



# JOINT MULTI-AGENCY SAFEGUARDING ADULTS POLICY & PROCEDURES

WEST YORKSHIRE, NORTH YORKSHIRE AND YORK

**FINAL & APPROVED VERSION  
APRIL 2018**

## INTRODUCTION

This Joint Multi-Agency Safeguarding Adults Policy and Procedures sets out the framework for how agencies across North Yorkshire, West Yorkshire and York respond to concerns raised about abuse and neglect of adults at risk. These sit alongside all the support and work across the region to prevent abuse and neglect from occurring.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support adults to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions. The Joint Multi-Agency Safeguarding Adults Policy and Procedures are underpinned by a commitment to being person led and outcome focused, upholding the principles of Making Safeguarding Personal, including sharing learning, expertise, and to develop best practice across a wider region to the benefit of adults at risk of abuse and neglect.

An adult at risk is a person aged 18 or over who has needs for care and support (whether or not the local authority is meeting any of those care and support needs), 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.

Safeguarding adults requires organisations to work closely together, in partnership, to support and safeguard adults at risk of abuse and neglect. Strong partnerships are those whose work is based on an agreed policy with common definitions and a good understanding of partners' roles and responsibilities.

Safeguarding adults is however far more than a set of guidance or procedures; it is all we do in all our work, in our practice, and our communities to prevent abuse and promote the wellbeing of adults with care and support needs. It includes the preventative work of our care and health services, the support of our neighbourhoods and communities, the courage of everyone who has 'blown the whistle', and the actions of every individual who looks out for the welfare of their friends and neighbours.

This Joint Multi-Agency Safeguarding Adults Policy and Procedures seeks to promote strong partnerships arrangements by:

- A commitment to the six safeguarding principles; empowerment, prevention, proportionality, protection, partnership working and accountability;
- A commitment to the principle of Making Safeguarding Personal;
- Providing a framework for multi-agency working and partnership;
- Providing a framework for recognising and taking action to prevent the abuse of adults at risk;
- Defining the responsibilities of partner organisations in responding effectively to safeguarding adult concerns;
- Providing common values, principles and practice that underpin the safeguarding of adults at risk;
- Identifying the different types of abuse, signs, symptoms and indicators;
- Setting standards of practice that safeguard adults at risk.

## Local Implementation

The West and North Yorkshire and City of York Safeguarding Adult Boards have adopted this revised policy and procedure ensuring consistency of approach across the region. They will be implemented from April 2018 with the exception of Leeds who will be in a position to review their position later in the year.

### Produced by:

- Bradford Safeguarding Adults Board
- Calderdale Safeguarding Adults Board
- Kirklees Safeguarding Adults Board
- Leeds Safeguarding Adults Board
- North Yorkshire Safeguarding Adults Board
- Wakefield Safeguarding Adults Board
- City of York Safeguarding Adults Board

Each local Board may however have additional supporting guidance and forms that support this revised multi-agency safeguarding adults policy and procedure.

These can be accessed from their respective websites.

Bradford	Click <a href="#">here</a> for the safeguarding adults pages on <a href="http://www.bradford.gov.uk">www.bradford.gov.uk</a>
Calderdale	Click <a href="#">here</a> for the safeguarding adults pages on <a href="http://www.calderdale.gov.uk">www.calderdale.gov.uk</a>
Kirklees	Click <a href="#">here</a> for the safeguarding adults pages on <a href="http://www.kirklees.gov.uk/beta/default.aspx">http://www.kirklees.gov.uk/beta/default.aspx</a>
Leeds	<a href="http://www.leedssafeguardingadults.org.uk">www.leedssafeguardingadults.org.uk</a>
North Yorkshire	<a href="http://www.nypartnerships.org.uk/sab">www.nypartnerships.org.uk/sab</a>
Wakefield	Click <a href="#">here</a> for the safeguarding adults pages on <a href="http://www.wakefield.gov.uk">www.wakefield.gov.uk</a>
York	<a href="http://www.safeguardingadultsyork.org.uk">www.safeguardingadultsyork.org.uk</a>

### Acknowledgement:

This revised multi-agency policy and procedures (April 2018) is based upon Multi-Agency Safeguarding Adults Policy and Procedures from London and Surrey.

### Review

If any person identifies areas of omission or potential improvements to this Multi-Agency Safeguarding Adults Policy and Procedure, please email your comments to:

[feedback.safeguardingadultswypp@kirklees.gov.uk](mailto:feedback.safeguardingadultswypp@kirklees.gov.uk)

All comments and suggestions received will be considered within subsequent reviews.

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## PURPOSE AND HOW TO USE THIS DOCUMENT

**Aim:** to better safeguard adults at risk of abuse throughout our combined area; and in using this document better encourage the continuous development of best practice.

The document is structured into the following sections:

- [Section 1: Context, Principles and Values](#) - sets out the context for safeguarding adults and the key national and local drivers.
- [Section 2: Adult Safeguarding Policy](#) - sets out an interpretation of the Care Act 2014, so that there is a consistent policy approach across the combined area to adult safeguarding practice.
- [Section 3: Adult Safeguarding Practice](#) - sets out an interpretation of the Care Act 2014, so that there is a consistent approach across the combined area to adult safeguarding. It includes the key areas of mental capacity and consent, advocacy and support, managing risk, record keeping and organisational learning.
- [Section 4: Adult Safeguarding Procedures](#) - sets out an approach where adult safeguarding is part of everyday practice about managing risk and supporting adults who are unable to protect themselves. It provides the reader with a framework that can be adjusted to meet individual need.
- [Section 5: Stage 1 – Reporting a Concern](#)
- [Section 6: Stage 2 – Responding to the Concern / Information Gathering](#)
- [Section 7: Stage 3 – Safeguarding Response](#)
- [Section 8: Stage 4 – Outcomes and Closure](#)

### Appendices

- [Appendix One](#) contains information about unpaid carers (family/friends) and adult safeguarding, and the different areas where it has an impact on the carer, or the carer can have an impact on adult safeguarding functions.
- [Appendix Two](#) details the structures and organisations who work with adults at risk. It provides detail on the Safeguarding Adults Board roles and responsibilities and the links to other strategic partnerships.
- [Appendix Three](#) Information Required when Raising a Safeguarding Concern.
- [Appendix Four](#) Glossary and acronyms.
- [Appendix Five](#) Safeguarding Adults Contact Points.

This document should be read in conjunction with the following documents:

- [Care Act 2014](#)
- [Care and Support Statutory Guidance 2016](#) and the [Adult Safeguarding Improvement Tool](#)
- [ADASS Cross Boundary Protocol](#)

It is also underpinned by the national [Making Safeguarding Personal](#) programme.

The [Mental Capacity Act 2005](#) is pertinent throughout this document, and staff should ensure that all decisions and actions are taken in line with the requirements of the Act. ([See Best Practice](#))

Reference to key documents and resources are made throughout in particular:

- [Care and Support Statutory Guidance](#)
- [Skills for Care](#)
- [Social Care Institute for Excellence](#)

**The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the adult throughout this document.**

# **THE POLICY**

NYSAB Final April 2018

## SECTION 1: CONTEXT, PRINCIPLES AND VALUES

### 1.1 Context

The Care Act 2014 places a duty on local authorities to promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as ‘the wellbeing principle’ because it is a guiding principle that puts wellbeing at the heart of care and support.

Wellbeing is a broad concept. 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 their day-to-day life (including over care and support provided and the way they are provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal domains;
- Suitability of the individual’s living accommodation;
- The individual’s contribution to society.

There is no hierarchy in the areas of wellbeing listed above – all are equally important. There is also no single definition of wellbeing, as how this is interpreted will depend on the individual, their circumstances and their priorities.

Safeguarding may need to support or offer the opportunity to develop, maintain, a “private life”. Having a private life includes the right of a person to define the “inner circle” in which they choose to live their life, including in particular the right to choose those with whom they do and those with whom they do not want to establish, develop or continue a relationship.

The [Care Act](#) also puts adult safeguarding on a legal footing and requires each local authority to set up a Safeguarding Adults Board (SAB - [Section 43](#)) with core membership from the local authority, the Police and the NHS (specifically local Clinical Commissioning Group/s). It has the power to include other relevant bodies ([See Appendix 2](#)). One of the key functions of the SAB is to ensure that the policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

West Yorkshire, North Yorkshire and City of York’s SABs have adopted this policy and procedures so that there is consistency across the combined area in the way in which adults are safeguarded from neglect or abuse. All organisations involved in safeguarding should adopt this policy and procedures in respect of their relevant roles and functions, but may wish to add local operational practice guidance/protocols. This policy and procedures should also be used in conjunction with partnerships and individual organisation’s procedures on related issues including: fraud, disciplinary procedures, whistleblowing procedures and health and safety

## **1.2 Equality and Diversity**

It is every person's human right to live a life free from abuse and neglect. Every adult with care and support needs has an equal right to support and protection within this policy and procedure regardless of their individual differences or circumstances.

This policy and procedure applies equally to:

- All adults at risk as defined within this policy;
- All agencies;
- All forms of abuse.

Throughout safeguarding adults due regard must be given to individual differences, including age, disability, religion or belief, sex, sexual orientation, race or racial group, caring responsibilities, class, culture, language, pregnancy and marital or civil partnership status.

## **1.3 Duty of Care**

Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. A duty of care to adults at risk is fulfilled when all the actions reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe from harm when they are in your care, using services or exposed to your activities and will also include respecting the person's wishes and protecting and respecting their rights.

The nature of an individual's duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously, and owning one's responsibilities to safeguard adults at risk.

## **1.4 Defensible Decision Making**

Effective professional judgement and decision making is the key to responding to safeguarding adults concerns. A duty of care in relation to those decisions or judgement will be considered to be met where:

- All reasonable steps have been taken;
- Reliable assessment methods have been used;
- Information has been collated and thoroughly evaluated;
- Decisions are recorded, communicated and thoroughly evaluated;
- Policies and procedures have been followed;
- Practitioners and their managers adopt an investigative approach and are consultative and proactive.

Defensible decision making is about making sure that the reasons for decisions, as well as the decision itself, have been thought through and can be explained.

## 1.5 Principles

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

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

## 1.6 Risk Management

Safeguarding is fundamentally identifying and managing risk about the safety and wellbeing of an adult in line with the above six principles. The aim of risk management is:

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

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

## 1.7 Co-operation and Information Sharing

Effective multi-agency working has been highlighted as important in learning from safeguarding adult reviews. The local authority retains responsibility as the lead coordinating organisation. All other relevant organisations and partners, including NHS bodies; the Police and Probation Services and the Departments of Employment and Training owe legal duties in relation to the safeguarding of adults. Organisations contributing to effective inter-agency working can achieve this through creative joint working partnerships that focus on positive outcomes for the adult(s). Co-operation between organisations that take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies and awareness raising also supports the aims and objectives of Health and Wellbeing Boards, and Community Safety Partnerships.

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

[Section 7 of the Care Act 2014](#) provides an ability to request co-operation from a relevant partner or another local authority, in relation to an individual case. The local authority or relevant partner must co-operate as requested, unless doing so would be incompatible with their own duties or have an adverse effect on the exercise of their functions.

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

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

- 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 are at risk of abuse or neglect, and;
- Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

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

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

Helpful guidance is set out in the [Caldicott Principles](#).

Partner organisations may be asked to share information through agreed information sharing protocols. Each SAB should have a protocol in place for information sharing, with clear governance on how it will be implemented.

## 1.8 Confidentiality

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

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

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

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

Whether information is shared with or without the adult at risk's consent, the information sharing process should abide by the principles of the Data Protection Act 1998. In those instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the [Mental Capacity Act 2005](#) and whether sharing it will be in the person's best interest.

[The Data Protection Act \(1998\)](#) should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

## 1.9 Wellbeing

[Section 1 of the Care Act 2014](#) states that local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support.

The Care Act 2014 Guidance supports the need for safeguarding to be person led and outcome focused. For safeguarding, this would include safeguarding activities in the widest community sense and is not confined to safeguarding enquiries under [Section 42 of the Care Act 2014](#)

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

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

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of accommodation;
- The individual's contribution to society.

All organisations working with adults who are or may be at risk of abuse and neglect, must aim to ensure that they remain safeguarded from it. This should underpin every activity through consistent safeguarding adults work.

The wellbeing principle should apply to all agencies involved in safeguarding adults.

## 1.10 Values – Supporting Adults at Risk of Abuse and Neglect

- People are able to access support and protection to live independently and have control over their lives;
- Appropriate safeguarding options should be discussed with the adult at risk according to their wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, race, religion, culture or lifestyle;
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control;
- All action should begin with the assumption that the adult at risk is best- placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve;
- The individual's views, wishes, feelings and beliefs should be paramount and are critical to a personalised way of working with them;
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice;
- People will have access to supported decision making;
- Adults at risk should be given information, advice and support in a form that they can understand and be supported to be included in all forums that are making decisions about their lives. The maxim 'no decision about me without me' should govern all decision making;
- All decisions should be made with the adult at risk and promote their wellbeing and be reasonable, justified, proportionate and ethical;
- Timeliness should be determined by the personal circumstances of the adult at risk;
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

### Accessible Information Standard

From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services.

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

## 1.11 Information and Advice

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

Information and advice is critical to preventing or delaying the need for services and, in relation to safeguarding, can be the first step to responding to a concern. Section 4 of the Care Act states that local authorities must: 'establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.' This includes information and advice about safeguarding and should include:

- How to raise concerns about the safety or wellbeing of an adult who has care and support needs;
- Awareness of different types of abuse and neglect;
- How people can keep safe, and how to support people to keep safe;
- The safeguarding adults process;
- How SABs work.

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

Whereas information may be generic to a lesser or greater extent, advice needs to be tailored to the person seeking it, recognising people may need different mediums through which to communicate. It should, where possible, be provided in a way to help them understand the information being conveyed. This should be cognisant of the Equality Act 2010. 'Reasonable adjustments' should be made to ensure that disabled people have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or with communication support.

Organisations have a number of direct opportunities to provide, or signpost people to information and advice, in particular for safeguarding:

- At first point of contact;
- During or following an adult safeguarding enquiry;
- Safeguarding planning;
- Risk management;
- Through complaints and feedback about a service which identifies a safeguarding concern.

## SECTION 2: ADULT SAFEGUARDING POLICY

### 2.1 What is Safeguarding?

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

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

### 2.2 The Aims of Adult Safeguarding are to:

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

### 2.3 Prevention in Adult Social Care

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

Partners should embrace strategies that support action before harm can occur. Where abuse or neglect has occurred, steps should be taken to prevent it from reoccurring wherever possible, doing so within relevant parameters but sharing intelligence to support a holistic partnership approach to prevention.

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

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

### **2.3.1 Preventing Abuse and Neglect**

The provisions of the Care Act are intended to promote and secure wellbeing. Under the definition of wellbeing (see Chapter 1, Para 1.5), it is made clear that protection from abuse and neglect is a fundamental part of that.

The identification and management of risk is an essential part of any assessment process; the risk to an adult of abuse or neglect should be considered during all assessments. (14.64 Care and Support Statutory Guidance 2016).

The most effective way to safeguard adults from abuse is to enable them to safeguard themselves. For some people this may involve their own support networks, or support or care services, depending on their individual circumstances. In order to safeguard themselves, adults and people who support them should consider the following:

- What kind of harm or exploitation they may be at risk of;
- Where the risk might arise;
- Who might potentially exploit or harm them.

There are many ways in which people can reduce the risks they may face, including:

- Considering how they can reduce the risks of being harmed or exploited;
- Identifying what strengths, skills, supports and networks they could use to avoid potentially abusive situations;
- Being aware of what to do if an abusive situation arises e.g. How to get help, how to report concerns.

### **2.3.2 Workers (including paid carers), Volunteers and Managers**

Preventing abuse by paid and unpaid staff working with adults at risk begins with robust recruitment and retention processes.

All processes and checks for those who work with adults must include measures to avoid abuse occurring, including:

- Staff recruitment and vetting;

- Policies and procedures staff work to, including confidential reporting (whistle-blowing) and complaints procedures;
- Staff induction and training, including safeguarding adults policy and procedures and awareness of abuse and how to raise safeguarding concerns.
- Staff supervision and support;
- Professional codes of conduct or practice and relevant service standards e.g. compliance with Essential Standards as detailed by the Care Quality Commission.

Employers should ensure they:

- Meet their responsibilities for obtaining Disclosure & Barring Service (DBS) checks and referring to the DBS;
- Meet their professional responsibilities under employment and other legislation;
- Have robust management systems in place for training and support.

Agencies and organisations must have a local policy and procedure in place detailing how these processes will be implemented to safeguard adults. If managers are not upholding their responsibilities this could leave adults at risk of abuse, and this should be reported as a safeguarding concern.

For more information, please visit

<http://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents>

### **2.3.3 Informal or Unpaid Carers (e.g. family, friends and neighbours)**

A response within this policy and procedures may be required in the following circumstances:

- An unpaid carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with;
- An unpaid carer may intentionally or unintentionally harm or neglect the adult they support on their own or with others.

When a safeguarding concern is raised regarding a relative or unpaid carer, consideration should be given to the specific circumstances, the nature of the issues and the appropriate proportionate response.

The decision should consider an outcome which supports or offers the opportunity to develop, or maintain, a private life which includes those people with whom the adult wishes to establish, develop or continue a relationship. Responses should ordinarily seek to support the continuation of family and caring relationships where this is consistent with the wishes and desired outcomes of those concerned.

Informal carers are often the mainstay of ensuring that people are protected from abuse and as such they should be supported and aided in this task. Carers could be at risk of abuse themselves due to their caring role. Carers are entitled to an assessment of their needs in their own right.

In many cases no deliberate harm is intended, however, the impact on the cared-for person could be significant.

It is important to ensure that informal carers are aware of how to get advice and help when needed, to support them and avoid potential risk of abuse to them or the adult. All informal carers should have access to information regarding safeguarding adults, so they can recognise and prevent abuse, raise concerns, seek advice or support where needed.

Work developed by the Association of Directors of Adult Social Services (ADASS), carers groups, commissioners and organisations working with carers, identified six distinct areas related to carers and safeguarding which can be viewed by clicking on the links below:

- [Partnership working](#)
- [Prevention](#)
- [Support](#)
- [Information and advice](#)
- [Advocacy](#)
- [Role of carers in strategic planning](#)

#### **2.3.4 The Public and Community**

The public has a vital role in safeguarding adults through the recognition and prevention of abuse. It is the responsibility of all agencies and organisations to ensure that there is a good level of public awareness of adult abuse and how concerns should be reported.

#### **2.3.5 Resilience**

Safeguarding support and interventions which lead to building or rebuilding a person's confidence, assertiveness and sense of self-worth will help empower them to take control of situations which can lead to abuse or neglect.

The consequences and impact of abuse and neglect will vary from person to person, depending on their circumstances and their level of resilience. This will depend on a number of factors including personal attributes, their history and what support is available to them.

Taking a strengths-based approach to assessment within safeguarding can help practitioners to recognise a person's skills. This can help to support individuals in developing the coping skills necessary to manage problematic situations. Such an approach can help people to protect themselves from abuse and neglect in the future.

### **2.4 Who do Safeguarding Adults Duties Apply to?**

Where a local authority has reasonable cause to suspect that an adult in its area:

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

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case. This is referred to as a Statutory Section 42 Enquiry.

### **Non Statutory Safeguarding Enquiries**

Local authorities are not required by law to carry out safeguarding enquiries on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act 2014; they do so at their own discretion. These enquiries would relate to an adult who:

- Is believed to be experiencing, or is at risk of, abuse or neglect; and
- Does not have care and support needs (but might have just support needs).

These might be in relation to a carer (see [Section 2.3.3](#) of this document) for example, and follows the principles of Wellbeing (see [Section 1.9](#) of this document).

**Within** the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;
- Young people in specific circumstances as detailed below;
- Carers as detailed on page 104.

**Outside** of scope of this policy and procedures:

- Adults in custodial settings i.e. prisons and approved premises. [Prison governors and National Offender Management Services have responsibility for these arrangements](#). The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters. Local authorities are required to assess for care and support [needs of prisoners](#) which take account of their wellbeing. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contribute towards safeguarding offenders.
- Prisons and approved premises will still be responsible for the safety of their detainees. This means that Safeguarding Adults Boards do not have a duty to carry out enquiries or reviews where a prisoner with care and support

needs may be, or has been, at risk of abuse and neglect. Safeguarding Adults Boards can provide advice and assistance on safeguarding to prison governors and other officials and can invite prison staff to be members. ([Care Act Factsheet 12: Prisoners and people in resident in approved premises](#))

#### **2.4.1 Personal Budgets and Personal Health Budgets (also known as Direct Payments)**

Regardless of the adult's preferred method of managing a personal budget, the Local Authority still retains its duty of care with regard to the adult and their protection from abuse by way of a Direct Payment. Equally the Clinical Commissioning Group (CCG) will have responsibilities around the provision of personal health budgets.

Personalised care planning can enhance good safeguarding practice, as it brings in people's own resources and intelligence. Through empowering adults, organisations can help raise awareness of what is acceptable and use information from adults and their families to identify potential problems with providers.

The kind of support available to adults managing their own care and support includes advice on:

- Managing money;
- Safe recruitment;
- Safeguarding and dignity;
- What to expect from services and individuals;
- Using approved or accredited providers of employment services;
- Contractual issues;
- Who to contact if things go wrong;
- Guidance on mental capacity issues;
- Guidance on deputyship and Lasting Power of Attorney.

#### **2.4.2 Children and Young People**

The [Children Act 1989](#) provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect. Young people who receive leaving or after care support from children and family services, are included in the scope of adult safeguarding, but close liaison with children and family service providers is key to establishing who is the best person to lead or support young people through adult safeguarding processes.

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

In all adult safeguarding work, staff working with the person at risk should establish

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

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

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

### **2.4.3 Transition**

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

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria set out in [Section 2.4.2](#) of this document. The care needs of the young person should be at the forefront of any support planning and requires a coordinated multi-agency approach. Assessments of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

- What information and advice the young person has received about adult safeguarding;
- The need for advocacy and support;
- Whether a mental capacity assessment is needed and who will undertake it;

- If Best Interest decisions need to be made;
- Whether any application needs to be made to the Court of Protection.

