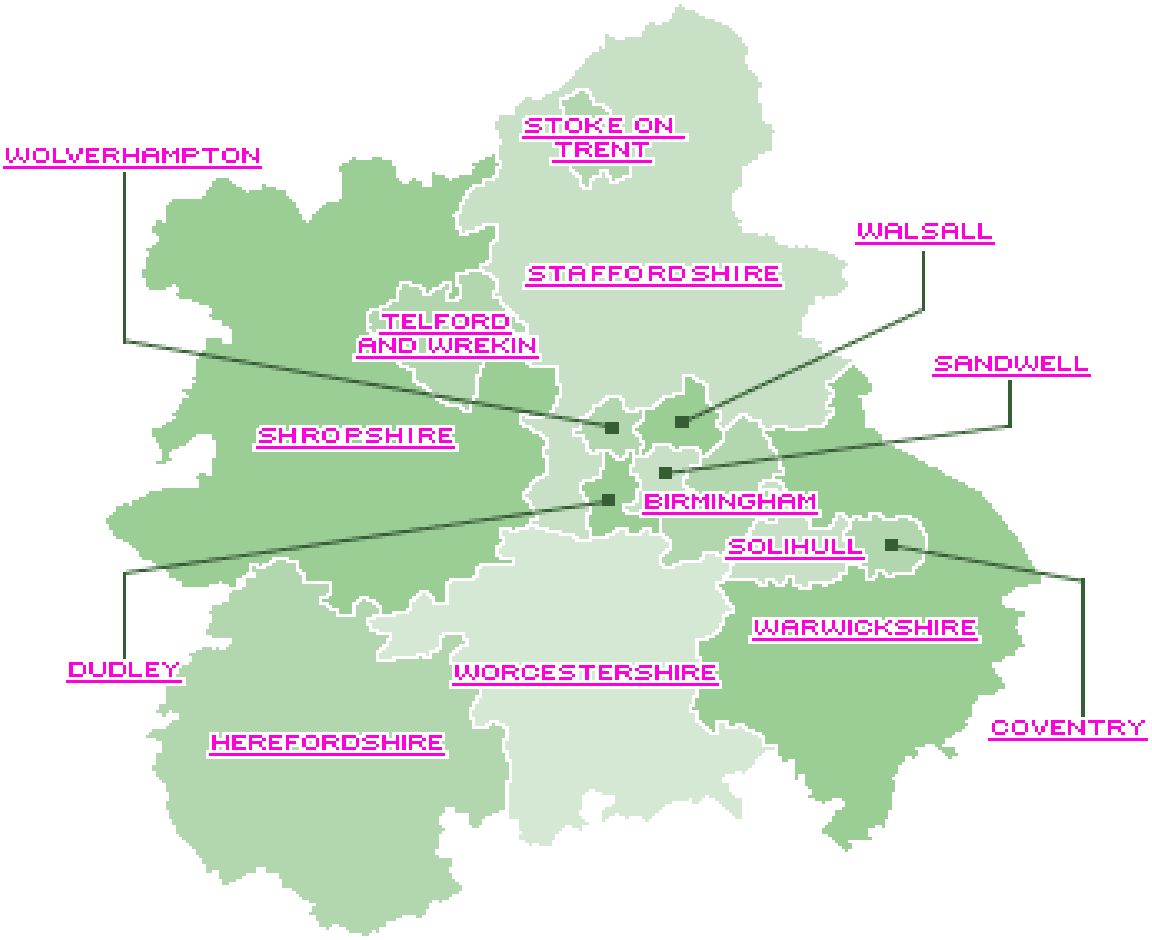
Adult Safeguarding:

Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands.



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Adult Safeguarding: Multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands.

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Foreword

Living a life that is free from harm and abuse is a fundamental right of every person. All of us need to sign up to this principle and to follow it in acting as good neighbours and citizens. Across the West Midlands, all the organisations involved in adult safeguarding are committed to preventing abuse and harm and putting service users at the centre of our work. The Care Act, which came into force on 1st April 2015, is the most significant legislation on care and support in England for over fifty years. The principle that underlies the Care Act is that of promoting the wellbeing of individuals, and of making sure that professionals always recognise that each person's needs are different, and respond accordingly.

Service users, carers and professionals have been looking with great interest at the sections of the Act that cover adult safeguarding. With wellbeing, and making safeguarding personal as the underlying principles, the Act gives new duties to professionals involved in adult safeguarding in England. It also gives new rights to adults who need care and support and their carers. As such, it is exciting and welcome.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues that have been identified. Although professionals in the West Midlands have a longstanding commitment to making sure that adult service users at kept in the centre of safeguarding processes, the Care Act leaves no doubt that it is the person, not the process, that determines how safeguarding work is taken forward by professionals.

All working in adult safeguarding have the difficult task of understanding risk, assessing the level of this for the individual and constructing a plan to manage this which works for the person concerned and is understood by those around them. This demands a sound grasp of the legal basis for their work, the agency role and function and referencing multi-agency procedures alongside professional judgement. With this in mind, the West Midlands region has produced a draft policy and procedures aimed at professionals. This is because we believe that adults with care and support needs are best protected when procedures between statutory agencies are consistent across the West Midlands region.

The Policy sets out **the approach taken to adult safeguarding in the West Midlands.** The Procedures then explain how agencies and individuals should work together to **put the West Midlands Adult Safeguarding Policy into practice**.

Because the legislation and guidance from government on adult safeguarding is new, the policy and the procedures should be seen as draft documents that will be tested out and developed extensively during 2015-2016. I hope that you might find time to be part of local events to seek your views about your Policy and the Procedures. Comments and suggestions about this document can also be directed to the safeguarding lead in your council.

Mike Taylor
Independent Chair, Warwickshire Safeguarding Adults Board, and
Chair of the West Midlands Safeguarding Adults Boards Chairs network.

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POLICY.

1. Introduction.

1.1. This resource reflects the commitment of organisations in the West Midlands and allied local authorities to work together to safeguard adults with care and support needs in line with the Care Act. The procedures outlined aim to ensure that:

- all organisations promote the wellbeing of adults with care and support needs;
- the interests of adults with care and support needs are always respected and upheld;
- the human rights of adults with care and support needs are respected and upheld;
- a proportionate, timely, professional and ethical response is made to any adult with care and support needs who may be experiencing abuse;
- all decisions and actions are taken in line with the Mental Capacity Act (MCA) 2005.

The procedures also aim to ensure that for each adult with care and support needs:

- their chosen outcomes are at the heart of safeguarding;
- safeguarding is always more focused on the adult than on processes;
- their dignity, and respect towards them, is central to all professional practice.

1.2. Working together.

The policy in the West Midlands is to:

- work together to prevent and protect adults with care and support needs from abuse;
- empower and support people to make their own choices;
- make enquiries and take action about actual or suspected abuse and neglect;
- support adults and provide a service to those who are experiencing, or who are at risk of, abuse, neglect or exploitation;
- share information in a timely way;
- co-operate with each other to safeguard adults with care and support needs - although the Care Act 2014 is clear that the lead role sits with the local authority, section 6 of the Act is equally clear that the local authority and the other relevant partner agencies have duties to co-operate with each other.

1.3. Local implementation.

Each local Safeguarding Adults Board (SAB) is asked to adopt the policy and procedures so that there is consistency across the West Midlands in the way in which adults with care and support needs are safeguarded from abuse. However, some local SABs may want to adapt certain aspects of the procedures to meet their local needs. Local SABs are therefore welcome to add an appendix to the policy and procedures outlining any local variations.

1.4. Individual implementation.

The policy and procedures described in this resource should also be used in conjunction with individual organisations' adult safeguarding procedures on and related issues; such as domestic violence and abuse, fraud, disciplinary procedures, and health and safety.

1.5. Legal framework.

1.5.1. **The Care Act 2014**

The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the police. Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs) as per defined criteria, publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

1.5.2. **Mental Capacity Act (Including DoLS) 2005**

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live, what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this

In addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards, to protect their rights and ensure that the care or treatment they receive is in their best interests.

1.5.3. **Human Rights Act 1998**

The Act applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must comply with the Act – and individual's human rights – when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act (2014) extends the scope of the Human Rights Act (1998). This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the local authority (including Direct Payment situations (LGA, 2014)). It does not incorporate entirely private arrangements concerning care and support.

Although the Act does not apply to private individuals or companies (except where they are performing public functions), sometimes a public authority has a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows a child is being abused by its parents has a duty to protect the child from inhuman or degrading treatment.

The Human Rights act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions in the Human Rights Act.

1.6. Timescales

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

The approach within the West Midlands procedures is as follows:

Managing immediate risks- Some adult safeguarding concerns will require an immediate assessment and response to safeguard the adult. This policy and procedure set out some target timescales for responding to and managing immediate risks.

Making decisions about safeguarding concerns and undertaking enquiries- There are some target timescales, however, as with all adult safeguarding work, responses must be timely.

REMEMBER- 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.

2. Principles and values.

2.1. Introduction.

The West Midlands Policy for Adult Safeguarding is based on a shared view across the region of the principles that underpin the Care Act 2014 - those of promoting wellbeing, and putting service users at the centre of all adult safeguarding by making it personal to each individual.

2.2. Government policy.

The Government policy objective is to prevent and reduce the risk of harm to adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

The Government believes that safeguarding is everybody's business, with communities playing a part in preventing, identifying and reporting neglect and abuse and measures need to be in place locally to protect adults with care and support needs.

The State's role in safeguarding is to provide the vision and direction and ensure that the legal framework, including powers and duties, is clear, and proportionate, whilst maximising local flexibility.

Local multi-agency partnerships should support and encourage communities to find local solutions. These solutions will be different in different places, reflecting, for example local population, environment, and communities.

Adult safeguarding requires working collaboratively to improve outcomes, rather than duplicating or superseding existing responsibilities for providing safe and effective care. The critical factor is providing care and support, which leads to a positive experience for individuals.

Providers' core responsibility, across health and social care, is to provide safe, effective and high quality care. Safeguarding concerns will require a variety of responses including a provider or other agency investigation, a disciplinary process, a clinical governance response from within or by external bodies, the involvement of police, regulators, staff training or other activities.

All adult safeguarding work should reflect the following key Principles.
[Note: The Principles are not in order of priority; they are all of equal importance.]

Principles	"I" Statements
Empowerment – People being supported and encouraged to make their own decisions and informed consent.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention – It is better to take action before harm occurs.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.

Proportionality – The least intrusive response appropriate to the risk presented	I am confident that the responses to risk will take into account my preferred outcomes or best interests.
Protection – Support and representation for those in greatest need.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability – Accountability and transparency in delivering safeguarding.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

2.3. Making safeguarding personal

> 'Unless people's lives are improved, then all the safeguarding work, systems, procedures and partnerships are purposeless. Currently Directors and Safeguarding Adults Boards are faced with a plethora of input/output data but no way of telling from it if they really are making any impact. Directors must have a means of knowing what works and **how they are making a difference to people**'
>
> Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services' ADASS; LGA, (March 2013)

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

> Safeguarding must respect the autonomy and independence of individuals as well as their right to family life. In the context of the Human Rights Act, Article 8, Lord Justice Munby, speaking about people who are vulnerable or incapacitated, states:
>
> 'The fundamental point is that public authority decision-making must engage appropriately and meaningfully both with P and with P's partner, relatives and carers. The State's obligations under Article 8 are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision making process. It is simply unacceptable – and an actionable breach of Article 8 – for adult social care to decide, without reference to P and her carers, what is to be done and then merely to tell them – to "share" with them – the decision.'
>
> What Price Dignity? Keynote address by Lord Justice Munby to the LGA Community Care Conference: Protecting Liberties (14 July 2010)

MSP aims to facilitate a shift in emphasis in safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, and at the end, the extent to which desired outcomes have been realised.

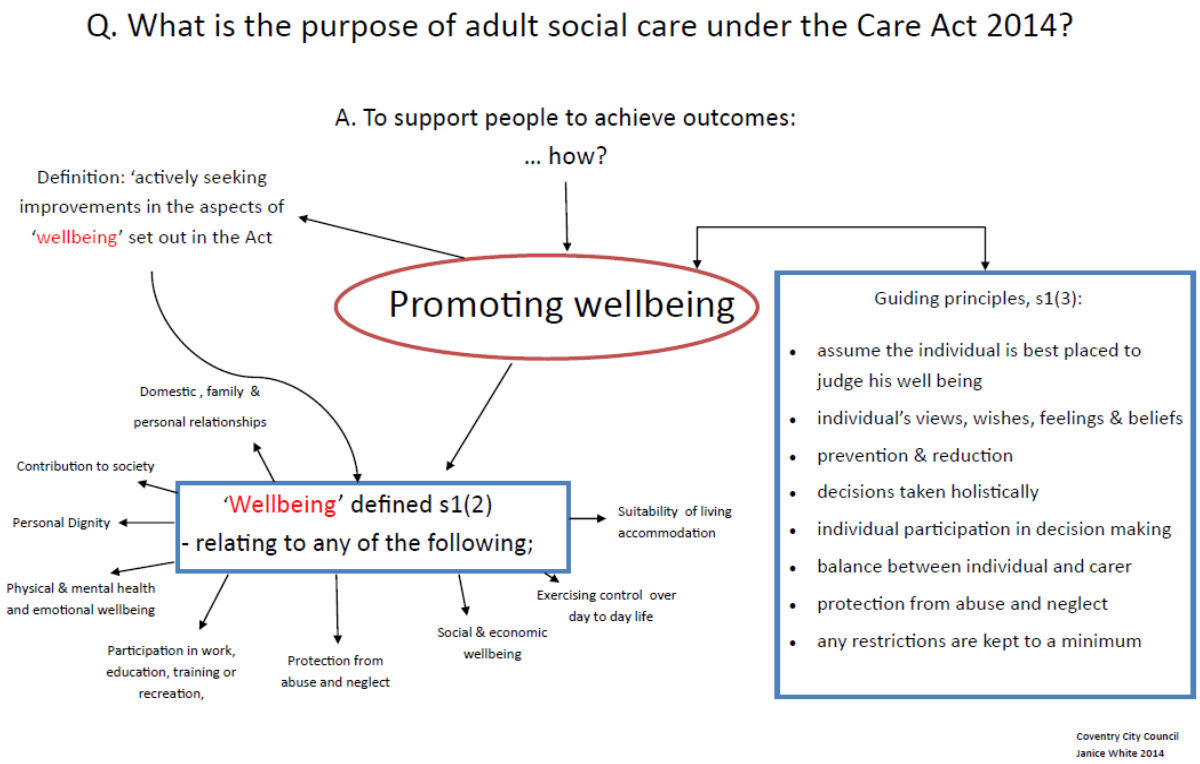
2.4. 'Wellbeing' principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies in all cases where carrying out any care and support function, or making a decision, or safeguarding. It applies equally to adults with care and support needs and their carers.

"Wellbeing" is a broad concept, and it is described as relating to the following areas in particular:

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



Promoting "wellbeing" means actively seeking improvements, at every stage in relation to the adult with care and support needs (regardless of whether they have eligible needs or not) and carers. It is a shift from providing services to the concept of "meeting needs".

Promoting "Wellbeing" should inform: planning of individual care packages, delivery of universal services and strategic planning. To promote "wellbeing" it should be assumed that individuals are best placed to judge their own wellbeing, their individual views, beliefs, feelings, wishes are paramount and individuals should be empowered to participate as fully as possible. Promoting an individual's "wellbeing" should be balanced with those of their carers.

2.5. Adults with care and support needs

- The services provided must be appropriate to the adult with care and support needs and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture or lifestyle.
- The primary focus/point of decision-making must be as close as possible to the adult with care and support needs, and individuals must be supported to make their own choices. Adults with care and support needs must be offered support services as appropriate to their needs.
- There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity to make safeguarding decisions, those decisions will be made in their best interests as set out in the MCA 2005 and the MCA *Code of practice.*
- Adults with care and support needs should be given information, advice and support in a form that they can understand and have their views included in all

forums that are making decisions about their lives.

- All decisions taken by professionals about a person's life should be timely, reasonable, justified, proportionate, ethical and fully recorded.

2.6. Organisations working with adults with care and support needs.

- Staff have a duty to report promptly any concerns or suspicions that an adult with care and support needs is being, or is at risk of being, abused.
- Actions to protect the adult from abuse should always be given high priority by all organisations involved. Concerns or allegations should be reported without delay.
- Organisations working to safeguard adults with care and support needs should make the dignity, safety and wellbeing of the individual a priority in their actions.
- As far as possible organisations must respect the rights of the person causing, or alleged to be causing, harm. If the person alleged to have caused harm is also an adult with care and support needs they must receive support and their needs must be addressed. Staff should fully understand their role and responsibilities in regard to the policy and procedures.
- Every effort must be made to ensure that adults with care and support needs are afforded appropriate protection under the law.
- Organisations will have their own internal operational procedures which relate and adhere to the West Midlands Adult Safeguarding policy and procedures, including complaints by service users and by staff who raise concerns ('whistleblowers'), always in compliance with the Public Interest Disclosure Act (PIDA) 1998, the Employment Rights Act 1996 and the Enterprise and Regulatory Reform Act 2013.
- Organisations will ensure that all staff and volunteers are familiar with policies relating to adult safeguarding, that they know how to recognise abuse and how to report and respond to it.
- Organisations will ensure that staff and volunteers have access to training that is appropriate to their level of responsibility and will receive clinical and/or management supervision that allows them to reflect on their practice and the impact of their actions on others.

2.7. Organisations working together

- Partner organisations will contribute to effective inter-agency working, multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults. Action taken under these procedures does not affect the obligations on partner organisations to comply with their statutory responsibilities, such as notification to regulatory authorities under the Health and Social Care Act (HSCA) 2008, employment legislation or other regulatory requirements.
- Organisations continue to have a duty of care to adults who purchase their own care through personal budgets (PBs) (including direct payments), and/or who fund their own care. Organisations are required to ensure that reasonable care is taken to avoid acts or omissions that are likely to cause harm to adults with care and support needs.
- Partner organisations will have information about individuals who may be at risk from abuse and may be asked to share this where appropriate, with due regard to confidentiality and information sharing protocols.

3. Definitions.

3.1. Introduction.

This section provides commonly and nationally used definitions and should be used to guide all adult safeguarding work across all partner agencies and individuals.

3.2. Adult(s) with care and support needs.

The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, 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.

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations[1].

3.3. Wellbeing.

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support. See Section 2.4 for further detail on wellbeing and what this means.

3.4. Abuse or neglect

Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Patterns of abuse vary and include:

- serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more

[1] Care and Support statutory guidance 2014. P497.

serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- Physical abuse;
- Domestic violence;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect.

These types of abuse or neglect are explored in more detail in the following sections.

3.4.1. **Physical abuse.**

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators

- Unexplained or inappropriately explained injuries;
- Adult exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- Adult may repeat what the person causing harm has said (e.g. ‘Shut up or I’ll hit you’);
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- An adult without capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

3.4.2. **Domestic abuse.**

Domestic abuse includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.
- Age range extended down to 16.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and Grandparents, whether directly related, in-laws or step-family.

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult with care and support needs is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

The Anti-social Behaviour, Crime and Policing Act 2014 means it is now a criminal offence to force someone to marry. In addition, the Forced Marriage (Civil Protection) Act 2007 may be used to obtain a Forced Marriage Protection Order as a civil remedy.

Honour-based violence is a crime, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

Female genital mutilation (FGM) involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in

the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

3.4.3. **Sexual abuse.**

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.

It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust).

Possible indicators

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
- Sexual exploitation.

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

3.4.4. **Psychological abuse.**

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators

- Untypical ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;
- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted;
- Adult's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

3.4.5. **Financial or material abuse.**

This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult's accounts or cards
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision;
- Recent changes of deeds/title of house or will;
- Recent acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

3.4.6. **Modern slavery.**

Modern Slavery encompasses slavery, human trafficking, forced and compulsory 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.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- forced to work - through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property';
- physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

If an identified victim of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to adults who are the victims of human trafficking.

