

# Warrington Safeguarding Adults Procedures

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# 1 Introduction

## 1.1 The Care Act 2014

This multi-agency procedure has been revised in line with the Care Act (2014), Regulations and Statutory Guidance, which sets out the new statutory framework for adult safeguarding and replaces the previous 'No Secrets' guidance.

The provisions of the Care Act are intended to promote and secure wellbeing. The definition of wellbeing within the Care Act is clear that protection from abuse and neglect is a fundamental part of an adult's wellbeing. Identification and management of risk is an essential part of the assessment process; the risk to an adult of abuse or neglect should be considered at this point.

The Care Act sets out a range of requirements for local authorities, the police and the NHS, as statutory partners of Safeguarding Adults Boards (SAB), with implications for a much broader range of organisations and individuals in a framework which emphasises cooperation and multi-agency working.

For more information see [The Care Act Statutory Guidance](#).

## 1.2 The new legislation requires local authorities to:

- Make enquiries (or cause others to do so) when it has reasonable cause to suspect that an adult in its area is experiencing, or is at risk of abuse or neglect (Section 42). An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. The local authority, in its role as lead and coordinator should assure itself that any enquiry under section 42 satisfies its duties under the Act
- Establish a Safeguarding Adult's Board (Section 43)
- Have arrangements in place to conduct a Safeguarding Adults Review (replacing serious case reviews) where an adult dies or where there is concern about how a member organisation of the board conducted itself (Section 44)
- Arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adult review where the adult has 'substantial difficulty' in being involved in the process and has no one else to support them (section 68)
- Co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority

## 1.3 Making Safeguarding Personal

The Care Act Statutory Guidance puts the adult at risk at the centre of safeguarding and

encourages the development of personalised responses to safeguarding situations. This is in response to messages from research that people using safeguarding services want more involvement in safeguarding situations, having more choice and control to achieve the outcomes they want.

These procedures support the principle of promoting wellbeing which underpins the Care Act. They are reliant on partnership working and good communication between all individuals and agencies involved in safeguarding situations.

## 1.4 Review of these Procedures

These multi-agency procedures are overseen by Warrington Safeguarding Adults Board and will be reviewed and updated in the light of developments in law, guidance, research, lessons learnt and best practice. All organisations must have safeguarding policies and procedures which are consistent with the multi-agency policy and procedures.

In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult at risk must understand their own role and obligations within these procedures.

## 2 Abuse and Neglect

**REMEMBER: The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response.**

Views of what constitutes abuse or neglect should not be limited as they can take many forms and the individual circumstances of each situation should be considered carefully when there are grounds for concern.

Harm, mistreatment even bullying can be other ways of describing abuse and abuse itself can present itself in a variety of forms. It can materialise as domestic abuse, hate crime or 'mate' crime and the evidence can be obvious, or subtle and hidden. Vigilance and having an understanding of safeguarding issues are important for all agencies. It is also important for the public to have awareness of adult safeguarding.

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response. For example, it is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to take action no less important, but in such circumstances, an appropriate response could be a support package for the carer and monitoring. However, the primary focus must still be how to safeguard the adult.

In other circumstances where the safeguarding concerns arise from abuse or neglect, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to consider whether a criminal

investigation would be required or is appropriate.

It should be remembered that abuse may consist of a single or repeated act. It may be physical, verbal or psychological, an act of neglect or an omission to act. Defining abuse can be complex but it can involve an intentional, reckless, deliberate or dishonest act by the perpetrator. In any case where you encounter abuse and you are uncertain about your next steps, you should contact the police for advice.

The nature and timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances. For example, where there is poor, neglectful care or practice, resulting in pressure sores for example, then an employer-led disciplinary response may be more appropriate; but this situation will need additional responses such as clinical intervention to improve the care given immediately and a clinical audit of practice. Commissioning or regulatory enforcement action may also be appropriate.

Early sharing of information is the key to providing an effective response where there are emerging concerns and confidentiality.

A wide range of organisations need to be vigilant about adult safeguarding situations in all walks of life including health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected.

The multi-agency practice guidance accompanying these procedures gives more detailed advice for professionals on what constitutes abuse and the various categories. The following list is included in the Care Act Statutory Guidance.

## 2.1 Types of Abuse and Neglect

Types of abuse or neglect include:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence
- **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 and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse** - Financial abuse is the main form of abuse investigated by the Office of the Public Guardian both amongst adults and children

at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility. Potential indicators of financial abuse include:

- Change in living conditions
- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money
- Unexplained withdrawals from an account
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signers on a client or donor's signature card
- Sudden or unexpected changes in a will or other financial documents

This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed. Read report on The Financial Abuse of Older People

Local authorities should not underestimate the potential impact of financial abuse. It could significantly threaten an adult's health and wellbeing. Most financial abuse is also capable of amounting to theft or fraud and would be a matter for the police to investigate. It may also require attention and collaboration from a wider group of organisations, including shops and financial institutions such as banks.

Internet scams, postal scams and doorstep crime are, more often than not, targeted at adults at risk and all are forms of financial abuse. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website
- Postal scams are mass-produced letters which are made to look like personal letters or important documents
- Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service and local authority Trading Standards Services for investigation.

These scams and crimes can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

Where the abuse is perpetrated by someone who has the authority to manage an adult's money, the relevant body should be informed - for example, the Office of the Public Guardian for deputies or attorneys and Department for Work and Pensions (DWP) in relation to appointees.

If anyone has concerns that a DWP appointee is acting incorrectly, they should contact the DWP immediately. Note that the DWP can get things done more quickly if it also has a National Insurance number in addition to a name and address. However, people should not delay acting because they do not know an adult's National Insurance number. The important thing is to alert DWP to their concerns. If DWP knows that the person is also known to the local authority, then it should also inform the relevant authority.

- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- **Discriminatory abuse** – including forms of hate crime or hate incidents, harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational abuse** – including 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** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **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 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.

Abuse may occur in a public place; it may occur when an adult lives alone or with a relative; it may occur within care settings, in hospitals, custodial situations, support services in people's own homes and other places we could assume are safe. Anyone can perpetrate 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 and volunteers
- Strangers

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated

by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power. You can read the report on [Abuse of Vulnerable Adults in England](#) for more information.

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.

In care settings, repeated instances of poor care may be an indication of more serious problems, or even 'organisational abuse', but in order to see these patterns it is important that information is recorded and appropriately shared.

**REMEMBER: Incidents of abuse may be one-off or multiple, and can affect one or more adults, so that professionals and others should look beyond single incidents or individuals to identify patterns of harm.**

## 2.2 Terminology and Eligibility

In the Care Act the term 'adult at risk' replaces previous terms such as 'vulnerable adult', or 'victim'. The adult at risk (hereafter referred to as 'the adult') describes the person who is the subject of the safeguarding concern.

There is no eligibility for safeguarding services, only as described in section 42 of the Care Act that safeguarding duties apply to the 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 or 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 term 'adult in need of care and support' describes adults who are or eligible for community care services provided by the local authority under the Care Act and associated legislation and guidance. An element of why safeguarding services are provided to adults at risk is because they are adults in need of care and support. However, not all adults in need of care and support will be at risk of, or experience abuse or neglect.

Where someone is over 18 but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through the adult safeguarding arrangements irrespective of meeting the adult's criteria as outlined in the Care Act.

The term 'individual causing the concern', is used throughout this document to describe the person known, or suspected to have caused abuse or neglect and replaces the term 'perpetrator'.

The Care Act replaces the term 'safeguarding alert' - used to describe a contact with the local authority by somebody to report possible abuse or neglect – with the term 'safeguarding concern'.

## 2.3 Everybody's Business

It is vital that everyone is vigilant on behalf of those who are unable to protect themselves

from abuse or neglect. Anyone can witness or become aware of information suggesting that abuse or neglect is occurring. It may be something that the adult says or does that hints all is not well, or it may materialise in a call for help, a complaint or a routine contact.

An important aim of agencies in Warrington with responsibility to safeguard adults at risk or who are in need of care and support is the prevention of abuse or neglect. Warrington Safeguarding Adult Boards prevention strategy guides this work.

**REMEMBER: Everyone should know what to do and where to go for help and advice when abuse or neglect is suspected. In order to manage risks effectively, respect people's dignity and achieve satisfactory safeguarding outcomes in terms of empowering and protecting adults at risk in our community, everyone should:**

- **Know about the different types of abuse and their signs**
- **Support adults at risk to keep safe**
- **Know who to tell about suspected abuse or neglect.**
- **Support adults at risk to exercise informed choice and receive the support they need to achieve Improved wellbeing**

### **3 Understanding your role and how safeguarding fits in**

#### **3.1 The role of health services, GP commissioners and the NHS**

NHS England, Clinical Commissioning Groups and NHS providers delivering health care have a statutory duty to ensure that they make arrangements to safeguard and promote the safety and welfare of children, young people and adults at risk of abuse and neglect.

Commissioners of health services have different roles than that of NHS providers. NHS Providers must deliver safe care and commissioners should be assured that the services are safe and effective. Across the whole of the health service there is a duty for all parties to have safe recruitment systems, training, internal reporting & investigation systems, up to date policies and effective interagency working.

Staff from these organisations also have a responsibility to maintain an accurate record of any circumstances where there is information to indicate that an adult is being abused or is at risk of being abused by any person who has care of or access to that adult and promptly alert the local authority (or police) to any safeguarding concerns.

#### **3.2 Regulated Services**

Regulated services are required to report to the Care Quality Commission within 24 hours any incidents which occur, which might affect the wellbeing of people within their care. (Care Homes Regulations 2001, regulation 37).

It is expected that any adults at risk are immediately safeguarded, and that a safeguarding concern is raised with safeguarding services and the police informed if a crime is suspected or known to have taken place.

The protection of adults must always be a primary concern when taking decisions about whether a member of staff continues to work, pending investigation of concerns, allegations or disclosures against them as an individual alleged to be responsible of abuse.

A safeguarding meeting or discussion is usually the vehicle for decision making and co-ordinating any investigations including disciplinary. It is important that agencies only take a first account and do not proceed with investigations before possible police involvement is decided as this may contaminate evidence.

The registered manager should also consider their organisations duty of candour to the adult and other relevant persons.

Commissioners of care or other professionals should only use safeguarding procedures in a way that reflects the principles above not as a means of intimidating providers or families.

Transparency, open-mindedness and timeliness are important features of fair and effective safeguarding enquiries. CQC and commissioners have alternative means of raising standards of service, including support for staff training, contract compliance and, in the case of CQC; enforcement powers may be used. Commissioners should encourage an open culture around safeguarding, working in partnership with providers to ensure the best outcome for the adult.

