



Local Practice Guidance

Safeguarding Adults Guidance for Organisations in Wolverhampton

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Introduction

This Practice Guidance is a local Wolverhampton supplement to the **West Midlands: Multi-agency Policy and Procedures for the protection of adults with care and support needs in the West Midlands (WM P&P)**.

The full policy and procedures can be found online using the following link:
<https://www.wolverhamptonsafeguarding.org.uk/safeguarding-adults/i-work-with-adults-with-care-and-support-needs/policies-and-procedures>

Why is this guidance needed?

The term “safeguarding” is often used to describe a wide variety of situations faced by adults who have care and support needs. This can lead to inappropriate safeguarding referrals being made and adult social care and partners being involved in situations which do not require a safeguarding response. This guidance will provide clarity about when it is appropriate to make a safeguarding referral. If in doubt about whether to raise a safeguarding referral, please discuss with the Multi-Agency Safeguarding Hub on 01902 551199 or email AIA@wolverhampton.gov.uk

Who is this guidance for?

This guidance is intended for providers of adult social care who support or have contact with adults who have care and support needs residing in Wolverhampton. This guidance should be used in conjunction with your own organisation’s safeguarding policy and procedure.

The guidance relates to concerns regarding **abuse and/or neglect** occurring in Wolverhampton, regardless of who funds the adult’s care. For concerns regarding abuse or neglect that occur outside of Wolverhampton, please refer to the relevant local authority’s guidance.

What do we mean by safeguarding?

Safeguarding means protecting a person’s right to live in safety and free from abuse and neglect whilst having regard to their views and wishes.

The aims of adult safeguarding according to Care Act Statutory Guidance are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live (Making Safeguarding Personal¹)
- Promote an approach that concentrates on improving the life of the adult concerned
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

¹ Read more about Making Safeguarding Personal (MSP) in the WM P&P

Adult safeguarding duties apply to:



A person who is 18 or over and has care and support needs (regardless of whether or not the Local Authority is meeting any of those needs)

and



Is experiencing, or is at risk of, abuse or neglect

and



As a result of those care and support needs is unable to protect him or herself against the abuse / neglect or the risk of it

The Care Act 2014, section 42 (2) requires a local authority to make statutory enquiries, or cause others to do so, where it has a reasonable cause to suspect that the above criteria have been satisfied.

The definitions of the **different types of abuse and neglect** can be found in the WM P&P.

When to Complete an Adult Safeguarding Referral (EMARF)

A safeguarding referral an Electronic Multi-Agency Referral Form (EMARF) should be completed to report any concern or incident where you identify that a person with care and support needs meets the safeguarding duty criteria (as set out above). You should complete and submit the EMARF on the same day that you become aware of the concern. Your organisation's own internal safeguarding procedure may require that you consult with a manager or senior on duty prior to raising a referral. However, this should not delay submission of the referral or any immediate action that may be required to safeguard the adult. The EMARF should not be used to report emergency safeguarding concerns that require an immediate response. If there is concern for someone's immediate safety, call emergency services.

Whilst adult safeguarding procedures apply to adults who are currently experiencing or at risk of abuse or neglect there may be some situations where an adult has experienced abuse or neglect but is no longer at risk. A safeguarding referral is **not** required in these situations, but consideration must still be given as to whether the abuse or neglect needs to be addressed in other ways such as a complaint or if a crime has occurred by reporting the concern to the police. Consideration should also be given to whether other adults with care and support needs are at risk of abuse and neglect as further action may still need to be taken.

The following circumstances could result in a safeguarding referral being completed:

- An abusive act is witnessed

- Disclosure of abuse is made by the adult
- Disclosure of abuse from a third party
- Suspicion or concern that something is not right
- Evidence of possible abuse or neglect
- There are wider concerns about a service which suggests other adults with care and support needs are experiencing or at risk of abuse or neglect

Making Safeguarding Personal and Consent

Safeguarding adults should be person-led, outcome focused and wherever possible involve the person to take control of and improve their quality of life, well-being, and safety. Therefore, it is essential that a conversation is held with the adult about the concern/incident and any potential safeguarding referral. Wherever possible, consent to raise the safeguarding referral and to share information must be sought and the wishes and views of the adult gathered. If a capacitated adult declines safeguarding intervention, this should be respected unless there is an aspect of overriding public interest and clearly recorded. Consideration must also be given to risk to others and any position of trust issues which still may need to be progressed. If in doubt, speak to the Adult MASH for further guidance and advice. When an adult lacks mental capacity to give consent, consideration should be given to whether raising the safeguarding referral is in the adult's best interests.

