North Lincolnshire

Local Safeguarding Adults Board
Policy & Procedure

Document control

Date approved: September 2020

Review date: September 2021

Date	Version	Changes
September 2020	Version 1	Version 1 approved
December 2020	Version 2	Amendments to Mental Capacity Assessment flowchart Stage two: Enquiry - Safeguarding meetings – page 67

Foreword

North Lincolnshire Safeguarding Adults Board brings together a number of agencies to ensure that there is a joined up approach to Adult Safeguarding. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make these decisions.

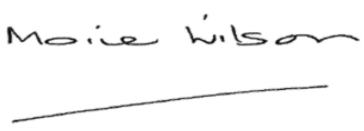
Safeguarding adults requires organisations to work closely together, in partnership, to support and safeguard adults at risk of abuse and neglect. Strong partnerships are those whose work is based on an agreed policy with common definitions and a good understanding of partners' roles and responsibilities. Safeguarding adults is however far more than a set of guidance or procedures; it is all we do in all our work, in our practice, and our communities to prevent abuse and promote the wellbeing of adults with care and support needs. It includes the preventative work of our care and health services, as well as the support of our neighbourhoods and communities.

We have refreshed and updated our multi agency policy and procedures in light of our experiences as a partnership, and in order to continue to improve and develop safeguarding practice. This policy and procedures takes us further towards putting the adults at the centre of their own safeguarding experience. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways, which are proportionate, to the issues and where the adult in need of protection stays as much in control of the decision-making as is possible. The right of the individual to be heard throughout this process is a critical element in the drive towards more personalised care and support.

By developing practice that listens and learns, staff working with the person at risk can share information, facilitating a one team approach to improve the chances of safeguarding adults in the way that they want to be safeguarded. Learning from the experiences of people, publicised safeguarding adults reviews, and events to raise greater awareness has enabled staff and SAB partnerships to reflect on safeguarding practice. All partner organisations involved have been consulted and worked collaboratively to develop this policy and procedures.

It aims to encourage the continuous development of best practice in order to better safeguard adults throughout North Lincolnshire. We welcome the advances we have made in adult safeguarding and the collaborative approach that this revised edition has taken. As a partnership committed to learning from local experience and national best practice, we will keep these procedures under constant review, it will be updated regularly as both practice and policy develop.

This multi-agency policy and procedures is the local adult safeguarding policy for North Lincolnshire, which all organisations are required to follow. The policy and procedures are designed to explain simply and clearly how agencies and individuals should work together to protect adults at risk. Each agency and organisation operating in the area should develop their own arrangements for safeguarding which are congruent with this multi-agency policy.



Moira Wilson Independent Chair, North Lincolnshire Safeguarding Adults Board

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Purpose and how to use this document

Aim: - to better safeguard adults at risk of abuse throughout North Lincolnshire; and in using this document better encourage the continuous development of best practice.

The document is structured into the following sections and appendices:

Section 1: Context, Principle and Values - sets out the shared vision for adult safeguarding and the key national and local drivers

Section 2: Adult Safeguarding Policy - sets out an interpretation of the Care Act 2014, so that there is a consistent approach across North Lincolnshire to adult safeguarding.

Section 3: Adult Safeguarding Practice - sets out an interpretation of the Care Act 2014, so that there is a consistent approach across North Lincolnshire to adult safeguarding. Includes the key areas of mental capacity and consent, advocacy and support, managing risk, record keeping and organisational learning.

Section 4: Adult Safeguarding Procedures - sets out the changes in adult safeguarding from a process driven procedure, to one where adult safeguarding is part of everyday practice about supporting adults who are unable to protect themselves without support towards achieving better outcomes for their safety and well-being. It provides the reader with a framework that can be adjusted to meet individual need.

Appendices

Appendix 1 – Risk Matrix & Threshold Document

Appendix 2 – Enquiry Report Template

THE POLICY

1. Context, principles and values

1.1 Context

The Care Act 2014 puts adult safeguarding on a legal footing and requires each local authority to set up a Safeguarding Adults Board (SAB – Section 43) with core membership from the local authority, the police and the NHS (specifically local clinical commissioning group/s). It has the power to include other relevant bodies. Each organisation involved in adult safeguarding also has obligations under data protection legislation. One of the key functions of the SAB is to ensure that the policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

Partner agencies within North Lincolnshire are asked to adopt this revised policy and procedures so that there is consistency across North Lincolnshire in the way in which adults are safeguarded from neglect or abuse, and in how information is shared for that purpose. All organisations involved in safeguarding are asked to adopt this revised policy and procedures in respect of their relevant roles and functions, but may wish to add local practice guidance, protocols and organisation operation manuals. These procedures should also be used in conjunction with partnerships and individual organisations' procedures on related issues such as fraud, disciplinary procedures and health and safety.

1.1.1 Principles

The policy and procedures are based on **The Six Principles of Safeguarding** which underpin all adult safeguarding work.

Table 1: The Six Principles of Safeguarding that underpin all adult safeguarding work

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self- determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionality	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountability	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

The Care Act and guidance state that the aims of safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Stop abuse or neglect wherever possible.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse or neglect.

The North Lincolnshire multi agency adult safeguarding policy and procedures are built on strong multi-agency partnerships working together with adults to prevent abuse and neglect where possible and provide a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

1.1.2 Risk management

Safeguarding is fundamentally about promoting the safety and well-being of an adult in line with the above six principles. This involves risk management, which is used:

- To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers.
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes.
- To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'.

Effective risk management strategies identify risks and provide an action or means of mitigation against each identified risk and have a mechanism in place for early escalation if the mitigation is no longer viable. Contingency arrangements should always be part of risk management. Risk assessments and risk management should take a holistic approach and partners should ensure that they have the systems in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention.

Where an individual is not able to protect themselves without support, the aim should be to support them to make their own informed decisions which preserve their safety. However, people involved in safeguarding need to acknowledge that there is a balance to be struck between risk and an individual's right to make their own informed decisions, even if others consider the decision to be unwise or puts the individual at risk. The importance of their right to make decisions about their own life, which is part

of an individual's well-being, needs to be considered as well as the safeguarding concerns.

1.1.3 Co-operation and information sharing

Learning from recommendations of safeguarding adult reviews, the importance of effective multi-agency working is a common feature. The local authority retains responsibility as the lead co-ordinating organisation. All other relevant organisations and partners, including NHS bodies; the police and probation services; regulated care providers have legal duties and responsibilities in relation to safeguarding of adults. Organisations contributing to effective inter-agency working can achieve this through creative joint working partnerships that focus on positive outcomes for the individual(s). Co-operation between organisations that take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies and awareness raising also supports the aims and objectives of other key partnership Boards such as the Children's Multi Agency & Resilience Safeguarding Board (MARS) and the Community Safety Partnership Board (CSP).

All partner organisations should co-operate in order to deliver effective safeguarding, both at a strategic level and in individual cases, where they may need to ask one another to take specific action in that case. This co-operation and information sharing for safeguarding purposes is supported by all data protection legislation where there is a lawful basis, such as the Care Act, for sharing personal data and compliance with the Caldicott Principles will help to ensure that information sharing is justified and proportionate.

Section 6, the Care Act 2014 describes a general duty to co-operate between the local authority and other organisations providing care and support. This includes a duty on the local authority itself to ensure co-operation between its adult care and support, housing, public health and children's services.

Local authorities and their relevant partners must respond to requests to cooperate under their general public law duties to act reasonably.

If an organisation is refusing to share information, the organisation conducting an enquiry can escalate to the SAB to consider using Section 45, Care Act 2014 powers, which puts an obligation on organisations to comply with a request for information in order that the SAB can perform its duties.

The Care Act 2014 sets out five aims of co-operation between partners which are relevant to care and support, although it should be noted that the purposes of co-operation are not limited to these matters. The five aims include:

1) Promoting the wellbeing of adults needing care and support and of carers.
2) Improving the quality of care and support for adults and support for carers (including the outcomes from such provision).
3) Smoothing the transition from children's to adults' service.
4) Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect.
5) Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

Organisations that refuse to comply with requests for co-operation or information should provide written reasons for the refusal.

The SAB needs to be assured that any shared learning identifies where co-operation has strengthened adult safeguarding and where improvements may be needed, publicising the effectiveness in its annual report.

1.1.4 Information sharing

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice, but it has been highlighted as a difficult area of practice. The Care Act 2014 Section 45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the SAB as detailed above. Sharing information between organisations as part of day-to-day safeguarding practice is covered by the common law duty of confidentiality, the General Data Protection Regulation (GDPR"), Data Protection Act 2018, the Human Rights Act 1998 and the Crime and Disorder Act 1998.

As a general principle people must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.

Helpful guidance to ensure that information sharing is justified and proportionate is set out in the Caldicott Principles.

Partner organisations may be asked to share information through agreed information sharing protocols. Social Care Institute for Excellence (SCIE) has produced helpful practice guidance.

1.1.5 Confidentiality

A duty of confidence arises when sensitive personal information is obtained and/or recorded in circumstances where it is reasonable for the subject of the information to expect that the information will be held in confidence.

Adults at risk provide sensitive information and have a right to expect that the information about themselves that they directly provide, and information obtained from others will be treated respectfully and that their privacy will be maintained.

The challenges of working within the boundaries of confidentiality should not impede taking appropriate action. Whenever possible, informed consent to the sharing of information should be obtained. However:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public

interest served by protecting confidentiality – for example, where a serious crime may be prevented.

Whether information is shared with or without the adult at risk's consent, the information sharing process must abide by the principles of the General Data Protection Regulation (GDPR). The GDPR should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

In those instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person's best interest.

1.2 Well-being

Section 1 of the Care Act 2014 states that local authorities must promote well-being when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support. For safeguarding, this would include safeguarding activities in the widest community sense and is not confined to safeguarding enquiries under Section 42 of the Care Act 2014.

Paragraphs 14.14 and 14.15 of the Guidance support the need for the safeguarding to be person led and outcome focused.

"14.14. In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised; and the case study below helps illustrate this.

14.15. Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety."

'Well-being' is a broad concept, and it is described as relating to the following areas:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of accommodation
- the individual's contribution to society

All organisations working with adults who are or may be at risk of abuse and neglect, must aim to ensure that they are supporting people to make their own informed and safe decisions, as well as taking or prompting action to protect people who are not able to protect themselves. This should underpin every activity through consistent

safeguarding adults work. This includes any safeguarding activity that is outside the scope of a Section 42 Care Act 2014 enquiry.

1.3 Values - supporting adults at risk of abuse and neglect

Safeguarding has the highest priority across all organisations. There is a shared value of placing safeguarding within the highest of corporate priorities. Organisations are judged on the effectiveness of safe communities and their values towards safeguarding adults who may be at risk of abuse or neglect.

Values include:

- People are able to access support and protection to live independently and have control over their lives.
- Appropriate safeguarding options should be discussed with the adult at risk according to their wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, ethnicity, religion, culture or lifestyle.
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control.
- All action should begin with the assumption that the adult at risk is best-placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve.
- The individual's views, wishes, feelings and beliefs should be paramount and are critical to a personalised way of working with them.
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice.
- People will have access to supported decision making.
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and have support to explore options so that they can take, exercise and maintain choice and control over their own lives.
- All decisions should be made with the adult at risk and promote their wellbeing and be reasonable, justified, proportionate and ethical.
- Timeliness should be determined by the personal circumstances of the adult at risk.
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

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2. Adult safeguarding policy

2.1 What is safeguarding?

Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect.' (Care and Support statutory guidance, chapter 14). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.
- Protected when they need to be.
- Easily able to get the support, protection and services that they need.

2.1.1 The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making informed choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse.

2.1.2 Prevention

Section 2 of the Care Act requires local authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs or reduce care and support needs). Organisations should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies.

Prevention strategies might include:

- identifying adults at risk of abuse
- public awareness
- information, advice and advocacy
- inter-agency cooperation
- training and education
- integrated policies and procedures
- integrated quality and safeguarding strategies
- community links and community support
- regulation and legislation
- proactive approach to Prevent

Partners should embrace strategies that support action before harm can occur. Where abuse or neglect has occurred, steps should be taken to prevent it from reoccurring wherever possible, doing so within relevant parameters and sharing information in ways which are proportionate and lawful to support a holistic partnership approach to prevention. For example, visiting staff might identify an adult with a combination of characteristics that may render them more vulnerable to a fire risk and take action to refer them to Humberside Fire & Rescue Service for a fire safety check.

Organisations should implement robust risk management processes that identify adults at risk of abuse or neglect and take timely appropriate action. Safeguarding functions should be integrated into quality management and assurance structures.

Prevention should be discussed at every stage of safeguarding and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Discussions between staff and adults, their personal network and the wider community (if appropriate) help build resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified and put into safeguarding planning.

2.1.3 Raising awareness

Public awareness campaigns can make a significant contribution to the prevention of abuse. They are more effective if backed up by information and advice about where to get help, and there is effective training for staff and services to respond. Joint initiatives to raise awareness can be very effective.

2.1.4 Information

The term ‘information’ means the communication of knowledge and facts regarding care. ‘Advice’ means helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support.

Information and advice are critical to preventing or delaying the need for services and, in relation to safeguarding, can be the first step to responding to a concern. This includes information and advice about safeguarding and should include:

- How to raise concerns about the safety or wellbeing of an adult who has needs for care and support needs.
- Awareness of different types of abuse (including neglect) and harm and indicators to look out for.
- How people can keep safe, and how to support people to keep safe;
- The safeguarding adults’ process and how this will work.

All organisations should ensure that they are able to provide this service and can signpost adults to receive the right kind of help by the right organisation

2.1.5 Advice

Information and advice need to be tailored to the person seeking them, recognising people may need different mediums through which to communicate. Information and advice should, where possible, be provided in the manner preferred by the person and in a way to help them understand the information being conveyed. This should be carried out with an awareness of the Equality Act 2010. ‘Reasonable adjustments’ should be made to ensure that disabled people have equal access to information and

advice services. Reasonable adjustments could include the provision of information in accessible formats or with communication support.

Organisations have a number of direct opportunities to provide, or signpost people to information and advice, in particular if an adult at risk (or a person who knows and cares about them) indicates or tells you that they are concerned for their safety/wellbeing:

- at first point of contact
- during or following an adult safeguarding enquiry
- safeguarding planning
- risk management
- through complaints and feedback about a service which identifies a safeguarding concern

2.2 Who do adult safeguarding duties apply to?

In the context of the legislation, specific adult safeguarding duties apply to any adult who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities.
- Adults who manage their own care and support through personal or health budgets.
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support.
- Adults who fund their own care and support.
- Children and young people in specific circumstances as detailed below.

Outside of scope of this policy and procedures

- Adults in custodial settings i.e. prisons and approved premises. The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters. Local authorities are required to assess for care and support needs of prisoners which take account of their wellbeing. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contributes towards safeguarding offenders.

2.2.2 Children and Young People

The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect. Young people who receive leaving or after care support from children and

family services, are included in the scope of adult safeguarding, but close liaison with children and family service providers is key to establishing who is the best person to lead or support young people through adult safeguarding processes.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In all adult safeguarding work, staff working with the person at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

Children and young people may be at greater risk of harm or be in need of additional help in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties. For further information see Working Together to Safeguard Children.

Abuse within families reflects a diverse range of relationships and power dynamics, which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk. Staff providing services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and vulnerable adults.

2.2.3 Transition from childhood to adulthood

Together the Children and Families Act 2014 and the Care Act 2014, create a new comprehensive legislative framework for transition, when a child turns 18 (MCA applies once a person turns 16). The duties in both acts are on the local authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria set out above. The care needs of the young person should be at the forefront of any support planning and requires a co-ordinated multi-agency approach. Assessments of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Where there are on-going safeguarding issues for a young person on reaching 18 years of age, safeguarding arrangements should be discussed as part of transition support planning and protection. Social workers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant planning meeting or review. Clarification should be sought on:

- What information and advice the young person has received about adult safeguarding.
- The need for advocacy and support.

- Whether a mental capacity assessment is needed and who will undertake it.
- If best interest decisions need to be made.
- Whether any application needs to be made to the Court of Protection.

If the young person is not subject to a plan, it may be prudent to hold a professionals meeting.

2.2.4 Children and young people who abuse

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place.

Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death.

2.2.5 Young carers

In respect of young carers, Section 1 of the Care Act 2014, alongside Section 96 and Section 97 of the Children and Families Act 2014, offers a joined up legal framework to identify young carers and parent carers and their support needs. Both Acts have a strong emphasis on outcomes and wellbeing.

2.2.6 Carers and safeguarding

Circumstances in which a carer could be involved in a situation that may require a safeguarding response includes when:

- A carer may witness or speak up about abuse or neglect.
- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with.
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Further information can be found on the North Lincolnshire Children's Multi-Agency Resilience and Safeguarding board website https://www.northlincscmars.co.uk/

2.3 Types and indicators of abuse and neglect

There are ten categories of abuse described within the Care and Support Statutory Guidance. These categories are expansive and cover a range of abusive situations or behaviours. It is important to recognise that exploitation is a common theme in nearly all types of abuse and neglect. The Statutory Guidance (para 14.17) states that:

"*Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the 3 stage criteria will need to be met before the issue is considered as a safeguarding concern".*

Types of Abuse	Description from Statutory Guidance and/or other supporting guidance
Physical abuse	Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. In extreme circumstances unlawful or inappropriate use of **restraint** may constitute a criminal offence. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned complies. Restrictive interventions are defined as: 'deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and /or freedom to act independently in order to; • Take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and • End or reduce significantly the danger to the person and others; and • Contain or limit the persons freedom for longer than is necessary. If restrictive interventions are carried out for any other purpose than those listed above, concerns should always be escalated through safeguarding procedures **Female Genital Mutilation** (FGM) is a very specific form of physical (and psychological) abuse. FGM is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. FGM is also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal to practice FGM in the UK and is child abuse. It is also illegal to take girls who are British Nationals or who are permanent residents of the UK abroad for FGM. There is a mandatory duty on healthcare professionals to report any identified cases of FGM in females under the age of 18 years. FGM is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health. Professionals working with women who have been subject to FGM may want to signpost them to appropriate health services for help and support.
Domestic abuse	The Home Office defines domestic abuse as: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional abuse and 'honour' based violence. The Government definition outlines the following: • Coercive behaviour is an act or pattern of acts assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten victims. • Controlling behaviour is a range of acts designed to make a person subordinate and / or dependent by isolating the victim from sources of support, exploiting their resources and capabilities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Section 76 of the Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in an intimate or family relationship, the offence came into force in December 2015. Honour Based Violence (HBV) is committed when families feel that dishonour has been brought to them. It will usually be a criminal offence and referring to the Police must always be considered. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Some victims of HBV may contact the Police or other organisations for help themselves. But many others are so isolated and controlled that they may be unable to seek help. Adult safeguarding concerns that may indicate HBV include domestic abuse, concerns about forced marriage, enforced 'house-arrest' and missing persons reports. Forced Marriage is a term used to describe a marriage in which one or both parties are married without their freely given consent or against their will. A forced marriage differs from an arranged marriage in which both parties consent to the assistance of a third party in identifying a spouse. In a situation where there is a concern that an adult is being forced into a marriage

	that they cannot consent to, there will be an overlap between action taken under the forced marriage provisions and adult safeguarding processes. If an adult safeguarding concern is raised about HBV or forced marriage, Police should be contacted as urgent action may need to be taken and they (in co-ordination with other relevant specialised organisations) have the necessary expertise to help manage the risk.
Sexual abuse	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault and sexual acts to which the adult has not consented or was pressured into consenting. Sexual exploitation involves situations, contexts and relationships where adults at risk receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, gifts, money, affection) as a result of them performing sexual acts (and/or another/others performing such acts on them). Sexual exploitation affects men as well as women. People who are being exploited may not always perceive such behaviours as exploitation. In all cases those exploiting the adult at risk have power over them by virtue of their position, gender, age, physical strength, intellect, economic situation or other resources. There is a distinct inequality in the relationship.
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material abuse	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements including in connection with wills, property, inheritance or financial transactions and the misuse or misappropriation of property, possessions or benefit. An adult at risk may be persuaded to part with large sums of money/life savings. Such concern should always be reported to the Police and if relevant, local Trading Standards for further investigation. Local Trading Standards should be involved in the work of Safeguarding Adults Boards. Where this abuse is perpetrated by someone with authority to manage the adult at risks finances, the Office of the Public Guardian should be informed (in relation to Deputies/Attorneys) or the DWP (for Appointees). Such abuse may take the form of a 'Mate Crime'. This can be defined as occurring 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual'. Mate Crime is often difficult for the Police to investigate due to its sometimes ambiguous nature but should be reported to the Police who will decide as to if a criminal offence has been committed. Mate Crime is committed by someone the adult knows and often happens in private. In recent years there have been several Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.
Modern slavery	This type of abuse encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Serious and organised crime gangs make significant amounts of money from human trafficking. They exploit the social, cultural and financial vulnerabilities of the victim. They control almost all aspects of the victim's life with little regard for their welfare and health. However, adults who are enslaved are not always subject to trafficking. Someone is in slavery if they are forced to work through physical or mental threat, owned or controlled by an 'employer' (usually through abuse or threat of abuse), dehumanised and treated as a commodity (bought & sold as 'property'), physically constrained or has restrictions placed on his/her freedom of movement. Since 2015, specific authorities have had a duty to notify the Home Office of any individual suspected as a victim of slavery or human trafficking. The Modern Slavery Act 2015 is designed to combat modern slavery in the UK and consolidates previous offences relating to trafficking and slavery.

Discriminatory abuse	This includes harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion. Examples of discriminatory abuse may include; denying access to communication aids, not allowing access to an interpreter, signer or lip- reader. Harassment or deliberate exclusion on the grounds of a protected characteristic. Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic. Substandard service provision relating to a protected characteristic (SCIE 2015) Some forms of discriminatory abuse may also constitute a Hate Crime – defined by the Crown Prosecution Service as "*Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice, based on a person's disability or perceived disability; race or perceived race; or religion or perceived religion; or sexual orientation or perceived sexual orientation or transgender identity or perceived transgender identity."*
Organisational abuse	This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Neglect and Acts of Omission	This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services and/or the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly where the adult at risk lacks the mental capacity to assess risk for themselves.
Self – neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not always prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

2.4 Radicalisation

Prevent is part of the government's counter-terrorism strategy CONTEST and aims to safeguard and provide support to divert vulnerable individuals at risk from being radicalised or groomed into supporting terrorist activity, before any crimes are committed. Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. It is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Radicalisation is process rather than an event, and there is no single profile or pathway by which someone can be drawn into terrorism.

There are instead a range of contributing factors including, peer pressure, bullying, family tensions, hate crime, lack of self-esteem or identity and personal or political grievances which can make people more vulnerable. Vulnerable individuals are often targeted and influenced by radicalisers either directly or increasingly in online chat rooms or through social media. The Counter-Terrorism and Security Act (2015) places a specific legal duty on specified authorities, including local authorities and health providers in the exercise of their functions, to have due regard to the need to prevent people being drawn into terrorism.

Channel is a confidential, voluntary, multi-agency safeguarding process designed to support vulnerable children and adults who may be at risk of being radicalised and drawn into terrorist activity.

It is an early intervention service which has been mandated in every local authority in England and Wales. Channel addresses all types of radicalisation including the extreme-

2.4.1 Channel Panel

A Channel Panel is chaired by the local authority and has multi-agency involvement including from police, social services and health.

The panel works collaboratively to assess the nature and extent of the risk and, if necessary, provide an appropriate support package tailored to the vulnerable individual's needs. This is monitored closely and regularly reviewed. The care plan will vary according to the risk that has been identified, and may include targeted interventions (including faith guidance, counselling or diversionary activities) or access to specific services, such as health or education.

The information above should be read alongside the Channel Duty Guidance (2015).

2.5 Who abuses and neglects adults?

Anyone can carry out abuse or neglect, including:

- spouses/partners
- other family members
- neighbours
- friends
- acquaintances
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals
- volunteers
- strangers

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

2.6 Self-neglect

There is no single operational definition of self-neglect however, the Care Act makes clear it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect themselves from neglect. The Department of Health (2016), defines it as, '… a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding'.

Skills for Care provided a framework for research into self-neglect identifying three distinct areas that are characteristic of self-neglect:

1. Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well- being.
2. Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding).
3. Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect may result from a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. However, if self-neglect results from free and informed personal choice, where the adult is able to care for themselves but chooses not to, this is not a safeguarding issue. Self-neglect is an issue that affects people from all backgrounds.

2.6.2 Hoarding

Hoarding may be an aspect of self-neglect. Most people associate hoarding with the acquisition of items with an associated inability to discard things that have little or no value (in the opinions of others) to the point where it interferes with use of living space or activities of daily living.

Compulsive hoarding (more accurately described as 'hoarding disorder') is a pattern of behaviour characterised by the excessive acquisition of and inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress. Compulsive hoarders may be conscious of their irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals. Many hoarders may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors.

Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members. When clinically significant enough to impair functioning, hoarding can prevent typical uses of space, enough so that it can limit activities such as cooking, cleaning, moving through the house and sleeping. It could also potentially put the adult and others at risk of causing fires. For further guidance please see the Humberside Hoarding Policy.

2.7 Pressure ulcers

In response to demand from Commissioning Groups and Providers a multi-agency task group with representation from a SAB Chair, local authority, CCG, provider and NHSE developed an integrated pressure ulcer pathway which aimed to support frontline staff in their local decision making to determine if a pressure ulcer is a sign of neglect. This has been revised to take into account the guidance Safeguarding Adults Protocol: Pressure Ulcers and the Interface with a Safeguarding Enquiry, DOH&SC January 2018 If a pressure ulcer is believed to have been caused by neglect it is reported as an adult safeguarding concern. The Serious Incident (SI) Framework below outlines how the NHS investigates pressure ulcers.

2.8 Serious incidents

Since 2010, the NHS has had a framework for the reporting and learning from Serious Incidents requiring investigation, with the current Serious Incident Framework published in 2015.

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. This Framework describes the circumstances in which such a response may be required and the process and procedures for achieving it, to ensure that Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.

- Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.
- They can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare.
- The occurrence of a Serious Incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage to the organisation(s) involved. Therefore, require investigation to identify the factors which contributed towards the incident occurring and the fundamental issues (root causes) that underpinned these.
- Serious Incidents can be isolated, single events or multiple linked or unlinked events signalling systemic failures within a commissioning or health system".

There is no definitive list of events/incidents that constitute a Serious Incident. However, the Framework identifies that Serious Incidents in the NHS include:

- Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material

abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where:

- healthcare did not take appropriate action/intervention to safeguard against such abuse occurring; or
- where abuse occurred during the provision of NHS-funded care

2.8.1 Interface between Serious Incidents and Safeguarding Adults

The Serious Incident Framework is not a substitute for safeguarding. Where safeguarding is indicated any referrals made to partner organisations MUST be made in accordance with SAB procedures and guidance.

Where adult safeguarding concerns are identified, NLCCG and health providers will ensure notification of Serious Incidents to the SAB, via the SAB Business Unit, within 5 working days of:

- Identification of the Serious Incident.
- The recognition of the concerns within a Serious Incident under investigation.

2.8.2 SAB oversight of NHS Serious Incidents with Safeguarding Adult elements

The NLCCG Designated Professional for Safeguarding Adults working with NLCCG lead for Serious Incidents, and NHS Provider Serious Incident & safeguarding leads, will produce a quarterly report to the SAB Executive Group on all relevant Serious Incidents, which include progress and learning identified.

Following completion of the relevant Serious Incidents, learning will be shared with and considered by the Prevention and Proportionality subgroup of the SAB to consider wider learning for all partners, disseminate this learning and develop relevant preventative measures.

2.9 Safeguarding Adult Review(s) (SARs)

Section 44, the Care Act 2014 stipulates that SABs must arrange a SAR when there is concern that the SAB or partner agencies could have worked more effectively to safeguard an adult in its area with care and support needs, in two situations:

1. The adult dies as a result of abuse or neglect, whether known or suspected, and
2. The adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The duty to arrange a SAR arises regardless of whether or not there has previously been an enquiry into the case by the local authority or by another agency, such as a Coroner, however, such an enquiry may identify that a SAR is required.

In the context of SARs, something can be considered serious abuse or neglect where, for example the individual was likely to have died but for an intervention or suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

The criteria for a mandatory review are met when:

- An adult at risk dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death; or
- An adult has sustained a potentially life-threatening injury through abuse, neglect, serious sexual abuse or sustained serious and permanent impairment of health or development through abuse or neglect.

And, in either case, there is reasonable cause for concern about how the SAB and partner agencies worked together to safeguard the adult, such as in the following circumstances:

- Where procedures may have failed, and the case gives rise to serious concerns about the way in which local professionals and/or services worked together to safeguard adults at risk.
- Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved. Such reviews are likely to be more complex, on a larger scale and may require more time.
- Where circumstances give rise to serious public concern or adverse media interest in relation to an adult/adults at risk.

There is an expectation that individuals, agencies, organisations, cooperate with the review but the Act also gives Boards the power to require information from relevant parties.

The SAB may also commission a SAR of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) where it feels it would be useful, including learning from 'near misses' and situations where the arrangements worked especially well. The SAB should decide when a SAR is necessary, arrange for its conduct and if it so decides, implement the findings.

2.9.1 Criminal investigations and police involvement

Where there is an ongoing criminal investigation or criminal proceedings, the SAB will need to consider, in consultation with the police, whether continuing with the SAR might prejudice their outcome and whether the completion of the SAR should be postponed until after the criminal investigation or proceedings have been completed.

2.9.2 Outside of SAR criteria

Where the SAB Executive group agrees that a situation does not meet the criteria set out in Section 44 Care Act, but that agencies will benefit from a review of actions, the methodologies outlined in the LSAB SAR Framework can still be applied.

2.9.3 Principles

SARs should reflect the six adult safeguarding principles and be conducted within a framework of openness and transparency.

2.9.4 Purpose

The purpose of all SARs is to keep the focus on learning. The final SAR report and those responsible for disseminating the learning from it, should ensure that the recommendations can be translated into practice, not just for those involved but to a wider audience to support 'prevention strategies' and influence strategic plans.

It is not for a SAR to investigate how a death or serious incident happened. Neither is it the responsibility of the SAR to apportion blame. Such matters will be dealt with by the Coroner's or criminal courts, or other bodies.

2.9.5 The Adult or representative

The views of the adult or their representative should be central to the decision- making process about the type of SAR to undertake. Communication should be established at the earliest opportunity and advocacy provided to support the adult or their representative. Information should be given about how the SAR will be conducted and how they can be involved or, in the event that the adult has died, how nominated people can be involved.

Where there is a police led investigation, close contact with any appointed police Family Liaison Officer should be made. Communication should be clear and consistent between all designated supporters including independent advocates.

2.9.6 Person alleged to have caused harm

The emphasis on learning should include the person alleged to have caused abuse or neglect so they can adjust their behaviour, act differently and reflect upon the impact that they might have had on others. This may involve liaison with other professionals, working with, or trained to work with people who abuse.

2.9.7 Advocacy

The local authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a SAR. Where the adult is deceased, it is good practice to provide advocacy to family/friends.

2.9.8 Carers

The desired outcome, especially where a family is bereaved, needs to be approached with sensitivity. Consultation and involvement needs to be balanced with the overall wellbeing of the individuals involved. Throughout the process due diligence, compassion and appropriate support should be provided and the relevant local authority community team should be available to provide this or an alternative arranged if more appropriate

2.9.9 Staff

There will be occasions when allegations are made that staff have been guilty of abuse against adults at risk.

Consideration should also be given to the PiPoT protocol

If the staff member is subject to a disciplinary enquiry, it is likely that the SAR will work alongside the disciplinary enquiry. However, certain disciplinary enquiries may lead to a criminal investigation. The decision to run a SAR alongside any disciplinary enquiry will be made on a case by case basis. The final decision will be made by the Independent Chair of the Safeguarding Adults Board.

2.9.10 Who should undertake a SAR?

The individual commissioned to undertake the SAR should be independent of the organisations involved. They must have the appropriate core skills including:

- Strong leadership and ability to motivate others.
- Expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics.
- Collaborative problem-solving experience and knowledge of participative approaches.
- Ability to find and evaluate best practice.
- Good analytic skills and ability to manage quantitative and qualitative data.
- Knowledge of safeguarding adults.
- Ability to write for a wide audience.
- An understanding of the complexity of the health and social care system.

2.9.11 Requests

Any individual, agency or professional can request a SAR. This should be made in writing to the SAB Business Unit. Please refer to the LSAB SAR Framework.

2.9.12 Commissioning a SAR

The SAB is the only body authorised to commission a SAR and decide when a SAR is necessary; arrange for its conduct and if it so decides, to oversee implementation of the findings.

2.9.13 Coroners

Any SAR may need to take account of a Coroner's inquest, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay.

Coroners are independent judicial office holders who are responsible for investigating violent, unnatural deaths or deaths of unknown cause, and deaths in custody, or otherwise in state detention, which are reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- Where there is an obvious and serious failing by one or more organisations.
- Where there are no obvious failings, but the actions taken by organisations require further exploration/explanation.
- Where a death has occurred and there are concerns for others in the same household or other setting (such as a care home).
- Deaths that fall outside the requirement to hold an inquest, but follow-up enquiries/actions are identified by the Coroner or his or her officers.

In the above situations the local SAB should give serious consideration to instigating a SAR.

The findings and outcomes of any SAR should be captured within the Annual Report of the local SAB.

2.9.14 Timetable

The timescale from the decision to conduct a SAR to completion is 6 months. In the event that the SAR is likely to take longer for example, because of potential prejudice

to related court proceedings, the adult/advocate and others should be advised in writing the reasons for the delay and kept updated on progress.

2.10 Mechanisms to support adult safeguarding

2.10.1 Multi-Agency Risk Assessment Conference (MARAC)

The MARAC is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence. MARAC meetings take place in each local area, usually chaired by the police, where statutory and voluntary sector partners work together. MARAC considers cases identified as 'high risk' by use of the Domestic Abuse, Stalking and Harassment and 'Honour'- based violence (DASH) - Risk Identification Checklist (RIC) and develops a coordinated safety plan to protect each victim. This might include the actions agreed for any children, adults, and for perpetrators.

The four aims of a MARAC are as follows:

1. To safeguard adult victims who are at high risk of future domestic violence.
2. To make links with other public protection arrangements in relation to children, people causing harm and vulnerable adults.
3. To safeguard agency staff.
4. To work towards addressing and managing the behaviour of the person causing harm.

At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a person at risk, but all may have insights that are crucial to their safety, as part of the coordinated community response to domestic violence. Safeguarding staff can refer to the MARAC if the risk of domestic abuse is found to be high. The MARAC may also make a referral to safeguarding services if someone has care and support needs.

2.10.2 Multi-agency Public Protection Arrangements (MAPPA)

The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm.

MAPPA brings together the police, probation and prison service into what is known as the MAPPA Responsible Authority. The Responsible Authority has a statutory duty to ensure that MAPPA is established in its geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders.

2.10.3 Risk Panel

Risk Panels are one type of multi-agency working on complex and high-risk cases, often where agencies spend significant amounts of time responding to difficult, chaotic or problematic behaviour or lifestyles that place the person, and possibly others, at significant risk. Panels can be created with all necessary partners, both statutory and third party and will vary depending on local need of the case in question. Any situation calling for multi-agency action could be discussed at panel meetings. The panel will

support agencies in their work to lower and manage risk for both individuals and the wider community.

Multi-Agency Risk Panels are based on the belief that shared decision making is the most effective, transparent and safe way to reach a decision, where there is challenge with the adult at risk and professionals working with them to mitigate the risk; or where there is a highly complex case and the risk needs to be escalated for consideration by such a panel. The purpose of the Panel is to agree a risk reduction plan that is owned and progressed by the most relevant agency with the support of necessary partners.

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3. Adult Safeguarding Practice

This section sets out the essential work that must be considered throughout adult safeguarding. In every case there must be evidence of due diligence and attention to mental capacity and consent.

3.1 Mental Capacity and Consent

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the act.

The Mental Capacity Act 2005 outlines five statutory principles that underpin the work with adults who may lack mental capacity:

1) A person must be assumed to have capacity unless it is established that they lack capacity.
2) A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3) A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4) An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Learning from SARs continues to show that staff working with adults who lack mental capacity are not fully complying with principle 5 above. The majority of adults that require additional safeguards are people who are likely to lack mental capacity to make decisions about their care and support needs.

Mental capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is always important to establish the mental capacity of

an adult who is at risk of abuse or neglect, should there be concerns over their ability to give informed consent to:

- Planned interventions and decisions about their safety.
- Their safeguarding plan and how risks are to be managed to prevent future harm.

3.1.1 Mental Capacity Assessment

The Act says that:

'…*a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:*

- *Understand the information relevant to the decision; or*
- *Retain that information long enough for them to make the decision; or*
- *Use or weigh that information as part of the process of making the decision; or*
- *Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)'.*

Mental capacity is **time and decision-specific**. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Thus, an adult could be put under pressure, for example in domestic abuse situations, that they lack the mental capacity to make the decisions about their safety. Staff must satisfy themselves that the adult has the mental ability to make the decision themselves, if not, it is best to err on the side of caution, identify the risks and consider support or services that will mitigate the risk. Preventing the person from isolation can be a protective factor. Involving an advocate could assist in such circumstances. Advocacy support can be invaluable and may be provided by an IMCA or other appropriate advocate.

3.1.2 Consent in relation to safeguarding

The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and well-being of the adult.

Making Safeguarding Personal is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistently with both of the above principles. They should ensure that the adult has accessible information so that the adult can make informed choices about safeguarding: what it means, risks and benefits and possible consequences. Staff will need to clearly define the various options to help support them to make a decision about their safety.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or

intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. Staff should consider the following and:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information.
- Tell the adult with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know.
- Reassure them that they are not alone and that support is available to them.

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act

- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Other people are, or may be, at risk, including children.
- Sharing the information could prevent a serious crime.
- A serious crime has been committed.
- Staff are implicated.
- There is a court order or other legal authority for taking action without consent.

In such circumstances, it is important to keep a careful record of the decision- making process. Staff should seek advice from managers in line with their organisations' policy before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options.
- Ensure they are aware of the level of risk and possible outcomes.
- Offer to arrange for them to have an advocate or peer supporter.
- Offer support for them to build confidence and self-esteem if necessary.
- Agree on and record the level of risk the adult is taking.
- Record the reasons for not intervening or sharing information.

- Regularly review the situation.
- Try to build trust to enable the adult to better protect themselves.

It is important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

3.1.3 Mental Health Act 1983 (amended 2007) and Mental Capacity Act 2005

There are important differences between being treated under the Mental Health Act (MHA) 1983 and the Mental Capacity Act (MCA) 2005. If adults are treated under the MCA, their lack of mental capacity to make decisions must be established. Adults, who have mental capacity and refuse treatment for mental illness, should be treated under the MHA if they are subject to the MCA 1983.

- The MCA1983 is used to ensure that people who need treatment for serious mental disorder receive this treatment, even against their wishes, if there are sufficient risks to their own health or safety or risks to the safety of other people.

- The MCA Code of Practice makes it clear that all professionals should seek to use the MCA to make decisions if that is possible rather than using the MHA.

3.2 Advocacy & Support

3.2.1 Advocacy

The Care Act 2014 requires that a local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate individual, such as someone with Lasting Power of Attorney (LPA) or other appropriate family or friend advocate, to help them. (Section 68).

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act 2005, and an Independent Advocate introduced under the Care Act 2014. Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

The figure one flowchart illustrates the interface between mental capacity and advocacy. While the figure two flowchart outlines when an advocate should be appointed.

It should be remembered that where the adult does not want support from family or friends that their wishes should be respected, and an independent advocate provided. Further advocacy resources are available below:

An overview of advocacy requirements under the Care Act 2014

Helpful workbook to assist compliance with the Care Act 2014 and acts as practice guidance for staff.

Figure One Flowchart

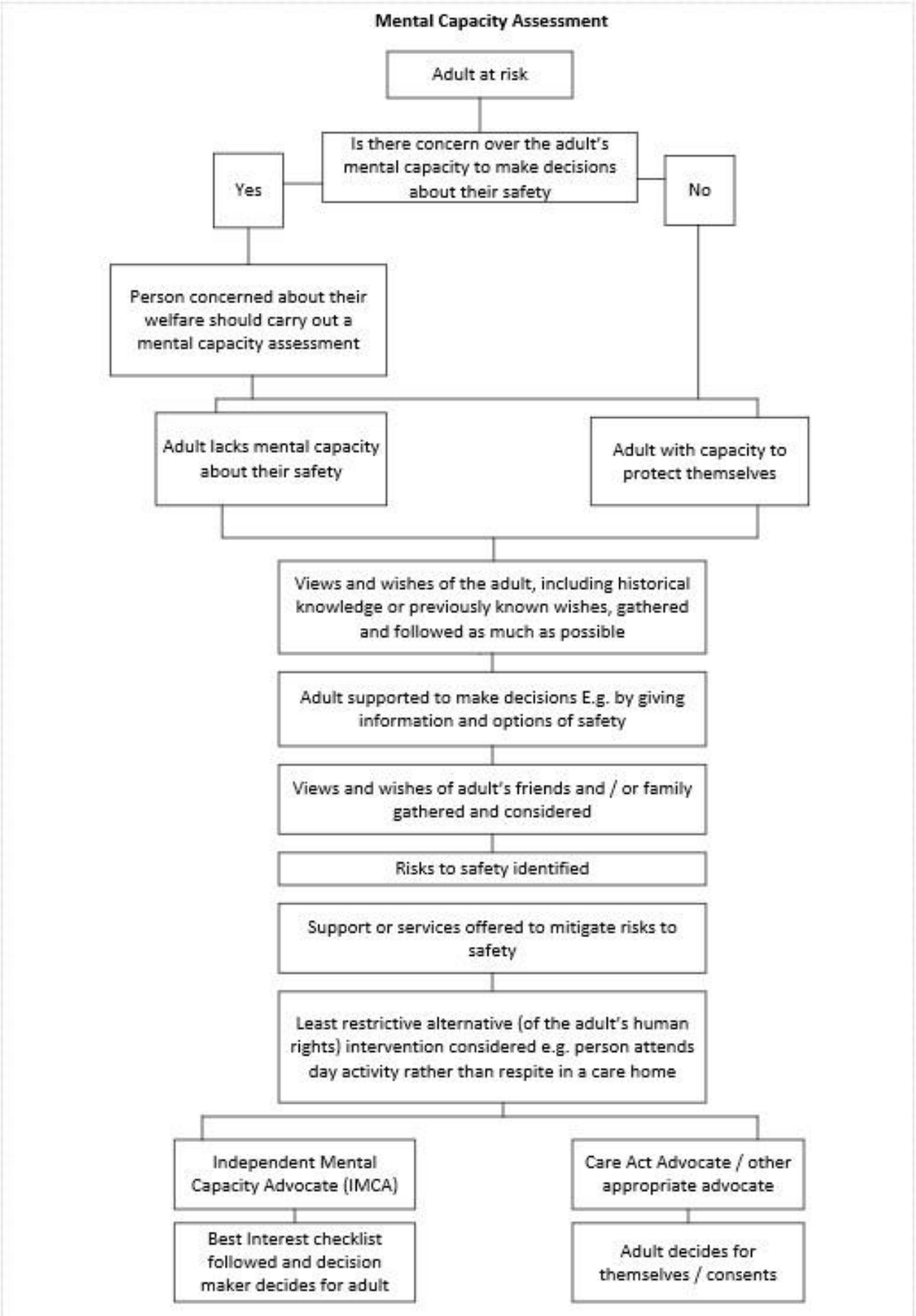
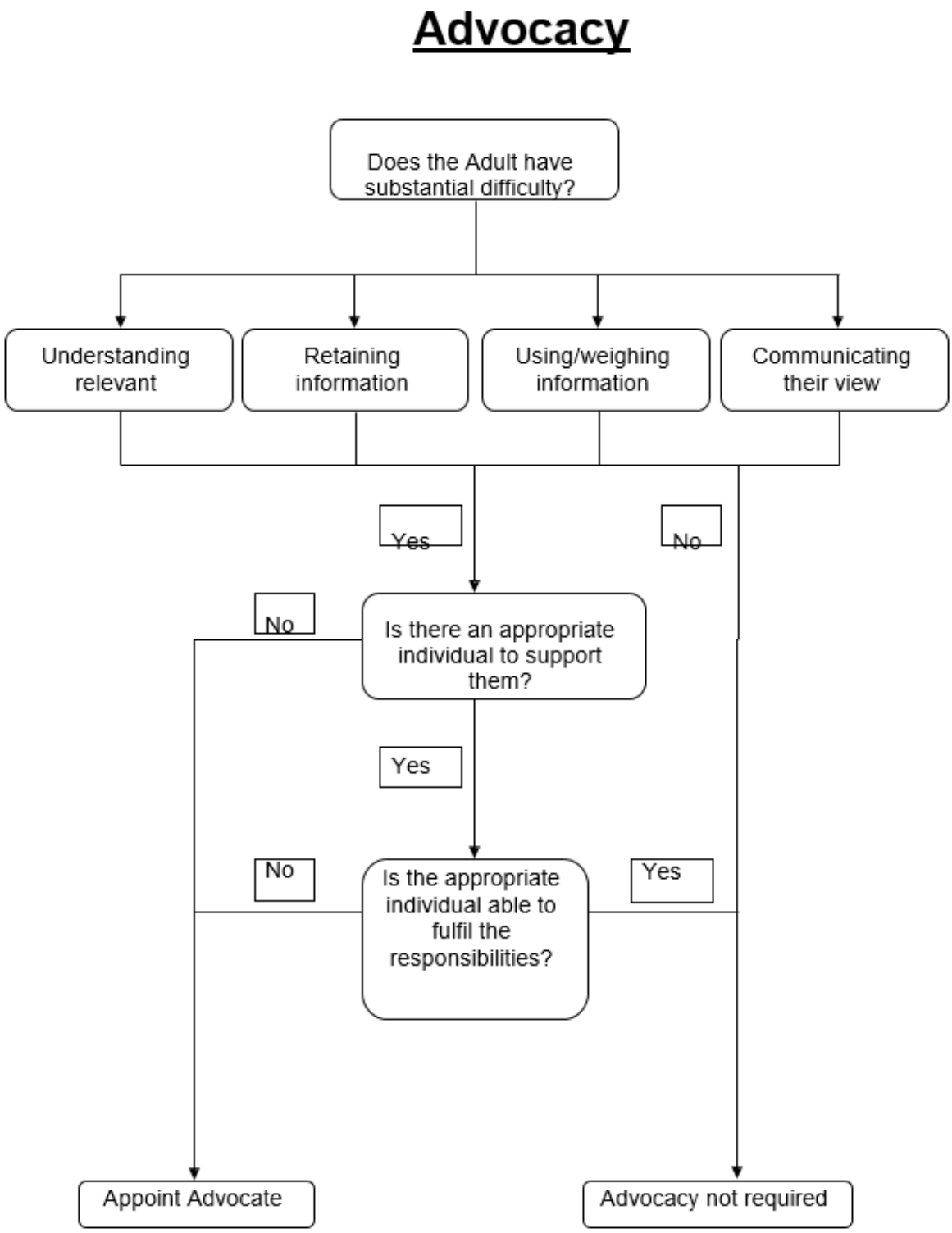


Figure Two Flowchart

Figure 2: When to appoint an independent advocate



3.2.2 Support to adults

A requirement under the Equality Act 2010 is for provision and adjustments to enable disabled people equal access to information and advice. Ensuring equality may reduce or remove substantial difficulty. Access to other services for example, translators should always be considered to ensure that the adults are afforded every opportunity to participate and be involved.

3.2.3 Support for vulnerable witnesses in the criminal justice process

Research has found that sometimes evidence from victims and witnesses with learning disabilities is discounted. This may also be true of others such as people with dementia. It is crucial that reasonable adjustments are made, and appropriate support given, so people can get equal access to justice.

Guidance should include reference to support relating to criminal justice matters which is available locally from such organisations as Victim Support and court preparation schemes.

Some witnesses will need protection; and the police may be able to get victim support in place.

Special Measures were introduced through legislation in the Youth Justice and Criminal Evidence Act 1999 (YJCEA) and include a range of measures to support witnesses to give their best evidence and to help reduce some of the anxiety when attending court. Measures in place include the use of screens around the witness box, the use of live-link or recorded evidence-in-chief and the use of an intermediary to help witnesses understand the questions they are being asked and to give their answers accurately.

Vulnerable Adult Witnesses (Section16 YJCEA) have a:

- mental disorder
- learning disability, or
- physical disability

These witnesses are only eligible for special measures if the quality of evidence that is given by them is likely to be diminished by reason of the disorder or disability.

Intimidated Witnesses (Section 17 YJCEA): Intimidated witnesses are defined by Section 17 of the Act as those whose quality of evidence is likely to be diminished by reason of fear or distress. In determining whether a witness falls into this category the court takes account of:

- The nature and alleged circumstances of the offence.
- The age of the witness.
- The social and cultural background and ethnic origins of the witness.
- The domestic and employment circumstances of the witness.
- Any religious beliefs or political opinions of the witness.
- Any behaviour towards the witness by the accused or third party. Also falling into this category are:
    - Complainants in cases of sexual assault.
    - Witnesses to specified gun and knife offences.
    - Victims of and witnesses to domestic violence, racially motivated crime,

- Crime motivated by reasons relating to religion, homophobic crime, gang related violence and repeat victimisation.
- Those who are older and frail.
- The families of homicide victims.

Registered Intermediaries (RIs) have been facilitating communication with vulnerable witnesses in the criminal justice system in England and Wales since 2004.

Special measure includes practical and emotional support to victims and witnesses (either for the defence or for the prosecution) provided by the Witness Service. Support is available before, during and after a court case to enable adults and their family and friends to have information about court proceedings and could include arrangements to:

- Visit the court in advance of the trial.
- Consider the use of screens in court proceedings.
- The removal of wigs and gowns.
- The sharing of use of intermediaries and aids to communication.

If the person alleged to have caused harm is a young person or has a mental disorder, including a learning disability, and they are interviewed at the police station, they are entitled to the support of an 'appropriate adult' under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice.

There is an automatic referral to Victim Support services for all victims of crime whether they are deemed vulnerable or not.

3.2.4 Involving the adult

Making Safeguarding Personal (MSP) stresses the importance of keeping the adult at the centre of positive approaches to managing risks to their safety. Under MSP the adult is best placed to identify risks, provide details of its impact and whether or not they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where: -

- Adults feel more in control.
- Adults are empowered and have ownership of the risk.
- There is improved effectiveness and resilience in dealing with a situation.
- There are better relationships with professionals.
- Good information sharing to manage risk, involving all the key stakeholders (see Information Sharing part one).
- Key elements of the person's quality of life and well-being can be safeguarded.

3.2.5 Identifying Risk

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for the adult, than it would be for any other person.

- Risks can be real or potential.
- Risks can be positive or negative.
- Risks should take into account all aspects of an individual's wellbeing and personal circumstances.

Sources of risk might fall into one of the four categories below:

1. Private and family life: The source of risk might be someone like an intimate partner or a family member.
2. Community based risks: This includes issues like ‘mate crime’, anti-social behaviour, and gang-related issues.
3. Risks associated with service provision: This might be concerns about poor care which could be neglect or organisational abuse, or where a person in a position of trust because of the job they do financially or sexually exploits someone.
4. Self-neglect: Where the source of risk is the person themselves.

3.2.6 Risk Assessment

Risk assessment involves collecting and sharing information through observation, communication and investigation. It is an on-going process that involves persistence and skill to assemble and manage relevant information in ways that are meaningful to all concerned. Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people should be integral in all assessment and planning processes, including assessments for self-directed support and the setting up of personal budget arrangements. Assessment of risk is dynamic and on-going and a flexible approach to changing circumstances is needed. The primary aim of a safeguarding adults risk assessment is to assess current risks that people face and potential risks that they and other adults may face. Specific to safeguarding, risk assessments should encompass:

- The views and wishes of the adult.
- The person’s ability to protect themselves.
- Factors that contribute to the risk, for example, personal, environmental.
- The risk of future harm from the same source.
- Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support.
- Deciding if domestic abuse is indicated and the need for a referral to a MARAC.
- Deciding if a Risk Management Panel referral is needed.
- Identify people causing harm who should be referred to MAPPA.
- It may increase risk where information is not shared.

3.2.7 Risk Management

The focus must be on the management of risks not just a description of risks. Employers need to take responsibility for the management of risk within their own organisation and share information responsibly where others may be at risk from the same source. The local authority may be ultimately accountable for the quality of Section 42 enquiries, but all organisations are responsible for supporting holistic risk management, with the adult and in partnership with other agencies.

It is the collective responsibility of all organisations to share relevant information, make decisions and plan intervention with the adult. A plan to manage the identified risk and put in place safeguarding measures includes:

- What immediate action must be taken to safeguard the adult and/others.
- Who else needs to contribute and support decisions and actions.

- What the adult sees as proportionate and acceptable.
- What options there are to address risks.
- When action needs to be taken and by whom.
- What the strengths, resilience and resources of the adult are.
- What needs to be put in place to meet the on-going support needs of the adult.
- What the contingency arrangements are.
- How will the plan be monitored?

Positive risk management needs to be underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review.

Effective risk management requires exploration with the adult using a person- centred approach, asking the right questions to build up a full picture. Not all risks will be immediately apparent; therefore, risk assessments need to be regularly updated as part of the safeguarding process and possibly beyond.

3.2.8 Reviewing Risk

Individual need will determine how frequently risk assessments are reviewed and wherever possible there should be multi-agency input. These should always be in consultation with the adult at risk.

3.2.9 Risk disputes

Throughout these policies and procedures risk assessment and risk management is carried out in partnership with the adult, wider support network and others. The decision to involve others or not is in itself a decision which may give rise to risk, and the individual may need support to make this decision.

The professional views of risk may differ from the views of the adult. Perceived risks have implications for the safety and the independence of the individual, but they also have implications for the accountability of professionals. This highlights the importance of training and/or regular practice in making independent decisions by adults. Accessible knowledge through information and advice, assertiveness through the right kind of advocacy and support may be appropriate.

Professionals need to embrace and support positive risk taking by finding out why the person wishes to make a particular choice, what this will bring to their life, and how their life may be adversely affected if they are not supported in their choice.

The promotion of choice and control, of more creative and positive risk-taking, implies greater responsibility on the part of the adult and greater emphasis on keeping them at the centre of decision making.

It may not be possible to reach agreement, but professionals need to evidence that all attempts to reach agreement were taken. Where there are concerns about people making unwise decisions, or there is high risk that requires wider collaboration.

3.3 Recording actions under adult safeguarding

A record of all actions and decisions must be made, as record keeping is a vital component of professional practice and is an essential element in documenting the

legal justification for decisions. When abuse or neglect is raised, managers need to look for past incidents, concerns, risks and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over a period of time. In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action. At a minimum there should be an audit trail of:

- date and circumstances of concerns and
- subsequent action
- decision making processes and rationales.
- risk assessments
- risk management plans
- consultations and correspondence
- advocacy and support
- safeguarding plans
- outcomes
- feedback from the adult and their personal support network
- differences of professional opinion
- referrals to professional bodies

As records may be disclosed in courts in criminal or civil actions and to individuals under data protection legislation, all organisations should audit safeguarding concerns and outcomes as part of their quality assurance (local authority should use existing codes within the Safeguarding Adult Collections categories). Supervisors should ensure that recording is addressed in supervision and that staff are clear of their responsibilities. SABs should regularly review the quality of recording as part of their performance and quality data scrutiny.

Learning lessons from past mistakes and missed opportunities highlighted in Safeguarding Adult Reviews, Serious Case Reviews and other reports emphasise the need for quality recording especially when managing abuse, neglect and risk. This includes providing rationales for actions and decisions, whether or not they were taken, and if not the reasons for this.

Quality recording of adult safeguarding not only safeguards adults, but also protects workers by evidencing decision making based on the information available at the time. This means recording a clear rationale for any decisions made and the discussions that led to those decisions including reference to the relevant legislation, such as the Mental Capacity Act 2005. For more information see the University of the West of England advice on the importance of keeping records.

3.4 Organisational learning

It is essential that all aspects of safeguarding practice are monitored and scrutinised on a regular basis. All staff have a responsibility to audit their work and a set of local outcome focused standards might support staff.

All agencies need to take responsibility for organisational learning and implement changes to their practice as a result of audits, complaints, SARs, and most importantly feedback from adults at risk about what works well and what needs to improve provide

opportunities for learning from themes and patterns of practice that can add value to learning from good practice and pinpointing necessary changes.

In addition to practice guidance highlighted throughout this document, staff may find the following information from SCIE helpful on adult safeguarding questions.

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The Procedures

4. Adult Safeguarding Procedures

4.1 Context

The main objective of adult safeguarding procedures is to provide guidance to mitigate against the risks to adults from abuse or neglect, ensuring that any outcomes from an enquiry are focused on the adult and achievable and identify immediate action to be taken where required.

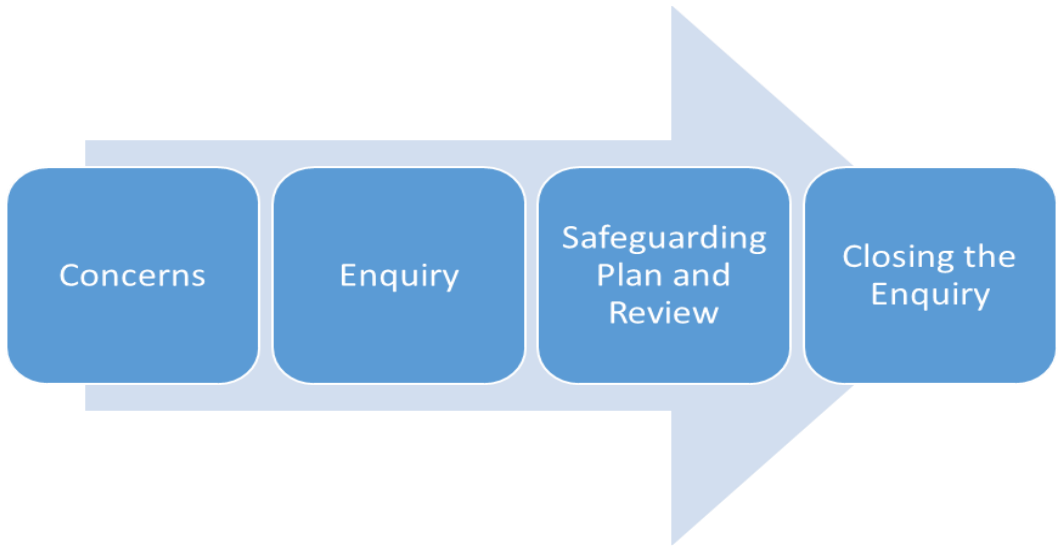
The procedures are a means for staff to combine principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal (MSP). They are a framework for managing safeguarding interventions that are fair and just, through strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse and neglect. All organisations who work with or support adults experiencing, or who are at risk of, abuse and neglect may be called upon to lead or contribute to a safeguarding enquiry and need to be prepared to take on this responsibility.

Guidance is often criticised for over-standardising practice and undervaluing the skills required when applying policies in diverse circumstances. The key focus is on using professional skills to ensure safeguarding is personalised and the outcomes and goals from any enquiry are client focused, realistic and attainable.

4.2 The Four Stage process

The Procedures Chapter has been structured within a Four Stage Process:

Figure 3: The procedures four stage process



Before going through each stage of the process in depth, the next section will define roles and responsibilities and provide context within which the procedures operate.

4.3 Responsibilities

4.3.1 Safeguarding Managers/Leads in all organisations

Safeguarding adult's manager/lead throughout refers to members of staff responsible in an organisation to provide:

- Managerial support and direction to staff in that organisation.
- Decision making for concerns raised by members of staff and/or members of the public.

4.3.2 Safeguarding Adult Referral Points

Each organisation must have its own operational policy on how it manages adult safeguarding concerns, including a list of referral points with up-to-date contact details, so that staff and the public know how to report abuse and neglect. Referral points may be through a contact centre, specific access team or through other locally agreed arrangements. The local authority is the main referral point even if others have their own and all local authorities should provide referral points that are accessible outside normal working hours, in order to respond to urgent concerns.

4.3.3 Safeguarding Adults Decision Maker

Safeguarding Adult Decision Maker or Lead is the local authority member of staff who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are referred to the local authority.

4.3.4 Feedback

All adult safeguarding concerns referred to the local authority should be assessed to decide if the criteria for adult safeguarding are met. Keeping the person who raised the concern informed is an essential requirement under these policies and procedures. Feedback provides assurance that action has been taken whether under adult safeguarding or not. Organisations raising concerns may want to challenge or discuss decisions and need to be updated on what action has been taken. It is more likely that the public will continue to raise concerns, where there is an acknowledgement that their concern has reached the right agency and is being taken seriously. Feedback to the wider community needs to take account of confidentiality and requirements of data protection legislation.

4.3.5 Feedback to people alleged to have caused harm

The principles of natural justice must be applied, consistently with the overriding aim of safety and the requirements of the GDPR.

An evaluation should be carried out as to whether it is safe to share information about the complaint with the person allegedly responsible. If the adult at risk has capacity, their informed consent should be sought before sharing information with the person allegedly responsible. However, where the sharing of information to prevent harm is necessary, lack of consent to information sharing can be overridden. It may be a

necessary part of a safeguarding enquiry to put information to the person allegedly responsible, where it has not been possible to obtain consent to this.

Providing information on the nature and outcomes of concerns to people alleged to have caused harm also needs to be seen in the wider context of prevention; for example, information can be used to support people to change or modify their behaviour. The person/organisation that is alleged to be responsible for abuse and/or neglect should be provided with sufficient information to enable them to understand what it is that they are alleged to have done or threatened to do that is wrong and to allow their view to be heard and considered. Whilst the safety of the adult remains paramount the right of reply should be offered where it is safe to do so. Decision making should take into consideration:

- The possibility that the referral may be malicious.
- The right to challenge and natural justice.
- Whether there are underlying issues for example employment disputes.
- Family conflict.
- Relationship dynamics.
- Whether it is safe to disclose particularly where there is domestic abuse
- Compliance with the Mental Capacity Act 2005.

Feedback should be provided in a way that will not exacerbate the situation or breach the GDPR.

If the matter is subject to police involvement, the police should always be consulted so criminal investigations are not compromised.

The Local Government Ombudsman and the Parliamentary and Health Ombudsman are both useful sources to explore case examples. The Information Commissioner provides advice on sharing information.

4.3.6 Dealing with repeat allegations

All concerns should be considered on their own merit and recorded individually. An adult who makes repeated allegations that have been investigated and decided to be unfounded should be treated without prejudice. Where there are patterns of similar concerns being raised by the same adult within a short time period, a risk assessment and safeguarding plan should be developed, and a local process agreed for responding to further concerns of the same nature from the same adult. All organisations are responsible for recording and noting where there are such situations and may be asked to contribute to a multi-agency response. Information sharing to assess and analyse data is essential to ensure that adults are safeguarded, and an appropriate response is made. Staff should also be mindful of public interest issues.

In considering how to respond to repeated concerns the following factors need to be considered:

- The safety of the adult who the concern is about.
- Mental capacity and ability of the individual's support networks to raise the concern, or to increase support to meet outcomes of safeguarding concerns.
- Wishes of the adult at risk and impact of the concern on them.
- Impact on important relationships.

- The Level of risk identified.

4.3.6 Dispute resolution and escalation

Professional disagreements should be resolved at the earliest opportunity, ensuring that the safety and wellbeing of the adult at risk remains paramount. Challenges to decisions should be respectful and resolved through co-operation. Disagreements can arise in a number of areas and staff should always be prepared to review decisions and plans with an open mind. Assurance that the adult at risk is safe takes priority. Disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation.

In the event that operational staff are unable to resolve matters, more senior managers should be consulted. Multi-agency meetings may be a helpful way to explore issues with a view to improving practice.

In the case of care providers, unresolved disputes should be raised with the relevant managers leading on the concern and commissioners.

4.3.7 Cross-boundary and inter-authority adult safeguarding enquiries

Risks may be increased by complicated cross-boundary arrangements, and it may be dangerous and unproductive for organisations to delay action due to disagreements over responsibilities. The rule for managing safeguarding enquiries is that the local authority for the area where the abuse occurred has the responsibility to carry out the duties under Section 42 Care Act 2014, but there should be close liaison with the placing authority.

The ‘placing local authority’ continues to hold responsibility for commissioning and funding a placement. However, many people at risk live in residential settings outside the area of the placing authority. In addition, a safeguarding incident might occur during a short-term health or social care stay, or on a trip, requiring police action in that area or immediate steps to protect the person while they are in that area.

The initial lead in response to a safeguarding concern should always be taken by the local authority for the area where the incident occurred. This might include taking immediate action to ensure the safety of the person or arranging an early discussion with the police when a criminal offence is suspected. Additional guidance on responding to safeguarding concerns which involve cross-boundary considerations can be found here

Further action should then be taken in line with Making Safeguarding Personal on the views of the adult, and the Care and Support statutory guidance on who is best placed to lead on an enquiry.

4.3.8 Timescales

The adult safeguarding procedures do not set definitive timescales for each element of the process; however, target timescales are indicated. In addition, partner agencies may make decisions on timescales for their own performance monitoring. Local guidance on timescales should reflect the ethos of the Making Safeguarding Personal

agenda. It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount. It is the responsibility of all agencies proactively to monitor concerns to ensure that drift does not prevent timely action and place people at further risk. Divergence from any target timescales may be justified where:

- Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants.
- It would not be in the best interests of the adult at risk.
- Significant changes in risk are identified that need to be addressed.
- Supported decision making may require an appropriate resource not immediately available.
- Persons' physical, mental and/or emotional wellbeing may be temporarily compromised.

The timescales need to reflect:

- All other investigations such as NHS Serious Incidents (SI).
- The investigation that takes priority – this needs to be agreed on a case by case basis.

	Indicative Timescale
Stage one: Concerns	Immediate action in cases of emergency. Within one working day in other cases.
Stage two: Enquiries • Initial conversations • Planning meetings • Enquiry actions • Agreeing outcomes • Respond to the referrer	 Same day concern received if not already taken place Within 5 working days Target time within 28 working days Within 5 working days of enquiry report
Stage three: Safeguarding Plan & Review • Safeguarding Plan • Review	 Within 5 working days of enquiry report Not more than 3 months, but dependent upon risk
Stage four: Closing the Enquiry Closing the enquiry	Actions immediately following decision to close where possible. Other actions within 5 working days.

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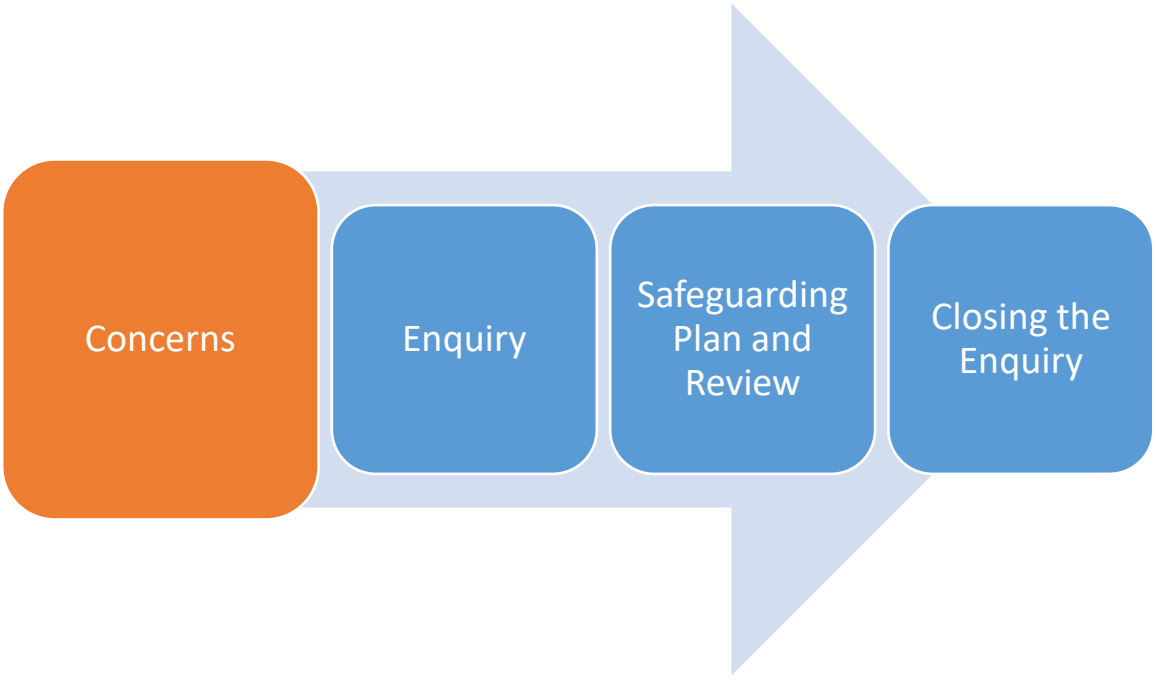

Concerns
Enquiry
Safeguarding Plan and Review
Closing the Enquiry

STAGE 1: Concerns

What is an adult safeguarding concern?

An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs, who may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this. The adult does not need to be already in receipt of care and support.

A concern may be raised by anyone, and can be:

- An active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse and/or neglect.
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries.
- An allegation of abuse by a third party, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult.
- A complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect. Complaint officers should consider whether there are safeguarding matters.
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public.
- An observation of the behaviour of the adult at risk.
- An observation of the behaviour of another.
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits (CQC, Monitor etc.).

Concerns can be raised in person, by telephone, email or letter. They may also be raised through specific organisation processes for example Humberside Police or the Ambulance Service.

The police will make a decision about whether to refer to the local authority, using their operational toolkit.

Some concerns may not sit under adult safeguarding processes but remain concerns that may require other action. All concerns should be responded to, and SABs should be satisfied that concerns are being addressed appropriately through their oversight of safeguarding practice.

Police Engagement

Staff contact with the police will fall mainly into four main areas:

1. Reporting a crime – if an individual witnesses a crime, they have a duty to report it to the police via 999 if an emergency or for non-emergency via 101 or online reporting service.
2. Third party reporting of a crime – if an individual is made aware of a crime, they should support the adult at risk to report to the police or make a best interest decision to do so.
3. Consultation with the police – seeking advice.

4. Sharing intelligence and managing risk – where there is an integrated MASH, this will be the channel for information sharing, in addition to agreed information sharing protocols.

Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it will not only be necessary to immediately consider what steps are needed to protect the adult but also how best to report as a possible crime. **Early consultation with the police is vital to support the criminal investigation.**

Immediate action by the person raising the concern
The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk. a. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger; b. Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police); c. If a crime is in progress or life is at risk, dial emergency services – 999; d. Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation; e. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording; body maps should be completed where bruising is discovered and the person is not able to provide clarity on how and when the bruising occurred. f. Ensure that other people are not in danger; g. If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk); h. Record the information received, risk evaluation and all actions.

The Safeguarding Manager/Lead should review action taken, and:
a. Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken; b. Address any gaps; c. Check that issues of consent and mental capacity have been addressed; d. In the event that a person's wishes are being overridden, check that this is appropriate and that the adult understands why; e. Contact the children services if a child or young person is also at risk;

f. If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support;

g. Make sure action is taken to safeguard other people;

h. Take any action in line with disciplinary procedures; including whether it is appropriate to suspend staff or move them to alternative duties;

i. If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC;

j. In addition, if a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur;

k. Preserve forensic evidence and consider a referral to specialist services for example the Haven; completed where bruising is discovered and the person is not able to provide clarity on how and when the bruising occurred

l. Make a referral under Prevent if appropriate;

m. Consider if the case should be put forward for a SAR;

n. Record the information received and all actions and decisions.

Decision Making: Pre-Referral to the local authority

The manager/safeguarding lead will usually lead on decision making. Where such support is unavailable, consultation with other more senior staff should take place. In the event that these are unavailable, seeking the advice of the local authority should be considered.

Staff should also take action without the immediate authority of a line manager:

- If discussion with the manager would involve delay in an apparently high-risk situation.
- If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing).

Decisions need to take into account all relevant information that is available, including the views of the adult in all circumstances where it is possible and safe to seek their views. If the adult does not want to pursue matters through safeguarding action, staff should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been explored and that not proceeding further is consistent with legal duties.

There may be some occasions when the adult at risk does not want to pursue a referral to the local authority. Where it is a personal matter and may cause family disharmony, if possible, the adult at risk's wishes should be respected and other ways of ensuring the adult's safety explored. Where there is a potentially high-risk situation, staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult.

Decision makers also need to take account of whether or not there is a public or vital interest to refer the concern to the local authority. Where there is a risk to other adults,

children or young people or there is a public interest to take action because a criminal offence had occurred, and the view is that it is a safeguarding matter, the wishes of the individual may be overridden. **Where the sharing of information to prevent harm is necessary, lack of consent to information sharing can also be overridden**. This should include where the adult at risk is deceased or the alleged perpetrator is a professional.

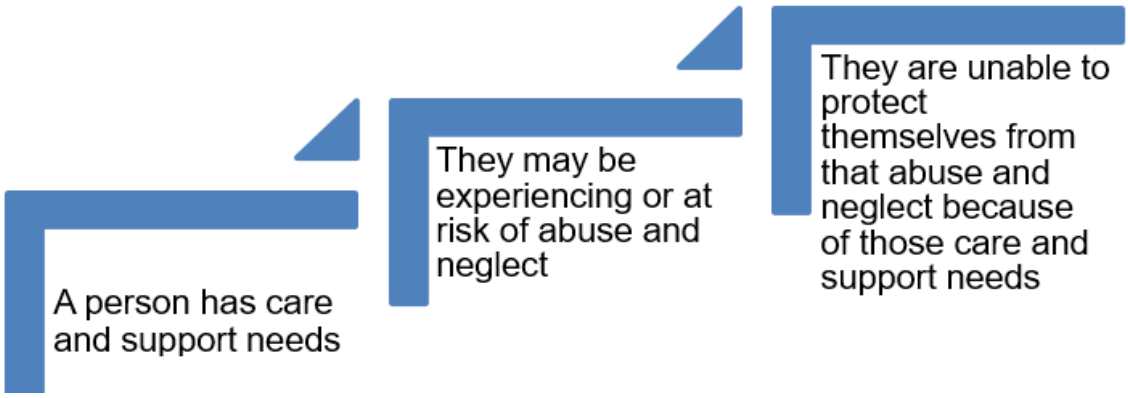
In the event that people lack the capacity to provide consent, action should be taken in line with the Mental Capacity Act 2005.

Good Practice Guidance - Disclosure
• Speak in a private and safe place. • Accept what the person is saying. • Don't 'interview' the person; but establish the basic facts avoiding asking the same questions more than once. • Ask them what they would like to happen and what they would like you to do. • Don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why. • Explain that you will respect their wishes where possible, but that referrals and actions can be taken without their consent. Tell them what action you will be taking. • Make a best interest decision about the risks and protection needed if the person is unable to provide informed consent. • Document rationale for sharing. • Explain how the adult will be involved and kept informed. • Provide information and advice on keeping safe and the safeguarding process. **Establish** • The risks and what immediate steps to take. • Consider the hazard within the risks and use the risk matrix tool. • Communication needs, whether an interpreter or other support is needed. • Whether it is likely that advocacy may be required. • Personal care and support arrangements. • Mental capacity to make decisions about whether the adult is able to protect themselves and understand the safeguarding process.

Concerns Checklist
• safety of adult and others made • initial conversation held with the adult • emergency services contacted and recorded • medical treatment sought • consent sought • mental Capacity considered • best interest decisions made and recorded • public and vital interest considered and recorded • police report made • evidence preserved, • complete/check body maps • referrals to specialist agencies e.g. Haven and Channel

- referral to children services if appropriate
- action taken to remove/reduce risk
- recorded clear rationales for decision making
- referral to local authority

Referral to the local authority
If, on the basis of the information available, it appears that the following three steps are met a referral must be made to the local authority.



Information the referral might contain
Organisations that refer to the local authority should include the following information:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and relevant family members and friends, and those holding powers of attorney.
- Basic facts, focussing on whether or not the person has care and support needs including communication and on-going health needs.
- Factual details of what the concern is about; what, when, who, where.
- Immediate risks and action taken to address risk.
- Preferred method of communication.
- If reported as a crime - details of which police station/officer, crime reference number etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves.
- Any information on the person alleged to have caused harm.
- Wishes and views of the adult at risk, in particular consent.
- Advocacy involvement (includes family/friends).
- Information from other relevant organisations for example, the Care Quality Commission.
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.
- Any available evidence, such as body maps, in cases where bruising/and or physical injuries are discovered and the person is unable to provide clarity on how and when they occurred.

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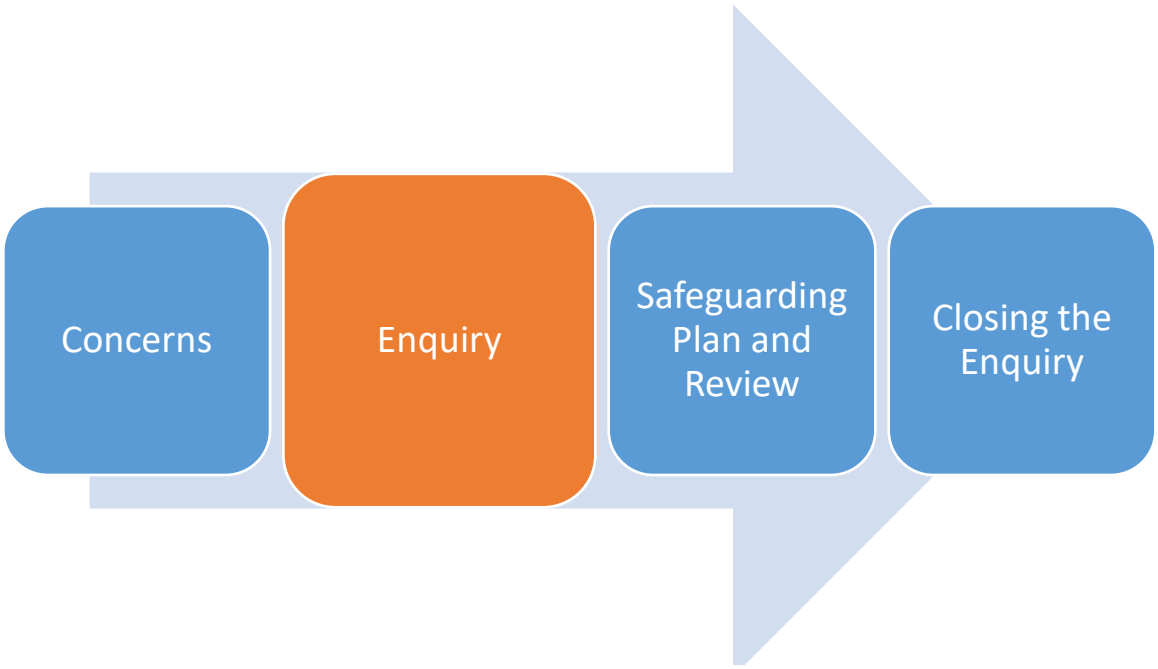

Concerns
Enquiry
Safeguarding Plan and Review
Closing the Enquiry

Stage 2: Enquiry

When the local authority becomes aware of a situation that meets the criteria described in the above three steps, it **must** make or arrange an enquiry under Section 42 of the Care Act 2014. 'The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.'
Where the circumstances are not such as to trigger the Section 42 safeguarding duty, the local authority may choose to carry out proportionate safeguarding enquiries, in order to promote the adult's well-being and to support preventative action, these are what are known as 'Other Safeguarding Enquiries'.

There should be a clear record of the concerns raised and decision, and any advice and information given.

The information in some safeguarding concern referrals may be sufficiently comprehensive that it is clear that immediate risks are being managed, and that the criteria are met for a formal Section 42 enquiry. In other cases, some additional information gathering may be needed to fully establish that the three steps are met. An enquiry should establish whether and what action needs to be taken to prevent or stop abuse or neglect.
Local authorities should aim to provide swift and personalised safeguarding responses, involving the adult at risk, and or their representative, in the decision-making process as far as possible. Further guidance is given about cases in which the adult at risk may lack capacity or has a substantial difficulty in being involved is given in relation to advocacy in section 68 of the Care Act

Role of the local authority
The local authority as the lead agency to lead enquiries may ask other agencies / organisations to undertake them. Specific circumstances will usually determine who the right person is to begin the enquiry. When considering which agency / organisation is best placed to lead on the enquiry the following should be considered –

- Who has the closest relationship with the individual?
- Has a crime been committed?
- Who has the necessary skills and knowledge?
- Are there any employment responsibilities?

The local authority should discuss and agree with appropriate partner agencies / organisations very early on in the process who is the best person/organisation to lead on the enquiry. Although the local authority can request another agency / organisation to lead the enquiry on their behalf, it cannot delegate this function entirely. Overall decision making and action planning remains the responsibility of the local authority.

If the local authority has asked someone else to make enquiries, it is able to challenge the agency / organisation making the enquiry if it considers that the process and/or outcome is unsatisfactory. In exceptional cases, the local authority may undertake an additional enquiry, for example, if the original fails to address significant issues.

Who may be asked to undertake an enquiry?
The following list is not exhaustive and should be considered a guidance as assessment should be made on a case by case basis.

When determining who the right person / agency is to conduct an enquiry the following should always be considered –

- Who has the closest relationship with the individual?
- Has a crime been committed?
- Who has the necessary skills and knowledge?
- Are there any employment responsibilities?

The most appropriate person in the situation should establish the views, wishes and desired outcomes of the adult. This could be the professional who knows the adult best and who the adult trusts.

Where an adult has substantial difficulty in being involved in the adult safeguarding enquiry an appropriate person should be identified to represent them and if no appropriate person an independent advocate must be arranged.

When it will not be appropriate to ask another agency / organisation to lead on an enquiry

- When there is a serious conflict of interest on the part of the employer / organisation.
- When there are, or have been concerns about non-effective past enquiries.
- When the situation relates to organisational abuse.

The degree of involvement of the local authority will vary from case-to-case, but at a minimum must involve decision making about how the enquiry will be carried out, oversight of the enquiry, decision making at the conclusion of the enquiry about what actions are required, ensuring data collection is carried out, and quality assurance of the enquiry has been undertaken.

This decision on how the enquiry is progressed is made by the manager acting in the role of the safeguarding adult's decision maker at the time.

Health services and interface with Safeguarding Adult enquiries.
Clinical Commissioning Groups (CCG's) are responsible for employing a Designated Professional for Safeguarding Adults to act as strategic professional lead for safeguarding adults within their organisation, with the authority to work across the local health economy(ies) to influence local thinking and practice. The role of the Designated Professional includes acting as a source of safeguarding advice and expertise for all relevant agencies and other organisations, with a significant focus on ensuring, supporting or advising on the availability of relevant health professional expertise to contribute to safeguarding enquiries, or consideration of the appropriate response to safeguarding referrals.

Health and Interface with Safeguarding Adult enquiries
North Lincolnshire CCG (NLCCG) Head of Safeguarding fulfils the role of Designated Professional for Safeguarding Adults supported by other members of the NLCCG Safeguarding Team.

In accordance with the focus on ensuring, supporting and advising on health professional expertise, the Safeguarding Adult Team is able to seek support from the

NLCCG Safeguarding Team via nlccg.safeguarding@nhs.net, or 01652 251216. The NLCCG Safeguarding Team will:

- Direct the Safeguarding Adult Team to the most relevant health professional or service to support the enquiries.
- Provide direct professional support, including undertaking or supporting s42 enquiries, as appropriate.
- Advise where health professional support is not required.

Where the Safeguarding Adult Team are able to identify the most relevant health professional or service to support enquiries, it is not necessary for the team to seek support from the NLCCG Safeguarding Team prior to contacting the appropriate health professional. However, it would be good practice for the NLCCG Safeguarding Team to be advised where health services are involved in supporting enquiries.

Escalation – Health Services and Safeguarding Adult processes
The process in respect of Dispute resolution and escalation as per section 4.3.6 should be followed.

However, where health professionals and services who are deemed necessary are not engaged in or contributing to safeguarding adult processes, and this is affecting the enquiry or safety planning, contact should be made to the NLCCG Head of Safeguarding, or the CCG Safeguarding Team via nlccg.safeguarding@nhs.net.

Criminal Investigations
Although the local authority has the lead role in making enquiries or requesting others to do so, where criminal activity is suspected, early involvement of the police is essential. Police investigations should be coordinated with the local authority who may support other actions but should always be police led.

Ill treatment and wilful neglect
The police will determine whether there should be criminal investigations of people in positions of trust where there is ill treatment and wilful neglect. There are a number of possible offences which may apply, including the specific offences mentioned below.

Section 44 Mental Capacity Act 2005 makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

Section 127 Mental Health Act 1983 creates an offence in relation to staff employed in hospitals or mental health nursing homes where there is ill-treatment or wilful neglect.

Sections 20 to 25 of the Criminal Justice and Courts Act 2015 relate to offences by care workers and care providers.

Physical assault – issues to consider
When a vulnerable person has been assaulted there may be some visible signs of attack, such as bruising, reddening or other more serious wounds. These injuries should be examined and noted by a medical practitioner. Ideally this should be the person's GP, you should also consider the possibility of a conflict of interest and the potential of criminal offences.

If a criminal offence is suspected the police should be informed immediately and if the injury is thought suspicious steps will be taken to record the injury visually and through further medical recording. Should the adult at risk be in an accident and emergency (A&E) department, then the locally agreed protocols for reporting to the police should be followed.

Advice should be given to observe and record the physical and emotional demeanour of the adult at risk. This may be of assistance to any future criminal or civil proceedings.

Consent to medical examination - an adult must consent to a medical examination, so they need to be able to understand what they are giving consent to, and have the capacity to do so voluntarily. It will normally be the responsibility of the forensic medical examiner to ensure that true consent has in fact been given. If a person lacks capacity, medical staff need to make a decision about continuing in line with the best interests principles contained in the Mental Capacity Act 2005. There may be occasions where consent to examination is not given. In such circumstances it might be possible to arrange for the victim's GP to assist in the examination, if that would be reassuring for the person involved. This should be discussed with the senior police investigating officer and the appropriate agencies.

Suspending placements
Where the safeguarding concern raised is about a person in a position of trust and there may be a risk of that person in a position of trust causing harm to other adults at risk adults or children early consideration should be given to:

- Sharing information with the employer and other partner agencies.
- The local authority and/or CCG suspending placements with the provider and seeking a voluntary undertaking not to admit self-funders until the conclusion of the enquiry.

Further information and guidance on managing concerns around people in a position of trust can be found in the Managing allegations against people in a position of trust framework (PiPoT framework).

Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

- What outcome does the adult want?
- How can enquiries be assessed as successful in achieving outcomes?
- What prevention measures need to be in place?
- How can risk be reduced?

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be. There are no hard and fast rules and judgement will need to be made about what type of enquiry and actions are right for each particular situation.

Good Practice Guide –
Types of enquiries and who might be asked to undertake them

The following list is not exhaustive and is should be considered a guidance, as assessment should be made on a case by case basis.

When determining who the right person / agency is to conduct an enquiry, the following should always be considered –

- **Who has the closest relationship with the individual?** This might be the care provider, housing support worker, health professional, social worker, case manager
- **Has a crime been committed?** If a crime is suspected the police must be involved and lead any criminal investigation
- **Who has the necessary skills and knowledge?** Specific skills and knowledge may be required such as – Tissue Viability Nurse, medicines management, speech and language, district nurse, mental health professionals
- **Are there any employment responsibilities?** Allegations about staff may be best undertaken by an employer

Establishing the views, wishes and desired outcomes of the adult.	The most appropriate person in the situation. This could be the professional who knows the adult best and who the adult trusts- for example, GP, District Nurse, care worker, housing support worker, Police, Mental Health professional or it could be a practitioner from the Lead Agency- for example, social worker. Where an adult has substantial difficulty in being involved in the adult safeguarding enquiry, an appropriate person should be identified to represent them, and if no appropriate person, an independent advocate must be appointed.
Care and Support Needs assessment / Carers assessment / assessment of Mental Health needs / other health assessment.	Social services / NHS CCG / mental health team / care trust.
Access to health and social care services to reduce the risk of abuse or neglect.	Social services / NHS CCG / mental health team / care trust.
Criminal (including assault, theft, fraud, hate crime, domestic abuse, and abuse or willful neglect)	Police.
Domestic abuse – serious risk of harm.	Police coordinate the MARAC process. Consider Blue Door referral.
Antisocial behaviour (e.g. harassment, nuisance by neighbours).	Community safety services / local Policing (e.g. Safer Neighbourhood Teams).

Breach of tenancy agreement (E.g. harassment, nuisance by neighbours).	Landlord / registered social landlord / housing trust / community safety services/ONGO.
Bogus callers or rogue traders.	Trading Standards / Police. Safer Neighbourhoods.
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another).	Manager / service provider / complaints department. Provider Development Team.
Breach of contract to provide care and support.	Service commissioner (e.g. local authority, NHS CCG).
Fitness of registered service provider.	CQC/Provider Development Team.
Serious Incident (SI) in NHS settings where there identified safeguarding issues.	Root cause analysis investigation by relevant NHS Provider.
Unresolved serious complaint in health care setting, where there are identified safeguarding issues.	CQC, CCG, NHS England
Breach of rights of person detained under the MCA 2007 Deprivation of Liberty Safeguards (DoLS).	CQC, local authority, OPG/Court of Protection.
Breach of terms of employment / disciplinary procedures.	Employer / Police
Breach of professional code of conduct.	Professional regulatory body.
Breach of health and safety legislation and regulations.	HSE / CQC / local authority.
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy.	OPG / Court of Protection / police.
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests.	OPG / Court of Protection.
Misuse of Appointeeship or agency.	DWP / OPG / Police
Safeguarding concerns relating to medical / health issues, for example pressure sores, physical injuries, unexplained bruising	Relevant healthcare professional – GP, doctor, nurse, tissue viability nurse.
Self-neglect, including serious concerns relating to hoarding	Environmental health, fire service, mental health services
Modern Slavery	Police, UK Border Agency, Immigration

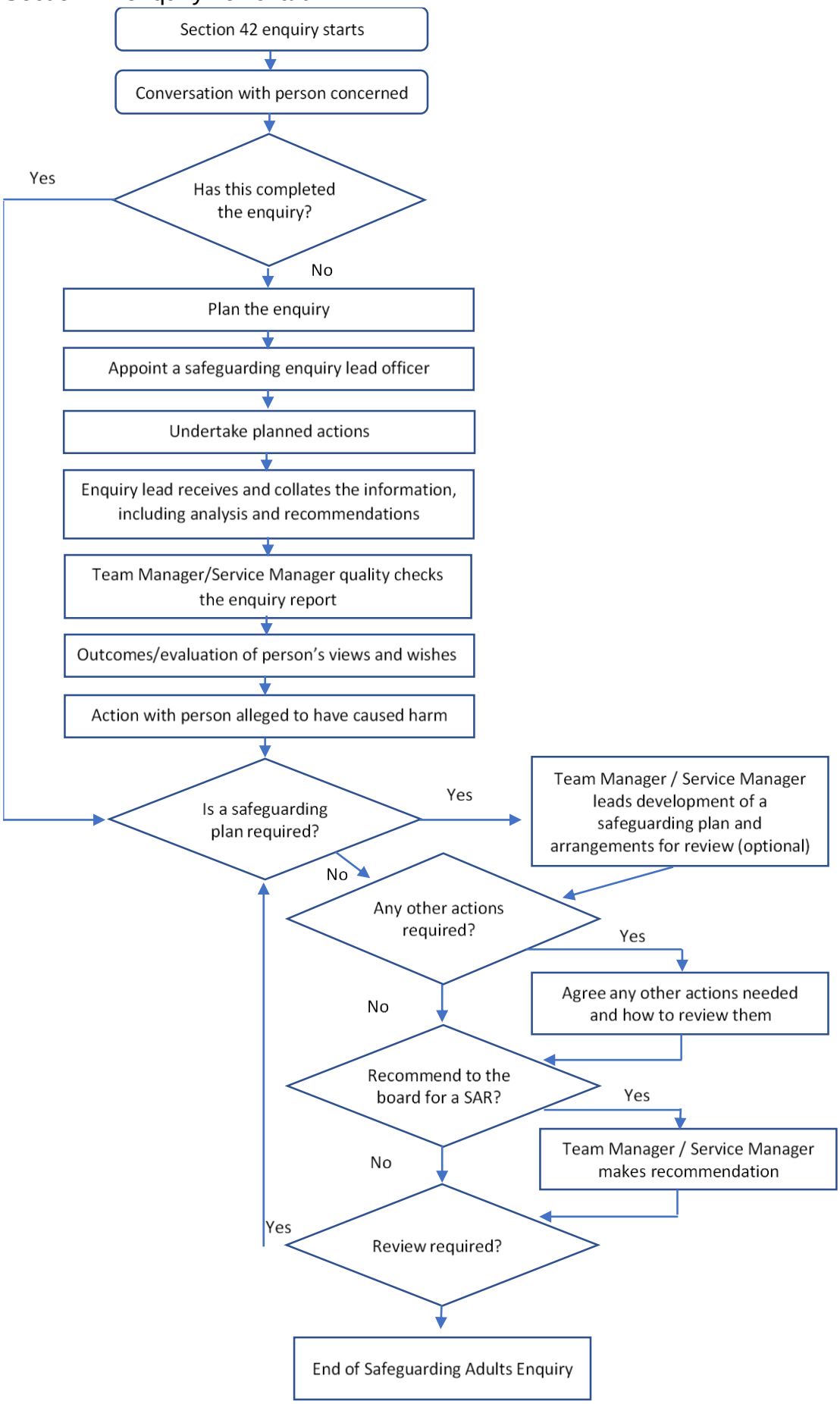
Enquiries can range from non-complex single agency interventions to multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

- What outcome does the adult want?

- How can enquiries be assessed as successful in achieving outcomes?
- What prevention measures need to be in place?
- How can risk be reduced?

Identifying the primary source of risk may assist in deciding what the most appropriate and proportionate response to the individual enquiry might be. There are no hard and fast rules and judgement will need to be made about what type of enquiry and actions are right for each particular situation.

Section 42 enquiry flowchart



Conversations with the adult (including appropriate support)
In the majority of cases, unless it is unsafe to do so each enquiry will start with a conversation with the adult at risk and / or their representative. The safeguarding adult's decision maker should ensure if conversations have already taken place and are sufficient. The adult and/or their advocate should not have to repeat their story. In many cases staff/organisation who already knows the adult well maybe best placed to lead on the enquiry. They may be a housing support worker, a GP or other health worker such as a community nurse or a social care worker. While many enquiries will require significant input from a social care practitioner, there will be aspects that should and can be undertaken by other professionals.

Points to consider:

- The pace of conversations with the adult.
- Whether the presenting issue identifies the risk to the adult's safety, or whether there are additional risks to be considered.
- Wider understanding and assessment of the adult overall wellbeing.

The adult should be aware at the end of the conversation what action will be taken and provided with contact details for key people.
Objectives

- Establish the facts of the concerns raised.
- Ascertain the adult's views and wishes and preferred outcomes.
- Assess the needs of the adult for protection, support and redress and how these might be met.
- Protect the person from the abuse and neglect, in accordance with the wishes of the adult where possible.
- Enable the adult to achieve resolution where possible.
- Wider potential risk to other adults to be considered.

Staff need to handle enquiries in a sensitive and skilled way to ensure minimal distress to the adult and where information is already known people should not have to tell their story again, this doesn't prevent clarification being sought where necessary. There is a skill involved in eliciting information and asking the right questions, to ascertain what the concern is, how it impacts on the adult at risk, what action they would find acceptable and the level of associated risk. Whilst it is essential to put the adult at risk at ease, and to build up a rapport, the objectives of an enquiry should focus the conversation

Desired Outcomes identified by the adult
The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable.
- Manage any expectations that the adult at risk may have and.
- Give focus to the enquiry.

Staff should support adults at risk to think in terms of realistic outcomes but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the persons' desire for justice and enhance their wellbeing.

The adult's views, wishes, and desired outcomes may change throughout the course of the enquiry process. There should be an on-going dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views.

INITIAL ACTION AND DECISION MAKING UNDER SECTION 42		
Action	• Establish the adult is safe. • Establish need for advocacy and support. • Establish consent and capacity to make relevant decisions by understanding the management of risk, what a safeguarding enquiry is, how they might protect themselves. • Is the adult aware of the safeguarding concern and do they perceive it as a concern and want action/support. • Is there suspicion that a crime may have been committed and a report to the police if needed. • The adult at risk desired outcome is established. • Provide feedback to the person making the referral. • Record all actions and conversations.	Enquiry Lead
Decisions	• Who is best placed to speak with the adult at risk? • Are there any reasons to delay speaking with the adult at risk? • What the safeguarding enquiry might consist of? • Whether to proceed without consent? • What follow-up action may be needed? • Whether actions so far have completed the enquiry?	Decisions made by the safeguarding adults decision maker

Talking through an enquiry may result in resolving it, if not, the duties under Section 42 continue. If the adult has capacity and expresses a clear and informed wish not to pursue the matter further, the local authority should consider whether it is appropriate to end the enquiry. It should consider whether it still has reasonable cause to suspect that the adult is at risk and whether further enquiries are necessary before deciding whether further action should be taken. The adult's consent is not required to take further steps, but the local authority must bear in mind the importance of respecting the adult's own views.

This decision must be made by the local authority safeguarding adults decision maker by checking with the adult and consulting with relevant partners and advocate.

Planning an enquiry

The **Enquiry Lead** should be confident and understand what is required. All enquiries need to be planned and co-ordinated and key people identified.

Enquiries must be proportionate to the particular situation. The circumstances of each individual case determine the scope and who leads it. Enquiries should be outcome

focussed, and best suit the particular circumstances to achieve the outcomes for the adult.

There is a statutory duty of co-operation and in most cases, there will be an expectation that enquiry will be made as requested. The statutory duty does not apply if co-operation would be incompatible with its own duties or would have an adverse effect on its own functions.

Local authorities and their relevant partners must respond to requests to cooperate under their general public law duties to act reasonably.

If an organisation declines to undertake an enquiry or if the enquiry is not done, local escalation procedures should be followed. The key consideration of the safety and wellbeing of the adult must not be compromised in the course of any discussions or escalation and it is important to emphasise that the duty to co- operate is mutual.

When planning an enquiry, a review should be made of:

- The adult's mental capacity to understand the type of enquiry, the outcomes and the effect on their safety now and in the future.
- Whether consent from the adult has been sought.
- Whether an advocate or other support is needed.
- The level and impact of risk of abuse and neglect.
- The adults' desired outcome.
- The adult's own strengths and support networks.

Communication and actions
It may be helpful to agree the best way to keep the adult and relevant parties informed. Where the enquiry is complicated and requires a number of actions that may be taken by others to support the outcome a strategy meeting should be held. Where enquiries are simple, single agency enquiries it may not be necessary to hold a meeting. Action should never be put on hold, due to the logistics of arranging meetings. Proportionality should be the guiding principle.

If the adult wishes to participate in meetings with relevant partners, one should be convened. Action, however, should not be 'on hold' until a meeting can be convened. If the adult does not have the capacity to attend, then an advocate should represent their views.

Good Practice Guide **Involving Adults in Safeguarding Meeting**
Effective involvement of adults and / or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way. • How should the adult be involved? • Where is the best place to hold the meeting? • How long should the meeting last? • Timing of the meeting? • Agenda • Preparation with the adult • Who should chair?

Information sharing should be timely, co-operation between organisations to achieve outcomes essential, and action co-ordinated keeping the safety of the adult as paramount. Information sharing should comply with all legislative requirements.

Where one agency is unable to progress matters further, for example a criminal investigation may be completed but not necessarily achieve desired outcomes (e.g. criminal conviction), the local authority in consultation with the adult and others decide if and what further action is needed.

Support networks
The strengths of the adult at risk should always be considered. Mapping out with the adult and identifying their strengths and that of their personal network may reduce risks sufficiently so that people feel safe without the need to take matters further.

Any risk should be assessed and managed at the beginning of the enquiry and reviewed throughout.

Linking different types of enquiries
There are a number of different types of enquiries. It is important to ensure that where there is more than one enquiry that information is dovetailed to avoid delays, interviewing staff more than once, making people repeat their story.

Other processes, including police investigations, can continue alongside the safeguarding adult's enquiry. Where there are HR processes to consider, it is important to ensure an open and transparent approach with staff, and that they are provided with the appropriate support, including trade union representation. The remit and authority of organisations need to be clear when considering how different types of investigations might support Section 42 enquiries.

Safeguarding Meetings

Safeguarding Strategy Meeting
Not all safeguarding cases will require a Strategy Meeting, this should be decided on a case by case basis by the local authority safeguarding adult's decision maker, and meetings may be either a face to face meeting or a telephone/Skype meeting.

A decision to hold a strategy meeting should be based on the following factors –

- The risk to the adult allegedly being harmed.
- The risks to others from the person / organisation alleged to have caused the harm.
- Whether several organisations have concerns and need to share information.
- Whether there may be a number of different investigations by different organisations.
- Whether the allegation involves a member of staff / volunteer of the safety of the service.
- Whether there may be legal or regulatory actions.
- Whether the situation could involve media attention.
- When a crime has been committed.
- Where organisational abuse is suspected.

A strategy meeting may not be necessary in all cases, where a discussion may suffice. The purpose of a safeguarding strategy meeting is to share, discuss and consider the known evidence and agree S42 enquiry actions.

The purpose of a Strategy Meeting
The Strategy Meeting should consider and ensure –

- Primarily, that the person remains at the centre of the process and their choices and wishes are respected as far as possible notwithstanding the risks to others, the wishes of the adult are very important whether or not they have capacity at that time. If intervention is not perused at the request of the adult with capacity this will be clearly recorded and recorded as 'ceased at individual's request'.
- Summary of the original concern(s).
- Information shared by each agency involved.
- Agree whether the enquiry will take place, and if so, how it should be conducted, areas to be considered, by whom and by when, this will also include relevant information from partner agencies.
- All agencies should be clear about their role, responsibilities and how the enquiry will be undertaken.
- An appropriate risk assessment of the available information, it is important to recognise that abuse can be unintentional and may arise because an informal carer is struggling. Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both people.
- Information on the wider context, such as whether others may be at risk.
- Agreement on how to monitor progress.
- Agreement about who and how the outcomes from the meeting will be shared with the adult and / or their representative – also considering any support needed (if they are not in attendance).
- Ongoing and documented capacity assessment.
- Agreement of an appropriate safeguarding plan to address and reduce any ongoing risks, preventative work and education for situations that do not require further enquiries should also be included within the plan.
- There should be clarity regarding the concern that requires an enquiry, and which category / categories of abuse this may relate to.
- Other key processes / procedures should be considered e.g. HR issues, regulatory investigations, Serious Incidents (SI).
- Information should be recorded in line with General Data Protection regulations.
- There should be clear agreement in relation to timescales and feedback.
- There should be arrangements in place to allow the alleged source of risk to be able to respond.
- Issues relating the equalities / potential discrimination should be identified and taken account of.
- The minutes should be recorded on an appropriate template and circulated to all involved within the agreed timescales.

REMEMBER - Where there are ongoing risk(s) a safeguarding plan must be devised in coordination with all relevant parties, including the adult at risk and/or their representative.

Who should attend?
The safeguarding adult's decision maker will coordinate the meeting and ensure there is a chair and minute taker. All agencies involved within the adults care should always be asked to attend.

Any organisation asked to attend a safeguarding meeting should regard the request as a priority. If no one from the organisation is available to attend they should provide information as requested and make sure it is available for the meeting.

How meetings are chaired and arranged will need careful consideration in terms of information sharing and data protection. This may include considering what information can be shared in full or in part in relation to any data protection issues relevant to other individuals affected or because criminal or regulatory investigations or human resources employee processes.

Consideration of the following attendees may include:

- safeguarding Team
- the police
- clinical Commissioning Group
- general Practitioner
- the person raising the concern
- care Quality Commission
- the manager from the provider service – unless they are named in the allegation, in which case careful consideration should be given
- representative from Children's Services – if they are any children involved;
- probation
- practitioners / Social Workers involved in the case
- commissioners (other local authorities / Health)
- representative from regulatory body

The list above is not exhaustive and careful consideration should be given to ensure the most appropriate representatives / organisations are attended. The safeguarding adults decision maker, will agree who should be invited, and will liaise with the adult at risk and / or their representative, practitioners, the person raising the concern when agreeing who is best placed to attend. It is important the decisions for inviting and not inviting someone to the meeting is clearly recorded.

The adult and / or their representative must always be consulted with and / or be invited to attend. If they are worried about attending, they may want to talk to the safeguarding manager about any concerns they have. If the person decides not to attend, they may want to do one of the following:

- Give their views in writing.
- Ask someone to attend on their behalf, for example a family member or friend.
- Ask the safeguarding manager or team to feedback on their behalf.

The meeting is about the adult, their views and wishes and what must take place, is very important. The chair of the meeting must make sure the person's views are heard and listened to by everyone else.

Where the person lacks capacity, the person acting in their best interests should be nominated to take part in the outcome meeting risk assessment and safeguarding plan and have their views represented in a format chosen by them. Consideration must be given to the involvement of an appropriate Independent Advocate should the criteria be met.

Further Meetings
It may be appropriate to hold further Safeguarding meetings at any point during the safeguarding enquiry, for example, to –

- co-ordinate information from any enquiry
- discuss additional information / concerns
- revise the enquiry or safeguarding plan
- at the request of the adult to give an update

Safeguarding Outcome Meeting
The safeguarding adult's decision maker will decide if an outcome meeting is required. (Please note that not every safeguarding enquiry will require an outcome meeting).

It must also be recognised that the S42 enquiry and any subsequent outcome meeting can be very emotional and challenging – ongoing support may be offered from the Family Carer Team should the carer wish for this to take place.

As with the Strategy Meeting, the person at risk must be invited to attend the outcome meeting and be included in developing the safeguarding plan. They may be accompanied by a person of their choice. If the person concerned does not wish to attend, they may want to do one of the following instead:

- Send their views and wishes in writing.
- Ask Someone to attend on their behalf, for example family member or friend.
- Ask the Safeguarding Team or Manager to pass on their views.

The chairperson and/or the investigator must meet the person or their representative, if attending, prior to the outcome meeting, to explain the outcome and the process. If this is not possible the reason must be recorded at the outcome meeting and the person's views clearly recorded.

Where the person lacks capacity, the person acting in their best interests should be nominated to take part in the outcome meeting risk assessment and safeguarding plan and have their views represented in a format chosen by them. Consideration must be given to the involvement of an appropriate Independent Advocate should the criteria be met.

Wherever possible the alleged source of harm should be invited to the outcome meeting, but only with the permission of the person at risk and following careful consideration of the likely consequences. If this is not possible their views must be represented. The person who has investigated, in consultation with the Chair and/or the safeguarding adult's decision maker, will decide if the alleged source of harm should attend the outcome meeting. The person at risk who wishes to attend must always override the wishes of the alleged source of harm.

The person who has carried out the enquiry must always attend.

Attendees of the Outcome Meeting should be agreed by the Chair, and consideration given to the list of possible attendees above (Strategy Meeting Section)

Some members of the outcome meeting may need to be excluded during parts of the meeting, where details of the person at risk disclosure and/or evidence, which form part of an ongoing criminal inquiry, are shared; or when details of relevant criminal histories or sensitive medical histories are shared.

Enquiry Reports
Once all actions have been completed a report should be collated and drawn up using the Section 42 Report template

In some more complex enquiries, there may be a number of actions taken by other staff that support the enquiry. Where there are contributions from other agencies/staff, these should be agreed at the Strategy and / or Outcome Meeting.

Reports need to be concise, factual and accurate. Reports should be drafted and discussed with the adult at risk/advocate. Reports need to address general and specific personalised issues. They should cover:

- Views of the adult at risk.
- Whether outcomes were achieved.
- Is there evidence that Section 42 criteria were met.
- Whether any further action is required and if so by whom.
- Who supported the adult and if this is an on-going requirement.

In some enquiries, there will be an investigation for example, a disciplinary investigation; which may form part of the Enquiry Report. In drawing up the report, the risk assessment should be reviewed, and any safeguarding plan adjusted accordingly.

Recommendations should be monitored and taken forward. Agencies are responsible for carrying out the recommendations which might be included in future safeguarding plans.

Standards and Analysis
The local authority safeguarding adult's decision maker will identify whether there are gaps, contradictions and that information has been triangulated, i.e. is the report evidence based, and is there sufficient corroboration to draw conclusions.

The report and recommendations of the enquiry should be discussed with the adult at risk and or their advocate, who may have a view about whether it has been completed to a satisfactory standard.

Overall the local authority should decide if the enquiry is completed to a satisfactory standard. In reaching this decision, the local authority may wish to consult partner organisations involved in the enquiry. If another organisation has led on the enquiry, the local authority may decide that a further enquiry should be undertaken by the local authority. The exception to this is where there is a criminal investigation, and, in this case, the local authority should consider if any other enquiry is needed that will not compromise action taken by the police.

Enquiry outcomes
As with the planning process, evaluating the outcomes of enquires and deciding what action is necessary should be done with full participation with the adult and / or their representative.

When considering the management of any enquiry and evaluating what action is required in the adult's case, the following factors should be considered:

- The adult's needs for care and support.
- The adult's risk of abuse or neglect.
- The adult's ability to protect themselves or the ability of their networks to increase the support they offer.
- The impact on the adult, their wishes.
- The possible impact on important relationships.
- Potential of action increasing risk to the adult.
- The risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect.
- The responsibility of the person or organisation that has caused the abuse or neglect; and
- Research evidence to support any intervention.

These decisions are made by the safeguarding adult's decision maker in consultation with the adult and other parties involved in the enquiry.

Evaluation by the adult at risk
Were the desired outcomes met? (In exploring this, there is a need to clarify whether they were):

- fully met
- partially met, or
- not met

Do they feel safer?

- yes
- partially - in some areas but not others, or
- no

If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.

When evaluating the adult's needs for care and support, if a needs assessment under section 9 of the Care Act 2014 has not already taken place, it will be necessary to evaluate whether a needs assessment should be offered, and in certain cases, undertaken despite refusal where it may appear that the adult has needs for care and support, and is experiencing or is at risk of abuse or neglect.

In some cases, evaluating the outcomes of enquiries and deciding what action is needed will be straightforward. However, there will be complex cases that will require careful consideration and negotiation amongst involved parties to enable them to come to a decision about the action required in the adult's case. This could be, for example, due to conflicting views between involved people and agencies, finely balanced or high risk situations, outcomes the person wants that could interfere with the rights and freedoms of others.

Outcome for the person(s) alleged to have caused harm
To ensure the safety and wellbeing of other people, it may be necessary to take action against the person/organisation alleged to have caused harm. Where this may involve a prosecution, the police and the Crown Prosecution Service lead sharing information within statutory guidance.

The police may also consider action under the Common Law Police Disclosure (CLPD) which are the name for the system that has replaced the 'Notifiable Occupations Scheme'. The CLPD addresses risk of harm regardless of the employer or regulatory body and there are no lists of specific occupations. The CLPD focusses on:

- Disclosure where there is a public protection risk.
- Disclosures are subject to thresholds of 'pressing social need'.
- The 'pressing social need' threshold for making a disclosure under common law powers is considered to be the same as that required for the disclosure of non-conviction information by the Disclosure and Barring Service under Part V of the Police Act 1997 (as amended).

Referrals to the Disclosure and Barring Service
If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service (DBS). The legal duty to refer to the DBS also applies where a person leaves their role before a disciplinary hearing has taken place following a safeguarding incident and the employer/volunteer organisation feels they would or might have dismissed the person based on the information they hold.

Where it is considered that a referral should be made to the DBS careful consideration should be given to the type of information needed. This is particularly pertinent for people in a position of trust. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council the Nursing and Midwifery Council and the Health & Care Professions Council. The legal duty to refer to the Disclosure and Barring Service may apply regardless of a referral to other bodies.

Even if the safeguarding concerns arising from a person in a position of trust have been satisfactorily resolved in an individual case, where there is an ongoing risk of that person in a position of trust causing harm to other vulnerable adults or children consideration should be given to:

- Sharing information with the employer and other partner agencies.

- The local authority and/or CCG issuing an improvement notice under their contract with the provider requiring the concerns to be resolved and risks to be managed.
- Increasing the number of visits by quality control officers.
- The local authority and/or CCG suspending placements with the provider and seeking a voluntary undertaking not to admit self-funders until the concerns are resolved and risks managed.
- Where there is evidence of organisational abuse.

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Care providers will be expected to work together with the local authority, CCG and other partner organisations in order to resolve concerns, manage risks and to make any necessary improvements.

Support for people who are alleged to have caused harm

Where the person is also an adult who has care and support needs, organisations should consider what support and actions may help them not to abuse others. For example, enquiries may indicate that abuse was caused because the adult's needs were not met and therefore a review of their needs should be made.

Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support.

Checks might be made whether staff were provided with the right training, supervision and support. Whilst this does not condone deliberate intentions of abuse, prevention strategies to reduce the risk of it occurring again to the adult or other people should be considered.

People who are known perpetrators of domestic abuse may benefit from appropriate support.

When considering action for people who abuse, prevention and action to safeguard adults should work in tandem.

Recovery & Resilience

Adults who have experienced abuse and neglect may need support to build up their resilience to move on from the incident. This support should enable people to use their own strengths and abilities to overcome what has happened, learn from the experience and develop an awareness that may prevent a reoccurrence. As a minimum it should enable people to recognise the signs and risks of abuse and neglect and know how to contact support if required.

Resilience is supported by recovery actions, which includes adults identifying actions that they would like to see to prevent the same situation arising. The process of resilience is evidenced by:

- The ability to make realistic plans and being capable of taking the steps necessary to follow through with them.
- A positive perception of the situation and confidence in the adult at risks own strengths and abilities.
- Increasing their communication and problem-solving skills.

Resilience processes that either promote well-being or protect against risk factors, benefits individuals and increases their capacity for recovery. This can be done through individual coping strategies assisted by;

- Strong personal networks and communities.
- Social policies that make resilience more likely to occur.
- Handovers/referrals to other services for example care management, or psychological services to assist building up resilience.
- Restorative practice.

If no further safeguarding action is required and there are alternative ways of supporting adults where they may be needed, then the adult safeguarding process can be closed down.

Actions and decisions under section 42 enquiries		
Actions	• plan the enquiry • identify enquiry lead / officer • clarify desired outcomes • identify links to other procedures in progress • undertake agreed action • update safeguarding plan • agree communication • agree outcomes for person(s) alleged to have caused the harm • make referrals in relation to the adult • evaluation by the adult / advocate • explore recovery / resilience	Adult / Advocate / safeguarding adult's decision maker/ enquiry lead
Decisions	• What type of enquiry is appropriate and proportionate? • Who should lead and who should contribute? • Does the report meet standards? • Whether to close the enquiry down or take forward for review. • Actions for the adult. • Actions for the person alleged to have caused the harm.	Safeguarding adult's decision maker in consultation with the adult and others

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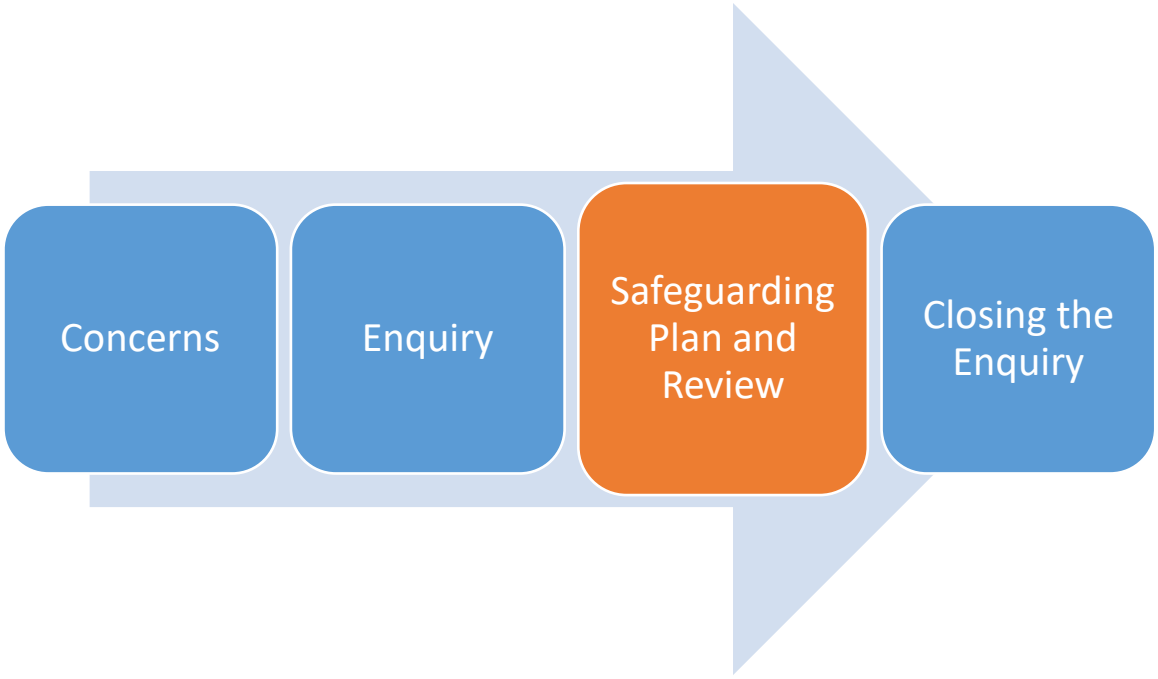
Concerns
Enquiry
Safeguarding Plan and Review
Closing the Enquiry

STAGE 3: Safeguarding plan and review

In most cases there will be a natural transition between deciding what actions are needed and the end of the enquiry, into formalising what these actions are and who needs to be responsible for each action- this is the adult safeguarding plan.

An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery-based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention the adult safeguarding plan must be specific as to how this intervention will achieve this outcome.

The Safeguarding Plan should set out:

- What steps are to be taken to assure the future safety of the adult at risk.
- The provision of any support, treatment or therapy, including on-going advocacy.
- Any modifications needed in the way services are provided (e.g. same gender care or placement; appointment of an OPG deputy).
- How best to support the adult through any action they may want to take to seek justice or redress.
- Any on-going risk management strategy as appropriate.

The plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan, and when this will happen. Adult safeguarding plans should be person-centred and outcome-focused. Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances it may be appropriate for safeguarding plans to be monitored through ongoing care management responsibilities. In other situations, a specific safeguarding review may be required.

Review of the Plan
The identified lead professional should monitor the plan on an ongoing basis.

Reviews of adult safeguarding plans, and decisions about plans should be communicated and agreed with the adult at risk. Following the review process, it may be determined that:

- The adult safeguarding plan is no longer required; or
- The adult safeguarding plan needs to continue.

Any changes or revisions to the plan should be made, new review timescales set (if needed) and agreement reached regarding the lead professional who will continue monitoring and reviewing; or, it may also be agreed, if needed, to instigate a new adult safeguarding Section 42 Enquiry. New safeguarding enquiries will only be needed when the local authority determines it is necessary. If the decision is that further enquiries would be a disproportionate response to new or changed risks, further review and monitoring may continue.

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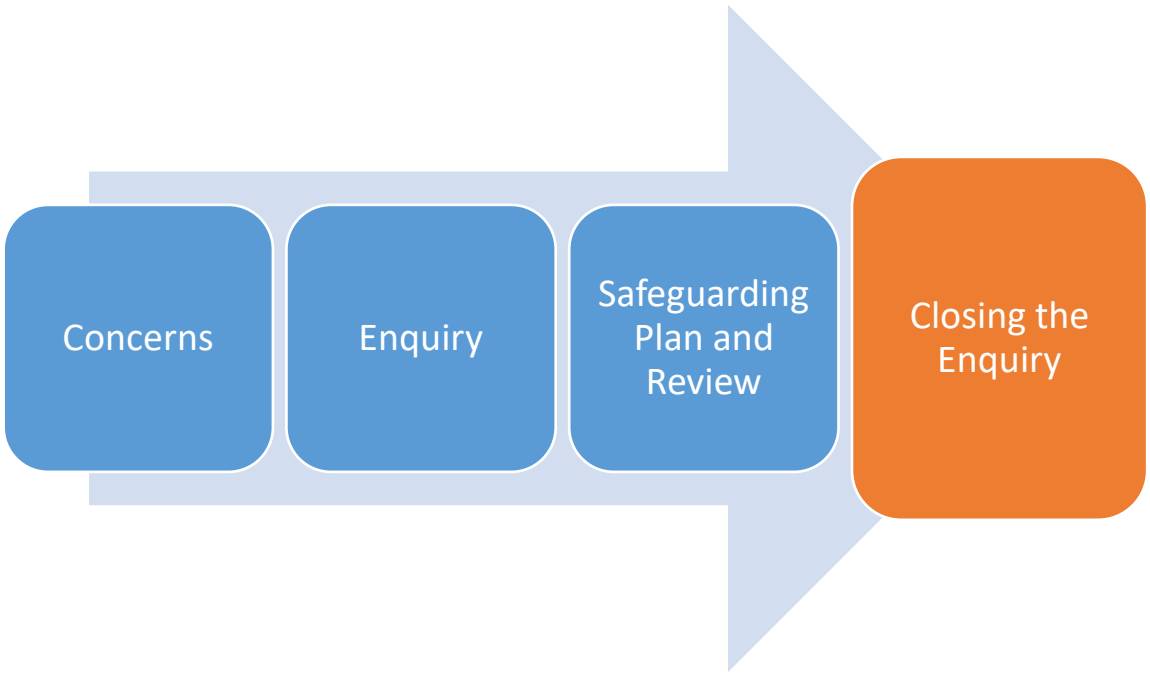
Concerns
Enquiry
Safeguarding Plan and Review
Closing the Enquiry

STAGE 4: Closing the enquiry

Safeguarding can be closed at any stage. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns. It is good practice where an annual care review takes place a check should be made that there has been no reoccurrence of safeguarding concerns.

Following conclusion of the enquiry, records should note the reason for this decision and the views of the adult at risk to the proposed outcome. The Safeguarding Adults Team is responsible should ensure that all actions have been taken, building in any personalised actions:

- Agreements with the adult at risk to closure.
- Referral for assessment and support.
- Advice and Information provided.
- All organisations involved in the enquiry updated and informed.
- Feedback has been provided to the referrer.
- Action taken with the person alleged to have caused harm.
- Action taken to support other service users.
- Referral to children and young people made (if necessary).
- Outcomes noted and evaluated by adult at risk.
- Consideration for a SAR.
- Any lessons to be learnt.

Closing enquiries down when other processes continue
The adult safeguarding enquiry 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 and how this will be monitored. Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the adult is safeguarded.

All closures no matter at what stage are subject to an evaluation of outcomes by the adult at risk. If the adult at risk disagrees with the decision to close safeguarding down their reasons should be fully explored and alternatives offered.

At the close of each enquiry there should be evidence of:

- Enhanced safeguarding practice ensuring that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity.
- Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met.
- Recording the results in an anonymised way that can be used to inform practice and provide aggregated outcomes information for SABs.

Section 42 Enquiry Conclusions – to be clearly recorded within the Safeguarding Enquiry Form.

Classification	Definition
Risk identified	Evidence is found of, or potential for, abuse or neglect which could possibly cause harm to the vulnerable adult.

Risk assessment inconclusive	No direct evidence is found of, or potential for, abuse or neglect which could possibly cause harm to the vulnerable adult, but there is uncertainty as to whether they are susceptible to abuse or neglect.
No risk identified	No evidence is found of, or potential for, abuse or neglect, which could possibly cause harm to the vulnerable adult (e.g. it may be that immediate action taken when a safeguarding concern is raised has mitigated the risk).
Enquiry ceased at individual's request	This refers to cases where the individual at risk does not wish for an enquiry to proceed, for whatever reason and so preclude a conclusion being reached.

Action

Action	Can include anything that has been done, as a result of the safeguarding concern or enquiry. It includes things like: disciplinary action for the source of risk, increased monitoring of the adult at risk, referral to a counsellor, or a referral for a social care assessment. It can include action taken by the local authority itself, or action taken by other organisations such as the police or a care home. Having an enquiry must not be classed as taking action, for the purpose of this table.
No action taken	This category must only be used where no safeguarding action has taken place at all, during the case and no further action is planned.

Risk outcome – Where a risk(s) has been identified you should also record the outcome of said risk(s).

This describes what happened to the risk being actioned. It is the decision of the safeguarding officer as to which option to record, but the views of the individual at risk (or the person acting in their best interests) and other colleagues should be considered where possible.

Classification	Definition
Risk remains	The circumstance causing the risk is unchanged and the same degree of risk remains. It is acknowledged that there are valid reasons why a risk remains, for example in the case of an individual wanting

	to maintain contact with a family member who was the source of the risk, but the safeguarding officer refers the individual at risk for counselling.
Risk reduced	The circumstance causing the risk has been mitigated to some degree. It is acknowledged that there are valid reasons why a risk is reduced rather than removed, for example if an incident occurred in a care home where the perpetrator was not identified, but the individual at risk was to be monitored more closely going forwards.
Risk removed	The circumstance causing the risk has been completely removed so that the individual is no longer subject to that specific risk, for example if a care worker in a care home is the perpetrator and they are dismissed as a result of their behaviour.

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Complaints

The North Lincolnshire Safeguarding Adults Board has a role in co-ordinating and ensuring the effectiveness of local arrangements to safeguard and promote the welfare of adults with care and support needs. However, it is not accountable for the operational work of Board partners or any other agency working with adults with care and support needs in North Lincolnshire. Any complaints about the operational work of such organisations should initially be directed through the relevant organisation's complaints procedure. You should contact the appropriate organisation directly for further information on how to do this.

If you feel that the North Lincolnshire Safeguarding Adults Board is acting against the interests of adults with care and support needs and wish to make a complaint about the way we discharge our functions, you should address your concerns to the Independent Chair of the North Lincolnshire Safeguarding Adults Board. You can make your complaint in writing, by email using the contact details on the North Lincolnshire Safeguarding Adults Board website www.northlincssab.co.uk

The Independent Chair will give due consideration to all complaints and take any remedial action necessary. We will acknowledge all complaints within 10 working days and provide a full response within 28 working days. If we are unable to respond within these timescales then we will contact you and explain why.

If you are not satisfied with the response you can ask for your complaint to be considered by the Local Government Ombudsman. Complaints about the safeguarding process should be read in conjunction with 'Casework Guidance

Statement: Complaints about Safeguarding Adults Boards' available at www.northlincssab.co.uk

If you have any comments or suggestions about the safeguarding adult's procedure, or any aspect of the safeguarding process, or how to make things better, we want to hear from you. Please email us at - SafeguardingAdultsBoard@northlincs.gov.uk

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Appendix 1

Risk Assessment Matrix

LIKELIHOOD						
	V High	5	10	15	20	25
	High	4	8	12	16	20
	Mod	3	6	9	12	15
	Low	2	4	6	8	10
	V Low	1	2	3	4	5
		Min.	Mod.	Sig.	V Sig.	Crit.
	HARM					

1-3 Minor impact – unlikely to reoccur – could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to Safeguarding Adults Team to be made. It is not a 'given' that concerns falling into this section would be dealt with internally

4-6 Moderate Harm – low risk or reoccurrence – Could be addressed via agency internal process/ procedures e.g. disciplinary, care management or consider referral to Safeguarding Adults Team to be made. It is not a 'given' that any concerns falling into this section would be dealt with internally.

8-9 Significant harm – moderate risk of reoccurrence – Addressed under safeguarding procedures – referral to Safeguarding Adult Team

10-12 Very Significant harm – high risk of reoccurrence – Addressed under safeguarding procedures – referral to Safeguarding Adult Team to be made

15-20 Critical level of harm – Addressed as potential criminal matter – contact police and/or emergency services – consider MAPPA, MARAC etc.

Type of Abuse	**Lower Level Harm** Could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to safeguarding to be made. It is not a 'given' that any concerns falling into this section would be dealt with internally.		**Significant/ Very Significant Harm** Addressed under Safeguarding Procedures – referral to safeguarding to be made.		**Critical** Addressed as potential criminal matter – contact Police/ Emergency Services – could be addressed as MAPPA, MARAC, Hate crime.
Physical **A**	Staff error causing no / little harm, e.g. skin friction mark due to ill-fitting hoist sling Minor events that still meet criteria for 'incident reporting'	Isolated incident involving service user on service user Inexplicable very light marking found on one occasion	Inexplicable marking or lesions, cuts or grip marks on a number of occasions	Inappropriate restraint Withholding of food, drinks or aids to independence Inexplicable fractures/ injuries Assault	Grievous bodily harm/ assault with weapon leading to irreversible damage or death
Sexual **B**	Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists	Verbal sexualised teasing or harassment	Recurring sexualised touch or masturbation without valid consent Being subject to indecent exposure Contact or non-contact sexualised behaviour which causes distress to the person at risk	Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent Being made to look at pornographic material against will/ where valid consent cannot be given	Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user Sex without valid consent (rape) Voyeurism
Psychological **C**	Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress is caused	Occasional taunts or verbal outbursts which cause distress The withholding of information to dis-empower	Treatment that undermines dignity and damages esteem Denying of failing to recognise an adult's choice or opinion	Humiliation Emotional blackmail e.g. threats of abandonment / harm Frequent and frightening verbal outbursts	Denial of basic human rights/ civil liberties, over-riding advance directive, forced marriage Prolonged intimidation Vicious / personalised verbal attacks

			Frequent verbal outbursts		
Financial or Material **D**	Money is not recorded safely or recorded properly	Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered	Adult's monies kept in a joint bank account – unclear arrangements for equitable giving of interest Adult denied access to his/ her own funds or possessions	Misuse/ misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards Personal finances removed from adult's control	Fraud/ exploitation relating to benefits, income, property or will Theft
Neglect or acts of omission **E**	Isolated missed home care visit – no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm occurs Adult does not receive prescribed medication (missed/ wrong dose) on one occasion – no harm occurs	In adequacies in care provision leading to discomfort – no significant harm e.g. left occasionally wet No access to aids for independence Recurring missed medication or administration errors that cause no harm	Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate planning and harm occurs Recurring missed medication or errors that affect one or more than one adult and/ or result in harm	Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/ confidence Deliberate maladministration of medications Covert administration without proper medical authorisation	Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Discriminatory **F**	Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences	Isolated incident of care planning that fails to address an adult's specific diversity associated	Inequitable access to service provision as a result of diversity issue	Being refused access to essential services	Hate crime resulting in injury/ emergency medical treatment/ fear for life

		needs for a short period Recurring taunts	Recurring failure to meet specific care/ support needs associated with diversity	Denial of civil liberties e.g. voting, making a complaint Humiliation or threats on a regular basis	Hate crime resulting in serious injury/ attempted murder/ honour-based violence
Organisational **G**	Lack of stimulation/ opportunities to engage in social and leisure activities Service User not enabled to be involved in the running of the service Service design where groups of service users living together are incompatible	Denial of individuality and opportunities to make informed choices and take responsible risk Care-planning documentation not person-centred Poor, ill formed or outmoded care practice no significant harm Denying service user access to professional support and services such as advocacy	Rigid/ Inflexible routines, service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted Failure to refer disclosure of abuse	Bad practice not being reported and going unchecked Unsafe and unhygienic living environments Failure to support vulnerable adult to access health, care, treatments Punitive responses to challenging behaviours	Staff misusing position of power over service users Over-medication and/ or inappropriate restraint managing behaviour Widespread, consistent ill treatment Entering into a sexual relationship with a patient/ client
Self-Neglect **H**	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding – if the person lacks capacity please refer to the Mental Capacity Act Code of Practice for guidance on undertaking best interest decisions. It should be noted that self-neglect may not prompt a Section 42 Enquiry. Where possible and appropriate this should be managed via ongoing complex case work. A decision on whether a response is required under safeguarding will depend on the person's ability to protect themselves. An assessment should be made on a case by case basis. If the person has capacity contact the Safeguarding Adult Team if further advice or guidance is required.				

Domestic Abuse **I**	Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, female genital mutilation, and forced marriage. Please refer to the Vulnerable Adult Decision Maker in the Police Protecting Vulnerable People (PVP) Unit - Can be contacted via the Safeguarding Adult Team
Modern Slavery **J**	Encompasses slavery, human trafficking, forced labour and domestic servitude. Please refer to the Vulnerable Adult Decision Maker in the Police Protecting Vulnerable People (PVP) Unit – Can be contacted via the Safeguarding Adult Team
Sexual Exploitation **K**	Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Please refer to the Vulnerable Adult Decision Maker in the Police Protecting Vulnerable People (PVP) Unit – Can be contacted via the Safeguarding Adult Team

a) The Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and
- Is experiencing, or at risk of abuse and neglect, and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The LA may choose to undertake enquiries for people where there is not a S42 duty - if the LA believes it is proportionate to do so and will enable the LA to promote the persons wellbeing and support a preventative agenda.

The safeguarding duties have a legal effect in relation to organisations other than the local authority e.g. the NHS and the Police.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Address what has caused the abuse or neglect

In order to achieve these aims, it is necessary to:

- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
- Create strong multi-agency partnerships that provide timely and effective prevention and responses to abuse and neglect
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector should be responded to

The following six principles apply to all sectors and settings and underpin all adult safeguarding work.

1. Empowerment – people being supported and encouraged to make their own decisions and informed consent
2. Prevention – it is better to take action before harm occurs
3. Proportionality – the least intrusive response appropriate to the risk presented
4. Protection – support and representation for those in greatest need
5. Partnerships – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability – accountability and transparency in determining safeguarding

Threshold Benchmark

It is recognised that without a benchmark it would be difficult to assess if any action or intervention is required, (however they are primarily a matter of professional judgement and therefore a threshold is of limited value unless used alongside other parameters of consideration.)

Consistency

We recognise the need for a more consistent approach to safeguarding. Appropriate thresholds are seen as a good way to achieve this. The identified threshold framework will be clearly explained in all North Lincolnshire Safeguarding policies and procedures supporting all agencies to act in a similar way in similar situations. All professionals will also be encouraged to use their professional judgement and to consider issues of equality or inequality.

What is abuse and neglect?

Professionals involved in safeguarding adults should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered, although the criteria above will need to be met before the issue is considered as a safeguarding concern.

Incidents of abuse may be a one off or multiple, and can affect one person or more. Professionals should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what is now referred to as organisational abuse. In order to see these patterns it is important it is recorded appropriately and shared.

Appendix 2

North Lincolnshire Safeguarding Adults – Section 42 Enquiry Template

This template can be used by any professional or organisation when they are asked by the local authority to undertake a Section 42 Enquiry. Its purpose is to provide an appropriate and consistent format.

Please complete the template below and return to adultprotectionteam@northlincs.gov.uk within the agreed timescales

Organisation details	
Name of person undertaking the enquiry:	
Name of Organisation:	
Role:	
Contact details:	
Have you involved the adult and / or their representative in completing this response? (If not, why not?)	
Date referred for enquiry:	
Response due date:	

Alleged person at risk details	
Name of alleged person at risk	
Address/Location/contact details	
Date of birth	
PID/Unique ID number	
NHS Number	

Name of appropriate representative/advocate (if applicable)	
Contact details	
Incident date	

Details of concern	
Who, what, when, where, how…	
Category/categories of alleged abuse:	

Mental Capacity		
Is a Mental Capacity Act assessment necessary in relation to the person's participation in the enquiry process?		Details:
Has a Mental Capacity Act assessment been completed? What was the outcome?		Details:
Is the individual supported by an appropriate representative/advocate?		Details:
Does the individual have a person with Lasting Power of Attorney?		Details:

Views and wishes of the alleged person at risk	
Views should be from the adult NOT the organisation at the centre of the enquiry. What does the adult at risk and/or their representative want to happen?	
Have you asked the adult at risk their views and wishes? What are they?	
Existing Strengths (who or what has demonstrated protective factors for the adult or situation)	
What are you worried about?	
What are the dangers?	
Are there any complicating factors?	
Do you need more information about anything?	

Risk Management					
What actions were taken when the concern was raised to remove or reduce risk of abuse? Were other adults placed at risk? What was done about this? Were the police or health services involved?					
Date	**Risk identified and risk matrix score**	**Action to be taken, what needs to happen**	**By who**	**Outcome**	**Risk Matrix score after intervention**

a				
Please provide detail relating to the outcome of the enquiry, in line with the objectives of an enquiry. Please also provide details of any action taken in relation to the source of harm. E.g. Disciplinary action, dismissal, referral to DBS, CQC, Criminal conviction, care planning, risk assessments etc.				
Please tick one of the outcomes below:		**Where a risk was identified please tick what the risk management outcome was:**		
Risk identified and action taken:		**Risk Removed:**		
		Risk Reduced:		
		Risk Remains:		

Risk identified but no action taken:		**Risk Removed:**		
		Risk Reduced:		
		Risk Remains:		
No risk identified and action taken:				
No risk identified but no action taken:				
Risk – assessment inconclusive and action taken:				
Risk – assessment inconclusive but no action taken:				
Enquiry ceased at the individual's request, no action taken:				
Please note: Following the enquiry, if there are on-going risks a safeguarding plan should be completed.				

Adult at risk or representatives view of the enquiry						
Put the person NOT the organisation at the centre of the enquiry, reflecting back on the views and wishes expressed at the start of the enquiry, does the adult at risk believe their desired outcomes have been achieved? Are they satisfied with the actions taken? Are any further actions required? **Please tick one of the selections below:**						
Fully achieved		**Partially achieved**		**Not achieved**		
Provide details:						

Enquiry information			
Details of Enquiry Action Plan. E.g. Who was interviewed? What records were reviewed? Chronology of events			
Date	**Action**	**By who**	**Outcome**

Chronology of Events, communications and relevant meetings Template				
Date	**Source of evidence**	**Event**	**People involved**	**Actions/Decisions taken**

Organisational learning/Lessons Learnt
Are there lessons learnt for the organisation? Please highlight positive areas of practice and those of challenge.

Date enquiry sent to Safeguarding Adults Team	