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

Possible Indicators:

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

- Adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn
- They have few personal possessions and often wear the same clothes
- What clothes they do wear may not be suitable for their work.
- the adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English
- Fear of authorities
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.

Environmental indicators

- Outside the property- there are bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to prevent use. There are signs the electricity may have been tacked on from neighbouring properties or directly from power lines?
- Inside the property- access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

3.4.7. **Discriminatory abuse.**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible Indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- An adult making complaints about the service not meeting their needs.

3.4.8. **Organisational abuse.**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their 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.

Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported in their work;
- receive inadequate guidance;

or where these is:

- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise.

3.4.9. **Neglect and acts of omission.**

These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

3.4.10. **Self-neglect.**

Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect it is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

Indicators of self-neglect may be*:*

- living in very unclean, sometimes verminous, circumstances;
- poor self-care leading to a decline in personal hygiene;
- poor nutrition;
- poor healing/sores;
- poorly maintained clothing;
- long toenails;
- isolation;
- failure to take medication;
- hoarding large numbers of pets;

- neglecting household maintenance;
- portraying eccentric behaviour/lifestyles;

NOTE: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

3.5. Location of abuse.

Abuse can take place anywhere. For example:

- the person's own home, whether living alone, with relatives or others;
- day or residential centres;
- supported housing;
- work settings;
- educational establishments;
- care homes;
- clinics hospitals;
- prisons;
- other places in the community.

3.6. Who might abuse?

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult with care and support needs. A wide range of people may harm adults. These include:

- a spouse/partner;
- an adult with care and support needs;
- other family members;
- neighbours;
- friends;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals: and
- volunteers and strangers.

A lot of attention can be paid to targeted fraud or internet scams perpetrated by complete strangers, however 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.

3.7. Mental capacity.

The presumption in the Mental Capacity Act 2005 is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation and to take action themselves to prevent abuse.
- to participate to the fullest extent possible in decision-making about interventions.

The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing

events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

The Mental Capacity Act (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests.

The person who has to make the decision is known as the 'decision-maker', and depending on the decision to be made this may be a carer responsible for the day to day care (including both care staff, relatives or friends), or a professional such as a doctor, nurse or social worker where decisions about treatment, care arrangements or accommodation have to be made.

4. Related issues.

4.1. Introduction.

This section covers a number of issues which may need to be considered when working to safeguard adults if the person affected has care and support needs.

4.2. Deprivation of Liberty Safeguards.

The Deprivation of Liberty Safeguards (DoLS) provides protection to people in hospitals and care homes. DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment.

Care homes and hospitals must make requests to their local authority supervisory body for authorisation to deprive someone of their liberty if they believe it is in their best interests. Some organisations may operate joint supervisory boards. All decisions on care and treatment must comply with the MCA and the DoLS codes of practice. Be mindful that case law is evolving in this area and there have been some significant cases that have been brought to the attention of the Court of Protection.

In March 2014 a judgment was made in the Supreme Court regarding two cases which have had a significant effect on the application of the Deprivation of Liberty Safeguards. The two cases are-

- "P v Cheshire West and Chester Council and another"
- "P and Q v Surrey County Council"

The full judgment can be found on the Supreme Court's website at the following link:

http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

The judgment is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty.

A deprivation of liberty for such a person must be authorised in accordance with one of the following legal regimes: a deprivation of liberty authorisation or Court of Protection order under the Deprivation of Liberty Safeguards (DoLS) in the Mental Capacity Act 2005 or (if applicable) the Mental Health Act 1983.

Key points from the Supreme Court judgment
Revised test for deprivation of liberty

The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

- The person is under complete or continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

The Supreme Court held that factors which are NOT relevant to determining whether there is a deprivation of liberty include the person's compliance or lack of objection and the reason or purpose behind a particular placement. It was also held that the relative normality of the placement, given the person's needs, was not relevant. This means

that the person should not be compared with anyone else in determining whether there is a deprivation of liberty. However, young persons aged 16 or 17 should be compared to persons of a similar age and maturity without disabilities.

Deprivation of liberty in "domestic" settings
The Supreme Court has held that a deprivation of liberty can occur in domestic settings where the State is responsible for imposing such arrangements. This will include a placement in a supported living arrangement in the community. Hence, where there is, or is likely to be, a deprivation of liberty in such placements that must be authorised by the Court of Protection.

Relevant staff should-

- Familiarise themselves with the provisions of the Mental Capacity Act, in particular the five principles and specifically the "least restrictive" principle.

- When designing and implementing new care and treatment plans for individuals lacking capacity, be alert to any restrictions and restraint which may be of a degree or intensity that mean an individual is being, or is likely to be, deprived of their liberty (following the revised test supplied by the Supreme Court)

- Take steps to review existing care and treatment plans for individuals lacking capacity to determine if there is a deprivation of liberty (following the revised test supplied by the Supreme Court)

- Where a potential deprivation of liberty is identified, a full exploration of the alternative ways of providing the care and/ or treatment should be undertaken, in order to identify any less restrictive ways of providing that care which will avoid a deprivation of liberty

- Where the care/ treatment plan for an individual lacking capacity will unavoidably result in a deprivation of liberty judged to be in that person's best interests, this MUST be authorised.

Local authorities should in addition

- Review their allocation of resources in light of the revised test given by the Supreme Court to ensure they meet their legal responsibilities

Authorising a deprivation of liberty
The DoLS process for obtaining a standard authorisation or urgent authorisation can be used where individuals lacking capacity are deprived of their liberty in a hospital or care home.

The Court of Protection can also make an order authorising a deprivation of liberty; this is the only route available for authorising a deprivation of liberty in domestic settings such as supported living arrangements. This route is also available for complex cases in hospital and/ or care home settings. Individuals may also be deprived of their liberty under the Mental Health Act if the requirements for detention under that Act are met.

4.3. Consent.

It is always essential in adult safeguarding to consider whether the adult is capable of giving informed consent in all aspects of their life. If they are able, their consent should be sought. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be disregarded;
- An adult safeguarding Enquiry going ahead in response to a concern that has been raised. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.
- The recommendations of an individual safeguarding plan being put in place.
- A medical examination.
- An interview.
- Certain decisions and actions taken during the adult safeguarding process with the person or with people who know about their abuse and its impact on the adult.

If, after discussion with the adult who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is an aspect of public interest (e.g. not acting will put other adults or children at risk).
- there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been or may be committed).

4.4. Hate crime.

A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's:

- disability;
- race;
- religion or belief;
- sexual orientation;
- transgender identity.

Hate crime can take many forms including:

- physical attacks such as physical assault, damage to property, offensive graffiti and arson;
- threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints;
- verbal abuse, insults or harassment taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace.

4.5. Exploitation by radicalisers who promote violence

Individuals may be susceptible to recruitment into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The Home Office leads on the anti-terrorism strategy. See Prevent Strategy 2011.

4.6. Abuse by another adult with care and support needs.

Where the potential source of risk is also an adult with care and support needs, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards this person , and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation it is important that the needs of the adult who is the alleged victim are addressed separately from the needs of the potential source of risk.

It may be necessary to reassess the adult who is the potential source of risk. This may involve a meeting where the following could be addressed:

- the extent to which this person is able to understand his or her actions
- the extent to which the abuse or neglect reflects the needs of this person not being met (e.g. risk assessment recommendations not being met)
- the likelihood that this person will further abuse the adult or others.

The principles and responsibilities of reporting a crime apply regardless of whether this person is deemed to be an adult with care and support needs.

4.7. Allegations against carers who are relatives or friends.

There is a clear difference between unintentional harm caused inadvertently and a deliberate act of either abuse or omission, however contact must be made with the police if a crime has been or may be committed.

In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the carer's own physical or mental health needs make them unable to care adequately for the adult with care and support needs. The carer may also be an adult with care and support needs. In this situation the aim of adult safeguarding work will be to address risk and determine how the adult with care and support needs feels about any risks. It may be appropriate to help the carer to provide support and make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for.

Assessment of both the carer and the adult they care for must include consideration of both their wellbeing. As such, a needs assessment or carer's 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, for example, by providing training to the carer about the condition that the adult they care for has or to support them to care more safely and take into account the following factors:

- whether the adult for whom they care has a learning disability, mental health problems or a chronic progressive disabling illness that creates caring needs which exceed the carer's ability to meet them;
- the emotional and/or social isolation of the carer and the adult with care and support needs;
- whether there is minimal or no communication between the adult with care and support needs and the carer either through choice, mental incapacity or poor relationship;
- whether the carer is or is not in receipt of any practical and/or emotional support from other family members or professionals;
- financial difficulties;
- whether the carer has an enduring or lasting power of attorney or Appointeeship;
- whether there is a personal or family history of violent behaviour, alcoholism, substance misuse or mental illness;

- the physical and mental health and wellbeing of the carer.

If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken and other agencies are involved as appropriate.

If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to:

- whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse. For example, the provision of training or information or other support that minimises identified stress experienced by the carer. In some circumstances the carer may need to have independent representation or advocacy; in others, a carer may benefit from having such support if they are under great stress or similar; and
- whether other agencies should be involved; in some circumstances where a criminal offence is suspected this will include alerting the police, or in others the primary healthcare services may need to be involved in monitoring.

Other key considerations in relation to carers should include:

- involving carers in safeguarding enquiries relating to the adult they care for, as appropriate;
- whether or not joint assessment is appropriate in each individual circumstance;
- the risk factors that may increase the likelihood of abuse or neglect occurring; and
- whether a change in circumstance changes the risk of abuse or neglect occurring.
- A change in circumstance should also trigger the review of the care and support plan and, or, support plan.

4.8. **Abuse by children.**

If a child or children is or are causing harm to an adult with care and support needs, this should be dealt with under the adult safeguarding policy and procedures, but will also need to involve the local authority children's services.

4.9. Transitions (care leavers).

Where someone is over 18 but still receiving children's services and a safeguarding concern is raised, this should be dealt with as a matter of course through adult safeguarding procedures. Where appropriate, they should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. police or NHS) or other persons relevant to the case. This also applies where someone is moving to a different local authority area after receiving a transition assessment but before moving to adult social care.

Robust joint working arrangements between children's and adults' services should be in place to ensure that the medical, psychosocial and vocational needs of children leaving care are assessed as they move into adulthood and begin to require support from adult services.

The care needs of the young person should be at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of care needs at this

stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

4.10. Position of trust (PoT).

For the purposes of this policy a person in a position of trust (PoT) is someone who works with or cares for adults with care and support needs in a paid or voluntary capacity and about whom allegations of adult abuse or neglect are made. This includes 'shared lives carers' (previously known as 'adult foster carers').

PoT are cases in which there is an allegation or suspicion that a person working with adults with care and support needs has:

- behaved in a way that has harmed or may have harmed an adult with care and support needs;
- possibly committed a criminal offence against or related to an adult with care and support needs;
- behaved towards an adult with care and support needs in a way that indicates she or he is unsuitable to work with such adults;
- behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs should be reviewed;
- been subject to abuse themselves, and there is evidence that this impacts on their suitability to work with adults with care and support needs.

Adults with care and support needs can be subjected to abuse by those who work with them in any setting. All allegations of abuse, neglect or maltreatment of adults with care and support needs by a PoT must be taken seriously and treated in accordance with consistent procedures. All adults with care and support needs are entitled to the same level and standard of protection from harm, regardless of whether they are receiving statutory or other services or if they are receiving none.

The scope of PoT procedures applies to all cases where concern, suspicion or allegation arises in connection with:

- the PoT's own work/voluntary activity.
- the PoT's life outside work (i.e. concerning adults with care and support needs in the family or the social circle, risks to children, whether the individual's own children or other children).

PoT concerns may be current or historical.

4.11. Prisoners and persons in approved premises.

Most Care Act duties apply to adults who are prisoners or who live in approved premises, for example, Local Authorities have a duty to undertake Care Act section 9 needs assessments for adults who are prisoners or who live in approved premises. However, the Care Act section 42 duty of enquiry does not apply to adults who are prisoners or who live in approved premises. In these circumstances, prison governors and National Offender Management Service (NOMS) respectively have responsibility.

4.12. Personal budgets (PB) and self-directed care.

Increasingly people are deciding to use less traditional ways of having their eligible social care and health care needs met. Many are taking the opportunity to exercise greater choice and control over what kinds of services they receive, who provides them and the way in which they are delivered. This revolution brings with it opportunities and challenges from the perspective of risk enablement and safeguarding.

Regardless of the person's preferred method of managing a PB (e.g. local authority managed account, direct payment, individual service account or a combination of these), the local authority still retains its duty of care with regard to the person and their protection from abuse. However, the balance of power and consequently how risk is managed can be significantly different from previous, traditional models of social care management. This model is more about the co-production of risk enablement, with the person having a greater say and therefore greater control over how risk is managed. This is therefore an inherently less risk adverse arrangement than before.

Throughout the process, from self-assessment (supported or otherwise) through to PB-setting, arranging direct payments or other PB management arrangements, to final sign- off of a support plan, appropriate risk assessment should be taking place with the individual and their supporters.

At the various key stages in the process, risk and safety should be considered-

- Self-assessment: initial identification of any safeguarding issues, either one-off or ongoing. If these needs are being met, how is this being done? If they are not being met, they need to be clearly identified.
- Budget-setting: if significant safeguarding risks are identified as unmet needs, will the amount of the PB be sufficient to reduce or mitigate them?
- Support planning: how will the support plan meet the safeguarding needs in outcome terms? What services are best suited to meet the adult's needs and how will they be delivered in a person-centred way?
- Sign-off: authorisation of the support to ensure it is legal, cost efficient and safe.

In this arrangement people using PBs, to a greater or lesser degree, are the commissioners of their own services, particularly where they are using direct payments to manage them.

Different arrangements exist to support people through the process of setting up a support package. In some areas this may be the responsibility of local authority adult social care staff, independent brokerage services or user-led organisations (ULOs).

The kinds of support available may include:

- advice about safe recruitment;
- advice about safeguarding and dignity;
- using approved or accredited providers of employment services;
- advice and support in relation to the quality of services;
- contractual issues.

It should be remembered that, where someone has capacity to make their own decisions in these matters, they may choose not to seek or use such advice or support

services. This does not necessarily have a detrimental impact on the legality or safety of the support plan.

People with PBs and support plans which utilise direct payments are subject to the same reviewing arrangements as those in receipt other services (i.e. a minimum of once per year).

4.13. Those who fund their own care arrangements.

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the local authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

5. Roles and responsibilities.

PLEASE NOTE: This section is currently in development and will include the following:

5.1. Introduction

5.2. Adult(s) with care and support needs

5.3. 'Carers' - Family and friends

5.4. Advocates

5.5. Designated Adult Safeguarding Manager (DASM)

5.6. Local Authorities

5.6.1. **Safeguarding Adult Boards**

5.6.2. **Directors of Adult Social Services**

5.6.3. **Lead councillor** for adult safeguarding

5.6.4. **Lead co-ordinating agency**

5.6.5. **Managing officers**

5.6.6. **Out of hour's services and emergency duty teams**

5.6.7. **Commissioning**

5.6.8. **Complaints officers**

5.7. Police and judicial system

5.7.1. **Witness support and special measures**

5.7.2. **Victim support**

5.7.3. **Crown Prosecution Service**

5.8. NHS

5.8.1. **General practitioners**

5.8.2. **Patient advice, liaison and complaints**

5.8.3. **Ambulance**

5.9. Housing

5.10. Care Quality Commission

5.11. Court of Protection

5.12. The coroner

5.13. Healthwatch

5.14. Fire and Rescue Service

5.15. Probation

5.16. Providers

6. Supporting processes.

6.1. Information sharing and confidentiality.

Sharing the right information, at the right time, with the right people, is fundamental to good practice in adult safeguarding but has been highlighted as a difficult area of practice.

The Care Act 2014 s45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.

Organisations need to share safeguarding information with the right people at the right time to:

- prevent death or serious harm
- coordinate effective and efficient responses
- enable early interventions to prevent the escalation of risk
- prevent abuse and harm that may increase the need for care and support
- maintain and improve good practice in adult safeguarding
- reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- identify low-level concerns that may reveal people at risk of abuse
- help people to access the right kind of support to reduce risk and promote wellbeing
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- reduce organisational risk and protect reputation.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances such as emergency or life-threatening situations.

The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified. In addition the law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

The Data Protection Act enables the lawful sharing of information.

There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.

An individual employee cannot give a personal assurance of confidentiality. Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations. However, it is good practice to try to gain the person's consent

to share information and as long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.

Organisational policies should have clear routes for escalation where a member of staff feels a manager has not responded appropriately to a safeguarding concern. All organisations **must** have a whistleblowing policy.

The management interests of an organisation should not override the need to share information to safeguard adults at risk of abuse.

All staff, in all partner agencies, should understand the importance of sharing safeguarding information and the potential risks of not sharing it. All staff should understand when to raise a concern with the local authority adult social services.

The six safeguarding principles (Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability) should underpin all safeguarding practice, including information-sharing.

Ref: *SCIE Adult safeguarding: sharing information guide is part of a range of products to support implementation of the adult safeguarding aspects of the Care Act 2014.*

6.2. Duty of Candour.

From October 2014, NHS providers are required to comply with the duty of candour. Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

The duty is part of the fundamental standard requirements for all providers. It applies to all NHS trusts, foundation trusts and special health authorities from October and for all other providers, including social care, from April 2015.

6.3. Record Keeping

Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual's care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise.

Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

- What information do staff need to know in order to provide a high quality response to the adult concerned?
- What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

6.4. Cooperation

It is important within adult safeguarding for all partners to cooperate and work in a joined-up way, to eliminate the disjointed care that is a source of frustration to adults with care and support needs, other individuals, and staff, and which often results in poor care, with a negative impact on health and wellbeing.

All organisations should work together and co-operate where needed, in order to ensure the wellbeing and safety of adults with care and support needs (including carers' support).

Co-operation between partners should be a general principle for all those concerned, and all should understand the reasons why such co-operation is important. The Care Act sets out five aims of co-operation between partners which are relevant to care and support, although it should be noted that the purposes of co-operation are not limited to these matters:

- promoting the wellbeing of adults needing care and support and of carers;
- improving the quality of care and support for adults and support for carers (including the outcomes from such provision);
- smoothing the transition from children's to adults' services;
- protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect;
- identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

6.5. Risk assessment and management

Achieving balance between the right of the individual to control his or her care package and ensuring adequate protections are in place to safeguard well-being is a very challenging task.

The assessment of the risk of abuse, neglect and exploitation of people using services should be integral in all assessment and planning processes, including assessments for self-directed support and the setting up of Personal Budget arrangements. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

Risk is often thought of in terms of danger, loss, threat, damage or injury, although in addition to potentially negative characteristics, risk taking can have positive benefits for individuals and their communities. As well as considering the dangers associated with risk, the potential benefits of risk-taking should therefore also be identified; a process which should involve the individual using services, their families and health or social care practitioners.

Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth. This involves:

- assuming that people can make their own decisions (in line with the Mental Capacity Act) and supporting people to do so;
- working in partnership with adults with care and support needs, family carers and advocates and recognising their different perspectives and views ;
- developing an understanding of the responsibilities of each party;
- empowering people to access opportunities and take worthwhile chances;

- understanding the person's perspective of what they will gain from taking risks; and understanding what they will lose if they are prevented from taking the risk;
- promoting trusting working relationships;
- understanding the consequences of different actions;
- making decisions based on all the choices available and accurate information;
- being positive about risk taking;
- understanding a person's strengths and finding creative ways for people to be able to do things rather than ruling them out;
- knowing what has worked or not in the past;
- where problems have arisen, understanding why;
- supporting people who use services to learn from their experiences;
- ensuring support and advocacy is available;
- sometimes supporting short-term risks for long-term gains;
- ensuring that services provided promote independence not dependence.

Reference: A Positive Approach to Risk & Personalisation: A Framework Developed by ADASS West Midlands, Joint Improvement Partnership & NHS West Midlands.