Some practical tips when you identify a possible safeguarding situation (*not exhaustive*)

- Assess the situation
- Are the emergency services required?
- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Consider whether an immediate safeguarding plan is required to remove or minimise risks.
- Consider whether any other adults (or children) are at risk and need safeguarding.
- Consider whether a crime may have occurred. If so, report to the police on 101 or 999 in an emergency. *Please see section on suspected crime.*
- If a crime has been reported, do not disturb, or move articles that could be used in evidence. Secure the scene e.g., by locking the door to a room
- Listen carefully to what you have been told and stay calm
- Get as clear a picture as you can but avoid asking too many questions at this stage
- Do not give promises of confidentiality
- Explain that you have a duty to tell your manager or other designated person and that the concerns may be shared with others
- Reassure the adult that they will be involved in decisions about what will happen.
- Do not be judgmental or jump to conclusions
- Keep a detailed record of any action taken, with dates and times, immediately or as soon as practicable
- Complete a body map and take photographs, but only if appropriate
- Consider your own safety

- Do not approach the person believed to be the abuser unless this is a) another adult with care and support needs and steps must be taken to support them or b) it is a member of staff and decisions needs to be taken about them
- Remember your legal responsibilities to protect whistle-blowers

If a **child** is believed to be at risk, complete an [EMARF](#). If advice is required call **01902 555392** or if out of hours and the child is at risk of serious and immediate harm call MASH24 on **01902 552999**.

If you are in any doubt about whether an incident or concern should be raised as a safeguarding concern, speak to the safeguarding lead in your organisation, your manager, or contact the Multi Agency Safeguarding Hub (MASH) via 01902 551199.

Completing an Adult Safeguarding Referral

The EMARF can be accessed by following this link: [EMARF - City Of Wolverhampton Council \(cwc-n-we-app11-emarf.azurewebsites.net\)](https://cwc-n-we-app11-emarf.azurewebsites.net)

In the event of a crisis outside of office hours which cannot wait until the next working day, call 01902 552999.

If the alleged abuse or neglect happened or is happening outside of Wolverhampton, the safeguarding referral should be sent to the relevant local authority.

When completing an E-Marf please share all factual information and details to support the referral. Please consider the following:

- Make clear who you are, what your role and relationship is to the person you are making the referral about.
- Include where the adult at risk is now and what actions have been taken to ensure the safety of that adult.
- State the source of your evidence and be clear what is fact and what is opinion.
- Describe what has happened with as much detail as you can and if there were any witnesses.
- Be clear about what type of abuse you think has occurred.
- Include as many details about the person alleged to cause harm as you can. Do not contact the person alleged to have caused harm yourself.
- Consider whether there is anyone else at risk. ➤ For example, children or other vulnerable adults, and state this and who they are. ➤ Consider whether you need to make a Child Safeguarding Referral.
- Be clear about whether the person has capacity to understand the risks within the safeguarding concern. Remember that capacity is time and decision dependent.
- State whether the person at risk is aware of the safeguarding concern and what the person would like to happen. ➤ It should only be in exceptional circumstances that the person (or their family/Power of Attorney if appropriate

in cases where the person does not have capacity) should not be told of your concerns.

Remember Safeguarding should be a process done WITH people not TO them. Exceptions would be that if by telling the person your concern it would put the person or yourself at risk of harm.

The quality of the referral and the information shared will support effective decision making.

Where the quality of a referral doesn't contain adequate information, the MASH will return the referral to the referrer.

Allegations against staff or concerns about your organisation

If you are concerned that a member of staff/colleague has abused an adult with care and support needs, you have a duty to report these concerns and you must inform your line manager immediately. The manager will need to decide about appropriate action under disciplinary procedures in respect of the member of staff to safeguard the adult and others.

If you are concerned about abuse or neglect in your organisation or that your manager has abused an adult with care and support needs, then you must inform a senior manager in your organisation or another designated manager for safeguarding adults.

Alternatively, if you do not feel able to discuss this with anyone in your organisation, contact the Adult Multi Agency Safeguarding Hub on 01902 551199, email AIA@wolverhampton.gov.uk or the Care Quality Commission (CQC) on 03000 616161.