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

#### 2.4.4 Children and Young People who Abuse

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

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

#### 2.4.5 Young Carers

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

### 2.5 Types and Indicators of Abuse and Neglect

The [Care and Support statutory guidance](#) identifies types of abuse, but also emphasises that organisations should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered. All three factors need to be satisfied for a safeguarding enquiry to be addressed in accordance with Section 42 of the Care Act. The table that follows identifies what forms of abuse are considered in the guidance documents. **Some of these issues overlap with areas of responsibility for other safeguarding partnerships for example safeguarding children boards or Community Safety Partnerships. The approach or response could be a joint one, therefore please note the section marked Linked Agendas on pages 26-33.**

TYPE OF ABUSE	DESCRIPTION OR SUPPORTING GUIDANCE
<b>Discriminatory Abuse</b>	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

	<p>form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.</p>
<b>Domestic Abuse</b>	<p>Examples of domestic abuse include Psychological; Physical; Sexual; Financial; Emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation.</p> <p><a href="#">The Home Office (March 2013) defines domestic abuse as:</a> "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been intimate partners or family members regardless of gender or sexuality".</p>
<b>Financial or Material Abuse</b>	<p>Theft, fraud, internet scamming, postal and doorstep scams, 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 are all forms of financial abuse and are more often than not targeted at adults at risk. The adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should be reported to the local police service and local authority <a href="#">Trading Standards Services</a> for investigation. Financial abuse can have serious effects including loss of income and independence and harm to health, including mental health. Where the abuse is perpetrated by someone who has the authority to manage an adult's money, the relevant body should be informed, e.g. the Office of the Public Guardian for deputies and attorneys and DWP for appointees.</p>
<b>Modern Slavery</b>	<p>Slavery, servitude and forced or compulsory labour. A person commits an offence if:</p> <ul style="list-style-type: none"> <li>• The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude; or</li> <li>• The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.</li> </ul> <p>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:</p>

	<ul style="list-style-type: none"> <li>• Forced to work - through mental or physical threat;</li> <li>• Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;</li> <li>• Dehumanised, treated as a commodity or bought and sold as 'property';</li> <li>• Physically constrained or has restrictions placed on his/her freedom of movement;</li> <li>• Humans who are trafficked, recruited and transported for example using threats, to coerce or force a person into sexual exploitation, forced labour or domestic servitude.</li> </ul> <p>Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under <a href="#">Section 52 of the Modern Slavery Act 2015</a>.</p>
<p><b>Neglect and Acts of Omission</b></p>	<p>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.</p>
<p><b>Organisational Abuse</b></p>	<p>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.</p>
<p><b>Physical Abuse</b></p>	<p>Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</p> <p><u>Restraint</u>  Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or</p>

	<p>where an adult's freedom of movement is restricted, whether they are resisting or not.</p> <p>Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.</p>
<b>Psychological Abuse</b>	<p>Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p>
<b>Sexual Abuse</b>	<p>Examples of sexual abuse include 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.</p> <p>Sexual abuse is not confined to issues of consent the following factors should also be considered:</p> <ul style="list-style-type: none"> <li>• Any sexual relationship or inappropriate sexualised behaviour between a member of staff and service user should lead to disciplinary proceedings;</li> <li>• A sexual act between a care worker and service user with a mental disorder is also a criminal offence under section 38-42 of the Sexual Offences Act.</li> </ul>

### 2.5.1 Patterns of Abuse

Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, within hospitals or other places previously assumed safe, or in public places.

Patterns of abuse may reflect very different dynamics, such as:

- Serial abuse in which someone seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long term abuse – may occur in the context of an ongoing relationship such as domestic violence between partners or generations or persistent psychological abuse;

- Opportunistic abuse - such as theft occurring because money or jewellery has been left lying around;
- Self-neglect – where a person declines support and assistance with their care and support needs, impacting on their individual wellbeing.

Abuse may consist of:

- A single or repeated acts;
- An act of commission or omission;
- Multiple acts, for example, an adult at risk may be neglected and also being financially abused.

Abuse may be intentional or unintentional. A number of abusive acts are crimes and informing the police must be a key consideration.

### **2.5.2 Who Might Abuse**

This policy is relevant to all incidents of abuse, regardless of who has committed them. Anyone might be responsible for abuse, including:

- A member of staff, a proprietor or service manager;
- A member of a recognised professional group;
- Another adult at risk;
- A volunteer;
- A member of a community group such as place of worship or social club;
- A spouse, relative, member of the person's social network or an unpaid carer;
- A child, including the person's own son or daughter;
- A neighbour, member of the public or stranger; or
- A person who deliberately targets adults at risk in order to exploit them.

### **2.5.3 Abuse by another Adult at Risk**

It is the nature of the incident and its impact, rather than the nature of the relationship between those concerned that are the important factors in determining the need for the safeguarding adult's procedure to be followed. Where such an incident occurs within a service, for example where both people are living in a care setting, the risk of harm may be compounded by the emotional distress of living with an abusive person.

The safety of the adult will be of primary importance. However, where the person alleged to have caused harm is also an adult with care and support needs, there may also be ongoing responsibilities for their welfare. Consideration may be required as to how their care and support needs are being provided for, and whether the incident reveals unmet needs. Such an assessment should be undertaken separately from the person experiencing abuse.

It will be necessary for such an assessment to consider:

- Whether the person causing the harm is able to understand his/her actions;
- Whether actions reflect the unmet needs of the person causing the harm;
- The risk that the person causing the harm will further abuse the adult or others;
- The support/care needs of that individual.

#### **2.5.4 Risks Posed by a 'Person in a Position of Trust'**

Local authorities' relevant partners, as set out in section 6(7) of the Care Act, and those providing universal care and support services, should have clear policies in line with those from the Safeguarding Adults Board for dealing with allegations against people who work, in either paid or voluntary capacity, with adults with care and support needs. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

The Care Act Statutory guidance states that Safeguarding Adults Boards need to establish and agree a framework and process for how allegations against people working with adults with care and support needs (for example those in positions of trust) should be notified and responded to.

Whilst the focus of safeguarding adults work is to safeguard one or more identified adults with care and support needs there are occasions when incidents are reported that do not involve an adult at risk but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust.

Please see Safeguarding Adults Board Framework - Regional Guidelines for Managing Allegations People in Positions of Trust (Yorkshire and Humber).

#### **Assessing Risk**

The Care Act statutory guidance states that where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risks to adults with care and support needs who use their services, and if necessary, to take action to safeguard those adults. It will be necessary to notify the Police if a crime has been committed.

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

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

Please refer to your local Safeguarding Adults Board framework on allegations against People in Positions of Trust.

## **Referral to Local Authority's Designated Officer (LADO)**

When a person's conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the local authority's designated officer (LADO) within one day. [Refer to your local authority website for information on how to make a referral.](#)

## **Information Sharing**

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

Each local authority should seek advice from their legal team about sharing information.

## **Managing Allegations Against Staff**

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

If an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, have had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the [Disclosure and Barring Service](#).

## **Referrals to Disclosure and Barring Service**

It is an offence to fail to make a referral without good reason. [\(See section 5.12 Provider duties to the Person alleged to have caused harm and 5.13 Disciplinary Investigations and Referrals to the Disclosure and Barring Service \(DBS\).](#)

The organisation should also consider a referral to the relevant professional body if necessary. This may include the [Nursing and Midwifery Council](#), The [General Medical Council](#), the [Health Care Professions Council](#) are a few examples.

In circumstances where the employer is a regulated service provider (Schedule 1 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014, they should also notify the [Care Quality Commission](#).

Allegations against people who work with adults at risk must not be dealt with in isolation.

Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without any delay and in a coordinated manner, to prevent the need for further safeguarding in the future.

The employer will need to follow their own procedures regarding managing allegations, managing risk and seek legal advice appropriately.

It will be necessary to refer to local information sharing protocols and have due regard to the duty to cooperate under [Section 6](#) of the Care Act. [See also Section 1.7 of this policy.](#)

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

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

## **2.6 Self-Neglect**

There is no single operational definition of self-neglect. The Department of Health (2016), defines it as, ‘... a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding’.

The Department of Health commissioned the universities of Sussex and Bedford to undertake [research into interventions with those that self-neglect](#) with recommendations on how staff can assist individuals to achieve positive outcomes.

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

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

Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds.

### **2.6.1 Hoarding**

Hoarding does not automatically fall under adult safeguarding but it could be considered as safeguarding in the wider sense under the umbrella of prevention. Most people associate hoarding with the acquisition of items with an associated inability to discard things that have little or no value (in the opinions of others) to the point where it interferes with use of living space or activities of daily living.

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

Most fire authorities have prevention strategies that consistently identify the level of hoarding and use the [International OCD Foundations clutter image rating](#). This can be invaluable in assessing risk, so including local Fire Services in any multi-agency response is vital in hoarding situations.

### **2.6.2 Response to Self-Neglect and Hoarding**

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response with particular reference to housing providers. It is important to recognise that assessments of self-neglect and hoarding are grounded in and influenced by personal, social and cultural values and staff working with the adult should always reflect on how their own values might affect their judgement. Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

Crucial to all decision making is a robust risk assessment, preferably multi-agency that includes the views of the adult and their personal network. The risk assessment might cover:

- Capacity and consent;
- Indications of mental health issues;
- The level of risk to the adult's physical health;
- The level of risk to their overall wellbeing;
- Effects on other people's health and wellbeing;
- Serious risk of fire;
- Serious environmental risk e.g. destruction or partial destruction of accommodation.

A significant element of self-neglect and hoarding is the risk that these behaviours pose to others. This might include members of the public, family members or professionals. Partnerships may wish to invest in agreeing local self-neglect procedures.

The revised Statutory Guidance (March 2016) contains additional advice concerning self-neglect – suggesting that it:

*“May not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.”*

In such cases in order to balance an individual’s autonomy and dignity, where harm is resulting from the self-neglect, it will be likely that action will be required whether or not the adult has care and support needs.

All steps should be taken to support an individual to understand any risks to them or others, and the safeguarding process, regardless of support needs. [Using different communication methods or changing the environment may support the individual to make an informed decision].

### **2.6.3 Serious Incidents and Never Events**

NHS England has produced a Serious Incident (SI) Framework and never events policy and framework; never events are recorded and investigated under the serious incident policy. A SI is required to be reported by all organisations providing NHS funded care to the Strategic Executive Information System (STEIS). Organisations should continue to comply with their own local significant event or other reporting systems including reporting to the National Reporting and Learning System (NRLS) and other statutory bodies and regulators such as the CQC, MHRA, and HSE.

Neither of these frameworks are a substitute for safeguarding nor are all SI’s a safeguarding issue but where the adult safeguarding criteria is indicated a safeguarding concern must be made, however a root cause analysis under the Serious Incident Framework may be considered an appropriate response to a safeguarding enquiry or may form part of a joint investigation.

All Safeguarding Adult Board SARs where NHS services are involved are reported as a SI on STEIS by the CCG designated professional and monitored by NHSE.

For further information or guidance click on the links below or contact your local CCG designated professional.

NHS never events framework <https://improvement.nhs.uk/uploads/documents/never-events-pol-framwrk.pdf>

NHS serious incidents framework – supporting learning to prevent reoccurrence  
<https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf>

NHS serious incident frequently asked questions  
<https://improvement.nhs.uk/uploads/documents/serious-incdnt-framwrk-fags-mar16.pdf>

## **2.6.4 Pressure Ulcers**

All Health providers and local Clinical Commissioning Groups have their own procedures for reviewing how a pressure ulcer may have developed. Such cases will only become a safeguarding concern if there is a clear element of neglect and act of omission which resulted in the pressure ulcer developing. Please visit your local Safeguarding Adults Board website for information on local procedures.

## **2.7 Linked Agendas**

### **2.7.1 Domestic Violence and Abuse**

The issues below can be areas of responsibility for other safeguarding partnerships, for example Children's Safeguarding Boards or Community Safety Partnerships. They are also types and indicators of abuse and neglect for Safeguarding Adults Boards, so the approach or response could be a joint one, or be responded to by those partnerships. Therefore please note the issues set out in the table starting on page 17.

Domestic violence and abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Emotional
- Female genital mutilation
- Financial
- Forced marriage
- 'Honour based violence'
- Physical
- Psychological
- Sexual
- Stalking

The safeguarding adults procedures relate to people aged 18 years and over. If the person at risk is under 18 years of age, the safeguarding children procedure should be followed.

Domestic abuse is a defined type of abuse within the safeguarding adults procedures and practitioners should be aware of the principles of 'Safe Enquires'. [The LGA/ADASS \(2015\) Adults Safeguarding and Domestic Abuse: A guide to support practitioners and managers](#), which provide useful guidance on responses to domestic abuse within the safeguarding adult procedures.

Responses should include specialist support from domestic abuse services as required. Specialist domestic violence and abuse services provide support in relation to personal safety planning, housing options, legal options, and counselling.

In relation to high risk domestic abuse cases a Multi-Agency Risk Assessment Conference (MARAC) meeting may be held. MARAC meetings include representatives of local Police, probation, health, children and safeguarding adults, housing practitioners, substance misuse services, Independent Domestic Violence Advisers (IDVAs) and other specialists from statutory and voluntary sectors.

The aims of a MARAC are as follows:

- To safeguard adult victims who are at high risk of future domestic violence and abuse;
- To make links with other public protection arrangements in relation to children, the perpetrator and people at risk;
- To safeguard agency staff; and
- To work towards addressing and managing the behaviour of the perpetrator.

Safeguarding adults' services and domestic abuse services need to work together to ensure the safety, protection, needs and wishes of the adult are met.

Domestic abuse can be reported to the Police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should be raised. The Police and safeguarding adults services will both work with domestic abuse services for that area. See the following link to the SafeLives website for [www.safelives.org.uk](http://www.safelives.org.uk)

The Serious Crime Act (2015) creates an offence of controlling or coercive behaviour in intimate or familial relationships (Section 76). The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members. The offence carries a maximum sentence of 5 years imprisonment, a fine or both. See [Statutory Guidance Framework Controlling or Coercive Behaviour in an Intimate or Family Relationship \(Home Office 2015\)](#).

### **2.7.2 Forced Marriage**

Forced marriage is against the law and occurs when one or both spouses do not consent to a marriage and some element of duress is involved. Duress might include physical and / or emotional / psychological pressure. Forced marriage is recognised as an abuse against human rights and will also constitute abuse within the context of this policy and procedures if the person is also an adult at risk.

The Forced Marriage Unit is a joint initiative between the Home Office and the Foreign and Commonwealth Office providing specialist advice and guidance. The Forced Marriage Unit provides comprehensive resources and information, including the following guidance:

- [Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage \(June 2009\)](#)
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322307/HMG\\_MULTI\\_AGENCY\\_PRACTICE\\_GUIDELINES\\_v1\\_180614\\_FIN\\_AL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FIN_AL.pdf)

The guidance recommends forced marriage of an adult, should be dealt with within the safeguarding adults procedures. The One Chance Rule is that sometimes there will only be one chance to help a person facing forced marriage, hence reference should be made with urgency to the Multi-Agency Practice Guidelines listed above.

The Police should always be contacted for advice in relation to suspicions or concerns about forced marriage.

In addition, the Forced Marriage Unit provides a confidential advice and assistance for:

- Those who have been forced into marriage;
- Those at risk of being forced into marriage;
- People worried about friends or relatives;
- Professionals working with actual or potential victims of forced marriage.

If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised to ensure an opportunity for additional support to ensure care needs are met as part of the safeguarding plan.

The Forced Marriage Unit website provides a wealth of information and guidance [www.fco.gov.uk/forcedmarriage](http://www.fco.gov.uk/forcedmarriage), together with a helpline: 020 7008 0151

### **2.7.3 Honour-Based Violence**

So-called 'honour-based violence' is a crime or incident, which has or may have been, committed to protect or defend the perceived honour of the family and/or community.

Honour-based violence can take many forms; it is used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Examples may include murder, fear of or actual forced marriage, domestic abuse, sexual abuse, false imprisonment, threats to kill, assault, harassment and forced abortion. This list is not exhaustive.

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.

Honour-based violence is a crime and should be reported to the Police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should be raised.

#### 2.7.4 Modern Slavery

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived or provided with payment or benefit to achieve that consent.

The term 'modern slavery' captures a whole range of types of exploitation, many of which occur together. These include but are not limited to:

- **Sexual exploitation:** This includes but is not limited to sexual exploitation and abuse, forced prostitution and the abuse of children for the production of child abuse images/videos. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or other penalty.
- **Domestic servitude:** This involves a victim being forced to work, usually in private households, performing domestic chores and child care duties. Their freedom may be restricted and they may work long hours often for little pay or no pay, often sleeping where they work.
- **Forced labour:** Victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can happen in various industries, including construction, manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (nail bars).
- **Criminal exploitation:** This is the exploitation of a person to commit a crime, such as pick pocketing, shop-lifting, cannabis cultivation, drug trafficking and other similar activities.
- Other forms of exploitation may include organ removal, forced begging, forced benefit fraud, forced marriage and illegal adoption.
- **Human Trafficking:** for a person to have been a victim of human trafficking there must have been: **action** (e.g. recruitment, transportation); **means** (threat or use of force, coercion, abduction, fraud N.B there does not need to be a means for children as they are not able to give informed consent); **purpose of exploitation** (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs).

For information and advice, refer to the Modern Slavery Helpline: 08000 121 700 [www.modernslavery.co.uk](http://www.modernslavery.co.uk)

Modern slavery must be reported to the Police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern must also be raised. For information on the National Referral Mechanism go to: [www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery](http://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery)

### **2.7.5 Prevent Agenda: Exploitation by Radicalisers who Promote Violence**

The Government's counter-terrorism strategy is defined in the [Counter Terrorism and Security Act \(2015\)](#) known as CONTEST.

Prevent is an element of this strategy. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Violent extremists may target vulnerable people and use charisma and persuasive rationale to attract people to their cause.

The Prevent strategy:

- Responds to ideological challenge faced from terrorism and aspects of extremism, and the threat faced from those who promote these views;
- Provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;
- Works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that need to be addressed.

Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services, the Police) and the local community to identify individuals at risk of being drawn into terrorism; to assess the nature and extent of that risk; and to develop the most appropriate support plan for the individuals concerned.

Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

Incidents of exploitation by radicalisers who promote extreme ideas that could lead to violence should be reported to the Police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised.

### **2.7.6 Hate Crime**

Hate crime is taken to mean any crime where the perpetrator's prejudice against any identifiable group of people is a factor in determining who is victimised. Hate crime is a form of discriminatory abuse.

Hate crimes happen because of hostility, prejudice or hatred of people due to:

- Disability
- Gender identity

- Race, ethnicity or nationality
- Religion or belief
- Sexual orientation

It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Apart from individually charged offences under the [Crime and Disorder Act 1998](#), local crime reduction partnerships can prioritise action where there is persistent anti-social behaviour that amounts to hate crime where appropriate.

The Police and other organisations work together to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection and action is taken to identify and prosecute those responsible.

Hate crime should be reported to the local community safety initiative. If the adult has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised. In the event that a person is at immediate risk, contact the Police.

More information can be found about the different forms of hate crime including Disability Hate Crime on the [citizens advice website](#)

### **2.7.7 Mate Crime**

Mate Crime is a term used where people within communities, particularly people with learning disabilities, mental health issues or substance abuse issues, and older people are befriended with the intention of then being exploited financially, physically or sexually as well as other types of abuse. And it can be extreme; as it was for [Steven Hoskin, a man with learning disabilities who in 2006 was murdered in Cornwall](#) by a group of people he thought were his friends.

Mate Crime is a form of Disability Hate Crime. The CPS makes it clear that "mate crime - people with learning disabilities or mental health issues are often befriended by people who then exploit them. The term 'mate crime' is used by some disability organisations within the disabled community to raise awareness of the issue. It is not CPS policy to use this phrase as it may introduce further confusion regarding terminology and is potentially confusing to people with learning disabilities".

As with Hate Crime it is advised that a Mate Crime should be reported to the local community safety initiative as a Disability Hate Crime. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised. In the event that a person is at immediate risk, contact the Police.

Further information and resources can be found on <http://arcuk.org.uk/safetynet/>

### **2.7.8 Anti-Social Behaviour**

Anti-social behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life. This might, for example, include:

- Persistent verbal abuse or threats;
- Assault or physical harassment;
- Racial or homophobic harassment;
- Graffiti, vandalism or damage to property.

Anti-social behaviour teams bring together experienced staff from the local authority, Police, housing and other organisations to prevent and resolve anti-social behaviour. Anti-social behaviour teams will manage incidents referred, working with the private or social housing agency concerned in addressing incidents of anti-social behaviour.

Persistent anti-social behaviour can cause significant alarm, harassment and stress. The anti-social behaviour team may assist by a range of actions, including:

- Setting up mediation sessions;
- Referring those committing anti-social behaviour to diversionary activities and support;
- Using acceptable behaviour contracts to deter the person or group from persisting with their action;
- Securing injunctions against individuals;
- Use of housing legislation to address persistent incidents within a local neighbourhood;
- Use of anti-social behaviour orders to prevent the person or group from persisting with their activities.

Anti-social behaviour should be reported to the local community safety initiative. If the person has needs for care and support, and is unable to protect themselves as a result, consideration should be given to Raising a Safeguarding Concern. In the event that a person is at immediate risk, contact the Police.

### **2.7.9 Multi-Agency Public Protection Arrangements (MAPPA)**

The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- Identify all relevant offenders;
- Complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies;
- Devise, implement and review robust risk management plans; and
- Focus the available resources to best protect the public from serious harm.

The Police, Probation and Prison Service (MAPPA Responsible Authorities) are the responsible authorities required to ensure the effective management of offenders, however NHS, social services, education and housing all have a duty to cooperate under the Criminal Justice Act (2003).

Where an offender is managed through the Multi-Agency Public Protection Arrangements, and they present a risk to an adult with care and support needs, consideration should be given to Raising a Safeguarding Concern with the local authority and involving the local authority in the multi-agency risk management plan. See the following link for MAPPA statutory guidance. <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa--2>

### **2.7.10 Herbert Protocol**

The Herbert Protocol is a national scheme introduced by West Yorkshire Police and other agencies which encourages carers to compile useful information which could be used in the event of a person going missing.

Carers, family members and friends can complete in advance, a form recording all vital details, such as medication required, mobile numbers, places previously located, a photograph etc. In the event of your family member or friend going missing, the form can be easily sent or handed to the police to reduce the time taken in gathering this information.

## SECTION 3: ADULT SAFEGUARDING PRACTICE

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

### 3.1 Mental Capacity and Consent

The [Mental Capacity Act 2005](#) provides a statutory framework to empower and protect people who 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 outlines [five statutory principles](#) that underpin the work with adults who lack mental capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision;
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests;
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly where it appears an adult has capacity for making specific free and informed decisions that place them at risk of being abused or neglected, even if this decision is considered to be unwise.

### 3.2 Mental Capacity Assessment

The Mental Capacity Act says that:

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

- *Understand the information relevant to the decision; or*
- *Retain that information long enough for them to make the decision; or*
- *Use or weigh that information as part of the process of making the decision; or*

- *Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)*'.

Mental capacity is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. The adult may have the capacity to make some decisions, but not others.

Mental capacity is the ability to make decisions. The starting point must always be to assume that a person has the capacity to make a specific decision. Some people may need help to make a decision or communicate their decision. However this does not necessarily mean they cannot make that decision. Anyone who believes that a person lacks capacity should be able to prove their case using the two stage test of capacity.

### **3.2.1 Control and Coercion**

If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. If this is the case, MCA procedures may not cover the particular situation. Professionals from a range of disciplines will need to work with the person, to explore options that may be available to keep them safe. Supporting people who are subject to coercion is often complex and challenging work. If the situation cannot be resolved in other ways, you may need to apply to the inherent jurisdiction of the High Court.

### **3.3 Consent in Relation to Safeguarding**

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

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

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate

support may help to change their view on whether it is best to share information. Staff should consider the following and:

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

### **3.3.1 Reasons to Override Consent**

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

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act;
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- Other people are, or may be, at risk, including children;
- Sharing the information could prevent a serious crime;
- A serious crime has been committed;
- The risk is unreasonably high and duty of care has to be considered;
- Staff are implicated;
- There is a court order or other legal authority for taking action without consent.