6.6. Cross-boundary and inter-authority adult safeguarding enquiries

Risks may be increased by complicated cross-boundary arrangements, and it would be dangerous and unproductive for local authorities to argue over whose responsibility it is to manage responses to cross-boundary safeguarding concerns and enquiries.

Clarity is crucial to assist effective processes and this section builds on the protocol previously established by ADASS to provide the West Midlands procedure for investigations across local authority boundaries.

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

The initial lead in response to a safeguarding concern should always be taken by the local authority where the incident occurred. This is known as the 'host local authority'.

This might include taking immediate action to ensure the safety of the person, or arranging an early discussion with the police when a criminal offence is suspected.

The host local authority will:

- receive the concern;
- gather initial information
- take immediate steps to protect the individual
- notify the placing local authority and gather information from that authority
- involve the placing local authority's nominated link person in the decision-making processes
- coordinate the response to concerns or enquiry into any incident where care arrangements exist across boundaries.

The placing local authority continues to have responsibilities to the person who is the subject of the adult safeguarding concern/enquiry, and will take action as needed by:

- negotiating the safeguarding arrangements that are included in any provider's service specifications and monitoring these;
- reacting promptly when there is an concern, following these procedures and the procedures of the host local authority;
- nominating a 'link person' to liaise between the two local authorities;
- providing information and other assistance to support the host authority's enquiries;
- providing support for adults for whom they have responsibility towards and who are identified as at risk or harmed, whether perpetrators or victims;
- meeting any care needs that are identified by the enquiry and are within its responsibility.

In terms of renegotiation, dispute resolution and uncertainty between two local authorities, the 'default' position is described in the paragraphs above.

Residents in an acute hospital setting - When hospitals provide clinical care to residents from a wide surrounding area, there may be negotiation about which local authority should take responsibility for adult safeguarding concerns and enquiries that come to light in the hospital but which actually occurred in the placing authority's area. In cases of dispute, the default position must apply.

Section 117 - Special rules apply to adults with care and support needs who are also subject to Section 117 (After Care) of the MHA 1983. Case law has established that the duty falls in the first place on the authority for the area in which the patient was resident before being detained in hospital, even if the patient does not return to that area on discharge. If (but only if) no such residence can be established, the duty will fall on the authority for the area where the patient is to reside on discharge from hospital.

Risk resulting from disputes over responsibility. Increased risk may result from intractable disputes over responsibility. All responses must still take place within the timescales of these procedures, using the default position if necessary. In such cases staff must alert their SAB so that discussions can take place.

6.7. Whistleblowing

The Public Interests Disclosure Act 1998 provides a framework for whistleblowing across the private, public and voluntary sectors. Each member organisation of the SAB will have its own whistleblowing policy. These policies should provide people in the workplace with protection from victimisation or detriment when genuine concerns have been raised about malpractice. The aim is to reassure workers that it is safe for them to raise concerns, and partner organisations should establish proper procedures for dealing with such concerns.

6.8. Complaints

Complaints received from any source about adult safeguarding practice or arising from the adult safeguarding process should be handled by the relevant complaints procedures of the organisation about which the complaint has been made. See local guidance for details.

6.9. MARAC (Multi Agency Risk Assessment Conference)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of the local police, probation, health, children and Adults Safeguarding bodies, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from the statutory and voluntary sectors.

The four aims of a MARAC are as follows:

- to safeguard adult victims who are at high risk of future domestic violence;
- to make links with other public protection arrangements in relation to children, people causing harm and adults with care and support needs;
- to safeguard agency staff;
- to work towards addressing and managing the behaviour of the person causing harm.

6.10. Domestic homicide reviews (DHRs).

Domestic Homicide Reviews were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (DVCVA) 2004. For further guidance see - Home Office – Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.

A Domestic Homicide Review would be required when the definition in section 9 of the Domestic Violence Crime and Victims Act (2004) is met in that:

…the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by –

(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or

(b) a member of the same household as himself.

This provision came into force on 13 April 2011 and the purpose is to:

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- identify clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted upon, and what is expected to change as a result.
- apply these lessons to service responses including changes to policies and procedures as appropriate.
- prevent domestic homicide and improve service responses for all domestic violence victims and their children through improved intra- and inter-agency working.

DHRs are not enquiries into how the victim died or into who is culpable and are not specifically part of any disciplinary inquiry or process. The rationale for the review process is to ensure agencies are responding appropriately to victims of domestic violence by offering and putting in place:

- appropriate support mechanisms procedures
- resources and interventions with the aim of avoiding future incidents of domestic homicide and violence.

A DHR will also assess whether agencies have sufficient and robust procedures and protocols in place, which were in turn understood and adhered to by staff. The DHR

process is similar to that of Safeguarding Adults Reviews (SAR's) and children's serious case reviews (SCRs). The main purpose is to learn lessons.

6.11. Multi-agency public protection arrangements

The purpose of the multi-agency public protection arrangements (MAPPA) framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders). The Police, Prison and Probation Services have a clear statutory duty to share information for MAPPA purposes.

Other organisations have a duty to co-operate with the responsible authority, including the sharing of information. These include:

- local authority children, family and adult social care services
- NHS CCG's, other health trusts and the National Health Service Executive;
- Jobcentre Plus
- youth offender teams
- local housing authorities
- registered social landlords with accommodation for MAPPA offenders.

6.12. Child protection

The Children Act (CA) 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect.

Everyone must be aware that in situations where there is a concern that an adult with care and support needs is or could be being abused or neglected and there are children in the same household, they too could be at risk. Reference should be made to the local child protection procedures, the local Safeguarding Children Board, inter-agency guidelines and internal protocols dealing with cross-boundary working if there are concerns about abuse or neglect of children and young people under the age of 18. Referral must be made to the relevant children and families department and any multi-agency safeguarding children policy and procedures.

Professionals should be alert to the possibility of child sexual exploitation and must report any such concerns to local authority childrens services and/or the police. Child sexual exploitation (CSE) is a crime that can affect any child, anytime, regardless of their social or ethnic background. It is child abuse and involves perpetrators grooming their victims in various ways, such as in person, via mobiles or online, to gain their trust before emotionally and sexually abusing them. It can take place in many forms, whether through a seemingly consensual relationship, or a young person being forced to have sex in return for some kind of payment, such as drugs, money, gifts or even protection and affection.

The MCA 2005 applies to young people aged 16 years and over apart from the following aspects:

- only people aged 18 or over can make a lasting power of attorney
- the law generally does not allow anyone below the age of 18 to make a will
- DOLS authorisations under the MCA apply only to people aged 18 or over.

Information on decisions to refuse treatment made in advance by young people under the age of 18 is available at www.dh.gov.uk/consent.

6.13. Community Safety Partnerships.

Community safety partnerships (CSPs) are made up of representatives from the 'responsible authorities', which are the:

- police
- local authorities
- fire and rescue authorities
- probation service
- health

The responsible authorities work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like antisocial behaviour, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

6.14. Harm Reduction Forums and Anti-Social Behaviour processes

Such forums are also known as VARMS - Vulnerable Adult Risk Management Strategy and many were set up in response to the Stephen Hoskins and Fiona Pilkington Serious Case Reviews to effectively case manage and provide a multi-agency response to vulnerable individuals who may be victims of hate crime, anti-social behaviour and repeat callers to emergency services and partner agencies.

The purpose of the Forums is to coordinate services in response to the identified needs of individuals in order to prevent, protect and address behaviour affecting the individuals and/or to address their needs.

6.15. Children's Serious Care Review and Child Death Overview Processes

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. For further guidance see – HM Government - Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children 2013.

A serious case review would be undertaken when abuse or neglect is known - or suspected - and either:

- a child dies
- a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child

Child Death Overview Process (CDOP). The Local Safeguarding Children's Board (LSCB) is responsible for ensuring that a review of each death of a child normally resident in its area is undertaken by a Child Death Overview Panel (CDOP). The purpose of this review is to conduct a comprehensive, multidisciplinary review of child deaths, to better understand how and why children die, and use the findings to take action that can prevent other deaths and improve the health and safety of children.

6.16. Multi Agency Public Protection Arrangements (MAPPA) Serious Case Review

A MAPPA SCR is required when the main purpose is to examine whether the MAPP arrangements were effectively applied and whether the agencies worked together to do all they reasonably could to manage effectively the risk of further offending in the community.

6.17. Serious Further Offending (SFO) Notification and Review Procedures

SFO Notification and Review Procedures are intended to ensure rigorous scrutiny of those cases where offenders under the management of the NPS or a CRC have been charged with a specified violent or sexual offence in order that:-

- the public may be reassured that the NPS, CRCs and all other providers of probation and community services are committed to reviewing practice in cases where offenders managed by them are charged with certain serious offences;
- areas of continuous improvement to risk assessment, risk management and offender management practice and policy within the NPS, CRCs and all other providers of probation and community services (together with other parts of the NOMS Agency or beyond as appropriate) are identified and disseminated locally and nationally, as appropriate; and
- Ministers, the NOMS Chief Executive, other senior officials within NOMS and the wider Ministry of Justice (MoJ), where appropriate, can be informed of noteworthy cases of alleged serious further offences committed by offenders whilst under supervision. The responsibility for this currently sits in the NOMS Offender Management and Public Protection Group (OMPPG).

6.18. NHS Serious Incidents

NHS Commissioning Board published “Serious Incident Framework” in March 2013. Serious incidents requiring investigation were defined by the NPSA’s 2010 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation (see Glossary). In summary, this definition describes a serious incident as an incident that occurred during NHS funded healthcare (including in the community), which resulted in one or more of the following;

- unexpected or avoidable death or severe harm of one or more patients, staff or members of the public;
- a never event - all never events are defined as serious incidents although not all never events necessarily result in severe harm or death. (See Never Events Framework);
- a scenario that prevents, or threatens to prevent, an organisation’s ability to continue to deliver healthcare services, including data loss, property damage or incidents in population programmes like screening and immunisation where harm potentially may extend to a large population;
- allegations, or incidents, of physical abuse and sexual assault or abuse; and/or
- loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

PROCEDURE.

7. Introduction.

7.1. The West Midlands adult safeguarding procedures are the result of a collaboration between the local authorities within the region.

7.2. This procedure is governed by a set of key principles and themes, so as to ensure that people who are at risk of abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently by all organisations.

7.3. Although the responsibility for the coordination of adult safeguarding arrangements lies with local authorities, the implementation of these procedures is a collaborative responsibility and effective work must be based on a multi-agency approach.

7.4. The key principles which govern this procedure are set out in the *Statement of Government Policy on Adult Safeguarding* (DoH, May 2013):

- ***empowerment:*** presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process
- ***protection:*** ensuring that people are safe and that they have support and representation as necessary during the process
- ***prevention:*** minimising the likelihood of repeated abuse and recognising the person's contribution to this in safeguarding plans
- ***proportionality:*** the ways in which the safeguarding procedure is used are proportionate, as unintrusive as possible and appropriate to the risk presented
- ***partnership:*** people can be satisfied that agencies are working constructively to make them safe
- ***accountability:*** the way in which the safeguarding process is conducted should be transparent and consistent; it should always be borne in mind that safeguarding procedures may be subject to external scrutiny (e.g. the courts).

7.5. The procedures are a *framework*. Adult safeguarding is a dynamic process that must be undertaken *with* people and not *to* people. The following key themes run throughout the adult safeguarding process:

• ***User outcomes:*** at the beginning and at every stage of the process what the individual wants to achieve must be identified and revisited. To what extent these views and desired outcomes have been met must be reviewed at the end of the safeguarding process regardless of at what stage it is concluded.

• ***Risk assessment and management:*** these are central to the adult safeguarding process. Assessments of risk should be carried out with the individual at each stage of the process so that adjustments can be made in response to changes in the levels and nature of risk. Risks to others must also be considered.

• ***Mental capacity:*** the MCA 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. Individuals must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process.

Unwise decisions do not necessarily indicate lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests. It is important that an individual's mental capacity is considered at each stage of the adult safeguarding process.

• ***Safeguarding planning****:* in response to identified risks a safeguarding plan can be developed and implemented at any time in the adult safeguarding process. The multi-agency plan aims to:

- prevent further abuse or neglect;
- keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected and the agencies supporting them;
- support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision.

Safeguarding planning also involves promoting wellbeing and supporting anyone who has been abused or neglected to recover from that experience.

• ***Information sharing:*** this is key to delivering better and more efficient services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding, for promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless, it is important to understand that most people want to be confident that their personal information is kept safe and secure and that practitioners maintain their privacy, while sharing appropriate information to deliver better services.

• ***Recording:*** good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to individuals' care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

• ***Feedback:*** at each stage of the adult safeguarding process it is important to ensure feedback is given to the adult, people raising the concern and partners. People who raise adult safeguarding concerns are entitled to be given appropriate information regarding the status of the referral they have made. The extent of this feedback will depend on various things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an enquiry). At the very least it should be possible to advise people raising the concern that their information has been acted upon and taken seriously. Partners in provider organisations require feedback to allow them to continue to provide appropriate support, fulfil employment law obligations and make staffing decisions.

7.6. Finally, it is equally important that these procedures are managed and administered in such a way as to comply with all the articles of the Human Rights Act (HRA) 1998 (in particular Articles 5 and 8). What this means is that both the process and the outcome must be the least restrictive, proportionate and enable risk where appropriate. In addition, any actions falling under these procedures should be consistent with current legislation as it relates to social care, health, housing and education.

Fig 7a - Adult Safeguarding procedure- Overview flowchart.

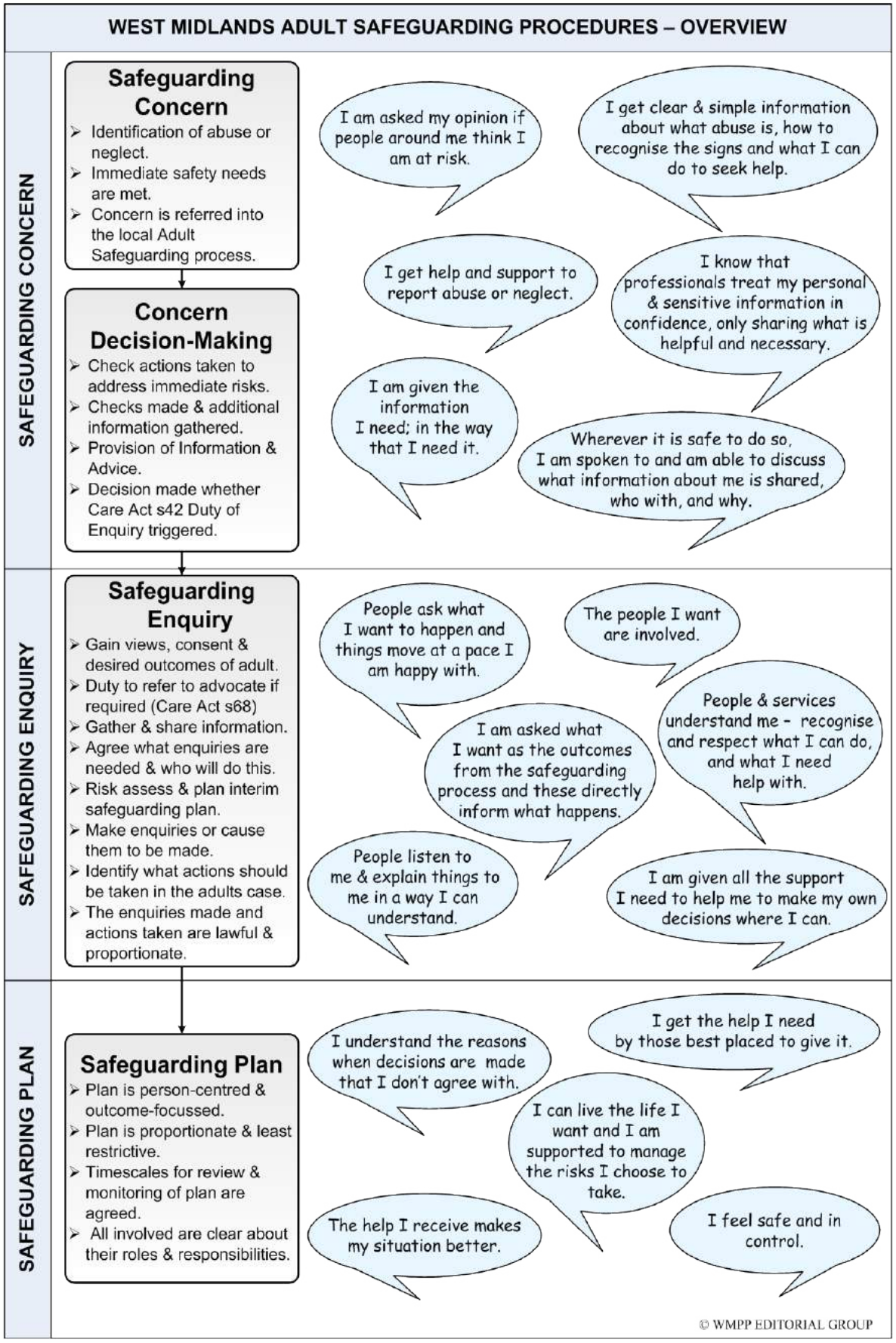
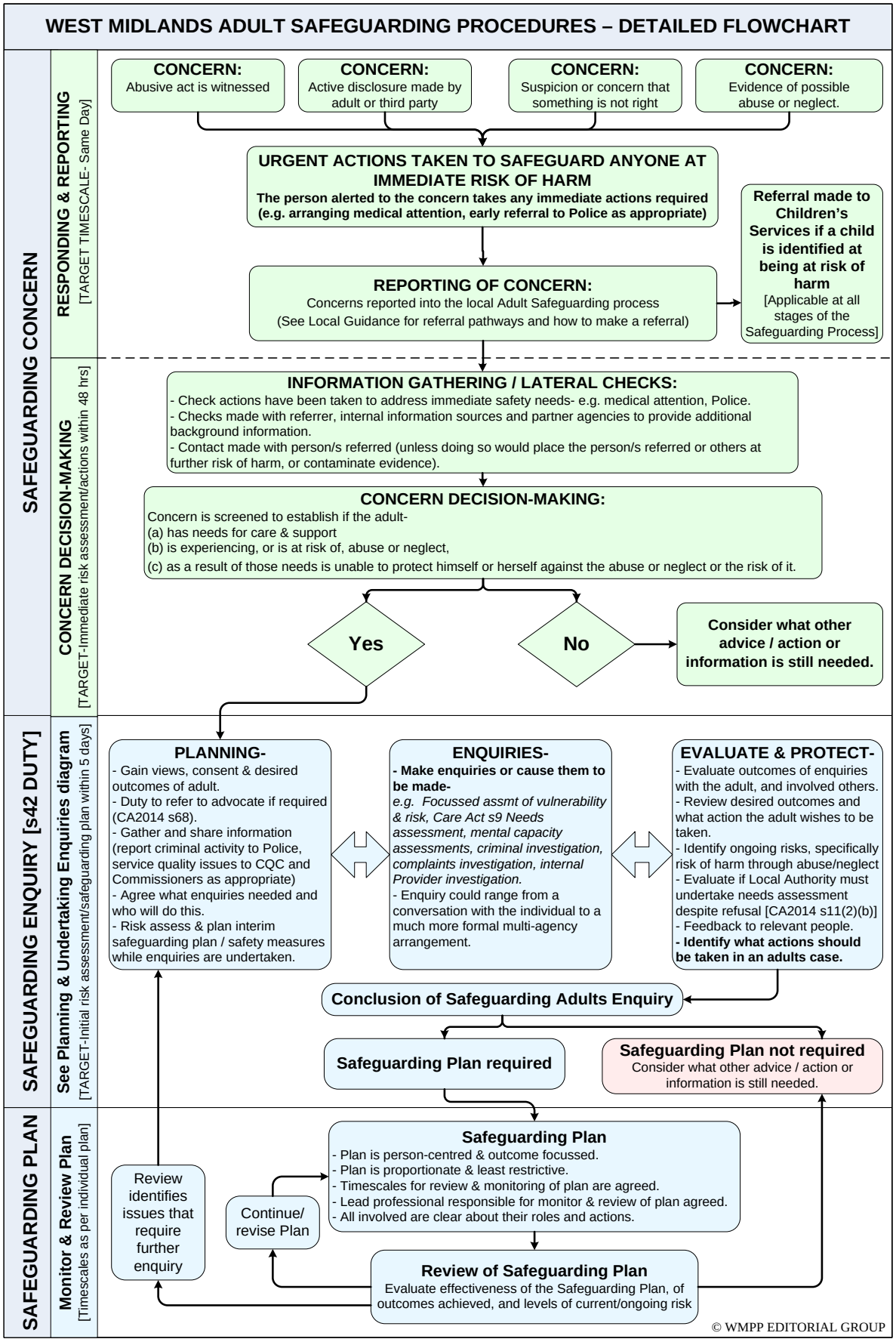
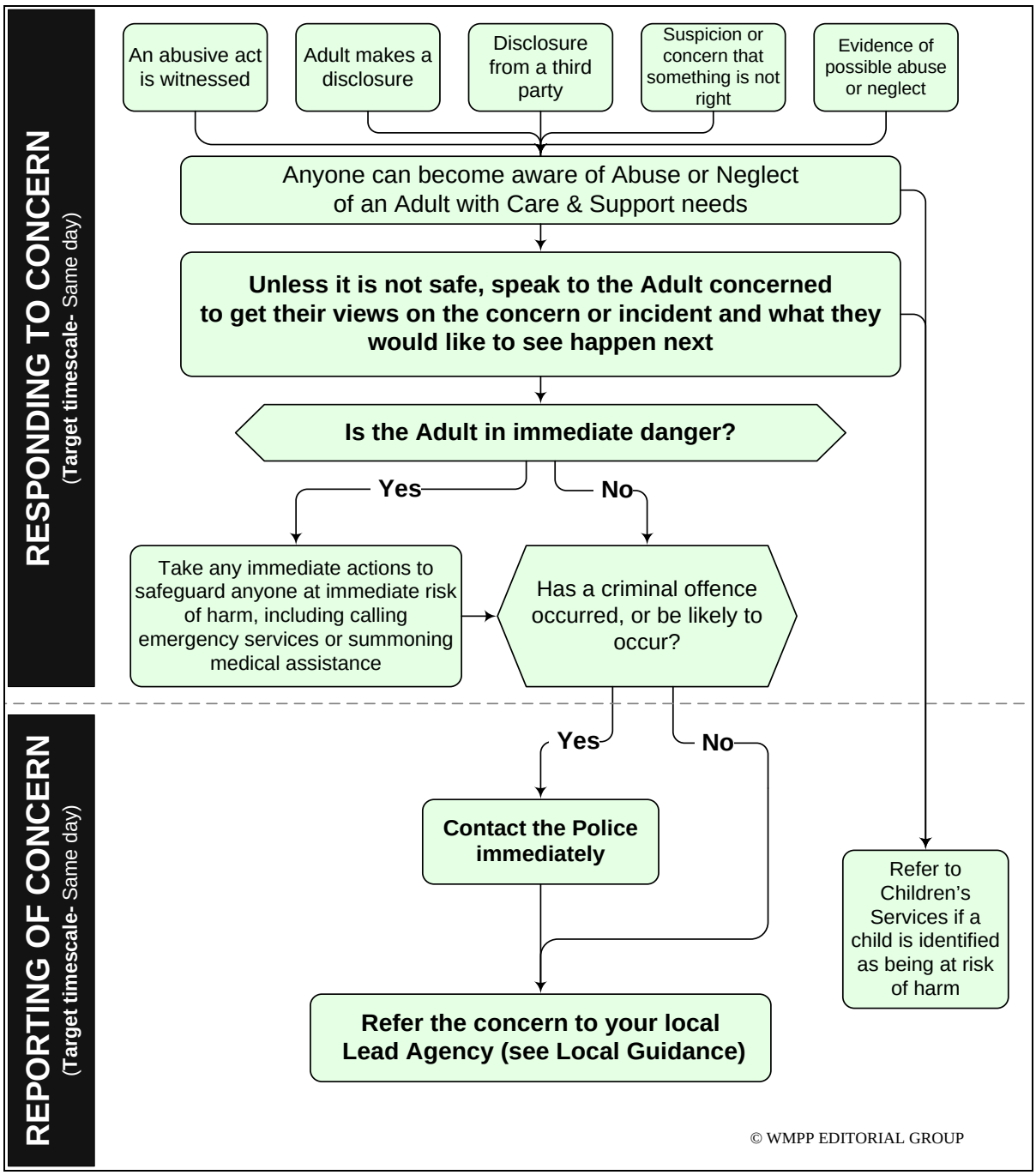