- **Other than the precautionary suspension of staff and reporting the matter to police where appropriate, no further investigation or disciplinary action must be undertaken until this has been agreed at the planning discussion/meeting facilitated by the Adult Social Care/Social Worker/Manager.**

Suspected Crime



101

If you have reason to believe that a crime has been committed, e.g. theft, physical or sexual assault, resident on resident assault etc this **must** be reported to the police by telephoning 101 **other than in the circumstances outlined below**



999

This **must** be called in the following circumstances:

- There is an imminent risk to life
- To report a sexual offence requiring prompt police action
- If consideration needs to be given to the preservation of evidence and/or forensic recovery
 - If the suspect is still present.
 - If an immediate response is otherwise required



You should make a note of the crime reference or log number and record this on the EMARF

What happens next?

On receipt of the EMARF safeguarding referral, the responsible manager in the MASH will review the concerns and decide on next steps and someone will contact the person making the referral to discuss further.

Planning discussion stage – what to expect

As the referrer, you may be contacted to clarify what steps have already been taken and to confirm what immediate safeguards have been put into place.

In respect of less serious incidents, it may be decided that the actions taken were proportionate and there are no on-going risks to the adult/other adults and so further enquiries may not be necessary.

There will be other situations in which it is agreed that further steps are necessary and more detailed enquiries are needed to comply with section 42 of the Care Act, 2014. In such cases, the safeguarding concern will progress to the planning stage. Adult Social Care will be responsible for coordinating any planning discussions.

The referrer and/or manager of the service will usually be involved in the planning discussion/meeting, and you may be asked to undertake further enquiries yourself which will contribute to the section 42 enquiry.

If the incident is considered by the police to be a crime and they are actively involved, then any further decisions about what happens next will be influenced by them.

What is a safeguarding enquiry?

“An enquiry is the action taken or instigated by the local authority in response to a concern that abuse, or neglect may be taking place.” (Care Act Statutory Guidance)

- Section 42 (2) of the Care Act 2014 places a statutory duty on local authorities to undertake enquiries about allegations of abuse or neglect where the criteria is met. This means that the local authority could undertake the enquiry, or they might ask other parties (“cause others”) to undertake or contribute to the enquiry.
- Dependent on the nature of the concerns, a s.42 enquiry can be as brief or as detailed as necessary. Proportionality is key.
- There may be a number of strands of enquiry taking place concurrently and it is the role of the local authority, as the lead agency, to ensure that effective communication and coordination takes place.
- Depending on the nature of the concern, it may be considered appropriate for the manager within the service or organisation to undertake an internal investigation
- Regardless of who undertakes the enquiry, it is essential that the adult, or their representative, is kept at the centre of the process and that their wishes and feelings, or those of their representative, are always considered. Sometimes, an independent advocate will be appointed where the adult has no other person to support them.

- A template is available for to use when undertaking an enquiry. See Appendix One

What happens after the safeguarding enquiry?

- Referrers should receive feedback following the enquiries; however, the level of detail given will depend upon the circumstances.
- The manager of the service/organisation should also be given feedback if the enquiries were about their service, e.g., concerns expressed by a relative about neglect in a care home.
- Feedback should be given to the adult and their family/representative. Who provides this will depend on the circumstances.
- Consideration will need to be given to whether the desired outcomes of the adult or their representative have been met.
- If necessary, a safeguarding meeting will be arranged to look at continuing risks to the adult, future safeguards for them (safeguarding plan) and any other action required.
- If there are no on-going risks to the adult and a safeguarding plan is not necessary, the safeguarding episode will be closed.
- If there are any outstanding concerns about your organisation/service, these will be shared with appropriate agencies e.g., Care Quality Commission (CQC), Integrated Care Board (ICB) local authority commissioning team etc.
- You will be expected to take any steps necessary following an internal investigation, such as disciplinary action (e.g., referral to Disclosure and Barring Service (DBS) or Nursing Midwifery Council (NMC)).

Safeguarding meetings

A safeguarding meeting should:

- Review and evaluate outcome of enquiries with the adult and involved others.
- Identify on-going risks of harm through abuse or neglect.
- Create a safeguarding plan and agree who will monitor and co-ordinate this.
- Review desired outcomes and what action the adult wishes to be taken.
- Consider best interests where the adult lacks mental capacity in respect of Safeguarding decisions.
- Consider whether any other action is required e.g., sharing information about risks to others.
- Consider whether further advice is needed e.g., legal.
- You may be asked to prepare a report for the meeting and you may be asked to contribute to the safeguarding plan.