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

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

- Support the adult to weigh up the risks and benefits of different options;
- Ensure they are aware of the level of risk and possible outcomes;

- Offer to arrange for them to have an advocate or peer supporter;
- Offer support for them to build confidence and self-esteem if necessary;
- Agree on and record the level of risk the adult is taking;
- Record the reasons for not intervening or sharing information;
- Regularly review the situation;
- Try to build trust to enable the adult to better protect themselves.

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

### **3.3.2 Deprivation of Liberty Safeguards (DoLS)**

There may be situations in which a person who lacks capacity may require a restriction on their liberty for care and treatment.

Schedule A1 to the Mental Capacity Act, known as the Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect individuals who, for their own safety and in their best interests need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to consent.

The deprivation of a person's liberty should only happen if it is absolutely necessary, and in the best interests of the person concerned. The DoLS ensure that any decision to deprive a person of their liberty is made following defined processes and in consultation with specific authorities.

If a person who lacks capacity requires a DoLS authorisation this will be authorised by the Supervisory Body (relevant local authority). The DoLS applies only to individuals receiving care or treatment in:

- Hospital;
- Care Home.

If a person is living in their own home, a supported living placement or Shared Lives Scheme or equivalent, their deprivation of liberty can only be authorised by the Court of Protection.

### **Knowing when a Person is Deprived of their Liberty**

The Supreme Court established the 'Acid Test', for when a person is deprived of their liberty for purposes of Article 5 of the European Convention on Human Rights:

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

*Cheshire West and Chester Council v P [2014] UKSC 19, [2014] MHLO 16*

Therefore, if it is believed that an individual lacks capacity and meets the above criteria, the local authority of which the individual is ordinary resident should be notified.

In the event that a person experiences harm as a result of the appropriate DoLS authorisation process not being sought, consideration should be given to the need for implementing the safeguarding adults procedure. Local guidance may apply.

For further information and how to request a DoLS authorisation refer to the [Deprivation of Liberty Code of Practice](#) and contact the local authority that the person is ordinary resident of for guidance and support.

### **3.4 Mental Health Act 1983 (amended 2007) and Mental Capacity Act 2005**

Where a person lacks capacity to consent and is currently detained and being treated under part 4 of the Mental Health Act 1983, nothing under MCA authorises anyone to:

- Give the person treatment for mental disorder; or
- Consent to the person being given treatment for mental disorder.

Further guidance can be found in Chapter 13 of the MCA code of practice around the relationship between the Mental Capacity Act and Mental Health Act and where the MCA applies.

#### **Mental Capacity Act Section 44 Ill-Treatment or Neglect**

The Mental Capacity Act 2005 (The Act) introduced two new criminal offences:

- Ill treatment and wilful neglect of a person who lacks capacity to make relevant decisions. These offences are known as Section 44 of the Act and applies to anyone caring for a person who lacks capacity – this includes;
  - Family carers, healthcare and social care staff in hospital or care homes and those providing care in a person's home;
  - An attorney appointed under a Lasting Power of Attourney or an Enduring Power of Attourney; or
  - A deputy appointed for the person by the court.

These people may be guilty of an offence if they ill-treat or wilfully neglect the person they care for or represent. Penalties will range from a fine to a sentence of imprisonment of up to five years – or both. Ill treatment and neglect are separate offences. For a person to be found guilty of ill treatment, they must either:

- Have deliberately ill-treated the person; or
- Be 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.

The meaning of 'wilful neglect' varies depending on the circumstances but it usually means that a person has deliberately failed to carry out an act they knew they had a duty to do.

For further guidance staff should read Chapter 14 of the MCA Code of Practice: <http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf>

## 3.5 Advocacy and Support

### 3.5.1 Advocacy

Advocacy is an essential tool in ensuring the voice of the person is heard during any decisions which are made about them, including during a safeguarding enquiry or review.

If a person has been assessed as lacking capacity to make a decision, they are entitled to the support of an Independent Mental Capacity Advocate (IMCA). Under the Mental Capacity Act this is a legal right for all people aged over 16 in England, if they lack capacity and do not have an appropriate family member or friend to represent their views. An IMCA is only needed if the person cannot understand information relevant to a particular decision, retain it, weigh up the pros & cons and then communicate their decision.

An IMCA is independent of health and social care services and will represent the individual in discussions to work out whether the proposed decision is in their best interests, taking account of their current and previous wishes, beliefs and preferences.

An IMCA **must** be instructed, and then consulted, in relation to the following decisions:

- An NHS body is proposing to provide serious medical treatment;
- An NHS body or a local authority is proposing to arrange a change of accommodation to hospital or a care home, and:
  - They will stay in hospital longer than 28 days; or
  - They will stay in the care home for more than 8 weeks.

An IMCA **may** be instructed, and then consulted, in relation to the following decisions:

- Care reviews, where nobody else is available to be consulted;
- Adult protection (or 'safeguarding') cases, whether or not family, friends or others are involved.

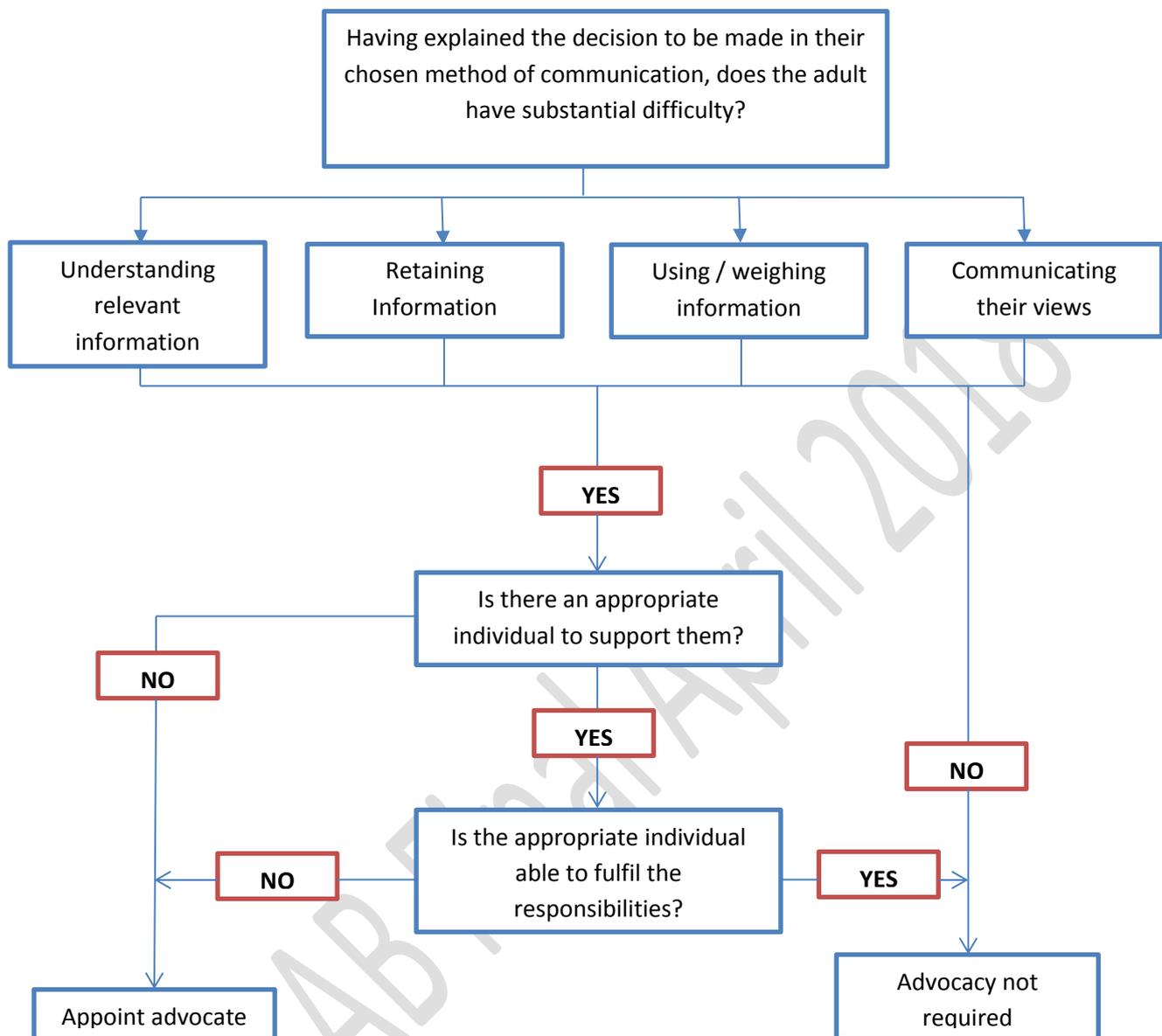
The Care Act 2014 requires that a local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate individual to help them ([Section 68](#))

A Care Act Advocate will support the individual to be involved in the assessment or review process, representing their rights, views, wishes and feelings by helping them to:

- Understand the assessment or review process;
- Participate in the process ensuring their rights are protected and their wishes, views and feelings are heard;
- Identify any alternative options;
- Promote the individual's wellbeing;
- Prevent and delay the need for care and support;
- Take control of their life so that they can pursue opportunities to realise their potential;
- Ensure the assessment or review process follows the Care Act.

Care Act advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

The flowchart illustrates when to consider appointing an advocate.



It should be remembered that where the adult does not want support from family or friends that their wishes should be respected and an independent advocate offered and provided with their agreement. Your local authority Mental Capacity Act team will be able to provide details of your local advocacy service.

### 3.5.2 Support to Adults

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

### **3.5.3 Support for Vulnerable Witnesses in the Criminal Justice Process**

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

Guidance should include reference to support relating to criminal justice matters which is available locally from such organisations as Victim Support and court preparation schemes. Some witnesses will need protection, and the Police may be able to get victim support in place.

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

The Advocate's Gateway (TAG) provides free access to practical, evidence-based guidance on vulnerable witnesses and defendants.

Information on the website - Support for vulnerable intermediaries Advocates Gateway <http://www.theadvocatesgateway.org/>

## **3.6 Managing Risk**

### **3.6.1 Involving the Adult**

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

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

### 3.6.2 Identifying Risk

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

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

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

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

### 3.6.3 Risk Assessment

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

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

### **3.6.4 Risk Management**

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

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

- What immediate action must be taken to safeguard the adult and/others;
- Who else needs to contribute and support decisions and actions;
- What the adult sees as proportionate and acceptable;
- What options there are to address risks;
- When action needs to be taken and by whom;
- What the strengths, resilience and resources of the adult are;
- What needs to be put in place to meet the on-going support needs of the adult;
- What the contingency arrangements are;
- How will the plan be monitored?

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

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

### **3.6.5 Reviewing Risk**

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

### **3.6.6 Risk Disputes**

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

The professional views of risk may differ from the views of the adult. Perceived risks have implications for the safety and the independence of the individual, but they also have implications for the accountability of professionals.

Professionals need to embrace and support positive risk taking by finding out why the person wishes to make a particular choice, what this will bring to their life, and how their life may be adversely affected if they are not supported in their choice. The promotion of choice and control, of more creative and positive risk-taking, implies greater responsibility on the part of the adult and greater emphasis on keeping them at the centre of decision making.

It may not be possible to reach agreement, but professionals need to evidence that all attempts to reach agreement were taken. Where there are concerns about people making unwise decisions, the decision making process must be fully recorded.

### **3.7 Recording Actions under Adult Safeguarding**

A record of all actions and decisions must be made. Good record keeping is a vital component of professional practice.

Records may be disclosed in courts in criminal or civil actions. All organisations should audit safeguarding concerns and outcomes as part of their quality assurance. Supervisors should ensure that recording is addressed in supervision and that staff are clear on their responsibilities. SABs should regularly review the quality of recording as part of its performance and quality data scrutiny.

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

Quality recording of adult safeguarding not only safeguards adults, but also protects workers by evidencing decision making based on the information available at the time. For more information see the University of the West of England advice on the [importance of keeping records](#).

### **3.8 Organisational Learning**

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

All agencies need to take responsibility for organisational learning and implement changes to their practice as a result of audits, complaints, SARs, and most importantly feedback from adults at risk about what works well and what needs to improve. Opportunities should be provided for learning from themes and patterns of practice that can add value to learning from good practice, and pinpointing necessary changes.

In addition to practice guidance highlighted throughout this policy and procedures, staff may find the [following information from SCIE helpful on adult safeguarding questions](#).

[Section 44, the Care Act 2014](#) stipulates that SABs must arrange a SAR when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if the adult with care and support needs in their area did not die but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

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

SAB's may arrange for a SAR in any other situations involving an adult in its area with care and support needs, whether or not they are being met by the local authority.

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

SAB's will produce their own local SAR procedures.

Any SAR may need to take account of a Coroner's inquiry, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay. Coroners are likely to delay any Inquest pending a SAR completion, so the report and potential witnesses can be included in the Inquest process.

Refer to your [local SAB website](#) for information on SAR policies.

### **Links with Other Reviews and Investigations**

For victims of domestic homicide reviews, there is separate statutory guidance in respect of children, which provides for a

[Serious Case Review](#) (SCR)

and in respect of persons aged 16 or over, which provides for a

[Domestic Homicide Review](#) (DHR)

These two sets of statutory guidance overlap where the victims are aged between 16 and 18.

When commissioning a SAR there should be consideration given to how child SCR's and DHR's can be managed in parallel in the most effective way, so that organisations/professionals can learn from the case. Different types of review will have

their own specific areas of investigation and these should be respected, where intelligence can be shared across the reviews there should be no organisational barriers to information sharing. Consideration should be given to jointly commissioning some aspects of the review which would reduce duplication and thereby the time and cost involved.

NYSAB Final April 2018

# **THE PROCEDURES**

NYSAB Final April 2018

## **SECTION 4: ADULT SAFEGUARDING PROCEDURES**

### **4.1 Context**

The main objective of adult safeguarding procedures is to provide guidance to enable adults to be kept safe from abuse or neglect and to allow for immediate action to be taken where required in order to achieve this.

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

Guidance is often criticised for over-standardising practice and undervaluing the skills required when applying policies in diverse circumstances. The key focus is on using professional skills to gain a real understanding of what the adult wants to achieve to enable them to feel safer and what action is required to help them to achieve it. See flowcharts commencing page 54 for further information.

### **4.2 The Four Stage Process**

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

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

### **4.3 Responsibilities**

#### **4.3.1 Local Authority and NHS Partnerships**

Section 6(7) of the Care Act requires a local authority to co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of their respective functions relating to adults with needs for care and support and to carers. The Act specifies those relevant partners and how cooperation should take place.

'Local authorities can continue to enter into partnership arrangements with the NHS for the NHS to carry out a local authority's 'health-related functions' (as defined in the 2000 Regulations ([the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000](#))). This effectively authorises NHS bodies to exercise those prescribed functions, including adult safeguarding functions. These arrangements are 'partnership arrangements' rather than 'delegations'. In addition, by virtue of

[Regulation 4 of the 2000 Regulations](#), arrangements may only be entered into 'if the partnership arrangements are likely to lead to an improvement in the way in which those functions are exercised'. The local authority would still remain legally responsible for how its functions (including adult safeguarding) are carried out via partnership arrangements.' (Department of Health March 2015).

Within this policy and procedures, where there are partnership agreements under [Section 75 of the NHS Act 2006](#) with Mental Health Trusts, appropriately trained managers within the Trust can act on behalf of the local authority to undertake adult safeguarding duties. Where this is done, the legal responsibility for safeguarding remains with the local authority. This is in particular reference to who can act as a Safeguarding Co-ordinator, which is a role particular to the local authority and its Section 75 partners under the above agreements and local protocols.

#### **4.3.2 Safeguarding Concerns Managers / Leads in all Organisations**

Safeguarding concerns manager/lead throughout means the staff member responsible in an organisation to provide:

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

#### **4.3.3 Safeguarding Adult Reporting Points**

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

#### **4.3.4 Lead or Delegated Enquiry Officer**

An enquiry officer is responsible for undertaking actions under adult safeguarding.

- The lead enquiry officer is a member of the local authority who will retain responsibility for undertaking actions under Section 42 enquiries.
- A delegated enquiry officer is a member of another agency undertaking the enquiry on the local authority's behalf (for example an entrusted enquiry).
- In some instances there is a lead enquiry officer supported by other staff also acting as enquiry officers, where there are complex issues or additional skills and expertise is required.

#### **4.3.5 Safeguarding Co-ordinator**

The Safeguarding Co-ordinator is the member of staff who manages the overall safeguarding function within the local authority.

#### **4.3.6 Feedback**

All adult safeguarding concerns referred to the local authority should be assessed to decide if the criteria for adult safeguarding are met. Keeping the person who reported the concern informed is an essential requirement under these policies and procedures. Feedback provides assurance that action has been taken whether under adult safeguarding or not. Organisations raising concerns may want to challenge or discuss decisions and need to be updated on what action has been taken. It is more likely that the public will continue to report concerns, where there is an acknowledgement that their concern has reached the right agency and is being taken seriously. Feedback to the wider community needs to take account of confidentiality and requirements of the [Data Protection Act 1998](#).

#### **4.3.7 Sharing Information with People Alleged to have Caused Harm**

The principles of natural justice must be applied, consistently with the overriding aim of safety and the requirements of the Data Protection Act 1998. Providing information on the nature and outcomes of concerns to people alleged to have caused harm also needs to be seen in the wider context of prevention; for example, information can be used to support people to change or modify their behaviour. The person/organisation that is alleged to be responsible for abuse and/or neglect should be provided with sufficient information to enable them to understand what it is that they are alleged to have done or threatened to do that is wrong and to allow their view to be heard and considered. Whilst the safety of the adult remains paramount the right of reply should be offered where it is safe to do so. Decision making should take into consideration:

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

Sharing information should be provided in a way that will not exacerbate the situation, and acknowledges that the Data Protection Act 1998 applies to people alleged to have caused harm as well as the adult at risk. The person alleged to have caused harm has a right to know what personal information relating to them is held.

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

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

#### **4.3.8 Dealing with Repeat Allegations**

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

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

- The mental capacity and safety of the adult who the concern is about;
- The strength of the support networks available to the adult at risk;
- Wishes of the adult and impact of the concern on them;
- Impact on important relationships;
- Level of risk.

#### **4.3.9 Dispute Resolution and Escalation**

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

In the event that operational staff are unable to resolve matters, more senior managers should be consulted. Multi-agency meetings may be a helpful way to explore issues with a view to improving practice. In exceptional circumstances or where it is likely that partnership protocols are needed the SAB should be appraised.

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

#### **4.3.10 Cross-Boundary and Inter-Authority Adult Safeguarding Enquiries**

Risks may be increased by complicated cross-boundary arrangements, and it may be dangerous and unproductive for organisations to delay action due to disagreements

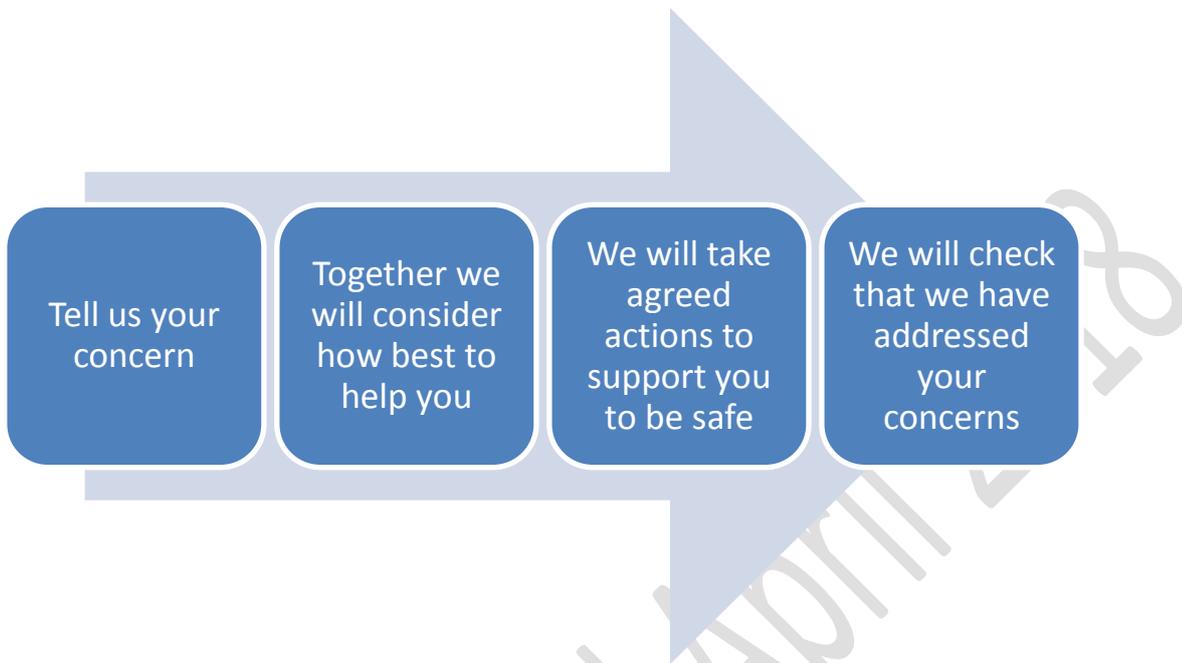
over responsibilities. The rule for managing safeguarding enquiries is that the local authority for the area where the abuse occurred has the responsibility to carry out the duties under [Section 42 Care Act 2014](#), but there should be close liaison with the placing authority.