Fig 7b- Adult Safeguarding procedure- Detailed flowchart.



8. Adult Safeguarding Concerns: Responding & Reporting-



8.1 Definition

An "adult safeguarding concern" describes the process where someone is first alerted to a concern or incident that indicates an adult with care & support needs-

(i) is experiencing or is at risk of abuse or neglect, and

(ii) as a result of their care & support needs, is unable to protect themself against abuse or neglect, or the risk of it,

and takes action to respond, and to report the concern.

8.2 Purpose

The steps to be taken when responding to a concern are-

- To ensure that immediate actions are taken to safeguard anyone at immediate risk of harm.
- Wherever it is safe to do so, to speak to the adult and get their views on the concern or incident,
- To report the concern to the local Lead Agency, (and to the Police where a criminal offence has occurred or will occur),
- To report concerns to Children's Services if a child is identified as being at risk of harm.

REMEMBER- follow good practice under the Mental Capacity Act when speaking to the adult. Assume the adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to the person's representative/s and always act in best interests.

8.3 Roles and responsibilities

A concern can be identified and reported by anyone, including the adult, a carer, family, friends, professionals or other members of the public.

Any individual or agency can respond to an adult safeguarding concern raised about an adult. This can include reporting the concern and seeking support to protect individuals from any immediate risk of harm (e.g. by contacting the police or emergency services).

Individual agencies should have internal procedures and guidance for responding to and reporting concerns.

8.4 Timeliness & risk

- Immediate actions may be required to safeguard the adult, when they request this or when they cannot safeguard themselves. An evaluation of the risk of harm to the adult must take place on the same day as the concern is identified.

- Adult safeguarding concerns should be reported to the lead agency for safeguarding without delay. See local guidance for how to report concerns in your Local Authority area. The target timescale for reporting the concern is within the same working day.

REMEMBER- see also the policy section for guidance on timescales.
This procedure outlines target timescales to guide timeliness of response to adult safeguarding concerns. However, it is also important to respond at the pace that is right for the adult, and puts them in greatest control of what happens in their life.

8.5 Process

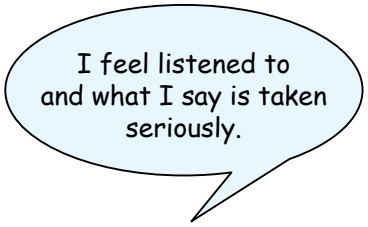
The following is primarily intended for people working (paid and/or unpaid) with adults who have care & support needs, but anyone may use it as guidance to respond to concerns of abuse or neglect.

REMEMBER- unless it is not safe or will increase the risk to the adult, it is always 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. See Section 8.5.6 for guidance.

8.5.1. ***Responding to disclosures***

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the adult;
- a passive disclosure of abuse where someone's attention is drawn to the signs of abuse or neglect;
- an allegation of abuse by a third party;
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect.



Good Practice Guide – Responding to Disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

8.5.2. ***Acting to protect the adult, identified others, and dealing with immediate needs***

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- Consider if there are other adults with care & support needs who are at risk of harm, and take appropriate steps to safeguard them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

Good Practice Guide – Preserving Physical Evidence

What to do?

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), **contact the Police immediately**. Ask their advice about what to do to preserve evidence.

As a guide-

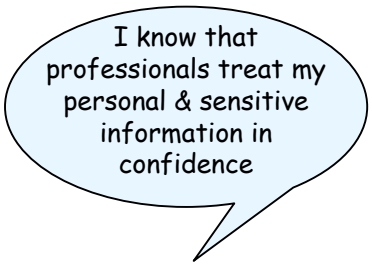
- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault –

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can cross contaminate evidence.

8.5.3. ***Making a written record***

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people involved in the incident or concern.



Good Practice Guide – Recording

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

The written report will need to include:

- the date and time when the disclosure was made, or when you were told about / witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- keep the report/s confidential, storing them in a safe & secure place until needed.

8.5.4. ***Reporting to your line manager***

For people who work in a paid and/or unpaid role within organisations-

- If you are concerned that a member of staff in your organisation has abused an adult with care & support needs, you have a duty to report these concerns. You *must* inform your line manager immediately.

- In situations where informing a manager will involve delay in a high-risk situation you should report the concern to external agencies immediately.

- If you are concerned that your line manager has abused or neglected an adult with care & support needs, you must inform a senior manager, or another Adult Safeguarding lead, in your organisation. In exceptional circumstances where you do not feel safe or comfortable reporting the matter within your own organisation, or if you have already raised concerns with your managers but no action has been taken, you can report the concern to the local Lead Agency in your area.

- If you are concerned that an adult with care & support needs may have abused another adult, inform your line manager.

REMEMBER- the law gives protections to workers who have a reasonable belief there is wrongdoing at work, and who report it. See policy section on Whistle-blowing.

8.5.5. ***Taking management action to respond to the concern***

8.5.5.1. The line manager or the adult safeguarding lead within the organisation identifying the concern should then decide on the most appropriate course of action without delay. This should include-

- Check & review actions already taken and decisions made.
- If not already done so-
  - Make an evaluation of the risk to the adult.
  - Wherever it is safe, speak to (or decide who is the best placed person to speak to) the adult to gain their views about the concern and what they would like to happen next,
  - Take reasonable and practical steps to safeguard the adult.
  - Consider referring to the police if the suspected abuse is a crime.
  - If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
  - Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- If the person alleged to have caused the harm is also an adult with care & support needs, arrange for a member of staff to attend to their needs.
- Make sure that other people are not at risk.
- Take action in line with the organisation's disciplinary procedures, as appropriate, if a member of staff is alleged to have caused harm. If your agency has one, inform your Designated Adult Safeguarding Manager (DASM).
- Ensure that records are made of any concerns, and that decisions are clearly recorded with the rationale for the decisions explained.

8.5.5.2. Organisations should ensure that they have procedures in place to provide appropriate line manager cover to respond to such concerns, despite leave or where services operate extended or 24-hour cover.

8.5.5.3. NHS staff will need to refer to their trust's procedures on clinical governance and Adult Safeguarding as well as their Adult Safeguarding policy and procedures.

8.5.6.***Speaking to the adult who is experiencing, or is at risk of, abuse or neglect***

8.5.6.1. Integral to effective person-centred approaches to adult safeguarding is engaging the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging with the adult in a meaningful way, at as early a stage as possible, is key to promoting good person-centred practice.

8.5.6.2. From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

8.5.6.3. There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management, or from an external agency as appropriate.

CASE STUDY – Gaining the views of the adult at the concern stage

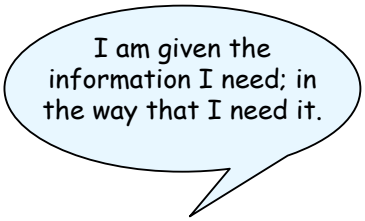
Mrs A is in her eighties and lives alone with her husband, Mr A. Mr A is also in his eighties and cares for his wife, with the support of three visits per day from a homecare agency. Mrs A has high physical care needs and she can be forgetful at times.

After a morning call, the homecarer reports to her line manager that she has witnessed Mr A shouting and verbally abusing Mrs A. The carer said there was no sign of any injury or harm and Mrs A did not seem distressed. The homecare manager decides it is safe to visit Mr and Mrs A with the lunchtime carer. The homecare manager was able to speak to Mrs A alone and discuss the concerns. Mrs A said that she remembered the incident, but that her husband had "blown up" because he is tired from doing things for her. She doesn't feel that what happened was "abuse", but said that he could probably do with more help. The homecare manager talked to Mrs A about the adult safeguarding process. Mrs A stated clearly that she did not wish for this to happen and that she was not afraid of her husband. The homecare manager then spoke to Mr and Mrs A about having more help. Mr A did not want this but said he would think about it.

After speaking to Mrs A, the homecare manager decided not to refer the issue as a safeguarding concern, but discussed the incident with the duty social worker from the Local Authority and agreed that the homecare agency will monitor the situation, and refer again if more help is asked for at a later point, or if repeated or more serious concerns arise.

8.5.6.4. When speaking to the adult -

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances,
- Get the adult's views on the concern and what they want done about it,
- Give the adult information about the adult safeguarding process and how that could help to make them safer,
- Explain confidentiality issues, how they will be kept informed and how they will be supported,



- Identify communication needs, personal care arrangements and access requests,
- Discuss what could be done to make them safer.

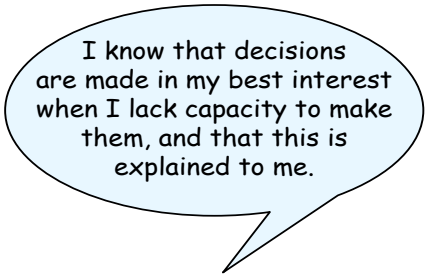
8.5.7. ***Capacity & consent.***

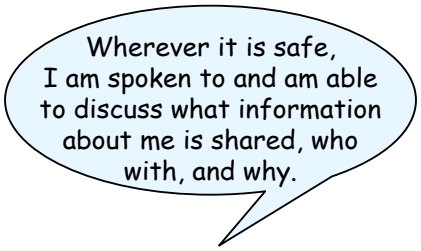
8.5.7.1. *Capacity*- Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and MCA Code of Practice.

8.5.7.2. *Consent*- All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

8.5.7.3. At the concern stage, the most common capacity & consent issues to consider will usually be-

- whether the adult has the *mental capacity* to understand & make decisions about the abuse or neglect related risks, & any immediate safety actions necessary, and;





- whether the adult *consents* to immediate safety actions being taken, & whether the adult *consents* to information being referred / shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

8.5.8. ***Reporting without consent***

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, the concern *must* be reported. This includes situations where:

• there is a risk or harm to the wellbeing and safety of the adult or others,

• other adults or children could be at risk from the person causing harm,

• it is necessary to prevent crime or if a crime may have been committed,

• the person lacks capacity to consent.

The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

The key issues in deciding whether to report a concern without consent will be the harm or risk of harm to the adult, and risks to any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

If any person is unsure whether to report, they should contact the relevant local Lead Agency for advice.

Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.

REMEMBER- see also policy section for further detail on information-sharing.

8.5.9. ***Reporting Adult Safeguarding concerns***

- Refer any safeguarding concern that meets the criteria at Section 8.1 to the Lead Agency in your locality. The Local Authority will usually be the lead agency, but some local authorities may ask other agencies to do this on their behalf. Information on how to make an adult safeguarding referral will be published by your Local Authority or local Safeguarding Adults Board – check their website/s.
    - In addition, if a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur.
    - If a crime is in progress or life is at risk, dial emergency - **999**.
- You must contact the Local Authority Children's Services if a child is identified as being at risk of harm.
- If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk).
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.

8.5.10. ***Anonymous reporting & protecting anonymity***

8.5.10.1. *Anonymous reporting*- It is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. However, if the identity of the referrer has been withheld, the adult safeguarding process will proceed in the usual way. This will include information being recorded as an adult safeguarding concern.

8.5.10.2. *Protecting anonymity*- While every effort will be made to protect the identity of anyone who wishes to remain anonymous, the anonymity of people reporting concerns cannot be guaranteed throughout the process. It is particularly important to remember the following-

- In cases where the police are pursuing a criminal prosecution, people reporting concerns may be required to give evidence in court.
- All information from adult safeguarding enquiries and disciplinary investigations will be shared with the person identified as causing harm where a referral to the DBS is made.
- There is a possibility that workers raising concerns may be asked to give evidence at an employment tribunal.
- Anybody can be requested to give evidence when the employer has referred a member of staff to a professional body such as the Health Care Professionals Council (HCPC), the Nursing and Midwifery Council (NMC), or the General Medical Council (GMC).
- The person causing harm may request to see information held about them under the Data Protection Act (DPA) 1998.

8.5.11. ***People causing harm who are employed in paid or unpaid Positions of Trust***

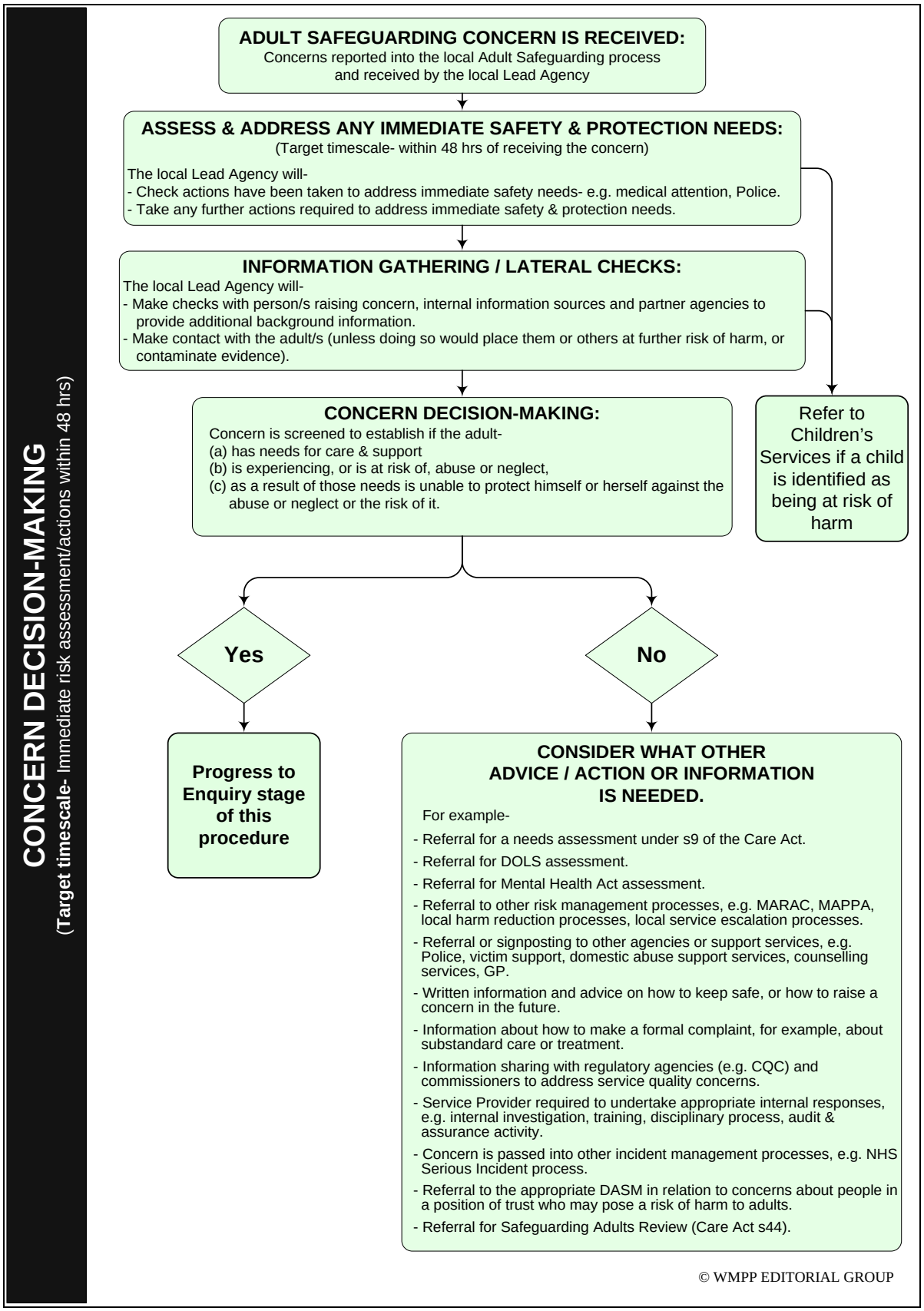
Proportionate action should be taken to ensure the immediate protection of the adult(s) with care and support needs.