Safeguarding plans

A safeguarding plan should:

- Identify the risks
- Consider how the risks will be addressed and managed
- Consider views and desired outcomes of the adult or representative in respect of the risks
- Consider best interests if the adult lacks capacity in understanding the safeguarding issues

- Be person-centred and outcome-focussed
- Be proportionate and least restrictive
- Have clear timescales for review and monitoring
- Ensure that all involved are clear about their roles and agreed actions
- Identify a lead professional who will be responsible for overall monitoring and review
- Identify contingency plans

Agreeing that a safeguarding enquiry can be closed

There is no longer a requirement to reach a safeguarding finding (i.e. substantiated/ unsubstantiated). The focus is on preventing harm and reducing the risk of abuse or neglect and stopping that abuse or neglect wherever possible. It is also important to consider whether the adult has been safeguarded in a way that supports them to make choices and have control about how they wish to live. Further, whether risk has been managed or reduced and if the adult has been supported to achieve their desired outcomes. Your service/organisation may reach its own findings following your own investigation processes, e.g. disciplinary investigation.

Deciding whether to raise a safeguarding referral

Since the implementation of the Care Act, the question of “significant harm” is no longer one of the safeguarding criteria. The points for consideration now relate to whether the person is experiencing, or at risk of, abuse or neglect. However, proportionality is key and not all incidents will need to be referred as a safeguarding concern.

The next few pages provide more guidance on this.

Abuse between adults with care and support needs

Abuse perpetrated by one adult with care and support needs towards another can result in significant and long-lasting harm and/or serious consequences including fatality. There should be a **zero tolerance** of abuse whoever it is perpetrated by irrespective of whether the adult can understand their actions or the impact of their actions.

The trigger for reporting concerns is the experience and/or risk of abuse including the harm caused or potential for harm, and not the degree of responsibility or intent of the person carrying out the act. When adults with care and support needs, are subject to sections of the Mental Health Act 1983, the Mental Capacity Act 2005, or the criminal justice system, they are entitled to be both protected from abuse and prevented from abusing others.

An incident should always be reported to West Midlands Police if a crime has occurred.

A safeguarding referral for an incident between adults with care and support needs does not need to be made if all the following apply:

- No harm/injury has occurred (including emotional harm); **and**
- It is an isolated incident, **and**

- Actions have been taken to manage any risks and relevant professionals (e.g. Social Workers, CPNs, Care Managers in Continuing Healthcare, GPs) have been notified where appropriate.

NB: All sexual harm should always be reported to police.

There is still an expectation that care providers seek appropriate medical attention particularly for unwitnessed incidents and to monitor both parties for any signs of harm, hidden/delayed injury, head injury, fracture, changes in presentation, behaviours, psychological trauma etc for as long as necessary, depending on the incident.

Please see “Abuse between Adults with Care and Support Needs” Practice Guidance

Medication Errors

Not all medication errors will require a safeguarding referral

A safeguarding referral **will be required if:**

- The medication error has caused **harm, injury, or death** (whether this is an isolated incident or not)
- There is a series or pattern of medication errors affecting one or more adults suggesting on-going risks/wider organisational failures (irrespective of whether harm has occurred).
- There is a suspicion that the medication issue was a deliberate or wilful act by the member of staff even if this is an isolated incident, whether harm has occurred or not.
- There is a concern that medication is being used inappropriately or unlawfully e.g. as a form of restraint.
- The medication error/medication incident has been reported to or is being investigated by the police

It is important to remember that abuse and neglect do not have to be intentional or malicious in order to be addressed under safeguarding procedures. For example, incidents could occur as a result of an act of omission or human error. Accidents are not always an indication of abuse but neglectful practice which leads to an accident may be.



A safeguarding referral **will not** be required if:

- The medication error is an isolated incident and there is a low risk of recurrence, and no harm has occurred and action has been taken by the service to reduce the risks of recurrence.

Other examples of poor practice which do not require a safeguarding referral:

- A gap in recording (e.g. a signature is missed on the MAR chart but your investigation concludes that the medicine was administered and no harm occurred)
- A missed dose on one occasion and no harm occurs and you have taken the necessary action i.e., sought medical advice and addressed the issue with the member of staff
- Medication was given late, no harm occurred, and you sought medical advice as appropriate

There is no requirement to notify CQC about all medication errors, but a **notification would be required** if the cause or effect of a medication error met the criteria to notify one of the following:

- A death
- An injury
- Abuse or allegation of abuse
- An incident reported to or investigated by the police

Whilst a medication error may not trigger a safeguarding concern, action **MUST** still be taken by the care provider/organisation to address the issue.