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

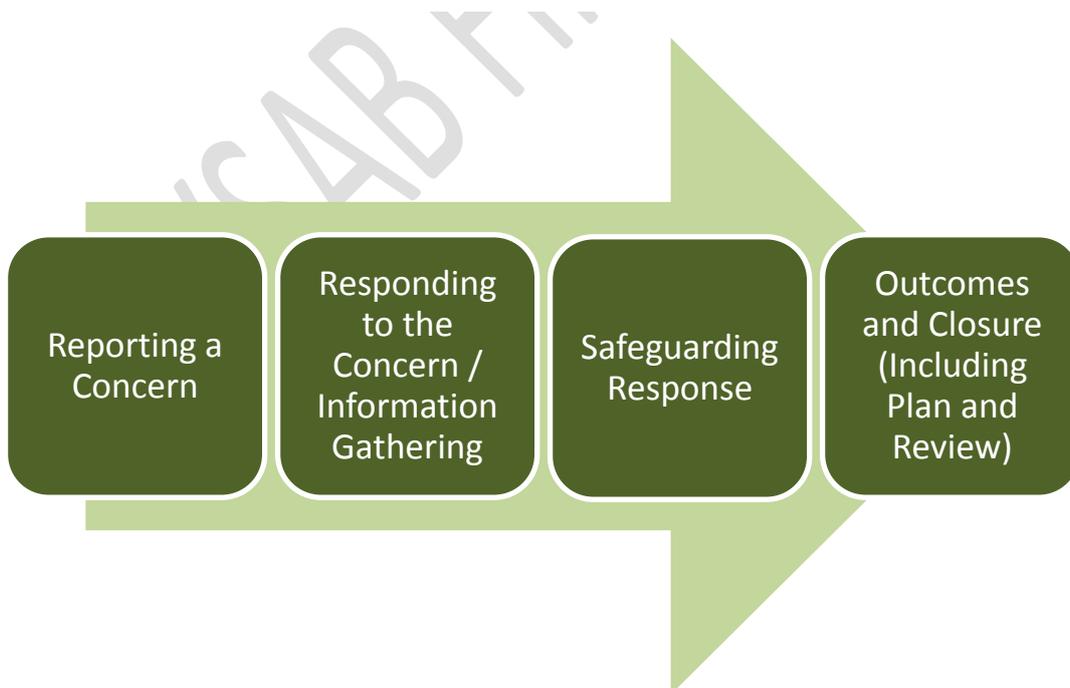
For further information, see the following link <https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf>

NYSAB Final April 2018

## The experience of the adult at risk



## The procedures to deliver this



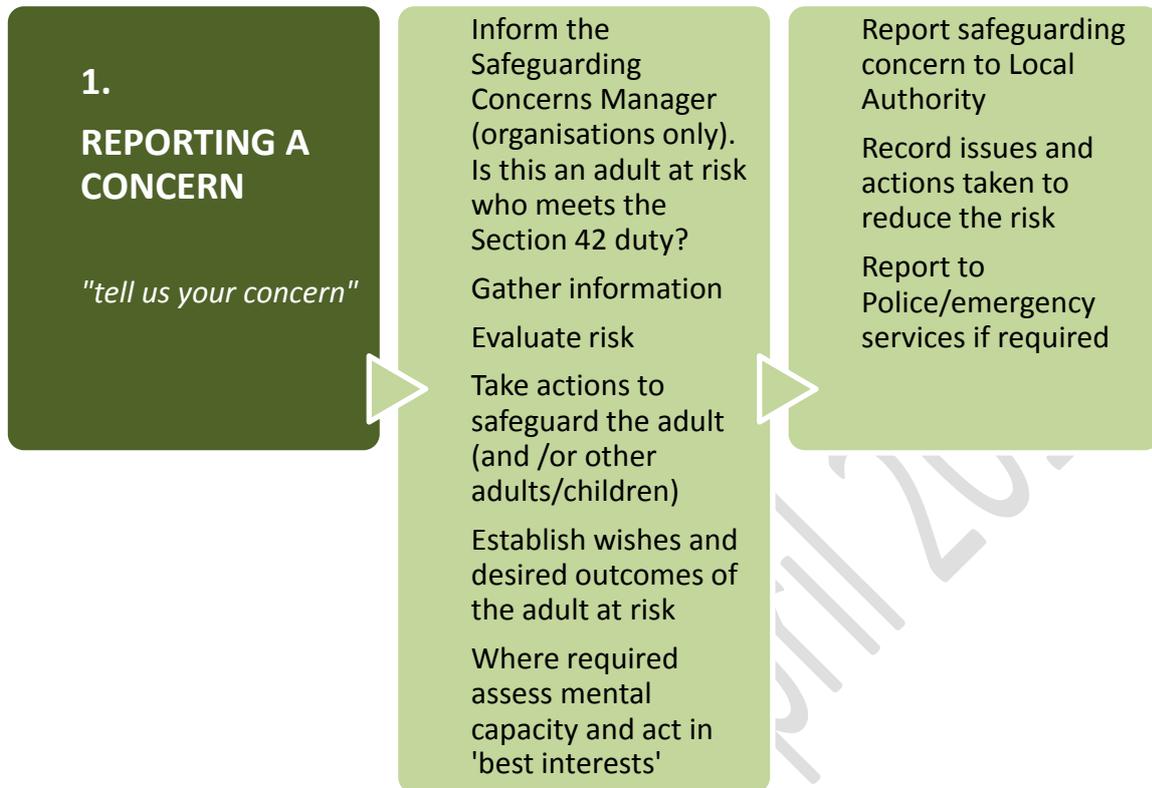
## Section 42 Flowchart Summary and Timescales

Target timescales are not intended as performance indicators. The time taken to respond to safeguarding concerns will depend on a range of factors, including the wishes and needs of the adult at risk, as well as the nature, seriousness and complexity of the concerns. The timescales described within these procedures however provide useful targets for practice that are achievable in many cases.

STAGE	ACTIONS TO BE TAKEN	OUTCOMES
<p><b>1.</b> <b><u>REPORTING A CONCERN</u></b></p> <p><i>“tell us your concern”</i></p>	<p>Anyone can report a concern.</p> <p>Is this an adult at risk who meets the Section 42 duty? Inform the Safeguarding Concerns Manager (organisations only)</p> <p>Gather information</p> <p>Evaluate risk</p> <p>Take actions to safeguard the adult (and/or other adults/children)</p> <p>Establish wishes and desired outcomes of the adult at risk</p> <p>Where required assess mental capacity and act in ‘best interests’</p>	<p>Report safeguarding concern to the Local Authority</p> <p>Record issues and actions taken to reduce the risk</p> <p>Report to Police/emergency services if required</p>
<p><b>TIMESCALE</b></p>	<ul style="list-style-type: none"> <li><b>Within 24 Hours</b></li> </ul>	
<p><b>2.</b> <b><u>RESPONDING TO THE CONCERN / INFORMATION GATHERING</u></b></p> <p><i>“together we will consider how best to help you”</i></p>	<p>Is this an adult at risk who meets the Section 42 safeguarding criteria?</p> <p>Is there any immediate risk requiring the emergency services?</p> <p>If able to do so and appropriate, has the adult consented?</p> <p>Consider, do you need to speak to the adult at risk?</p> <p>Consider / confirm their desired outcomes</p> <p>Have all appropriate and necessary actions already been taken to reduce/remove risk?</p>	<p>If the Section 42 duty is fulfilled, end and exit the case</p> <p>Consider and implement any follow on actions as necessary</p> <p>If not exited, the Section 42 duty continues if the adult is at continued risk of harm</p>

<p><b>TIMESCALE</b></p>	<ul style="list-style-type: none"> <li>• <b>Assess risk and ensure safety of the adult at risk within 24 hours</b></li> <li>• <b>Decide on the proportionate response to the concern within 5 working days</b></li> </ul>	
<p><b>3.</b> <b><u>SAFEGUARDING RESPONSE</u></b></p> <p><i>“we will take agreed actions to support you to be safe”</i></p>	<p>Where the concern cannot quickly and proportionately be ended, the Section 42 duty continues. Decide on what actions are required if necessary and who will carry these out to safeguard the adult(s) at risk</p> <p>Discuss desired outcomes with the adult or their representative/advocate and to manage risk. All enquiries require some degree of planning. This can range from a conversation between the Enquiry Officer and the adult and/or their representative through to a multi-agency meeting to determine roles and plan actions required to manage risk in the best way possible and to review appropriately</p>	<p>If the Section 42 enquiry duty is fulfilled, end and exit the case. Consider and implement any follow on actions as necessary</p> <p>If the Section 42 duty continues, carry out actions as planned and continue to ‘Outcomes’</p>
<p><b>TIMESCALE</b></p>	<ul style="list-style-type: none"> <li>• <b>Discussion with the adult at risk on outcomes and safeguarding response should be done within 10 working days from the Enquiry decision</b></li> </ul>	
<p><b>4.</b> <b><u>OUTCOMES AND CLOSURE (INCLUDING PLAN AND REVIEW)</u></b></p> <p><i>“we will check we have addressed your concerns”</i></p>	<p>All enquiries conducted to manage risk should be conducted by holding an outcomes meeting. This could be a face to face meeting with the adult or a multi-agency meeting. The aim is to ensure:</p> <ol style="list-style-type: none"> <li>1. Has the Local Authority met its statutory duty to enquire into the safeguarding concern?</li> <li>2. Has the enquiry ensured wherever possible the outcomes have been met for the adult(s)?</li> <li>3. <b>Is there a need to update or devise a safeguarding plan?</b></li> <li>4. What is the level of risk for the adult?</li> </ol> <p>Any further support or actions for the adult(s)</p>	<p>If the Section 42 duty is fulfilled, exit</p> <p>If there is a need to continue and review, continue with the Section 42</p>
<p><b>TIMESCALE</b></p>	<ul style="list-style-type: none"> <li>• <b>To complete within 12 weeks of the reporting of the concern</b></li> </ul>	

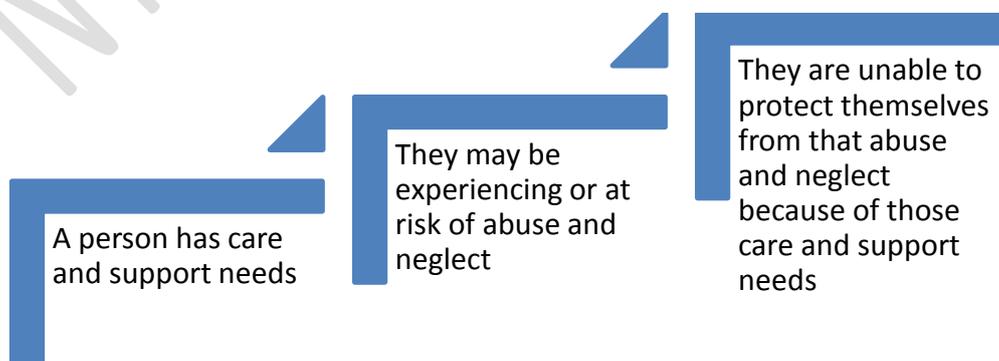
**SECTION 5:  
STAGE 1 – REPORTING A CONCERN**



**TIMESCALE** • **Within 24 Hours**

An ‘adult at risk’ is described on page (i) of this document.

An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs that they may be subject to, or may be at risk of, abuse or neglect and may be unable to protect themselves against this. This is described as the ‘three stage test’.



Unpaid carers will sometimes have care and support needs of their own. However, sometimes unpaid carers will only have support needs. In these circumstances this policy and procedures may still be used as a proportionate response to the concerns where appropriate, using its duty to promote wellbeing. This may be appropriate, for example, if an unpaid carer experiences intentional or unintentional harm from the adult they are trying to support.

Concerns should be reported to the local authority in the area where the abuse is happening. [See Section 5.4](#) for contact details.

Abuse and neglect often involve the actions of one person towards another. However, self-neglect involves situations where a person is placing themselves at risk of harm. This could be due to their reluctance, or inability to accept the assistance they need with their care and support needs. For more information about self-neglect see [Section 2.6](#) of the policy.

## 5.1 Who can Report a Concern?

Any person who has concerns that someone who has, or may have care and support needs is experiencing, or is at risk of abuse and neglect, can raise their concerns with the local authority.

This means that the adult experiencing abuse or neglect can raise their concerns themselves, but so can their friends, family members, unpaid carers, other members of the public, paid carers, professionals and organisations.

A concern can be:

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

Wherever possible, involve the adult in decisions about Raising a Safeguarding Concern. Try and talk to the adult about what they would like to change about their situation, and what will help them achieve that.

There are occasions when you may need to Report a Concern without the adult's consent, for example:

- It is in the public interest, for example,
  - There is a risk to other 'adults at risk'; or
  - The concern is about organisational or systemic abuse; or
  - The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk; or
  - The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.
- The adult lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the person's 'best interests' (Mental Capacity Act 2005);
- An adult is subject to coercion or undue influence, to the extent that they are unable to give consent;
- It is in the adult's vital interests (to prevent serious harm or distress or life-threatening situations).

See [Section 5.3.7](#) for more information

If you are not sure whether you should raise a safeguarding concern, you should seek advice. If you have become aware of concerns through the course of your work, seek advice from the Safeguarding Concerns Manager or Safeguarding Adults Lead in your organisation. You can also contact the local authority for advice. Contact numbers can be found in [Section 5.4](#)

### **Police Engagement:**

Contact with the Police will fall mainly into four main areas:

- Reporting a crime – if an individual witnesses a crime, they have a duty to report it to the Police;
- Third party reporting of a crime – if an individual is made aware of a crime, they should support the adult to report to the Police, or make a best interest decision to do so. In domestic abuse situations practitioners should be aware of the principles of 'Safe Enquires' (see [Section 2.7.1](#) for more information);
- Consultation with the Police – seeking advice;
- Sharing intelligence and managing risk.

Where possible, take action to ensure the safety of the adult. You may also need to inform the Police (if a crime has taken place or is taking place) or seek medical attention in an emergency.

It is important when a situation is reported to the Police, that wherever possible the person or organisation alleged to have caused harm is not questioned by anyone, so as not to undermine any required Police investigation. Early engagement with the Police is vital to support the criminal investigation.

It is also important that forensic and other evidence is not contaminated. Evidence may be present even if you cannot actually see anything:

- Try not to disturb the scene, or any evidence if at all possible;
- Secure the scene, for example, lock the door to where the incident took place;
- Preserve all containers, documents etc.

If in doubt, seek advice from the Police.

### **IMMEDIATE ACTION BY THE PERSON RAISING THE CONCERN**

The person who raises the concern has a responsibility to first and foremost safeguard the adult.

- a. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- b. Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the Police);
- c. If a crime is in progress or life is at risk, dial emergency services – 999;
- d. Encourage and support the adult to report the matter to the Police if a crime is suspected and not an emergency situation;
- e. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
- f. Ensure that other people are not in danger;
- g. If you are a paid employee, inform your manager / the Safeguarding Concerns Manager of your organisation. 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 the HR department if an employee is the source of risk);
- h. Record the information received, risk evaluation and all actions.

[Section 5.2](#) provides more detailed information for staff working in organisations, about Raising a Safeguarding Concern.

[Section 5.4](#) provides contact details for Raising a Safeguarding Concern.

## **5.2 Guidance for Organisations**

All registered health and social care organisations should have safeguarding operational guidance detailing the responsibilities of all staff (and volunteers) within this policy and procedures.

### **5.2.1 Guidance for Employees and Volunteers**

Every person working with adults with care and support needs (paid or unpaid) has a duty of care within this safeguarding adults procedure.

If an adult discloses abuse to you directly, use the following principles to respond:

- Assure them that you are taking the concerns seriously;
- Do not be judgemental or jump to conclusions;
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can. Use open-ended questions;
- Do not start to investigate or ask detailed or probing questions;
- Explain that you have a duty to tell your manager or designated officer;
- Reassure the person that they will be involved in decisions about them.

Within organisations, staff (and volunteers) must always inform the Safeguarding Concerns Manager without delay. If the concerns relate to the Safeguarding Concerns Manager, inform an alternative or more senior manager within your organisation of the concerns.

The Safeguarding Concerns Manager is a person within the organisation who will ordinarily be responsible for:

- Deciding whether to raise a safeguarding concern with the local authority;
- Taking immediate actions, wherever possible, to ensure the adult is safe from abuse or neglect.

However, where a situation is urgent or serious, any member of staff (or volunteer) may need to undertake these actions, particularly where:

- Contacting the Safeguarding Concerns Manager would result in undue delay and thereby place someone at risk;
- The Safeguarding Concerns Manager has been contacted and they have not taken action;
- The concern relates to the Safeguarding Concerns Manager and there is no other appropriate alternative manager to contact;
- You have authority in your own right to decide whether to raise a safeguarding concern and professional/service practice allows for this.

### **5.2.2 In an Emergency or Out of Hours**

When dealing with an incident that involves the abuse of an adult at risk, staff may need to call the Police and/or ambulance if an emergency or urgent medical attention is required (dial 999), if for example:

- Someone is alleging that they have been sexually assaulted;
- Someone has been injured as a result of a physical assault;
- An allegation is made regarding a recent incident of theft;
- The person alleged to have caused harm needs to be removed;
- The person alleged to have caused harm is still believed to be near the premises;
- There is reason to believe that a crime is in progress or has been committed;
- There is likely to be evidence that needs to be preserved, in the case of physical or sexual assault the Police will be able to arrange for forensic evidence to be collected.

This list is by no means exhaustive.

Employees without access to a Safeguarding Concerns Manager, (such as those working outside office hours) will need to be aware of the circumstances under which the Police should be called in an emergency.

If the Police do not need to be contacted but you still have immediate concerns and it is out of normal working hours, the local authority 'Emergency Duty Team' can be contacted ([see Section 5.4 for details](#)).

### **5.2.3 Whistle-Blowing – Public Interest Disclosure Act 1998**

Members of staff working within an organisation may become aware of safeguarding concerns or allegations but be concerned about the impact on their employment if they were to report them.

Where people have these concerns, they should refer to their employer's Public Interest Disclosure Policy, sometimes called the "Whistle-blowing" Policy. The policy is so named, because it provides advice in relation to those circumstances when an employee is protected for reporting concerns.

For further information and advice, the following services are available:

- Mencap: [www.mencap.org.uk/organisations/whistleblowing-helpline](http://www.mencap.org.uk/organisations/whistleblowing-helpline)
- Care Quality Commission: [www.cqc.org.uk/contact-us](http://www.cqc.org.uk/contact-us)
- Public Concern at Work: [www.pcaw.org.uk](http://www.pcaw.org.uk)

## **5.3 Role of the Safeguarding Concerns Manager**

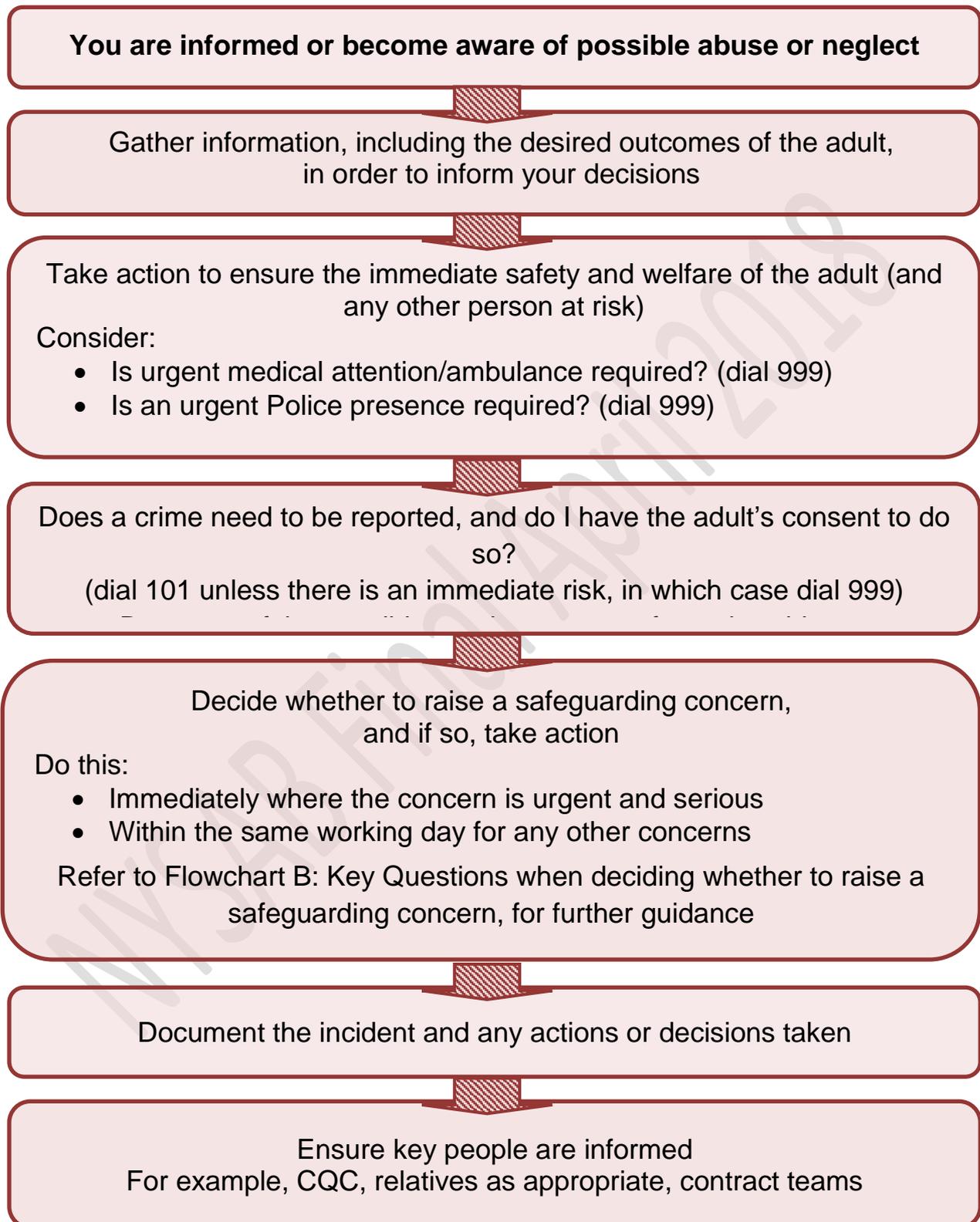
The Safeguarding Concerns Manager is a nominated person within the organisation who is responsible for ensuring that concerns of possible abuse and neglect are responded to and reported appropriately.

The Safeguarding Concerns Manager must be informed about concerns of possible abuse or neglect without delay, and should use the Managing Safeguarding Concerns Flowchart ([p.65](#)) and the Key Questions when deciding whether to Report a Safeguarding Concern Flowchart ([p.66](#)) to inform their actions and decision making. Further detailed guidance is provided in the subsequent sections.

Where actions are needed urgently or if the Safeguarding Concerns Manager is unavailable, **any member of staff or volunteer** may need to Raise a Concern with the local authority themselves and undertake other actions required to safeguard the adult.

NYSAB Final April 2018

## Flowchart A: Managing Safeguarding Concerns Flowchart



## Flowchart B: Key questions when deciding whether to report a safeguarding concern

**Q1. Does the adult have care and support needs** (whether or not the local authority is meeting any of those care and support needs)?

**Q2. Is the person experiencing, or at risk of, abuse and neglect?**

Domestic abuse	<input type="checkbox"/>	Modern Slavery	<input type="checkbox"/>	Neglect of acts of omission	<input type="checkbox"/>
Physical abuse	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>	Self-neglect	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Organisational abuse	<input type="checkbox"/>	Another form of abuse	<input type="checkbox"/>
Psychological abuse	<input type="checkbox"/>	Financial or material abuse	<input type="checkbox"/>		

NB: Abuse may sometimes occur without any intent to cause harm

**Q3. What is the nature and seriousness of the risks?**

Consider:

- The adult's individual circumstances;
- The nature and extent of the concerns;
- The length of time it has been occurring;
- The impact of any incident;
- The risk of repeated incidents for the adult;
- The risk of repeated incidents for others.

Wherever possible, consider the wishes and desired outcomes of the adult. In other words, what do they want to happen next, what do they want to change about their situation and what outcome do they want to achieve.

Sometimes it will be necessary to Raise a Concern even if this is contrary to the wishes of the adult. Any such decision should be proportional to the risk, for example:

- It is in the public interest e.g. there is also a risk to others, a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care;
- The adult lacks mental capacity to consent and it is in the adult's best interests;
- The adult is subject to coercion or undue influence, to extent that they are unable to give consent;
- It is in the adult's vital interests (to prevent serious harm or distress or life threatening situations).

**If you remain unsure whether to raise a safeguarding concern, seek advice:**

- Contact your organisation's safeguarding adults lead
- Contact your local safeguarding services ([See Section 5.4](#) for contact details)

### **5.3.1 Gather Information**

If you are made aware of safeguarding concerns or allegations, you must take them seriously however trivial they might initially seem.

You may need to gather information in order to decide whether you should raise a safeguarding concern and the most appropriate action to keep the adult safe. This may involve checking relevant records, ascertaining concerns from colleagues, gathering background information, etc.

Gather only the information you need in order to make the decision about whether to raise a safeguarding concern and to keep the adult safe.

Unless it might prejudice a safeguarding enquiry or a Police investigation, the Safeguarding Concerns Manager should speak to the adult to get their views about:

- What has happened;
- What they want to happen now;
- The desired outcomes that the adult wants.

Desired outcomes are those changes that the adult wants to achieve from the support they receive, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system.

### **5.3.2 Take Action to Ensure the Immediate Safety of the Adult at Risk**

The Safeguarding Concerns Manager must consider whether there are any immediate actions they need to take in order to keep the adult, or others, safe from harm.

This involves taking actions in relation to the adult and others, including:

- Making an immediate evaluation of the risk to the adult and others;
- Taking reasonable and practical steps to safeguard the adult as appropriate;
- Liaising with the Police where an immediate Police presence is required or to discuss any risk management issues;
- Arranging any necessary emergency medical treatment; note that offences of a sexual nature will require expert advice from the Police;
- Making sure that other service users are not at risk and if they lack capacity to consent to any proposed arrangements, a decision is made in accordance with their best interests.

It may also involve taking actions in relation to the person or organisation alleged to have caused harm, including:

- Liaising with the Police wherever possible regarding actions that may impact upon a subsequent criminal investigation, such as where the protective arrangements may forewarn the person alleged to have caused harm of an

impending criminal investigation, and potentially prejudice the collection of evidence;

- Ensuring that any staff (or volunteers) who have caused harm are not in contact with service users and others who may be at risk, for example, 'whistle-blowers'.

Note:

- Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the adult or other people makes this unavoidable;
- If the person alleged to have caused harm is a member of staff and an immediate decision is required to suspend them, the person has a right to know in broad terms what allegations or concerns have been made about them. Care however should be undertaken not to jeopardise any resulting Police investigation or Enquiry;
- If the allegation involves agency staff, the agency should also be notified of the safeguarding concern having been raised;
- If the person alleged to have caused harm is another service user, action taken may include removing them from contact with the adult. In this situation, arrangements must be put in place to ensure that the needs of the person alleged to have caused harm are also met.

### **5.3.3 Deciding Whether to Report an Incident to the Police**

If a crime has been, or may have been committed, seek the person's consent to report the matter immediately to the Police.

If the person has mental capacity in relation to the decision and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:

- The person is subject to coercion or undue influence, to the extent that they are unable to give consent; or
- There is an overriding public interest, such as where there is a risk to other people; or
- It is in the person's vital interests (to prevent serious harm or distress or in life-threatening situations).

There should be clear reasons for overriding the wishes of a person with the mental capacity to decide for themselves. A judgement will be needed that takes into account the particular circumstances.

If the adult does not have mental capacity in relation to this decision, a 'best interests' decision will need to be made in line with the Mental Capacity Act.

The Police may also be contacted later, if more information becomes available and it becomes apparent that a crime has been committed.

If the matter is to be reported to the Police, discuss with the Police any risk management issues and any potential forensic considerations.

#### **5.3.4 Preserving Evidence**

Whilst the first concern must be to ensure the safety and wellbeing of the adult, in situations where there may have been a crime and the Police have been called, it is important that forensic and other evidence is preserved. The Police may need to attend the 'scene', and agencies and individuals can play an essential part in ensuring that evidence is not contaminated or lost. As far as possible:

- Try not to disturb the scene, clothing or victim if at all possible;
- Secure the scene, for example, lock the door, if possible;
- Preserve all containers, documents, locations, etc.;
- Evidence may be present even if you cannot actually see anything;
- If in doubt, contact the Police and ask for advice.

The Police should be contacted for advice wherever required.

#### **5.3.5 Deciding Whether to Raise a Safeguarding Concern**

In deciding whether to raise a safeguarding concern, refer to [Flowchart B: 'Key questions when deciding whether to raise a Safeguarding Concern'](#)

Consider the following questions:

- Is the person an 'adult at risk' as defined within this policy and procedures?
- Is the person experiencing, or at risk of, abuse and neglect?
- What is the nature and seriousness of the risk?
- What does the adult want to happen now?

The adult should experience the safeguarding process as empowering and supportive. Practitioners should seek to agree actions with the adult, taking into consideration their desired outcomes of any support provided.

Desired outcomes are those changes that the adult wants to achieve from the support they receive, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system.

Consent should be sought where possible. There may be circumstances where consent cannot be obtained because the adult lacks the capacity to give it or is subject to coercion or undue influence. There will also be occasions where action may need to be taken if others are or will be put at risk if nothing is done, or where it is in the wider public interest for action to be taken. For further guidance refer to [Section 3.3.1](#)

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

Where required, take advice from your safeguarding adults lead for your organisation.

### **5.3.6 Mental Capacity to Consent**

The law (Mental Capacity Act 2005) presumes that adults have mental capacity to make their own decisions. However there will be times and situations in which an individual lacks capacity.

In deciding whether the adult has mental capacity to consent to a concern being raised, consider if the adult has mental capacity to make informed decisions:

- About other people being informed?
- About actions which may be taken under this policy and procedures?
- About their own safety, including an understanding of longer-term harm as well as immediate effects? and
- How to take action to protect themselves from future harm?

If the adult has mental capacity to decide about Raising a Safeguarding Concern their consent should be sought, unless to do so may place a person at risk or it is not possible to seek that person's consent.

The two stage test of mental capacity is:

- Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?
- If so, is the impairment or disturbance sufficient that the person lacks the mental capacity to make this decision at this time?

A person is unable to make that decision if he/she is unable to:

- Understand the information relevant to the decision;
- Retain that information (for as long as required to make the decision);
- Use or weigh that information as part of the process of making the decision;
- Communicate their decision (whether by talking, sign language or any other means).

If the adult is assessed as not having mental capacity to decide whether a safeguarding concern should be raised, the decision must be made in their 'best interests' in line with the Mental Capacity Act 2005.

For further information see Section 3 of this policy and procedures.

### **5.3.7 Raising a Safeguarding Concern without the Consent of the Adult at Risk**

Practitioners should wherever possible seek the consent of the adult before taking action, taking into consideration their wishes and desired outcomes as outlined in [Section 5.1](#). However, whilst consent is an important consideration, it is not the only consideration.

The following are examples of when a decision to Raise a Safeguarding Concern may still be appropriate, even without the consent of the adult:

- It is in the public interest, for example,
  - There is a risk to other 'adults at risk'; or
  - The concern is about organisational or systemic abuse; or
  - The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk; or
  - The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.
- The adult lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the adult's 'best interests' (Mental Capacity Act 2005);
- An adult is subject to coercion or undue influence, to the extent that they are unable to give consent;
- It is in the adult's vital interests (to prevent serious harm or distress or in life-threatening situations).

Any actions taken without the consent of the adult should be proportionate to the risk of harm. The adult should ordinarily be informed of the actions being taken, unless to do so may place the adult or others at further risk of harm.

### **5.3.8 Document the Incident and any Actions or Decisions Taken**

Ensure all actions and decisions are fully recorded. It is possible that your records may be required as part of a Police investigation or Enquiry. Be as clear and accurate as you can. Record the information about the concern/allegations, your decisions and any advice given to, or by, you in making these decisions.

Ensure that appropriate records are maintained, including details of:

- The nature of the safeguarding concern/allegation;
- The wishes and desired outcomes of the adult;
- The support and information provided to enable the adult to make an informed decision;
- Assessments of mental capacity, where indicated;
- The decision of the organisation to raise a safeguarding concern (or not).

### **5.3.9 Ensure Key People are Informed**

Where relevant, the Safeguarding Concerns Manager should inform:

- The Care Quality Commission if the concerns involve a regulated service provider;
- The Charity Commission if the concern involves a registered charity;
- The commissioners' department for the adult (where relevant);
- Child protection services, if children are also at risk from harm;
- Relatives of the adult according to their consent, or in their 'best interests' where they lack the mental capacity to make this decision for themselves;
- Their line manager (and safeguarding adults lead if different) of their decisions and actions in line with this policy and procedures);
- Their Human Resources Manager if allegations/concerns relate to a member of staff;
- Staff delivering a service on a need-to-know basis so that they do not take actions that may prejudice an Enquiry, or increase the risk to any person.

As well as deciding whether or not to Raise a Safeguarding Concern, the Safeguarding Concerns Manager must also decide whether to follow other relevant organisational reporting procedures. For example, NHS organisations may need to report under clinical governance or the Serious Incident Framework.

### **5.3.10 Provide Support for the Person Raising the Concern**

Incidents of alleged or actual abuse can be very distressing. People who have witnessed abuse or had abuse disclosed to them may need support in their own right. Managers are responsible for:

- Supporting any member of staff or volunteer who identified the concern;
- Enabling and supporting relevant staff to play an active part in the safeguarding adults procedure.

### **5.3.11 Issues and Concerns regarding Service Provision**

Some local authorities have provided service providers with guidance regarding when an issue involving their service provision should be reported to the local authority and when local action by the provider is all that is required. This guidance is often themed around the high volume types of issues which arise such as medication errors, resident on resident issues, trips and falls and pressure ulcers. These incidents are mainly at the lower level of harm without intent and could be seen as quality of service issues. Each local authority in the combined area will offer its own advice to service providers on what should be reported.

Decisions to raise concerns with the local authority which do not involve service provision need to take into account all relevant information that is available, including the views of the adult in all circumstances where it is possible and safe to seek their views. If the adult does not want to pursue matters through safeguarding action, staff

should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been explored and that not proceeding further is consistent with legal duties. [Please see 3.3.1: Reasons to override consent.](#)

## 5.4 How to Raise a Safeguarding Concern

A safeguarding concern can be raised by anyone who has a concern about an adult. The concerns should be reported to the safeguarding contact point in the local authority area where the abuse has occurred. [See Appendix 3](#) for information you will be asked to provide.

Safeguarding adult contact points for West Yorkshire, North Yorkshire and York are listed below:

### **Bradford**

#### To Raise a Safeguarding Concern

Contact:

- Safeguarding Adults Team: **01274 431077**, or complete the online form available from: [www.bradford.gov.uk/makeanalert](http://www.bradford.gov.uk/makeanalert)

#### For information/advice:

Contact:

- Safeguarding Adults Team, Britannia House, Hall Ings. BD1 1HX
- Telephone: **01274 431 077** (office hours)
- Out of Hours Emergency Duty Team Telephone: **01274 431010** (outside office hours)
- Email: [safeguarding.adults@bradford.gov.uk](mailto:safeguarding.adults@bradford.gov.uk)

For additional information please visit: [www.bradford.gov.uk/safeguardingadults](http://www.bradford.gov.uk/safeguardingadults)

### **Calderdale**

#### To Raise a Safeguarding Concern

Contact:

- Gateway to Care: **01422 393 000** or [Gatewaytocare@calderdale.gov.uk](mailto:Gatewaytocare@calderdale.gov.uk)
- Emergency Duty Team: **01422 288 000** or email: [EDT@calderdale.gov.uk](mailto:EDT@calderdale.gov.uk)

#### For information/advice:

Contact:

- Safeguarding Adults Team: **01422 393 804** (Mon-Fri, Office Hours)

For additional information please visit:

[www.calderdale.gov.uk/socialcare/safeguardingadults/index](http://www.calderdale.gov.uk/socialcare/safeguardingadults/index)

## **Kirklees**

### To Raise a Safeguarding Concern or Seek Advice

#### Contact:

- Gateway to Care: **01484 414933** (24 hours)
- Emergency Duty Team (Out of Hours) **01484 414933**
- Email: [gatewaytocare@kirklees.gov.uk](mailto:gatewaytocare@kirklees.gov.uk)

For additional information please visit: [www.kirklees.gov.uk/safeguardingadults](http://www.kirklees.gov.uk/safeguardingadults)

## **Leeds**

### To Raise a Safeguarding Concern or Seek Advice

#### Contact:

- Adult Social Care Contact Centre: **0113 222 4401**
- Emergency Duty Team: **07712 106 378** (outside of the contact centre times)

For additional information please visit: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

## **North Yorkshire**

### To Raise a Safeguarding Concern:

#### Contact:

- Adult Social Care, Customer Services **01609 780780**. Opening hours are 8am – 5.30pm Monday to Friday. This number will be answered by the Emergency duty team outside these hours.
- Email Raising a Safeguarding Concern forms to:  
[social.care@northyorks.gov.uk](mailto:social.care@northyorks.gov.uk) or [social.care@northyorks.gcsx.gov.uk](mailto:social.care@northyorks.gcsx.gov.uk)

### For information/advice:

#### Contact:

- For general questions and enquiries about safeguarding adults, please email: [nysab@northyorks.gov.uk](mailto:nysab@northyorks.gov.uk) or via secure email: [nysab@northyorks.gcsx.gov.uk](mailto:nysab@northyorks.gcsx.gov.uk)  
Please note this email address is NOT for Raising a Safeguarding Concern.
- For additional information please visit North Yorkshire County Council website: [www.northyorks.gov.uk/safeguardingadults](http://www.northyorks.gov.uk/safeguardingadults) or North Yorkshire Partnerships website: [www.nypartnerships.org.uk/sab](http://www.nypartnerships.org.uk/sab)
- To access and download an Interagency Safeguarding Adults Concerns Form: [www.northyorks.gov.uk/safeguarding-vulnerable-adults](http://www.northyorks.gov.uk/safeguarding-vulnerable-adults)

## **Wakefield**

To Raise a Safeguarding Concern or Seek Advice

Contact:

- Social Care Direct: Telephone: **0345 8 503 503**
- Fax: **01924 303455**; Minicom: **01924 303450**;
- Email: [social\\_care\\_direct@wakefield.gov.uk](mailto:social_care_direct@wakefield.gov.uk)

For additional information please visit: <http://www.wakefield.gov.uk/health-care-and-advice/adults-and-older-people-services/safeguarding/safeguarding>

## **York**

To Raise a Safeguarding Concern

Contact:

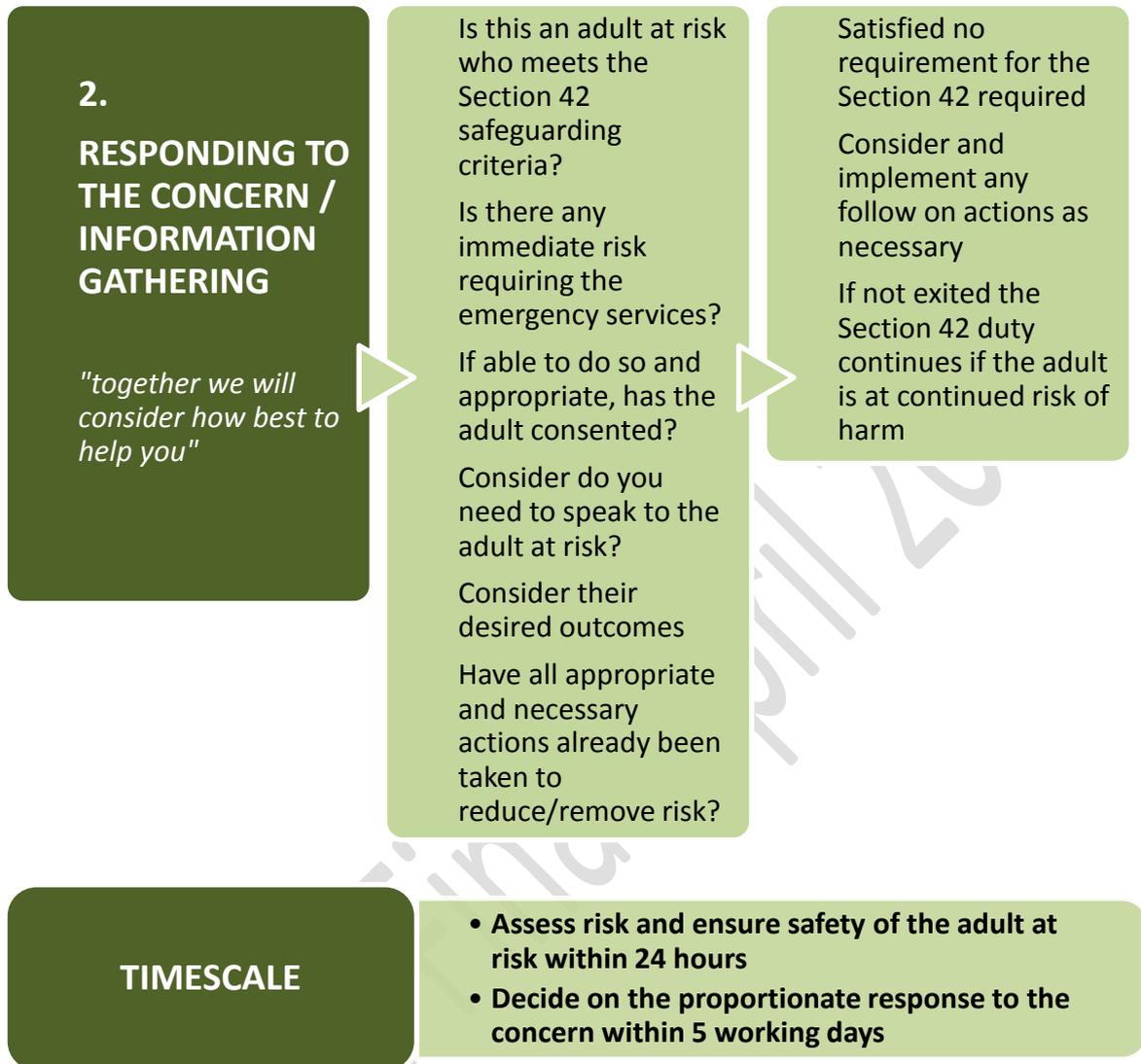
- Customer access and assessment team: Telephone: **01904 555 111** (8.30-5.00pm). For individuals who are hearing impaired please Text: **0753 443 7804**
- Fax: **01904 554 017**; Email: [adult.socialsupport@york.gov.uk](mailto:adult.socialsupport@york.gov.uk)
- Out of hours, contact the Emergency Duty Team
- Telephone: **0845 0349 417**; Email: [edt@northyorks.gov.uk](mailto:edt@northyorks.gov.uk)

For information/advice:

Contact:

- Safeguarding Adults Team: Telephone: **01904 555 858** (and ask for the duty worker)
- Fax: [adultsafeguardingfax@york.gov.uk](mailto:adultsafeguardingfax@york.gov.uk)
- Email: [adult.socialsupport@york.gov.uk](mailto:adult.socialsupport@york.gov.uk)

**SECTION 6:  
STAGE 2 – RESPONDING TO THE CONCERN / INFORMATION GATHERING**



**6.1. Receiving the Safeguarding Concern**

A safeguarding concern may result from a person raising it through the local authority's contact point. However, it may also result from concerns emerging during care assessments or reviews undertaken.

When carrying out a care assessment or review, local authorities must consider the impact of the adult's needs on their wellbeing. If it appears to local authorities that the person is experiencing or is at risk of abuse and neglect they must carry out a safeguarding enquiry and decide with the adult in question what action, if any, is necessary and by whom.

## 6.2 Duty to Make Enquiries

The duty on the local authority to make enquiries, or cause them to be made, applies where there is reasonable cause to believe that the Care Act three stage test has been satisfied (irrespective of whether the local authority is meeting these needs or not).



When a concern has been raised, the first consideration should be whether the person is an adult at risk. In practice, some information gathering may be needed to establish whether these three tests are met.

When the local authority becomes aware of a situation that meets the criteria described in the three step test, it must make or arrange an enquiry under Section 42 of the Care Act 2014. 'The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part [of the Care Act] or otherwise) and, if so, what and by whom'.

The safeguarding enquiry may need to support or offer the opportunity to develop, maintain, a "private life". Having a private life includes the right of a person to define the "inner circle" in which they choose to live their life, including in particular the right to choose those with whom they do and those with whom they do not want to establish, develop or continue a relationship.

Unpaid carers will sometimes have care and support needs of their own. However, sometimes unpaid carers will only have support needs. In these circumstances this policy and procedures may still be used as a proportionate response to the concerns where appropriate, using its duty to promote wellbeing. This may be appropriate, for example, if an unpaid carer experiences intentional or unintentional harm from the adult they are trying to support.

## 6.3 Deciding if a Safeguarding Enquiry needs to be Carried Out

Once a safeguarding concern has been raised with the local authority, it must undertake an informal information gathering to determine the appropriate response. The concern may be resolved quickly and proportionately by telephone enquiries, or

it may be necessary to undertake further enquires or actions to safeguard the adult or adults at risk as a proportionate risk based safeguarding response.

If an adult at risk of being abused or neglected cannot keep themselves safe from abuse or neglect because of their care and support needs, or because they lack the capacity to understand what keeping safe means, or because they are being coerced in some way, then the local authority's safeguarding duty applies. If they are able to protect themselves, despite having care and support needs, then a safeguarding response may not be appropriate.

Local authorities are responsible for looking at any safeguarding concerns raised with them about any adult who has care and support needs and deciding whether it is necessary to carry out an enquiry. This should include involving the person themselves, whose own wishes and preferences should be acted on as far as possible, in keeping with the principles set out in '**Making Safeguarding Personal**'.

A large number of safeguarding concerns reported to the local authority are made by service providers reporting an incident involving an adult(s) for whom they are providing care and the action they have taken to resolve the matter and prevent any re-occurrence.

In some of the cases reported by the service provider the local authority may decide that the Section 42 criteria has not been met and the concern relates to a quality of service issue. They may need further information to make this decision, or they could accept it as meeting the criteria.

This involves:

- Gathering information;
- Checking whether a response within this procedure is appropriate and proportionate to the concerns raised;
- Making decisions about further actions that should be taken with regard to the person or organisation responsible for the abuse or neglect.

Enquiries can vary in their depth and complexity and need to be proportionate to the concern raised. Often a telephone enquiry can establish that all necessary proportionate action has been taken, the adult's wellbeing has been considered and the adult is safe. In these cases, the Section 42 duty is complete and no further action is necessary.

There may be some circumstances where the Section 42 safeguarding duty would not be triggered by the three step test, but the local authority may choose to carry out proportionate safeguarding enquiries, in order to promote the adult's wellbeing and to support preventative action. Enquiries into abuse of unpaid carers is an example of such an enquiry and self-neglect cases where the adult does not meet the test, but is likely to experience harm may also fall into this category.

## **6.4 Poor Practice or Abuse**

The purpose of the safeguarding adult's procedure is to safeguard adults at risk from abuse and neglect.

Safeguarding is not a substitute for:

- Providers responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

Where a commissioner or the Care Quality Commission are taking their own action in relation to a concern, the local authority must consider if these actions already form an appropriate and proportionate response to the concerns raised. If the local authority identifies possible abuse, including organisational abuse it will lead on those aspects of the concerns, but performance and quality issues will continue to be addressed by commissioners and/or the Care Quality Commission.

Distinguishing between poor practice and neglect/abuse will often require a professional judgement. It is important to consider the impact of the incident on the adult, whether others may be at risk of harm, and what the proportionate response to the concern should be.

Where the practice is resulting in harm for the individual concerned, abuse is likely to be indicated. However, it is important to consider the nature, seriousness and individual circumstances of the incident in reaching a decision.

## **6.5 Quality of Service**

The Care Act 2014 sought to clearly differentiate between quality of service issues and abuse, with mistakes and errors to be treated as such and actual abuse triggering an enquiry. The Care Act however, also required a response to quality of service issues as an important preventative measure to ensure mistakes did not develop into abusive situations.

All the local authorities in the joint policy and procedures area have their own processes for working with service providers and all are required to have contingency plans for market failure. Some have a multi-agency quality of service forum which considers intelligence on the quality of providers' services with the aim to intervene early to prevent quality issues becoming more serious.

