Such details could be included on a separate sheet of paper and attached to the VA1

#### **7.8 Question 5 – About the person who first raised the concern**

#### **7.9 As explained in the sub-text of the question, this relates to the first person to draw attention to the alert/concern disclosure.**

- If more than one person reports the incident, then details of all the persons should be recorded and submitted with the VA1 Referral form using a separate sheet of paper.
- In exceptional circumstances, the person making the 'referral' may express a wish to remain anonymous. In such cases, you must respect this. Lead managers should note paragraph 2.6 of this guidance in such circumstances.
- Where the 'referral' is made by a member of staff in confidence under the auspices of the Public Interest Disclosure Act 1998 ('whistle-blowing') then every effort must be made to protect the anonymity of that person and provide the necessary support that may be required. In such circumstances, the person concerned may wish to seek assurances before making the disclosure that their anonymity will be respected and that appropriate support and protection from potential victimisation will be provided by their senior management.
- To achieve this level of assurance, the confidential disclosure made by this person may inevitably be made direct to a senior manager or above in which case, that person will then be responsible for completing the VA1 Referral form and invoking the Adult Protection procedures.

#### **7.10 Question 6 – Who was the report first made to?**

- This relates to the Practitioner who actually 'receives' the complaint or 'referral' made.

#### **7.11 Question 7 – Details of person completing this form:**

- This is to be completed in all cases prior to handing or sending the form to your line manager. You must complete the form at your earliest opportunity. Failure to do so MUST NOT delay you notifying your line manager of the circumstances of this 'referral'.
- It must always be remembered that if your immediate line manager or other member of staff is a potential suspect in the 'referral' made, the person

receiving the 'referral' should contact their Departmental Head direct and notify them of what has occurred.

**7.12 Question 8 – Additional information and comments:**

- The space provided can be utilised to include any additional information – if space is insufficient, use separate sheet of paper and attach to VA1 Referral Form.

**7.13 Line Managers are reminded that they have a responsibility to add any additional supporting information and to.**

- Evaluate reliability of source of information
- Consider the wishes of alleged victim, their mental capacity and the provision of informed consent in relation to this VA1 referral
- Confirm the alleged victim is informed of the reasons for any referral to the Police and that they understand the consequences of taking such action
- Collate any available information
- Record decisions and actions taken to date
- Submit VA1 referral without delay

<p>It is important that line managers sign of VA1 and input relevant information at the referral stage however if the line manager is not available this must not delay the submission of the VA1 and reporting the matter verbally to the Adult Protection/Safeguarding team or Designated Lead Manager at your earliest opportunity</p>
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