If your agency has a Designated Adult Safeguarding Manager (DASM), inform the DASM of the concern. If you agency does not have a DASM, see local procedures about where to go for advice.

If the concerns require Police involvement, wherever possible liaise with the Police prior to speaking or communicating with the person who works in a Position of Trust.

If the person is a member of staff in your organisation, HR advice should be sought, an immediate decision may have to be made to take action to protect the adult or other service users against any potential risk of harm (e.g. suspension without prejudice, supervised working). Actions taken will need to be compliant with employment law and the employee will have a right to know in broad terms that allegations or concerns have been raised about them.

9. Adult Safeguarding Concerns: Decision Making-



9.1 Definition

The “concern decision-making” stage refers to the actions taken by the lead agency, and the decision whether the concern meets the criteria for progression to a statutory Care Act s42 Enquiry, or whether other types of action, or provision of information & advice, are required to respond to the concern.

9.2 Purpose

When receiving a referral relating to an Adult Safeguarding Concern, the local Lead Agency will-

- Check actions have been taken to address immediate safety needs- e.g. medical attention, Police. If necessary, take action to address safety needs.

- Make checks with person raising the concern, internal information sources and partner agencies to provide additional background information.

- Make contact with the adult referred to understand their views and wishes about the concern (unless doing so would place them or others at further risk of harm, or contaminate evidence).

The purpose of making checks and gathering more information at this stage is (i) to assess/address any immediate safety & protection needs, and to gain the views of the adult, and (ii) to ascertain if the concern meets the criteria for a statutory enquiry under s42 of the Care Act, or if other action is required to respond to the concern.

The Local Authority statutory duty of enquiry applies where it has reasonable cause to suspect that an adult, aged 18 or over, in its area-

(i) has **needs for care & support** (whether or not the authority is meeting any of those needs),

(ii) is **experiencing, or is at risk of, abuse or neglect**, and

(iii) as a result of those needs **is unable to protect himself or herself** against the abuse or neglect or the risk of it.

9.3 Roles and responsibilities

The relevant local process for reporting adult safeguarding concerns should be followed. The local “Lead Agency” will be responsible for undertaking the necessary checks and making a decision about the adult safeguarding concern. In most circumstances, the Local Authority is the “Lead Agency” and will receive and deal with Adult Safeguarding concerns directly. In some circumstances the Local Authority may have arrangements where it asks other agencies to undertake the Concern Decision Making checks and actions on its behalf, e.g. Mental Health services or Care Trusts.

9.4 Timeliness & risk

Managing immediate risks- Some adult safeguarding concerns will require an immediate response to safeguard the adult. As a target, an assessment of immediate risks and action needed should be undertaken by the lead agency within 48 hours of receiving the adult safeguarding concern.

Making the decision- This procedure does not outline any specified target timescale to complete checks and make the decision about how the concern should be responded to. However, as with all adult safeguarding work, responses should be timely. Local guidance may outline specific timescales.

REMEMBER- 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.

9.5 Process

In some cases, the referral information may indicate clearly that immediate risks are managed, and that the criteria are met for a formal s42 enquiry. If so, the concern decision making stage will consist only of reviewing the referral information. However, in most cases a level of additional information gathering will be required in order to assess whether the criteria for s42 enquiry are met.

9.5.1. *Check actions have been taken to address immediate safety needs*

- Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice.

Good Practice Guide – Medical treatment and examination

In some cases of abuse (e.g. physical or sexual) it may be unclear whether injuries have been caused by abuse or some other means (e.g. accidentally). Medical or specialist advice should be sought immediately.

- If medical treatment is needed, an immediate referral should be made to the person's GP, A&E or a relevant specialist health team.
- If forensic evidence needs to be collected, the Police should always be contacted. They will normally arrange for a police surgeon (forensic medical examiner) to be involved.
- Consent of the adult should be sought. Where the person does not have capacity to consent to a medical examination, a decision should be made on the basis of whether it is in the person's best interests for a possibly intrusive medical examination to be conducted.
- Should it be necessary to arrange for a medical examination, the following points should be considered:
  - the rights of the adult
  - issues of consent and ability to consent
  - the need to preserve forensic evidence
  - the involvement of any family members or carers
  - who should accompany the adult and provide support & reassurance.

9.5.2. *Make checks with person raising the concern, internal information sources and partner agencies*

- Clarify basic facts, including who is involved in the concern. Practitioners must be aware that this is not a formal s42 enquiry, but that facts are being collected and/or clarified to enable decisions to be made about the level of risk, whether the s42 enquiry criteria are met, and the process to be followed.
- If the concern relates to a potential crime there should be early liaison with the police to agree next steps, and to avoid contamination of evidence.
- Previous contacts and history should be checked for both the adult and the person alleged to have caused harm, including any information about possible risks to workers visiting.

REMEMBER – involvement & engagement with the adult throughout is key to promoting personalised approaches to adult safeguarding. Speak to the adult and get their views as early in the process as it is possible and safe to do so.

Once you have clarified the issues with the person raising the concern, it is good practice to speak to the adult and gain the adult's consent before speaking to other agencies and individuals.

9.5.3. *Make contact with the adult referred*

9.5.3.1. From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

9.5.3.2. There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management, or from an external agency as appropriate.

9.5.3.3. Where access to the adult is being denied for any reason (for example, as a result of a third party denying access to premises, or access to premises can be gained but a third party is insisting on being present and the adult cannot be spoken to alone), you should seek urgent line management advice, and legal advice where appropriate. Consider liaison with the Police, and consider the best practice guidance on *Gaining access to an adult suspected to be at risk of abuse or neglect* (SCIE, 2014).

REMEMBER- follow good practice under the Mental Capacity Act when speaking to the adult. Assume the adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to the person's representative/s and always act in best interests.

Good Practice Guide – Information gathering

What information do I need to gather?

As a guide, the following sorts of information may be needed to enable effective decision-making-

Details of the person raising the concern / making the referral-

- Name, address and telephone number.
- Relationship to the adult.
- Name of the person raising the concern if different.
- Name of the organisation, if the concern is made from a care setting.
- Anonymous alerts will be accepted and acted on. However, the person raising the concern should be encouraged to give contact details.

Details of the adult

- Name, address and telephone number.
- Date of birth, or age.
- Details of informal carer/s.
- Details of any other members of the household including children.
- Information about the primary care needs of the adult (i.e. disability or illness).
- Funding authority, if relevant.
- Ethnic origin and religion.
- Gender (including transgender and sexuality).
- Communication needs due to sensory or other impairments (including dementia), including any interpreter or communication requirements.
- Whether the adult knows about the referral.
- Whether the adult has consented to the referral and, if not, on what grounds the decision was made to report the concern.
- What is known of the person's mental capacity.
- What are their views about the abuse or neglect.
- What they want done about it (if that is known at this stage).
- Details of how to gain access to the person and who can be contacted if there are difficulties.

Information about the abuse or neglect

- How and when did the concern come to light?
- When did the potential abuse or neglect occur?
- Where did the potential abuse or neglect take place?
- What are the details of the potential abuse or neglect ?
- What impact is this having on the adult?
- What is the adult saying about the abuse or neglect?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult?
- Is a child (under 18 years) at risk?

Details of the person alleged to have caused the harm (if known)

- Name, age and gender.
- What is their relationship to the adult?
- Are they the adult's main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a Personal Budget / Direct Payment?
- Which organisation are they employed by?
- Are there other people at risk from the person causing the harm?

Any immediate actions that have been taken

- Were emergency services contacted? If so, which?
- What action was taken?
- What is the crime number if a report has been made to the police?
- Details of any immediate plan that has been put in place to protect the adult with care and support needs from further harm.
- Have children's services been informed if a child (under 18 years) is a risk?

9.5.4. *Dealing with historic allegations of abuse or where the adult is no longer at risk.*

9.5.4.1. One of the criteria for undertaking statutory enquiry under the Care Act s42 duty is that the adult is "experiencing, or is at risk of, abuse or neglect". Therefore, the duty to make enquiry under the Care Act relates to abuse or neglect, or a risk of abuse or neglect, that is current. Concerns relating to historic abuse or neglect where the person is no longer at risk will not be the subject of statutory enquiry under these procedures, but further action under different processes may be needed.

9.5.4.2. All such historic concerns will be considered to determine whether they demonstrate a potential current risk of harm to other adults and also whether they require criminal or other enquiry through parallel processes (e.g. complaints, inquests, regulatory, commissioning, health and safety investigations).

9.5.4.3. Where an adult safeguarding concern is received for an adult who has died the same considerations will apply and an enquiry will only be made where there is a clear belief that other identifiable adults are experiencing, or are at risk of, abuse or neglect.

9.5.4.4. In cases where an adult has died or suffered serious abuse or neglect, and where there is concern that agencies should have worked more effectively to safeguard the adult, there is a statutory requirement for the Safeguarding Adults Board to undertake a Safeguarding Adults Review under section 44 of the Care Act.

9.5.5. *Making a decision*

9.5.5.1. Once all relevant information has been gathered- including the views of the adult in all circumstances where it is possible and safe to ask- the local Lead Agency should be in a position to make a decision about how the concern should be addressed and whether the criteria for statutory s42 duty of enquiry is met- i.e. where the Local Authority has reasonable cause to suspect that an adult aged 18 or over in its area-

(i) has **needs for care & support** (whether or not the authority is meeting any of those needs),

(ii) is **experiencing, or is at risk of, abuse or neglect**, and

(iii) as a result of those needs **is unable to protect himself or herself** against the abuse or neglect or the risk of it.

9.5.5.2. Where the above criteria are met, the case will progress to the Enquiry stage of this procedure.

9.5.5.3. Where the above criteria for statutory enquiry are not met, for example in circumstances where…

- The adult is at risk of abuse or neglect but does not have care & support 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 Lead Agency will consider what other action, or provision of advice/information, is required to respond to the concern.

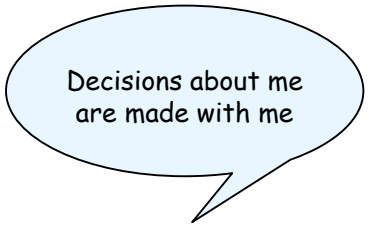
REMEMBER- Adult Safeguarding in its wider sense means "protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feeling and beliefs in deciding on any action".[2]

Viewed in this way, even when the criteria for statutory Adult Safeguarding Enquiry under section 42 of the Care Act is not met, effective "safeguarding" can happen within other different processes and services, for example:

- people can be supported to live safely through good quality assessment and support planning.
- people's right to live free from crime can be supported through Police interventions, and to recover from the experience of crime through victim support services.
- people's health & wellbeing, and experience of safe services, can be promoted through patient safety approaches in the NHS and good quality responses under Clinical Governance processes.

[2] Care and Support Statutory Guidance: Issued under the Care Act 2014 (DoH, 2014), s14.7

9.5.5.4. If the criteria for statutory enquiry are not met, when deciding what other action is required, the Lead Agency should work in partnership with the adult affected, and the agreed actions should reflect the views and wishes of the adult wherever possible.



Good Practice Guide – other types of advice / action or information.

Where the criteria for statutory enquiry are not met, other types of action, or provision of advice/information, could be, for example-

- Referral for a needs assessment under s9 of the Care Act.
- Referral for DOLS assessment.
- Referral for Mental Health Act assessment.
- Referral to other risk management processes, e.g. MARAC, MAPPA, local harm reduction processes.
- Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, GP.
- Written information and advice on how to keep safe, or how to raise a concern in the future.
- Information about how to make a formal complaint, for example, about substandard care or treatment.
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
- Service Provider to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
- Concern is passed into other incident management processes, e.g. NHS Serious Incident process.
- Referral to the appropriate DASM in relation to concerns about people in a position of trust who may pose a risk of harm to adults.
- Referral for Safeguarding Adults Review (Care Act s44).

Actions taken, or information and advice provided, should aim to promote the adult's wellbeing, prevent harm and reduce the risk of abuse or neglect, and promote an approach that concentrates on improving life for the adults concerned, including enabling the adult to achieve resolution and recovery.

9.5.5.5. When deciding what other advice/action or information is required, the Lead Agency has a responsibility to ensure the actions decided are appropriate, and are satisfied that actions will be taken. For example, ensuring other agencies agree to & accept any referrals made, that the person has the ability and means to contact other sources of support if giving signposting advice, or that other agencies or provider services are willing and able to address concerns appropriately through their internal processes. If the Lead Agency has concerns that the issue will not be dealt with appropriately, internal management and local inter-agency escalation processes should be followed.

9.5.6. *Notifications / information sharing with other agencies* -

The Lead Agency will consider what feedback and information needs to be shared with other agencies. General information sharing principles apply – consent of the adult involved should be gained; if information is to be shared without consent, the adult should be informed what information will be shared, with whom, and why.

- In cases involving service quality concerns in regulated and/or commissioned services, information about the quality concern must be shared with the CQC and relevant commissioners of services (e.g. Local Authority, CCG's, NHS England).

- In cases where a crime has been committed or may be committed, the Police should be informed.

- The person or agency who raised the concern should be notified of the decision and outcome wherever appropriate and safe to do so.

9.5.7. *Recording* –

The decision, and the rationale for the decision, should be recorded by the Lead Agency in each individual case.

9.5.8. *Supporting an adult who makes repeated allegations*

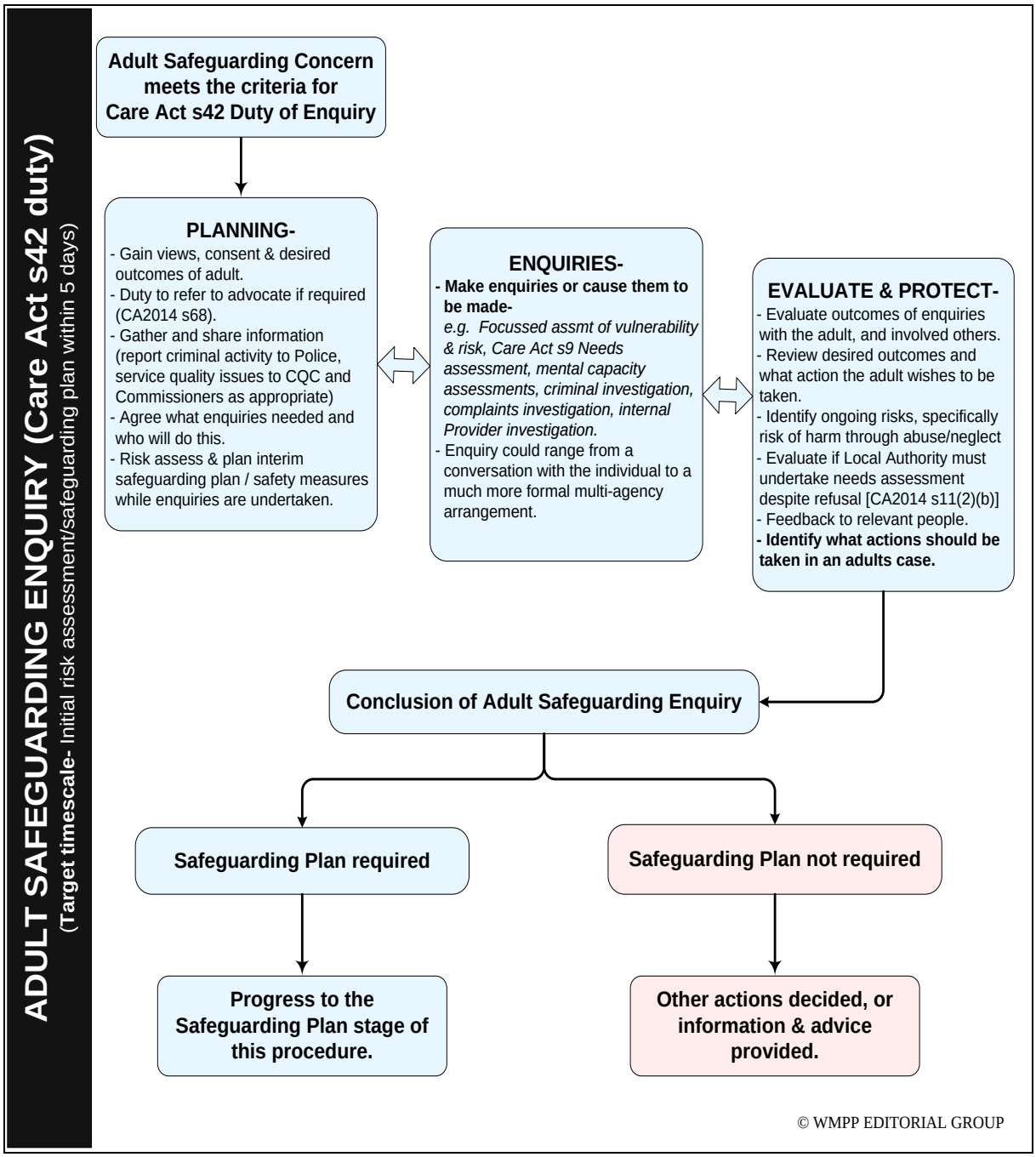
An adult who makes repeated allegations that have been looked into and are unfounded should be treated *without prejudice*.

- Each allegation must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.
- A risk assessment must be undertaken and measures taken to protect staff and others, where appropriate.
- Each incident must be recorded.
- Organisations should have procedures for responding to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded allegations.

9.5.9 *Responding to family members, friends and neighbours who make repeated allegations*

Allegations of abuse or neglect made by family members, friends or neighbours should be responded to *without prejudice*. However, where repeated allegations are made and there is no foundation to them and further enquiries are not in the best interests of the adult, then local procedures apply for dealing with multiple, unfounded complaints.

10. Adult Safeguarding Enquiries-



10.1. Definition

A formal adult safeguarding Enquiry (Care Act s42) is the range of actions undertaken or instigated by the Local Authority in response to an abuse or neglect concern in relation to an adult with care and support needs who is unable to protect themselves from the abuse or neglect or the risk of it.

The Care Act requires the Local Authority to make enquiries, or cause enquiries to be made, in cases where the Local Authority *has reasonable cause to suspect* that an adult in its area:

- has needs for care and 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.

An Enquiry should be proportionate to the situation and the level of risk involved. This could be a conversation with the adult, or representative if they lack capacity, right through to a much more formal multi-agency plan or course of action.

There may need to be several different *enquiries* that would form part of the overall formal adult safeguarding Enquiry.

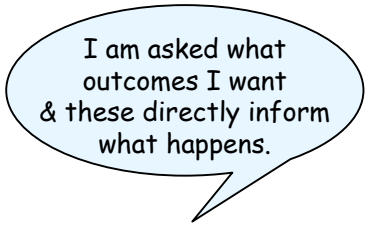
10.2. Purpose

The purpose of a Care Act s42 adult safeguarding Enquiry is to enable the Local Authority to decide whether any action is required in the adult's case, and if so, what and by whom.

The objectives of an Enquiry 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; and
- enable the adult to achieve resolution and recovery.

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. [3]



[3] Paragraph 14.66 Care and Support Statutory Guidance 2014

10.3. Roles and responsibilities

The Local Authority cannot delegate its duty to conduct a formal s42 ***Enquiry***, but it can *cause others to make enquiries*. This means that the Local Authority may ask a provider or partner agency to conduct its own ***enquiries***, and report these back to the Local Authority in order to inform the Local Authority decision about whether and what action is required in the adult's case.

Where a crime has or may have been committed the Police are responsible for conducting a criminal investigation.

While the Local Authority has overall responsibility and the duty to conduct Enquiries, this does not absolve other agencies of safeguarding responsibilities. Relevant partner agencies involved in providing services to adults who may have care and support needs have a legal duty to cooperate in formal adult safeguarding Enquiries[4], unless doing so is incompatible with their own duties or would have an adverse effect on their own functions. This includes sharing information to enable the Enquiry to be made thoroughly, participating in the Enquiry planning processes, and undertaking enquiries when they have been 'caused' by the Local Authority to do so.