The Care Quality Commission play a very important part in these relationships as they have the statutory duty to ensure regulated services meet their quality standards.

All the local authorities have a service provider improvement process. Some local authorities have a formal process of quality improvement planning meetings and

others are developing less formal arrangements designed to support providers correct any identified quality failures.

Whatever system is followed, they are all aimed at working with service providers to ensure they provide a quality service for the benefit of the adults whose needs they serve.

**Outcome for the Adult:**

It is not always necessary or proportionate to contact the adult at the initial information gathering. When the local authority is gathering information to determine its response it may decide, depending on the nature of the concern and risk, to contact the adult or their representative.

Where the local authority find that the issues and risk have been resolved as part of the information gathering, the concern may be resolved quickly and proportionately by telephone enquiries. The local authority may not contact the adult as they have identified already that there is no need to proceed with the enquiry.

It may have also established from the concern information reported and conversations with others what the adult wants and identified that the issues have been resolved, therefore the enquiry is to be closed without any further actions.

<b>INITIAL ACTION AND DECISION MAKING FOR SAFEGUARDING RESPONSE</b>		
<b>Action</b>	<ul style="list-style-type: none"> <li>• Establish the adult is safe</li> <li>• Establish the need for advocacy</li> <li>• Establish consent and capacity to make relevant decisions by understanding the management of risk, what a safeguarding enquiry is, how the adult might protect themselves</li> <li>• Is the adult aware of the safeguarding concern and do they perceive it as a concern and want action/support</li> <li>• Is there suspicion that a crime may have been committed and a report to the Police needed</li> <li>• The adult at risk's desired outcome is established</li> </ul>	Gateway / initial information gathering

	<ul style="list-style-type: none"> <li>• Provide feedback to the person making the referral</li> <li>• Record all actions and conversations</li> </ul>	
<b>Decisions</b>	<ul style="list-style-type: none"> <li>• Whether actions so far have completed the enquiry</li> <li>• Does the concern need to proceed to Section 42 and Planning Meeting</li> <li>• Whether to proceed without consent</li> <li>• What follow-up action may be needed</li> </ul>	Decisions made by the Enquiry Officer / Safeguarding Co-ordinator

NYSAB Final April 2018

**SECTION 7:  
STAGE 3 - SAFEGUARDING RESPONSE**

**3.  
SAFEGUARDING  
RESPONSE**

*"we will take agreed actions to support you to be safe"*

Where the concern cannot quickly and proportionately be ended, the Section 42 duty continues. Decide on what actions are required if necessary and who will carry these out to safeguard the adult(s) at risk

Discuss desired outcomes with the adult or their representative/advocate and to manage risk

All enquiries require some degree of planning. This can range from a conversation between the Enquiry Officer and the adult and/or their representative through to a multi-agency meeting to determine roles and plan actions required to manage risk in the best way possible and to review appropriately

If the Section 42 enquiry duty is fulfilled, end and exit the case. Consider and implement any follow on actions as necessary

If the Section 42 duty continues, carry out activities as planned and continue to 'Outcomes'

**TIMESCALE**

- Discussion with the adult at risk on outcomes and safeguarding response should be done within 10 working days from the Enquiry decision

## 7.1 Safeguarding Response

Some safeguarding enquiries require more work and a relatively small number of cases require in depth and sometimes complex enquiries which may involve families, Police, employers etc. All enquiries should establish whether and what action needs to be taken to prevent or stop abuse or neglect.

The safeguarding objectives are to agree what the adult or their representative wants to happen (the outcomes), identify any risks, and agree the actions necessary to manage those risks in terms of removing, or reducing them.

The safeguarding response should be seen as a tool kit of options to proportionately manage any risk posed to the adult.

Where an enquiry involves an identifiable adult, local authorities should aim to provide swift and personalised safeguarding responses, involving the adult in the decision making process as far as possible. Where the adult has significant difficulties understanding or making decisions, where appropriate family or friends can act as a representative, or where no such person is available or appropriate a professional advocate must be used.

These personalised safeguarding responses may involve a face to face meeting(s) with the adult/representative to agree the desired outcomes and whether they have been achieved or not.

Local authorities should record the information received, the views and wishes ascertained, the decisions taken, and the reasons for them and any advice and information given.

These personalised enquiries are aimed at achieving the desired outcomes as determined by the adult, their representative or best interest decisions. Enquiries are normally finalised by determining if the actions taken have removed or reduced the risk, or if the risk remains what on-going work will try and continue to manage the risk. Outcomes will also involve a determination by the adult or representative if the enquiry work has fully, partially or not achieved their desired outcomes.

Again such outcome determinations can range from a conversation between the Enquiry Officer and the adult/representative through to a multi-agency outcomes meeting. However, it is anticipated that such multi-agency meetings will only be required where there is a need to manage on-going risk.

## ACTIONS AND DECISIONS UNDER SECTION 42 ENQUIRIES

<p><b>Action</b></p>	<ul style="list-style-type: none"> <li>• Identify enquiry lead/officer</li> <li>• Clarify desired outcomes</li> <li>• Plan the Enquiry</li> <li>• Identify links to other procedures in progress</li> <li>• Undertake agreed action</li> <li>• Update/agree safeguarding plan</li> <li>• Agree communication</li> <li>• Agree outcomes for person(s) alleged to have caused harm if relevant</li> <li>• Evaluation by the adult/advocate</li> <li>• Explore recovery and resilience</li> </ul>	<p>Safeguarding Co-ordinator</p> <p>Adult / Advocate</p> <p>Enquiry Lead Officer</p>
<p><b>Decisions</b></p>	<ul style="list-style-type: none"> <li>• What type of enquiry is appropriate and proportionate</li> <li>• Who should lead and who should contribute</li> <li>• Does the report (where required) meet standards</li> <li>• Necessary for the enquiry to be taken over by the Local Authority</li> <li>• Whether to close the enquiry down</li> <li>• Actions for the adult</li> <li>• Actions for the person alleged to have caused harm</li> </ul>	<p>Safeguarding Co-ordinator / delegated Enquiry Lead Officer in consultation with the adult and others</p>

The Care Act provides no legal framework for deciding on a balance of probabilities if abuse has occurred, but in some circumstances factual information is likely to be known which may result in some sort of action being taken, for example by the Police or an employer.

## **7.2 Risk Assessment**

It is important when considering the enquiry to approach reports of incidents or allegations with an open mind. In considering how to respond the following factors need to be considered:

- The adult's need 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;
- The frequency;
- The severity;
- Their wishes;
- The possible impact on important relationships;
- The potential increasing risk to the adult;
- The risk of repeated or increasingly serious acts involving children, or another adult or abuse or neglect;
- The responsibility of the person or organisation that has caused the abuse or neglect;
- Research evidence to support any intervention;
- Consider need for an interim safeguarding plan ([see Stage 4](#)).

Whilst it is important to focus on the risk to the adult concerned, it is equally important to consider the potential risk to others, including children. Sometimes actions are required that relate to the safety of others irrespective of the adult's wishes.

## **7.3 Role of the Local Authority**

The local authority should decide very early on in the process who is the best person/organisation to lead on the enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. If the local authority has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome are unsatisfactory. In exceptional cases, the local authority may undertake an additional enquiry, for example, if the original fails to address the safeguarding concerns that initiated the enquiry.

The degree of involvement of the local authority will vary from case-to-case, but at a minimum must involve decision making about how the enquiry will be carried out, oversight of the enquiry, decision making at the conclusion of the enquiry about what

actions are required, ensuring data collection is carried out, and quality assurance of the enquiry that has been undertaken.

This decision on how the enquiry is progressed will vary in the different local authorities. Some authorities may place the decision making in the hands of specialist Social Workers working in safeguarding teams with oversight and closure by a manager. Other local authorities may have different structures and only allow managers acting as their safeguarding co-ordinators to be their decision makers. Refer to local operational guidance in your local area.

#### **7.4 Criminal Investigations**

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

#### **Ill Treatment and Wilful Neglect**

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

[Section 44 of the Mental Capacity Act 2005](#) makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

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

Sections 20 to 25 of the [Criminal Justice and Courts Act 2015](#) relate to offences by care workers and care providers.

#### **7.5 Desired Outcomes for the Adult**

Where the enquiry is not quickly and proportionately finalised and it involves an identifiable adult, the adult should experience the safeguarding process as empowering and supportive. It is essential to establish from the outset what the adult wants to happen now, and what their desired outcomes are in order to make the enquiry personal to their wishes and situation. This should be seen as a series of conversations to determine desired outcomes, and continue to check that these remain the same throughout the enquiry.

Desired outcomes are those changes that the adult at risk wants to achieve from the support they receive, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system.

It is vital that the views of the adult are sought and recorded. Sometimes people will have unrealistic expectations of what can be achieved through the safeguarding process, and the adult should be supported to understand from the outset if, and how their desired outcomes can be met.

These wishes and desired outcomes are important in determining the appropriate and proportionate response to the concerns raised. The adult's wishes and desired outcomes, however, are not the only consideration as sometimes actions are required without the adult's consent as described in [Section 3.3.1](#).

The individual support needs of the adult should be considered and provided to enable them to contribute their views and wishes. This will include, but not be limited to support with communication needs. Where a person needs support or representation this will often be provided by a friend or relative.

However, where the person lacks mental capacity, or has a 'substantial difficulty' in being involved in the process, and they have no one other than those acting in a professional capacity to support them, an independent advocate will be required.

## **7.6 Considering How Best to Help the Adult at Risk**

### **Points to Consider:**

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

The adult should be aware at the end of any conversation what action will be taken, and provided with contact details for key people. Some local authorities have prepared written information to be left with the adult/representative for reference.

### **Objectives (of the conversation to determine the safeguarding response)**

- Seek consent from the adult to undertake a safeguarding enquiry;
- Establish the facts (avoiding leading questions);
- Ascertain the adult's views and wishes and preferred outcomes;
- Assess the needs of the adult for protection, support and redress, and how these might be met;
- Protect the person from the abuse and neglect, in accordance with the wishes of the adult where possible;
- Enable the adult to achieve resolution where possible.

Enquiries need to be handled in a sensitive and skilled way to ensure minimal distress to the adult. Where information is already known people should not have to tell their story again, this does not prevent clarification being sought where necessary.

There is a skill involved in eliciting information and asking the right questions, to ascertain what the concern is, how it impacts on the adult, what action they would find

acceptable and the level of associated risk. Whilst it is essential to put the adult at ease, and to build up a rapport, the objectives of an enquiry should focus the conversation with the agreed objectives and actions to be taken to remove or minimise risk clearly recorded.

### **Desired Outcomes Identified by the Adult**

The desired outcome by the adult should be clarified and confirmed by the conversation(s), to:

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

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

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

Talking through an enquiry may result in resolving it. If not, the duties under Section 42 continue. If the adult has capacity and expresses a clear and informed wish not to pursue the matter further, the local authority should consider whether it is appropriate to close the enquiry.

It should consider whether it still has reasonable cause to suspect that the adult is at risk and whether further enquiries are necessary before deciding if further action should be taken. The adult's consent is not required to take further steps, where appropriate, but the local authority must bear in mind the importance of respecting the adult's own views. [Refer to 3.3.1.](#) of the policy.

This decision will be made by the local authority by checking with the adult and consulting with relevant partners and advocate.

## **7.7 Planning an Enquiry as part of the Safeguarding Response**

All enquiries need to be planned and coordinated and key people identified. No agency should undertake an enquiry prior to a planning discussion or meeting, unless it is necessary for the protection of the adult or others; however, a planning meeting could be just a discussion of the case between the manager or the adult and the Enquiry Officer.

Dependent upon the complexity of an enquiry the Enquiry Officer/Safeguarding Co-ordinator may wish to convene a multi-agency planning meeting.

Enquiries are proportionate to the particular situation. The circumstances of each individual case determine the scope and who leads it. Enquiries should be outcome focused, and best suit the particular circumstances to achieve the outcomes for the adult.

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

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

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

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

### **Communication and Actions**

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

If the adult wishes to participate in a meeting with relevant partners, one should be convened. If the adult does not have the capacity to attend, then an advocate should represent their views.

## **GOOD PRACTICE GUIDE INVOLVING ADULTS IN SAFEGUARDING 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.

- How should the adult be involved?
- Where is the best place to hold the meeting?
- How long should the meeting last?
- Timing of the meeting?
- Agenda
- Preparation with the adult
- Who should chair?
- Agreement by all parties to equality
- Communication needs
- Access

Information sharing should be timely. Co-operation between organisations to achieve outcomes is essential and that actions are coordinated to ensure the safety of the adult is paramount. Information sharing should comply with all legislative requirements.

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

### **Support Networks**

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

Risk should be assessed and managed at the beginning of the enquiry and reviewed throughout. A multi-agency approach to risk should aim to:

- Prevent further abuse or neglect;

- Keep the risk of abuse or neglect at a level that is acceptable to the person and;
- Support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision.

## 7.8 Types of Safeguarding Enquiries

A range of options can be found at the Local Government Association website for [Making Safeguarding Personal](#).

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

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

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

<b>GOOD PRACTICE GUIDE</b>	
<b>Types of Enquiries</b>	<b>Who Might Lead</b>
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
Anti-social 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, rogue traders, and fraud and scams	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 2005 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
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	Office of the Public Guardian(OPG)/Court of Protection/Police
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to	OPG/Court of Protection

make decisions about their safety and which are not in their best interests	
Misuse of Appointeeship or agency	Department of Work and Pensions (DWP)
Safeguarding Adults Review ( <a href="#">Care Act Section 44</a> )	Local Safeguarding Adults Boards

### Linking Different Types of Enquiries

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

Other processes including Police investigations can continue alongside the safeguarding adults' enquiry. Where there are HR processes to consider, the employer will need to follow their own HR advice to comply with employment law.

The completion of any Police or employer investigation may be all that is needed to achieve the desired outcomes and the enquiry can be exited accordingly.

### 7.9 Considering Action against the Person(s) Alleged to have Caused Harm

It may be necessary to take action against the person/organisation alleged to have caused harm (PATCH) to ensure the safety and wellbeing of other people. Where this may involve a prosecution, the Police and the Crown Prosecution Service lead, sharing information within statutory guidance. The Police will consider disclosure under Common Law on the basis of a pressing social need to disclose.

#### People in a Position of Trust

The legal duty for employers to refer People in a Position of Trust to the [Disclosure and Barring Service](#) (DBS) may apply. Where a referral to the DBS is required careful consideration should be given to the type of information needed. Where appropriate, employers should also report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council the Nursing and Midwifery Council and the Health & Care Professions Council.

Sometimes concerns arise for persons who work with adults at risk where an enquiry begins outside of their employment. This may require an assessment of the risk they pose in their work.

This requires an assessment of the person's Article 8 human rights balanced against the potential risk to the adults in the person's care.

If the concern arises out of a Police investigation, the Police, as holders of all the necessary information should refer the matter to their own Disclosure Unit to determine the relevant statutory provision under which disclosure to others parties can be made

If the local authority holds the information, for example, if the person concerned is involved in a child protection enquiry, the person concerned should be asked to inform their employers themselves. This will also require an agreed date as to when this will be checked with the employer and the action to be taken by the employer to manage any perceived risk the person presents in their employment.

If the person concerned refuses to inform their employer, then the local authority will need to gather all the available information and make a decision on disclosure to the employer against the wishes of the adult. This will require liaison with the local authority legal services to ensure any disclosure is legal, proportionate and necessary and is properly defensible should the person mount a legal challenge against the decision to disclose.

Please see Safeguarding Adults Board Framework - Regional Guidelines for Managing Allegations People in Positions of Trust (Yorkshire and Humber).

### **Support for People who are alleged to have Caused Harm**

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

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

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

People who are known perpetrators of domestic violence may benefit from Domestic Violence Prevention Programmes.

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

## **7.10 Care and Support Provider Duties**

The [Care Act Statutory guidance \(2016\)](#) is clear where abuse or neglect is carried out by employees or in a regulated setting such as a care home or hospital or college, the first responsibility to act must be with the employing organisation as provider of the service. Social workers or counsellors may need to be involved in order to support the adult to recover.

[Care Act Statutory guidance \(2016\)](#) states that the provider has duties as both a service provider and as an employer. Duties include:

- Dealing with employment/disciplinary issues;
- Protecting the adult;
- Incident investigation;
- Assuring regulators and commissioners;
- Preventing recurrent risk, and risk to others;
- Reporting concerns.

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

### 7.11 Local Authority Duties - Cross Border Arrangements

It is recognised that there is increased risk and complexity associated with adults whose care and support arrangements cross local authority boundaries. Such circumstances arise when the funding/commissioning responsibility lies with an authority in one area and where concerns about potential abuse and/or exploitation arise in another area. This can include social care and health commissioners. For some service providers such as mental health or learning disability services this may involve both local and regional specialised commissioning teams ([ADASS Guidance “Out of Area Safeguarding Adults Placements”](#)) should be read in conjunction with this section of the policy and procedures, for further detailed guidance on the respective roles of the host authority, placing authority and service provider at each stage of the safeguarding process

The **host authority** is defined in the above guidance as “the local authority in the area where the alleged abuse occurred and which therefore has the S.42 duty to make enquiries or cause them to be made whether or not the host authority is commissioning the care and support services for the adult.”

The **placing authority** is defined as the local authority or NHS Body that is responsible for commissioning care and support services for an individual involved in a safeguarding adult’s enquiry.

Once a safeguarding concern has been raised with the host authority it is their responsibility to lead the initial response to the concern in consultation with the placing authority.

The host authority must always seek to inform all placing authorities as soon as possible of any allegations involving one or more of their service users as either a person who has experienced the alleged abuse or the person who has caused the alleged abuse.

Providers should also supply the contact details of placing authorities responsible for the adults involved in the enquiry, so that the host authority can liaise with the, placing authorities. They should also provide information on adults who are funding their own

care. If the information is not provided, the host authority may refer to the Safeguarding Adults Board procedure on [Section 45 of the Care Act](#), which places a duty on individuals and organisations to supply relevant information required to safeguard adults.

The host authority may well be reassured by the employer's response to the concern, so that no further action is required and in most cases a telephone call(s) completes the Section 42 enquiry. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding concern and if not, to undertake any enquiry of its own and any appropriate follow up action (for example, referral to CQC, professional regulators).

### **7.12 Providers Undertaking the Enquiry**

The [Care Act guidance](#) states the employer should investigate any concern (and provide any additional support that the adult may need) unless there is a compelling reason why it is inappropriate or unsafe to do so. For example due to a conflict of interest on the part of the employer, for example

- A family-run business where institutional abuse is alleged, or where the manager or owner is implicated;
- Concerns having been raised about non effective past enquiries or serious multiple concerns; or
- A matter that requires investigation by the Police.

In such cases it may be better for an external person to be appointed to investigate. Anyone undertaking such enquiries should have received appropriate training.

The provider may have duties as an employer and as a service provider of care and support services. Where the provider is making the enquiry, they should be mindful of the requirement to fully involve the adult and in particular to ask them (or their representative or advocate) what they want as an outcome following the raising of the safeguarding concern.

The circumstances where an external person would be required are set out in local protocols where local authorities have delegated duties to providers to undertake "trusted enquiries." (see local guidance for details).

In such situations the local authority, in its lead and coordinating role, should assure itself that the enquiry and any action taken satisfies its duty under Section 42. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

### **7.13 Provider Duties to the Person Alleged to have Caused Harm**

Employers who are also providers or commissioners of care and support not only have a duty to the adult, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them.

Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse and neglect.

In addition refer to Section [7.9 Person in a Position of Trust](#).

### **7.14 Disciplinary Investigations and Referrals to the Disclosure and Barring Service (DBS)**

A disciplinary investigation and potentially a hearing may result in the employer taking informal or formal measures which may include dismissal and possibly referral to the [DBS](#).

If someone is removed by either being dismissed or redeployed to a non-regulated activity from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation or retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer, voluntary organisation feel they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the [DBS](#).

The fact that a person tenders his or her resignation, or ceases to provide their services, must not prevent an allegation being followed up in accordance with the provider's disciplinary procedures. It is important to reach a conclusion in all cases on allegations bearing on the safety of adults at risk.

It may not be possible to apply disciplinary sanctions if a person's period of notice has expired before the process is complete, but it is important to reach and record a conclusion where possible.

The statutory guidance is clear that the standard of proof for prosecution is 'beyond all reasonable doubt'. The standard of proof for internal disciplinary procedures and for discretionary barring consideration by the DBS and the Vetting and Barring Board is usually the civil standard of 'on the balance of probabilities'. This means that when criminal procedures are concluded without action being taken this does not automatically mean that the regulatory or disciplinary procedures should cease or not be considered. In any event there is a legal duty to make a safeguarding referral to DBS if a person is dismissed or removed from their role due to harm to a child or vulnerable adult.

If an agency or personnel supplier has provided the person, then the legal duty sits on that agency to refer to the DBS. A personnel supplier may be an employment agency, employment business or an educational establishment. Refer to DBS referral instructions: Personnel suppliers for more detailed guidance.

The [Safeguarding Vulnerable Groups Act \(2006\)](#) places a legal duty on regulated activity providers and personnel suppliers to refer any person to the (DBS) who has:

- Harmed or poses a risk of harm to a child or vulnerable adult;
- Satisfied the harm test;
- Received a caution or conviction for a relevant offence.

In circumstances where these actions are not undertaken then the local authority can make such a referral.

### **7.15 Providers and Duty of Candour**

Providers of Health and Social Care must note the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 20](#)

The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information, and an apology when things go wrong.

The regulation applies to registered persons when they are carrying out a regulated activity.

CQC can prosecute for a breach of parts 20(2) (a) and 20(3) of this regulation and can move directly to prosecution without first serving a Warning Notice. Additionally, the CQC may also take other regulatory action. See the offences section of this guidance for more detail. Refer to [www.cqc.org.uk](http://www.cqc.org.uk) for more detailed information for all providers.

### **7.16 Organisational Enquiries**

The Care Act guidance of March 2016 sets out the criteria for Organisational Abuse. It includes neglect and poor care practice within a care and support setting which may include a registered setting, supported living, community setting (e.g. care home), family placement, adult's own home or hospital. It 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 practice within an organisation.

The difference with this type of enquiry is that it may not just be about a concern around the care/treatment of one individual, but may be a series of concerns or potential concerns about more than one individual within an organisational setting, caused by poor practice.

An example of this would be a series of medication errors by the same provider which requires a more in depth response than a phone call. It would involve the provider, placing authority, and may involve families or an advocate for the adult.

Such an enquiry will be looking at the medicine management process to ensure that the cause of the multiple errors was identified and corrected. The purpose of the enquiry is to work with the provider to achieve the organisational outcomes determined at the outset.

Each local authority area has its own mechanism and protocol for responding to organisational safeguarding concerns, which may indicate that an organisational safeguarding enquiry is required. These concerns are likely to be complex and require a more strategic response.

Principles of respect, transparency, and an open culture around safeguarding should be encouraged. Organisational enquiries should reflect best practice around partnership working to ensure effective and responsive actions are undertaken in a timely way to ensure the best outcome for the adult.

In addition, each local authority area will have their own mechanisms and procedures which reflect their local approaches to working with providers which include the duty upon the local authority to respond to market failure.

