



Forensic Examination of Adults Interagency Policy

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Document Change History:			
Issue No	Page	Changes made	Date
Version 1		First Version	
Version 2		Second Version	
Version 3		Final Version	
Version 4		•	

FINAL

1. Objective of the Document

This policy covers the pilot of a Forensic Examination of Adults service across North Lincolnshire (NL) and East Riding of Yorkshire (ERY) Safeguarding Partnerships. The purpose of this policy is to provide an outline of the process that will be undertaken in relation to the consideration of, examination and reporting when adults at risk of harm have sustained an injury as a result of physical abuse or neglect and outline the governance framework that supports this pilot.

The aim is to provide consistent service delivery with agreed co-ordinated response times and effective communication with relevant system partners, including with two Local Authorities (LA), and Humberside Police (HP).

The complexity of the safeguarding notification will determine the nature and priority of response from the Safeguarding Service. Forensic examinations do not provide emergency treatment for injuries.

This policy applies to all staff undertaking forensic examinations for adults and any staff members involved in any part of the process including decision making panels.

2. Definition for Adult Safeguarding

The Principles of Adult Safeguarding

- **Empowerment** – Presumption of person led decisions and informed consent.
- **Protection** – Support and representation for those in greatest need.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

Background and context - Adult at risk of Harm:

The Care Act 2014 places a duty on local authorities to make enquiries, or cause others to do so, if it believes that an adult (aged 18 or over);

- Has needs for care and support (whether the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and
- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

At present if individuals in this group suffer an injury which is thought to be non-accidental as a result of abuse, no specialist service provision exists within adult safeguarding to allow the injury to be documented from a forensic perspective. The injury may well be documented for the purpose of treatment, but the clinician documenting the injury may not be appropriately trained to offer a forensic examination and opinion. There may also be a lack of recognition that the injury is as a result of abuse. Adults at risk of harm frequently have cognitive impairments which makes history taking more difficult and therefore easier for abuse to be overlooked. Therefore, a pilot for a Forensic Examination of Adults service across NL and ERY Safeguarding Partnerships has been agreed.

3. Roles / Responsibilities

3.1 CCG/ICB Safeguarding Team

- The CCG/ICB Safeguarding Adult Team will for the period of the forensic examination pilot, when available, provide a forensic medical examination service to aid in Section 42 enquiries, where this is deemed appropriate, and the staff have received the relevant training to do so. This will initially be the named GP for Safeguarding Adults. If the named GP is on leave it may not be possible to provide a forensic examination service.
- Where appropriate, contribute to plans to mitigate against the risk/s to an adult at risk of harm that have been identified via a section 42 enquiry, to which the forensic medical examination contributed.
- In the case of a potential criminal investigation the police investigation will take priority and advice will be sought from them to prevent contamination of any criminal evidence.
- Confirm that the Safeguarding concern has been notified via Local Authority by the reporter in line with the appropriate Safeguarding Adults Board Inter-agency Safeguarding Adult policy and procedures.
- Where appropriate, provide the Local Authority SAT with key contacts to support Section 42 enquiries i.e. CHC, Quality Assurance Teams, Named Safeguarding GP, Medicine Management Link.
- Provide the leadership for the Forensic Examination service for the Safeguarding partnership.

3.2 Local Authority Safeguarding Adults Team (SAT)

- All referrals for the Forensic Examination of Adults service will be made via the associated Local Authority Safeguarding Adult Team, highlighting that there is a potential non-accidental injury (NAI).
- SAT Screening and decision making will be consistent with current safeguarding SAB Multi-agency Policy and Procedures, however additional training will be provided to enable Adult Social Care to become adept at screening for NAIs.
- Where there are concerns that there may have been a NAI, the referral will be shared with Humberside Police by the SAT Manager/senior, for the Police to consider whether a crime has potentially been committed and therefore their involvement in deciding the next steps, as well as notification about any Strategy meeting.
- Where there are suspicions that there is a NAI, it may be appropriate to hold a Strategy Meeting. It is recognised that a Strategy Meeting may not be required for every case, and the decision to hold a meeting should be decided on a case by case basis by the SAT Manager, in collaboration with the Forensic Examiner.
- Decision making rationale in relation to Strategy Meetings must be clearly recorded.
- When a Strategy Meeting is required, the SAT Manager/senior will arrange the meeting including, where possible, a Forensic Examiner alongside the following;
 - Police decision maker,
 - Adult Social Care SAT Manager
 - Safeguarding Social Worker
 - Domestic Abuse Team Manager for Domestic Abuse cases or other appropriate support agency/IDVA (these cases must always fulfil the safeguarding adult's criteria, it is not for all domestic abuse cases).
 - IMCA or Care Act Advocate if appropriate
- Following the strategy meeting if concerns remain regarding a NAI/suspicious injury the SAT Manager/senior will ensure that there is a marker/red flag added to the appropriate IT system and adults own record to identify that this is a potential NAI. These records will continuously be updated and / or the flag removed where required as the case progresses.

- It will be the role of the identified SAT staff member who is working on the case to liaise with the alleged victim as well as family members/advocate unless something different is decided in the initial strategy meeting.

3.3 Police

- The Police will be contacted via their SPOC/Vulnerability Hub with a request for a priority strategy meeting outlining details and date the meeting is required.
- The police will undertake a series of actions prior to the strategy meeting. This will include commencing a crime report (if immediately appropriate), and completing the formal strategy paperwork which is the same as is used for children's NAI cases.

3.4 Forensic Examiner Role

- Once it has been agreed that the Section 42 will commence, this will need to include input from the Forensic Examiner.
- A Social worker will be required to attend the forensic examination with the Forensics examiner who has met the requirements of the Forensic Health Care Practitioner's Capability Framework.
- Liaise with any relevant professionals to gather all the required information prior to undertaking an examination. This includes any relevant information with regards to the Mental Capacity of the individual to consent to the examination and whether an advocate may be required.
- Write a report of the examination for the purpose of supporting with a Section 42 report and submit this within 5 working days utilising recognised body map forms ([proforma FFLM body maps](#)).
- Be prepared for the written report to be shared with the police if criminal activity is suspected.
- Appear in the appropriate court if a criminal prosecution is to take place.
- Contribute appropriately to any subsequent strategy meetings.
- For the purpose of quality assurance attend the Faculty of Forensic and Legal Medicines (FFLM) quarterly safeguarding adults peer review group or another appropriate peer review group
- During the pilot phase of the project if no forensic examiner is available an examination will not be able to be completed.

3.5 Completing the Section 42 Process

This will follow the policies and procedures already in place with the appropriate local authority which govern all adult safeguarding procedures.

4.0 Referrals

Referrals to the forensic examiner will need to be made via the appropriate Local Authority Safeguarding Adult Team, identifying on the referral form that there are suspicions of a NAI.

East Riding Safeguarding Adults Team referral form is found [here](#)

North Lincolnshire Safeguarding Adults Team referral form is found [here](#)

Referrals to the forensic examiner will need to be made via the appropriate Local Authority Safeguarding Adult Team, identifying on the referral form that there are suspicions of a NAI.

Referral routes into the Local Authority Safeguarding Adult Team (SAT) can come from any of the sources, the most likely being:

- Acute Trusts serving the two areas
- CQC
- Humberside Police Vulnerability Hub
- Quality Development Monitoring (QDM)/Provider Development Teams from the two
- Local Authorities
- Operational Safeguarding Adults Teams for the two Local Authorities (SAT)
- Independent Provider

The SAT and the QDM/Provider Development teams have a role in identifying clusters/trends arising in care homes/other commissioned provider settings and should there be a worrying cluster of suspicious or NAIs in any setting this should be referred into this process

5.0 Key stages in the Process

Please refer to the flowchart in Appendix 1. From the point at which it has been decided that a NAI may have occurred the following are the key stages;

- Hold a Multiagency Strategy meeting, coordinated by the SAT Manager, to include the Forensic Examiner and Police, ideally within 1-2 working days.
- Agree next steps in terms of any additional information required and whether a forensic examination will be offered (Strategy agenda guidance can be found in appendix 2).
- Arrange referral to the sexual assault referral centre (SARC) if any aspect of the assault was sexual for the victim. The victim may lack the capacity to describe whether the assault was sexual. Any assault involving the genitals or female breast should be referred to the SARC.
- Undertake the forensic examination where agreed, including documentation of findings on the Facility of Forensic and Legal Medicine Examination proforma and body map forms and complete a report for sharing back as part of the Section 42 enquiry.
- Only police photography will be utilised at this stage

All out of hours concerns should be reported via the above process and actioned on the next working day.