10.4. Timeliness & risk

Initial risk assessment and interim safeguarding plan- The target timescale for undertaking an initial assessment of risk, and for deciding what safety and protection actions need to be put in place while enquiries are undertaken (i.e. the interim safeguarding plan) is within 5 days of deciding a formal adult safeguarding Enquiry needs to take place. Some cases may have more immediate risks and need a swifter response.

Completing enquiries- This procedure does not outline any specified target timescale to complete enquiries. However, as with all adult safeguarding work, responses should be timely. Local guidance may outline specific timescales.

REMEMBER- 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.

10.5. Process

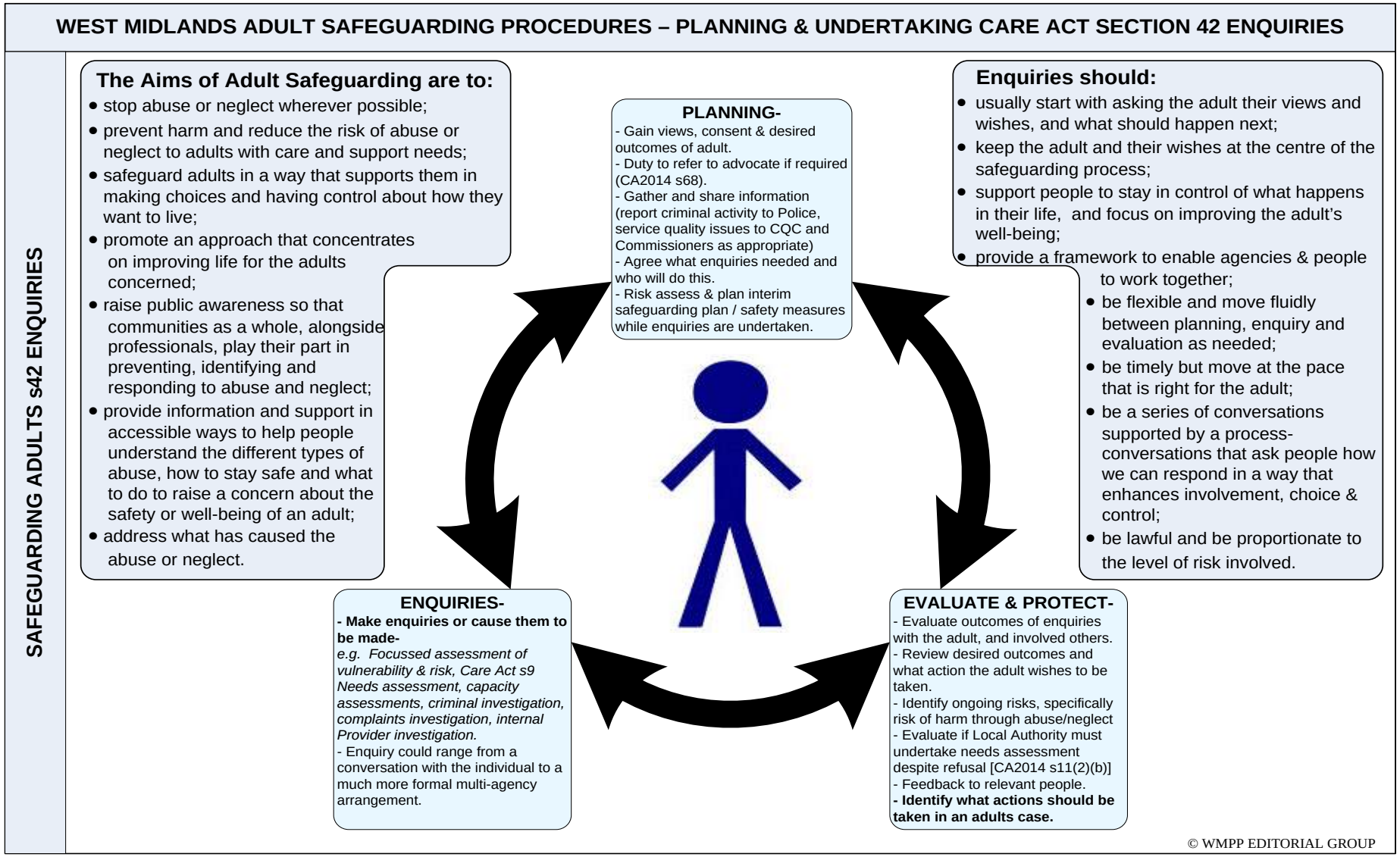
10.5.1. ***Overview***

The process of undertaking enquiries should be tailored to the individual needs and circumstances of the adult. It should be proportionate to the level of risk involved, and take account of the adult's ability and capacity to make decisions for themselves. All enquiries undertaken must be lawful and take full account of the consent and wishes of the adult.

Enquiries will follow the model outlined in the diagram on the next page, and will generally move between **Planning**, **Enquiry** and **Evaluation** phases. Enquiries will need to be flexible and be able to move fluidly between planning, enquiry, and evaluation as the circumstances of the case require.

[4] Care Act 2014 sections 6&7

Fig 10a. ***Making Enquiries- Diagram***



10.5.2. ***Planning***

10.5.2.1. All enquiries need to be planned and coordinated. No agency should undertake enquiries prior to a planning discussion or meeting unless it is necessary for the protection of the adult or others or unless a serious crime has taken place or is likely to.

10.5.2.2. Planning should be seen as a process, not a single event. The planning process can be undertaken as a series of telephone conversations, or meeting/s with relevant people and agencies. In some cases the complexity or seriousness of the situation will require a Planning process to include a formal meeting/s. Urgency of response should be proportionate to the seriousness of the concerns raised, and the level of risk.

10.5.2.3. Planning processes should be tailored to the individual circumstances of the case, but should cover the following aspects-

- gaining the views, wishes, consent, and desired outcomes of the adult (or planning how these views and wishes will be gained);
- deciding if an independent advocate is required (or planning how information will be gained to enable this decision to be made);
- gathering and sharing information with relevant parties;
- agreeing what enquiries are needed and who will do these;
- assessing risks, and formulating an interim safeguarding plan to promote safety and wellbeing while enquiries are undertaken.

10.5.2.4. The Planning process will be led and coordinated by a Managing Officer from the local Lead Agency. Appropriate levels of information should be shared with, and involvement gained from, relevant partners.

10.5.3 ***Information sharing and who should be involved.***

10.5.3.1. Who is involved in planning will be dependent on the individual situation, and will be decided by the Managing Officer / Lead Agency. As a general principle, and as long as this does not cause undue delays, all relevant agencies and individuals who have a stakeholder interest in the concerns should be involved in the process in the most appropriate way (taking into consideration issues of consent, risk, and preserving evidence).

10.5.3.2. Deciding the most appropriate method of involvement for different stakeholders needs careful consideration, as not all stakeholders will need to be involved in all aspects of the Enquiry. In circumstances, for example, where an Enquiry relating to an adult also raises concerns about a service provider, the adult referred or their family have a right to be involved in all discussions and decisions relating to that adult, but it may not be appropriate for them to be involved in all discussions relating to the concerns in the service. Vice versa, commissioning and regulatory bodies need to be involved in discussions relating to the concerns in the service, but may not need to know all the details relating to the adult.

10.5.3.3. As a result, a face-to-face meeting with all concerned may not be the best approach, and separate meetings/contacts discussing different aspects of the concerns may be appropriate.

10.5.3.4. Information sharing between organisations is essential to safeguard adults at risk of abuse or neglect. Decisions about what information is shared and with whom will be taken on a case-by-case basis. Whether information is shared with or without the adult's consent, the information shared should be:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- be accurate and up to date
- be shared in a timely fashion
- be shared accurately
- be shared securely

10.5.3.5. There are some **key** partner agencies and individuals that should always be notified of concerns, and be involved where appropriate, in the following circumstances-

Fig 10b- ***Notifying key partner agencies/individuals***.

Where it is suspected that a crime has been or might be committed	Police
Where quality and safety concerns arise about a service registered under the Health and Social Care Act 2008.	Care Quality Commission Local Authority Contract and Commissioning service. Local Clinical Commissioning Group if there is a health funded contract.
Where quality and safety concerns arise about a NHS service or an Independent hospital.	Care Quality Commission Local Authority Contract and Commissioning service. Local Clinical Commissioning Group if there is a health funded contract.
Where disciplinary issues are involved	Manager of relevant agency.
Where there has been a sudden or suspicious death	The local Coroner's office.
Concern occurred in a health / social care setting, and involved unsafe equipment or systems of work.	Health and Safety Executive (HSE)

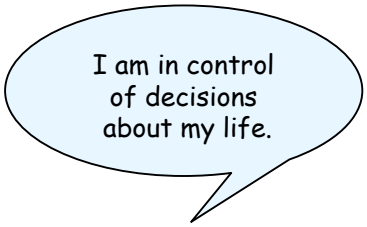
10.5.3.6. Local Authorities have a duty to involve the adult in a safeguarding Enquiry[5]. The adult (or their representative or advocate where indicated) must be involved in Enquiry processes, including in Planning the Enquiry, wherever this is appropriate and safe.

[5] Paragraph 7.6, 7.7. Care and Support Statutory Guidance 2014

10.5.4. ***Making safeguarding personal- focusing on the adult and their outcomes. Involvement, empowerment and personalisation.***

10.5.4.1. Practice approaches to adult safeguarding should be person-led and outcome-focused. The Care Act ethos and statutory guidance emphasise a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control over the process.

This is not simply about gaining an individual's consent, although that is important, but also about hearing their views about what they want as an outcome. This means, in essence, that they are supported and given an opportunity at all stages of the safeguarding process to say what they would like to be different and change; this might be about not having further contact with a person who poses risk to them, changing an aspect of their care plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system.



10.5.4.2. Personalised practice approaches to adult safeguarding should seek to engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

10.5.4.3. Planning adult safeguarding enquiries should always start with gaining the views and wishes of the adult, unless there are reasons why doing this would cause increased risk of harm. In some circumstances, gaining the views and wishes of the adult will be the only enquiry needed to enable the local authority to decide what actions are required in that adult's case. In other circumstances, gaining the views and wishes of the adult will be the starting point to determine and undertake a much wider range of enquiries.

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

10.5.4.5. Sometimes, people may have unrealistic expectations of what can be achieved through the safeguarding procedures, and they should be supported to understand from the outset how their desired outcomes can be met.

10.5.4.6. The views, wishes and desired outcomes expressed by the adult are important in determining the appropriate and proportionate response to the concerns raised, and what enquiries may be needed. The person's wishes and desired outcomes, however, are not the only consideration as sometimes actions are required without a person's consent, particularly where there are overriding public interest issues, or risk to others. In these circumstances, the practitioner will need to ensure that a sensitive conversation takes place with the adult to explain how and why their wishes have to be over-ruled, listening to their feelings and the impact this action will have on them, and seeking to provide them, wherever possible, with reassurance.

10.5.4.7. The views, wishes and desired outcomes of the adult are equally important should the adult lack mental capacity to make informed decisions about their safety and

protection needs, or have *substantial difficulty* in making their views known and participating in the enquiry process. Personalised practice approaches should still be taken in such cases, including engaging with the persons representative/s, any best interest consultees, appointing an independent advocate where appropriate, using what information is known and finding out what the adult would have considered important in decisions about their life, and by following best practice as laid out in the Mental Capacity Act Code of Practice 2007.

10.5.5. ***Independent advocacy and "substantial difficulty".***

10.5.5.1. Local Authorities have a duty to involve the adult in a safeguarding Enquiry. Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process[6]. As part of the Planning process, the Lead Agency must consider and decide if the adult has "*substantial difficulty*" in participating in the adult safeguarding Enquiry. The Lead Agency should make all reasonable adjustments[7] to enable the person to participate before deciding the person has "s*ubstantial difficulty*".

10.5.5.2. "*Substantial difficulty*" does not mean the person cannot make decisions for themselves, but refers to situations where the adult has "*substantial difficulty*" in doing one or more of the following-

- *understanding relevant information*,
  Many people can be supported to understand relevant information, if it is presented appropriately and if time is taken to explain it.

- *retaining that information*,
  If a person is unable to retain information long enough to be able to weigh up options, and make decisions, then they are like to have substantial difficulty in participating.

- *using or weighing that information as part of the process of being involved*,
  A person must be able to weigh up information, in order to participate fully and express preferences for or choose between options.

- *communicating their views, wishes or feelings.*
  A person must be able to communicate their views, wishes and feelings whether by talking, writing, signing or any other means, to aid the decision process and to make priorities clear.

10.5.5.3. Where an adult has "*substantial difficulty"*" being involved in the adult safeguarding Enquiry, the Lead Agency must consider and decide whether there is an appropriate person to represent them. This would be a person who knows the adult well, and could be, for example, a spouse, family member, friend, informal carer, neighbour, Power of Attorney. The identified person will need to be willing and able to represent the adult.

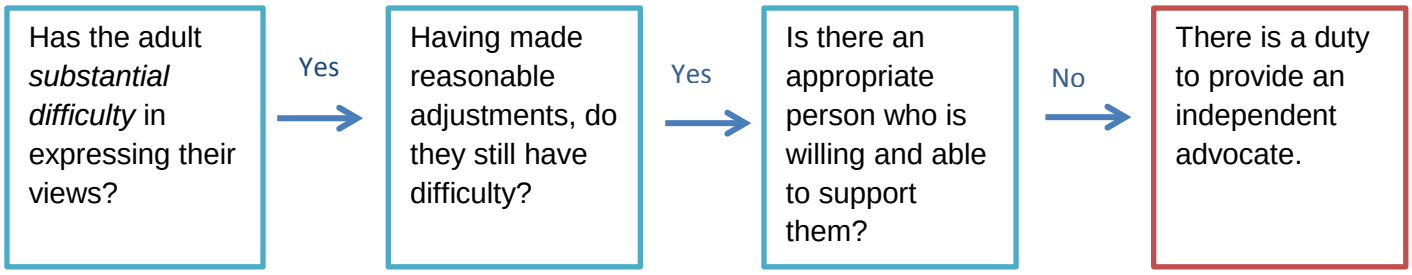
[6] Paragraph 7.6, 7.7. Care and Support Statutory Guidance 2014
[7] Equality Act (2010)

10.5.5.4. An appropriate person to represent the adult cannot be a person who is involved in their care or treatment in a professional or paid capacity. Where the adult has capacity to consent to being represented by that person, the adult must consent to being represented by them. If the adult lacks capacity to consent to being represented by that person, the Lead Agency must be satisfied that being represented by that person is in the adult's best interests.

10.5.5.5. The person who is thought to be the source of risk to the adult may be the most readily identifiable person to represent them, for example, if the person thought to be the source of risk is a spouse, next of kin, or person closest to the adult in their social network. In such circumstances, careful thought needs to be given to who is appropriate to represent the adult, but it is unlikely that the Lead Agency would consider that it is in the adult's best interests to be represented by a person who may pose a risk of harm to them.

10.5.5.6. Where an adult has "*substantial difficulty*" being involved in the adult safeguarding Enquiry, and where there is no other appropriate person to represent them, the Lead Agency must arrange for an independent advocate to support and represent them. See Fig 10c below. The Care and Support Statutory Guidance states that where the need for an independent advocate has been identified, the local authority must arrange for one to be provided[8].

Fig. 10c**.** ***Is there a duty to provide an Independent Advocate?***



10.5.5.7. If a safeguarding Enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible.

10.5.5.8. If an independent advocate is appointed, they must be included fully in Enquiry planning and evaluation processes to represent the views and wishes of the adult in any decisions that are made.

10.5.6. ***Risk assessment and interim safeguarding plans***

10.5.6.1. The first priority in any Enquiry process should be the safety and wellbeing of the adult[9]. The enquiry Planning process should consider the support and safety needs of the adult during the period of time it will take to carry out the necessary enquiries. The plan of safety measures and support provided for the adult at this stage of the process is called the ***interim Safeguarding Plan***.

10.5.6.2. For further information on Safeguarding Plans and the different types of actions and safety measures that can be considered, see Adult Safeguarding Plan section of this procedure.

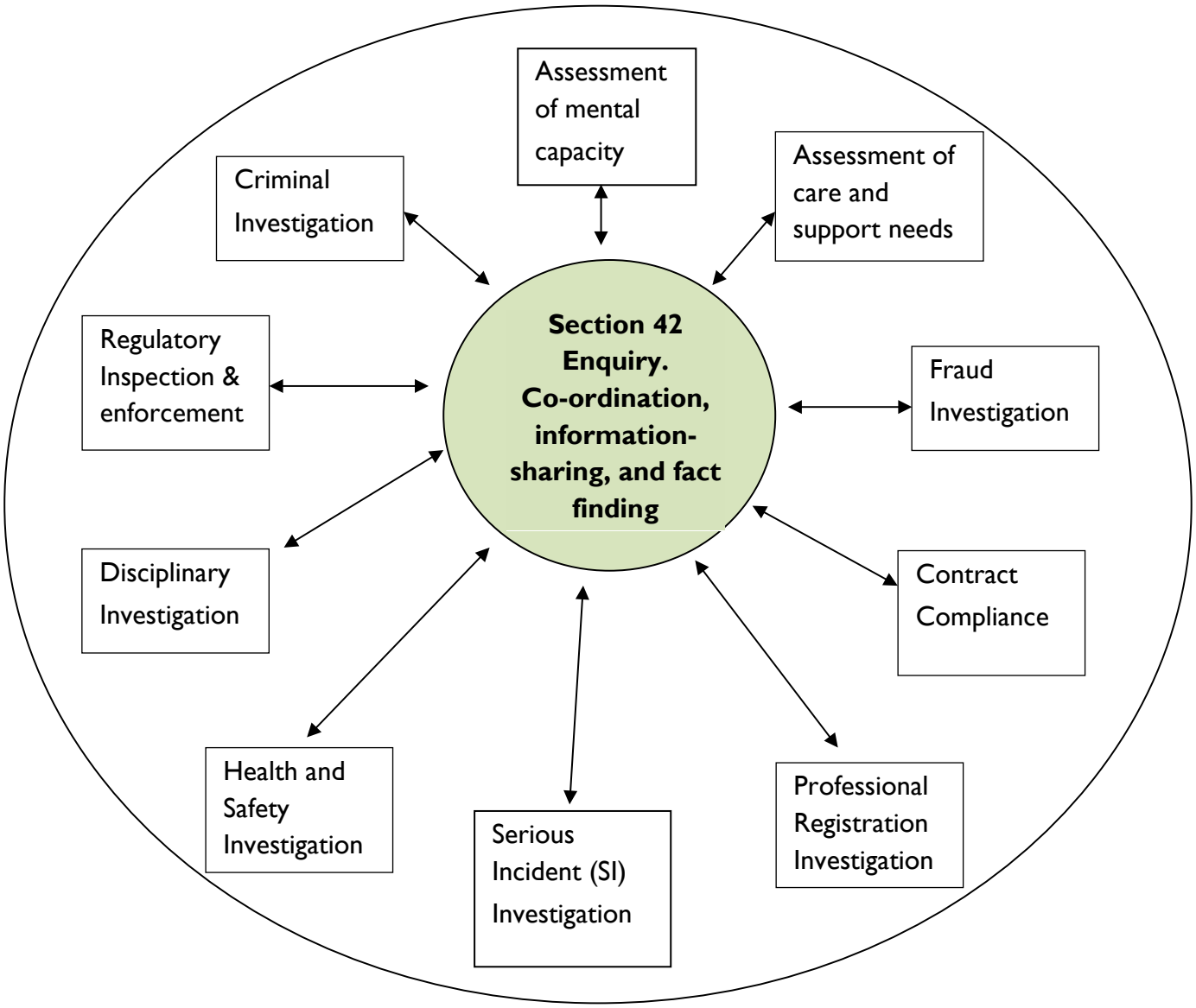
[8] Paragraph 14.10. Care and Support Statutory Guidance 2014
[9] Paragraph 14.79. Care and Support Statutory Guidance 2014

10.5.7. ***Making enquiries or causing enquiries to be made***

10.5.7.1. The Planning process will determine the scope and nature of the enquiries needed, and who should do these. Some situations require multiple enquiries to take place concurrently. Where several types of enquiries are proceeding simultaneously it is essential that the staff leading them keep in regular contact and that one enquiry process does not contaminate, obstruct or interfere with any other. It will be for the Managing Officer to ensure that this communication and co-ordination takes place.