### **3.3 Whistleblowing**

If you are a member of staff who has concerns about your own organisation, you should have access to your organisation's whistle blowing, or protected disclosure procedures, and know what support is available to you. Responsible employers should have an open and transparent procedures and responses to concerns disclosed.

However, if after following those procedures you believe your concern has not been properly addressed and an adult is left at risk, then you can call the local authorities safeguarding services and your concerns will be taken seriously.

### **3.4 Subject to disciplinary procedures**

Employer's internal guidelines should explain the rights of staff and how employers will respond where abuse is alleged against them.

Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one's interests to unnecessarily prolong enquiries, however some complex issues may take time to resolve.

However, in certain circumstances the details of the safeguarding concern should not be discussed with the member of staff, or the circumstances investigated until the police decide on whether there is a criminal matter to be investigated as any discussion which takes place prior to a police interview may result in contamination of evidence.

Where applicable, employers must report workers to the Disclosure and Barring Service and to the statutory and other bodies responsible for professional regulation such as the General Medical Council or Nursing and Midwifery Council.

### **3.5 Carers**

Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- 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

Assessment of both the carer and the adult they care for must include consideration of both their wellbeing. Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing and as such, an assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring. Where that is necessary the local authority should make arrangements for providing it.

### **3.6 Safeguarding concerns raised on adults placed in Warrington by another authority**

The Care Act Statutory Guidance and the Association of Directors of Adult Social Services (ADASS) offer definitions, responsibilities and guidance in respect of the responsibilities of the host and placing authorities in safeguarding situations.

The initial lead in response to a safeguarding concern should be taken by the host authority, the local authority where the incident occurred. The host authority will:

- Receive the concern
- Gather initial information
- Take immediate steps to protect the individual
- Notify the placing authority and gather information from it
- Involve the nominated person from the placing authority in the planning processes

Adult social care will co-ordinate the safeguarding process however we reserve the right to determine whether the host or placing authority is best placed to undertake any required safeguarding enquiry in light of the specific circumstances of the safeguarding concern.

### **3.7 Responding to historic allegations or where the adult is no longer at risk**

In order to undertake a safeguarding enquiry under the s42 of the Care Act duty there has to be reasonable cause to suspect that the adult is 'experiencing, or is at risk of, abuse or neglect'. Therefore, the duty to make such enquiries relates to abuse or neglect to which an adult is believed to be being subjected, or where there is considered to be a risk of them experiencing abuse or neglect in the future.

On that basis, the statutory duty to undertake an enquiry does not apply to situations

relating to historic abuse or neglect, where the person is no longer at risk. However dependent on the circumstances, there will be a number of situations for which responses are required to the identification of historic abuse.

In such situations it will be necessary to determine whether there is a current risk of harm to others and/or whether the situation requires criminal or other responses, such as complaints, or investigations by the commissioner or regulator.

### **3.8 Deaths**

Where a safeguarding concern is received for an adult who has died particular considerations must be made. In accordance with the Care Act, a Section 42 enquiry will only be made where there is reasonable cause to believe other identifiable adults are experiencing, or are at risk of, abuse or neglect.

However where the SAB knows or suspects that the death resulted from abuse or neglect - whether or not it knew about or suspected the abuse or neglect before the adult died - and there is concern that agencies should have worked more effectively to safeguard the adult, there is a statutory requirement for the SAB to undertake a Safeguarding Adults Review under s44 of the Care Act. The SAB has a clear process in place for consideration as to whether the criteria for a Safeguarding Adults Review is met, which all agencies must be aware of and follow (see 3.9).

It is important that the death of any adult for whom a safeguarding concern has been made or is subject to a safeguarding enquiry is reported immediately to the local authorities safeguarding service in order to consider what actions may need to be taken. This will include consideration of the evidence available and any other actions needed to establish the circumstances of the death, including liaison with the coroner and police. The process of establishing whether the death is related to any safeguarding concern can be complex and is often unclear at the point of notification.

Each health and social care agency has a duty of candour (3. 12) in respect of informing the deceased's family (and the relevant commissioners) where there may be concerns that the adults death was as a result of poor quality care, abuse or neglect. In balancing the need for sensitivity with transparency it may be appropriate to make initial enquiries in order to establish a sufficient degree of evidence or fact before disclosing concerns to the family.

The Care Act Statutory Guidance is clear that poor quality care is not always, in itself, a safeguarding matter, and should be responded to by the provider themselves, commissioners of the service, the Care Quality Commission and Warrington Safeguarding Adults Board.

It will be normal practice to inform the coroner of any concerns which could be directly relevant before burial or cremation. Contact with the Coroner should be via the local authority safeguarding services.

### **3.9 Safeguarding Adults Reviews**

It is the duty of Warrington Safeguarding Adult Board to conduct any Safeguarding Adults

Review in accordance with Section 44 of The Care Act. A Safeguarding Adults Review is not an investigation or reinvestigation; its purpose is to promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

The Care Act Statutory Guidance considers a Safeguarding Adults Review must take place when:

- An adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; or
- An adult in its area has not died, but the Board knows or suspects that the adult has experienced serious abuse or neglect

The Board are free to arrange for a Safeguarding Adults Review in any other situations involving an adult in its area with needs for care and support. Safeguarding Adults Reviews may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

In the context of Safeguarding Adults Reviews, something can be considered serious abuse or neglect where, for example, the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life as a result of the abuse or neglect. Warrington Safeguarding Adult Boards [Safeguarding Adults Review procedure](#) should be followed.

Only Warrington's SAB can commission a Safeguarding Adults Review. Where an individual or agency believes or suspects there may have been circumstances where the threshold for holding a SAR has been met, they may refer a case to the Chair of the Adult Safeguarding Board to establish if there are important lessons for inter-agency work to be learnt from a case.

Before making this request, the individual should consider guidance, and discuss with relevant individuals within their organisation. Usually, the circumstances of any suspected Safeguarding Adults Review will be consistent with safeguarding concerns and the process as outlined in the multi-agency safeguarding policy and procedures should be followed.

However, there may be circumstances where safeguarding concerns are not obvious or evident, for example, where the individual may have experienced suicide and there are concerns that partner agencies could have worked more effectively to protect the adult.

### **3.10 Interface between a SAR and other types of serious incident investigations**

There are a number of types of review and investigation that may interface with a Safeguarding Adults Review (SAR) and it is important to identify any other processes which may be running in parallel or being considered. These include a Child Serious Case Review (SCR), Domestic Homicide Review (DHR), Mental Health Homicide Review, safeguarding and serious incident investigations, criminal justice processes and Coroner inquests.

In setting up a Safeguarding Adults Review, the SAB must consider how that review will dovetail with other processes or investigations. Important principles in planning include ensuring adherence to any separate statutory requirements, ensuring appropriate

expertise and knowledge, reduction of duplication, maximising effectiveness and learning; and minimising the impact on those affected by the case.

A Domestic Homicide Review must be conducted when the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by either a person with whom they were related or with whom they had been in an intimate relationship, or a member of the same household as themselves. A DHR takes place with a view to identifying the lessons to be learnt from the death.

Where there are possible grounds for more than one review, such as a DHR and a SAR, a decision should be made at the outset by the respective decision making bodies as to how they will coordinate the reviews, engagement and reporting. This may result in some areas of joint commissioning and oversight, or one board leading such as the Community Safety Partnership or the Adults or Children's Safeguarding Boards with the same or different reports being taken to each commissioning body.

### **3.11 Serious Incident Investigations**

All agencies will have their own internal or statutory procedures to investigate serious incidents and to promote reflective practice or learning, and the procedure is not intended to duplicate or replace these, but they must be concordant with this procedure, legislation and associated guidance.

Serious Incidents in the NHS include: (Serious Incident Framework NHSE 2015)

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in: Unexpected or avoidable death of one or more people. This includes suicide/self-inflicted death; and homicide by a person in receipt of mental health care within the recent past.
- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:— the death of the service user; or serious harm;
- 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 is not taking appropriate action/intervention to safeguard against such abuse occurring; or where abuse occurred during the provision of NHS-funded care.
- This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident.

From the outset, the circumstances in which a serious incident occurred should be considered in the context of multi-agency safeguarding procedures. Where there are

grounds to consider that the adult has care and support needs and is experiencing or at risk of abuse or neglect, at any stage, these procedures should be followed.

It is important that while there should be adherence to any separate statutory requirements, the interface between serious incident investigations and requirements of the Care Act are maintained and are managed in accordance with the principles of reduction of duplication, maximising effectiveness and learning; and minimising the impact on those affected by the case. In each case the interface must be clear to those involved including those affected by the case.

### **3.12 Duty of Candour**

Given that often the purpose of any investigation is to demonstrate openness and transparency, as well as focus on learning by identifying and implementing improvements to prevent reoccurrence of future similar incidents, it is crucial that the adult and/or their representative are involved in this process whenever possible.

Under the 2014 regulations of the Health and Social Care Act regulated providers are required to be open and transparent with people who use services and other relevant persons in general in relation to care and treatment.

This 'duty of candour' sets out some specific requirements that providers must follow when things go wrong including that the provider must:

- Make sure it acts in an open and transparent way with relevant persons in relation to care and treatment provided to people who use services in carrying on a regulated activity
- Tell the relevant person, in person, as soon as reasonably practicable after becoming aware that a notifiable patient safety incident has occurred, and provide support to them in relation to the incident, including when giving the notification
- Provide an account of the incident, which to the best of its knowledge is true, of all the facts about the incident as at the date of notification
- Offer an apology
- Follow this up by giving the same information in writing, and providing an update on the enquiries
- Keep a written record of all communication with the relevant person
- Advise the relevant person what further enquiries it believes are appropriate as a result of the patient safety incident

The regulation applies to registered persons when they are carrying out a regulated activity. The CQC may take other [regulatory action](#), and can prosecute for a breach of parts 20(2)(a) and 20(3) of this regulation and can move directly to prosecution without first serving a warning.

## **4 Identifying and Raising a Safeguarding Concern**

### **Safeguarding Concern**

- **Concerns about Abuse or Neglect are identified**
- **Immediate needs for safety and protection are met**
- **Safeguarding Concern is referred to the Local Authority**

## **4.1 Raising a concern**

Safeguarding is everybody's business and anyone who suspects an adult is experiencing or at risk of abuse or neglect, should act and raise a safeguarding concern. These procedures explain how to deal with a range of situations which may apply when a safeguarding concern is identified and how to raise the concern.

There is an expectation that all staff working with adults (including volunteers or those who are contracted through an agency) will have access to and be able to comply with the safeguarding policy, procedures and practice guidance. Staff such as care workers, nurses, doctors, and social workers, must report any concern of harm, abuse or neglect under their professional code of conduct and relevant legislation and guidance. It is important that if abuse or neglect is identified, any immediate needs for protection and safety are considered.