Contact details :

	East Riding	North Lincolnshire
Safeguarding Adults Team	01482 396940 safeguardingadultsteam@eastriding.gov.uk	01724 297000 adultprotectionteam@northlincs.gov.uk
Humberside Police	vulnerabilityhub@humberside.pnn.police.uk 01482 578486	vulnerabilityhub@humberside.pnn.police.uk 01724 241753
Forensics Examiner	Elisabeth.alton@nhs.net 07738893011	Elisabeth.alton@nhs.net 07738893011
Domestic Violence Team	Nicola Haslem DVAP Principal Officer Nicola.haslem@eastriding.gov.uk 01482 396330	Blue Door (Specialist domestic abuse advise) 0800 197 47 87 01724 841 947 info@thebluedoor.org
Sexual Assault Referral Centre	24 hour referral number 03302230181	24 hour referral number 03302230181

6.0 Information Sharing

All members of the Safeguarding Adult Board and partner and provider organisations need to share information on the care and support of adults at risk of abuse or neglect and on incidents that have harmed or have the potential to harm them. Information needs to be shared for a specific lawful purpose or where appropriate consent has been obtained with the right people at the right time.

There is a legal framework and a number of Acts and guidance which govern the sharing of personalised information, detail of what information is to be shared, how it will be shared and who it will be given to are important to follow to ensure compliance with the 8 principles of the Data Protection Act (2018), the Human Rights Act and duty of confidentiality. (Appendix 2)

The Forensic Medical Examiner must gain consent for the examination and subsequent information sharing with reference to the Mental Capacity Act 2005 and GPDR. The report written by the forensic examiner will form part of the Section 42 record held by the local authority and will be stored securely by them. A separate summary with the patient's consent will be sent to the alleged victim's general practitioner.

7.0 Competency / Training requirements

The Forensic Examiner must have undertaken training to enable them to perform the role and have met the requirements of the Forensic Health Care Practitioner's Capability Framework. They will work within the expectations of the policy document '*Forensic Medical Examiner- Adult Safeguarding Roles and Responsibilities*'.

For the purpose of quality assurance and ongoing support the Forensic Examiner will attend the FFLM quarterly safeguarding adults peer review group or another appropriate peer review group.

Safeguarding Adults teams and supporting partners will all receive forensic awareness training to support the implementation of the Pilot. A level 3 package of education has been written and will be made available to raise forensic awareness.

Members of the Safeguarding Adult Board will receive forensic awareness updates

where required.

8.0 Reporting and Governance arrangements

The Forensic Examiner Lead will present a quarterly report to the Safeguarding Assurance Group in each CCG/ICB Place for NL and ERY and also to the Safeguarding Adults Board.

Regional and National updates will also be required to be submitted by the relevant NHS England lead.

9.0 Consultation and Ratification

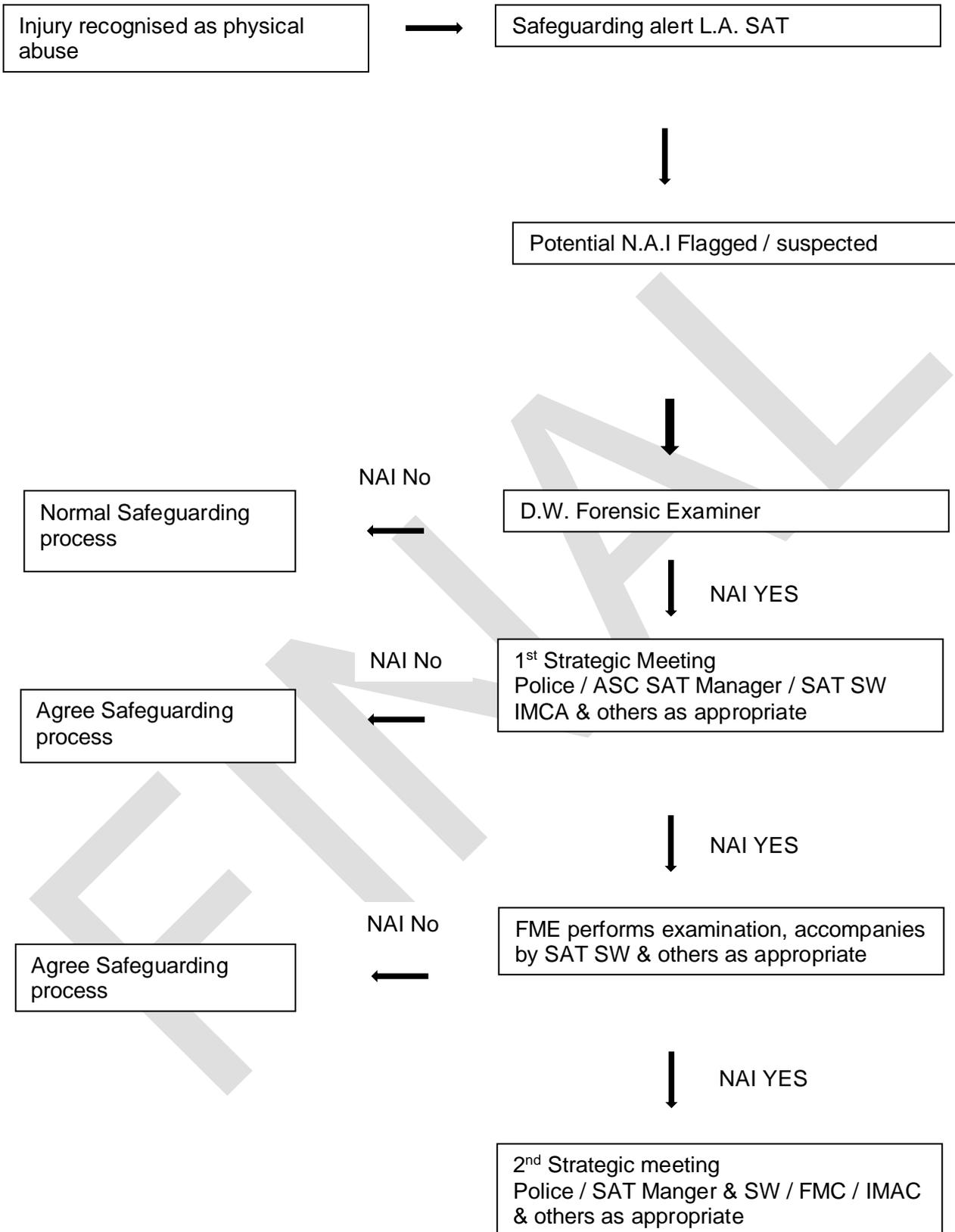
Consultation of the policy includes the following stakeholder groups:

- a) NL and ERY CCG/ICB
- b) North Lincolnshire Council
- c) Safeguarding Adults Board in NL and ERY
- d) Hull University Teaching Hospitals Foundation Trust
- e) Northern Lincolnshire and Goole NHS Foundation Trust

The Policy will be approved at both NL and ERY Safeguarding Adults Board

- 9.1 **Data Protection Act 2018_**
<https://www.legislation.gov.uk/ukpga/1998/29/part/II>
- 9.2 **[The Human Rights Act 1998](#)**
- 9.3 **[HM Government \(2014\) Care and Support Statutory Guidance. Care Act 2014. London:](#)**
- 9.4 **[Safeguarding Adults: The Role of Health Services \(DH 2011\)](#)**
- 9.5 **[Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework. NHS England \(2015\)](#)**
- 9.6 **[Care Act 2014](#)**
- 9.7 **[MCA 2005](#)**
- 9.8 **[Bournemouth University Mental Capacity Act Toolkit](#)**

Appendix 1



Appendix 2

Strategy Agenda guidance

- Appoint a chair (most likely SAT Manager or SSW). The views of the alleged victim should be taken into account when appointing a chair and selecting who attends the strategy meetings if appropriate.
- Consider at an early stage which professionals are needed at the strategy meeting to ensure the best outcome for the alleged victim.
- Consider what are the immediate actions that have or need to be taken to make the person/s safe
- Safety planning – alleged victim & other residents/household members
- Evidence gathering and sharing
- Update from the Police with regards to any criminal consideration and if so is the Police photographer required?
- Agree a plan of action/terms of reference of the enquiry
- Agree whether a Forensic examination is required and if so agree the social worker involvement
- Agree liaison with family taking in to account whether or not they are the alleged perpetrator
- Agree who reports to DBS if appropriate/required and whether any other relevant professional body needs informing of the alleged event/perpetrator
- Establish the wishes of the alleged victim in line with making safeguarding personal.
- Document the intelligence shared at the meeting and the decision-making outcomes, including and risks and mitigations.
- This strategy meeting should aim to mirror the arrangements in place when a child has suspected NAI.



Forensic Examination - Adult Victim of Suspected Assault/Non-Accidental Injury (NAI)

(for individuals aged 18 years and over)

May 2022 Review date May 2025 - check www.fflm.ac.uk for latest update

Confidential

Note: This form has been designed by Dr Elisabeth Alton and Prof Margaret Stark on behalf of the Academic Committee of the Faculty of Forensic & Legal Medicine for use by Forensic Clinicians. It is provided to assist the examining clinician in the assessment of an adult complainant of assault. It is to be regarded as an aide-memoire and it is therefore NOT necessary for all parts of the pro forma to be completed. On completion, this form is the personal property of the examining clinician.