### **7.17 Enquiry Reports**

In some cases it may be necessary for a report to be collated and drawn up by the Enquiry Officer. In some more complex enquiries, there may be a number of actions taken by staff from different organisations that support the enquiry. Where there are such contributions from other agencies/staff, these should be forwarded within agreed formats and timeframes, so that there is one comprehensive report that includes all sources of information.

An enquiry report is likely to be needed only in cases where there is on-going risk and the report is required to aid decision making on continuing risk management action.

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

- Views of the adult;
- Whether any outcomes were achieved;
- Identified risk and action to manage them;
- Whether any further action is required and if so by whom;
- Who supported the adult and if this is an on-going requirement;
- Views of the person alleged to have caused harm and their response to any allegations made.

In some enquiries, there will be an investigation for example, a disciplinary investigation. The disciplinary investigation is the responsibility of the employer and whilst linked remains a separate procedure to the safeguarding enquiry, the focus of which is to help the adult develop resilience and recover from the abuse. It is not appropriate to have sight of any disciplinary investigation report but it could be

recorded that the employer had taken appropriate action under disciplinary procedures.

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

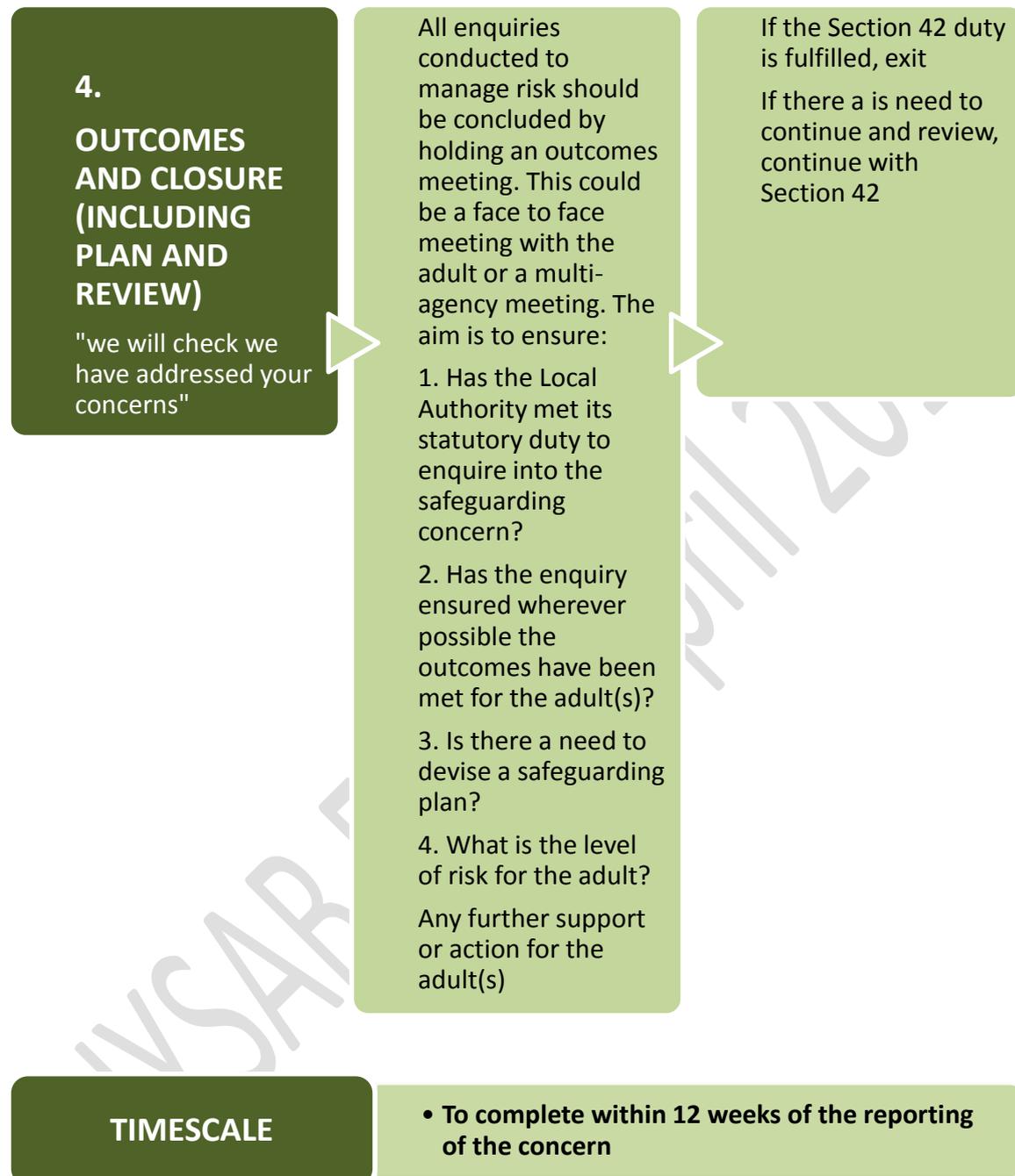
### **Standards and Analysis**

The report should be tested so that it meets the standards above, and analysed to assess whether there are gaps or contradictions and that information has been triangulated, i.e. is the report evidence based, and is there sufficient corroboration to draw conclusions.

The report should be discussed with the adult or their representative, who may have a view about whether it has been completed to a satisfactory standard. The adult or their representative must consent before the report can be shared with others. Any enquiry report completed and presented as part of any outcomes meeting must be fair and balanced to comply with the principles of natural justice.

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

**SECTION 8:  
STAGE 4 - OUTCOMES AND CLOSURE (INCLUDING PLAN AND REVIEW)**



**8.1 Final Outcome to the Enquiry**

A Safeguarding Enquiry can be closed at any stage. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns. It is good practice where a care management assessment, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other pre-booked review is due to take place

following the safeguarding enquiry, for a standard check to be made that there has been no reoccurrence of concerns.

Closure records should note the reason for this decision and the views of the adult at risk to the proposed closure. The Safeguarding Co-ordinator responsible should ensure that all actions have been taken, building in any personalised actions:

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

### **Closing Enquiries down when other Processes Continue**

The safeguarding adult's process may be closed but other processes may continue, for example, a disciplinary or professional body investigation. These processes may take some time. Consideration may need to be given to the impact of these on the adult and how this will be monitored. Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the adult is safeguarded.

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

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

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

All enquiries conducted to manage risk should also work towards achieving agreed outcomes. Considerations should be:

1. Has the local authority met its statutory duty to enquire into the safeguarding concern?
2. Has the enquiry ensured the safety of the adult(s)?

3. If this has not been possible, has a safeguarding plan been formulated which works with the adult's wishes to live with a degree of risk which the plan seeks to manage?
4. A review of the safeguarding plan within 3 months of any outcomes determination.

### **Evaluation by the Adult at Risk**

1. Were the desired outcomes met? (In exploring this, there is a need to clarify whether they were):
  - a. Fully met
  - b. Partially met
  - c. Not met
2. Do they feel safer – Has risk been:
  - a. Removed
  - b. Reduced
  - c. Remains

The evaluation is that of the adult, and not of other parties. Whilst staff may consider that enquiry and actions already taken have made the adult safe, and that their outcomes were met, the important factor is how actions have impacted on the adult. This should be clarified when assessing the performance of safeguarding and some local authorities may ask additional quality questions as part of their finalisation process to inform future practice.

### **8.2 Safeguarding Plan and Review**

An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery based resolution.

The Safeguarding Plan should set out what steps are to be taken to assure the future safety of the adult at risk and could include:

- 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 may want to take to seek justice or redress;
- Any on-going risk management strategy as appropriate.

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

to be monitored through ongoing care management responsibilities. In other situations a specific safeguarding review may be required.

#### Review of the enquiry (optional)

The identified lead should monitor the plan on an on-going basis, within agreed timescales. The purpose of the review is to:

- Evaluate the effectiveness of the adult safeguarding plan;
- Evaluate whether the plan is meeting/achieving outcomes;
- Evaluate risk.

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

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

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

### **8.3 Recovery and Resilience**

Adults who have experienced abuse and neglect may need to build up their resilience. This is a process whereby people use their own strengths and abilities to overcome what has happened, learn from the experience and have an awareness that may prevent a reoccurrence, or at the least, enable people to recognise the signs and risks of abuse and neglect, and know who to contact for help and how to do this.

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

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

Resilience processes that either promote wellbeing or protect against risk factors, benefit individuals and increase their capacity for recovery. This can be done through individual coping strategies assisted by:

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

If no further safeguarding action is required then the adult safeguarding process can be closed down.

NYSAB Final April 2018

## Appendix One: Additional Carers Information

### Partnership Working

Carers have a wealth of information and knowledge about the person that they support. As well as raising concerns, carers are able to support safeguarding enquiries by sharing information and are valued partners in such enquiries. Their views may hold the key to protecting people. If a carer speaks up about abuse or neglect, it is essential that they are listened to and appropriate enquiries are made. Carers may identify and mitigate risk and act as advocates.

Where the adult lacks capacity, carers may reasonably provide professionals with the outcome they consider the adult would want, as they know the person's likes and dislikes, what relationships are important to them and what relationships they may find difficult. However, any assessment may need to take into account conflicting views, and the need for independent advocacy, as carers may not want the same outcome as the adult they are supporting.

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

### Prevention

Carers play a significant role in preventing the need for services and it is important that professionals consider preventing carers from developing needs for care and support themselves. Strategies that support carers to continue to care should take carer resilience into account. Partnership working between, health, social care and carers groups is one way of working effectively to ensure that prevention strategies reduce the incidents of safeguarding and support carers to carry out their duties safely.

### Information and Advice

Carers need to know how they can find support and services available in their area and be able to access advice and information. This access to information and advice should be in a way that is meaningful to them and they may themselves be in need of care and support and need to know how they can access services.

### Support

“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.” (Statutory Guidance 14.35). One way of assessing individual need is a carer's assessment, which is distinct from a needs assessment.

Carers also need to know that they can raise a concern in a safe environment and be confident that their concerns will be acted upon.

It might be that people are unaware that the actions that they take could be perceived by others as abusive. For example, someone with a learning disability entitled to state benefits to meet their living expenses, and to have money as part of their access to leisure and other personal requirements may have this controlled by a family member. Families who view individual benefits as part of the family income may not view their actions as abusive, but where the adult they are supporting has little or no choice about how their money is spent, this could be seen as financial abuse by others.

Where carers may have acted in a way that constitutes abuse staff should respond according to adult safeguarding procedures so that the adult is safeguarded appropriately. Whilst there may be mitigating circumstances to take into consideration, the wellbeing and safety of the adult should be paramount. Professionals need to be candid with carers about the risks that a carer's assessment may identify for either preventing the need for safeguarding to them, or preventing the risk of the carer abusing the person that they are caring for

Whole family assessments might also be considered using the framework of 'Think Family'.

### **Advocacy**

In some instances, the most appropriate person to support the adult at risk and act as an advocate is the primary carer. Where the carer is acting in the role of advocate, they may need support to do so, therefore professionals need to provide information and ensure that it is understood. The carer themselves may be in need of an advocate. Assumptions should not be made about carers acting as advocates or being in need of advocacy, and each case should take account of the personal circumstances.

### **The Role of Carers in Strategic Planning**

There are two key areas that should take account of carers in safeguarding strategic plans. First, SABs should ensure their policies, procedures and practice recognise the need to support carers and also to work with carers who are experiencing or causing harm or abuse. Second, SABs should engage with carers and local stakeholders and work together for better safeguarding practice.

## Appendix Two: Roles and Responsibilities in Organisations

### Safeguarding Adults Board (SAB)

All local authorities must establish a SAB as set out in the Care Act (2014). The Act (Schedule 2) gives the local SAB three specific duties it must do:

1. Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member is to do to implement that strategy. In developing the plan it must consult the local Healthwatch organisation and involve the community.
2. Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any SARs including any ongoing reviews
3. Decide when a SAR is necessary, arrange for its conduct and if it so decides, to implement the findings.

[The Social Care Institute for Excellence Safeguarding Adults Board Checklist and Resources](#) provides a comprehensive narrative and account of the roles and responsibilities of the SAB.

Partnerships with SABs may include:

- Community Safety Partnerships;
- Local Children Safeguarding Boards;
- Health and Wellbeing Boards;
- Quality Surveillance Groups;
- Clinical Commissioning Group Boards;
- Health Overview and Scrutiny Committees (OSCs);
- NHS England.

### 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 anti-social 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.

## Local Safeguarding Children Board (LSCB)

Section 16 adds a new section to the [Children Act 2004](#), setting out revised arrangements for local multi-agency safeguarding partnerships to replace the previous model of Local Safeguarding Children Boards (LSCBs). Under the new provisions, safeguarding partners for a local authority area (named as the Local Authority, Clinical Commissioning Group and Police) are required to make arrangements for themselves and relevant agencies to work together in exercising their functions for the purpose of safeguarding and promoting the welfare of children in the area.

## Health and Wellbeing Boards

[The Health and Social Care Act 2012](#) establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. They are an important feature of the NHS reforms and are key to promoting greater integration of health and local government services. Boards strike a balance between status as a council committee and role as a partnership body.

## Quality Surveillance Groups (QSGs)

Quality Surveillance Groups are primarily concerned with NHS commissioned services: those services that are funded by the NHS, including relevant public health services. There are strategic links between SABs and QSGs. The National Quality Board (NQB) published a second edition of the QSG operating model [How to make your Quality Surveillance Group effective](#)

The QSGs are supported by NHS England. They provide an open forum for local supervisory, commissioning and regulatory bodies to share intelligence and give the opportunity to co-ordinate actions to ensure improvements in services. Their purpose is to ensure quality by early identification of risk, and; reduce the burden of performance management and regulation on providers.

The strategic links with the SAB provides further opportunity to escalate concerns and share risks, and take a sub region view of quality concerns.

## Senior Strategic Roles

The Care Act 2014 prescribes that each SAB should include the local authority, the Clinical Commissioning Group and the Police. The Chief Officers must sign off their organisation's contributions to the Strategic Plan and Annual Reports. Chief Officers should receive regular briefings of case law from the Court of Protection and the High Courts. [Roles and responsibilities are outlined in this link.](#)

Briefings produced by Skills for Care provide further detail on the role of the three statutory members of the SAB. In relation to senior strategic roles in health and CCGs – these are set out as recommended by the Accountability and Assurance Framework: Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework. Available at <http://londonadass.org.uk/wp-content/uploads/2014/12/safeguarding-accountability-assurance-framework.pdf>

### **Strategic Leadership and Practice Leadership**

Each SAB member agency should appoint a senior manager to take the lead strategic and inter-agency role in safeguarding arrangements, including the SAB.

Within each partner agency, clearly understood roles should be created for practice leadership in safeguarding.

Principal Social Workers are well-placed to provide professional leadership, act as Safeguarding Adult Managers or Leads (SAMs) and to provide additional advice and guidance to social workers in complex and contentious cases.

Healthcare providers should have in place named professionals to provide additional advice and support in complex and contentious cases within their organisations.

There should be a designated professional lead within the CCG, to act as the lead in the management of complex cases and to provide advice and support to the governing body.

Arrangements should be made to enable officers investigating safeguarding concerns to access advice from specially trained investigators and/or units within the Police.

### **The Role and Function of the Police**

Although the Police are a mandatory member of the SAB by virtue of [Section 43 of the Care Act 2014](#), they are not an agency responsible for the provision of care. The Police role in adult safeguarding is related to their policing function. The core duties of the Police are to:

- Prevent and detect crime
- Keep the peace
- Protect life and property

The Police are now represented on every local SAB and contact details for the individuals concerned will be available to the board and all board members. Each SAB is supported by a senior officer, Superintendent or Detective Chief Inspector. Each Community Safety Unit is headed up by a Detective Inspector.

If you are unsure which Police Force area you need to contact then contact the Force area where the incident or concern is/was located. This is the way primacy for investigation is determined within the Police.

### **Other Organisations with Adult Safeguarding Responsibilities**

#### **Care Quality Commission (CQC)**

Safeguarding is a key priority for CQC and people who use services are at the heart of their policy. Their work to help safeguard children and adults reflects both their focus on human rights and the requirement within the Health and Social Care Act

2008 to have regard to the need to protect and promote the rights of people who use health and social care services.

Health and adult social care regulated services all have a key role in safeguarding vulnerable children and adults at risk. The CQC will monitor how these roles are fulfilled through its regulatory processes by assessing the quality and safety of care provided based on the things that matter to people. It does this by using five key lines of enquiry to ensure that health and social care services provide people with safe, effective, caring, responsive and well led services. Specifically, it considers safeguarding within the 'Safe' key line of enquiry.

CQC will share with local partners, where they are not already aware, the safeguarding information that it receives so that they can take the appropriate action to protect the individual. Safeguarding information is also used within its intelligent monitoring systems in order to assess its impact upon the service and the associated level of risk. This information is then used to inform CQC inspection process.

Although there are differences in the statutory basis and policy context between safeguarding children and adult safeguarding, the CQC have the same approach with an overarching objective of enabling people to live a life free from abuse.

The CQC also has a [role in health and safety in collaboration with the Health and Safety Executive and local authorities](#).

### **Commissioners**

Commissioners from the CCG, local authority, and NHS England are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they procure and ensure that contracts have explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with any concerns of abuse and neglect. Commissioners have a shared and common vision to prevent, reduce and delay the need for care and support. For safeguarding this means, ensuring that people have easy access to information and advice, and early intervention services. Increasingly there is joint commissioning to meet the growing needs within a financial climate of austerity, with greater emphasis on prevention and early intervention. This is in line with the safeguarding principles.

### **Community Nursing**

Community nurses largely provide treatment in individual's own homes which includes care homes. A high proportion of people they visit are adults at risk of abuse or neglect by the fact that they have care and support needs and many cannot protect themselves. Community nurses are trained to recognise the signs of abuse and neglect, and to raise their concerns through their line manager, or directly with local authorities. The most common concerns raised relate to neglect.

Through holistic assessments, nursing staff may identify that the person is not getting their health or social care needs met. This could be because of gaps in what is provided by the statutory agencies, or because of decisions made on their behalf

by family or friends. Nurses are in a good position to identify possible abuse or neglect particularly financial abuse or domestic violence, including where this could be a response to the pressures of caring.

Pressure ulcer management and quality of care in care settings, are further areas that nursing staff are able to use their clinical judgements about whether or not abuse and neglect has or is likely to arise. Because community nurses make repeated visits to their patients, they are also in a good position to review risks and the effectiveness of safeguarding plans in response to concerns.

### The Coroner

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

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

From Monday 3rd April 2017 Coroners no longer have a duty to undertake an inquest into the death of every person who was subject to an authorisation under the Deprivation of Liberty Safeguards (known as DoLS) under the Mental Capacity Act 2005.

A death will only need to be reported to the Coroner if:

- The cause of death is unknown
- Where there are concerns that the cause of death was unnatural or violent this includes where there is any concern about the care given having contributed to the persons death

Any person with any concerns about how or why someone has come to their death can contact the Coroner directly. This will not change where a person is subject to a Deprivation of Liberty Safeguards authorisation.

What will change is that the Coroner will no longer be duty bound to investigate every death where the deceased had a Deprivation of Liberty Safeguards in place.

For more information on coroner services please see the Coroner Services Guides at: <https://www.gov.uk/government/publications/guide-to-coroner-services-and-coroner-investigations-a-short-guide>

## Crown Prosecution Service

The CPS is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. Support is available within the judicial system to support adults at risk to enable them to bring cases to court and to give best evidence. If a person has been the victim of abuse that is also a crime, their support needs can be identified by the Police, the CPS and others who have contact with the adult at risk. Witness Care Units exist in all judicial areas and are run jointly by the CPS and the Police.

## Court of Protection

The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs. The court has powers to:

- Decide whether a person has capacity to make a particular decision for themselves;
- Make declarations, decisions or orders on financial and welfare matters affecting;
- Appoint deputies to make decisions for persons lacking capacity to make those decisions;
- Decide whether a lasting power of attorney or an enduring power of attorney is valid;
- Remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the [Mental Capacity Act 2005](#) and the Best Interests Checklist and any disagreements can be resolved informally. However, it may be necessary and desirable to make an application to the Court in a safeguarding situation where there are:

- Particularly difficult decisions to be made;
- Disagreements that cannot be resolved by any other means;
- Ongoing decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves;
- Matters relating to property and/or financial issues to be resolved;
- Serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration;
- Concerns that a person should be moved from a place where they are believed to be at risk;
- Concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed adult safeguarding actions may amount to a deprivation of liberty outside of a care home or hospital.

## Department of Work and Pensions (DWP)

The Department for Work and Pensions is responsible for welfare and pension policy.

People who are incapable of managing their own financial affairs may have an appointee. An appointee is fully responsible for acting on the customer's behalf in all the customer's dealings with the Department. This includes the claiming of benefits. Misuse of appointeeship will be investigated and potentially revoked by the Department of Work and Pensions. Any planned enquiries will need to consider whether and how issues of suspected financial abuse should be reported to the Department of Work and Pensions.

### **Environmental Health**

Responsible for health and safety enforcement in businesses, investigating food poisoning outbreaks, pest control, noise pollution and issues related to health and safety. Local authorities are responsible for the enforcement of health and safety legislation in shops, offices, and other parts of the service sector. They also undertake action in relation to health and safety in residential properties that are managed by a private landlord or agent.

### **Fire and Rescue Service**

Fire and Rescue Service staff become aware of safeguarding concerns in a number of ways, not only when responding to emergency calls, but during community safety preventative work such as home fire safety visits. Fire and Rescue Service staff do receive safeguarding training so that they are able to identify whether an adult has been, or is at risk of being abused and/or neglected, and are aware of how to report concerns following the procedures for recording, managing and referring concerns to local authorities set out in our safeguarding policies.

### **General Practitioners**

GPs have a significant role in Safeguarding Adults. This includes:

- Making a referral to a Safeguarding Adults reporting point should they suspect or know of abuse and neglect in line with these procedures;
- Playing an active role in planning meetings and safeguarding plans;
- Supporting safeguarding actions where there is organisational abuse and/or neglect.

### **Health Providers**

All health providers are responsible for the safety and quality of services. Health providers are required to demonstrate that they have safeguarding leadership, expertise and commitment at all levels. Health providers are required to have effective arrangements in place to safeguard adults at risk of abuse or neglect and to assure themselves, regulators and their commissioners that these are effective and meet the required standards. Safeguarding arrangements mirror those of the CCG. All health service providers are required to be registered with the Care Quality Commission (CQC).

### **Named Professionals (Health Providers)**

Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the SAB.

Safeguarding adult leads support and advise commissioners on adult safeguarding within contracts and commissioned services. They also have responsibility to improve systems and embed reporting routes for adults at risk across the health system. They provide a health advisory role to the SAB, supporting the CCG SAB member.

### **Healthwatch**

Healthwatch England is the national consumer champion in Health and Care and must be consulted on the strategic plan. It has significant statutory powers to ensure the voice of the consumer is strengthened. It challenges and holds to account commissioners, the Regulator and providers of health and social care services. Identifies common problems with health and social care based on people's experiences:

- Recommends changes to health and social care services that they know will benefit people;
- Hold those services and decision makers to account and demands action.

As a statutory watchdog, their role is to ensure that health and social care services, and the government, put people at the heart of their care.

### **Health and Safety Executive (HSE)**

The Health and Safety Executive (HSE) and local authorities are responsible, under Section 18 of the Health and Safety at Work Act 1974 for making adequate arrangements for the enforcement of health and safety legislation with a view to securing the health, safety and welfare of workers and protecting others, principally the public.

In relation to safeguarding adults at risk from abuse, HSE is responsible for enforcing work-related health and safety legislation in hospitals, nursing homes and day care centres.

Local authorities enforce the Health and Safety at Work Act in respect of certain non-domestic premises, including residential care homes (unless the care home is owned or substantially operated by the local authority, in which case enforcement is undertaken by HSE).

In the event that a care home has dual registration for residential and nursing, a judgement is required by the local authority and HSE according to the main activity of

the service. The allocation of enforcement responsibility under the Health and Safety (Enforcing Authority) Regulations 1998 is described within its 'A-Z guide to allocation'.

The supporting role of the HSE (and local authority Health and Safety Departments) should be considered in all investigations of abuse that occur within health and care service settings. Health and safety offences are usually prosecuted by HSE, the local authority or other enforcing authority in accordance with current enforcement policy. The Crown Prosecution Service (CPS) may also prosecute health and safety offences, but usually does so only when prosecuting other serious criminal offences, such as manslaughter, arising out of the same circumstances.

Health and safety concerns should be reported to the relevant organisation. However, consideration should be given as to whether abuse or neglect is indicated, and whether a safeguarding concern should also be raised.

### **Housing Providers**

The Care Act states that a local authority must consider cooperating with Social Housing Providers in order to exercise its care and support duties. An authority must do this in particular when protecting adults at risk of harm and neglect and when identifying and sharing lessons to be learned from cases of serious abuse or neglect.

### **Social Housing Providers**

Social Housing Providers are registered with, and regulated, by the Homes & Communities Agency. They are also known as Registered Providers of Social Housing (RPs) or registered social landlords (RSLs). They include local authority landlords, arm's-length management organisations (ALMOs) that manage council housing stock, private for-profit or not-for-profit housing providers, and Voluntary Sector Providers such as alms houses. Most not-for-profit RPs are also known as Housing Associations.

RPs provide a wide range of housing and housing-related services. They provide much of the supported accommodation in England, such as sheltered housing, care homes, supported living scheme housing, extra care schemes, hostels, foyers for young people, domestic abuse refuges, etc.

### ***Implementing the Principles***

Beyond the core service of providing housing, RPs may also engage in initiatives that enhance their customers' wellbeing and create sustainable communities, such as: housing support, community safety, better neighbourhoods, responding to anti-social behaviour, employment and training, domestic abuse, self-neglect and hoarding, fraud awareness, debt and financial inclusion, reducing isolation, tenancy sustainment support, etc.

Local authorities must take into account that the suitability of accommodation is a core component of wellbeing and good housing provision can variously promote that wellbeing. This includes minimising the circumstances, such as isolation, which can make some adults more vulnerable to abuse or neglect in the first place. The nature

and diversity of RPs' work, therefore, can mean that their staff are often well placed to:

- Have a good knowledge of the individual and the communities with whom they work;
- Be working with persons who are unable to protect themselves from abuse or neglect due to their care and support needs, but who are not already known to Adult Social Care Services;
- Identify individuals experiencing or at risk of abuse or neglect and raise concerns;
- Be the first professionals to whom individuals might first disclose abuse or neglect concerns;
- Be the only professionals working with the adult at risk;
- Provide essential information and advice regarding the adult at risk;
- Contribute actively to person-led safeguarding risk assessments and arrangements to support and protect an individual, where appropriate;
- Carry out a safeguarding enquiry, or elements of one;
- Work with agencies to support someone who is hoarding;
- Work together with agencies to resolve issues with someone who refuses support or self-neglects, or when someone may not be eligible for a safeguarding service or social care support;
- Work with local authorities to promote safeguarding awareness, information and prevention campaigns;
- Be instrumental in helping a local authority to successfully exercise its safeguarding and wellbeing duties.

Housing Providers should ensure that they develop a safeguarding culture through:

- Board and leadership commitment and ownership of safeguarding responsibilities;
- Policies or guidance that promote the 6 principles of adult safeguarding;
- Policies that reflect the adult safeguarding framework set out by a SAB;
- Staff being vigilant about adult safeguarding concerns;
- Learning and development for staff on adult safeguarding and the Mental Capacity Act 2005 enabling them to fulfil their roles and responsibilities;
- Sharing information appropriately to safeguard adults at risk and engaging with Information Sharing Agreements where required;
- Developing inter-housing networks as well as multi-agency mechanisms.

### **Yorkshire Ambulance Service (YAS)**

There are a number of ways in which YAS staff may receive information or make observations which suggest that an adult at risk has been abused, neglected or is at risk of abuse and neglect. At a strategic level YAS has embedded the six safeguarding principles into its business plans and aims to translate them into practice by using them to shape strategic and operational safeguarding arrangements.

- Use integrated governance systems and processes to prevent abuse

- occurring and respond effectively where harm does occur;
- Work to support SABs by providing policy updates, and its annual report to support, patients and community partners to create safeguards;
- Provide leadership for safeguard adults policies;
- Ensure accountability and use learning within the service and the partnership to bring about improvement.

### **National Probation Service and Community Rehabilitation Company**

Since 1<sup>st</sup> June, 2014 the delivery of Probation Services has been carried out by the National Probation Service (NPS) and Community Rehabilitation Company (CRC). NPS are responsible for supervising high and very high risk of serious harm offenders on license and community orders, and/ or those subject to Multi-Agency Public Protection Arrangement (MAPPA), preparing pre-sentence reports for courts, preparing parole reports, supervising offenders in approved premises, and delivering sex offender treatment programmes, support to victims of serious violent and sexual offences through the Victim Liaison Unit.

The CRC are responsible for supervising low and medium risk of serious harm offenders on license and community orders, Community Payback, Accredited Programmes and other interventions.

Both services have a remit to demonstrate a continuous focus on assessment and risk of harm, to protect adults at risk, children and young people, and victims of crime. One of their key objectives is to evidence that routine checks are completed (with appropriate agencies) and information accessed is used to inform the assessment and management of risk in all cases.

The NPS works in partnership with other agencies through the Multi Agency Public Protection Arrangements (MAPPA). The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public. The responsible authorities in respect of MAPPA are the Police, prison and the National Probation Service that have a duty to ensure that a local MAPPA is established and the risk assessment and management of all identified MAPPA offenders is addressed through multi-agency working.

Although not a statutory requirement, representation from the National Probation Service and the Community Rehabilitation Company on the Safeguarding Adults Board should be considered.

### **NHS England**

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England has a statutory requirement to oversee assurance of CCGs in their commissioning role.

The mandate from Government sets out a number of objectives which NHS England is legally obliged to pursue. The objectives relevant to safeguarding are:

- Continuing to improve safeguarding practice in the NHS;
- Contributing to multi-agency family support services for vulnerable and

- troubled families; and
- Contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime.

They have two distinct safeguarding roles:

1. Direct commissioning: Commissioning primary care, specialised services, health care services in justice, health services for armed forces and families and some public health services. As a commissioner of health services, NHS England also needs to assure itself that the organisations from which it commissions have effective safeguarding arrangements in place.
2. [Assurance and system leadership](#) discharged through the Chief Nursing Officer (CNO) who has a national safeguarding leadership role. The CNO is the Lead Board Director for safeguarding and has a number of forums through which to gain assurance and oversight, particularly through the NHS England National Safeguarding Steering Group

In addition, NHS England is responsible for ensuring, in conjunction with local CCG Clinical Leads, that there are effective arrangements for the employment and development of a named GP/named professional capacity for supporting Primary Care within the local area.

### ***Safeguarding Networks***

CCGs and NHS England have established local safeguarding networks to provide support and advice to the designated and specialist professionals. Designated Professionals are clinical experts and strategic leaders for safeguarding and as such are a vital source of advice and support to health commissioners in CCGs, the local authority and NHS England, other safeguarding health professionals in provider organisations, quality surveillance groups (QSG), regulators, the LSCB/SAB and the Health and Wellbeing Board.

It should be recognised that the Designated Professionals and Adult Safeguarding Leads undertake a whole health economy role.

Safeguarding networks have taken forward the lessons learnt from the [Robert Francis Inquiry \(2013\)](#) and other key safeguarding reports. The safety and quality of NHS services runs through NHS England and the local CCG's [NHS Five Year Forward plan](#) address the concerns raised, in the above reports. The complexity of the healthcare system is outlined in [Understanding the New NHS](#).

### **Office of the Public Guardian (OPG)**

The OPG was established under the [Mental Capacity Act 2005](#) to support the Public Guardian and to protect people lacking capacity by:

- Setting up and managing separate registers of lasting powers of attorney, and of court- appointed deputies;

- Supervising deputies;
- Sending Court of Protection visitors to visit individuals who lack capacity and also those for whom it has formal powers to act on their behalf;
- Receiving reports from attorneys acting under lasting powers of attorney and deputies;
- Providing reports to the Court of Protection;
- Dealing with complaints about the way in which attorneys or deputies carry out their duties.

The OPG can carry out an investigation into the actions of a deputy, of a registered attorney (lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks capacity, and report to the Public Guardian or the court.

### Providers

All commissioned service provider organisations should produce their own guidelines that are consistent with the policy and procedures. These should set out the responsibilities of staff, clear internal reporting procedures and clear procedures for reporting to the local safeguarding adults process. In addition, provider organisations' internal guidelines should cover:

- A 'whistleblowing' policy which sets out assurances and protection for staff to raise concerns;
- How to work within best practice as specified in contracts;
- How to meet the standards in the [Health and Social Care Act 2008](#) (regulated activities) and the [Care Quality Commission \(Registration\) Regulations 2009](#);
- How to fulfil their legal obligations under statutory processes;
- Robust recruitment arrangements;
- Training and supervision for staff.

### Public Health

The Health and Social Care Act 2012 set out the legislative framework for the changes to the health and care system that led to the creation of Public Health England and the transfer of responsibility for most public health duties at a local level to local government. Public Health England (PHE) was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service, for the first time combining health protection and health improvement in one organisation. From April 2013 responsibility for public health transferred from the NHS to local government and Public Health England.

### Trading Standards

Trading Standards provide advice for businesses and are responsible for enforcing laws covering the safety, descriptions and pricing of products and services. Trading Standards Officers have particular skills in dealing with fraud, tricks and scams.

The Trading Standards Service can help support and protect adults at risk from doorstep crime and other abusive sales practices that exploit adults at risk. Doorstep crime describes situations where rogue traders, doorstep criminals and uninvited sales people persuade adults at risk to let them into their homes, with the intention of carrying out a theft or to carry out unnecessarily or substandard work and then pressurise consumers to part with large sums of money.

Trading Standards Services can take a range of actions, including the investigation of complaints against traders, provide people with information on their consumer rights and work with partners to develop cold calling control zones. Trading standards staff will also identify situations where it is appropriate to raise a safeguarding concern and will work with partner organisations to safeguard adults at risk.

**The Voluntary Sector or Community Sector** (also non-profit sector or 'not-for-profit' sector) is the duty of social activity undertaken by non-statutory organisations.

The Voluntary and Community Sector should include safeguarding adults within their induction programmes.

Safeguarding should be integral to policies and procedures and policies, for example:

- Staff and volunteers are aware of what abuse is and how to spot it;
- Having a clear system of reporting concerns as soon as abuse is identified or suspected;
- Respond to abuse appropriately respecting confidentiality;
- Prevent harm and abuse through rigorous recruitment and interview process.

The Voluntary and Community Organisations can promote safeguarding and support statutory organisations through consultations on policy and developments, work on prevention strategies and promoting wider public awareness. The SAB has the discretion to invite membership to Voluntary and Community Sector.

### **Appendix Three: Information Required when Raising a Safeguarding Concern**

Where possible, the Person Raising a Concern should include as much information under the following headings.

Details of the Person Raising a Concern:

- Name, address and telephone number;
- Relationship to the adult at risk;
- Name of organisation, if the concern is being raised from a care setting;
- Anonymous concerns raised will be accepted and acted on, however, the Person Raising a Concern should be encouraged to give contact details.

Details of the adult at risk:

- Name(s), address and telephone number;

- Date of birth, or age;
- Details of any other members of the household including children;
- Information about the primary care needs of the adult, that is, disability or illness;
- Funding authority, if relevant;
- Ethnic origin and religion;
- Gender (including transgender and sexuality);
- Communication needs of the adult at risk due to sensory or other impairments (including dementia), including any interpreter or communication requirements;
- Whether the adult at risk knows the safeguarding concern is being raised;
- Whether the adult at risk has consented to the safeguarding concern being raised and, if not, on what grounds the decision was made;
- What is known of the person's mental capacity;
- The adult at risk's views about the abuse or neglect, what they want done about it and what their desired outcomes are (if known);
- 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 alleged abuse occur?
- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult at risk?
- What is the adult at risk saying about the abuse?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult at risk to find out what is happening?
- Is a child (under 18 years) at risk?

### Details of the person (or organisation) alleged to be causing the harm (if known):

- Name, age and gender;
- What is their relationship to the adult at risk?
- Are they the main carer of the adult at risk?
- Are they living with the adult at risk?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- 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?
- What details of any immediate plans have been put in place to safeguard the adult at risk from further harm?
- Have children's services been informed if a child (under 18 years) is at risk?

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## Appendix Four: Glossary and Acronyms

In using this document, a number of phrases, wording or acronyms have been used. The following provides more information and where necessary a definition.

**Adult at Risk** is a person aged 18 or over who has needs for care and support (whether or not the local authority is meeting any of those care and support needs), 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.

**Adult Safeguarding** means protecting a person's right to live in safety free from abuse and neglect.

**Adult Safeguarding Lead** is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.

**Advocacy (Care Act 2014)** 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 a specific role prescribed under the Police and Criminal Evidence Act 1984. The role of an appropriate adult is confined to instances where a Police Officer has any suspicion, or is told in good faith, that a person of any age may be mentally disordered or otherwise mentally vulnerable, in the absence of clear evidence to dispel that suspicion, the person shall be treated as a *vulnerable adult* and supported by an 'Appropriate Adult'.

**Appropriate Adult (Care Act 2014)** within this document an 'appropriate individual' is a person who supports an adult at risk typically but not exclusively in an advocacy role, and is separate to an Appropriate Adult as described above.

**Best Interest** - the Mental Capacity Act 2005 (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 so in the person's best interest. This is one of the principles of the MCA.

**Care Setting** is where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.

**Carer** throughout these policy and procedures refers to unpaid/Family/Friend carers as distinct from paid carers who are referred throughout as Support Workers. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who '*spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems*'.

**Commissioning** is the cyclical activity, to assess the needs of local populations for care and support services, determining what element of this need to be

arranged by the respective organisations, then designing, delivering, monitoring and evaluating those services.

**Concern** is the term used to describe when there is or might be an incident of abuse or neglect. [See Stage 1 of the Procedures](#)

**Contracting** is the means by which a process is made legally binding. Contract management is the process that then ensures that services continue to be delivered to the agreed quality standards.

**Care Quality Commission (CQC)** the national body responsible for regulating and inspecting registered care providers.

**Disclosure and Barring Service (DBS)** helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

**Enquiry** establishes whether any action needs to be taken to stop or prevent abuse or neglect and if so, what action and by whom. [See Stage 3 of the Procedures](#)

**Enquiry Officer** An enquiry officer is responsible for undertaking actions under adult safeguarding:

- The lead enquiry officer is a member of the local authority who will retain responsibility for undertaking actions under Section 42 enquiries;
- A delegated enquiry officer is a member of another agency undertaking the enquiry on the local authority's behalf (for example an entrusted enquiry);
- In some instances there is a lead enquiry officer supported by other staff also acting as enquiry officers, where there are complex issues or additional skills and expertise is required.

**Equality Act (2010)** legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.

**Host Authority** is the authority where the alleged abuse or neglect occurred.

**Independent Domestic Violence Advisor (IDVA)** - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advisor (IDVA). IDVA's provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

**Independent Mental Capacity Advocate (IMCA)** 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.

**Independent Mental Health Advocate (IMHA)** under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

**Independent Sexual Violence Advocate (ISVA)** is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

**LGBT (lesbian, gay, bisexual and transgender)** is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

**Making Safeguarding Personal (MSP)** is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them.

**Natural Justice** refers to the principles and procedures that govern the adjudication of an issue, which should be unbiased, without prejudice and there is equal right to being heard.

**Outcome Meeting** is to share the outcome of the enquiry with the adult and other relevant people and organisations; to agree any further actions required to support, update or devise safeguarding plan( if required) and agree any reviews. [See Stage 4 of the Procedures](#)

**Organisational Abuse** 'is the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.' (Care and Support Statutory Guidance, 2016)

**Person Alleged to have Caused Harm (PATCH)** is the person suspected to be the source of risk to an adult at risk.

**Placing Authority** is the local authority or NHS Body that has commissioned a service from a provider (that may be located outside their Authority).

**Planning Meeting** to establish with the adult what help they want from people dealing with their concern, to help them feel safer. This may be a face to face conversation with an enquiry officer or it may be a meeting involving people from a range of organisations to support the adult and to plan the enquiry and ensure that risk is appropriately managed. [See Stage 3 of the Procedures](#)

**Position of Trust** refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to

intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

**Procurement** is the specific function to buy or acquire services which commissioners have duties to arrange to meet people's needs, to agreed quality standards, providing value for money to the public purse.

**Public Interest** is a decision about what is in the public interest. This needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

**Registered Intermediaries (RI)** plays an important role in improving understanding of the justice process for people who have communication difficulties. They help people to understand the questions that are put to them and to have their answers understood, enabling them to achieve best evidence for the police and the courts.

**Regulated Provider (RP)** is an individual, organisation or partnership that carries on activities that are specified in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**Safeguarding Adults** means protecting a person's right to live in safety, free from abuse and neglect.

**Safeguarding Adults Procedures** are multi-agency procedures designed to prevent harm and to oversee and undertake enquiries of adult abuse or neglect.

**Safeguarding Co-ordinator** is the officer within the local authority who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are raised to the local authority.

**Safeguarding Plan (and Review)** sets out what steps are to be taken to assure the future safety of the adult at risk. An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery based resolution. [See Stage 4 of the Procedures](#)

**Serious Incident** NHS England has produced a Serious Incident Framework which supports the Never Events Policy: <https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framework-upd.pdf>

**Sexual Assault Referral Centres (SARC's)** are sexual assault referral centres (SARCs) for people who have been raped or sexually assaulted within the past 12 months. Refer to your local Police for SARC information.

**Victim Support** is a national charity, which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional and practical support. Help can be accessed either directly from local branches or through the Victim Support helpline.

**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.

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## Appendix Five: Safeguarding Adults Contact Points

### Bradford

#### To Raise a Safeguarding Concern

Contact:

- Safeguarding Adults Team: **01274 431077**, or complete the online form available from: [www.bradford.gov.uk/makeanalert](http://www.bradford.gov.uk/makeanalert)

#### For information/advice:

Contact:

- Safeguarding Adults Team, Britannia House, Hall Ings. BD1 1HX
- Telephone: **01274 431 077** (office hours)
- Out of Hours Emergency Duty Team Telephone: **01274 431010** (outside office hours)
- Email: [safeguarding.adults@bradford.gov.uk](mailto:safeguarding.adults@bradford.gov.uk)

For additional information please visit: [www.bradford.gov.uk/safeguardingadults](http://www.bradford.gov.uk/safeguardingadults)

### Calderdale

#### To Raise a Safeguarding Concern

Contact:

- Gateway to Care: **01422 393 000** or [Gatewaytocare@calderdale.gov.uk](mailto:Gatewaytocare@calderdale.gov.uk)
- Emergency Duty Team: **01422 288 000** or email: [EDT@calderdale.gov.uk](mailto:EDT@calderdale.gov.uk)

#### For information/advice:

Contact:

- Safeguarding Adults Team: **01422 393 804** (Mon-Fri, Office Hours)

For additional information please visit:

[www.calderdale.gov.uk/socialcare/safeguardingadults/index](http://www.calderdale.gov.uk/socialcare/safeguardingadults/index)

### Kirklees

#### To Raise a Safeguarding Concern or Seek Advice

Contact:

- Gateway to Care: **01484 414933** (24 hours)
- Emergency Duty Team (Out of Hours) **01484 414933**
- Email: [gatewaytocare@kirklees.gov.uk](mailto:gatewaytocare@kirklees.gov.uk)

For additional information please visit: [www.kirklees.gov.uk/safeguardingadults](http://www.kirklees.gov.uk/safeguardingadults)

## Leeds

### To Raise a Safeguarding Concern or Seek Advice

#### Contact:

- Adult Social Care Contact Centre: **0113 222 4401**
- Emergency Duty Team: **07712 106 378** (outside of the contact centre times)

For additional information please visit: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

## North Yorkshire

### To Raise a Safeguarding Concern:

#### Contact:

- Adult Social Care, Customer Services **01609 780780**. Opening hours are 8am – 5.30pm Monday to Friday. This number will be answered by the Emergency duty team outside these hours.
- Email Raising a Safeguarding Concern forms to: [social.care@northyorks.gov.uk](mailto:social.care@northyorks.gov.uk) or [social.care@northyorks.gcsx.gov.uk](mailto:social.care@northyorks.gcsx.gov.uk)

#### For information/advice:

#### Contact:

- For general questions and enquiries about safeguarding adults, please email: [nysab@northyorks.gov.uk](mailto:nysab@northyorks.gov.uk) or via secure email: [nysab@northyorks.gcsx.gov.uk](mailto:nysab@northyorks.gcsx.gov.uk)  
Please note this email address is NOT for Raising a Safeguarding Concern.
- For additional information please visit North Yorkshire County Council website: [www.northyorks.gov.uk/safeguardingadults](http://www.northyorks.gov.uk/safeguardingadults) or North Yorkshire Partnerships website: [www.nypartnerships.org.uk/sab](http://www.nypartnerships.org.uk/sab)
- To access and download an Interagency Safeguarding Adults Concerns Form: [www.northyorks.gov.uk/safeguarding-vulnerable-adults](http://www.northyorks.gov.uk/safeguarding-vulnerable-adults)

## Wakefield

### To Raise a Safeguarding Concern or Seek Advice

#### Contact:

- Social Care Direct: Telephone: **0345 8 503 503**
- Fax: **01924 303455**; Minicom: **01924 303450**;
- Email: [social\\_care\\_direct@wakefield.gov.uk](mailto:social_care_direct@wakefield.gov.uk)

For additional information please visit: <http://www.wakefield.gov.uk/health-care-and-advice/adults-and-older-people-services/safeguarding/safeguarding>

## York

### To Raise a Safeguarding Concern

#### Contact:

- Customer access and assessment team: Telephone: **01904 555 111** (8.30-5.00pm). For individuals who are hearing impaired please Text: **0753 443 7804**
- Fax: **01904 554 017**; Email: [adult.socialsupport@york.gov.uk](mailto:adult.socialsupport@york.gov.uk)
- Out of hours, contact the Emergency Duty Team
- Telephone: **0845 0349 417**; Email: [edt@northyorks.gov.uk](mailto:edt@northyorks.gov.uk)

### For information/advice:

#### Contact:

- Safeguarding Adults Team: Telephone: **01904 555 858** (and ask for the duty worker)
- Fax: [adultsafeguardingfax@york.gov.uk](mailto:adultsafeguardingfax@york.gov.uk)
- Email: [adult.socialsupport@york.gov.uk](mailto:adult.socialsupport@york.gov.uk)