## **4.2 Emergency protection**

The person reporting the concern needs to evaluate the risks and take steps to ensure that the adult is not in immediate danger. It is also important to consider any wider concerns or impact on other adults or the general public as a result of the incident in order for all risks to be managed appropriately. This includes the need to contact the police or other emergency services where there is an immediate need for medical treatment or an immediate risk of serious harm or death.

In these situations where it is suspected that a crime has been committed, or is in progress, the Police should be contacted immediately.

In health or social care settings, the most appropriate professional to initiate contact with the police would be the manager or senior member of staff, but this should not result in delays in referring safeguarding concerns.

## **4.3 Other immediate issues to consider**

Whilst the first concern must be to ensure the safety and wellbeing of the adult, there are a broader range of issues which need to be considered

- Securing appropriate medical attention
- Ensuring the safety of others, including yourself
- Steps necessary to secure the safety of other adults who may be affected who are also at risk or in need of care and support
- Steps necessary to make avoid disempowering the adult
- Depending on capacity issues, the need to liaise with family
- The possible need for advocacy
- Preserving evidence e.g. written records, case notes, identifying staff who have directly observed any abuse occurring, security video recordings
- The needs of the individual alleged to be responsible, who may also be an adult at risk or need of care and support themselves

It is important that

- You do not start investigating the incident yourself (see section 5.1)
- If the person alleged to be responsible for the abuse or neglect contacts you, you should not talk to them about the incident and do not give them any information about the adult at risk

#### 4.4 The allegation or disclosure of abuse

Although this procedure is primarily aimed at staff of organisations, the following principles and approaches may be applied by anyone to whom a disclosure is made.

The person to whom an allegation of abuse is first made has an important and responsible role. Gaining the right kind of information from the adult disclosing the abuse will provide a clear foundation for any subsequent investigation or enquiry. It is important to:

- Listen carefully to the adult's disclosure and do not ask leading questions
- Record the disclosure factually as details may be required for subsequent legal or disciplinary proceedings. This is what the police would refer to as a "first account"
- Assure the adult they have done the right thing in disclosing the abuse
- Do not promise to keep secrets
- Ask them what they want to happen with regard to the allegation
- Clarify if the adult wishes to consent to a safeguarding concern being raised
- Take any steps necessary to ensure the safety of the adult at risk
- Inform your line manager
- Provide a contact number for the adult

**REMEMBER: If the adult does not have capacity to consent, raise the concern on their behalf. If the adult has capacity but does not wish for a concern to be raised you can override their wishes if you think others may also be at risk, or if you feel that the adult is under duress not to pursue the concern. If in a work environment is always wise to discuss any such situation with your line manager in order to fully evaluate the issues.**

#### 4.5 Medical examinations

Medical examinations may be required if either treatment is needed, and/or that the examination may provide vital evidence, which could be used in a prosecution.

In situations of alleged physical and sexual assault, the police may organise a medical examination. A referral may be made to the Sexual Assault Referral Centre (SARC). Informed consent must be obtained from the adult for the medical examination to be carried out. If the adult at risk does not have capacity reference to the Mental Capacity Act should be made.

It is also important to;

- (a) Ensure that no one has physical contact with either the adult at risk or the person alleged to be responsible as cross-contamination can destroy evidence.

- (b) Where medical attention is required due to injury it should be administered, but the threat of cross contamination of evidence should be minimised.
- (c) Where appropriate, protect bedding and do not wash it.
- (d) Preserve any items with bodily fluids on them, like blood or semen.

#### **4.6 Preserving evidence**

The following checklist aims to help you ensure that vital evidence is not destroyed.

- (a) If the adult has a physical injury and it is appropriate for you to examine the injury site, always obtain their consent first.
- (b) Do not touch what you don't have to. Wherever possible, leave things as they are. Do not clean up, do not wash anything or in any way remove fibres or blood. If you do have to handle anything at the scene, keep this to a minimum.
- (c) Do not touch any weapons unless they are handed directly to you. If this happens, as before, keep handling to a minimum. Place the items/weapons in a dry, clean place until the Police collect them.
- (d) Preserve clothing and footwear, do not wash or wipe them. Handle them as little as possible.
- (e) Preserve anything that was used to comfort the adult, for example, a blanket.
- (f) Secure the room, do not allow anyone to enter unless strictly necessary to support you or the adult and/or the person alleged to be responsible, until the Police arrive.
- (g) For financial issues ensure that receipts, bank books, bank statements, benefit books are secured.
- (h) Use a body map, describing any marks, swellings, lacerations or other injuries carefully (cuts, bruises, scratches), and consider whether photographs should be taken of any injuries.

Ensure that for each map completed the date and time they were completed is recorded along with the name of the person completing the map. Any photographs should be time and date stamped.

- (i) Secure and make a copy of the relevant notes and documentation prior to giving originals to the police as evidence as they may be needed for any subsequent or parallel investigations.

#### **4.7 What happens if the individual alleged to be responsible is an adult at risk or an adult in need of care and support?**

An adult can be abused by another adult at risk, or in need of care and support. In some settings this behaviour may not even be recognised or considered as abusive and there is

a danger that such behaviour becomes perceived as normal and acceptable.

It is absolutely necessary to address abusive behaviour that may have become culturally acceptable, and excused as 'challenging behaviour'.

Consideration should be given as to whether the adult who has caused the concern to be made has a care plan and measures in place that are appropriate to their care and support needs and relevant the level of risk posed, or whether they require a reassessment.

It may be necessary to take immediate action which could include removing the adult at risk or the adult causing the concern, or increasing the level of supervision for example, one to one supervision as an interim protection plan.

It is important that the needs of any adult at risk of or who or has been abused are separately assessed from the needs of the potential source of risk.

Important considerations in dealing with adults who pose a risk include:

- The potential risk to others
- The extent to which the adult understands their actions
- The extent to which the abuse or neglect reflect that their needs are not being met
- The need for advocacy or support.

**REMEMBER: You need to consider whether other adults are at risk in the situation.**

All adults at risk, including those subject to sections of the Mental Health Act, or the criminal justice system, are entitled to be protected from abuse, their dignity respected and as far as possible prevented from abusing other adults.

Under the Mental Capacity Act, people who lack capacity and are suspect of abuse or neglect, are entitled to help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place.

The responsibility to report a crime should not be influenced by whether the adult concerned has care and support needs.

#### **4.8 What happens when the individual alleged to be responsible works with adults in either a paid or unpaid capacity?**

If there is a concern that an adult is experiencing or at risk of abuse or neglect, these procedures must be followed regardless of the source of harm. When the individual alleged to be responsible is a member of staff, regardless of the position they occupy in the organisation, it is the organisations responsibility is to respond swiftly to ensure the immediate safety and wellbeing of the adult and to take any necessary actions to reduce any further risk, recording the actions they have taken.

All organisations should have procedures in place that can be followed when a safeguarding concern relates to a member of its own staff and a confidential reporting (whistle blowing) policy.

The local authority's relevant partners, as set out in section 6 (7) of the Care Act, and

those providing universal care and support services, should have clear policies in line with those from the safeguarding adults board for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

The Safeguarding Adults Board is responsible for ensuring there is effective coordination and oversight regarding allegations and issues of concern about staff who have harmed or posed a risk to adults. Whilst the focus of safeguarding adults work is to safeguard one or more identified adults with care and support needs, there are occasions when incidents are reported that do not involve an adult at risk, but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust.

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Examples of such concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed a criminal offence against, or related to, an adult or child
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs

When a person's conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the local authority's designated officer.

If a local authority is given information about such concerns they should give careful consideration to what information should be shared with employers (or student body or voluntary organisation) to enable risk assessment.

Employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with adults should be reported immediately to a senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns.

If an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

Local authorities should ensure that their safeguarding information and advice services are clear about the responsibilities of employers, student bodies and voluntary organisations, in such cases, and signpost them to their own procedures and legal advice appropriately. Information and advice services should also be equipped to advise on appropriate information sharing and the duty to cooperate under Section 6 of the Care Act.

Local authorities should ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

- Where relevant and necessary, not simply all the information held
- With the relevant people who need all or some of the information
- When there is a specific need for the information to be shared at that time

**REMEMBER: Employers who are also providers or commissioners of care and support not only have a duty to the adult but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. The worker should be made aware of their rights under employment legislation and any internal disciplinary procedures.**

#### 4.9 Reporting a safeguarding concern

Warrington Borough Council's Families and Wellbeing Directorate are responsible for coordinating a planned response from the local authorities adult social care services to all reports of suspected abuse or neglect of any adult, as defined by the Care Act.

A concern should be raised as soon as possible and always within 24 hours from when the abuse or neglect has been disclosed, witnessed or suspected. The main objective should always be to work with the adult and prevent further harm. A professional, or any other person who has reason to believe that an adult at risk is experiencing abuse or neglect, must address their concerns with Warrington Borough Council's Access Social Care Team on the following telephone numbers:

**Access Social Care Team: 01925 444239**

**Out of Hours Team: 01925 444400** (5pm to 9am weekdays and weekends)

They will take all relevant details on the phone and offer you further advice if necessary. (Employees of adult social care services can put their referral directly into the adult social care's IT system for immediate action).

Wherever possible, the person reporting the safeguarding concern should also have

ensured the adults immediate safety, and taken a first account from the adult. A first account is a Police term meaning a simple explanation from the alleged victim as to what has happened. **This does not amount to a statement.**

If a professional has taken this first account, they should consider initiating a conversation with the adult (or if the adult does not have the relevant mental capacity, with their representative) as to what their views and wishes regarding the concern are.

Occasionally, obtaining an adults view at this point may not be always appropriate. However it is good safeguarding practice that the person who knows the adult best and/or has the necessary skills and experience talks to the adult about what outcomes they would like from the situation.

The adult's view of the concern and possible responses, if obtained at this point, should not be assumed to final and unchangeable. As with any situation where there may be surprise, upset or even trauma, how people view events after a few days reflection may change. This should be seen as the start of a conversation with the adult, and not the only conversation.

Although those referring concerns will be encouraged to provide their name and contact details, information provided anonymously to adult social care services will be taken at face value and treated seriously. It is a requirement however that concerns raised by professionals involved in the care of an adult at risk are not made anonymously.

#### **4.10 Information required**

On contact with the Access to Social Care Team or Out of Hours Service the expectation is that the following information will normally be supplied in order to provide an effective response to the safeguarding concern:

- Details about the adult, including name, date of birth, address, ethnic origin, language spoken or communication method, mental capacity
- Details of the person raising the concern, their involvement and contact details
- The nature of the concern, who is involved, where, when and how
- Details of any witnesses and how they are connected to the situation
- Details of the person of concern and how they are connected to the adult
- Whether there are any others who may be at risk, including children or other adults in need of care and support
- Details of any other agencies involved, including the Police
- Whether the adult or relevant others are aware and consent to your contact with safeguarding services
- What the adult or relevant others wishes or views are
- The possible movements and/or locations of the adult, relevant others and person of concern
- The steps that have been taken to immediately protect or support the adult and others

In certain circumstances, such as an urgent situation, or in the case of a concern raised by a member of the public; some information may not be immediately available. This should not prevent a safeguarding concern being reported as the adult's safety and wellbeing may depend on a swift response.