10.5.7.2. An adult safeguarding Enquiry will need to establish the facts to an extent that decisions and plans for the adult's wellbeing and protection can be fully informed and take account of the context of the situation. An adult safeguarding Enquiry is not in itself an investigative process - the overall focus of a safeguarding Enquiry will be on the impact, & the current and future wellbeing of the adult, and less on proving whether abuse or neglect took place or not- but different formal assessments and investigations may need to take place as part of the overall *enquiries* needed. These should take account of the adults consent to the process, views and wishes. See Fig 10d below.

Fig. 10d**.** ***Examples of assessments and investigations that may form part of adult safeguarding Enquiries.***



10.5.7.3. Adult safeguarding Enquiries are undertaken in accordance with statutory duties but do not have any statutory powers to compel, enforce or sanction. Where this becomes necessary this will be the responsibility of those agencies that do have relevant powers (e.g. arrest; interview under caution; issue penalties and prosecute).

Good Practice Guide – Types of enquiries and who should do them.	
Establishing the views, wishes and desired outcomes of the adult.	The most appropriate person in the situation. This could be the professional who knows the adult best and who the adult trusts- for example, GP, District Nurse, care worker, housing support worker, PCSO, CPN- or it could be a practitioner from the Lead Agency- for example, social worker. Where an adult has substantial difficulty in being involved in the adult safeguarding enquiry, an appropriate person should be identified to represent them, and if no appropriate person, an independent advocate must be appointed.
Care and Support Needs assessment / Carers assessment / assessment of Mental Health needs / other health assessment.	Social services / NHS CCG / mental health team / care trust.
Access to health and social care services to reduce the risk of abuse or neglect	Social services / NHS CCG / mental health team / care trust
Criminal (including assault, theft, fraud, hate crime, domestic violence, and abuse or wilful neglect)	Police
Domestic violence – serious risk of harm	Police coordinate the MARAC process
Antisocial behaviour (e.g. harassment, nuisance by neighbours)	Community safety services / local Policing (e.g. Safer Neighbourhood Teams).
Breach of tenancy agreement (e.g. harassment, nuisance by neighbours)	Landlord / registered social landlord / housing trust / community safety services
Bogus callers or rogue traders	Trading Standards / Police
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service user from the actions of another)	Manager / proprietor of service / complaints department Ombudsman (if unresolved through complaints procedure)
Breach of contract to provide care and support	Service commissioner (e.g. local authority, NHS CCG)

Fitness of registered service provider	CQC
Serious Incident (SI) in NHS settings	Root cause analysis investigation by relevant NHS Provider
Unresolved serious complaint in health care setting	CQC, Health Service Ombudsman
Breach of rights of person detained under the MCA 2007 Deprivation of Liberty Safeguards (DoLS)	CQC, Local Authority, OPG/Court of Protection.
Breach of terms of employment / disciplinary procedures	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of health and safety legislation and regulations	HSE / CQC / Local Authority Link to - 2015 MoU.
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	OPG / Court of Protection / police
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests	OPG / Court of Protection
Misuse of Appointeeship or agency	DWP
Safeguarding Adults Review (Care Act s44)	Local Safeguarding Adults Boards

10.5.7.4. 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.

10.5.7.5. 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.

10.5.7.6. Although the local Lead Agency (who are responsible for discharging the local authority s42 duty) has the lead role for making Enquiries, it may require others to undertake enquiries (i.e. *cause enquiries to be made*). The local Lead Agency retains the responsibility for ensuring that the Enquiry is referred to the right place and is acted upon.

10.5.7.7. When causing an enquiry to be made the Managing officer will identify the timescale within which the enquiry should be completed, how the enquiry outcomes will be fedback to the local Lead Agency (e.g. by written report, verbal account, or meeting), and to whom.

10.5.7.8. The local Lead Agency, in its lead and coordinating role, should assure itself that the enquiry satisfies the 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 Lead Agency 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.

10.5.7.9. Where an enquiry is to be undertaken by a relevant partner agency, this must be clearly communicated to an accountable person in the organisation, laying out the legal context of the request and the statutory nature of the duty to enquire.

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

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

10.5.7.12. In many cases the organisation charged with an enquiry will be a care provider service and it is essential that Managing Officers are satisfied that the provider has the skills and resources to undertake the enquiry in a manner that will satisfy the statutory requirements in accordance with the Safeguarding Principles and in a manner that will promote the adult's wellbeing and independence.

10.5.8. ***Adult safeguarding Enquiries in regulated care settings.***

10.5.8.1. Where abuse or neglect is carried out by employees or in a regulated setting, such as a care home, hospital, or college, the first responsibility to act must be with the employing organisation as provider of the service. However, social workers or counsellors may need to be involved in order to support the adult to recover.

10.5.8.2. When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner.

10.5.8.3. Where a local Lead Agency has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The local Lead Agency may well be reassured by the employer's response so that no further action is required, or it may cause the provider service to undertake further internal enquiries or investigations. The local Lead Agency would have to satisfy itself that a provider's response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).

10.5.8.4. The provider service should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. This could be, for example, due to:

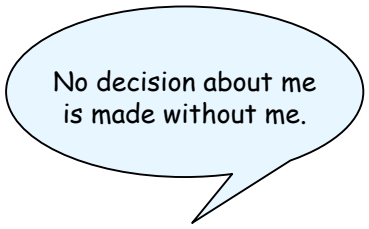
- a serious conflict of interest on the part of the employer,
- concerns having been raised about non-effective past enquiries or serious, multiple concerns,
- a matter that requires investigation by the police.

10.5.8.5. Concerns relating to services registered under the Health and Social Care Act 2008, and subsequent outcomes from adult safeguarding Enquiries, should be shared with the Care Quality Commission, the host local authority contract and commissioning service, and with the NHS CCG where there are health funded contracts.

10.5.9. ***Evaluate and protect***

10.5.9.1. Throughout adult safeguarding Enquiry processes, information and risk should be evaluated regularly, and the Enquiry plans adapted or changed as new information becomes available or if circumstances change. However, at some point, all necessary enquiries will have been made and the Lead Agency will be in a position to decide what action is required in the adult's case.

10.5.9.2. As with planning processes, evaluating the outcomes of Enquiries, and deciding what action is needed in the adult's case, should be done with the full participation of the adult, or their representative or advocate as appropriate.



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

- the adult's needs for care and support;
- the adult's risk of abuse or neglect;
- the adult's ability to protect themselves or the ability of their networks to increase the support they offer;
- the impact on the adult, their wishes;
- the possible impact on important relationships;
- potential of action increasing risk to the adult;
- the risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect;
- the responsibility of the person or organisation that has caused the abuse or neglect; and
- research evidence to support any intervention[10].

10.5.9.4. 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,

[10] Paragraph 14.83. Care and Support Statutory Guidance 2014

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.

10.5.9.5. When evaluating the adult's needs for care and support, if a needs assessment under section 9 of the Care Act 2014 has not already taken place, it will be necessary to evaluate whether a needs assessment should be offered, and in certain cases, undertaken despite refusal where it may appear that the adult has needs for care and support, and is experiencing or is at risk of abuse or neglect.[11]

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

10.5.9.7. A meeting may be required in order to gather relevant people together to discuss the outcomes of the enquiries and gain views on what actions are required in the adult's case. Meetings should be organised and planned carefully to promote meaningful involvement of the adult.

Good Practice Guide – Involving adults in safeguarding meetings.

Effective involvement of adults and / or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centered way. Bear in mind these questions when planning the meeting:

- **How should the adult be involved?** Is it best for the adult to attend the meeting, or would they prefer to feed in their views & wishes in a different way, e.g. a written statement? Is it best to hold one big meeting, or a number of smaller meetings?
- **Where is the best place to hold the meeting?** Where might the adult feel most at their ease and able to participate?
- **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**?** Consider the impact of a person's sleep patterns, medication, condition, dependency, care and support needs;
- **What will the agenda be?** Is the adult involved in setting the agenda?
- **What preparation needs to be undertaken with the adult?** How can they be supported to understand the purpose and expected outcome of the meeting?
- **Who is the best person to chair?** What can they do to gain the trust of 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?

[11] Care Act 2015. Section 11 (2)(b).

10.5.10. ***Deciding what action is required in the adult's case, and concluding the adult safeguarding Enquiry.***

10.5.10.1. 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.

10.5.10.2. 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.

10.5.10.3. 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.

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

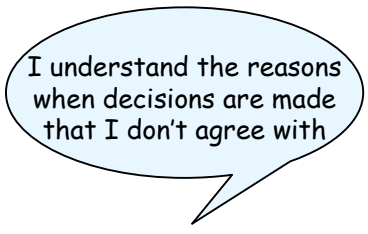
- ongoing,
- complex,
- unstable,
- risk of harm to the adult or others is significant,
- other factors such as coercion, undue influence, or duress add to the complexity and uncertainty of the risk,

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.

10.5.10.5. 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.

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.

However, there will be occasions where the desired outcomes of the adult cannot be met or where doing so would cause unacceptable risk of harm to the adult or others. The duty of care to safeguard the adult will always need to be balanced with their right to self-determination. Such situations will require careful negotiation with the adult and involved others, and all decisions should be discussed and explained to the adult in a way they can understand.



In cases where the adult is not able to understand and make safe decisions, restrictions on the adult's choices and lifestyle may need to be considered. Any support or decision that is designed to restrict unsafe choices or behaviour needs to be lawful, proportionate, and the least restrictive. Positive risk taking frameworks and theory should be applied. For further information see Chapter 11- Adult safeguarding plans.

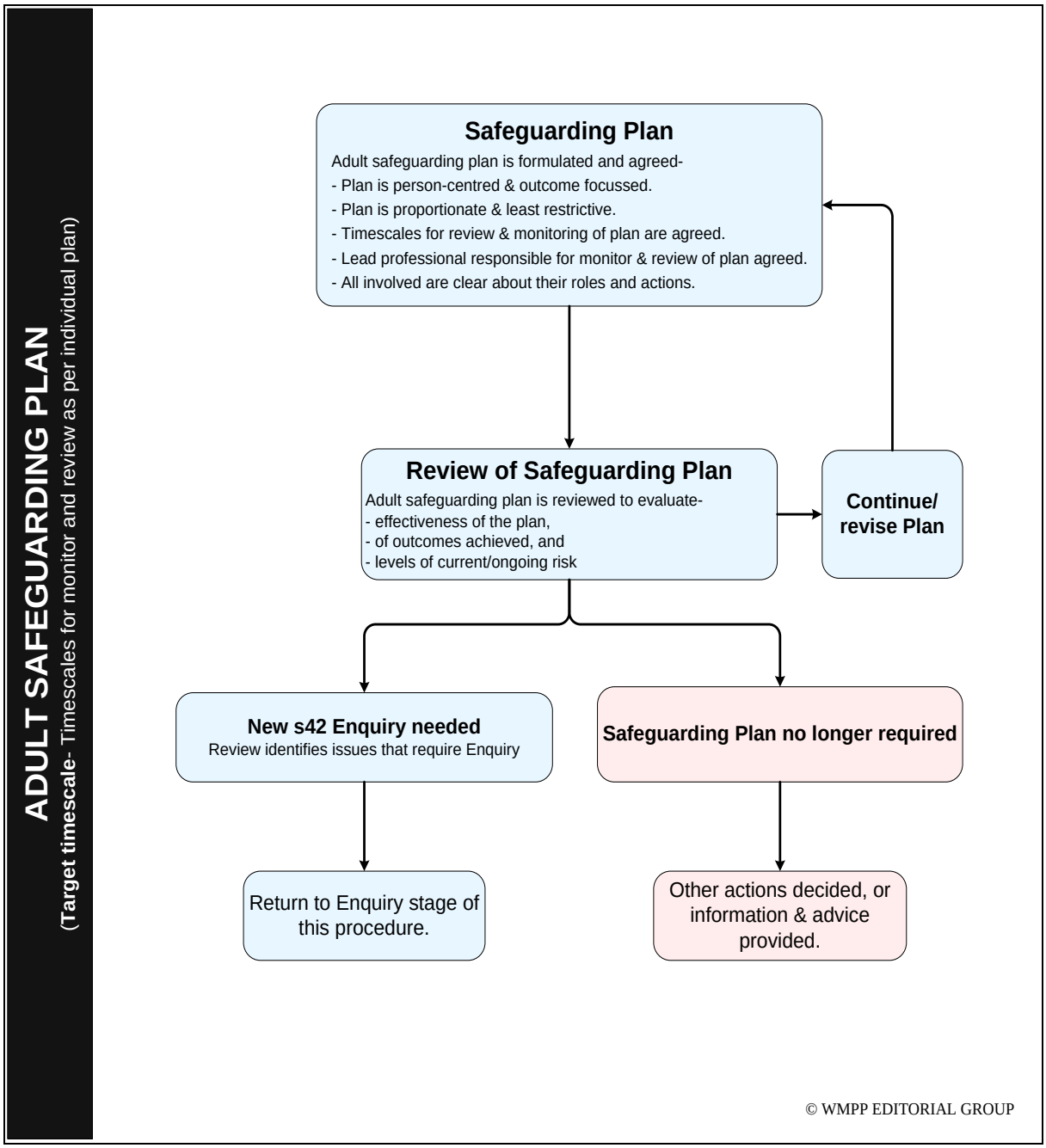
10.5.10.6. Conclusions of the adult safeguarding Enquiry and decisions about action required should be recorded clearly and be defensible. Defensible decision making means providing a clear rationale based on legislation, policy, models of practice or recognised tools utilised to come to an informed decision based on the information known at that time. Accurate, timely, concise, specific, appropriate recording will support your decision making and provide justification for actions taken.

10.5.10.7. When the adult safeguarding Enquiry is concluded, feedback on the outcomes should be shared with the following agencies/individuals as appropriate:

- The adult.
- Their representative or advocate.
- The person / agency who raised the adult safeguarding concern.
- The person / agency who were identified as the potential source of risk.
- Key partner agencies as outlined in Fig 10b above.
- Any other involved stakeholder agency/individual.

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

11. Adult Safeguarding Plans-



11.1. Definition

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.

11.2. Purpose

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.

In relation to the adult this should set out[12]:

- 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 (e.g. same gender care or placement; appointment of an OPG deputy);

- how best to support the adult through any action they take to seek justice or redress;
- any on-going risk management strategy as appropriate; and,
- any action to be taken in relation to the person or organisation that has caused the concern.

11.3. Roles and responsibilities

The local Lead Agency will take responsibility for organising and coordinating the formulation of the adult safeguarding plan. 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. In most cases this will be the Managing Officer from the local Lead Agency.

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[13].

11.4. Timeliness and risk

Formulating the plan: The adult safeguarding plan should follow naturally from concluding the adult safeguarding Enquiry and decisions on what actions are required in the adult's case. There should be no delay between concluding the Enquiry and formulating the plan.

[12] Paragraph 14.95. Care and Support Statutory Guidance 2014
[13] Paragraph 14.91. Care and Support Statutory Guidance 2014

Monitoring and reviewing 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. Local guidance may outline more specific timescales.

11.5. Process

11.5.1. ***Formulating the plan***

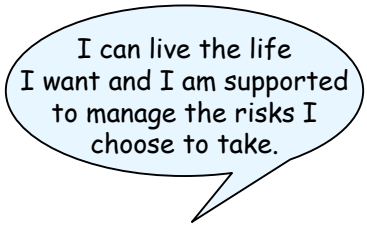
11.5.1.1. In most cases there will be a natural transition between deciding what actions are needed in the adult's case at the end of the Enquiry episode, into formalising what these actions are and who needs to be responsible for each action- this is the adult safeguarding plan. The plan should outline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

11.5.1.2. 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.

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

11.5.1.4. The Mental Capacity Act directs that agencies **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.

Where the 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[14].



11.5.1.5. As outlined in Chapter 10.5.10, there will be occasions where the desired outcomes of the adult cannot be met or where doing so would cause unacceptable risk of harm to the adult or others.

Adult safeguarding plans will need to balance the duty of care to safeguard the adult with their right to self-determination. In cases where the adult is not able to understand and make safe decisions, the adult safeguarding plan may need to include restrictions on the adult's choices and lifestyle. Any support or decision that is designed to restrict unsafe choices or behaviour needs to be lawful, proportionate, and least restrictive.

[14] Paragraph 14.92. Care and Support Statutory Guidance 2014

Good Practice Guide – Positive risk taking and personalising choice & control

See: A positive approach to Risk and Personalisation: A Framework. West Midlands IEP

Risk is the probability that an **event** will occur with beneficial or harmful outcomes for a particular person or others with whom they come into contact.

Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.

Positive risk management does not mean trying to eliminate risk. It means managing risks to maximise people's choice and control over their lives.

Positive risk taking recognises that in addition to potentially negative characteristics, risk taking can have positive benefits for individuals, enabling them to do things which most people take for granted. In the right circumstances, risk can be beneficial, balancing necessary levels of protection with preserving reasonable levels of choice and control. A balance has to be achieved between the wishes of adults at risk of abuse or neglect, and the common law duty of care.

Risk Assessment and Identification-

Risk should be considered and assessed before it occurs. This should include identifying the probability of the risk occurring and the impact if it does. It should be remembered that the impact of a risk can be positive and that not all risks will require management.

Risk assessment practice is dynamic and flexible and should respond to change. Therefore it will:

- Include the views of individuals and those of their families/carers which should have prominent focus in the assessment, identification and management of risk.
- Have a focus on a person's strengths to give a positive base from which to develop plans that will support positive risk-taking. The strengths and abilities of the person, their wider social and family networks, and the diverse support and advocacy services available to them should inform a balanced approach.
- Be proportionate to the risk identified, potential impact and subject to ongoing monitoring and review.
- Use the principles of multi-agency working in proportion to risk and the impact on self and others.
- Use a person-centred approach to assess, identify and manage risk.
- Ensure that staff have access to appropriate training to support them to promote positive risk taking.
- Ensure that written assessments identify a review date and include the signatures of everyone involved in the assessment.
- Include historical information which is of value in the assessment and management of risk. Historical information should not prejudice a positive approach to risk taking in the future.

Risk management and personalising choice & control-

'The goal is to manage risks in ways which improve the quality of life of the person, to promote their independence or to stop these deteriorating if possible. Not all risks can be managed or mitigated but some can be predicted.'[15]

Risk management entails broad range of responses and may involve preventative, responsive and supportive measures to reduce the potential negative consequences of risk, and to promote the potential benefits of taking agreed risks. These will occasionally involve more restrictive measures and crisis responses where the identified risks have an increased potential for harmful outcomes.

Risk management strategies and measures should be personalised to the individual circumstances and context of the adult. Personalisation is not about maximising freedom. As the term implies it is primarily concerned with how to design support arrangements so they are more "personal" - which means they need to fit the person, and be suitable for them.

One of things you can personalise is *control* itself. Not only can you personalise control but *personalised control* is sometimes the key to excellent support.

Control can be personalised, just like any other aspect of a support service. But it must be justified with due regard for (a) mental capacity, (b) effectiveness, and (c) proportionality[16].

Personalised approaches to adult safeguarding are not just about gaining and focusing on the desired outcomes of the adult, although this is important. It is also about ensuring any support the adult needs to manage risk of abuse or neglect- including measures that may need to restrict or control an adult's choices and freedoms- is tailored to their individual circumstances, and takes account of their history, preferences, culture and values.

11.5.2. ***Interface between adult safeguarding plans and care & support plans.***

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

11.5.2.2. 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 2014 (sections 24 & 25).

[15] *Nothing Ventured, Nothing Gained: risk guidance for people with dementia*, Department of Health, November 2010

[16] Content adapted from *Safeguarding and Personalisation*, v1.1, Jan 2009. Simon Duffy and John Gillespie.

11.5.3. ***What sort of actions should be included adult safeguarding plans?***

11.5.3.1. 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:

- 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; and,
- any action to be taken in relation to the person or organisation that has caused the concern.