Falls

All falls must be recorded and reported using appropriate procedures but not all falls will need to be raised as a safeguarding concern.

Falls all need to be documented and checked for your own risk assessments and quality audits; you may also be asked to report on falls to the Integrated Care Board (ICB), Care Quality Commission (CQC), City of Wolverhampton Council Quality Assurance team or through other routes (e.g. RIDDOR).

Prevention is a key principle in safeguarding adults and necessary and proportionate action should be taken by care providers to mitigate the risk of falls and harm from falls.

Not all falls require a safeguarding referral even when an injury has occurred.

There could be concerns that a fall occurred because of abuse or neglect (including self-neglect), or that care and treatment following a fall was abusive or neglectful.

Consider if one or more of the following categories of abuse apply:

- Physical abuse - Someone pushed/hit /tripped/barged the adult which resulted in the fall.

- Neglect & acts of omission – care plans not followed, checks not completed, failure to assess/recognise and respond to need e.g. where there has been a significant history of falls with no action taken.

- Organisational abuse – systems have failed to support safe care – e.g. lack of staff, untrained staff, care plan reviews not completed, information not communicated effectively.

- Self-neglect – fall occurred because the person is not caring for themselves, or their environment, or refusing help - consider the mental capacity of the person to make decisions to decline support

When to raise a safeguarding concern following a fall.

- Where there is concern about actual or possible abuse (as above) – not because there is a general concern about an individual's safety.

- Where an individual sustains a physical injury or harm due to a fall and there is a concern that a risk assessment was not in place, not followed or not updated to reduce risk - the key factor is that the individual has experienced avoidable harm, which is neglect, either by the staff member or the organisation.

- Where an individual has sustained an injury from a fall which requires medical advice or attention, in a timely fashion, and this has not been sought.

Repeated falls or a cluster of falls may suggest wider concerns about the service and consideration should be given to raising a safeguarding referral in these circumstances.

A post-falls questionnaire may be helpful in determining the cause of the fall.

Pressure Ulcers

This short guidance should be read in conjunction with any guidance issued by Black Country and West Birmingham Clinical Commissioning Group, and the Department of Health & Social Care's publication [‘Safeguarding Adults Protocol – Pressure Ulcers and the interface with a safeguarding enquiry’](#).

Pressure ulcers primarily require clinical investigation as opposed to a safeguarding enquiry led by the local authority. Not all pressure ulcers which develop are the result of neglect. Therefore, a safeguarding referral is not routinely necessary following the identification of a pressure ulcer.

It is recognised that not all pressure injuries are preventable and the risk factors for each person should be considered on an individual basis and regular reviews of care plans undertaken.

Neglect is the deliberate withholding of, OR the unintentional failure to provide, appropriate and adequate care and support. This could include lack of appropriate healthcare access and equipment as well as a lack of risk assessment, action to address risk, nutritional assessments, repositioning charts, nutrition, or adequate

heating. Poor staff awareness of wound development and care and poor manual handling processes could also be a factor.

Care quality concerns

The Care Act 2014 clearly states that concerns about the quality of a service provided are not automatically safeguarding concerns under section 42 of the Act. Care quality concerns are often directed toward the safeguarding system when it may be more appropriate for the issues to be addressed via other means.

The Care Act Statutory Guidance states that safeguarding is not a substitute for:

- *Providers' responsibilities to provide safe and high-quality care and support.*
- *Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.*
- *The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and*
- *The core duties of the police to prevent and detect crime and protect life and property*

For care quality issues, contact can be made with the local authority's commissioning or quality assurance and compliance team.
PeopleQualityAssurance.&Compliance@wolverhampton.gov.uk

Care quality issues in other organisations such as health care settings may require different escalation procedures to address the concerns. For example, action may be required by the ICB or CQC.

Multi-agency safeguarding meetings chaired by MASH managers will be held where there are multiple safeguarding concerns, patterns or themes of abuse/neglect which may amount to organisational abuse.

NB "Repeated incidences of poor care could indicate serious underlying problems and point towards organisational abuse which happens when standards of care are so poor that adults are put at increased risk." (*Adult Safeguarding Practice questions: SCIE, 2015*)

Organisational Abuse

"This can include neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in a person's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation" (*Care Act Statutory Guidance*).