#### **4.11 Seven golden rules for information sharing**

Professionals and other staff need to be aware of the following responsibilities when sharing information:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person, where possible. This may include your organisation's Caldicott Guardian, where applicable, legal team or Designated Adult Safeguarding Manager/safeguarding lead.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case and advice given.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and any others who may be affected.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## 5 Making Decisions about Safeguarding Concerns

Responses to safeguarding adults should be person led and outcome, not process focussed.

However there are key issues that the local authority and their partners should always consider if they suspect or are made aware of possible abuse or neglect.

This section describes the actions and decision making from receipt of a safeguarding concern until the point at which a decision is taken regarding a Section 42 enquiry.

### Safeguarding Concern

- Abuse or Neglect are identified
- Immediate needs for safety and protection are met
- Safeguarding Concern is referred to the Local Authority



### Safeguarding Assessment

- Check immediate needs for safety and protection
- Gather additional information
- Provide Information and Advice
- Decision made as to whether s42 duty to make an Enquiry is met

#### 5.1 Starting the Safeguarding Assessment

The Care Act states that local authorities must make enquiries, or cause others to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.

Upon receipt of the safeguarding concern the Access to Social Care team (ASC) will create a safeguarding assessment document and assign this to the most appropriate adult social care team. The team manager will allocate the safeguarding assessment to a social worker for further consideration and completion.

The primary purpose of the safeguarding assessment is to help determine whether there is *reasonable cause to suspect* that abuse or neglect is taking place and to make the appropriate decisions regarding the undertaking of a section 42 enquiry.

The safeguarding assessment should be personalised and focused on securing a swift and proportionate response and improved outcomes for the adult(s) involved. The adult's involvement in this assessment process is a central consideration.

The social workers role will include checking and adding to the information provided, taking any immediate actions required to secure the reduction and removal of safeguarding risks; and any immediate support necessary to help the adult recover.

The Care Act guidance reflects that the nature of Section 42 enquiries can encompass a wide range of responses; introducing the concept of 'formal' and 'initial' enquiries. For less complex situations, it may be that an enquiry can be made and concluded within a completed safeguarding assessment. Usually, this will be by completing simple tasks, such as providing information and advice to the adult or others which will help to protect them in the future.

This would not preclude further or ongoing support, which might include an offer of representation or advocacy if this is determined to be the most appropriate response to the situation.

From the outset to the conclusion of the safeguarding activities; there is an ongoing need to return to and reconsider the adult's involvement and views, monitor the adequacy of actions and evaluate and review risk.

**REMEMBER: Safeguarding at its best and most successful is something that empowers the adult, ensures their concerns are responded to in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.**

## 5.2 Completing the Safeguarding Assessment

The immediate protection of the adult at risk and any others is the first priority. Until full details are known about the circumstances - which are usually not available or apparent until sometime later – there is a duty of care to consider whether immediate protective measures are in place and adequate in the context of the available information and assessed risks.

Any conversation with the adult, although critical to the safeguarding situation, has to be placed within the context of knowing that they and others are safe and will remain safe to allow those conversations to take place safely and without duress to enable their proper wishes and views to be heard.

For example, the presence and impact of any control or coercion has to be considered, and in simply taking the adults views 'on face value' without an open and enquiring approach would not allow an accurate picture of the situation to develop. Respecting the adult's wishes for no action to be taken in abusive or neglectful situations would not be appropriate unless it is evident that there are no contrary legal or public interest concerns.

There are important questions to ask at this point; what does the adult at risk wish to happen? Do I need to contact the police? Does the adult remain at risk? Is anyone else at risk?

Wherever possible the adult at risk and any relevant others should be involved at an early

stage and help decide what protective measures, if any, are needed. However, not knowing the adult's views should never prevent essential action to ensure their safety.

The adult's availability, past wishes and mental capacity, as well as the seriousness and likelihood of any risk will be critical factors in determining whether any delay is possible or tolerable.

The adult at risk should be at the centre of this process, be empowered by it and treated with dignity and respect. Their views and wishes on subsequent actions are crucially important to how the concern is managed or resolved. Assessed risks and actions taken in response should be informed by an understanding of any mental capacity issues relating to the adult at risk, and it may be necessary for a capacity assessment to be completed alongside a safeguarding assessment or during the course of any safeguarding enquiry.

Reference should be made to the Mental Capacity Act and Deprivation of Liberty Safeguards for guidance regarding mental capacity assessment and best interest decisions. See the multi-agency practice guidance for more information.

The safeguarding assessment considers the following factors in assessing the safeguarding concern:

- The adults needs (looking at cognitive, physical, emotional financial, communication and social indicators)
- The nature, extent, duration and seriousness of the alleged abuse or neglect
- The impact on the adult
- The wishes of the adult
- Public or vital interest considerations
- The risk to the adult of repeated or increasingly serious acts
- The risk to other adults or children, including adults in need of care and support
- Expert opinion and advice from the relevant professionals who have expertise in a given area

The assessment will also be influenced by many factors such as the availability and quality of any intelligence or evidence, how it fits with other relevant information, the intent of the perpetrator, whether there is a history of abuse or domestic abuse or whether the situation can be monitored or supportive measures put in place.

In terms of understanding and evaluating risk, risk would always be considered high if:

- There is reason to believe that someone's life may be in danger
- There is reason to believe that major injury or serious physical or mental ill health could result
- The incidents are increasing in frequency
- The incidents are increasing in severity
- The behaviour is persistent and/or deliberate
- There is intelligence to suggest that despite being aware of evident risks the adult is still being placed at risk

There needs to be consideration of whether Police involvement is required if any criminal activity has occurred, or if the Police are already involved what action they are taking.

There needs to be some thought as to who needs to be involved in next steps, such as the Police, Care Quality Commission, housing agencies, health services and the provider.

### **5.3 Timescales or responding to safeguarding concerns**

Possession of good evidence or intelligence informed by appropriate engagement is necessary to inform decisions about safeguarding concerns and undertake safeguarding enquiries.

However, it is of obvious importance in any safeguarding work that responses should be timely. Some safeguarding concerns will require an immediate response to safeguard the adult as a result of needing to manage presenting risks to the adult or others.

Although a framework of target timescales are indicated for each element of the safeguarding process (see Appendix B), this is not absolute or definitive as timescales should reflect personalised approaches to safeguarding the adult.

Unless it is not safe or will increase the risk to the adult, it is important to respond at the pace that is right for the adult, and puts them in greatest control of what happens in their life.

It is best practice to speak to the adult involved at as early a stage as possible to get their views and wishes on the concerns. This should help to guide what next steps should be taken and whether the concern should be reported as an adult safeguarding concern or should be dealt with by another means.

Protective measures should be confirmed and put in place within 24 hours from receipt of a safeguarding concern, and recorded within the safeguarding assessment on the local authority's information system. This will enable social workers unfamiliar with the safeguarding situation, such as out of hours social workers, to respond to any emerging events or requests for information.

Measures should be put in place by the most appropriate person or agency that are sufficiently robust in providing protection in order for the safeguarding assessment to be completed and monitored whilst the assessment is undertaken .

The safeguarding assessment should be completed as soon as practicable by the local authority and within 5 working days from receipt of the safeguarding concern. This timescale recognises that overly process-driven safeguarding responses can result in the adult and relevant others views being not sought, or minimised, resulting in poor safeguarding outcomes.

Progressing next steps with, and not despite the adult, may result in timescales being not the most important consideration. However, whether there are delays can depend on other factors which sit outside of the adults wishes such as a range of public or vital interest's considerations.

This procedure does not outline any specified target timescale to complete enquiries. However, as with all adult safeguarding work, responses should be timely and there should be ongoing monitoring of the adults views, the risks and protective measures during that time.

In almost every situation where there are safeguarding concerns, it is likely to be necessary to physically see and talk to the adult in order to be able to make a decision about a safeguarding concern.

It may not always be appropriate or possible for the local authority to act in certain situations and the Care Act Statutory Guidance is clear that who knows the adult best and/or who have the necessary skills and knowledge may be the most appropriate individual or profession to respond.

**REMEMBER: Good safeguarding practice begins with talking to the adult who there is concern about, unless there are exceptional circumstances that would increase the risk of abuse. That conversation will need to establish facts and, importantly, what the person wants to happen and how. Practitioners need to make personal contact with the people they are working with and establish a relationship. Therefore the issue of access and ability of the person to talk freely is critical.**

There is a balance between the person talking to the adult being someone who knows them best (which may well allow the adult to feel more relaxed and comfortable), and an adult with the relevant skills and knowledge.

This means that a social worker may need to visit and assure themselves that protective measures are in place and talk to the adult directly, even though other staff members or professionals are with the adult.

## **5.4 Police involvement**

The Police have considerable experience and skill in investigating and interviewing. It will clearly be essential that services for adults at risk work in partnership with the police and that the police are invited to safeguarding meetings when required.

Early sharing of a concern, allegation or complaint with the Police could prevent the adult at risk having to be interviewed twice, if a referral to the police is later considered to be necessary

Early consultation will allow the Police to decide whether a criminal act has been committed and attendance at the strategy meeting will allow the Police the opportunity of determining if and at what stage they need to become involved. For example, it is good practice that in the event of an unexpected death, health professionals and the Police have early discussions to ensure that the Police investigation process and other NHS investigation processes seamlessly join up.

Police consultation must be made if:

- Injuries to an adult at risk are apparent or suspected, which appear to be non-accidental or unexplained
- There appears to be wilful neglect of an adult who lacks capacity
- Sexual offences are believed to have taken place

- Financial abuse by theft or misappropriation of funds is suspected
- The adult wishes the matter to be referred to the Police

**REMEMBER: The Police have a duty to the adult to assist, support and obtain evidence of offences and have a responsibility to investigate and interview an identified suspect. This process may not result in prosecution. The best interests of the adult, as well as their wishes, should be paramount considerations in making this decision.**

### 5.5 Vulnerable witnesses/special measures

The Youth Justice and Criminal Evidence Act (1999) was introduced to enhance the evidence available from vulnerable individuals during criminal trials. It attempts to ensure that the victims and witnesses eligible for special measures have the opportunity to give their best evidence through support and/or an application for a Special Measures Direction.

The Police can also refer for an 'Intermediary' from the intermediary service. This is a professional assessor, such as a social worker, or a speech and language therapist, who is trained in assessing the most appropriate way to interview or communicate with any individuals who have disabilities that affect communication and comprehension.

### 5.6 Advocacy

**REMEMBER: Under The Care Act Statutory Guidance the local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry, where the adult has 'substantial difficulty' in being involved in contributing to the process and where there is no other appropriate adult to assist.**

A person who is engaged professionally to provide care or treatment for the adult in question cannot be an advocate. The adult must also consent to being represented and supported by the advocate (or where the adult lacks capacity, the local authority must consider it in that adult's best interests to be represented and supported by the advocate).

However, if an enquiry needs to start urgently, then it can begin before an advocate is appointed but one must be appointed as soon as possible. Information on Advocacy Services is provided at the end of this document.

The use of an appropriately trained advocate or interpreter should be discussed where the adult at risk might have communication or memory difficulties. If the adult at risk lacks capacity to be involved in any safeguarding decisions the use of an Independent Mental Capacity Advocate (IMCA) should also be considered.

An IMCA may be instructed to support someone who lacks capacity to make decisions concerning safeguarding issues, whether or not family, friends or others are involved. The IMCA has Mental Capacity Act statutory duties and discretionary powers to guide and

support their role in helping to assess 'best interest' decisions.

## 5.7 Outcome of the Safeguarding Assessment

Once all relevant information has been gathered the local authority should be in a position to make a decision about whether the safeguarding concern meets the criteria for a statutory enquiry under s42. This will be where the Local Authority has **reasonable cause to suspect** that an adult aged 18 or over in its area:

- Has **needs for care & support** (whether or not the authority is meeting any of those needs)
- Is **experiencing, or is at risk of, abuse or neglect**, and
- As a result of those needs **is unable to protect himself or herself** against the abuse or neglect or the risk of it

Where the above criteria are met, the safeguarding concern will progress to the Safeguarding Enquiry stage of this procedure.

Where the above criteria for statutory enquiry are not met, for example in circumstances where:

- The adult is not reasonably suspected to be experiencing, or at risk of, abuse or neglect
- The adult is at risk of abuse or neglect but does not have care & support needs (whether or not the authority is meeting any of those needs)
- The adult has care & support needs, may have experienced abuse or neglect in the past, but is no longer experiencing or is at risk of abuse or neglect
- The adult has care & support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to
- The adult has experienced poor quality care or acts of omission that require responses but do not meet the threshold of neglect. Responses will be dependent on the context and seriousness of the situation

The local authority will consider what other action, or provision of advice or information, is required to respond to the concern.

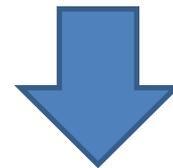
## Safeguarding Concern

- Abuse or Neglect are identified
- Immediate needs for safety and protection are met
- Safeguarding Concern is referred to the Local Authority



## Safeguarding Assessment

- Check immediate needs for safety and protection
- Gather additional information
- Provide information and Advice
- Decision made as to whether s42 duty to make an Enquiry is met



## Safeguarding Enquiry

- Obtain Views, Consent and Desired Outcomes from the adult
- Consider Representation or Advocacy
- Agree what enquiries are needed and who will do them
- Complete Enquiries
- Decide what action is to be taken

## Other Responses

- Care Quality Concern
- No further action for safeguarding
- Care and Support assessment and/or other services
- Complaint
- Action by other agencies or regulatory body

Safeguarding in its widest sense means protecting an adult's right to live in safety, free from abuse and neglect, with people and organisations working together to prevent and stop both abuse and the risk of abuse at the same time as making sure the adult's wellbeing and rights are promoted.

Where the criteria for a safeguarding enquiry under s42 is not met, there are a range of responses which will contribute to supporting adults to live safely: good quality assessment and planning; provision of safe, quality care services; making complaints; sharing information with regulators or commissioners of services; Police interventions; victim or

court support services; patient safety; clinical governance or other incident management processes.

Once all available and relevant information has been obtained, the safeguarding assessment is completed by the social worker's manager authorising the assessment document. The safeguarding assessment has five possible outcomes:

- An enquiry under s42 conducted and concluded within the safeguarding assessment
- An enquiry under s42 to be conducted via the safeguarding referral route
- An enquiry under s42 to be conducted via the care management route
- A care quality concern
- No further action for safeguarding (but other actions may need to be taken, for example, via assessments, complaints or regulatory action)

An enquiry under section 42 of the Care Act will take place where, as a result of the outcome of the safeguarding assessment, if the local authority reasonably suspects that the adult is experiencing, or is at risk of, abuse or neglect.

The objective of an enquiry is to:

- Establish facts;
- Ascertain the adult's views and wishes;
- Assess the needs of the adult for protection, support and redress and how they might be met;
- Protect from the abuse and neglect, in accordance with the wishes of the adult;
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- Enable the adult to achieve resolution and recover

**REMEMBER: Given the importance of what the adult's views and wishes are in respect of the suspected concerns, the nature of any enquiry can range from a conversation with the adult at risk, to a more formal multi-agency meeting. Sometimes, depending on vital or public interests, there will be a difference between what it appears the adult wants to happen, and what agencies are required to do, but wherever possible efforts should be made to follow the adult's wishes.**

There is likely to be a consensus in respect of more serious incidents, such as those requiring a Police response as to what the safeguarding response should be, but safeguarding responses should reflect the adult's wishes wherever possible.

Some adult's wishes may be unrealistic, for example, because they want either more, or less, done that is legally possible, in such circumstances they should be provided with information and advice with which to make an informed decision, and to challenge as appropriate.

Enquiries conducted via the **safeguarding referral route** will usually be in response to serious or a potentially serious situation, and therefore will usually require a degree of planning and a multi-agency response.

The most efficient and effective way to make this happen is usually to hold a safeguarding meeting or safeguarding discussion. This may be required in order to gather relevant people together to discuss information and evidence that has been obtained and gain people's views on what actions are required in the adult's case.

However, the meeting should not be used as a pretext to exclude the adult or relevant others, it should be held because it is the most effective way of responding to the adults wishes and views. Meetings should be organised and planned carefully to promote meaningful involvement of the adult.

**REMEMBER: Professionals will need to be creative and person-centred if adults and their representatives are to be effectively involved in safeguarding meetings.**

A safeguarding meeting or discussion is usually held where there are vital or public interests, and in this respect, the adult's views and wishes although important, may not be the only factor to be considered.

However, where and how the meeting happens, who attends and what is agreed will require significant thought, particularly where the adults wishes are significantly different to what is believed to be the most appropriate way forward.

Safeguarding concerns being responded to via the safeguarding referral route will be coordinated and any meetings chaired by safeguarding strategy managers.

Enquiries conducted via the **care management route**, are still conducted in response to suspected abuse or neglect, but will usually reflect a range of situations typically where there are either no evident public or vital interests, the adult has particular views or wishes about the safeguarding response, and/or the nature or type of the suspected abuse or neglect is of a degree where a more proportionate response is agreed.

Safeguarding concerns being responded to via the care management route will be coordinated by the social work team who has completed the safeguarding assessment.

Enquiries into suspected abuse or neglect in care settings should be reflective of situations where there is reasonable cause to suspect that deliberate or unreasonable acts or omissions have taken place.

In care and health settings, harm can occur as a result of a genuine oversight, by accident, in response to a life threatening situation, or because the capacitated adult themselves insisted on a particular course of action.

The **Care quality concern** pathway is appropriate to circumstances where abuse or neglect is not suspected, but there is evidence that the quality of care provided is, or has not been of a reasonable standard.

Care quality concerns can reflect a range of circumstances, from a medication error that did not result in any harm, to serious injury of an adult within a care setting as a result of an accident. Investigations may still need to be conducted, and the consequences for individuals or agencies may be significant, but such investigations should not take place within a safeguarding context. Concerns about care quality may be held by both the NHS

and/or local authority. Equally, complaints may require NHS and/or local authority responses.

In situations where there may have been harm, but a safeguarding enquiry is not to take place, for example, in situations where neglect is not reasonably suspected, there should be a timely conversation with the adult and/or their representative as to the rationale for the decision and the nature of any likely subsequent action.

It is important to respond to any concerns, anxieties or expectations that the adult or their family may have, at the same time as offering reassurance that proportionate investigation and actions will take place.

**No further action** will be the outcome in situations where there is not a reasonable suspicion that the adult is at risk of, or is experiencing, abuse or neglect, and that there is no evidence of care quality concerns. There may be information and advice provided to the referrer, adult or relevant others in the course of completing the safeguarding risk assessment.

## 5.8 Care Quality Route

The care quality route will be followed in situations where at the conclusion of a safeguarding risk assessment the threshold of 'reasonable suspicion' has not been met in respect of possible abuse or neglect, but there is evidence or intelligence that suggests there are concerns about the safe and effective delivery of care.

Care quality concerns can reflect a wide range of circumstances, and dependant on factors such as the adult's views and wishes, the seriousness of the incident, whether it forms part of a pattern or trend and whether there is a public interest element should determine the focus, scope and depth of any investigation.

The active involvement of the commissioner and regulator can be important in many care quality situations, and in particular within registered settings where the local authority does not commission or monitor care quality, the role of the regulator and commissioner is essential in ensuring good quality care and treatment.

There is an expectation that regulated providers will co-operate with all such investigations, and may be required to produce or contribute to any reports or investigations. Investigation reports should detail the process, methodology and its findings. They must also conclude what measures have been put in place or are currently being arranged following the findings of the investigations, not just in terms of policy and practice but regarding any staff or managers involved and the workforce as a whole.

Where an investigation is required there should be communication with the adult and/or relevant others as it is important to respond to any concerns or expectations as well as offering reassurance that proportionate investigation and actions will take place.

However, in some circumstances where the adult refuses to engage in any safeguarding responses may also include them not wishing to be informed or involved in any subsequent decisions or actions.

Care quality concerns are collated and monitored by the Council's Care Quality Monitoring Team; with wider agencies participating by providing soft intelligence whereby information

can be triangulated and can be responded to by a range of people depending on the circumstances. This can include council or NHS quality monitoring officers, safeguarding managers, social workers, CQC, care commissioners and the care provider themselves.

Commissioners from the local authority, NHS and CCGs are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.

## **6 Planning and Undertaking Enquiries and/or other Investigations**

What happens as a result of an enquiry should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision and be proportionate to the level of concern.

The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take.

Everyone involved in an enquiry must focus on improving the adult's well-being and work together to that shared aim. The objectives of an enquiry into abuse or neglect are to:

- Establish facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
- Enable the adult to achieve resolution and recovery

The wishes of the adult are very important, particularly where they have capacity to make decisions about their safeguarding. The wishes of those that lack capacity are of equal importance. Wishes need to be balanced alongside wider considerations such as the level of risk or risk to others including any children affected.

All adults at risk, regardless of whether they have capacity or not may want highly intrusive help, such as the barring of a person from their home, or a person to be brought to justice or they may wish to be helped in less intrusive ways, such as through the provision of advice as to the various options available to them and the risks and advantages of these various options.

**REMEMBER: Any intervention in family or personal relationships needs to be carefully considered. While abusive relationships never contribute to the wellbeing of an adult, interventions which remove all contact with family members may also be experienced as abusive interventions and risk breaching the adult's right to family life if not justified or proportionate.**

Where an adult lacks capacity to make decisions about their safeguarding plans, then a range of options should be identified, which help the adult stay as much in control of their life as possible. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to them.

In safeguarding situations there needs to be recognition of the adult's right to safety with other rights - such as the right to liberty and autonomy and rights to private and family life.

Action may therefore be primarily supportive or responsive, acting only with the adults consent or where there is a public or vital interest, or it may involve the application of civil orders, sanctions, suspension, regulatory activity or criminal prosecution, disciplinary action or de-registration from a professional body.

It is important, when considering the management of any intervention or enquiry, to approach reports of incidents or allegations with an open mind. In considering how to respond the following factors need to 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 and 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
- Research evidence to support any intervention

## 6.1 The Scope of an Enquiry

At this stage, the local authority also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in the enquiry.

As part of the assessment of any safeguarding concern, the adult should be talked to wherever possible in order to determine whether there is 'reasonable cause to suspect' abuse or neglect.

Therefore, this conversation with the adult at the start of the enquiry may not be the first conversation with the adult, and may build on their views obtained some hours or days before.

**REMEMBER: The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.**

Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the adult is minimised. It is likely that many enquiries will require the input and supervision of a social worker, particularly the more complex situations and to support the adult to realise the outcomes they want and to reach a resolution or recovery.

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, such as family, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

**REMEMBER: A criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution.**

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.

The Care Act Statutory Guidance stresses that we must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

**REMEMBER: People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating safety measures that do not take account of individual well-being.**

The duty to make enquiries does not provide for a legal power of entry or right of unimpeded access to the adult, but there are a range of existing legal powers which are available to gain access should this be necessary.

Whether it is necessary to seek legal intervention and which powers would be the most appropriate to rely on in order to gain access to an adult to assess any safeguarding risk or otherwise protect an adult will always depend on the individual circumstances of the case.

All attempts to resolve the situation should begin with negotiation, persuasion and the building of trust. If all attempts fail then the local authority must consider whether the

refusal to give access is unreasonable and whether the circumstances justify intervention.

One of the most challenging areas of practice in safeguarding relates to unwise decisions, coercion and mental capacity.

For example, making a decision to remain in a relationship where you may be abused by someone does not in itself indicate mental incapacity. It may be that the relationship is more important to you than the harm that is being done, perhaps more so if the harm is not life-threatening.

However, it is important to recognise that where a person is at high risk of harm this may limit their capacity to safeguard themselves due to fear, coercion or understandable psychological responses designed to limit the extent of the harm. The person may identify with, absolve or rationalise the perpetrators actions, leading to them not acknowledging the level of risk they face.

A 'safe enquiry' means ensuring the individual causing concern is not and will not easily become aware of the enquiry. It is a cornerstone of best practice in domestic abuse, and has been developed following circumstances in which women and their children have been placed at risk of serious harm due to the individual becoming aware that professionals knew about their behaviour.

Research has shown that incidence of violence and levels of harm increase when an individual's control is being challenged.

**REMEMBER: If an apparently mentally capacitated person repeatedly makes unwise decisions that put them at significant risk of harm, or makes a particular unwise decision that is obviously irrational or out of character there may need to be further investigation taking into account the person's past decisions, choices and patterns of behaviour.**

## 6.2 Causing others to make enquiries

Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person to begin an enquiry is.

In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse.

In practice more complex enquiries will require a range of people to contribute their expertise and knowledge of the adult. In this respect 'causing others to make enquiries' already happens and will continue to happen in multi-agency safeguarding responses.

Therefore 'causing others to make enquiries' should not appear to be a formal process where artificial 'handovers' or boundaries are set, but should reflect effective partnership working, where professionals work together to meet the desired outcomes of the adult.

However, the local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and

coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary.

In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

Where a crime is suspected and referred to the police, then the police must lead the criminal investigations, with the local authority's support where appropriate, for example by providing information and assistance.

The local authority has an ongoing duty to promote the wellbeing of the adult in these circumstances.

### **6.3 Further Enquiries and Next Steps**

Once the wishes of the adult are known and an initial enquiry undertaken, discussions should be undertaken with them as to whether further enquiry is needed and what further action could be taken.

That action could take a number of courses: it could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards. Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised.

Social workers must be able to set out both the civil and criminal justice approaches that are open and other approaches that might help to promote their wellbeing, such as therapeutic or family work, mediation and conflict resolution, peer or circles of support. In complex domestic circumstances, it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action and their wishes may change.

The police, health services and others may need to be involved to help ensure these wishes are realised.

Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused safeguarding planning to enable the adult to achieve resolution or recovery, or fuller assessments by health and social care agencies. This will entail joint discussion, decision taking and planning with the adult for their future safety and well-being. This applies if it is concluded that the allegation is true or otherwise, as many enquiries may be inconclusive.

The local authority must determine what further action is necessary. Where the local authority determines that it should itself take further action, then the authority would be under a duty to do so.

The Mental Capacity Act is clear that local authorities must presume that an adult has the capacity to make a decision until there is a reason to suspect that capacity is in some way compromised; the adult is best placed to make choices about their wellbeing which may involve taking certain risks.

**REMEMBER: Where an adult may lack capacity to make decisions about arrangements for enquiries or managing any abusive situation, then their capacity must always be assessed and any decision made in their best interests.**

If the adult has the capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make. The focus should therefore be, on harm reduction. It should not however limit the action that may be required to protect others who are at risk of harm.

The potential for 'undue influence' will need to be considered if relevant. If the adult is thought to be refusing intervention on the grounds of duress then action must be taken. In order to make sound decisions, the adult's emotional, physical, intellectual and mental capacity in relation to self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed.

## 6.4 Completing Enquiries and Taking Action

Once enquiries are completed, the outcome should be notified to the local authority which should then determine with the adult what, if any, further action is necessary and acceptable.

It is for the local authority to determine the appropriateness of the outcome of the enquiry. One outcome of the enquiry may be the formulation of agreed action for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement. In relation to the adult this should set out:

- What steps are to be taken to assure their safety in future
- The provision of any support, treatment or therapy including on-going advocacy
- Any modifications needed in the way services are provided How best to support the adult through any action they take to seek justice or redress
- Any on-going risk management strategy as appropriate
- Any action to be taken in relation to the person or organisation that has caused the concern

Although the standard of proof for a criminal prosecution is 'beyond reasonable doubt', the standard of proof for internal disciplinary procedures and for discretionary barring consideration by the Disclosure and Barring Service (DBS) is usually the civil standard of 'on the balance of probabilities'.

This means that when criminal procedures are concluded without action being taken this does not automatically mean that regulatory or disciplinary procedures should cease or not be considered. In any event there remains a legal duty to make a referral to the DBS if a person is dismissed or removed from their role due to harm to a child or an adult in need of care and support.

If a person resigns from their role prior to any investigation concluding, the investigation should continue, ideally with the person contributing to this process.

If they decline to engage in the investigation process, they should still be offered the usual protections and representation, but the employer retains the responsibility to conclude the investigation, with or without the person.

The employer should arrive at a decision at the conclusion of the investigation as to what steps they would have taken if the person had remained in their employ. If the employer determines, for example, that the person would have been dismissed, this should be reflected in any future reference requests.

## 6.5 Safeguarding Meetings or Discussions

A safeguarding meeting will be convened or safeguarding discussion undertaken when the safeguarding concern has been assessed as requiring a section 42 enquiry conducted via the safeguarding referral route.

A safeguarding discussion allows for a 'virtual' safeguarding meeting to occur for example, via telephone or conference call, which may be appropriate or necessary in certain circumstances.

The content of any safeguarding discussion should be recorded in the same way as a safeguarding meeting. A discussion would typically be held where there is urgency in the safeguarding situation, geographic distances prevent a timely meeting, initial tasks need to be commenced, or due to the particular needs, views or wishes of the adult.

## 6.6 The aim of the Safeguarding Meeting or Discussion

The first aim of the safeguarding meeting or discussion is to agree a plan on how to effectively meet the desired outcomes of the adult at risk. Therefore a significant focus of any discussion will be the views of the adult, confirming with them how they can be supported and enabled to have choice and control in the circumstances. This is the first, but not the only aim of the safeguarding meeting.

Other factors in the situation need to be considered in the light of the adult's desired outcomes, such as relevant law, guidance and public and vital interests. There is a difference between the adult's desired outcomes being central to the safeguarding meeting, and the adult's desired outcomes being the only outcome sought in the safeguarding meeting.

**REMEMBER: There is a clear difference between professionals minimising the adult's views in a particular situation in order to manage their own concerns, and professionals being able to employ their skills and knowledge of the law to offer advice and support to allow informed choice to take place.**

The meeting needs to determine how risks can be minimised, for example, in the way services are provided. Its primary aim is to co-ordinate the strands of any enquiry.

## 6.7 The Role of the Police at the meeting

In cases where there is a possibility of a criminal prosecution, the Police shall act as 'lead agency'. Once the Police assume this role, no action should be taken without consulting and obtaining the approval of the Police first.

Although the local authority has the lead and coordinating role in making enquiries, where criminal activity is suspected the early involvement of the Police is likely to have benefits in many cases.

Many of the police investigators involved in safeguarding investigations are specially trained for that role and work in specialist units. Each of those units has a set of arrangements to help provide advice and guidance to ensure that a thorough investigation takes place in order to achieve successful outcomes for the individual. The police service has identified ways that enable non specialist officers to seek advice from supervisors at every stage of the safeguarding process, even when specialist departments are unavailable.

A criminal investigation by the Police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution.

The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing.

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.

The Police have a legal duty to investigate abuse if it is a crime and the local authority has a statutory duty to assess the needs of adults. The authority to act in this area is derived from a range of legislation and government guidance. Therefore action is best undertaken on a partnership basis with all the agencies involved.

Some instances of abuse will constitute a criminal offence, and adults at risk are entitled to the protection of the law in the same way as any other member of the public. In addition some statutory offences have been created which specifically protect those who may be incapacitated in various ways.

Alleged criminal offences differ from other non-criminal allegations of abuse in that invariably the responsibility for initiating action i.e. criminal proceedings lies with the Police and the Crown Prosecution Service.

## **6.8 The Role of the Safeguarding Strategy Manager**

The safeguarding manager has a range of functions in line with their primary role of quality assuring the local authorities safeguarding responses.

However, in respect of them chairing the safeguarding meeting, they will facilitate

discussion regarding the safeguarding concern and all relevant issues, information and evidence currently available.

They will from the outset of the meeting ensure that the adult's views and desired outcomes are heard. They will also seek to allow all views to be aired whilst maintaining focus on the adults desired outcomes and the safeguarding concern.

Actions agreed at the meeting should always be relevant to the adults desired outcomes, and include a communications plan with the adult and relevant others.

The meeting should have a collective approach in terms of decision making, with the strategy manager giving guidance and ensuring good quality safeguarding responses.

As well as activity relating to safeguarding enquiries responded to via the safeguarding referral route, safeguarding managers also have quality assurance functions in areas such as; case audit, ensuring appropriate initial responses to safeguarding concerns, good quality safeguarding risk assessments and the enquiries responded to via the care management route.

## **6.9 Preparation and Participation**

It is expected that all attendees of the safeguarding meeting or discussion will participate and will contribute information, and within the meeting respect that any discussion and material are subject to relevant confidentiality requirements. Dependant on the circumstances and if confidentiality cannot be guaranteed, this may limit what can be disclosed to the meeting.

It is important that any written information appropriate to disclose to all invitees of the meeting is shared in advance by the strategy manager. It is also important that any written information, investigations or reports must be provided in advance of the meeting to the strategy manager and other attendee's as appropriate. This is to ensure that by being able to properly consider the information in advance of the meeting, the adults and agencies rights to fairness are not affected.

In certain circumstances, for example, where an urgent meeting is required, it may not be possible to collect and distribute written information in advance of the meeting. However, in such circumstances sufficient time should be set aside for due consideration of the information.

Information should include: the details of the concern and any prior or related concerns; the views of the adult; assessments relevant to any issues of coercion, consent or capacity; social situation and any support networks of the adult; information about the individual causing the concern; what and who has been involved in any investigations; details of placing or funding agency and any other agencies involved; recommendations for future actions.

When providing details of adult at risk and person alleged to be responsible, it is important to ensure accurate spelling as this enables the police and other agencies to carry out appropriate checks.

## 6.10 Who may be involved in a Safeguarding Meeting or Discussion?

The individual circumstances of each safeguarding situation should determine who is involved in the safeguarding meeting or discussion. Individuals should be invited only if they have a contribution to make to the meeting. The individual causing the concern will not be invited to a safeguarding meeting or discussion, but may need to be communicated with.

Although encouraged, it is not a specific requirement that the adult or representatives should, or should not, be present at any safeguarding meeting. The adult's presence at a meeting is not, in itself, always the ultimate expression of control and choice.

Conversation and engagement with the adult and relevant others is essential so that their wishes and views form the focus of the meeting, but how this is achieved will vary from situation to situation.

**REMEMBER: If the adult is present, they should be free to contribute equally and fully to the matters being discussed and this will require preparation in advance and support during the meeting. If the adult is not treated fairly in this respect, the meeting can become tokenistic, and places the adult in a position of being excluded and treated unfairly.**

It is critical that the adult's voice is heard and appropriate weight given to their views in the meeting – either directly, via an advocate or relevant person, or via whatever method agreed with them to be the most comfortable and appropriate in the circumstances. It is also important that the adult is not only able to contribute and their voice heard, but that they also understand and appreciate what other people present at the meeting are saying.

For example, professionals should avoid such things as acronyms and medico-legal terms, which can present barriers to communication. If complex discussions are unavoidable sufficient time and preparation should be set aside either before or during the meeting in order for the adult's rights to fairness to be maintained.

As well as a chair and minute taker, the following is a guide as to who may be consulted in a safeguarding discussion or invited to attend the safeguarding meeting – it is not an exhaustive list and could include other people:

- Police and/or Probation
- Health Services
- Commissioner and/or Quality Monitoring Officer
- Social Worker and/or line manager
- Fire and Rescue Services
- Provider
- Trading Standards
- Housing
- Legal adviser
- Childcare worker
- Voluntary/Third Sector
- Advocacy
- Employer of the individual causing the concern
- Human resources (HR)

Where the safeguarding concern relates to a provider their contribution, as with all other attendees, should be considered prior to the meeting in consultation with the strategy manager.

The Care Quality Commission should be invited to all strategy meetings that involve a registered provider.

Transparency and partnership working is vital in safeguarding but objectively ascertaining the facts is as equally important. Therefore, safeguarding concerns may require an initial consultation between the commissioners and other involved parties which may or may not involve the provider.

In its lead and coordinating role in safeguarding there is a requirement for the council to maintain an independent overview, so that a 'professional scepticism' should be maintained until the evidence in any case is seen to be robust.

The provider is a key partner in reducing any risk of abuse or neglect and should be fully included in any safeguarding adults strategy and protection plan, the exceptions are:

- Where the allegation is specifically against the manager of the service– in which case a more senior representative of the provider should be sought
- Where the organisation cannot provide someone who is not implicated in the concerns that have been raised
- Where there are other serious concerns that suggest they are 'unfit' to take part in the process

There may be circumstances where the local authority may determine that safeguarding concerns not meeting the safeguarding enquiry threshold should still be investigated by the provider.

How this decision is arrived at will be determined by the circumstances of the safeguarding situation, such as the seriousness of the allegation, but also take into account current and past intelligence relating to the providers ability to properly investigate concerns.

## **6.11 Recording of the safeguarding meeting or discussion**

The minutes of the safeguarding meeting or discussion (and any subsequent progress meetings) should be distributed within 10 working days of the meeting being held. It is important that the minutes differentiate between fact and opinion and who the information/evidence is from.

All decisions and actions should be recorded, including details of who is responsible for each action, and any differences of opinion or emphasis fairly recorded. The legal basis for the safeguarding intervention, a description of any investigations completed, and a communication plan with the adult and/or relevant others is required.

Minutes will be distributed to involved professionals and will always be distributed to the Care Quality Commission in cases regarding regulated providers, even if an inspector does not attend the meeting. Minutes can be provided to the adult and/or relevant others subject to the usual Data Protection Act and other confidentiality requirements.

## **6.12 Care Management Route**

Enquiries conducted via the care management route are still enquiries conducted in response to suspected abuse or neglect, and are therefore no less important.

The adult has access to the same range of legal and civil rights outlined in the Care Act and Statutory Guidance - including the right to advocacy.

The adult's views and desired outcomes are central to these enquiries. It is more likely that safeguarding situations where there are no evident public or vital interests will be responded to via this route, and/or the adult has particular views or wishes, and/or the nature of the suspected abuse is of a degree where a more proportionate response is agreed.

Safeguarding concerns being responded to via the care management route will be coordinated by the social work team that has completed the safeguarding risk assessment.

However, safeguarding managers have a role in ensuring that the care management response is consistent with the principles of the Care Act.

How those safeguarding concerns are responded to will vary from situation to situation and the Care Act Statutory Guidance envisages that this may be by various assessments, reviews and/or provision of health, social care or provision of other services.

## **7 Safeguarding Plans and Conclusions**

### **7.1 Definition and purpose of safeguarding plans**

The adult safeguarding Enquiry will conclude when the local Lead Agency has made a decision about:

- Whether any action is required in the adult's case, and if so
- What action and by whom.

As part of the decision making process to conclude the adult safeguarding Enquiry, the Lead Agency will also make a decision about whether a safeguarding plan is required, or not.

A safeguarding plan may not always be required, for example, the outcome of the Enquiry may be that no action is required in the adult's case, or that ongoing risks can be managed or monitored through single agency processes, e.g. assessment and support planning processes, community policing responses, health service monitoring.

Where no safeguarding plan is required in order to manage ongoing risk of abuse or neglect to the adult, this procedure will end.

However, provision of information & advice and/or other actions may need to continue under other processes, for example, addressing potential risks from people who are employed in Positions of Trust, referrals to the DBS, ongoing contract compliance or regulatory inspection/action.

A safeguarding plan will usually be required where the risk of abuse or neglect is, for example:

- Ongoing
- Complex
- Unstable
- Risk of harm to the adult or others is significant
- Other factors such as coercion, undue influence, or duress add to the complexity and uncertainty of the risk and that the risk cannot be managed appropriately or adequately by other processes.

These types of situations will require a greater level of scrutiny and review, usually within a multi-agency context.

Decisions about actions required should always be made with the full participation of the adult, or their representative or advocate if the adult has substantial difficulty or lacks mental capacity to participate in the decision making process.

### **Safeguarding Concern**

- **Abuse or Neglect are identified**
- **Immediate needs for safety and protection are met**
- **Safeguarding Concern is referred to the Local Authority**



### **Safeguarding Assessment**

- **Check immediate needs for safety and protection**
- **Gather additional information**
- **Provide information and Advice**
- **Decision made as to whether s42 duty to make an Enquiry is met**



### **Safeguarding Enquiry**

- **Obtain Views, Consent and Desired Outcomes from the adult**
- **Consider Representation or Advocacy**
- **Agree what enquiries are needed and who will do them**
- **Complete Enquiries**
- **Decide what action is to be taken**



## Safeguarding Plan

- **Person-centred and Outcome focussed**
- **Proportionate and Least Restrictive**
- **Timescales for actions are agreed**
- **Lead Professional role agreed**
- **Evaluate and Review actions**
- **Once actions are completed end the Safeguarding Plan**

An adult safeguarding plan is the agreed set of actions and strategies that are designed to support and manage ongoing risk of abuse or neglect for an adult with care and support needs.

The purpose of an adult safeguarding plan is to formalise and coordinate the range of actions to protect the adult, and to support the adult to recover from the experience of abuse or neglect. Adult safeguarding plans should be individual, person-centred and outcome-focused.

**REMEMBER: The adult's desired outcomes should directly inform the decision making process, and wherever possible, decisions about actions should be led by and be designed to achieve these outcomes. Sometimes adults can express unrealistic outcomes, and there should be negotiation with the adult throughout the Enquiry process to support the adult to understand what outcomes are achievable, and fit with their views and wishes.**

The Care Act Statutory Guidance does not specify who or which agency should be responsible for monitoring and reviewing adult safeguarding plans. However, for all adult safeguarding plans, a lead professional should be identified who will monitor and review the plan.

The adult safeguarding plan should identify who is involved in the plan, and outline individual roles and responsibilities in relation to the plan. Following an adult safeguarding Enquiry, where the Local Authority has decided that it should itself take further action, then it will be under a duty to do so.

The adult safeguarding plan should link closely to the outcome of the Safeguarding Enquiry and there should be no delay between concluding the Enquiry and formulating the plan.

This procedure does not specify specific timescales for monitor and review of the plan. Timescales for monitoring and review of the plan should be set individually when formulating the plan, and should reflect the circumstances and level of risk involved.

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

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. Adult safeguarding plans should be made with the full participation of the adult, or their representative or advocate as appropriate.

Wherever possible, adult safeguarding plans should be designed to reflect and aim to achieve the desired outcomes of the adult.

**REMEMBER: Adult safeguarding plans should not be risk averse. Plans should reflect a positive risk taking approach and be clear how the plan will promote the wellbeing of the adult.**

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.

Where the adult requires assessment and provision of care and support services by the local authority, they must also have a care and support plan in line with the requirements of the Care Act.

## **7.2 Actions which should be included in Safeguarding Plans**

Adult safeguarding plans can cover a wide range of interventions and should be as innovative as is helpful for the adult. Care Act statutory guidance states that in relation to the adult, safeguarding plans should set out:

- Steps to be taken to assure their safety in future
- Provision of any support, treatment or therapy including on-going advocacy
- Modifications needed in the way services are provided
- How best to support the adult through any action they take to seek justice or redress
- Any on-going risk management strategy as appropriate
- Any action to be taken in relation to the person or organisation that has caused the concern

Outcomes for adult safeguarding plans can be as high level or detailed as the circumstances require, and as the law allows.

Decisions about concluding the safeguarding plan should be made by, or in agreement with, the lead agency, and should be clearly recorded with the rationale for the decision.

When the adult safeguarding procedure is concluded, feedback on the outcomes should be shared with the adult, their representative and other agencies as appropriate. The

consent of the adult to share information should be gained, and usual information sharing rules apply.

Generally speaking, the safeguarding plan can be ended when the adult is longer at risk, or that those risks have reduced to a level where they can be monitored via a single agency process.

### **7.3 Progress meetings**

A progress meeting or meetings may be required subsequent to a safeguarding meeting or discussion. These meetings are organised in order to provide an update to all involved on the progress of the enquiry or other agencies investigations and to confirm that actions or recommendations from the safeguarding meeting or discussion have been completed.

This meeting also considers whether other actions and recommendations are necessary, dependant on the adult's views and whether any new evidence or information has come to light. The meeting can also conclude of the case and confirm the outcomes.

The meeting should also confirm that the adult at risk's input is current and that the meeting remains sighted on the adult at risks desired outcomes. In less complex situations a progress meeting may not be required.

Previously 'case conferences' were used in order to facilitate the adult or representatives involvement in safeguarding situations.

However, given that the adult's views and wishes are central to any enquiry taking place, agencies involved in the enquiry should ensure that the adult or their representative can participate directly. If the adult feels unable to participate in a particular safeguarding meeting, then additional arrangements should be put in place to communicate and feedback to the adult.

The meeting chair should be present to feedback to the adult as should any other person who can provide information, aid communication and provide advice and support.

It is vital that as far as possible the adult does not feel overwhelmed, feels comfortable, and receives information in the most appropriate manner and it is explained to them why certain actions or decisions have been made.

### **7.4 Outcomes and Learning**

Documenting the conclusion or outcomes of a safeguarding incident is an important part of the safeguarding process. Warrington Borough Council completes a statistical return for the Department of Health regarding outcomes.

In cases where there has been learning it is important to share this with colleagues, providers and partners, and it may be important to share this with bodies such as Warrington Safeguarding Adults Board. The methods for doing this should be discussed and agreed at the conclusive stage of the enquiry.

## 7.5 Confidentiality, Recording and Disclosure

It is important in terms of the principles of the Care Act and providing personalised approaches to safeguarding to keep the adult involved throughout the enquiry.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with relevant law and guidance.

**REMEMBER: Wherever possible information should be shared with the adult and relevant others as appropriate. However, it may not be appropriate, or in the public interest, to share all information with the adult or their representative due to legislation and guidance regarding confidentiality.**

Each request for information should be considered individually, and legal advice sought as appropriate, however as a general principle confirming the outcome of the enquiry should be provided and includes how the safeguarding concern was assessed and how the risk is being managed.

The local authority should also provide the basis for why certain information cannot be disclosed.

Where information is disclosed to individuals not bound by contractual, professional or legal duties in respect of confidentiality and disclosure, there has to be very careful consideration of the public interest.

For example, the public interest in some safeguarding situations is met by the disclosure of information so that individuals (and the public) can have confidence that statutory agencies are responding to situations of abuse and neglect properly.

However, sometimes the public interest can be met by information being kept confidential so that individuals, agencies or member of the public who reported or witnessed the incident can feel confident to make statements, or give evidence in court, or make future safeguarding referrals without fear of recrimination.

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken.

Poor quality recording in safeguarding situations can never be helpful to the adult, and can make it more difficult to establish whether abuse or neglect has taken place.

For example, the resident of a care home is admitted to hospital with dehydration. Dehydration can result from a number of causes - one of which is that the care provider has failed to supply the resident with sufficient fluid intake.

However, as there has been inadequate recording of the residents fluid intake, it is difficult to establish whether there has been neglect, or whether the home have only failed to

record important information and the resident has been supplied with enough fluids throughout.

Local authorities and all agencies should have guidance available to staff in respect of the Data Protection Act and associated legislation and guidance.

**REMEMBER: 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. Records should also be kept in such a way that the information can easily be collated for local use and national data collections.

In the past, there have been instances where the withholding of information has prevented organisations being fully able to understand what “went wrong” and so has hindered them identifying, to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring.

When access to the information is requested, then the individual who the subject of the information (the data subject) should have the opportunity of having the information disclosed to them, subject to:

- Non-disclosure of third party information (information concerning another person who is not the data subject) and
- Whether the disclosure of the information on the file would result in significant harm to either the data subject or other person or worker involved.

A Safeguarding Adults Board may request a person to supply information to it or to another person. The person who receives the request must provide the information provided to the SAB if:

- The request is made in order to enable or assist the SAB to do its job
- The request is made of a person who is likely to have relevant information and then either (i) the information requested relates to the person to whom the request is made and their functions or activities or (ii) the information requested has already been supplied to another person subject to an SAB request for information

Where an adult has refused to consent to information being disclosed for these purposes, it should be considered whether there is an overriding public interest that would justify information sharing.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.

## 7.6 Feedback

It is important for the safeguarding chair to summarise any actions or recommendations at the end of the meeting or safeguarding enquiry and clarify who has been given responsibility to address them.

In most cases where actions are required a progress meeting will be needed to confirm actions have been completed and to conclude enquiries.

There should be active consideration of whether the adult's desired outcomes have been met, partially met or not met.

The outcomes will be discussed with the adult and if there is a significant difference between the outcomes and those the adult wanted, this should form part of a dialogue with them, including, as appropriate whether there are any measures or routes available for the adult to take advice or obtain support if they remain unhappy with the outcome.

## Appendix A: Prompts and Other Considerations

### Planning and Communication

There are a broad range of communication factors and considerations that may need to be considered during any enquiry, and during any safeguarding meeting, and they include:

Will the local authority make enquiries or cause others to make enquiries? Will any enquiry involve more than one agency and if so, who are the relevant participants? How will any enquiry be conducted, and the findings shared?

Are criminal proceedings a possible outcome? Is there a need for co-ordinated interviews to avoid repeat interviewing? Is there a need for a formal disclosure interview to take place by the police?

Confidentiality and information sharing; who will communicate with the adult, relevant others and other agencies to keep them informed of progress? What practical assistance would facilitate the adult's involvement and meet their support needs, such as location, advocacy, transport to appointments, assistance with childcare arrangements, accessible interview venues? Time and venue for any meetings to maximise attendance by other professionals, such as the GP.

### Others that may be at risk

Are there other children or adults at risk? Consider their relevant mental capacity; consider the continued safety of other adults at risk or in need of care and support? Should referral or requests be made of other agencies, such as police or children's social care services?

Have issues of gender, race, culture, language, other communication needs been considered? Is an interpreter, signer or any other specialist support needed? All interviews should adhere to appropriate witness support standards; is giving video evidence appropriate? If so, is there a need for an Intermediary or Appropriate Adult?

Does any potential risks that any other adults or children may be exposed to mean that the adults refusal to accept safeguarding services can be overturned under public or vital interests.

## The Adult

What are the wishes and views of the adult? The relevant mental capacity of the adult, the individual causing the concern or any other individuals involved; Is the adult at risk able to make their own decisions and choices and do they wish to do so? Are they being coerced or pressured into a particular decision? Did the adult consent to the alleged abuse or neglect?

The continued safety of the adult; Does the adult at risk appreciate and understand the nature and consequences of any risk they may be subject to and do they willingly accept such risk?

Does the current level of distress of the adult affect their involvement, and if so, how? Should the adult be present at any meetings or are there more appropriate ways for them to contribute to the decision making? If, and when should a case conference happen?

Have issues of gender, race, culture, language, other communication needs been considered? Is an interpreter, signer or any other specialist support needed? All interviews should adhere to appropriate witness support standards; is video evidence appropriate? If so, is there a need for an Intermediary or Appropriate Adult? Is there a need for the adult to undergo a medical examination, and what arrangements would need to be made?

Is it best to hold one big meeting, or a number of smaller meetings? How long should the meeting last? What length of time will meet the adult's needs and make it manageable for them? What is the timing of the meeting? When should breaks be scheduled to best meet the adult's needs? What time of the day would be best for the adult? Will all the meeting members behave in a way that includes the adult in the discussion? How can meeting members be encouraged to communicate and behave in an inclusive, non-jargonistic way?

What information will be provided, and who will provide the outcome of any enquiry to the adult? Who will support the adult after any enquiry has concluded?

### **The Individual causing the concern**

When, how and by whom is the person alleged to be responsible to be informed about the allegations? What is the relevant mental capacity of the individual causing the concern? Should the enquiry alert the individual causing the safeguarding concern?

Have issues of gender, race, culture, language, other communication needs been considered? Is an interpreter, signer or any other specialist support needed?

All interviews should adhere to appropriate witness support standards; is giving video evidence appropriate? If so, is there a need for an Intermediary or Appropriate Adult? Is there a need for the individual causing concern to undergo a medical examination, and what arrangements would need to be made?

Should the individual causing concern be referred to the Police, Disclosure and Barring Service, their professional body or any other agency? Should disciplinary, performance management, dignity at work, or protected disclosure policies be considered?

Have the rights of the individual been considered? If employed, has their employer informed and updated them as appropriate?

### **Representatives**

Their wishes and views at the outset and their involvement throughout; their ability to be a protective factor for the adult at risk; confidentiality and disclosure; How the views of relevant others fit with the views of the adult; what information will be provided, and who will the outcome of any enquiry to relevant others?

How can any disagreements be resolved, and what recourse can relevant others have? Who will support family members after any enquiry has concluded?

**Appendix B: Target Timescales (see Section 5.3.)**