11.5.3.2. Outcomes for adult safeguarding plans can be as high level or detailed as the circumstances require, and as the law allows. Actions should aim to be **S.M.A.R.T. -**

- **Specific -** try to be very clear about exactly what action is going to be taken. Name the person/people responsible for each action.
- **Measurable -** you should be able to clearly quantify or demonstrate that the action or outcome has been achieved.
- **Achievable -** you need to make sure that you are able to attain the action or outcome.
- **Realistic -** try to make sure that the action you are planning is the most practical way to achieve the improvement you want.
- **Time constrained -** make sure you state the time period in which each action will be accomplished.

11.5.3.3. The adult safeguarding plan should include, relevant to the individual situation:

- Positive actions to promote the safety and wellbeing of an adult, and for resolution & recovery from the experience of abuse or neglect; and,
- Positive actions to prevent further abuse or neglect by a person or an organisation. (See Good Practice Guide on the next page).

The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s, and how this should be dealt with (e.g. who to contact or how to escalate concerns).

11.5.3.4. Support measures for adults who have experienced abuse or neglect, or who are at risk of abuse or neglect, should be carefully considered when formulating the adult safeguarding plan. Mainstream support service provision (e.g. mainstream Domestic Abuse support services, Victim Support) should be considered as well as specialist support services (e.g. specialist psychology services).

11.5.3.5. The role of Police and related support measures should be considered where an adult may be going through the criminal justice process, including use of Intermediaries, Independent Domestic Violence Advocates (IDVA), and Independent Sexual Violence Advisors (ISVA).

11.5.3.6. Where there is a potential for criminal prosecution it is important to ensure that support provided to the adult (some types of counselling or psychology support in particular) will not interfere with criminal processes and evidence. This should be discussed as part of planning processes, and guidance can be obtained from the Crown Prosecution Service on a case by case basis should this be a possibility.

Good Practice Guide – Examples of positive actions for adult safeguarding plans

Actions to promote the safety and wellbeing of an adult, and for resolution & recovery from the experience of abuse or neglect.	**Actions to prevent further abuse or neglect by a person or an organisation.**
• Provision of care and support services to promote safety and wellbeing (e.g. homecare, telecare).	• Reassessing and changing support provision for an adult with care & support needs who poses a risk of harm to other service user/s.
• Security measures e.g. door locks and entry devices, personal alarms, telephone or pager, CCTV.	• Carrying out a carers assessment and providing services to decrease risk of harm
• Formalised arrangements for monitoring safety and wellbeing (e.g. Keeping in Touch plans- usually used where an adult with capacity will not accept any other form of support).	• Change of support services provided to an adult to decrease carer stress.
• Flags on agency systems.	• Increased observation of and appropriate interventions to prevent harmful behaviour by other service users
• Activities / personal development / awareness raising that increase a person's capacity to protect themselves	• Meeting with an individual who poses a risk of harm, and negotiating changes to their behaviour.
• Support or activities that increase self-esteem and confidence.	• Family group conferencing to agree changes to behaviour that harms.
• Advocacy services.	• Criminal prosecution.
• Counselling and therapeutic support.	• Enforcement action by CQC, including cancellation of registration
• Mediation or family group conferencing.	• Application for a Court Order e.g. restraining contact or an anti-social behaviour order.
• Domestic abuse support services.	• Application to the Court of Protection to change/remove a Lasting Power of Attorney
• Restorative justice.	• Application to the Department of Work and Pensions to change / cancel appointeeship.
• Circles of support.	
• Befriending.	
• Blocking nuisance calls or advice from Trading Standards.	

• Neighbourhood watch. • Application for Criminal Injuries Compensation • Appointeeship. • Application to the Court of Protection for single decision or court appointed deputy • Application to the High Court under inherent jurisdiction • Domestic abuse prevention orders, forced marriage prevention orders. • Civil injunctions. • Guardianship order under the Mental Health Act e.g. to require residence or require access be given • Support through the Criminal Justice system; Independent Domestic Violence Advocate (IDVA), ISVA, Intermediary Service. • Support to recover from crime and for advice on the criminal justice system- Victim Support. • Support to make visual evidence for later use if decide to make criminal complaint- Visual Evidence for Victims.	• Civil Law remedies e.g. suing for damages • Prosecution by Trading Standards • Referral to the relevant registration body (e.g. NMC, HCPC, GMC) • Training needs assessment, supervision (of employee/volunteer) or disciplinary action following an internal investigation • Organisational review (e.g. of staffing levels, policies/procedures, working practices, or culture)

11.5.4. ***Monitoring and reviewing the plan.***

11.5.4.1. The identified lead professional should monitor the plan on an ongoing basis, and lead review processes within the timescales agreed on the plan. The purpose of the review process is to-

- evaluate the effectiveness of the adult safeguarding plan;
- evaluate whether the plan is meeting/achieving the adult's outcomes;
- evaluate levels of current and ongoing risk.

The local Lead Agency should be involved in any review of adult safeguarding plans, and decisions about plans should be communicated and agreed with the Lead Agency.

11.5.4.2. Following review processes, it may be determined that-

- **the adult safeguarding plan is no longer required**; or,
- **the adult safeguarding plan needs to continue.** Any changes or revisions to the plan should be made, new review timescales set and who will be the lead professional to monitor and review the plan; or,
- **a new adult safeguarding s42 Enquiry is needed**. This will usually be when new information comes to light that significantly changes the circumstances and risks, or introduces new risks. New adult safeguarding Enquiries will only be needed when the local Lead Agency determines that new enquiries are necessary to enable it to decide what action is needed in the adults case. If the local Lead Agency is satisfied that, despite new or changed risks, further enquiries are not necessary to enable it to decide what action is needed, then new or changed risks can still be managed through revision and monitoring of safeguarding plans.

11.5.5. ***Closing the adult safeguarding procedure.***

11.5.5.1. The adult safeguarding procedure can be closed following review or any time where the adult safeguarding plan is no longer required. The adult safeguarding plan will no longer be required when the adult is no longer at risk of abuse or neglect, or risks have reduced to the level that they can adequately and appropriately be managed or monitored through single agency processes, e.g. assessment and support planning processes, community policing responses, health service monitoring.

11.5.5.2. Decisions about concluding the adult safeguarding procedure should be made by, or in agreement with, the local Lead Agency, and should be clearly recorded with the rationale for the decision.

11.5.5.3. When the adult safeguarding procedure is concluded, feedback on the outcomes should be shared with the following agencies/individuals as appropriate:

- The adult.
- Their representative or advocate.
- The person / agency who raised the adult safeguarding concern.
- The person / agency who were identified as the potential source of risk.
- Key partner agencies as outlined in Fig 10b above.
- Any other involved stakeholder agency/individual.

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

GLOSSARY AND ABBREVIATIONS.

A&E (accident & emergency) a common name in the UK and Ireland for the emergency department of a hospital.

Abuse: The Care Act Statutory guidance does not provide a general definition of what constitutes abuse or neglect so as not to limit thinking in this area. It is recognised that abuse or neglect can take many forms and the circumstances of the individual should always be considered. The following are identified as common types of abuse or neglect - physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, organisational, domestic abuse, modern slavery and self-neglect (this list is not exhaustive).

ACPO (Association of Chief Police Officers): an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services): the national leadership association for directors of local authority adult social care services.

Adult Safeguarding: the term used to cover all work undertaken to support adults with care and support needs to maintain their own safety and well being. It describes the preventative and responsive actions undertaken to support adults who are experiencing, or at risk of experiencing abuse or neglect

Adult safeguarding contact points: the place where safeguarding concerns are raised within the local area. This could be a local authority single point of access, the relevant social work or mental health team or a 'safeguarding hub'.

Adult safeguarding co-ordinator/lead: these titles or similar are used to describe an individual who has safeguarding lead responsibilities across an authority. For example, supporting the work of the Safeguarding Adults Board (SAB) and/or advising on adult safeguarding cases in the local authority. The role varies from council to council, and carries different titles.

Adult safeguarding practitioner: the member of staff of any organisation who leads an enquiry into an allegation of abuse. This is often a professional or manager in the organisation who has a duty to undertake a S42 enquiry

Adult safeguarding process refers to the decisions and subsequent actions taken on receipt of a concern. This process can include safeguarding meetings or discussions, enquiries, a safeguarding plan and monitoring and review arrangements.

Adult with care and support needs: someone 18 or above 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.

Advocacy: taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.

Appropriate adult: is an individual who provides support to a "vulnerable adult" (adult with care and support needs) who is suspected of committing a crime to ensure their interests are protected during detention and the police investigation. This role can be undertaken by a parent, guardian, and social worker of a local authority or other responsible adult over the age of 18 who is not a police officer or employed by the police.

Assessment and support planning: the process of assessment of need, planning and co-ordinating care for adults with care and support needs to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.

CAADA (Co-ordinated Action Against Domestic Abuse) a national charity supporting a strong multi-agency response to domestic violence. The CAADA-DASH (Domestic Abuse, Stalking and Harassment and Honour-based violence) risk identification checklist (RIC) was developed by CAADA and the Association of Chief Police Officers (ACPO).

Care and Support needs: The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

Care setting/services includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget (PB), direct payment or funded by the person themselves.

Carer refers to unpaid carers for example, relatives or friends of the adult with care and support needs. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Clinical Commissioning Group (CCG) NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in their area.

Clinical governance the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

Consent the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

CPA (Care Programme Approach) introduced in England by the DH (Department of Health) in 1990 the CPA requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

CPS (Crown Prosecution Service) the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) responsible for the registration and regulation of health and social care in England.

DASM (Designated adult safeguarding manager): the person within an organisation who is responsible for the management and oversight of individual complex cases and the coordination of activity when concerns are raised about an employee, volunteer or student, paid or unpaid (collectively known as people in a position of trust). The Local Authority, Clinical Commissioning Group and Police are required under the statutory guidance to have such a role in place. Please refer to the West Midlands position of trust guidance for further information.

DH (Department of Health) the government strategic leadership for public health, the NHS and social care in England.

DHR (domestic homicide review) a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom she or he was related or with whom she or he was or had been in an intimate personal relationship, or (b) a member of the same household as herself or himself. A DHR is held with a view to identifying the lessons to be learned from the death.

DBS (Disclosure and barring service) is a non-departmental public body of the Home Office of the United Kingdom. It supports organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

DoLS (Deprivation of Liberty Safeguards): is an amendment to the MCA (2005) and provides safeguards for people who lack capacity specifically to consent to treatment or care in either a hospital or care home that, in their own best interests can only be provided in circumstances that amount to a deprivation of liberty. . In March 2014 a judgment was made in the Supreme Court regarding two cases which have had a significant effect on DOLS work. The two cases are-

- "P v Cheshire West and Chester Council and another"
- "P and Q v Surrey County Council"

The full judgment can be found on the Supreme Court's website at the following link:
http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

Domestic Abuse is any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional

DPA (Data Protection Act 1998) an Act to make provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.

DVCVA (Domestic Violence, Crime and Victims Act 2004) is an Act of the Parliament of the United Kingdom. It is concerned with criminal justice and concentrates upon legal protection and assistance to victims of crime, particularly domestic violence. It also expands the provision for trials without a jury, brings in new rules for trials for causing the death of a child or vulnerable adult (also known as an adult with care and support needs) and permits bailiffs to use force to enter homes.

DVCV(A)A (Domestic Violence, Crime and Victims (Amendment) Act 2012) Act to amend section 5 of the Domestic Violence, Crime and Victims Act 2004 to include serious harm to a child or vulnerable adult (also known as an adult with care and support needs): to make consequential amendments to the act; and for connected purposes.

DWP (Department for Work and Pensions) government department responsible for welfare and employment issues.

Emergency duty officer the social worker on duty in the emergency duty team (EDT) or out of hours service.

Emergency duty team a social services team that responds to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult with care and support needs, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

Enquiry is a range of actions undertaken or instigated by the Local Authority under S42 of the Care Act in response to an abuse or neglect concern of an adult with care and support needs. As S42 requires the adult to have both care and support needs, the duty to undertake enquiries will not typically extend to carers unless they have care and support needs in their own right.

FGM (female genital mutilation) is defined by the **World Health Organisation** (WHO) as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.'

FGMA (Female Genital Mutilation Act 2003) An Act to restate and amend the law relating to female genital mutilation.

GP (general practitioner) A general practitioner is a doctor who is responsible for diagnosing and treating a variety of injuries and diseases that fall under the general practice category. General practitioners (GPs) work in primary care. They are usually commissioned by primary care organisations, such as primary care trusts or clinical commissioning groups to deliver services.

Healthwatch is the independent consumer champion for health and social care, and the organisation has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver, and regulate health and social care services.

HMIPs (Her Majesty's Inspectorate of Prisons) An independent inspectorate which reports on conditions for and treatment of those in prison, young offender institutions and immigration detention facilities.

HR (human resources) The division of an organisation that is focused on activities relating to employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, and retention. Formerly called personnel**.**

HRA (Human Rights Act 2000) legislation introduced into domestic law for the whole of the UK in October 2000, in order to comply with the obligations set out in European Convention of Human Rights. S73 of the Care Act 2014 extends the provisions of the Human Rights Act to protect people who are in receipt of personal care in the place where they reside at the time under the following circumstances. The care is arranged, or commissioned (partly or wholly) by a relevant Authority (public body currently covered by the Act).

HSCA (Health and Social Care Act 2012) provides legislative changes to the health and care system including giving GPs and other clinicians the primary responsibility for commissioning health care.

HSE (Health and Safety Executive) a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

Ill treatment or wilful neglect: these are two separate offences outlined in the MCA 2005 (Section 44,), the MHA 1983 (section 127) and the Criminal Justice and Courts Act (2015) introduces two new offences of Ill-treatment or wilful neglect: care worker offence (Section 20); Ill-treatment or wilful neglect: care provider offence (Section 21). The offence of Ill treatment involves deliberately ill-treating the person, or being reckless in the way they were ill-treating the person or not. It does not matter whether the behaviour was likely to cause, or actually caused, harm or damage to the victim's health. Wilful neglect varies depending on the circumstances, but will usually mean an individual has deliberately failed to carry out an act they knew they had a duty to do (DCA, 2007). Genuine errors or accidents by individuals fall outside of the scope of these offences.

IDVA (independent domestic violence adviser) a trained support worker who provides assistance and advice to victims of domestic violence.

IMCA (independent mental capacity advocate) established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

IMHA (Independent Mental Health Advocate: An IMHA is an independent advocate who is specially trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

Inherent jurisdiction: Adults who have mental capacity are outside the jurisdiction of Mental Capacity Act 2005. The High Court can use its inherent jurisdiction in specific circumstances to intervene to protect adults with care and support when it is evidenced the adult is unable to make a decision that is free from influence or coercion from a third party.

IPCC (The Independent Police Complaints Commission) oversees the police complaints system in England and Wales. It is independent, making its decisions entirely independently of the police, government and complainants.

Intermediary someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

Making safeguarding personal: is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Managing officer a professional or manager (usually in a social work or mental health team) suitably qualified and experienced who has received adult safeguarding training. Managing officers are responsible for co-ordinating all adult safeguarding enquiries by organisations in response to an allegation of abuse.

MAPPA (multi-agency public protection arrangements) statutory arrangements for managing sexual and violent offenders.

MARAC (multi-agency risk assessment conference) the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

Mental capacity refers to whether someone has the mental capacity to make a decision or not.

MCA (Mental Capacity Act 2005) The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.

MHA (Mental Health Act 2007) amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

Mental health team a team of professionals and support staff who provide specialist mental health services to people within their community.

National Health Service (NHS) the publicly funded health care system in the UK.

OASys (Offender Assessment System) a standardised process for the assessment of offenders, developed jointly by the Probation and the Prison Services.

OPG (Office of the Public Guardian) established in October 2007, the OPG supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and in

supervising Court of Protection appointed deputies.

PACE (Police and Criminal Evidence Act 1984) and the PACE codes of practice provide the core framework of police powers and safeguards around stop and search, arrest, detention, enquiry, identification and interviewing detainees

PALS (Patient Advice and Liaison Service) a body created to provide advice and support to National Health Service (NHS) patients and their relatives and carers.

Personal budget (PB) is money allocated for social care services, allocated based on the needs of the individual following an assessment. They could be managed by councils or another organisation (such as a Primary Care Trust or PCT) on behalf of individuals. They could also be paid as a direct payment, or a mixture of both.

PIDA (Public Interest Disclosure Act 1998) An Act to protect individuals who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purposes.

PoT (Position of trust) someone in a position of trust who works with or cares for adults with care and support needs in a paid or voluntary capacity. This includes 'shared lives' carers (previously known as adult foster carers).

Police the generic term used in this document covering the following forces: West Midlands, Warwickshire and West Mercia.

Potential Source of Risk the term used to describe the person or adult who is alleged to have caused abuse or harm.

PPO (Police, Prison and Probation Ombudsman) The Prisons and Probation Ombudsman is appointed by the Home Secretary, and is an independent point of appeal for prisoners and those supervised by the Probation Service. It will take appeals from offenders and ex-offenders who are not satisfied with the handling of a complaint by the Prison Service, a prison or the National Probation Service.

PPUs (Public Protection Units) the units within the police forces across the West Midlands area that deal with Safeguarding Adults and Children in the areas of high-risk domestic violence, sexual violence, child abuse, vulnerable adult abuse and registered sex offender management.

Prioritising Need a system for deciding how much support people with social care needs can expect to help them cope and keep them fit and well. Its aim is to help social care workers make fair and consistent decisions about the level of support needed, and whether the local council should pay for this.

Protection of Freedoms Act (2012) - An Act which addresses Safeguarding vulnerable groups, criminal records etc. amending the Safeguarding Vulnerable Groups Act (2006) and introducing the Disclosure and Barring Service (replacing the previous vetting and barring scheme).

Public interest a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others or society as a whole to protection.

QAF (Quality Assessment Framework) was introduced in 2003 and sets out the standards expected in the delivery of Supporting People services.

QIPP (quality, innovation, productivity and prevention) is a Department of Health (DH) initiative to help National Health Service (NHS) organisations to deliver sustainable services in better, more cost-efficient ways.

RCP (Royal College of Psychiatrists) is an independent professional membership organisation and registered charity, representing over 27,000 physicians in the UK and internationally.

Review the process of re-examining a safeguarding plan and its effectiveness.

SAB (Safeguarding Adults Board) the SAB represents various organisations in a local authority who are involved in adult safeguarding.

Safeguarding Plan a risk management plan aimed at removing or minimising risk to the person and others who may be affected if it is not possible to remove the risk altogether. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop.

SAR (Safeguarding Adults Review) a review of the practice of agencies involved in a safeguarding matter. An SAR is commissioned by the Safeguarding Adults Board (SAB) when a serious incident(s) of adult abuse takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work.

SIRI (serious incident requiring investigation) a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the National Health Service (NHS) requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

SOCA (Serious Organised Crime Agency) a non-departmental public body of the government with a remit to tackle serious organised crime.

Staff paid workers, including personal assistants, whose job title may be ‘carer’, are called ‘staff’. Volunteers are also classed as staff. See also *carer*.

SVGA (Safeguarding Vulnerable Groups Act): to make provision in connection with the protection of children and vulnerable adults (also known as adults with care and support needs). The Act provides the legislative framework for Vetting and Barring Scheme, put into place by the Independent Safeguarding Authority.

ULO (user-led organisation) an organisation that is run and controlled by people who use support services including disabled people, mental health service users, people with learning difficulties, older people, and their families and carers.

Vital interest a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

Volunteer a person who works unpaid in a care setting/service.

Wellbeing The Care Act 2014 states "Wellbeing" is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation and the individual's contribution to society.

YJCEA (Youth Justice and Criminal Evidence Act) an Act to provide for the referral of offenders under 18 to youth offender panels; to make provision in connection with the giving of evidence or information for the purposes of criminal proceedings; to amend section 51 of the Criminal Justice and Public Order Act 1994; to make pre-consolidation amendments relating to youth justice; and for connected purposes. This includes special measures directions in case of vulnerable and intimidated witnesses