Safeguarding decision making in respect of allegations of organisational abuse within care environments in Wolverhampton should be undertaken within the context of the '[Framework for Responding to Organisational Failure or Abuse](#)' and the Council's Provider Failure process.

Organisational abuse may also be identified because of a cluster of safeguarding concerns about a number of adults with care and support needs being supported by the same care provider. However, several allegations of abuse within a care environment do not necessarily always constitute organisational abuse. It is

imperative that such situations are not dealt with in isolation as repeated instances of neglect or poor practice may be an indication of a more serious concern. The Adult MASH should be contacted to discuss further.

Depending on the nature of the concerns, a Multi-Agency Safeguarding Meeting (MASM) may be required to share information and to agree a plan of action with partner agencies e.g. Quality Assurance, Commissioning, Clinical Commissioning Group.

A multi-agency approach is fundamental in these situations and a s42 enquiry may be jointly undertaken by several agencies e.g. the local authority, police, and others depending on the nature of the concerns.

Self-neglect

Self-neglect is a category of harm within the Care Act and is described as including 'a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding'.

Concerns about self-neglect may not necessitate a safeguarding referral or require a s.42 enquiry and it could be that the adult is making a conscious decision to live their life in a way that may impact negatively on their health, well-being or living conditions. Poor living conditions for example may not be as a result of self-neglect; it could be because of a cognitive impairment, poor eyesight etc.

The Care Act places a specific duty on local authorities in relation to self-neglect:

Care Act 2014 section 9 and 11

The Local Authority must undertake a needs assessment, *even when the adult refuses, where-*

- it appears that the adult may have needs for care and support,
- and is experiencing, or is at risk of, abuse and neglect including self-neglect.

This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

Self-neglect and mental capacity

If someone is self-neglecting, mental capacity is key to determining whether/how professionals respond. A Concerns Meeting may be helpful in information sharing and discussing the concerns.

For adults where there is evidence of entrenched self-neglect but who have been considered to have capacity, it would be helpful to discuss this person with your organisation's safeguarding lead to consider a coordinated escalation to the appropriate multi-agency forum and/or an assessment of their decisional and executive capacity.

It is also strongly recommended that risk assessments and care plans in respect of non-concordance are completed in respect of adults who are self-neglecting and that all incidents of non-concordance are carefully recorded.

If the person does not have capacity to weigh up choices and to understand the potential consequences of self-neglect then the law (Mental Capacity Act 2005) allows interventions to be made to protect the adult from harm. It is recommended that if you have concerns about someone who is self-neglecting who does not have capacity you should discuss these concerns with your organisation's safeguarding lead.

It is expected that all multi-disciplinary avenues are used to address issues of self-neglect and that the safeguarding process is only used as a last resort where all these approaches have failed. Whilst the safeguarding process may not offer solutions, it will facilitate a multi-disciplinary approach within a formal framework.

For more information please refer to the regional Adult Self Neglect Best Practice Guidance:

<https://www.safeguardingwarwickshire.co.uk/wmadultdocs>

Deprivation of Liberty

Although deprivation of liberty concerns would not ordinarily be considered through the safeguarding adult route, there may be occasions when the consequences or implications of poor practice should be considered as such. This could be where:

- The appropriate deprivation of liberty applications are not being initiated by the organisation and the deprivation is unlawful
- The conditions of the authorisation are not being complied with and adults are experiencing or at risk of abuse or neglect
- The least restrictive interventions are not being applied and adults are experiencing or at risk of abuse or neglect
- Someone's human rights are being violated. A deprivation of liberty should not be used as a means of restricting a person's access to family and/or friends.

More information on the Deprivation of Liberty Safeguards and relevant forms can be found here:

<http://www.wolverhampton.gov.uk/article/2968/Deprivation-of-Liberty-Safeguards-DoLS>

NB: Liberty Protection Safeguards which was expected to replace DoLS in 2023/24 is delayed further with no proposed date of implementation. This guidance document will be reviewed once these changes have been implemented.

There is some information and useful resources about Mental Capacity and DoLS here:

<https://www.local.gov.uk/adult-social-care/mental-capacity-act-including-dols>

Domestic violence and abuse

'Any incident or pattern of incidents of **controlling, coercive or threatening** behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'

This can encompass, but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional.