1. Examination details

Location _____

Date of examination _____

Time of arrival _____

Time examination commenced _____

2. Forensic Clinician details

Name _____

Regulatory No _____

GP details of complainant _____

Consent to access GP records YES NO

3. Social worker Details

Name of social worker _____

Workplace _____

Mobile number _____

4. Others present

Name and relationship to complainant _____

5. Details of Complainant

Name _____

Date of birth _____

How do they describe their gender? _____

Divorced Civil partnered

Accommodation type _____

6. Capacity to consent to examination and report

"I consent to a forensic clinical examination as explained to me by

_____."

(insert name of forensic clinician)

to include (cross out as appropriate):

- a. Full clinical examination as appropriate
- b. Taking photographs for the record and evidential purposes
- c. Consent for the use of anonymised data from this pro forma to be used for audit/research/clinical governance purposes
- d. My place of care may change
- e. My carers may change
- f. The alleged perpetrator may be prosecuted
- g. The information may be shared with adult social care and the police

"I understand that a report may have to be produced for court based on the examination and that details of the examination may have to be revealed in court."

"I may cross out any of the options (a) to (d) above before I sign, and stop or refuse to go ahead with the examination at any time."

"I have been given the opportunity to ask any questions."

"I understand that the information recorded on this form and any photographs taken may be later required by the court."

"I am aware that due to child safeguarding/protection legislation professionals have a duty of care to share information with other agencies and to share information to keep vulnerable adults safe, including referral to Multi-Agency Risk Assessment Conference (MARAC)."

[Lacks Capacity (attach capacity assessment)]^[TL1]B2]

Is this the same as at birth? _____ Ethnicity _____ Marital Status: Single
Names of those consulted for best interest decision _____

Address _____

Consent gained via:

LPA for health and welfare Court appointed

deputy Best interest decision (MCA 2005) Wider

public interest Signed _____ Date _____



Complainant's name	DOB	Age	Date
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7. History of assault from Social Worker

Briefing from Social Worker (note name and contact details)

Did you have any injuries before this incident? _____

Did the alleged perpetrator sustain any injuries?

(details) _____

Local authority paperwork YES NO

Viewed by forensic clinician YES NO

Body map YES NO

Relevant history from other professionals e.g. name/
profession/place of work

Were any other people present during the alleged assault?

(details) _____

Communication Needs

Have you visited any other doctors, nurses, paramedics/
ambulance crew, clinics or hospitals in relation to this incident?

(details) _____

8. History from complainant

Details of alleged assault (try to avoid leading questions but if
necessary. Record question and answer, verbatim)

Have you visited any other doctors, nurses, paramedics/
ambulance crew, clinics or hospitals with injuries relating to
previous alleged physical abuse from the same alleged
assailant?

(details) _____

Has there been any sexual assault? (record positive response
verbatim) Mouth Vagina Anus

Are you hurt anywhere?

And how did that happen? _____

**If there is an alleged sexual assault, need to move to
sexual assault referral centre, (SARC), and proforma**



Complainant's name _____ **DOB** _____ **Age** _____ **Date** _____

11. Examination

Consider forensic samples as per the FFLM guidelines

Name(s) of person(s) present _____
 Height _____ BMI _____ Weight _____
 Skin colour _____ Hair Colour _____
 Demeanour _____

Physical examination			
Detail below and record on body diagrams. Include measurements, colour, shape, site and forensic type of injury, tenderness and signs of healing etc. Document negative findings. Consider photo documentation.			
Scalp/hair		Fingers & nails R/L (note if cut/broken/false/bitten)	
Face		Front of chest	
Eyes	Ears	Breasts	
Lips	Inside mouth/palate/teeth	Abdomen	
Neck		Legs R/L including knees	Feet/ankles/soles R/L
Back	Buttocks	Additional details, e.g. jewellery injuries, items lost at scene, self-harm marks, tattoos, piercings	
Arms R/L	Hands/wrists R/L		

Recommendations

To whom and why? _____



Complainant's name	DOB	Age	Date
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Advice given to complainant [AE(RSB3)] YES
 NO

INITIAL CONCLUSIONS/ADVICE GIVEN TO SOCIAL WORKER/POLICE

(details) _____

(continue overleaf if necessary)

Time examination concluded _____

Time notes concluded _____

Date and signed by forensic clinician _____

12. Safeguarding considerations and referrals

What does the complainant need to keep them safe?

Do any close contacts need a safeguarding referral/being made safe?

Are there safety concerns for the complainant and/or children at this/these place(s)? YES NO

What is the relationship of the alleged perpetrator to the complainant?

What is the plan for alleged perpetrator? _____