Controlling behaviour can be a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The Safer Wolverhampton Partnership have agreed an Overarching Domestic Violence and Abuse Protocols and Guidance document which can be accessed via this link: <https://www.wolverhamptonsafeguarding.org.uk/safeguarding-adults/i-work-with-adults->

[with-care-and-support-needs/violence-against-women-and-girls/domestic-violence-and-abuse](#)

This link also contains information about the Safe Lives Dash Risk Assessment which is a tool that should be routinely used by all organisations and their staff to identify people who may require support around domestic violence and abuse.

It is important that all partners are familiar with local and national resources, including specialist services. The following websites and contact details may be useful:

- Haven Wolverhampton (0800 0194400)
- St Georges Hub (Male victims) (01902 421904)
- National Domestic Violence Helpline (0808 2000 247) for assistance with refuge accommodation and advice.
- 'Honour' Helpline (0800 5999247) for advice on forced marriage and 'honour' based violence
- Sexual Assault Referral Centres
(www.rapecrisis.org.uk/Referralcentres2.php)
- Broken Rainbow (08452 604460 / web: www.broken-rainbow.org.uk) for advice and support for LGBT victims of domestic abuse.

Information Sharing

Section 6 and 7 of the Care Act 2014 places a duty on the local authority and partner agencies to co-operate and share information, including for the "purpose of protecting adults with needs for care and support who are experiencing, or are at risk of abuse or neglect". The Act highlights the need for agencies to work in partnership and share relevant information to assist the council in the exercise of its functions.

Data Protection and GDPR – Consent Guidance Article 6 and Article 9

Duty of Candour

Regulation 20:

This regulation was introduced in response to the Francis Inquiry report on the Mid-Staffordshire NHS Foundation Trust. It applied to all NHS bodies from November 2014 and all other care providers from April 2015.

The intention is to ensure that providers are open and transparent with people who use services and it also sets out specific requirements that providers must follow when things go wrong with care and treatment, including information about the incident, providing reasonable support, providing truthful information and an apology.

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Providers must promote a culture that encourages candour, openness and honesty at all levels, which should be part of a culture of safety that supports organisational and personal learning.

For more information, click on this link:

www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour

Position of Trust

There is regional guidance in place for all partner agencies to refer to in exploring those in a Position of Trust who do work with adults with care and support needs.

With regards to the City of Wolverhampton Council the Position of Trust concerns for those persons who are working with adults with care and support needs is managed, actioned and co-ordinated by the **Local Authority Designated Officer (LADO)**. This is a distinct and specific decision that pertains to those who are working in a Position of Trust within the boundaries of Wolverhampton and the LADO will consider allegations against those in a Position of Trust for the workforces who are working with children/young people **and** adults with care and support needs.

A Person in a Position of Trust (POT) is anyone who carries out work, be that paid or unpaid, on behalf of an agency which has access to children or adults with care and support needs or has access to privileged information about children or adults with care and support needs as part of their work. A Position of Trust concern would arise when there are concerns or allegations that indicate that the person in the Position of Trust poses a risk of harm to adults with care and support needs or they are unsuitable to work with adults with care and support needs.

The four specific threshold criteria for those who work with adults with care and support needs are that they have:

- Behaved in a way that has harmed, or may have harmed, a child and/or adult with care and support needs
- Possibly committed a criminal offence against children, or related to a child, or and/or adult with care and support needs
- Behaved towards a child/children and/or adult with care and support needs in a way that indicates s/he may pose a risk to children/adult with care and support needs.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children and/or adult with care and support needs

When making a referral ***you must make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint*** - this is helpful as only the allegations that highlight those incidents where there is a risk of harm to adults with care and support needs are relevant for a Position of Trust referral.

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.**

Allegations against people who work with adults with care and support needs 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. Therefore

as well as making a Position of Trust referral this may also occur in parallel to an adult safeguarding referral to protect any adult or adults with care and support needs from experiencing abuse, neglect and harm.

It is important to acknowledge that prior to any formal referral being completed for an employee/volunteer for those who works with adults with care and support needs, the person/subject should be informed that they are being referred to the LADO. The employer has a duty to update their employee as to the outcome of any position of trust referral and process as we do believe in being as open and transparent with people who have been referred to the LADO, where possible and practicable.

Please see [Managing allegations against employees and volunteers - Wolverhampton Safeguarding Together](#) for further information

Contact Details & Referral Forms

Email: LADO@wolverhampton.gov.uk

Secure Email: LADO@secure.wolverhampton.gov.uk

Tel: 01902 550477

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City of Wolverhampton Council
Safeguarding Adults with Care and Support Needs
3rd Party Safeguarding Enquiry Template

Section 42 of the Care Act 2014 places a duty on local authorities to make or 'cause' to be made whatever safeguarding enquiries are necessary if it believes an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and the adult cannot protect themselves as a result of their needs.

This template can be used by adult social care providers or organisations who work with adults with care and support needs who have been 'caused' by City of Wolverhampton Council to undertake or contribute to a safeguarding enquiry.

The aims of a safeguarding enquiry are to:

- establish the facts about an incident or allegation;
- ascertain the person's views and wishes on what they want as an outcome from the enquiry;
- assess the needs of the person for protection, support and redress and how they might be met;
- protect the person from the abuse and neglect, as the person wishes or in their best interests if they are deemed to lack mental capacity to make the relevant decisions;
- establish if the person or any others are experiencing or at risk of, abuse and/or neglect;
- make decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect;
- enable the person and/or their representative to achieve the outcomes they desire.

Enquiries are to be undertaken within 14 calendar days of request unless otherwise stated and returned to Adult MASH (AdultMASH@wolverhampton.gov.uk) who will oversee and review the findings before feeding back.

City of Wolverhampton Council in its lead and coordinating role, will need to assure itself that the enquiry satisfies its duty under section 42. If the enquiry or the outcome of the enquiry is considered to be unsatisfactory and/or the response is insufficient to deal with the safeguarding issue, it may ask for further information to be gathered, action to be taken, or undertake an enquiry of its own and follow up with any appropriate action.

To support you in your enquiries you may wish to use the format below.

1. Internal safeguarding enquiry undertaken by;

Service Provider/Organisation:

Name of person undertaking this safeguarding enquiry:

Job Title:

Contact Number:

2. Name and date of birth of person(s) with care and support needs alleged to be at risk:

3. Please, provide any relevant background information regarding the person alleged to be at risk in relation to the allegation(s): *For example, relevant past medical history, relevant medication details, behaviours and social interactions and any other relevant information regarding the allegation.*

4. What are the safeguarding allegations you have been asked to respond to? Please include names of staff or any other adults with care and support needs alleged to be involved including source or risk if this is also an adult with care and support needs.

5. What immediate action did the care provider/organisation take to safeguard the person(s) at risk and mitigate possible risk to others?
Details: *E.g. Incidents reported to the Police/Care Quality Commission (CQC), include any reference/log numbers; suspension of staff, disciplinary action; review of care plans and risk assessments; steps taken to reduce/remove risk; family/representative informed; referral for an advocate; referrals made to other professionals e.g. health. Please provide details of the outcomes of referrals made and actions taken.*

6. How were the allegations of abuse investigated? Please give as much detail as possible including what issues were investigated, who was interviewed (names, job roles, dates), what records were reviewed and what other evidence was considered. Please ensure that you include details and outcome of the

interview with the person/s alleged to have caused harm and their views/account of the alleged incident/s):

7. What was the impact of the alleged incident on the person with care and support needs or other people receiving care and support from the organisation? What action has been taken where there is possible risk to others?

8. What is the mental capacity of the person with care and support needs in respect of the safeguarding allegations, were they able to contribute to the enquiry and what steps were taken to support their involvement?

9. What outcome does the person with care and support needs or their representative wish to achieve?

10. What findings/conclusions were reached as a result of the safeguarding enquiry?

11. What lessons have been learnt and what recommendations/actions are to be/have been completed as a result of enquiries? *For example, are you planning to take any further action e.g. reduce the risk of recurrence such as staff training, procedural changes etc? (Please provide details).*

12. Action you have taken as a result of reaching these conclusions, for example, steps under your organisation's Disciplinary Procedure. *E.g. Referral to Disclosure and Barring Service (DBS) and/or Nursing and Midwifery Council. Please provide details & dates reported.*

13. Any consideration given to sharing information with the Police as a result of your findings? *For example, new information disclosed? (Please provide details).*

14. What are the current assessed risks and how will these be managed? Any additional safeguarding action required/recommended?

15. Any additional comments or relevant information?

16. Explain how the enquiry and outcome has been shared with the adult with care and support needs or their representative (who did you speak with and when).

Safeguarding enquiry completed by:

Print Name:

Signature:

Date completed: