Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry procedures

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Contents

Section 1: Introduction

1.1 These Adult Safeguarding Procedures should be read in conjunction with the West Midlands Adult Safeguarding Policy; they are the result of collaboration between the Local Authorities within the region.

1.2 This Procedure is governed by a set of key principles and themes. The adult safeguarding processes seek to respond to concerns about abuse in a way that is sensitive to individual circumstances, person-centred and outcome-focused. To achieve successful safeguarding the procedures in this section must be understood and applied consistently by all organisations.

1.3 Although the responsibility for the coordination of adult safeguarding arrangements lies with Local Authorities, the implementation of these Procedures is a collaborative responsibility and effective work must be based on a multi-agency approach.

1.4 The key principles which govern this Procedure are set out in the *Statement of Government Policy on Adult Safeguarding* (Department of Health (DoH), May 2013):

- ***empowerment:*** presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process
- ***protection:*** ensuring that people are safe and that they have support and representation as necessary during the process
- ***prevention:*** minimising the likelihood of repeated abuse and recognising the person's contribution to this in Safeguarding Plans
- ***proportionality:*** the ways in which the safeguarding procedure is used are proportionate, as far as possible they should not be intrusive and they should be appropriate to the risk presented
- ***partnership:*** people can be satisfied that agencies are working constructively to make them safe
- ***accountability:*** the way in which the safeguarding process is conducted should be transparent and consistent; it should always be borne in mind that safeguarding procedures may be subject to external scrutiny (e.g. the courts).

1.5 The Procedures provide a *framework*. Adult safeguarding is a dynamic process that must be done *with* people and not *to* people. The following key themes run throughout the adult safeguarding process:

❖ ***User outcomes:*** at the beginning of the process what the individual wants to achieve must be identified and at every stage this must be revisited. The extent to which these views and desired outcomes have been achieved must be reviewed at the end of the safeguarding process regardless of the stage at which it is concluded. In all safeguarding work there should be a clear understanding of what the process is seeking to achieve.

❖ ***Professional judgement*****:** it is essential that key decisions by paid staff are made based on their knowledge and understanding of the situation and that they are allowed to apply their training and specialist knowledge to the presenting situation. This will involve bringing into play a range of legal, practice and ethical frameworks as well as the principles outlined above. This includes a level of *professional curiosity*, whereby staff in all agencies make all reasonable efforts to enquire into potential instances of abuse.

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

❖ ***Mental capacity:*** the Mental Capacity Act (MCA) 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. Individuals must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process. Unwise decisions do not necessarily indicate lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests. It is important that an individual's mental capacity is considered at each stage of the adult safeguarding process.

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

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

- Safeguarding planning also involves promoting wellbeing and supporting adults who have been the victim of adult abuse or neglect to recover from that experience.

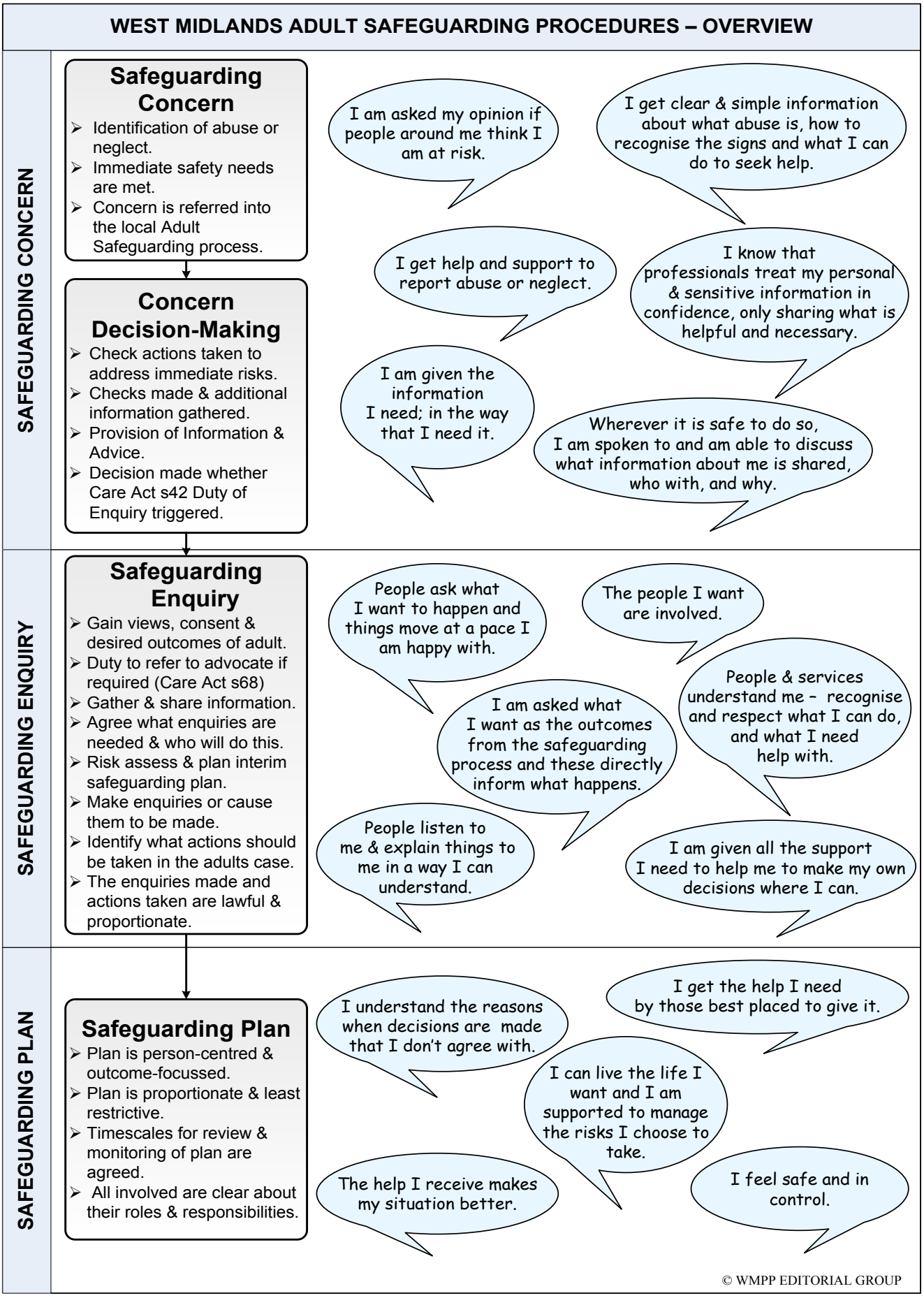
❖ ***Information sharing:*** this is key to delivering better and more efficient services that are coordinated around the needs of the individual. It is the foundation for early intervention and preventative work, for safeguarding, for promoting welfare and for wider public protection. Information sharing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

❖ ***Recording:*** good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to individuals' care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why. Sample forms for the respective Local Authorities can be found on the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) website at **www.stopabuse.info**

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

1.6 Nothing in these Procedures should be seen as preventing any of the routine activities of professional best practice and this would include the holding of case conferences where cases are complex or where inter-professional communication and decision-making is difficult. Some multi-agency meetings may be specific to safeguarding but the need to meet and discuss issues is not exclusive to safeguarding processes.

1.7 Finally, it is equally important that these Procedures are managed and administered in a way that complies with all the articles of the Human Rights Act (HRA) 1998 (in particular Articles 5 and 8). This means that both the process and the outcome must be proportionate, not unduly restrictive, and enable risk where appropriate. In addition, any actions arising from these procedures should be consistent with current legislation as it relates to social care, health, housing and education.


WEST MIDLANDS ADULT SAFEGUARDING PROCEDURES – OVERVIEW
SAFEGUARDING CONCERN
Safeguarding Concern
Identification of abuse or neglect.
Immediate safety needs are met.
Concern is referred into the local Adult Safeguarding process.
Concern Decision-Making
Check actions taken to address immediate risks.
Checks made & additional information gathered.
Provision of Information & Advice.
Decision made whether Care Act s42 Duty of Enquiry triggered.
I am asked my opinion if people around me think I am at risk.
I get clear & simple information about what abuse is, how to recognise the signs and what I can do to seek help.
I get help and support to report abuse or neglect.
I know that professionals treat my personal & sensitive information in confidence, only sharing what is helpful and necessary.
I am given the information I need; in the way that I need it.
Wherever it is safe to do so, I am spoken to and am able to discuss what information about me is shared, who with, and why.
SAFEGUARDING ENQUIRY
Safeguarding Enquiry
Gain views, consent & desired outcomes of adult.
Duty to refer to advocate if required (Care Act s68)
Gather & share information.
Agree what enquiries are needed & who will do this.
Risk assess & plan interim safeguarding plan.
Make enquiries or cause them to be made.
Identify what actions should be taken in the adults case.
The enquiries made and actions taken are lawful & proportionate.
People ask what I want to happen and things move at a pace I am happy with.
The people I want are involved.
People & services understand me – recognise and respect what I can do, and what I need help with.
I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.
People listen to me & explain things to me in a way I can understand.
I am given all the support I need to help me to make my own decisions where I can.
SAFEGUARDING PLAN
Safeguarding Plan
Plan is person-centred & outcome-focussed.
Plan is proportionate & least restrictive.
Timescales for review & monitoring of plan are agreed.
All involved are clear about their roles & responsibilities.
I understand the reasons when decisions are made that I don't agree with.
I get the help I need by those best placed to give it.
I can live the life I want and I am supported to manage the risks I choose to take.
The help I receive makes my situation better.
I feel safe and in control.
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Section 2: Reporting abuse and neglect - General guide to raising concerns

Initial safeguarding decision flow chart

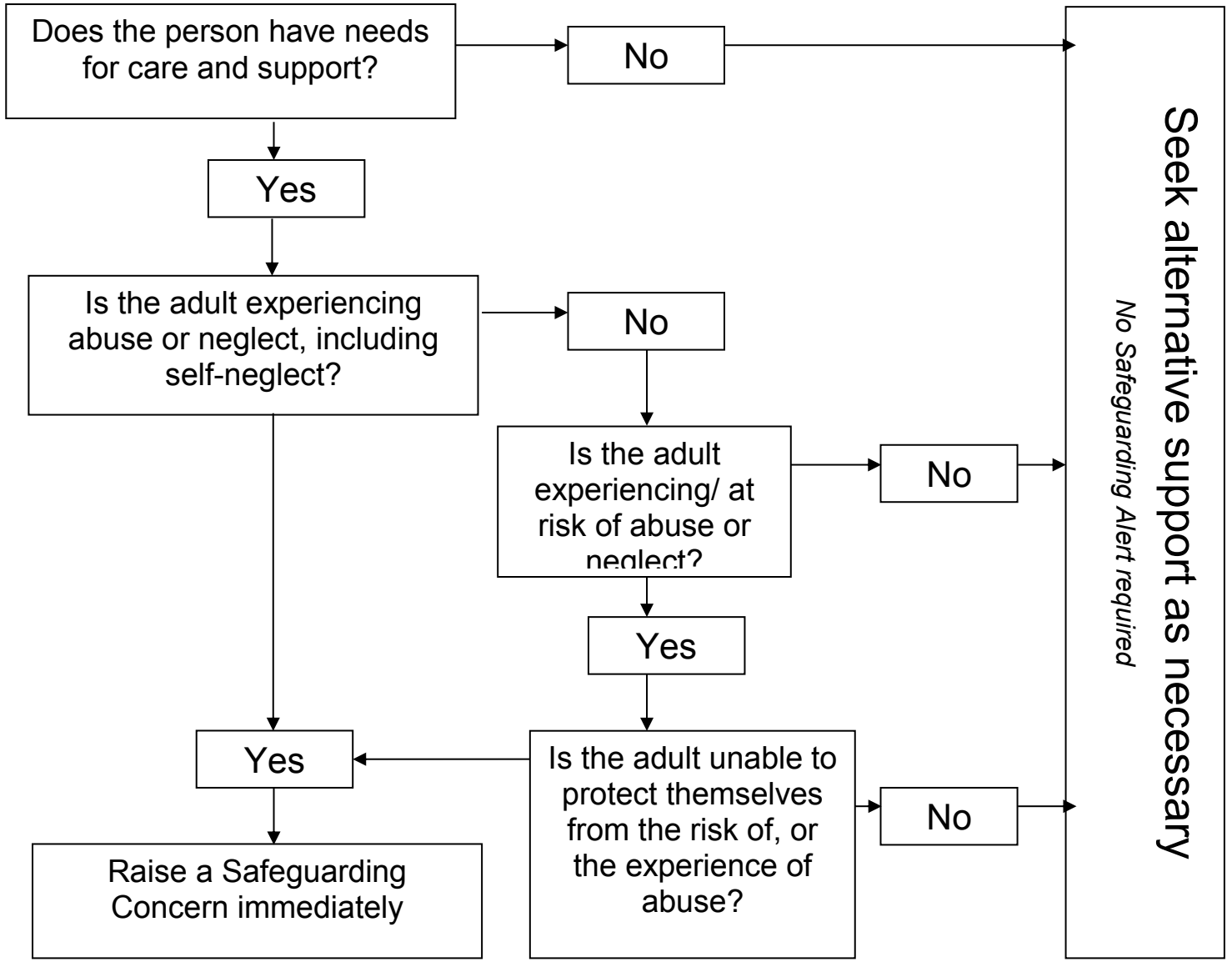
An adult at risk of abuse or neglect:

has needs for care and support (whether or not the Local Authority is meeting any of these needs) and;

- *is experiencing, or at risk of abuse or neglect; and*
- *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect significant harm or exploitation*

Types of abuse:

Physical
Sexual
Financial
Discriminatory
Neglect
Self-neglect
Emotional abuse
Organisational abuse
Domestic abuse
Modern slavery



Section 2: Reporting abuse and neglect - General guide to raising concerns

Overview of this

This section provides guidance on when and how to raise a safeguarding concern. It includes specific reference to:

Acting to protect the adult and other people; meet immediate needs;
Reporting to internal management;
Taking management action in response to concerns;
Whistleblowing and confidentiality for people raising a concern;
Members of the public who wish to make anonymous referrals;
Speaking to the adult before raising the concern;
Consent and mental capacity;
Recording;
Reporting adult safeguarding concerns;
People causing harm who are in Positions of Trust (PoT);
Providing support pending a safeguarding decision.

General

2.1 A safeguarding concern may be raised by anyone, including service users and informal carers when they believe that an adult:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs) and;
- is experiencing, or at risk of abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

2.2 Self-neglect is now seen as a classification of 'abuse' and therefore should be referred in the same way as abuse by others. Self-neglect should not be taken to include a general refusal to consent to a specific form of care or treatment or behaviour arising from personal or cultural choices other than when this is connected with a serious risk of harm arising from a refusal of assessments and services.

2.3 The primary responsibility of anyone who becomes aware of any abuse is to seek to make the situation as safe as possible for the adult and to take steps to prevent any imminent abuse.

2.4 It is always important that paid staff apply appropriate professional judgement in deciding whether a referral should be made and this includes checking of basic

facts that might inform a concern. By raising a concern staff are stating that they believe that abuse may be taking place or that there is a high and demonstrable risk that it will occur.

2.5 Where a concern needs to be raised it should be done by the person who believes that abuse may be occurring and the raising of the concern should not be delegated to another person, body or agency.

2.6 People raising a concern may become aware of possible abuse when they:

a. witness an abusive act;
b. are told about abuse by someone else;
c. are told about abuse by the service user;
d. find evidence of abuse;
e. recognise several of the risk indicators and become concerned that there is a high risk of abuse.

2.7 Safeguarding concerns and processes should not be used as 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;
- The core duties of the police to prevent and protect life and property.

2.8 Safeguarding procedures should not be invoked as a means to escalate or resolve professional disagreements or interpersonal issues unless a risk to the adult is clearly indicated.

2.9 There is no requirement for care providers to raise a safeguarding concern in relation to single instances of poor practice where no lasting harm or distress has occurred and where there is a plan for protecting the adult from the risk of harm. The expectation is that providers will undertake their own internal investigations and take the appropriate disciplinary or remedial actions, as well as reporting significant incidents to the relevant regulators in line with regulations and legislation. If there is doubt as to whether a concern should be raised then this should be clarified with the relevant Local Authority.

2.10 Care providers should clearly record their rationale as to why they did or did not raise a concern and this should be consistent with the Safeguarding Principles, especially proportionality and accountability.

Acting to protect the adult and other people; meeting immediate needs

2.11 Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.

2.12 Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it is not a life-threatening situation.

2.13 Consider if there are other adults or children with care & support needs, or if there are any children, who are at risk of harm, and take appropriate steps to safeguard them.

2.14 Consider supporting and encouraging the adult to contact the police if a crime has been or may have been committed.

2.15 Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

Reporting to internal management

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

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

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

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

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

Taking management action in response to concerns

2.20 The line manager or the Adult Safeguarding Lead within the organisation identifying the concern should then decide on the most appropriate course of action without delay. This should include:

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

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

2.22 NHS staff will need to refer to their trust's procedures on clinical governance and adult safeguarding, as well as the Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures. In line with these procedures NHS staff will raise

appropriate safeguarding concerns to the Local Authority for the area where any alleged abuse occurs.

Whistleblowing and confidentiality for people raising a concern

2.23 All agencies should have a clear policy on whistleblowing, which highlights how employees can raise concerns about abusive or neglectful acts of colleagues or employing organisations if they feel unable to raise these through their line management. Whistleblowing policies should be consistent with the legal requirements of the Public Interest Disclosure Act 1998.

2.24 In most cases staff will raise concerns without recourse to whistleblowing procedures and it is important that the use of whistleblowing is not used as a means of seeking anonymity where there would be no genuine fear of repercussions. While every effort will be made to protect the identity of workers who are raising concerns, anonymity cannot be guaranteed throughout the process.

2.25 It is important to remember:

- In cases where the police are pursuing a criminal prosecution, workers may be required to give evidence in court;
- Information from the Safeguarding Enquiry and Disciplinary Investigation will be shared with the person identified as the source of risk if a referral to the Disclosure and Barring Scheme (DBS) is made;
- There is a possibility that a worker maybe asked to give evidence at an employment tribunal;
- Anyone can be requested to give evidence when the employer has referred a member of staff to a professional body (e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Medical Council (GMC));
- The adult or the potential source of risk may request to see information held about them under the Data Protection Act 1998.

Members of the public who wish to make anonymous referrals

2.26 It is preferable to know who is raising a concern; however a member of the public cannot be forced to give their personal details.

If the identity of the person raising the concern has been withheld, the process will proceed in the usual way. This will include information being recorded onto the Adults Safeguarding Form (AS1).

Speaking to the adult who is experiencing, or is at risk of, abuse or neglect before raising the concern

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

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

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

2.30 When speaking to the adult -

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

Consent and Mental Capacity

2.31 Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and work in compliance with the Mental Capacity Act (MCA), its principles and the MCA Code of Practice. Any decision that the adult may not fully understand or is unable to make will necessitate an assessment of the adult's mental capacity and, where the adult does not have capacity to make the decision, others will need to make a decision that is in the adult's best interests.

2.32 All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent. There is however a tension between the duty of confidentiality and the need to prevent abuse.

2.33 At the concern stage, the most common capacity & consent issues to consider will usually be:

- whether the adult has the mental capacity to understand & make decisions about the abuse or neglect related risks, & any immediate safety actions necessary;
- whether the adult consents to immediate safety actions being taken;
- whether the adult consents to information being referred / shared with other agencies.

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

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

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

- there is a risk or harm to the wellbeing and safety of the adult or others;

- other adults or children could be at risk from the person causing harm;
- it is necessary to prevent crime or if a crime may have been committed;
- the person lacks capacity to consent.

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

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

2.38 If any person is unsure whether to report, they should contact the relevant Local Authority for advice.

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

2.40 It should be remembered that section 11 of the Care Act 2014 places a duty for an assessment of care and support needs, even if this has been declined in situations where the adult lacks mental capacity or where they are experiencing or at risk of abuse.

Recording

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

The written report will need to include:

- the date and time when the disclosure was made, or when you were told about / witnessed the incident(s);
- who was involved, any other witnesses including service-users and other staff;
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told;
- the views and wishes of the adult;
- the appearance and behaviour of the adult and/or the person making the disclosure;
- any injuries observed;

- any actions and decisions taken at this point;
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

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

Reporting Adult Safeguarding concerns

2.42 Refer any safeguarding concern that meets the criteria at Section 2.1 to the Local Authority for the area where the adult is currently living by telephoning the relevant Contact Centre.

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

2.44 If a crime is in progress or life is at risk, dial emergency - 999.

2.45 Secure any physical evidence such as clothing, bed linen etc. that may exist (this is especially relevant to sexual assaults).

2.46 You must contact the Local Authority Children's Services if a child is identified as being at risk of harm.

2.47 If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under Clinical Governance or Serious Incident Processes, report to Human Resources (HR) department if an employee is the source of risk).

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

People causing harm who are employed in Positions of Trust (PoT)

2.49 Where allegations relate to paid staff or others in positions of trust proportionate action should be taken to ensure the immediate protection of the adult(s) with care and support needs.

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

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

2.52 Although any agency may take a view regarding the suitability of a person to work in a Position of Trust, the responsibility for decisions regarding suspension, dismissal and other levels of disciplinary action lie with the employer alone. Commissioners and regulators may take a view about the compliance of a service if they believe that a person in a Position of Trust poses a risk to adults with care and support needs but this cannot override the employer's legal responsibilities to act fairly and proportionately in handling disciplinary matters.

Providing support pending a safeguarding decision

2.53 In any situation where medical assistance is required then this must be provided as a priority.

2.54 Providers will ensure that the adult is protected from any known source of risk as far as the adult is prepared to consent to this and if this is practicable.

2.55 All necessary planned care should be provided as usual unless there has been specific advice from the police that this should not occur.

2.56 Appropriate emotional support should be provided and the adult should be reassured as far as possible that they will be assisted and supported.

2.57 If the provider is unsure as to whether a course of action is appropriate then seek advice from internal management or from the Local Authority Safeguarding Team.

2.58 Any necessary disciplinary action can be instigated. Providers to bear in mind the need to consult the Police about interviewing staff where there is a criminal investigation taking place.

2.59 Care providers must update the Safeguarding Teams of any significant changes or new information (e.g. hospital admission of adult or death).

Short Practice guide 1 - How and when to raise a safeguarding concern

Who can raise a safeguarding concern?	Anyone – the adult, Carers, paid staff, volunteers, Inspectors, Police Officers, Health and Safety Officers, etc.
Who decides whether to raise a concern?	The person who believes that abuse may be taking place is the best person to raise the concern and they should take the responsibility for doing so. It is not good practice for that person to delegate this to another agency and this will cause difficulties if that agency has a different view on the incident, especially if they do not themselves believe that abuse has occurred.
How quickly should a concern be raised?	Immediately and always within 24 hours.
Who should be contacted with a concern?	In all cases, concerns will be raised with the Local Authority where the abuse is believed to have taken place: **Staffordshire County Council, Social Care and Health** **Tel: 0845 604 2719.** **Stoke-on-Trent City Council, Adult Social Care** **Tel: 0800 5610015** Where a crime has taken place or the adult may be in immediate danger contact should be made with Staffordshire Police. **In emergencies using 999 or if less urgent using 101.**
How is a concern raised?	By telephone to the above numbers. Staff who raise a concern may be asked to provide additional written detail and information. Callers will be given a reference number for their own records and to assist with any follow-up queries.
What information should be included when raising the concern?	**Personal details** of the adult (name, date of birth, address, gender, race, faith, culture and current whereabouts). Name, address, contact number of the person raising the concern, and their relationship to the adult. **Full description of the abuse** that is believed to have taken place including where and when it occurred. **All known details of the potential source of risk** (name, address, date of birth, gender, current whereabouts and relationship to the adult). **Details of any harm caused to the adult**. Perception of continuing risks. **Immediate action** taken or required to protect the adult. **Details of other people** who may be at risk of harm. **Details of any action already taken** (e.g. call to emergency services, crime number, and protection measures.) **Details of agencies involved** with the adult.

	Whether the adult is aware of the concern being raised. **Whether the adult has agreed** to the concern being raised. **Any known views or wishes of the adult** regarding possible outcomes. **The views of the person raising the concern** about what needs to happen next. **Any information that relates to the mental capacity** of the adult in relation to their ability to protect themselves from harm. **Any known language or communication needs** (e.g. need for an interpreter or intermediary).
What if the adult does not wish for the concern to be raised?	Where there is a risk of harm to the wellbeing of the adult or to others, a potential offence or disciplinary issues the concern should be raised but it must be made clear what the adult's view on this is and that they are aware that information is being recorded and shared.
What feedback will be given on concerns that have been raised?	People raising a concern should be given information regarding the status of the concern they have raised. The extent of this feedback will depend on various things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an investigation). It should normally be possible to advise people whether their concern has led to a Section 42 enquiry.

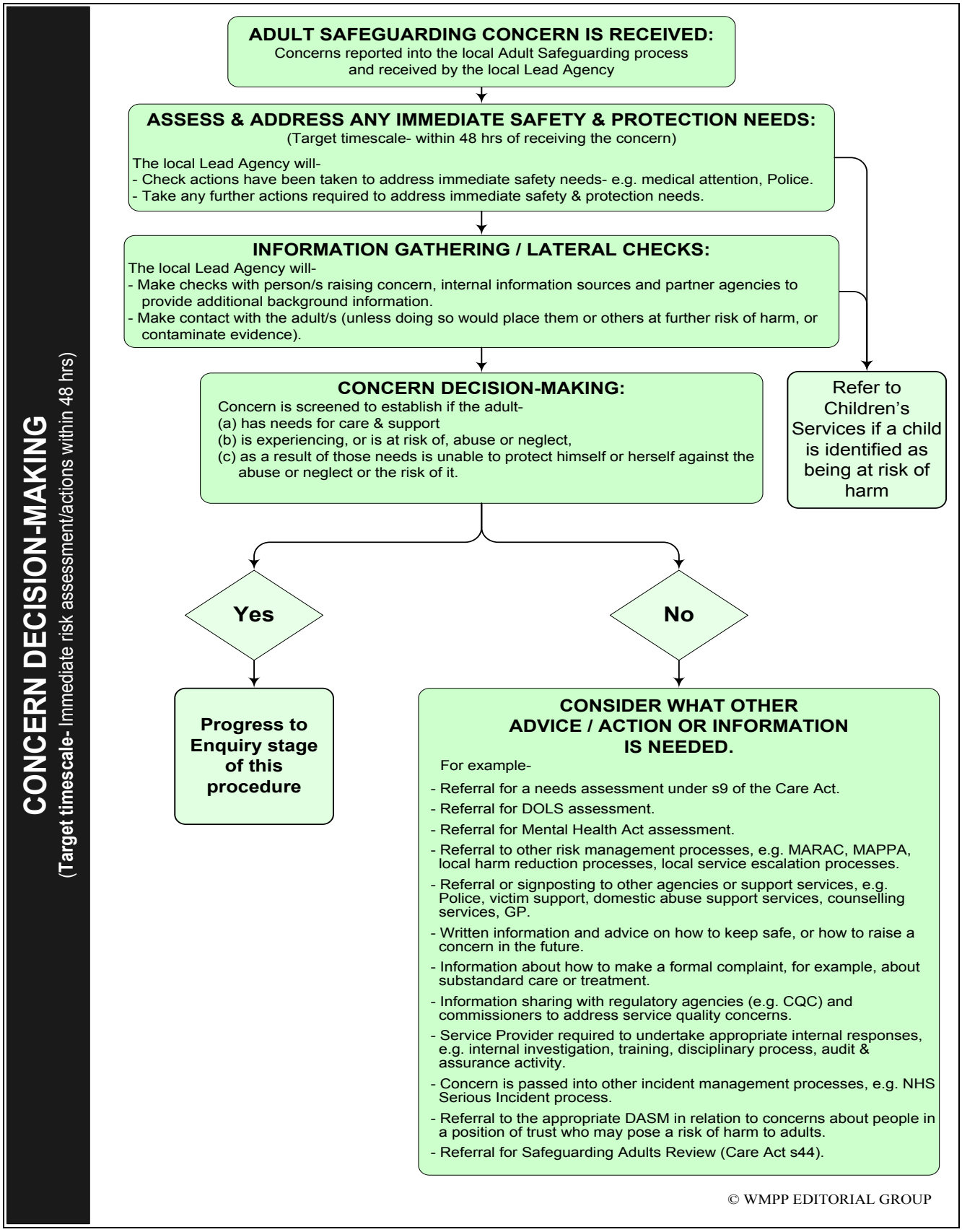
Short Practice guide 2 - Advice to staff who receive a disclosure of abuse

People who become aware of abuse or the risk of abuse should:	**Why is this important for the adult?**
Ensure the immediate safety of the adult. If there is an injury appropriate health care should be arranged (e.g. an ambulance, visit to Accident and Emergency Department).	*Immediate protection and health care is provided.*
If a suspected crime has just occurred or is still occurring then the Police should be informed immediately by ringing 999.	*Criminal investigation can begin immediately.*
Ensure that any evidence of abuse is kept safe and free from contamination to avoid interference with the investigation. This would especially apply to clothing and bedding where there has been a sexual assault but also to documentary evidence in other situations.	*Evidence is secure and the adult will have the option of making a complaint.*
Refer the incident / abuse to Social Care.	*Social Care support can be offered as part of the investigation.*
Record all details of the abuse concerns clearly and factually as soon as possible. When recording any disclosure then record the actual words used by the adult. If there are any visible injuries these should be recorded on a Body Map (See appendix 1)	*A clear record exists of the adult's initial comments and injuries. The adult will be able to see what is recorded about them and might have a better understanding of what has occurred.*

What to do when abuse is disclosed by an adult

Do	**Don't**
Listen carefully, stay calm and make notes of what they say using their own words.	Question, put pressure on the adult for more details, start your own enquiry or take photographs (See section 4.111)
Be aware that medical evidence may be needed.	Act in a way that may prevent the adult talking about the abuse in future.
Reassure the adult that the information will be treated seriously.	Promise to keep secrets.
Help the adult to understand that whatever has happened is not their fault.	Make any promises that you may not be able to keep (e.g. 'It won't happen again').
Explain the referral process and that others will need to be made aware.	Question any person who is a potential source of risk.
Explain that the matter will have to be referred on even if they do not consent but that their wishes will be made clear if this happens.	Agree not to refer because the adult withholds consent.
Make the referral immediately.	Wait to discuss with colleagues or gather more information.

Section 3: Receiving concerns and decision making



Section 3: Receiving concerns and decision making

Overview of this section:

This section provides guidance on how concerns will be responded to and the decision making process. The section includes guidance on the following:

Referral points;
Decision making;
Historic abuse and deceased adults;
Self neglect;
Recording decisions;
Risk assessment;
Immediate actions;
The potential source of risk is another adult with care and support needs;
Section 42 Enquiries;
Concerns not requiring a Section 42 enquiry;
Notifications / information sharing with other agencies;
Supporting an adult who makes repeated allegations;
Responding to family members, friends and neighbours who make repeated allegations.

Referral points

3.1 Safeguarding concerns will be made to the respective Contact Centres for Staffordshire County Council and Stoke-on-Trent City Council.

3.2 The Adults Safeguarding Form (AS1) will be completed by the call taker and where appropriate the matter may be signposted to an alternative process e.g. assessment of care and support needs, provision of specialised advice etc.

Decision making

3.3 The concern will then be passed on to a Managing Officer who will make a decision as to whether an enquiry under Section 42 of the Care Act 2014 is to be considered. This decision to undertake an Enquiry will be based upon the following criteria:

- The concern relates to a person who is 18 or over;
- The adult has needs for care and support (whether or not these are being met at this time);
- The adult is experiencing, or at risk of abuse, neglect or self-neglect (see 3.9);

- As a result of the adult's care and support needs the adult is unable to protect her/himself from the risk of abuse or the experience of abuse or neglect.

3.4 In considering the risk of abuse Managing Officers will need to be persuaded that a specific hazard has been identified and why this appears likely to occur. An unspecified general vulnerability or speculation about potential hazards will not be sufficient to justify a Section 42 Enquiry although it may in many cases trigger an assessment or reassessment of care and support needs under other relevant sections of the Care Act 2014.

Historic abuse and deceased adults

3.5 The duty to make enquiry under the Care Act 2014 relates to abuse or a risk of abuse or neglect that is current and therefore allegations of historic abuse will not be the subject of statutory enquiry under these procedures. Similarly, if the adult is no longer at risk of abuse due to having moved elsewhere with no likely return then no statutory enquiry is necessary although the considerations below will apply.

3.6 Where a concern is received for an adult who has died, the same approach will apply and an enquiry will only be made where there is a clear belief that other adults are, or may be, at risk of harm.

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

3.8 In any case where there appears to be a current risk to other adults then appropriate steps must be taken to clarify this and to identify the adults who may be at risk. Enquiries under Section 42 can then be considered in respect of those other identified individuals.

3.9 In cases where an adult has died and where agencies should have worked more effectively there is a statutory requirement for the Safeguarding Adults Board (SAB) to undertake a Safeguarding Adults Review (SAR) under section 44 of the Care Act 2014. Staff who become aware of such a case must report it to their Safeguarding Adults Lead, who will make the appropriate referral to the SAB using the protocol

found at **http://www.staffordshirecares.info/pages/my-safety/adult-safeguarding/publications-campaigns/adult-protection-procedures.aspx**

Self-neglect

3.10 The Statutory Guidance to the Care Act 2014 makes clear that self-neglect is not necessarily to be considered as a cause for Enquiry under Section 42 and that this decision is to be made on a 'case by case' basis, dependent on their ability to protect themselves by controlling their own behaviour.

3.11 Managing Officers will consider alerts relating to self-neglect cases to confirm that the following factors apply:

- There is a clear current danger to the adult of immediate serious harm;
- An assessment of care and support needs has already been undertaken or attempted;
- A care or treatment plan has been proposed and has either been rejected by the adult or they have not complied or co-operated with the proposed care.

3.12 If the above criteria apply then a Section 42 Enquiry will be considered. In other situations the respective assessments and contributions should be instigated in accordance with other sections of the Care Act 2014 (section 9, 11 and 18 typically) prior to further action being taken under these Safeguarding Procedures.

3.13 In cases of self-neglect that do progress to a Section 42 Enquiry the Planning Discussion will be convened as a meeting by the local responsible social care team with appropriate specialist input as necessary.

Recording decisions

3.14 Where a decision is made that no statutory enquiry is required for any of the reasons above the details of the decision will be recorded on the Adults Safeguarding Form (AS1) and the Social Care Information databases will be updated to reflect this decision (the systems used will vary between Staffordshire and Stoke-on-Trent). Information regarding the referral and the decision will be sent to the local Adult Protection Team (Staffordshire) or Safeguarding Manager (Stoke-on-Trent) as required by the respective Authorities.

3.15 Where there has been a previous concern in the past 12 months and this did not proceed to a Section 42 Enquiry then the new concern must trigger a Planning

Discussion to ensure that the reason for the repeated concerns is understood and that the causes of this have been addressed.

Risk assessment

3.16 In each case an assessment of risk will be undertaken in accordance with the specific guidance in Section 10: Guidance on risk assessment and risk management (pg.91). The initial risk assessment will be based on the information provided in the concern raised. It will take account of the hazards associated with the alleged abuse and also any protective and mitigating factors that are known.

Immediate actions

3.17 Where a Managing Officer decides that an alert should be considered for a Section 42 Enquiry they will ensure that:

- A decision is made on how urgently initial contact will be made with the adult;
- Any necessary immediate action has been taken to protect the adult and/or others;
- All available details and other background information held by the agency are collated;
- The level of past harm and future risk has been assessed;
- Other agencies are contacted to hold a Planning Discussion;
- If there are child protection concerns a referral is made in line with the local Inter-agency Child Protection Procedures;
- If the alert involves a number of adults in a family, in the community or widespread institutional abuse, consideration is given to whether co-ordinated enquiries are indicated (including the procedure for responding to organisational concerns).

The potential source of risk is another adult with care and support needs

3.18 In cases where the potential source of risk is another adult with care and support needs the agencies responsible for their care, if any, should be informed. This person may need an assessment (e.g. Care Act, Mental Health Act, Mental Capacity Act, and DoLS) in their own right to ascertain whether they require any specialist services. They may also be entitled to the support of an advocate or an Independent Mental Capacity Advocate (IMCA) if they have been assessed as lacking mental capacity.

3.19 If the incident is subject to a criminal investigation the potential source of risk may need assistance to ensure they are appropriately represented and that they receive appropriate assistance in accordance with the Police and Criminal Evidence Act 1984 (PACE).

Section 42 Enquiries

3.20 If the Managing Officer decides that the concern does require an enquiry under Section 42 of the Care Act 2014 this will be planned in accordance with Section 4: Safeguarding Enquiries (pg.32).

3.21 If a concern has been raised and it relates to a current live Section 42 Enquiry then the details will need to be recorded and passed immediately to the Safeguarding Officer responsible for that enquiry. No new safeguarding enquiry is required except where the abuse is of a quite different type and involves a different source of risk.

Concerns not requiring a Section 42 enquiry

3.22 If the Managing Officer decides that a Section 42 enquiry is not appropriate then they must consider whether any alternative action is required. Examples of alternative and complementary processes are given below:

- Referral for a needs assessment under Section 9 of the Care Act;
- Referral for Deprivation of Liberty Safeguards (DoLS) assessment;
- Referral for Mental Health Act (MHA) assessment;
- Referral to other risk management processes, e.g. Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangement (MAPPA), local harm reduction processes etc.
- Case conferences where there are complex general risk issues or where multi-agency discussion and communication is necessary;
- Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, General Practitioner (GP), Trading Standards etc.
- Written information and advice on how to keep safe, or how to raise a concern in the future;
- Information about how to make a formal complaint, for example, about substandard care or treatment;
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns;

- Service Provider required to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity;
- Concern is passed into other incident management or clinical governance processes, e.g. NHS Serious Incident (SI) process;
- Communication to Coroners;
- Referral to the Position of Trust (PoT) process to consider a person who may pose risks to adults with care and support needs;
- Referrals to housing;
- Referrals for advocacy;
- Referral for Safeguarding Adults Review (SAR) (Care Act 2014; section 44).

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

3.24 When deciding what other advice/action or information is required, the Lead Agency retains a level of accountability for the appropriateness of the actions and for making any necessary referrals to other agencies. For example, it is essential that the person has the ability and means to contact other sources of support if giving signposting advice, or that other agencies or provider services are willing and able to address concerns appropriately through their internal processes. If the Managing Officer has concerns that the issue will not be dealt with appropriately, internal management and local inter-agency escalation processes should be followed such as the SSASPB Escalation Policy at **http://www.staffordshirecares.info/pages/my-safety/adult-safeguarding/documents/SSASPB-Escalation-Policy-July2015-FINAL-APPROVED-v1.pdf**

Notifications / information sharing with other agencies

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

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

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

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

Supporting an adult who makes repeated allegations

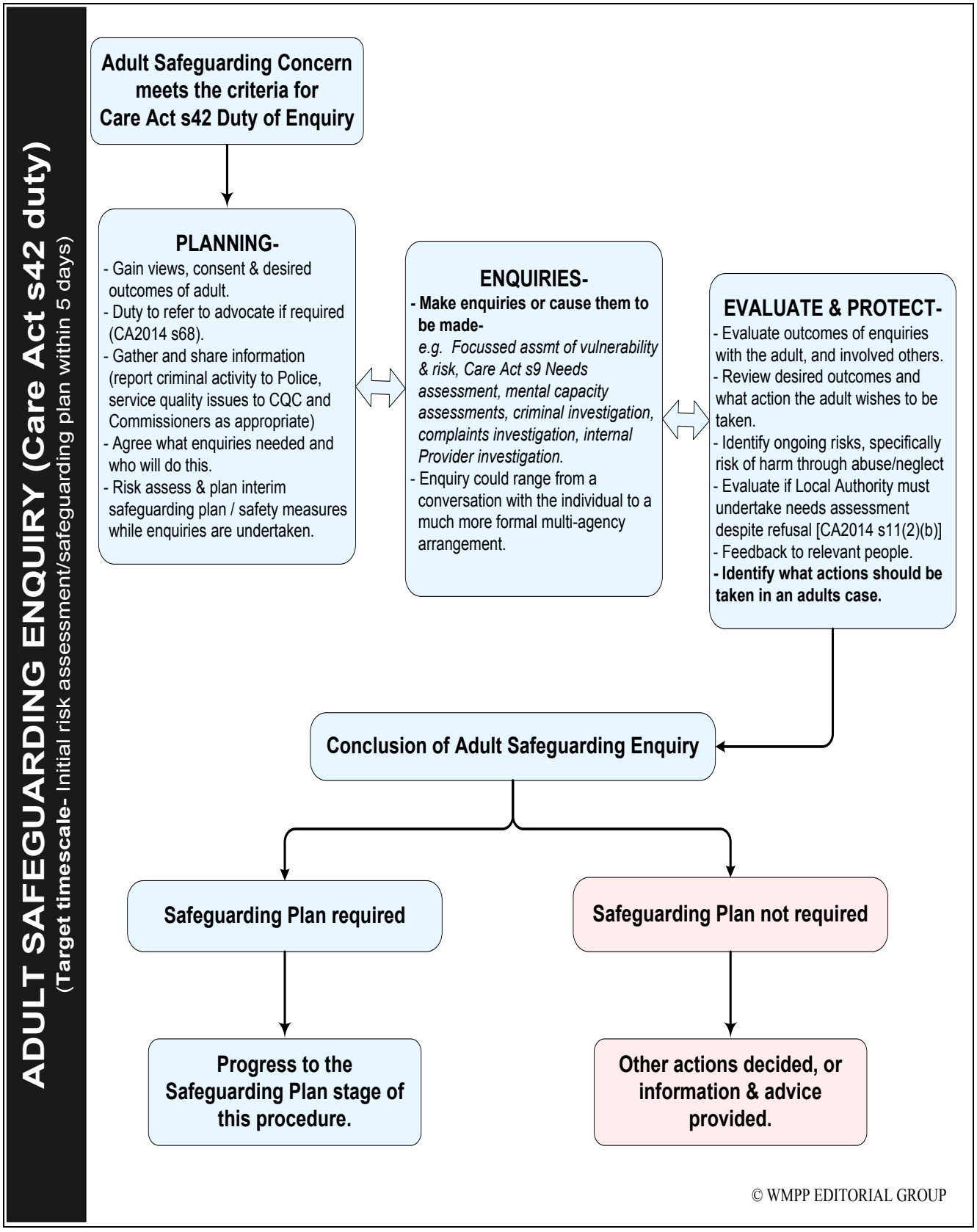
3.29 An adult who makes repeated allegations that have been looked into and are unfounded should be treated *without prejudice*.

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

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

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

Section 4: Safeguarding enquiries (Section 42 Care Act 2014)



Section 4: Safeguarding enquiries (Section 42 Care Act 2014)

Overview

This section provides guidance on the planning and undertaking of Section 42 Enquiries.

This includes:

Who should be involved in planning an enquiry?
Information sharing;
Making enquiries and causing enquiries to be made;
Identifying others at risk;
What to do when the adult does not wish an enquiry to take place;
Resolving disagreements;
Parallel investigations;
Advocacy;
Self neglect;
Co-ordination of enquiries;
Interviewing as part of an enquiry;
Types of evidence;
Reviewing an enquiry;
Enquiry reports.

Objectives of a Safeguarding Enquiry

4.1 The objectives of an enquiry into abuse or neglect are to:

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

4.2 Fundamental to any Safeguarding Enquiry is a spirit of *professional curiosity* whereby there must be a genuine inquisitive interest in the narratives and facts that are presented and also the ability to question information and objectively evaluate it rather than optimistically accept accounts at face value.

Planning enquiries

4.3 All enquiries into the abuse of adults need to be planned. No agency should take action in respect of an abuse referral prior to a Planning Discussion unless it is necessary and proportionate for the protection of the adult or others or unless a serious crime has taken place or is likely to.

4.4 The principles of seeking a person-centred and outcome focused approach are of particular importance in planning enquiries as it is easy to become preoccupied with process rather than developing a personalised response.

4.5 A Planning Discussion should be held (normally by telephone) as soon as possible after a concern is received and in all cases should be completed within five working days but this must be proportionate to the presenting risks.

4.6 Exceptionally it will be decided that the most effective and practical method of planning the enquiry will be through convening a meeting. In cases of self-neglect (as described in 4.9) this will be the norm.

4.7 The Planning Discussion will not involve the source of risk in the discussion. On advice from the Police it may be necessary to restrict the involvement of other parties if there is the likelihood of a criminal investigation against them. The responsibility for clarifying who is implicated in a potential crime lies with the Police.

4.8 It will always be necessary to share sufficient information with provider managers to enable them to take appropriate action to protect the adult(s) in their care.

4.9 The Planning Discussion will be led by a Managing Officer from the Local Authority or from an agency working under partnership arrangements that include undertaking social care functions on behalf of the Local Authority (section 75 of the National Health Service Act 2006) and will include relevant partners, which include:

In all cases	Managing Officer – either at Multi-Agency Safeguarding Hub (MASH) or for area where alleged abuse occurred.
Where it is suspected that a crime has been or might be committed	Police Officer – MASH and/or allocated officers
Where a service registered under the Health and Social Care Act 2008 is involved	Compliance Inspector – CQC *safeguarding@cqc.org.uk* Senior Manager CCG if there is a Continuing Healthcare (CHC) contract
Incident in a NHS service or an Independent hospital.	Senior Manager – or NHS Hospital Trust Compliance Inspector – CQC *safeguarding@cqc.org.uk* Senior Manager – CCG and/or NHS England
Where disciplinary issues have been identified	Manager of relevant organisation
Where there has been a sudden or suspicious death	The local Coroner's office: South Staffordshire - 01785 276127 sscor@staffordshire.gov.uk North Staffordshire and Stoke-on-Trent – 01782 234777 coroners@stoke.gov.uk
Where there is an allegation of rogue trading, scams or doorstep crime	Local Trading Standards Unit: Stoke-on-Trent - 01782 232065 Staffordshire - 0300 111 8045
Health and Safety incident involving unsafe systems of work/ equipment	Health and Safety Executive or Local Authority Health and Safety Officer (subject to protocol with CQC)
Where there are issues of domestic abuse	Police and specialist domestic abuse services. Consider MARAC.
Where there is concern about a person in a Position of Trust	Relevant agencies and employers dependent on situation.

4.10 The Planning Discussion will confirm the following:

Current agency information

- What is the concern – what are we worried about?
    a) Concern details and subsequent developments
    b) The danger to the adult
- The wishes and mental capacity of the adult, if known. The earlier the adult's views and wishes can be identified the better.
- Access to the adult including any communication issues (e.g. need for interpreter or specialist worker).
- Clarify whether there are other people at risk of harm. If there are a number of adults believed to be at risk from a network of abusers then consideration should be given to holding a single Planning Discussion, possibly as a meeting.

Initial contact with the adult

- How and when will the adult be contacted, consulted about the concerns and asked for their view on the desired outcomes of the enquiry?
- Involve an independent advocate in any case where the adult has substantial difficulty in being involved in the enquiry and there is no other appropriate person who can support or represent them.
- What other support might the adult require during and after the enquiry?
- Are there any issues of gender, race or culture to be considered?

Initial Safeguarding Plans

- What is the safety outcome that is desired?
    a) How will the safety of the adult be ensured?
    b) How will the safety of others be ensured, adults or children at risk?
- What support or intervention is required for the potential source of risk during or after the enquiry?
- Are there health and safety issues relating to equipment or working practices?
- What contingency plans are required?
- Is legal action required?

Planning a Safeguarding Enquiry (Section 42, Care Act 2014)

- Has a criminal offence taken place, if so what is it?
- What form of enquiry will take place and who will lead it?

- Who will establish the facts of the case, including undertaking interviews with key parties?
- Who will ascertain the views of the adult?
- Who will assess the need for protection, support and redress and how these might be met?
- How will protection be offered in accordance with the adult's wishes?
- How will follow-up action be decided?
- How will resolution and recovery be achieved?
- Is medical examination necessary, if so by whom?
- What timescale is required for the agreed actions?

Communication

- Who will keep the adult, carers, relatives informed of the status of the enquiry?
- Who will notify the person who raised the concern of the status of the enquiry?
- Does a professional body need to be made aware of the issues?
- How will the employer be kept up to date on the issues?
- Should the Disclosure and Barring Service (DBS) be notified at this stage?
- How will the outcome of the enquiry be communicated to all relevant parties?

Assessments

- Is an assessment of needs for care and support required?
- Is an assessment under the Mental Health Act 1983 required?
- Is an assessment of mental capacity required?
- Is an assessment of a carer's needs for support required?

Review

- Does a review meeting or discussion need to be arranged, if so when?
- Who will be accountable for reviewing the enquiry and following up on any action arising from it?

Information sharing

4.11 Participation in planning will depend on the individual situation, and will be decided by the Managing Officer / Lead Agency. As a general principle, and as long as this does not cause undue delays, all relevant agencies and individuals who have a stakeholder interest in the concerns should be involved in the process in the most

appropriate way (taking into consideration issues of consent, risk, and preserving evidence).

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

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

4.13 In Staffordshire and Stoke-on-Trent much of the information process will take place at the Multi-Agency Safeguarding Hub (MASH), either between partners based there or in discussion with others. The MASH is not a single team but a place where various organisations are co-located and where they work together to share information and plan interventions.

4.14 The fact that a partner is or is not represented at the MASH must not affect the ability to apply the Safeguarding Principles and there is a general responsibility to work in partnership and share information appropriately.

4.15 Although the agencies in the MASH share specific Information Sharing Protocols the legal responsibilities in terms of data protection and confidentiality are the same as for other agencies.

Identifying the people who will undertake an enquiry

4.16 The Care Act 2014 and its supporting Guidance are not prescriptive as to who should undertake an enquiry or how it should be conducted (although it is clear that the duty to ensure that an enquiry takes place lies with the Local Authority). This decision will be determined by the context of the concerns and the relative complexity of the situation. The Guidance makes clear that in its most basic form an enquiry may be a conversation but also that at other times it will require a wide range of professional skills and the ability to co-ordinate a multi-agency response to a life-threatening situation.

4.17 Managing Officers will consider very carefully what the enquiry will involve and clarify the types of skills and knowledge that those leading the enquiry must have. In all cases the allocated person leading the enquiry will:

- be able to understand the purpose and function of the enquiry and its statutory nature and their own accountability;
- have the professional skills to engage with the adult and any other parties involved to establish the facts and to obtain their account;
- be competent to identify and respond to new concerns as they arise and to invoke protection measures if necessary;
- be able to undertake the tasks identified in the Planning Discussion Enquiry Plan.
- liaise and co-operate with other agencies and professionals as required in the Enquiry Plan;
- record the detail and outcome of the enquiry in accordance with the Local Authority's requirements although not necessarily in specified formats.

If the person leading the enquiry is not employed by one of the local authorities then the outcome and conclusions of the enquiry must be communicated to the nominated accountable person for that agency within an agreed timescale.

Causing enquiry to be made

4.18 Where an enquiry is to be undertaken by a person not directly employed by the Local Authority this must be clearly communicated to an accountable person in the organisation both verbally and in writing, laying out the legal context of the request and the statutory nature of the duty to enquire, and the accountable person must confirm in writing that they will undertake the enquiry.

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

4.20 If an organisation declines to undertake an enquiry it must give the reasons in writing and this should then be discussed and escalated to Senior Officers in the respective organisation as appropriate. The key consideration of the safety 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.

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

4.22 When causing enquiry to be made the Managing Officer will identify the time scale within which the enquiry should be concluded and how the completed enquiry report will be returned, and to whom.

4.23 Where an agreed time scale has not been met the Managing Officer will need to consider how to proceed and whether the risks and circumstances of the case allow the enquiry to be extended or whether another agency will need to take over the enquiry.

4.24 If it becomes clear that a registered agency has insufficient knowledge of adult safeguarding then this may need to be communicated to their regulator and to relevant commissioners.

Multiple lines of enquiry

4.25 In some situations there will be multiple lines of enquiry and various people tasked with gathering information from a variety of sources. In these situations it is essential that there is a single point of co-ordination. Normally, this will be the Managing Officer or a nominated deputy.

Other people are at risk

4.26 There have been instances where the focus on the adult who is the subject of the concern has led the wider risks to others to be overlooked or ignored. It is essential that the enquiry process does not become so narrowly focussed or lacking in general curiosity that it is unable to identify and respond to the abuse or the risk of abuse to other family members (either children or adults) or others who have care and support needs.

Telephone discussion or formal meeting?

4.27 In some cases the complexity or seriousness of the situation will require the Planning Discussion to be a formal meeting rather than a telephone discussion. This will be at the discretion of the Managing Officer but it will be exceptional.

Recording

4.28 The Planning Discussion will be recorded by the Managing Officer using the Multi-agency Planning Discussion Document (AS2) found on page 109. The completed document will be sent to all those who have agreed actions. Information shared in confidence by participating agencies may be redacted from the document if this is likely to cause a data breach or a breach of confidentiality. Enquiry Plans will be shared in their entirety.

The adult does not wish for an enquiry to take place

4.29 The duty to undertake a Section 42 Enquiry is not dependent on the consent of the adult once it has been established that they are at risk of abuse. Similarly, there is a duty to assess their needs for care and support, even if they decline this, where they lack mental capacity or are at risk of abuse.

4.30 Although there is a duty to undertake an enquiry there is no legal power associated with the safeguarding duties to forcibly intervene and therefore any proposed safeguarding measures cannot be enforced in the face of an adult's rejection unless this is possible under other legislation.

4.31 In cases where the adult does not co-operate with an enquiry or rejects any proposed safeguarding measures there will need to be an attempt to negotiate and seek to identify areas of possible agreement.

4.32 In exceptional cases it will be necessary to undertake the entire enquiry without the agreement or participation of the adult and in such cases the known views and wishes of the adult should be fully and fairly represented, as far as they can be determined.

4.33 It must be noted that under section 11(2) of the Care Act 2014 there is a duty to undertake an assessment of the adult's care and support needs despite their refusal in cases (a) where they lack mental capacity to refuse the assessment and it would be in their best interests, or (b) where the adult is experiencing, or at risk of abuse or neglect.

Resolving disagreements

4.34 There will be instances where professionals may disagree on whether action is required or on the appropriate level of intervention. It is essential that any

disagreements are resolved professionally through constructive dialogue and a willingness to consider other points of view.

4.35 Any disagreements which cannot be resolved should be recorded and those involved should consider whether they feel that the seriousness of the matter requires them to pursue the matter further.

4.36 Where a disagreement centres on a difference of view as to the adult's care and support eligibility it is important that appropriate assessment has been undertaken to support this view based on the Care Act 2014 eligibility criteria set out in the Statutory Guidance.

4.37 In cases where the inability to agree could potentially have serious consequences for an adult the active involvement of the respective line managers should be sought. If necessary formal communication between senior managers may be required and consideration could, in certain cases be given to using the relevant complaints procedure or notifying the appropriate regulatory body.

4.38 The lack of a shared view does not justify the unilateral withdrawal of any agency from a case if that would mean endangering the adult.

4.39 Clarification on the application of the Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures can be sought from the Adult Safeguarding Leads for the respective organisations involved. The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) has also produced an Escalation Procedure for resolution of inter-agency difficulties which can be found on the **www.stopabuse.info** website.

Terminating an Enquiry at the Planning Discussion stage

4.40 Where it has been agreed as part of the Planning Discussion that there is no current risk of harm and that there is no other reason why an enquiry is required then this will be clearly recorded and a copy of the record will be sent to all parties involved in the discussion.

4.41 The Managing Officer will ensure that relevant information systems are updated to record the decision and that information is passed to the Local Authority Adult Safeguarding Leads if required by local arrangements.

4.42 The Managing Officer will ensure that information is shared appropriately (and within the limits permitted by confidentiality) with the adult, the referrer and any

potential source of risk about the action taken and the decision that has been made.

4.43 If the outcome of the Planning Discussion is that alternative processes are to be followed this will be clearly recorded as well as the name of the person and/or agency who will take this forward. (See guidance on alternative processes in Section 3 (pg.30).

Enquiries and investigations

4.44 The Planning Discussion will have determined the scope of the Safeguarding Enquiry and any parallel type(s) of investigation that is (are) required, e.g. criminal enquiries, disciplinary process etc.

4.45 Some situations require multiple investigation processes to take place concurrently. Where simultaneous investigations are proceeding it is essential that the staff leading them keep in regular contact and that one investigation does not contaminate, obstruct or interfere with any other.

4.46 It will be for the Managing Officer to ensure that this communication and co-ordination takes place. Managing Officers will ensure that staff who are allocated to undertake the Safeguarding Enquiry are sufficiently competent and skilled to do this.

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

4.48 The purpose of an enquiry is to establish the facts to an extent that decisions and plans for the adult's wellbeing and protection can be fully informed and take account of the context of the situation.

4.49 The focus of a Safeguarding Enquiry will be less on the detail of the alleged abusive incident than on the impact and repercussions for the adult.

4.50 Substantiation of an allegation of abuse is therefore of less significance in the context of a Safeguarding Enquiry than the protection and promotion of overall wellbeing of the adult.

4.51 Where there are multiple concerns relating to an adult these will normally be considered as a single enquiry unless the context is quite different. Each concern will be recorded on Adults Safeguarding Form (AS1) but the Enquiry Report will make clear which concerns have been considered as part of the enquiry. Staff undertaking the enquiry must remember that the enquiry is not incident specific but that it must consider the issue of possible abuse in the context of the adult's overall situation.

Independent Advocacy and 'substantial difficulty'

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

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

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

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

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

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

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

4.55 An appropriate person to represent the adult cannot be a person who is involved in their care or treatment in a professional or paid capacity.

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

4.57 Where an adult has "*substantial difficulty*" being involved in the Adult Safeguarding Enquiry, and where there is no other appropriate person to represent them, the Lead Agency must arrange for an independent advocate to support and represent them. The Care and Support Statutory Guidance states that where the need for an independent advocate has been identified, the Local Authority must arrange for one to be provided.

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

4.59 Where a person lacks mental capacity and there are safeguarding concerns an Independent Mental Capacity Advocate (IMCA) can be instructed to support and represent an adult where:

a) It is believed that they are exposed to the risk of:
- death
- serious physical injury or illness
- serious deterioration in physical or mental health
- serious emotional distress;

b) A life changing decision is involved and consulting family or friends is compromised by the reasonable belief that they would not have the adult's best interests at heart;

c) Where there is a conflict of views between the decision-makers regarding the best interests of the adult.

d) Where there is a risk of financial abuse which could have a serious impact on the adult's welfare. For example, where the loss of money would mean that they would be unable to afford to live in their current accommodation or pay for valued opportunities.

4.60 The IMCA should be involved at the stage where a protective measure is planned or being considered rather than being involved in the planning process, as their role is to be consulted on specific decisions rather than a general advocacy role.

4.61 The IMCA will provide a report to the Managing Officer regarding their views of factors that should be considered as part of the decision-making process.

Self-neglect

4.62 In cases of self-neglect the enquiry process will be different as described below:

4.63 Concerns will be raised in the normal way through contact with the respective Contact Centre for the Local Authority where the person is living.

4.64 Decision-making will be based on the considerations described in 3.10 to 3.13.

4.65 Information gathering will take place to identify the relevant agencies.

4.66 The Planning Discussion will be held as a meeting within 10 days of the concern being raised (subject to the seriousness of the risk of future harm).

4.67 The agenda for the Planning Meeting will be in line with the sample agenda in the Short Practice guide 5.

4.68 The Planning Meeting will be chaired by a Managing Officer.

4.69 No Enquiry Report will be required for this meeting and the record of this and subsequent meetings will constitute the evidence of the enquiry process unless specifically requested by the Managing Officer.

4.70 The Planning Meeting will enable the sharing of information and will include consideration of the options for intervention and also the legal position.

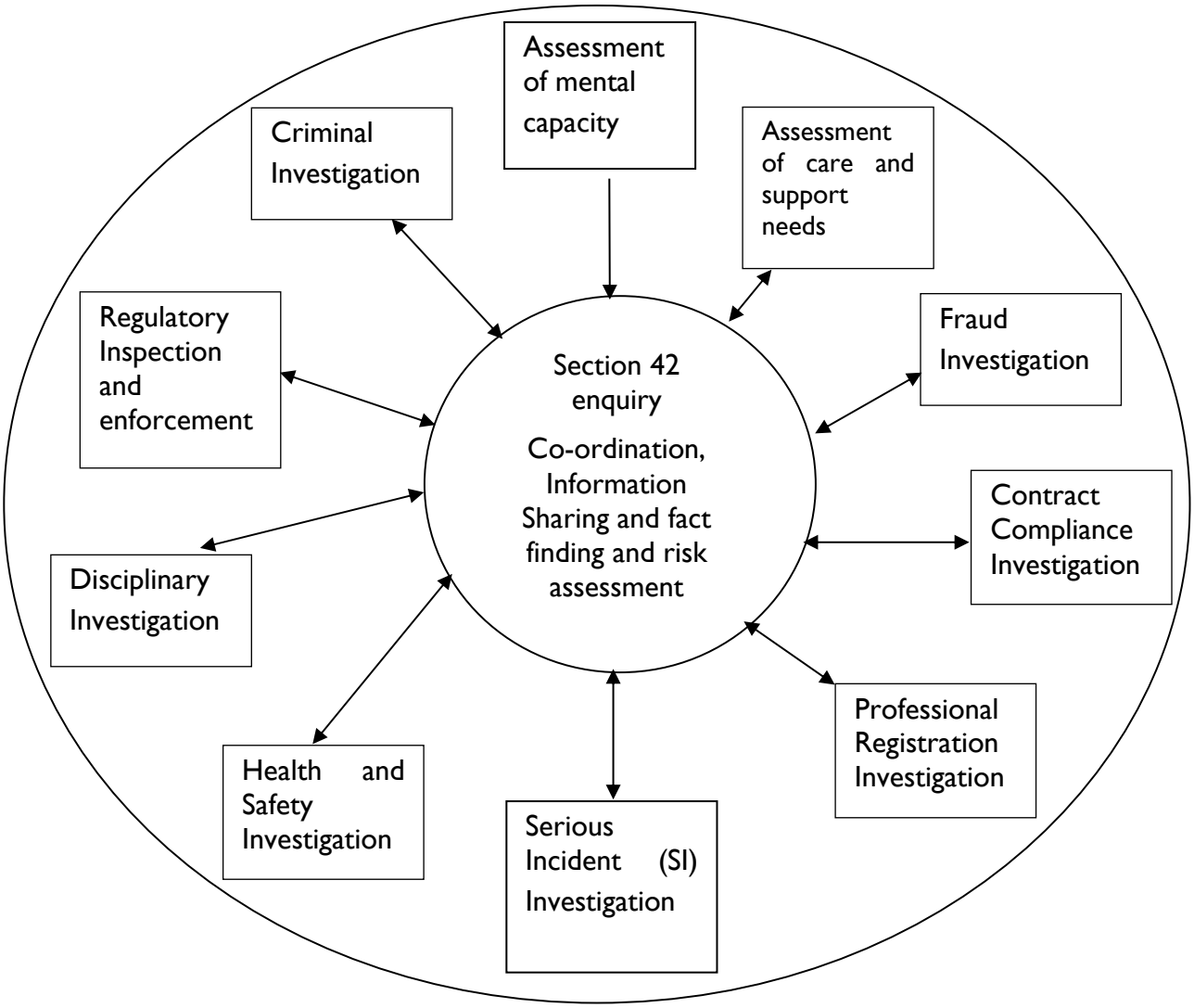
4.71 Where intervention is required this will be recorded as a Safeguarding Plan.

4.72 Once the Safeguarding Plan has been agreed and implemented the Section 42 Enquiry can be concluded.

4.73 Safeguarding Plan Review Meetings should take place in all cases where there have been agreed safeguarding actions to ensure that there is multi-agency agreement that safeguarding measures are adequate and also to confirm that actions have taken place as agreed.

4.74 The need to engage with the adult and to work in a person-centred and outcome based manner is as important in cases of self neglect as in cases of other types of abuse. In many cases the adult will have mental capacity to consent to interventions and support measures and therefore their participation and agreement will be of key importance (see Short Practice guide 6 Self-neglect – What Works?).

The Safeguarding Enquiry and relationship with other processes



Type of investigation	***Relevant powers***	**Responsible Body**
Criminal	*Criminal law*	Police
Regulatory	*Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, Care Quality Commission (Registration) Regulations 2009* *Care Act 2014* *Health and Social Care (Community Health and Standards) Act 2003* *Statutory Instruments* *Health and Safety legislation* *Safeguarding Vulnerable Groups Act 2006*	CQC Professional Bodies (e.g. Nursing and Midwifery Council (NMC); Healthcare Professionals Council (HCPC); General Medical Council (GMC) etc. Stoke-on-Trent City Council, relevant District Councils or Health and Safety Executive (HSE) Disclosure and Barring Service (DBS)
Disciplinary	*Employment law*	Agency Manager and or HR officer
Contractual	*Contract details and law*	Commissioning and Contract Monitoring Teams

Care assessments	*Care Act 2014* *Mental Health Act 1983* *Mental Capacity Act 2005* *Deprivation of Liberty Safeguards (DoLS)*	Social Care Teams including those delegated to NHS Trusts or other agencies.
Complaints	*Complaints Policies*	Allocated investigating officer of agency against who complaint has been made Local Government Ombudsman
Fraud	*Theft Act 1968* *Fraud Act 2006*	Police Local Counter Fraud Specialist (NHS) Department of Work and Pensions Trading Standards Office of the Public Guardian (OPG) – where allegations relate to holders of EPA, LPA or Deputyship
Serious Incident (SI) **Root Cause Analysis**	*NHS Clinical Governance advice*	Relevant NHS Provider Trust
Safeguarding Adults Review (SAR)	*Care Act 2014*	Local Safeguarding Adults Board (SAB)

Responsibility for co-ordination of the enquiry

4.75 It is the responsibility of the Local Authority where the adult lives to co-ordinate the enquiry process irrespective of funding arrangements or *Ordinary Residence* as defined in the Care Act 2014. If other authorities are responsible for funding the adult(s) then the respective roles of the authorities should be negotiated and clarified during the Planning Discussion. A Local Authority cannot delegate the co-

ordination role to a placing authority in these circumstances. For further information consult the *ADASS Protocol for Inter-authority Investigation of Vulnerable (sic) Adult Abuse.*

4.76 Where adults have been interviewed in relation to serious physical or sexual abuse managers must ensure that appropriate arrangements are made to 'debrief' the staff involved within a reasonable period after the interview.

4.77 All staff must note the difference between an *'Appropriate Adult'* who is required to provide assistance when an adult has been arrested and detained under the *Police and Criminal Evidence Act (1984)* and a '*supporter*' who can provide assistance to a witness or victim in line with *Achieving Best Evidence* following provisions made in the *Youth Justice and Criminal Evidence Act 1999.*

4.78 In all situations where the adult has mental capacity to make decisions about his or her own protection the following aspects must be covered with them:

1. Their account of the abuse.
2. Their view of the current risk of future abuse.
3. Their desired outcome for the enquiry.
4. Their consent for any action that is under consideration.
5. Their views on how he or she could best be supported.

4.79 The desired outcome will be of critical significance in evaluating the effectiveness of the enquiry at its conclusion and therefore it is important that it is identified at the earliest stage possible.

Interviews with people who are believed to be a potential source of risk

4.80 In all enquiries it is essential that the principles of natural justice are applied and that as far as is practically possible any person who is a potential source of risk is given details of the allegations against him/her and also the opportunity to challenge them.

4.81 Where organisations have formal investigatory powers then interviews and legal processes will take place in accordance with Statutory Guidance. Where no formal powers exist it is essential that Safeguarding Officers or other undertaking the enquiry make it clear to any potential source of risk that they have no formal powers to require co-operation or to take a statement under caution under PACE. Where people are prepared to provide a voluntary statement, this will be signed and dated.

4.82 Safeguarding Officers have a responsibility to seek to establish the facts of an allegation of abuse of an adult but this is restricted to the right to request information and evidence. These requests can be declined by any party and no inference can be drawn from such a refusal to co-operate. There is however an offence under section 92 of the Care Act 2014 (breach of the duty of candour) that applies to registered providers and also a duty to co-operate that applies to statutory agencies and this should be borne in mind by all concerned.

4.83 Information given to or obtained by Safeguarding Officers or Managing Officers may be required by a court as witness testimony in criminal, civil and regulatory proceedings and this is an additional reason for the need for clear, factual and evidence-based recording. Such information can also be requested by the Disclosure and Barring Service (DBS).

Criminal Investigation

4.84 If a matter is the subject of criminal investigation any interviews with a criminal suspect or witness will be undertaken by the police.

4.85 Nothing directly connected with the abuse incident should be discussed with the parties without prior discussion with the police, as this may affect the quality of any evidence and could adversely affect the prospects of gaining a prosecution.

4.86 Where a decision is subsequently taken that criminal action will be not be taken this needs to be communicated promptly to the other organisations and agencies involved.

4.87 If the concerns relate to a paid worker, a volunteer or a Shared Lives carer it is essential that any disciplinary investigation does not interfere with any criminal inquiries. It is also important that disciplinary matters are investigated and addressed as quickly as can reasonably be achieved and that appropriate support, advice and information is available to the person against whom the allegations have been made. It is especially important that employers always make clear to staff and others that neither suspension nor disciplinary proceedings are, in themselves, proof of any guilt or malpractice.

4.88 If an employer is not sure whether a disciplinary process can continue due to criminal proceedings they should contact the responsible Police Officer to clarify this.

4.89 If the potential source of risk also has care and support needs, consideration should be given to their needs and they should be offered any assessment or support that they may be eligible for. In the interests of independence and objectivity any worker allocated to support an alleged abuser should not be asked to support the alleged victim.

No Criminal Investigation

4.90 If it has been agreed by the police that no criminal investigation needs to take place or that a criminal investigation has been concluded then the potential source of risk will be interviewed as agreed at the Planning Discussion or subsequent meeting.

4.91 Where there is a disciplinary, regulatory or health and safety investigation the interviews should be undertaken by those with the legal powers to do this (e.g. the employer) within those frameworks and they must make reports of these interviews available to the enquiry when requested to do so. Where none of these processes apply, the Safeguarding Officer should seek to interview the potential source of risk as soon as is practicable. Disciplinary sanctions such as suspension or dismissal can only be decided on and taken by the worker's employer and no other agency can insist on such sanctions being taken.

4.92 Safeguarding Officers must consider that the failure to engage with key parties (especially people against whom allegations have been made) in an investigation to allow them to give their account may lead to complaints of unreasonable and unfair treatment.

4.93 If the potential source of risk has care and support needs then appropriate support should be provided and if they lack mental capacity the involvement of an IMCA may be indicated, especially if there will be implications for future care arrangements.

Interviewing carers and relatives

4.94 The Care and Support Statutory Guidance highlights that carers may be involved in a safeguarding issue for three reasons:

- They may witness or speak up about abuse or neglect;
- They may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with;

- They may unintentionally or intentionally harm or neglect the adult they support on their own or with carers.

4.95 An explanation or account of the alleged abuse of the adult may need to be sought from a relative or carer. Where a criminal offence appears to have taken place and a relative or carer is believed to be responsible or a witness to a crime this interview should be conducted by the police. In such circumstances relatives/carers should not be approached first by staff from other agencies except by prior agreement with the police.

4.96 The exact timing of when a relative or carer would be informed will be dependent on whether there are suspicions of their involvement in the alleged abuse. In normal circumstances it is good practice to inform relatives and carers of incidents at the earliest opportunity subject to the agreement of the service user (if they have mental capacity) or if it is felt to be in their best interests (if they have been assessed as lacking mental capacity to make a specific decision).

4.97 Carers and relatives have various legal rights depending on their role and status; none of the rights of a relative or carer should be allowed to infringe the civil or human rights of the service user. If there appears to be a conflict of this nature the Safeguarding Officer or Managing Officer should consider seeking legal advice.

Interviewing other witnesses

4.98 A wide range of people may have knowledge of possible abuse and it may be necessary to interview paid carers, other adults, other witnesses or involved parties such as health professionals, solicitors, neighbours etc.

4.99 Any such interviews should respect the confidentiality of all parties involved, as far as this is consistent with promoting the adult's safety, and the sharing of information should be governed by what has been agreed within the Planning Discussion. Safeguarding Officers cannot guarantee absolute confidentiality and must not promise to keep secrets.

4.100 The key principle remains that those undertaking enquiries and other investigations should continue to work closely and communicate to ensure the best outcome for all aspects of the enquiry.

Documentary Evidence

4.101 Evidence can be obtained from records and documentation including daily log books, accounts, bank statements, individual files, current and previous staff records, timesheets, supervision records and inspection reports. In cases of alleged financial abuse suitable detailed checks of an individual's personal banking records should be undertaken where this is possible and proportionate.

4.102 Where written evidence is used in an enquiry the source and date of this material should always be recorded and copies taken. Safeguarding Officers will explicitly request documents that will assist the enquiry.

4.103 The usual requirements regarding consent to sharing of records apply. Information sharing is governed locally by the One Staffordshire Information Sharing Protocol.

4.104 Safeguarding Officers must remember that the absence of care planning or other documentation does not in itself prove that care has not been provided. It may however indicate that there is a lack of co-ordination in care and the potential for harm, especially where it relates to critical aspects of care such as medication, nutrition, hydration and pressure care. Similarly, documentary evidence that care has been provided cannot be taken as absolute proof that this has occurred although this will usually be the assumption unless there are grounds to doubt this.

Visits to key places

4.105 It may be appropriate to visit the place where an alleged incident occurred to establish any corroborative evidence. This may be part of the process of evidence collection as part of investigating a criminal offence and would usually be undertaken by the police but it may also be appropriate for the Safeguarding Officer. It may also be necessary to examine equipment in some situations.

Medical examinations

4.106 A medical examination may be required for two reasons:

1. **Immediate medical assessment and treatment may be needed.**

In cases where immediate medical assessment and treatment is required then this should be provided in the normal way through access to the usual primary and secondary health services. Information from the assessment may be used to inform an enquiry.

2**. For evidential purposes as part of a criminal investigation.**

Only a Forensic Medical Examiner (FME) with specialist knowledge should undertake such medical examinations, this will be arranged by the police. An examination would not be lawful if the person has capacity to understand the process but does not give informed consent. The Sexual Assault and Rape Centre (SARC) covers Staffordshire and Stoke-on-Trent and provides specialist support and medical assessment for victims of sexual abuse (0300 7900 166).

4.107 Issues such as the venue, the type of examination and who will undertake a medical examination should in most cases have been decided at the Planning Discussion.

4.108 If there are doubts over capacity to give informed consent, an assessment of capacity should be made in line with the principles and guidance contained in the Mental Capacity Act 2005 Code of Practice.

4.109 Where an adult is unable to give consent due to a lack of mental capacity a judgement must be made that the examination will be in the adult's best interests. The Police can consult with the Crown Prosecution Service (CPS) as to the need for medical evidence. All discussions regarding medical examinations and treatment must be consistent with the guidance given in the Mental Capacity Act 2005 Code of Practice and consideration should be given to whether it is appropriate to involve an Independent Mental Capacity Advocate (IMCA) in the process.

4.110 If there is any doubt about what the law allows then legal advice should be sought. It is ultimately the responsibility of the doctor to consult others, including relatives and carers when appropriate to determine whether an examination is in the service user's best interests.

Photography

4.111 Photographs should only be taken in accordance with organisational policy and by an authorised person.

The normal principles apply:

- Consent should be sought from the person before any photograph is taken;
- The person's dignity must be preserved at all times;
- There must be clear evidential or clinical reasons for the use of photography.

4.112 This guidance focuses on photographing individuals but it may also apply to premises or rooms.

4.113 Where the primary purpose of the photographs is to provide evidence for a criminal investigation the photographer will be a member of the police service and will have received appropriate training. If the photographs are being taken for clinical purposes then they will be taken by staff that are suitably trained and experienced in this area.

4.114 If the adult lacks the mental capacity to consent to being photographed then the principles of the Mental Capacity Act 2005 will apply and it will only be acceptable if photography is considered to be in the adult's best interests following consultation with other people who may be able to advise (e.g. carers, relatives or professionals).

4.115 It is not possible for any individual to give consent on behalf of the adult (other than if there is formal authority as a Lasting Power of Attorney or Deputy, for health and welfare in both cases) but it may be possible for others to inform a judgement as to whether photography would be in the person's best interests. In the absence of appropriate consultees a decision will need to be made on the basis of the information available, the urgency of the situation and the anticipated effect that the act might have on the adult.

4.116 The physical and mental well-being of the adult will take priority over the need to gather evidence and investigating staff will always ensure that any plans to take photographs take account of the likely consequences that this will have. Any photography undertaken must take account of all medical or nursing care that is being provided and of any clinical advice provided (e.g. removal of dressings).

4.117 The purpose of photographic evidence will be to demonstrate the harm that has occurred to the adult with a view to presenting this to a court or for regulatory or disciplinary processes. In some cases (e.g. pressure areas) photography will be required also for clinical care reasons and such photographs may also be admissible as evidence where they indicate neglect or ill treatment. Whenever photographic evidence of injuries has been obtained it will be advisable to obtain a medical opinion to provide expert interpretation of the images.

4.118 It will never be acceptable for any worker to take photographs of injuries on mobile telephones or on their personal cameras. Relatives and carers should also be discouraged from doing so in the interests of the dignity of the service user and wider confidentiality.

4.119 Any photograph that is taken in accordance with the above guidance will be classed as confidential personal data and kept securely and subject to normal record retention procedures.

Review

4.120 As the enquiry proceeds there should be regular multi-agency and management evaluation and review. The appropriate review will be a matter for professional judgement and will be decided by the Managing Officer for the case.

4.121 The Managing Officer will hold regular and recorded case discussion with the person undertaking the enquiry. The details of this will be recorded on the adult's social care record.

4.122 In line with the principle of empowerment the workers involved in the enquiry should seek to meet with the adult and/ or their advocate or representative at regular stages during the enquiry. These should be informal meetings with the purpose of sharing information with the adult, monitoring the success of any interim safeguarding arrangements and clarifying the desired outcomes of the case. These discussions will be briefly recorded on the adult's social care record and will be referred to in the enquiry report.

Enquiry Review Meetings

4.123 The Managing Officer will convene an Enquiry Review Meeting if this is felt to be necessary. This will be a formal meeting to bring together all relevant agencies and other key individuals to review progress of the enquiry and consider further action. This will normally be necessary for cases where there is a high level of risk to the adult or where the issues are especially complex.

4.124 The Managing Officer will ensure that a minimum of 5 working days' notice is given to anyone who is to attend an Enquiry Review Meeting. If an agency representative is unable to attend the meeting they should send a written report of their involvement.

4.125 The Managing Officer will ensure that any potential attendees at an Enquiry Review Meeting are advised of: the name of the adult, details of the concerns and the name of the source of risk, other attendees and the nature of the enquiry.

4.126 The views of the adult must be shared and considered at the meeting; this may be through their attendance, but, if this is not possible, through an advocate or a written account of their wishes and views.

4.127 People or agencies that are subject to continuing criminal, health and safety or disciplinary investigation will not normally be invited to attend the review meeting although their views may be represented if this would not compromise the continuing investigations.

4.128 The Enquiry Review Meeting will be conducted to a set agenda that will include:

1. Introduction/Apologies

2. Confidentiality Statement – *Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.*

3. Purpose of meeting – *To review the Section 42 enquiry; to clarify the desired outcomes of the enquiry; to consider the danger to the adult; to identify immediate safeguarding arrangements and plan further action.*

4. Details of original concerns

5. Review of planning discussion actions or minutes of previous meeting

6. Views and wishes of the adult with care and support needs

7. Section 42 enquiry report or update

8. Other formal reports/verbal submissions

9. Communication with source of risk

10. Legal advice (where appropriate)

11. General discussion

12. Risk of harm assessment

Action Planning:

13. Further enquiry

14. Safeguarding Plan

15. Communication Plan

16. Timetable for future meetings

17. Termination of Section 42 enquiry and outcomes.

4.129 The Enquiry Review Meeting will be planned and managed in such a way as to be accessible to the adult and to avoid oppressive practice. Issues such as accessibility, communication and advocacy will therefore have been considered well in advance and steps will have been taken to ensure that interpreters or supporters have been arranged.

4.130 The Enquiry Review Meeting will be formally recorded and will include a clear Action Plan; the Action Plan will be circulated within 5 working days of the meeting. The full record of the meeting will be circulated to those who have attended within 10 working days.

Safeguarding Enquiry Reports

4.131 The Managing Officer co-ordinating the enquiry will ensure that one or more Safeguarding Enquiry Reports is/are produced to record the enquiry process and the outcomes. The Safeguarding Enquiry Reports are key documents to enable discussion and agreement of protection planning. The report will express the professional findings of the Safeguarding Officer but will be subject to the final approval of the Managing Officer.

4.132 The Safeguarding Enquiry Reports will be written in accordance with the template and will give a clear and succinct account of the following:

- What was the allegation or concern that led to the enquiry?
- What is the outcome that the adult wants?
- What is the outcome that professionals want?
- What action has been taken so far to protect the adult?
- Who was contacted in the course of the enquiry and how was this done?
- What are the established facts of the case?
- What assessment of mental capacity has taken place?
- What are the current views of the adult and/or their advocate?
- What are the views of any family carers involved?
- What are the views of the potential source of risk?
- What are the protective factors that are mitigating harm and danger?
- What conclusions or professional judgements can be reached from the above information?
- Is there a recommendation that the allegation of abuse should be substantiated?
- What is the danger to the adult as assessed by the risk assessment tool?
- What measures should be included in a Safeguarding Plan?

- Is there further action that needs to take place?
- Are there any matters or issues that need to be followed up by any agency?

4.133 The Safeguarding Enquiry Report(s) will be recorded on the adult's social care record and on the records of the agencies that have contributed to it.

Evaluation and review

4.134 The Managing Officer will be responsible for considering all Enquiry Reports and will make a judgement for each one as to whether the statutory duty of enquiry has been met.

4.135 If the Managing Officer is satisfied that duty to make enquiry has been met and that the adult is not experiencing or at risk of abuse or neglect then the enquiry will be terminated; there may be actions for other agencies but this will not be covered under the enquiry process.

4.136 If the Managing Officer is satisfied that the duty to make enquiry has been met but believes that the adult is at risk of abuse or neglect then a Safeguarding Plan will be required and the involvement of the Local Authority in connection with the safeguarding concerns will continue.

4.137 If the Managing Officer is not satisfied that the duty to make enquiry has been fully met then they will identify what further action is necessary; who this should be undertaken by and the time frame for this.

4.138 If the enquiry report is not satisfactory the Managing Officer may decide:

- There needs to be further enquiry;
- There needs to be an Enquiry Review Meeting;
- The enquiry needs to be reallocated to for a fresh enquiry.

4.139 In the course of considering the Enquiry Report the Managing Officer will clarify whether the desired outcomes have been achieved and, if not, whether there is additional work required to enable this to occur. The outcomes of the enquiry will be fully recorded on the social care information system.

Short Practice guide 3 – Making Safeguarding Personal (MSP); focusing on the adult and their outcomes. Involvement, empowerment and personalisation

Practice approaches to adult safeguarding should be person-led and outcome-focused. The Care Act 2014 Statutory Guidance emphasises a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult feels that they are the focus and they have control. This is not simply about gaining an individual's consent, although that is important, but also about hearing their views about what they want as an outcome. This means that they are supported and given an opportunity at all stages of the safeguarding process to say what they would like to be different and change; this might be about not having further contact with a person who poses risk to them, changing an aspect of their care plan, asking that someone who has hurt them apologises, or pursuing the matter through the criminal justice system.
Personalised practice approaches to adult safeguarding should seek to engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.
Planning Adult Safeguarding Enquiries should always start with gaining the views and wishes of the adult, unless there are reasons why doing this would cause increased risk of harm. In some circumstances, gaining the views and wishes of the adult will be the only enquiry needed to enable the Local Authority to decide what actions are required in that adult's case. In other circumstances, gaining the views and wishes of the adult will be the starting point to determine and undertake a much wider range of enquiries.
The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process. There should be an ongoing dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views.
Sometimes, people may have unrealistic expectations of what can be achieved through the safeguarding procedures, and they should be supported to understand from the outset how their desired outcomes can be met.

The views, wishes and desired outcomes expressed by the adult are important in determining the appropriate and proportionate response to the concerns raised, and what enquiries may be needed. The person's wishes and desired outcomes, however, are not the only consideration as sometimes actions are required without a person's consent, particularly where there are overriding public interest issues, or risk to others. In these circumstances, the practitioner will need to ensure that a sensitive conversation takes place with the adult to explain how and why their wishes have to be over-ruled, listening to their feelings and the impact this action will have on them, and seeking to provide them, wherever possible, with reassurance.
The views, wishes and desired outcomes of the adult are equally important should the adult lack mental capacity to make informed decisions about their safety and protection needs, or have *substantial difficulty* in making their views known and participating in the enquiry process. Personalised practice approaches should still be taken in such cases, including engaging with the persons representative/s, any best interest consultees, appointing an independent advocate where appropriate, using what information is known and finding out what the adult would have considered important in decisions about their life, and by following best practice as laid out in the Mental Capacity Act Code of Practice 2007.

Short Practice guide 4 – Interviewing and gathering evidence

Information and support	**What this means for the adult**
The Safeguarding Officer is responsible for leading and co-ordinating the enquiry and for gathering the evidence on which judgements about the wellbeing of the adult and risk of abuse and neglect can be made. The basis of the enquiry, its statutory function and the terms of reference should be explained to all parties involved in a way that can be easily understood.	*There is a single point of contact and information that is available for the duration of the investigation*
Initial Contact with the adult	
The first task will be to make early contact with the adult as quickly as is necessary (if this does not occur within 48 hours of receipt of the referral there should be an explanation recorded as to why this was the case) to explain the investigation process and to make an initial assessment of the risk of harm, identify any mental capacity issues and the context of the referral (a formal interview will not normally take place at this stage). At this stage the adult's wishes should be identified as far as this is practicable and their desired outcomes should be recorded. The statutory requirement to involve an independent advocate where the adult has 'substantial difficulty' in being fully involved in the process must be considered at this stage.	*The adult is made aware from an early stage of the concerns and the process is clearly explained.* *The adult is supported to be assisted with involvement in the enquiry process.*
Where contact with the adult cannot be arranged in a way that is safe for the adult or for the worker then this must be recorded and discussions held with the Managing Officer and with the Police and/or other agencies about how the risks will be managed.	*The safety of the adult is considered and risks are immediately responded to.*

Criminal investigation interviews with the Adult	
The Police will always take lead responsibility for interviews in relation to criminal offences. All interviews must take account of the guidance set out in '*Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and using special measures (Home Office, Ministry of Justice, Departments of Health and Children, Schools and Families 2007)*	*Special measures are in place to ensure that the adult is able to give their evidence in the easiest and least oppressive way.*
Police Officers must seek an early assessment of the abilities of the adult to anticipate any difficulties that may arise in interview. Access issues should also be considered.	*Any issues about communication and mental capacity are identified prior to the interview but assumptions are not made that a person will not be a competent witness.*
An early planning (Special Measures) meeting may be advisable between the Police Officer and the Crown Prosecution Service to discuss the case and to agree the most appropriate type of statement.	*The CPS is able to consider from the earliest stage how the adult will be supported to give evidence and also how far the supporting evidence will render this unnecessary.*
Interviews must be led by a Police Officer or a Social Care Worker who has completed training on the *'Achieving Best Evidence'* guidance.	*The adult will be interviewed by workers who have received appropriate specialist training and who have access to specialist support.*
Interviews should be jointly conducted by Police and Social Care/CMHT staff wherever beneficial in supporting the adult to be comfortable and to promote communication and an awareness of care and support needs.	
Where the quality of evidence can be improved by using a visually recorded interview or other special measures, this must be arranged.	*The adult is enabled to give visual evidence that will give the fullest picture of the context of the interview and of their responses.*

Where an adult has significant communication difficulties a suitably trained interpreter or intermediary must be provided.	*All communication needs are met and specialist support is requested when necessary.*
Where the adult's first or preferred language is not English then a qualified interpreter must be used; family members or care staff must not be used as interpreters.	*The adult is supported to give evidence in their preferred language*
Conversations with an adult where no criminal investigation is taking place (see additional guidance on structured interviews)	
The Safeguarding Officer will arrange to hold a structured conversation with the adult in accordance with what has been agreed during the Planning Discussion. The purpose of the conversation is to: • Clarify the adult's view about the alleged abuse. • Obtain full details about what has occurred. • Establish any protective factors that may mitigate the risk of abuse. •Establish the adult's view about what action should be taken in response to the alleged abuse and to prevent further instances.	*The adult is given the opportunity to give their perspective on the alleged abuse and to consider the options relating to protection.*
All such conversations require careful planning and preparation. Consideration must always be given to: • Communication needs; • 'Special Measures' considerations; • Access issues if appropriate (e.g. level access, lifts, appropriate toilet etc.); • Gender issues; • Cultural and/or language issues; • Implications of any disabilities (e.g. attention span, speech impairment, memory etc.)	*All possible steps are taken to ensure that the adult will only have to tell their story once and that any relevant needs are taken account of.*
The conversation also enables the Safeguarding Officer to assess whether there are any additional care needs or further assessments that may be required, including assessment of mental capacity. The conversation will be recorded on the Enquiry evidence form.	*Attention is paid to whether there are any further assessments required.* *Fully informed open and transparent process.*

Short Practice guide 5 – Agenda for Planning Meeting in cases of Self Neglect

Multi-agency Planning Meeting

Agenda

1. Introductions and apologies
2. Outline of concerns
3. Information sharing from each agency
3. Views of the adult with care and support needs
4. Views of relatives, carers or advocates
5. Issues relating to mental capacity or mental health
6. Consideration of the risk of harm
7. Assessment of the risk of harm
8. Legal considerations
9. Action planning:
    a) Safeguarding Plan
    b) Advocacy
    c) Escalation
    d) Communication
10. Further meetings and review

Short Practice guide 6 – Self-neglect – What works?

Anyone could find themselves encountering people who are neglecting themselves. Self-neglect that is not addressed can, and sometimes does, lead to deterioration in physical or mental health and to possible death.

The key considerations that should be applied when it is believed that a person may be neglecting him/herself are:

a) The full range of statutory assessments should be offered. Primary among these is the duty to assess care and support needs under the Care Act 2014.

b) Every effort should be made to engage with the person, to offer information and support and to ensure that representation through family, friends or advocates is supported. Engagement should be as continuous and assertive as the identified risks indicate.

c) Where there is any doubt about the person's mental capacity to make decisions about consent, treatment, finances or housing, this must be assessed in line with the principles and requirements of the Mental Capacity Act 2005.

d) Mental capacity may fluctuate or change and therefore any assessment of capacity should be reviewed as often as necessary to ensure that those involved have a valid current view. The result of self-neglect will often be the eventual loss of mental capacity and at that time (e.g. loss of consciousness; confusion) intervention may be necessary in the person's best interests.

e) Where the person has a mental disorder and there is a risk to their health and safety, consideration should be given to undertaking an assessment under the Mental Health act 1983.

f) Agencies working with the person should report serious concerns relating to self-neglect or the refusal of services to a senior manager and seek advice on how matters can be taken forward.

g) All agencies should take responsibility for escalating their concerns to partners if this is required to ensure a multi-agency response.

h) Formal Multi-agency Planning Meetings (MAPMs) should be convened to facilitate multi-agency information-sharing, discussion and action planning. These meetings should be chaired by a suitably senior person in one of the statutory agencies. This could be a manager from a social care team.

i) Partner agencies should ensure that those attending MAPMs are sufficiently senior to make decisions and deploy appropriate resources.

j) Partner agencies should reach a shared assessment of the risks of the situation.

k) Partner agencies should develop a shared action plan with clear timescales and accountability.

l) Agencies should seek legal advice regarding the scope and range of possible legal interventions.

m) Any action plan that is developed should be regularly reviewed.

n) In certain circumstances the appropriate course of action may be an application to the Court of Protection (when a person lacks mental capacity to make some or all of the relevant decisions) or the High Court under its Inherent Jurisdiction (where the person has the mental capacity to make the relevant decisions but is under undue influence or is otherwise incapable of acting on the decision.

How to balance rights and risks?

Independence and autonomy are key human rights. The Mental Capacity Act 2005 confirms the right of all people to make unwise decisions without others inferring from this that the person lacks mental capacity.

In most cases professionals and front line carers are able to negotiate around the stated preferences of the people they support and reach resolutions that may be less than perfect but which are both professionally defensible and also acceptable to the person they are supporting. When such negotiation and discussion fails to achieve a defensible solution management support and, in many cases, specialist advice and multi-agency co-operation should be sought. Professional staff must consider their own accountability for, and take advice on, any involvement in situations that breach their professional guidelines or general duty of care.

The involvement of other agencies and the consideration of wider options should not be seen as a breach of the person's rights to privacy or autonomy but rather as an effort to ensure that all necessary considerations are made and that the right to life itself is supported. The fact that there is wider consultation and co-operation does not mean that there will necessarily be a power to intervene nor that any action can be taken that is not directly in proportion to the assessed risk.

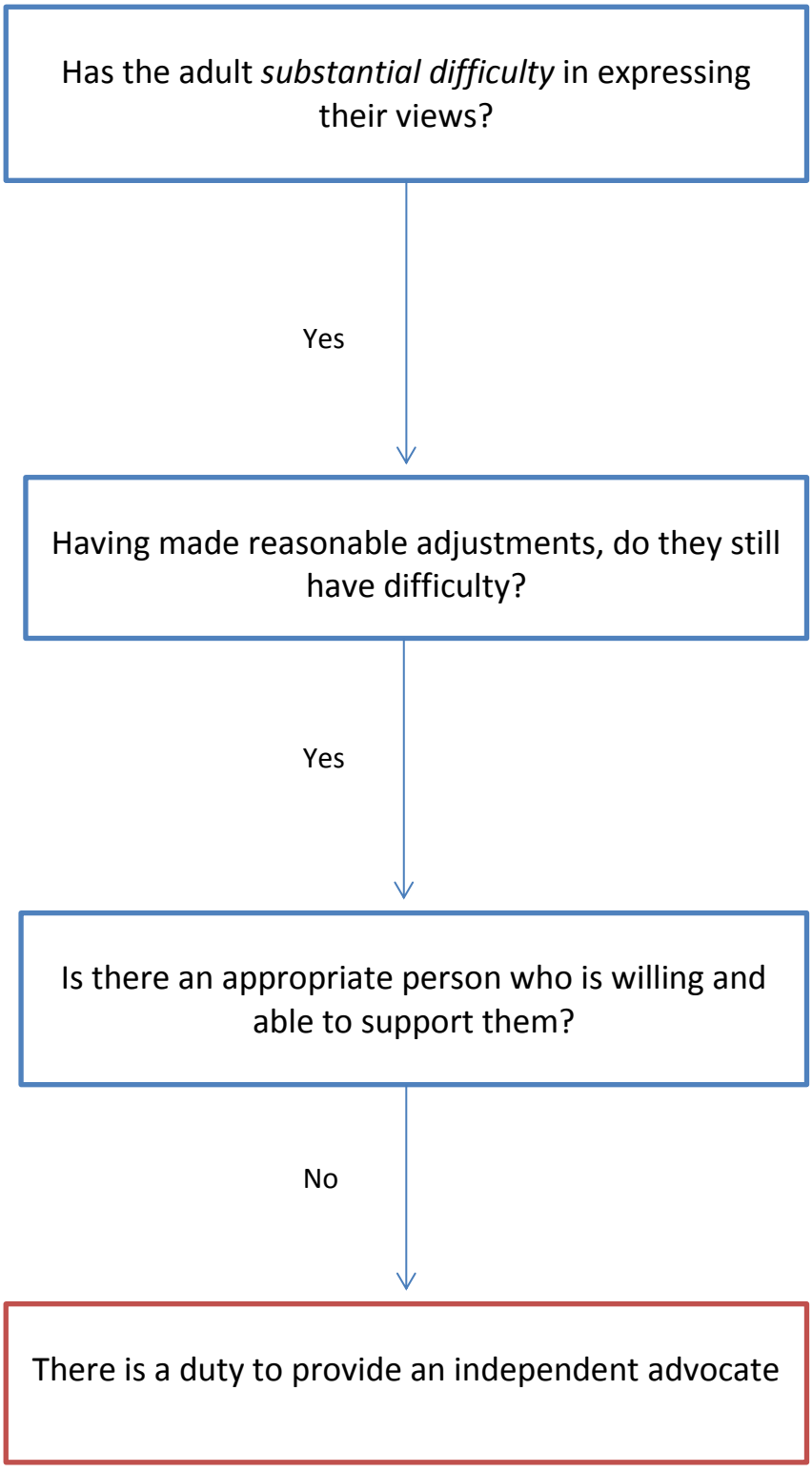
What are the key skills in working with self-neglect?

Research shows that the key skills for staff include:

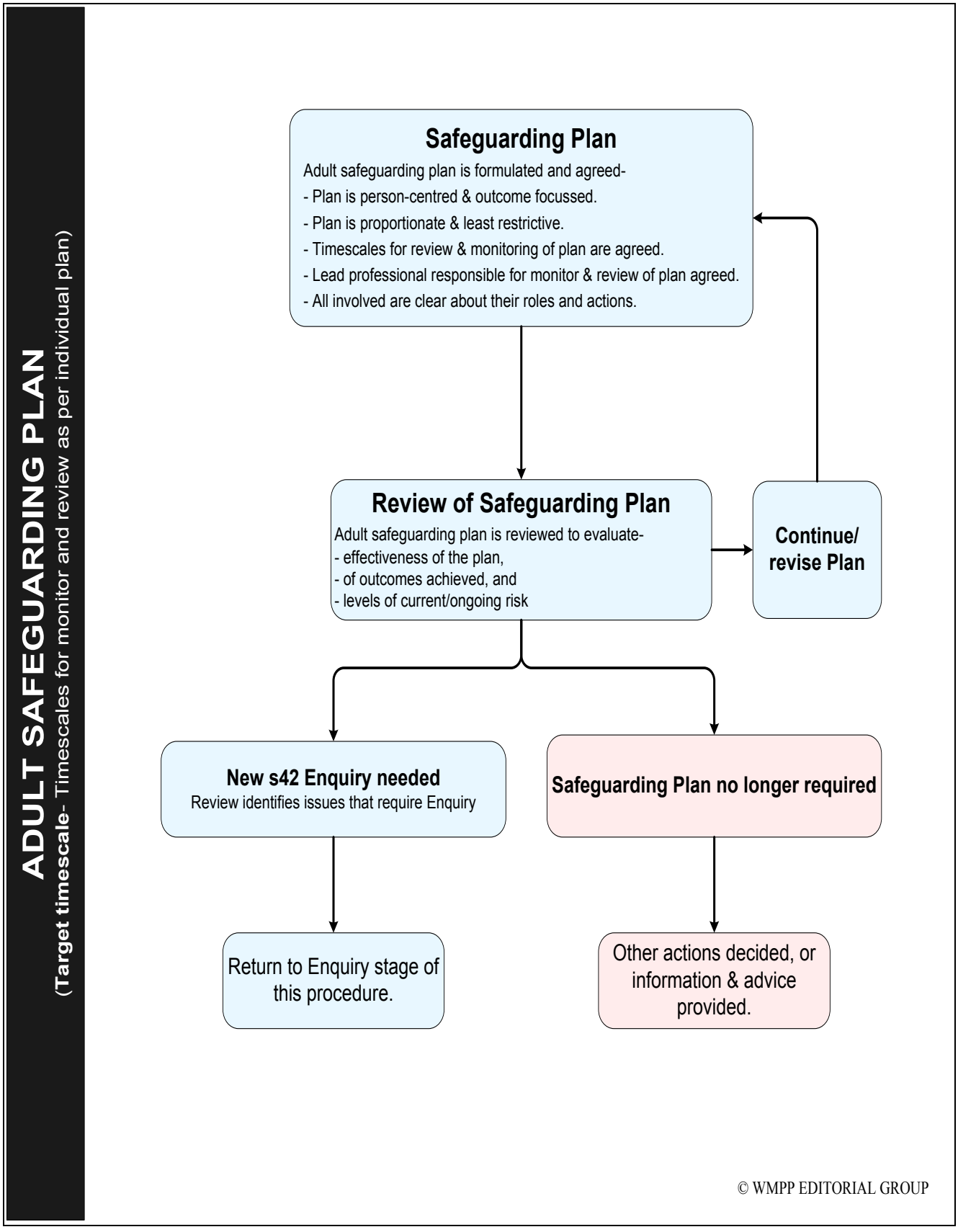
- Assessing mental capacity
- Joining and engaging with the person and with wider partners
- Working with resistance and low motivation
- Patience
- Person-centred communication
- Negotiation skills – creating change through relationships
- Decision-making that balances conflicting imperatives.

Short Practice guide 7 – Independent Advocacy

Is there a duty to provide an independent advocate?



Section 5: Safeguarding Plans



Section 5: Safeguarding Plans

Overview of this section

This section provides guidance on developing, implementing and reviewing Safeguarding Plans when the Section 42 Enquiry has shown that an adult is experiencing or is at risk of abuse or neglect.

5.1 Once the facts of a safeguarding episode have been established the Managing Officer will consider whether any further or continuing action or intervention is required to protect the adult. A Safeguarding Plan is the document that clarifies all the protective or supportive systems that are in place, irrespective of who provides these and sets them out as steps towards a defined outcome.

5.2 A Safeguarding Plan is not a Care Plan and it will focus on care provision only in relation to the aspects that provide protection against abuse or which offer a therapeutic or recovery based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse but where this is the intention the Safeguarding Plan must be specific as to how this intervention will achieve this outcome.

5.3 In line with *Making Safeguarding Personal* and the requirements of the Statutory Guidance it is essential that the focus on outcomes is based on a clear understanding of what an outcome is as opposed to a process output – see Short Practice guide 8.

5.4 For the purposes of these procedures *Outcomes* will be defined as the results, impacts and benefits of an intervention rather than the nature or process of the intervention itself, which are considered *Outputs.*

5.5 Where the adult has mental capacity to understand and consent to the protective measures this is decisive in determining the content and scope of the Safeguarding Plan. If the adult has mental capacity but does not consent to the Safeguarding Plan then all efforts should be taken to identify steps that would be acceptable. The agreement or acceptance of the adult will be recorded if they have the mental capacity to make that decision. Any offers of support that have been rejected should be clearly recorded as well as the details of alternatives offered or other mitigating action that has been considered.

5.6 In a very small number of cases of very high risk where it is believed that the adult is acting under undue influence or is otherwise prevented from protecting themselves there may be a need for consideration of an application to the High

Court to use its inherent jurisdiction to determine or enforce necessary protective measures.

5.7 Where the adult lacks mental capacity to understand and consent to the protective measures then these can only be put in place in accordance with the principles of the Mental Capacity Act 2005 and if they can be shown to be in the adult's best interests.

5.8 Where the adult lacks mental capacity and where they or others dispute that an intervention is in their best interests this should be discussed and considered carefully. If the disagreements cannot be resolved then consideration must be given to referring the matter to the Court of Protection (CoP).

5.9 Safeguarding Plans can cover a wide range of interventions and should be as innovative as is helpful for the adult. Depending on the circumstances examples of interventions could include:

Restorative justice Mediation Appointeeship Deputyship; Mental Capacity Act 2005 Guardianship; Section 7 Mental Health Act Counselling Circles of support	Personal alarms Assistive technology Befriending Blocking nuisance calls Trading Standards advice Injunctions Flags on agency systems Neighbourhood Watch

5.10 The Safeguarding Plan will clearly identify what the objectives and safety goals are, who will be responsible for each aspect, who will co-ordinate the plan, communication arrangements and when it will be reviewed.

5.11 The Safeguarding Plan will identify any contingency measures that are in place and how they will be triggered. The plan should consider likely future events as far as these can be reasonably anticipated.

5.12 Each Safeguarding Plan will have an identified person whose role is to co-ordinate the plan and ensure that there is good communication and effective co-operation. If the plan is not effective the co-ordinating worker will convene a Safeguarding Plan Review to address this.

5.13 Workers who have defined responsibilities for any actions outlined in the Safeguarding Plan must ensure that these are documented in their own records.

They must make the person who is co-ordinating it aware of any decision to withdraw from the case and this should instigate a review of the plan to ensure that it does not have an adverse effect on the risk of harm.

5.14 The Safeguarding Plan must be regularly reviewed and this should include performance against the desired outcomes. A review must take place if any part of the Safeguarding Plan is discontinued or where the adult rejects any planned intervention or support that had previously been agreed.

5.15 A Safeguarding Plan should be as innovative and imaginative as is necessary and proportionate to be effective. There is no single model, as each case will be specific to the adult concerned.

5.16 Wherever possible the issues of resolution and recovery should be considered and objectives that have the outcome of increasing resilience and self-esteem are likely to be those that achieve the best long term safety outcomes. A Safeguarding Plan that offers only practical protection but does not address the causes of the abuse is likely to be potentially fragile.

5.17 Safeguarding Plans should not rely exclusively on professional sources of support. Where it is possible to involve local friends, family and community in supporting an adult this may offer a good basis for long term protection and recovery.

5.18 In situations where there are complex or protracted family disputes it may be advisable for the Safeguarding Plan to seek to map the route by which these could be addressed or, at the least, how the impact on the adult of these can be reduced. Work with families including family group conferencing or mediation may offer a way forward in such cases.

5.19 Where there is a formal legal order underpinning a Safeguarding Plan then workers need to remain aware of any timescales for this and also of any contingency plans that may be in place for the termination of such an order (e.g. bail conditions; detention under the Mental Health Act; Domestic Violence Prevention Orders).

5.20 Where there are concerns for other people, especially others in the adult's household, the Safeguarding Plan should make clear how the communication arrangements will work between the respective workers and what the relationship will be between the Safeguarding Plan and any other measures in place to protect others (e.g. child protection orders; Deputyship).

Safeguarding Plan Review Meeting

5.21 The person who is co-ordinating the Safeguarding Plan will arrange the meeting and will ensure that all those who contribute to the Safeguarding Plan are invited.

5.22 The Safeguarding Plan Review Meeting will be held 3 months after the implementation of a Safeguarding Plan and will review the arrangements against the desired outcomes and the risk of harm. This meeting will also consider any variations to the Safeguarding Plan and also the withdrawal of any participating agency.

5.23 Any person involved in the Safeguarding Plan can request a review. A Safeguarding Plan Review may be called at any time that it is felt necessary to bring together workers and others who are named in a Safeguarding Plan.

5.24 No one should terminate their involvement in the Safeguarding Plan without notifying the other people who are involved and where an agency or professional is considering withdrawal this should be considered as grounds for a Review Meeting.

5.25 If the adult moves to another authority or goes abroad the co-ordinator of the Safeguarding Plan will seek to ensure that all relevant information is shared with the appropriate agencies to mitigate any risks that are known of or can be anticipated.

5.26 The agenda for a Safeguarding Plan Review Meeting will be as follows:

1. Introduction / Apologies
2. Confidentiality statement
3. Purpose of meeting
4. What were the outcomes we were seeking to achieve?
5. Detail the progress made against these outcomes from the adult's point of view
6. Detail the progress against these outcomes from others involved.
7. What are the current levels of danger to the adult?
8. Is this Safeguarding Plan still required?
9. Are there any changes required to the Safeguarding Plan?
10. Further review meetings required?

Action Plan

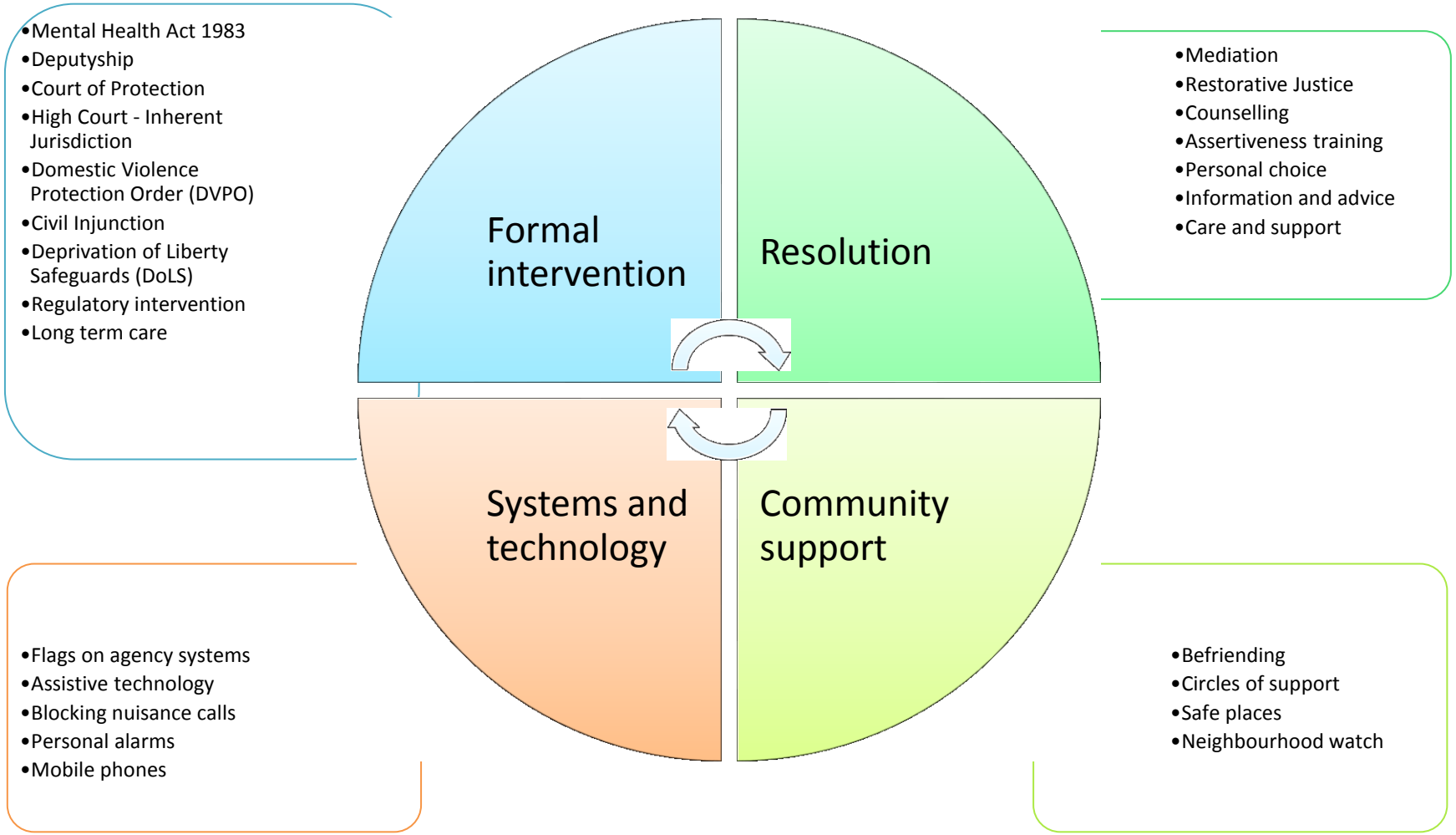
11. Actions arising from the review

Termination of a Safeguarding Plan

5.27 The Safeguarding Plan will be terminated at the stage at which it is agreed that the danger to the adult is no longer current (i.e. the adult is not at risk of abuse) or if the adult withdraws consent to the arrangements and is not prepared to accept other support or protection.

5.28 Termination of the Safeguarding Plan will be communicated to all those who are involved in the plan and also anyone else directly involved in the adult's care and support.

5.29 Termination of the Safeguarding Plan will be recorded on the Local Authority's social care record system. The outcome of the plan will also be recorded.


•Mental Health Act 1983
•Deputyship
•Court of Protection
•High Court - Inherent Jurisdiction
•Domestic Violence Protection Order (DVPO)
•Civil Injunction
•Deprivation of Liberty Safeguards (DoLS)
•Regulatory intervention
•Long term care
Formal intervention
Resolution
•Mediation
•Restorative Justice
•Counselling
•Assertiveness training
•Personal choice
•Information and advice
•Care and support
Systems and technology
Community support
•Flags on agency systems
•Assistive technology
•Blocking nuisance calls
•Personal alarms
•Mobile phones
•Befriending
•Circles of support
•Safe places
•Neighbourhood watch

Short Practice guide 8 – Outcomes

Making Safeguarding Personal; research has shown that adults who have been the subject of adult safeguarding have felt a lack of control. Staff involved have often felt that there was no clarity about the extent and duration of the safeguarding process. This typically led to 'drift' where there was a lack of clear direction and focus.

An outcome based approach makes clear at the earliest possible stage exactly what the process is seeking to achieve and monitors its progress against this. This should be seen against the wider backdrop of wellbeing.

In adopting this approach it is essential that there is an understanding of the difference between the activity (output) associated with the process and the outcome itself. This is often the cause of confusion and the intervention may be seen as an end in itself without due consideration of the impact or benefits associated with it.

Activity (output) examples	Outcomes
➢ Interviews ➢ Care provision ➢ Recording ➢ Parallel investigations ➢ Meetings ➢ Regulatory action ➢ Disciplinary process	➢ The difference that an intervention or process has achieved ➢ Impact on the adult ➢ Benefits ➢ Changes in lifestyle, relationships, feelings of safety, resilience.

Example: Belinda has care and support needs and she has been the subject of physical and emotional abuse by her partner. An Adult Safeguarding Section 42 Enquiry was undertaken in conjunction with a police investigation.

Belinda's desired outcomes were that she should remain in her own home and feel safe from abuse from her partner.

There were multiple outputs in the course of the enquiry including interviews, care and support assessment, legal advice, advocacy, court action, meetings and the provision of care support.

As a result of the above, Belinda's partner was prosecuted for assaults on her and he left their home with an injunction to prevent his return. Belinda was able to remain and, once she was convinced that he partner could not return to abuse her, she felt safe in her home and was able to develop her own relationships and interests

These were the outcomes of the enquiry and the Safeguarding Plan that was developed.

Section 6: Termination of the safeguarding process

6.1 The safeguarding process can be terminated at any stage when it is clear that the adult is no longer experiencing or at risk of abuse and neglect.

Decision stage

6.2 The concern will not be taken forward to a Section 42 Enquiry if the adult is not experiencing abuse or neglect, is not at risk of abuse or neglect or is considered able to protect themselves from the identified abuse or neglect.

- Risk assessment must be completed.

6.3 If terminated at this stage other processes will still be considered to address the issues raised in the concern.

Planning stage

6.4 A Section 42 Enquiry will be concluded at the planning stage if it becomes known that the adult is not experiencing abuse or neglect is not at risk of abuse or neglect or is considered able to protect themselves from the identified abuse or neglect.

- Risk assessment must be completed.

As in 6.3, other processes will be considered as necessary.

Enquiry stage

6.5 A Section 42 enquiry will lead to the termination of the safeguarding process if it finds that the adult is not experiencing abuse, at risk of abuse and/or if no Safeguarding Plan is required.

- Risk assessment must be completed.
- Outcomes must be recorded.

Safeguarding Plan

6.6 The Safeguarding Plan will be terminated when it is agreed that the danger to the adult is no longer current (i.e. the adult is not at risk of abuse) or if the adult withdraws consent to the arrangements and is not prepared to accept other support or protection.

- Risk assessment must be completed.
- Outcomes must be recorded.

Section 7: Representations and appeals

7.1 Representation can be made by a person who has been directly involved in a Safeguarding Enquiry under Section 42 of the Care Act if they feel that the process has been undertaken unfairly or that the outcomes have been reached inappropriately.

7.2 Representations must be made in writing and sent to the Local Authority that has conducted the enquiry.

7.3 The representations must make clear the area of the disagreement and why they believe that the enquiry process has not been fairly applied.

7.4 On receipt of the representations they will be considered by a senior manager, who will consider the content and the request.

7.5 If the senior manager believes (subject to 7.6 below) that any of the following apply:

- Significant information has been overlooked or disregarded in the course of an enquiry;
- Key individuals were not consulted or able to give their views;
- There were failings in the conduct of investigations or meetings that adversely affected the outcomes;
- an Enquiry Review Meeting will be convened to consider the issues and this decision will be notified to the person who has made the representations.

7.6 No further meeting will be convened if the adult has the capacity to consent to this and does not wish such a meeting to take place.

7.7 These arrangements are without prejudice to any subsequent complaints process that may occur under the statutory system applicable to Local Authorities and other statutory agencies.

Section 8: People in positions of trust (PiPoT)

Introduction and principles

8.1 It is a requirement of the Care Act 2014 Statutory Guidance that Safeguarding Adults Boards should establish and agree a framework and process for any organisation to respond to allegations against anyone who works, (in either a paid or an unpaid capacity,) with adults with care and support needs.

8.2 The management of any issues relating to People in Positions of Trust (PiPoT) are governed by the Data Protection Act 1998 and the principles outlined in the Act.

8.3 Each organisation is responsible for the management and handling of its own information and is also responsible for issues of disclosure. Each agency should have a designated lead officer for managing issues relating to positions of trust.

8.4 Disclosure of confidential information without consent is to be considered on the basis of proportionality and information can be disclosed only if there is a 'pressing need' for that disclosure. This means:

- The legitimate aim in question must be sufficiently important to justify the interference;
- The measures taken to achieve the legitimate aim must be rationally connected to it;
- The means used to impair the right must be no more than is necessary to accomplish the objective;
- A fair balance must be struck between the rights of the individual and the interests of the community; this requires a careful assessment of the severity and consequences of the interference.

Situations covered by the guidance

8.4 Action may need to be taken in respect of a person in a Position of Trust in the following circumstances where there are concerns or evidence that:

- the person has harmed an adult or a child in a professional role;
- the person has harmed an adult or a child in a personal relationship;
- the person has harmed an adult or child in some other role or capacity

AND

- It is believed that the above behaviour poses a current or continuing risk in the person's current role or area of responsibility (whether paid or unpaid).

8.5 Concerns may be raised through a variety of processes including:

- Criminal investigations;
- Section 42 Enquiries;
- Children's Safeguarding Enquiries;
- Disciplinary investigations;
- Regulatory action or quality assurance monitoring;
- Reports from the public.

Required action

8.5 The initial responsibility lies with each agency to determine whether it can identify and address issues internally, using its standard processes.

8.6 All agencies are reminded of their legal duty to make referrals to the Disclosure and Barring Service (DBS) when a person is dismissed or has left when they would have been dismissed for harming a child or an adult with care and support needs.

8.7 All agencies must consider whether they have information that may require disclosure to another organisation and, as the primary data controller, this decision lies with them.

8.8 Where an agency decides that information does need to be disclosed to another organisation it should, where practicable, give the person the opportunity to disclose the information.

8.9 If the person declines to share the information the agency must decide whether it is necessary and proportionate for this information to be shared and, if so, then this should take place. The information shared should be as little as is necessary in the circumstances and the person should be made aware of the decision to disclose the information.

Local Authorities

8.10 As the Lead Agency of Adult Safeguarding the Local Authorities are often in receipt of sensitive information regarding people in positions of trust.

8.11 Each Local Authority will have a lead officer who can be contacted by internal and external colleagues about issues posed by people in a Position of Trust.

8.12 Local Authority officers will consider information that is shared with them and will normally encourage the organisations that are the data controllers to make decisions regarding disclosure.

8.13 In a smaller number of cases the agencies may not be willing or able to decide on whether disclosure is appropriate and in this situation the Local Authority may need to take a view on this.

8.14 There will be some circumstances where the information is not clearly in the possession of any data controller or where the information is provided by a private

individual. In these cases the Local Authority will consider whether disclosure is necessary.

8.15 In certain cases where the person has links to several organisations or where there is a believed to be a risk to adults in several settings it may be necessary for the Local Authority to convene a meeting to consider the information that is held and to make decisions regarding disclosure and/or further action.

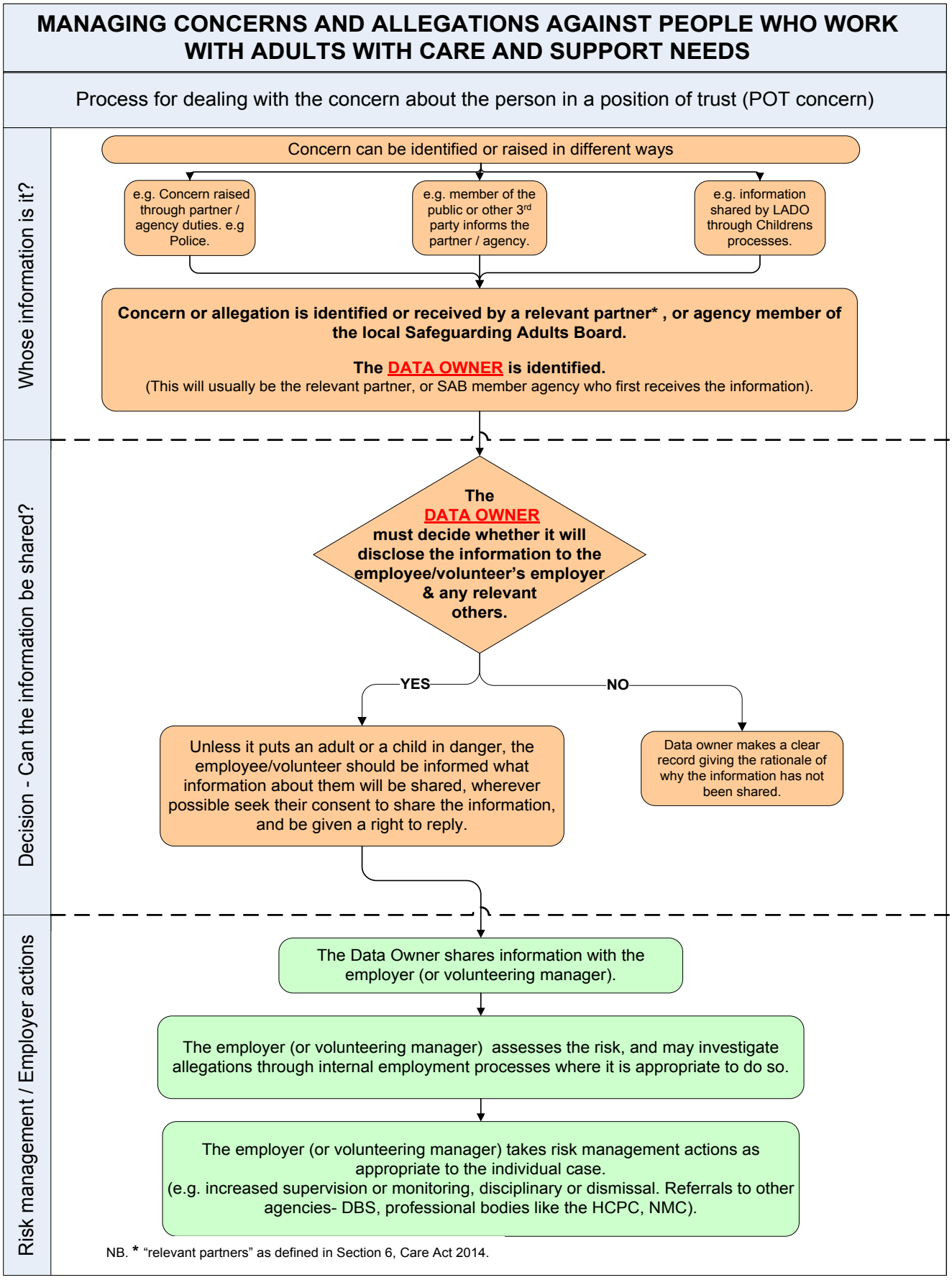
8.16 In any case where a person is believed to pose a risk to children the information should be shared with the Local Authority Designated Officer (LADO) for that Local Authority.

Recording

8.17 Recording of discussions, decisions and disclosures is essential and each organisation must ensure that it has a process for recording this information. Any recording must be compliant with the requirements and principles of the Data Protection Act 1998.

8.18 Recording is likely to be subject to access requests unless there are strong grounds for this to be denied and in general processes should be as transparent and inclusive for the person involved as is possible.

8.19 Agencies must be clear regarding the retention schedule of any records that are kept and must be prepared to remove or destroy any records for which there is no longer any reasonable need.


MANAGING CONCERNS AND ALLEGATIONS AGAINST PEOPLE WHO WORK WITH ADULTS WITH CARE AND SUPPORT NEEDS
Process for dealing with the concern about the person in a position of trust (POT concern)
Whose information is it?
Concern can be identified or raised in different ways
e.g. Concern raised through partner / agency duties. e.g Police.
e.g. member of the public or other 3rd party informs the partner / agency.
e.g. information shared by LADO through Childrens processes.
Concern or allegation is identified or received by a relevant partner* , or agency member of the local Safeguarding Adults Board.
The DATA OWNER is identified.
(This will usually be the relevant partner, or SAB member agency who first receives the information).
Decision - Can the information be shared?
The DATA OWNER must decide whether it will disclose the information to the employee/volunteer's employer & any relevant others.
YES
NO
Unless it puts an adult or a child in danger, the employee/volunteer should be informed what information about them will be shared, wherever possible seek their consent to share the information, and be given a right to reply.
Data owner makes a clear record giving the rationale of why the information has not been shared.
Risk management / Employer actions
The Data Owner shares information with the employer (or volunteering manager).
The employer (or volunteering manager) assesses the risk, and may investigate allegations through internal employment processes where it is appropriate to do so.
The employer (or volunteering manager) takes risk management actions as appropriate to the individual case.
(e.g. increased supervision or monitoring, disciplinary or dismissal. Referrals to other agencies- DBS, professional bodies like the HCPC, NMC).
NB. * "relevant partners" as defined in Section 6, Care Act 2014.

Section 9: **Framework for Enhanced Provider Monitoring**

9.1 Background

Within the local Inter-agency Adult Procedures prior to the Care Act 2014 there was provision for the conduct of Large Scale Investigations (LSIs), also known as Large Scale Enquiries (LSEs) in situations where there were concerns about widespread institutional abuse or a range of safeguarding issues accompanied by regulatory or other failings. N.B. this will be known as an Enhanced Provider process from June 2016.

The LSI process has become well embedded and has contributed to the co-ordination of multi-agency efforts to address service failures and to hold providers to account where there have been systematic failures.

The LSI process has been led by Safeguarding Teams. This has sometimes led to unrealistic expectations regarding the powers of the Local Authority in relation to its safeguarding role. It has also created an over reliance on safeguarding intervention by other agencies and teams in some cases.

In the majority of LSIs, the major concerns are symptomatic of care quality issues or are regulatory in nature and safeguarding concerns have only been a small part of the whole picture. Typically, LSIs have identified issues of leadership, lack of supervision, poor care planning and risk management, staffing, clinical care (e.g. pressure ulcers), communication, financial management, selection and assessment and compatibility of service users, staff training, infection control, medication and poor moving and handling.

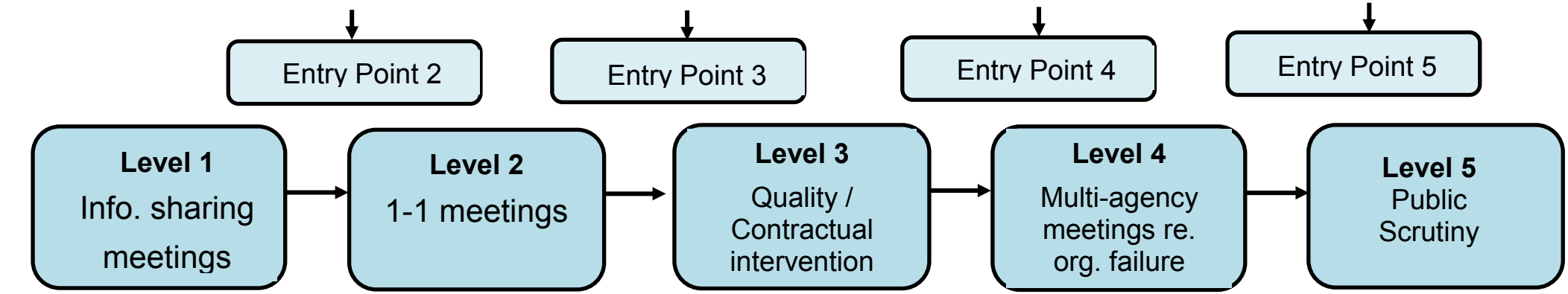
An alternative approach must be found given the clarity in the Care Act Guidance that says "*safeguarding is not a substitute for:*

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

The primary purpose of this framework is to ensure safe service provision and prevent organisational failure.

N.B. The use of this framework is not a replacement for day to day information sharing processes that exist between agencies when there are concerns about individuals which must be raised as per the West Midlands Adult Safeguarding Policy and the Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures. Individual enquiries should not be delayed whilst waiting to convene 1-1 meetings or multi-agency meetings about organisations. Local Authorities should feel free to develop more detailed guidance to sit under this framework should they think it required or embed it into their Business Failure Processes.

Enhance Provider Monitoring Framework



PLEASE PROGRESS THROUGH THE LEVELS IF POSSIBLE. ENTRY POINTS SHOULD ONLY BE USED IN EXCEPTIONAL CIRCUMSTANCES

Level 1 Guidance

This level represents the regular meetings that take place between the Local Authority, CQC, Clinical Commissioning Groups (CCG) and NHS England. Concerns can be raised by any partner at these meetings or Quality Surveillance Group. At this meeting the concerns will be clarified the response required, if any, will be agreed.

Level 2 Guidance

Face to face meetings will be called between the "owner" of the organisation and the professional most appropriate to lead the discussion e.g. CCG quality lead where the issues are mainly clinical. The discussion should centre on what the issues are and what action might be taken. A formal record of this discussion should be produced to suit both parties e.g. an email to summarise the discussion and actions agreed.

Level 3 Guidance

Where concerns persist as a result of the failure of the organisation to improve their service, commissioners will consider what options are available to them. This may include quality monitoring visits and the production of action plans or contractual action such as preventing new placements or the issuing of remedy letters.

Level 4 Guidance

In the event of organisational failure e.g. financial collapse, major regulatory sanctions (e.g. multiple warning notices, persistent 'Inadequate' ratings, proposal to cancel registration), a meeting will bring together the relevant parties including the failing organisation. Who leads this meeting will be decided by considering the predominant issues e.g. systemic, ongoing abuse would be led by safeguarding. Meetings should ensure that contingency, media and communications plans

Level 5 Guidance

Public scrutiny can take place in a number of ways including escalation to the Safeguarding Adult Board (SAB) or through conducting a Safeguarding Adult Review (SAR). Additionally, local authorities may want to consider asking all involved (including the failing organisation) to appear at a publically held Scrutiny Committee in order to explain what action will be taken to improve the service and within what timescales.

) - for p

9.2 Enhanced Provider Monitoring Level 4 Procedure

In the event of potential or actual organisational failure or abuse and where interventions at lower levels have not been successful a multi-agency meeting will be convened to consider whether the concerns warrant continuing supervision through the level 4 process.

The initial meeting will be a Planning Meeting under this process. It will enable agencies to share information regarding the concerns and reach a view on the current levels of risk to users of the service. If it is agreed that this process should be invoked then a series of multi-agency review meetings will be held.

Charing of these meetings will be negotiated, depending on the predominant issues of concern, the type of service and local agreements. Where the issues are primarily related to abuse or neglect of adults then the lead will be taken by the Safeguarding Team. If the issues are primarily concerned with quality or potential business failure then commissioners or those responsible for quality monitoring will co-ordinate the process.

The purpose of the Enhanced Provider Monitoring Level 4 (EPM4) Meetings will be limited to the following:

a) Sharing information about a service and the wellbeing of any services users who may be at risk

b) Planning action to assist a service to provide a safe service of reasonable quality that is compliant with regulatory requirements

c) Planning for contingencies related to service failure, contractual action or regulatory enforcement

d) Developing a communication plan to relevant agencies and to users and relatives of users of the service.

The EPM4 Meeting has no legal or judicial powers but partner agencies may use the information provided to inform the use of their own specific powers under other legislation.

The key principles that underpin the meetings will be transparency and partnership. In line with this approach it will normally be the case that providers are fully and actively involved in the meetings. The exception to this will be where there are active police investigations into the management of a service and in this situation meetings

may need to have some discussion from which the provider is excluded, this will be exceptional.

The EPM4 meetings will continue until it is clear that the service is no longer at risk of failure and users of the service are safe from abuse or neglect. This process can be as short or long as is necessary; the longer it takes to resolve the concerns, the greater the likelihood that the matter may be escalated with the potential for public scrutiny.

The specific details (not personally identifiable information) of the organisational concerns will be reflected back to multi-agency information sharing meetings between the Local Authorities, CQC and NHS partners. General anonymised information about the Organisational Failure Process will be shared through LSI updates with the Safeguarding Adults Board on a quarterly basis by the Local Authorities.

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Enhanced Provider Monitoring Level 4 Strategy Discussion Agenda

1.	Meeting Details
2.	Present at Meeting
3.	Apologies
4.	Confidentiality statements to be agreed by all participants - ***Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.*** ***The following information is being requested to facilitate a risk assessment of an individual or an address to protect the health and safety of any adults with care and support needs. Only relevant information is being requested.***
5.	Names of adults who may have been abused
6	Minutes and actions from the previous meeting
7.	Criminal Offences
8.	Regulatory Issues
9.	Current Agency Information
10.	Current provider information
11.	Summary of Concerns
12.	Risk Assessment
13.	Suspension of Placements
14. (a)	Enquiry Planning
14. (b)	Protection and Support Plan (Service Provider)
14. (c)	Protection and Support Plan (Other Agencies)
15.	Information Sharing
16.	Communication Plan
17.	Future meetings

Short Practice guide 10

Enhanced Provider Monitoring Level 4 Review Meeting Agenda

1.	Meeting Details
2.	Present at Meeting
3.	Apologies
4.	Confidentiality statement to be agreed by all participants - ***Any information disclosed as part of these discussions should not be shared with any other person unless agreed as a specific action point.***
5.	Purpose of meeting • *Review of Enquiries* • *Clarification of initial outcomes* • *Assessment of current risk of harm* • *Agree updated Protection and Support Plan*
6.	Summary of Concerns
7.	Details of adults who may have been abused
8.	Accuracy of previous strategy discussion/review meeting minutes
9.	Review of previously agreed actions from the last strategy discussion/review meeting
10.	Review of Adult Safeguarding enquiries
11.	Enquiry Outcomes
12.	Service Users who have been reviewed since the last meeting
13.	Views of Service Users & Carers/Relatives
14.	Views of Statutory Agencies
15.	Views of Provider
16.	Assessment of Current Risk of Harm
17. (a)	Further information gathering
17. (b)	Protection and Support Plan (Service Provider)
17. (c)	Protection and Support Plan (Other Agencies) (To include arrangements for Reviews for Service Users)
18.	Recommendation regarding possible suspension of contracts or termination of placements
19.	Communication Plan
20.	Future Meetings

Section 10: Guidance on risk assessment and risk management within the Adult Safeguarding process

10.1 Definition

Risk is the probability that an event will occur with beneficial or harmful outcomes (hazards) for a person or someone they come into contact with. In the context of adult safeguarding the focus of the risk judgements will be on the likelihood and the consequences of abuse or neglect.

10.2 Purpose

The purpose of risk assessment is to establish the likelihood and the impact of any actual or potential hazard.

In line with the approach of positive risk taking (*A positive approach to risk and personalisation: A framework – Joint Improvement Partnership 2011*) it is important to recognise that risk is a normal everyday experience and that therefore the Safeguarding Principles must be applied in a manner that promotes empowerment and proportionality as well as prevention.

The assessment of risk must consider the harm that has previously occurred, as this will assist in establishing facts and also the severity of the hazard. More important is the assessment of the future potential for harm, which will be informed by, but not dependent on, past history.

Risk assessments must recognise and acknowledge the protective factors that may be in place and which are already mitigating the potential harm of a situation.

Risk assessment should focus on the desired outcomes of the adult and others and, in recognition of the fact that life is never free from risk, desired outcomes need to be compared against other potential consequences.

10.3 Roles and responsibilities

The assessment and management of risk is primarily the responsibility of the adult unless it is the case that they are unable to make the relevant decisions or are so intimidated or controlled by others that they are unable to protect themselves.

Professional staff have the responsibility to reach their own assessment of the potential risk of harm and this is a dynamic and continuous process. The purpose of

identifying the hazards and the likelihood is to determine whether any intervention is necessary and, if so, what is the most appropriate course of action.

Where an adult may lack the mental capacity to make decisions relating to risk then the principles of the Mental Capacity Act 2005 apply and risk management will be a matter for a best Interests decision, informed by the adult's wishes and the views of other relevant consultees. The fact that an adult lacks mental capacity does not reduce the need for interventions to be proportionate and the least restrictive principle of the Act requires interventions to be no more intrusive than is required by the situation.

In complex situations where there may be a high likelihood of serious harm agencies must work in partnership to share information, consider options for intervention and be accountable for their individual and collective contributions in mitigating the risks. As in all safeguarding the need for communication and co-ordination is of paramount importance in developing appropriate and responsive systems.

10.4 **Timeliness and risk**

These Procedures highlight the target timescale for undertaking an initial assessment of risk in advance of any enquiry. The initial risk assessment must be continuously reviewed to ensure that new information is taken into account and new hazards are identified or previous concerns are discounted.

Individual agencies may have their own timescales and documentation for the assessment and management of risk but irrespective of these it is essential that the process remains dynamic and continuous.

10.5 **Process**

The process of risk assessment is threaded throughout the Safeguarding Enquiry and the product of the judgements on risk management will usually be finalised in the Safeguarding Plan. In line with the requirement to promote 'well-being' the management of risk should clearly focus on outcomes that will support autonomy and choice as far as this is possible.

Past behaviour and events provide useful indications of both the impact and likelihood of future harm but they are never conclusive in isolation from a full assessment of the current situation. The dynamic factors of each abusive incident must be considered on their own merits; assumptions should not be drawn based purely on similarity with previous incidents.

Similarly, the fact that past traumatic or dangerous events have occurred does not necessarily make a repetition inevitable and a full professional analysis should be undertaken in each case to consider the components of the situation and to inform the view on the risk.

In any potentially abusive situation, the level of harm the abuse has posed to an adult will be assessed and identified; good risk assessment supports proportionate intervention.

Professional judgement is critical in considering the factors that may be contributing to the risk and also in determining the approach and level of response.

The definitions in the tables on page 97 will be used at every stage in the process to guide the view on the **current** level of risk/danger posed to the individual but it is recognised that this remains a subjective process and judgement must be applied.

Where the adult has been assessed as lacking mental capacity to make decisions regarding any area of risk then the Best Interests Decision-Making process should use the 'balance sheet' approach to identify the best of any range of options. It is important that this process is based on a realistic understanding of the potential hazards and that no assumptions are made that any type of provision is inherently safer than any other (for example, it is not the case that institutional care is necessarily hazard free although the hazards may be quite different to those present in the community).

No assumptions should be made arising from an adult's disability or mental disorder that the harm associated with abuse will be less serious than if they might not have a disability or mental disorder.

Consideration must also be given to assessing the danger to other adults and to children. For example, when it is alleged that a staff member, volunteer or organisation has abused an adult, the level of harm to others should always be assessed, fully recorded in the relevant documentation and appropriate action taken.

In the course of Section 42 Enquiries and Safeguarding Plans safety outcomes will be identified and these will be key measures in determining the effectiveness of the process both from the point of view of the adult and for the Local Authority.

The risk/danger to the adult will be reviewed throughout any enquiry. A key principle and success measure of the safeguarding process is to demonstrate that the danger

to the adult/s has been reduced and that desired safety outcomes have been achieved.

The assessment of the danger includes balancing the protective factors (e.g. supportive relationships, insight, the ability to seek help and plan for the future) and those that could cause harm and in this way the assessment of risk will become personalised to the individual.

Consideration will need to be given to the following:

- The level of threat to independence;
- The impact of the alleged abuse on the physical, emotional and psychological wellbeing of the adult;
- The duration and frequency of the alleged abuse;
- The extent and degree of the alleged abuse;
- The level of personal support needed by the adult and whether that support is normally provided by the potential source of risk;
- The apparent extent of premeditation, threat or coercion;
- The context in which the alleged abuse takes place;
- Potential risks to other adults or children.

The risk/danger will be recorded in line with the scoring levels shown on page 98, using the impact and likelihood shown in the following table after taking into account any protective aspects that might mitigate the impact or likelihood of the abuse.

Safeguarding Officers will work with others to ensure that they share information to arrive at a considered assessment of the danger that takes account of the views of the adult and of the other agencies involved. The greater the shared ownership of the assessment, the better the chance of real protection to the adult.

It is not acceptable for any agency to base its own decision-making about the risk of harm purely on the assessment of risk provided by another agency, for example, the fact that the harm may have been insufficient to sustain a criminal prosecution cannot be used to justify a failure to act in respect of other processes (e.g. disciplinary processes). Each agency is accountable for ensuring that they identify the levels of danger relevant to the presenting concerns.

10.6 Recording

Although the formats for recording risk assessments will vary from agency to agency there are a number of questions that are of key importance:

a) What are we worried about (risk assessment):

- What is the hazard?
- What would be the impact of the hazard if it were to occur?
- How likely is it that the hazard will occur?
- What is already in place to mitigate the risk of harm?

b) What is to be done about it (risk management):

- What is the outcome that the adult wishes for?
- What other outcomes might be desirable?
- What interventions might be possible to reduce the risk of harm?
- Are these interventions proportionate to the risks?
- What is the risk associated with the interventions?
- Does the adult consent to the proposed interventions?
- Does the adult have capacity to consent?
- If not, what will be in the adult's best interests?
- Are all professionals in agreement with the interventions?
- Can it be agreed that no intervention is required or possible?
- Are any formal assessments or statutory interventions (e.g. Mental Health Act) indicated?

10.7 Risk Management

In most Safeguarding Enquiries the process will use the assessment of risk as the basis for further enquiry and action; reduction in risk of harm is a significant indicator for the effectiveness of the process. In some situations it may be that the risks cannot be mitigated in any significant way and it is for the multi-agency partners to liaise to ensure that this is acknowledged and jointly owned with a clear plan of what has been implemented and a realistic assessment of how far this has mitigated the identified hazards.

In situations where the mitigation of the risks is not possible the workers should ensure that their recording makes clear what steps have been taken and also how the situation has been concluded.

In most situations some form of risk management plan is preferable to having none at all and negotiation or discussion can often achieve some level of co-operation which may slightly reduce the possibility of harm occurring.

The use of a general framework enables the adult and others involved to develop a Safeguarding Plan that is proportionate to the level of risk for the individual.

Enquiries must acknowledge all protective factors and ensure that safeguarding measures do not cause greater disruption or distress to the adult than was caused by the alleged abuse. Protective measures must offer better choices and opportunities than those that previously existed.

LEVELS OF HARM – TO BE USED IN RELATION TO BOTH HARM THAT HAS OCCURRED AND HARM THAT IS ANTICIPATED

None	To be used when abuse is disproved, not substantiated or removed.
Low level of harm (A)	• Misuse or theft of small amounts of money or property • Lack of care leads to discomfort or inconvenience but no significant injury • Occasional harassment, taunts or verbal outbursts • Isolated assaults that cause temporary marks, minor injury or no lasting distress
Medium level of harm (B)	• Injury causing lasting marks, temporary discomfort or incapacity or requiring a period of treatment or care • Repeated assaults that cause distress and injury • Misuse / misappropriation of benefits, properties and possessions leading to short or medium term difficulties in budgeting or income • Continued neglect that has caused a limited period of distress and/or physical harm requiring clinical intervention • People other than the alleged victim (e.g. children, relatives, other residents or service users) are disturbed or distressed by the abuse.
High level of harm (C)	• Serious physical harm, risk to life or permanent injury • Rape or serious sexual assault • Life threatening neglect or negligence • Harassment and/or threats leading to lasting psychological harm • Major financial loss leading to significant changes in lifestyle and autonomy • Risk to life or lasting psychological harm to others.

ASSESSMENT OF LEVEL OF RISK / DANGER

		Severity of Impact			
Likelihood		**No Impact**	**Low Impact (A)**	**Medium Impact (B)**	**High Impact (C)**
	Unlikely	None 0	Low 2	Low 3	Medium 7
	Possible	Low 1	Low 2	Medium 6	High 9
	Likely	Low 1	Medium 4	Medium 7	High 10
	Certain	Low 1	Medium 5	High 8	High 10

Example: X has been raped and a Safeguarding Concern has been raised. The level of harm is *High*. The alleged rapist has not yet been arrested and X continues to be distressed and fearful. Some protective measures are in place and so the likelihood of further harm is *Possible.* On the matrix this shows as:

High Impact + Possible = score of 9 and the danger continues to be *High.*

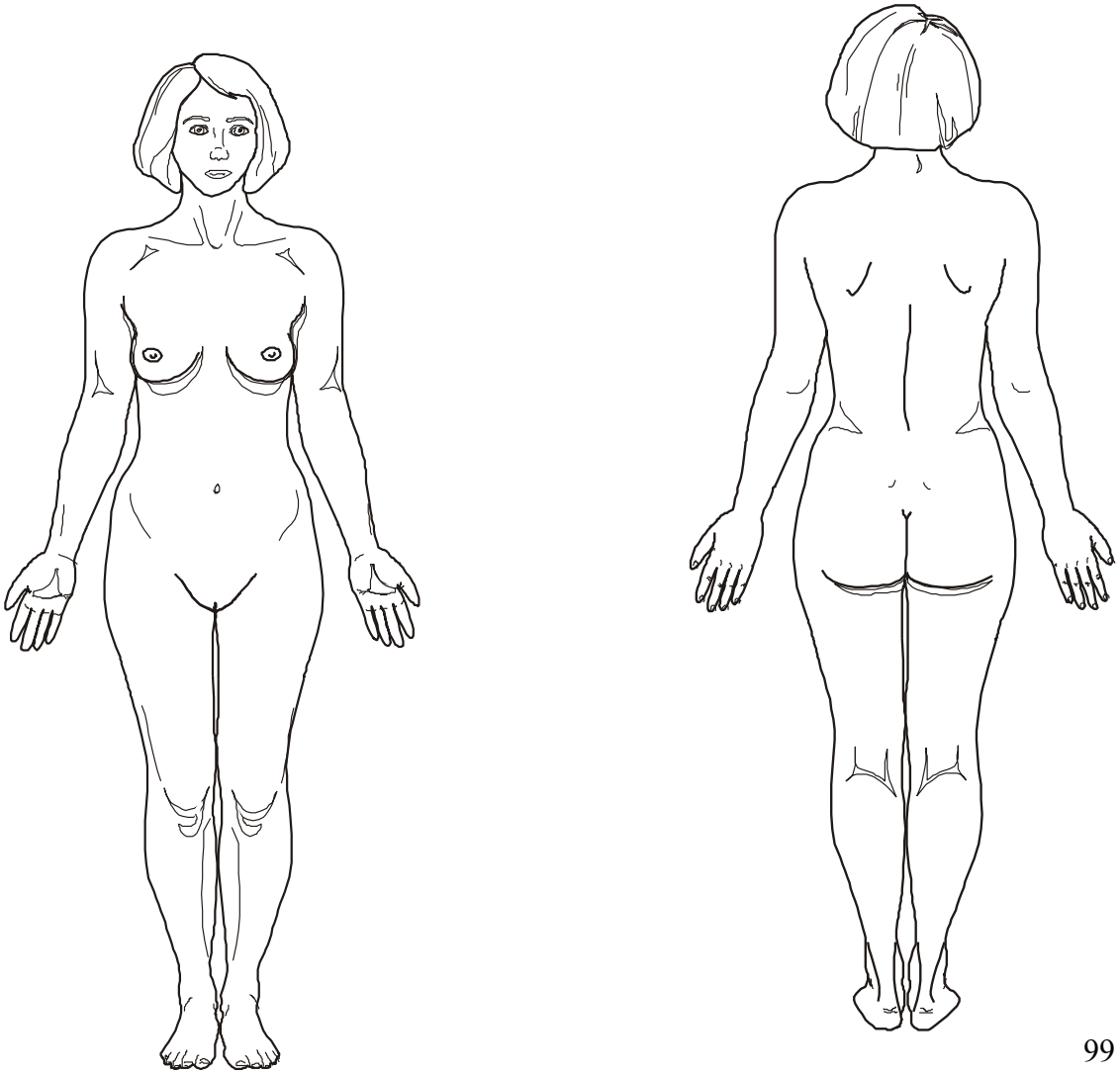
Section 11: Appendix 1: Safeguarding Adults in Staffordshire and Stoke-on-Trent Board BODY - MAP (Female)

Name of adult: ……. Date of birth: ……
Name of person completing body map: ……
Date/time of completion: …….
Contact details of completing person: ……

The Body Map is to be used by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care (as a precursor to medical/police photography). Where used, the Body Map can be submitted with the AS1 Referral forms.

Please draw on the body map, in black ink, using the following key to indicate the different types of injury (alphabetic code), and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc. using arrows:

A - Pressure ulcers
B - Bruising
C - cuts, wounds
D - excoriation, red areas (not broken down)
E - scalds, burns
F - other (specify)



Safeguarding Adults in Staffordshire and Stoke-on-Trent Board - BODY MAP (Male)

Name of adult: ……. Date of birth: ……..……

Name of person completing body map: …… Date/time of completion: …….

Contact details of completing person: ……..

The Body Map is to be used by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care (as a precursor to medical/police photography). Where used, the Body Map can be submitted with the AS1 Referral forms.

Please draw on the body map, in black ink, using the following key to indicate the different types of injury (alphabetic code), and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc. using arrows:

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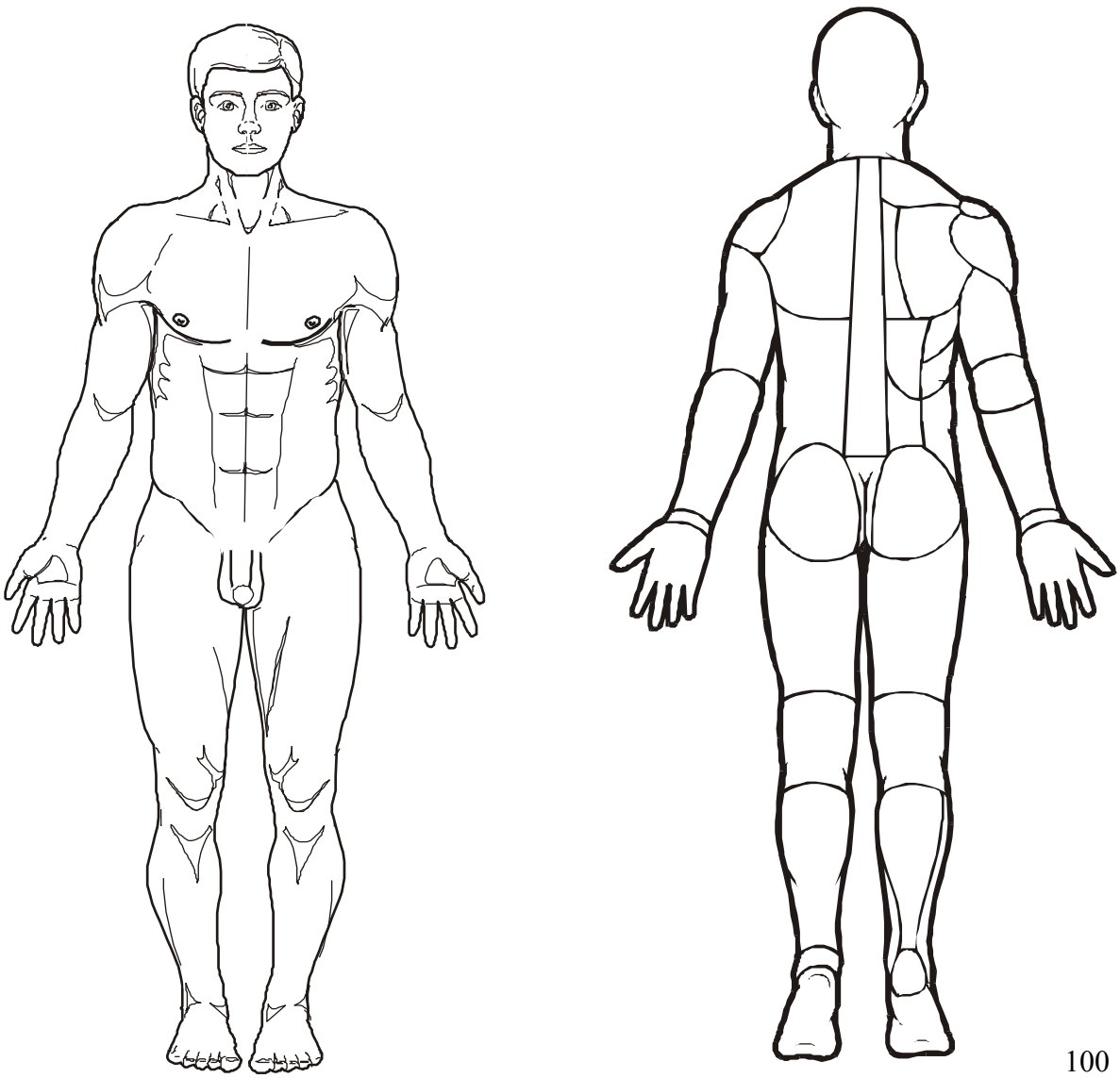
E - scalds, burns

F - other (specify)



Appendix 2: Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership

ADULT SAFEGUARDING CONCERN AS1

To be used in **all** situations where there is a concern that an Adult with care and support needs is either experiencing abuse or is at risk of abuse

ID No:	Key Worker:
NHS No:	Primary Support Reason:
First Name(s):	Surname:
Title:	Preferred Language:
Date of Birth:	Age:
Gender:	Marital Status:
Ethnicity:	Religion:
Current Address (including Post Code):	Current Telephone No:
Permanent address (including Post Code):	Preferred contact address (including Post Code):
Accommodation Type:	
Main Telephone No:	Mobile No:
Email Address:	Preferred contact method (e.g. tel. no, email):
Employment Status:	Lives with:

Completed by:	Role/Profession:
Date of Assessment:	Contact Details:

Adult with Care and Support Needs

To be used in **all** situations where there is a concern that an Adult with care and support needs is either experiencing abuse or is at risk of abuse.

Please note: Before completing this form, please ensure that the following client information screens have been completed (particularly the specified questions).

'Information' tab (for the Adult and the Potential Source of Risk): Please complete in full

Referral – Safeguarding (At this stage only mandatory fields, and if appropriate secondary reasons screen) – Allegations (All fields except the outcome and outcome details & police Details TAB if appropriate):

Client preferred name	

Category of Current Residence	
Sexuality	
Type of Alleged Abuse	
Date of alleged abuse if known	
In all cases give the date abuse disclosed or suspected	
Location of the abuse	

Previous AS Concern in past 12 months?	
If abuse is within an organisation please specify the name	
Has the person had an assessment, review or service from the Council in the past 12 months?	
How is the person supported?	
Is the adult with social care and support needs from this local authority?	
If no, please specify	

Details of concern – what is the person raising the concern worried about?

How often has this abuse occurred?

Is the abuse likely to happen again?

Details of any injuries

What other harm has occurred or might occur?

What are the views and wishes of the adult with care and support needs?

Has this concern been raised as part of a whistle blowing policy? If yes please give details

1st Person alleged to be responsible for harm

Details of 1st Source of Risk			
Surname		Forename/s	
Title		ID Number	
Known Alias		Ethnicity	
Gender		Religion	
DOB/Age			
Full Address inc Postcode		Telephone Number	

Role of the Source of Risk (if applicable):	
Relationship/Association between the Source of Risk with the Adult with care and support needs:	

Details of any disabilities	
Does the Source of Risk live with the adult with care and support needs?	
Is the Source of Risk the main family carer?	
Does the Source of Risk have care and support needs? (If yes, assessment required)	
If the Source of Risk is an employee or volunteer, give name of organisation/service	
Has this person/service been identified as the source of risk in other safeguarding enquiries during the last 12 months?	
Are children potentially at risk in this situation? (if yes refer to Children's Services)	
Communication issues (e.g. need for interpreters or intermediaries)	

2nd Person alleged to be responsible for harm

Details of 2nd Source of Risk			
Surname		Forename/s	
Title		ID Number	
Known Alias		Ethnicity	
Gender		Religion	
DOB/Age			
Full Address inc Postcode		Telephone Number	

Role of the Source of Risk (if applicable):	
Relationship/Association between the Source of Risk with the Adult with care and support needs:	

Details of any disabilities		
Does the Source of Risk live with the adult with care and support needs?		
Is the Source of Risk the main family carer?		
Does the Source of Risk have care and support needs? (If yes, assessment required)		
If the Source of Risk is an employee or volunteer, give name of organisation/service		
Has this person/service been identified as the source of risk in other safeguarding enquiries during the last 12 months?		
Are children potentially at risk in this situation? (if yes refer to Children's Services)		
Communication issues (e.g. need for interpreters or intermediaries)		

Reasons of Abuse

Info - Please select all appropriate options

Reasons of Abuse	Discriminatory Abuse Emotional/Psychological Abuse Financial or Material Abuse Organisational Abuse Neglect/Omission Physical Abuse Self-Neglect Sexual Abuse Domestic Violence Modern Slavery Sexual Exploitation

Immediate Protection

Have you taken any immediate steps required to protect the adult with care and support needs?

If yes, provide details below

What action does the person raising the concern feel is necessary?

Key Agencies/Professionals Involved

Name	Agency

Person Raising the Concern

Person Raising Concern Details	
Name of Person Raising Concern	
Date concern raised	
Telephone number	

If general public, are they prepared to be contacted	
Role of person raising concern (if applicable)	
If other please state	
Organisation/Company name (if relevant)	

If suspected abuse occurred in Stoke-on-Trent please return completed form to Stoke-on-Trent Adult Social Care. If suspected abuse took place elsewhere in Staffordshire please contact Staffordshire County Council, Adult Social Care.

Decision Making Record

FOR OFFICE USE ONLY
To be completed by Social Care or Mental Health Manager

Date Section 42 enquiry decision made

Do the concerns require a Section 42 enquiry?

yes – proceed with planning discussion

No - If No Section 42 enquiry is not required select one appropriate outcome from the list

Does not meet Sec 42 Enq - Signposted To Other Statutory Processes, Adult Assessment
Does not meet Sec 42 Enq - Signposted To Other Statutory Processes; Carer Assessment
Does not meet Sec 42 Enq - Signposted To Other Statutory Processes; Complaint
Does not meet Sec 42 Enq - Signposted To Regulatory Processes; CQC
Does not meet Sec 42 Enq - Offence Identified And Police Only Response Required
No Sec42 Enq Rqd - No Abuse Or Neglect Identified
No Sec42 Enq Rqd - No Ongoing Abuse or Neglect
No Sec42 Enq Rqd - No Care And Support Needs
No Sec42 Enq Rqd - Able To Protect Self Against Ongoing Abuse Or Neglect Or Risk Of It

If no section 42 enquiry is taking place please detail your professional reasoning for this decision and any actions taken including referral or notification to other services:

Decision Making Record Continued

If a Section 42 enquiry is required, proceed to Planning Discussion (refer to Policy & Procedure)

Name the team undertaking planning discussion if applicable

Indicate the level of harm that has occurred (and provide your reasoning below)
None, low, medium, high

Detail your reasoning for the level of harm that has occurred

Indicate the risk of future harm (based on the matrix and provide your reasoning below)
None, 1 = Low, 2 = Low, 3 = Low, 4 = Medium, 5 = Medium, 6 = Medium, 7 = Medium, 8 = High, 9 = High, 10 = High

Detail your reasoning for the risk of future harm

AS1 Completed By

Form Completed By			
Name		Role	
Team		Telephone	
Organisation			

AS1 Authorised By

Decision Making Manager			
Name		Role	
Team		Telephone	
Organisation			

Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership

AS2 MULTI-AGENCY PLANNING DISCUSSION DOCUMENT

ID No:	Key Worker:
NHS No:	Primary Support Reason:
First Name(s):	Surname:
Title:	Preferred Language:
Date of Birth:	Age:
Gender:	Marital Status:
Ethnicity:	Religion:
Current Address (including Post Code):	Current Telephone No:
Permanent address (including Post Code):	Preferred contact address (including Post Code):
Accommodation Type:	
Main Telephone No:	Mobile No:
Email Address:	Preferred contact method (e.g. tel. no, email):
Employment Status:	Lives with:

Adult with Care and Support Needs

Client preferred name	
Team	
Organisation completing this form	**Delete those not applicable SSSFT, NSCHT, IF, SSOTP and SCC**

All information in this document is considered by the MASH/District as PROPORTIONATE, NECESSARY and JUSTIFIED to share with partners in the interests of protecting Adults with Care and Support Needs.

The information on this form has already been assessed by the agency holding the information as relevant to share. For the purposes of this document, relevant information is defined as information that has a bearing on the case.

Further Requested Information

This form should be completed for Adult Safeguarding cases.

The following information is being requested to facilitate a risk assessment of an individual or an address to protect the health and safety of Adults with care and support needs. Only relevant information is being requested.

Date Concern raised

D	D		M	M		Y	Y	Y	Y

Incident log ref	
Date concern received by MASH/District	

Details of Adult with Care and Support Needs

Details of the concern/s (what are we worried about?)

What is current location of the Adult?

What are the views & desired outcomes of the Adult (if known)?

Access to the Adult

Is there already an advocate or representative involved?
Yes/No (delete as applicable)
If yes, provide details

Does the Adult have substantial difficulty in understanding or participating in the enquiry process?

Yes/No (Delete as applicable)
If yes, explain why

Does the Adult have any issues relating to mental capacity?

Yes/No (Delete as applicable)
If yes, explain what

Does the Adult have any communication issues (e.g. need for interpreters or intermediaries)?

Yes/No (Delete as applicable)
If yes, provide detail of issues

Details of 1st Person Alleged to be Responsible for Causing Harm

Details of 1st Source of Risk			
Surname		Forename/s	
Title		Client ID Number	
Known Alias		Ethnicity	
Gender		Religion	
DOB/Age			
Full Address inc Postcode		Telephone Number	

What is current location of the Source of Risk?

Does the Source of Risk have any communication issues (e.g. need for interpreters or intermediaries)?

Yes/No (Delete as applicable)
If yes, provide detail of issues

Details of 2nd Person Alleged to be Responsible for Causing Harm

Details of 2nd Source of Risk			
Surname		Forename/s	
Title		ID Number	
Known Alias		Ethnicity	
Gender		Religion	
DOB/Age			
Full Address inc Postcode		Telephone Number	

What is current location of the Source of Risk?

Does the Source of Risk have any communication issues (e.g. need for interpreters or intermediaries)?

Yes/No (Delete as applicable)
If yes, provide detail of issues

Agencies Involved in Completion of MAPDD

Please select all relevant Agencies involved by marking with an X

Police		Adult Social Care	
Other Local Authority		Housing Provider	
Other Provider Agency		Care Quality Commission	
Residential Home		Nursing Home	

Domiciliary Care Agency		General Practitioner	
NHS Commissioner		NHS Provider	
Acute Hospital NHS Trust		Mental Health Community Service	
Mental Health Hospital		Other (please specify)	

Other (please specify)

People Involved in Planning Discussion

Name	Organisation (if applicable)	Role and contact details

Current Agency Information - What is known about the Adult with Care and Support Needs?

Police (include document source)

Adult Social Care (please state name of organisation and include document source)

Employer (please state name of organisation and include document source)

Regulator (please state name of organisation and include document source)

Commissioners (please state name of organisation and include document source)

NHS Bodies (please state name of organisation and include document source)

Others (please state name of organisation and include document source)

Current Agency Information - What is known about the Potential Source of Risk?

Police (include document source)

Adult Social Care (please state name of organisation and include document source)

Employer (please state name of organisation and include document source)

Regulator (please state name of organisation and include document source)

Commissioners (please state name of organisation and include document source)

NHS Bodies (please state name of organisation and include document source)

Others (please state name of organisation and include document source)

Details of Concerns Post Information Gathering

Summary of Concerns

	Yes/No	Details
Are there other adults at risk of abuse?		
Are there other children at risk of abuse?		
Are there any young carers involved?		

Criminal Offences (to be determined in discussion with Police officers)

What offences may have been committed? (Please name them specifically including MCA offences)

If an offence has been committed but will not be investigated by the Police, please state why not

Risk of Harm Information (comment on the following)

Impact of the alleged abuse	
Duration and frequency of alleged abuse	
Apparent premeditation, threat or coercion	

Threat to development and/or independence, well-being and choice	
History of abuse	

People responsible for information gathering

Name of person responsible	Organisation	Contact Details

Risk of Harm Assessment & Decision

Indicate your decision on the level of harm that has already occurred (and provide your reasoning below)

none, low, medium, high (delete as appropriate)

Detail your reasoning for your decision on the level of harm that has occurred

Indicate your decision of your assessment of the potential future risk of harm (and provide your reasoning below)

(delete as appropriate) None, 1 = Low, 2 = Low, 3 = Low, 4 = Medium, 5 = Medium, 6 = Medium, 7 = Medium, 8 = High, 9 = High, 10 = High

Detail your reasoning for your decision on the potential risk of future harm

Section 42 Enquiry Decision

Is the Section 42 enquiry to proceed?

(Delete as appropriate)

Yes – Proceed with Section 42 enquiry
No

If no, please record why not below

If 'Yes' please complete the Section 42 Enquiry Plan, section.

If 'No' please obtain managers comments below.

Info - If the Section 42 enquiry is not to proceed, send to team manager for authorisation.

Manager Comments – Only enter if the Section 42 Enquiry is not to proceed

Manager to complete Section - AS2 Authorised By

Section 42 Enquiry Plan

	Yes/No	Details
Is the local authority undertaking the section 42 enquiry?		If Yes enter which Team/Organisation i.e. ASET or IF
Is the local authority causing the section 42 enquiry to be undertaken by another organisation?		If Yes complete section - Organisation undertaking section 42 enquiry (if not local authority)

Organisation undertaking section 42 enquiry (if not local authority)

Name of Organisation	

Contact Telephone number	
Contact email address	
Accountable person's name	
Accountable person's role	

Potential Contributing Agencies to Section 42 Enquiry

Indicate how many organisations you feel should take part in section 42 enquiry	(Delete as applicable) • Single agency enquiry • Joint agency enquiry • Multi agency enquiry

Info – if joint or multi chosen above - check all that apply by marking with an X

Police		Adult Social Care	
Other Local Authority		Housing Provider	
Other Provider Agency		Care Quality Commission	
Residential Home		Nursing Home	
Domiciliary Care Agency		General Practitioner	
NHS Commissioner		NHS Provider	
Acute Hospital NHS Trust		Mental Health Community Service	
Mental Health Hospital		Other (please specify)	

Other (please specify)

Initial Section 42 Enquiry Plan

Name of professional coordinating section 42 enquiry plan	Organisation	Contact Details

Safeguarding Officer (only if local authority)

Name	Organisation	Team

Initial Enquiry Plan

What Safety Outcomes are desired for the adult with care and support needs?	

Interview of the adult with care and support needs

Action	Safeguarding or enquiry officer responsible	Completion date
(Delete as applicable) Video interview, statement, other (give details)		

Other (give details)

Action	Safeguarding or enquiry officer responsible	Completion date
Interview of person/s alleged to be responsible for harm (potential source of risk)		
Interview of witnesses		
Medical examination (if required)		
Other evidence required - please state below		
Health and safety investigation (HSE/Local Authority)		
Other actions - please state below		

Other (give details)

Action	Safeguarding or enquiry officer responsible	Completion date
Feedback to adult with care and support needs		
Feedback to person raising concern		
Feedback to relatives/informal carers?		
Inform Professional Body?		
Inform DBS – disclosure and barring service?		
Referral to MAPPA		
Inform CQC – Care Quality Commission		
Inform Advocate		
Other - please state below		

Other (give details)

Initial Protection and Support Plan for the Adult with care and support needs

Action	Person Responsible	Completion date

Additional Support to Adult with care and support needs

Action	Person Responsible	Completion date
Assessment for adult with care and support needs		
Mental Capacity assessment		
Mental Health Act assessment		
Referral to advocate (is required if adult with social care needs has substantial difficulty in understanding enquiry process)		
Other (please state)		

Other (give details)

Action and/or Support to person alleged to be responsible for harm (potential source of risk)

Action	Person Responsible	Completion date
Assessment for person alleged to be responsible for harm (potential source of risk)		
Mental Capacity assessment		
Mental Health Act assessment		
Carers assessment		
Referral to advocate		
Other (please state)		

Other (give details)

Meetings Required

If other, please state

Name of person arranging meeting

Date copies of MAPDD sent to participants	

AS2 Completed By

Form Completed By			
Name		Role	
Team		Telephone	
Organisation			

AS2 Authorised By

Decision Making Manager			
Name		Role	
Team		Telephone	
Organisation			

Note: When attaching this word document to CareDirector through attachments, select the following:
Document Type – Case Management
Document Sub Type – Adult Protection

Section 12: Glossary and abbreviations

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

Abuse includes physical, sexual, emotional, psychological, financial/material, neglect/ acts of omission, discriminatory and organisational abuse, domestic abuse, modern slavery and self-neglect. Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

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

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

Adult with care and support needs – a person who is over 18 years old and who has needs for care and support – in relation to Safeguarding Enquiries it is not necessary for eligibility for the provision of services to have been established nor for the care and support needs to be being met at the time that the enquiry is started. (See safeguarding enquiry).

Advocacy - Taking actions to help people say what they want, secure their rights, represent their interests and obtain the services they need.

Best Interests - Any act done or decision made on behalf of a person who lacks mental capacity must be done in his or her best interests and regard must always be had as to whether the acts or decisions could be achieved in a less restrictive way.

Best Interests decisions must take account of:

- Whether the person concerned is likely to regain capacity in relation to the decision in question;
- The participation of the person in the decision as far as this is practicable;
- In cases of life-sustaining treatment the decision must not be motivated by a desire to bring about the person's death;
- The past and present feelings and beliefs of the person;
- The views of people engaged in caring for the person or in his or her welfare or any person holding an Enduring or Lasting Power of Attorney or a court appointed deputy.

Care management - the process of assessment of need, planning and co-ordinating

care for people with physical and/or mental impairments to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.

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

Carer - refers to unpaid carers for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Case conference is multi-agency meeting held to discuss the outcome of the investigation/assessment and to put in place a protection or safety plan.

CCG (Clinical Commissioning Group) - CCGs manage the provision of primary care services in a specific area. These include services provided by doctors' surgeries, dental practices, opticians and pharmacies. NHS walk-in centres and the NHS Direct phone service are also managed by the local PCT.

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

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

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

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

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

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

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

Disclosure and Barring Scheme (DBS) – The statutory organisation responsible for barring unsuitable staff from the children's and adult's workforce. Referrals are normally made by employers following investigation into misconduct but other statutory agencies can also refer in certain circumstances. Staff who are to be employed in *regulated activity* must be checked against the barred list prior to taking up employment.

DoLS (Deprivation of Liberty Safeguards) Provisions of the Mental Capacity Act 2005 amended by the Mental Health Act 2007 which permit a person who lacks mental capacity to be deprived of his or her liberty in a hospital or care home where this is in the person's best interests and has been authorised by the relevant Local Authority following a series of assessments or where an Urgent Authorisation has been issued to enable assessments to take place.

Domestic Abuse - An incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. Domestic Abuse includes any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; emotional.

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

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

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

DVPO (Domestic Violence Protection Order) - is an order applied for by the police and made by the Magistrates' Court for up to 28 days to control access by a perpetrator of domestic abuse to a person they might harm.

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

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

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

Enhanced Provider Monitoring (EPM) was formerly described as Large Scale Investigation and is the process that will be followed where there are concerns about institutional abuse and/or provider failure. This offers a framework for multi-agency discussion and engagement with the provider to assist in service improvement or to manage the risks of service pressures.

Enquiry Review Meeting - A meeting that brings together staff involved in the enquiry process and other relevant people to review the Safeguarding Plan, review progress of the investigation, share information and agree further action. This meeting will be as inclusive as the circumstances permit and may include the participation of the service user or their advocate but in all cases will ensure that the service user's views are fully included.

Evidence - Any information in the form of statements from the adult, alleged abuser(s) or other witnesses; also documents, pictures, visual or records which enable a conclusion to be made about the truth of an allegation.

In the case of a criminal investigation the evidence presented to a court would need to establish 'beyond reasonable doubt' that the crime has been committed before a conviction could be made.

Where there are disciplinary or civil proceedings the evidence needs to demonstrate that the allegation is demonstrated 'on the balance of probability'.

In assessments and enquiries by Social Care and Health staff professional judgements will also be made on the basis of the balance of probability as it is on this basis that future challenges might ultimately be determined either through a Complaints process or through application to a court.

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

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

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

Harm - Not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical) but also the impairment of, or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development.

Healthwatch – government funded organisation that acts as an independent consumer champion for health and social care in a local area. Healthwatch argues for the consumer interests of those using health and social care services across its area, and gives local people an opportunity to speak out about their concerns and health care priorities. http://www.healthwatchstaffordshire.co.uk – Staffordshire http://www.healthwatchstokeontrent.co.uk - Stoke-on-Trent

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

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

HRA (Human Rights Act 2000) legislation introduced into domestic law for the whole of the UK in October 2000, in order to comply with the obligations set out in European Convention of Human Rights

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

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

Ill treatment - Section 44 of the Mental Capacity Act (MCA) 2005 introduced a new offence of ill treatment of a person who lacks capacity by someone who is caring for them or acting as a deputy or attorney for them. That person can be guilty of ill treatment if they have deliberately ill-treated a person who lacks capacity, or been reckless as to whether 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.

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

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

Inherent jurisdiction of the High Court – The High Court can make orders to protect people who may be intimidated, coerced or otherwise unable to act on a decision to protect themselves against harm.

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

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

Investigation/assessment a process to gather evidence to determine whether abuse has taken place and/or whether there is ongoing risk of harm to the adult at risk. In

some local authorities this may be referred to as an 'inquiry'.

Large Scale Enquiries/Investigations (LSE/LSI) (not Section 42 or Care Act 2014) – Now replaced in these procedures by Enhanced Provider Monitoring process.

Local Authority Contact Centre the place where safeguarding alerts are raised within Staffordshire and Stoke-on-Trent.
For Staffordshire the Contact Centre number is 0845 604 2719
For Stoke-on-Trent the number is 0800 561 0015

Managing officer a professional or manager employed by the Local Authority who will be involved in the decision-making about whether to undertake a safeguarding enquiry under Section 42, planning an enquiry, reviewing enquiries, initiating a Safeguarding Plan and terminating enquiries.

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

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

Multi-agency Safeguarding Hub (MASH)- The MASH is a building hosted by Staffordshire Police**,** where a number of statutory agencies have co-located their staff to facilitate information-sharing and shared risk assessment and planning in connection with the abuse of vulnerable people. Partners who are currently based at the MASH include Staffordshire County Council, Stoke-on-Trent City Council, North Staffordshire Combined Healthcare NHS Trust, Staffordshire and Stoke-on-Trent NHS Partnership Trust, South Staffordshire and Shropshire NHS Foundation Trust and the National Probation Service. The MASH serves children as well as adults.

Mental capacity - The ability to make specific decisions about health, welfare, property and affairs at a given time.

Where it is believed that a person may not be able to make the specific decision an assessment of their capacity will be required and this must demonstrate that this is caused by an impairment or disturbance in the functioning of the mind or brain.

A lack of capacity cannot be established merely by reference to age, appearance, a condition or an aspect of behaviour.

MCA (Mental Capacity Act 2005) The Mental Capacity Act 2005 provides a statutory

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

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

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

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

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

OPG (Office of the Public Guardian) established in October 2007, the OPG supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and in supervising Court of Protection appointed deputies.

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

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

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

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

POT (Position of Trust) someone in a Position of Trust who works with or cares for adults with care and support needs in a paid or voluntary capacity. This includes ‘shared lives’ carers (previously known as adult placement carers).

Planning Discussion – The initial discussion(s) between the investigating and other relevant agencies to clarify concerns, identify the harm and the current risk, agree an interim Protection Plan and plan the enquiry.

The Planning Discussion can be either a meeting or a series of telephone conversations.

Police the generic term used in this document will normally refer to Staffordshire Police but on occasion other local and national Police forces will be involved.

Potential Source of Risk - Any individual who is believed to be responsible for, or implicated in, the abuse of an adult. This may include relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. In these procedures this term will apply equally to people who are believed to have abused an adult irrespective of whether the abuse was done intentionally or unintentionally.

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

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

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

Professional Body a registering body that has oversight of the practice and standards of a profession or a group of professionals. Examples include the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC).

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

a whole to protection.

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

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

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

Review the process of re-examining a Safeguarding Plan and its effectiveness.

SAB (Safeguarding Adults Board) the SAB represents various organisations in a Local Authority who are involved in Safeguarding Adults.

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

Safeguarding Adults - the term used to describe all work to help adults with care and support needs stay safe from significant harm. It replaces 'adult protection'.

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

Safeguarding Concern – Any concern raised with the Local Authority by any person that a person with care and support needs is experiencing abuse or is at risk of abuse.

Safeguarding Enquiry - The process undertaken in accordance with the duty under **Section** 42 of the Care Act 2014 to establish the facts of the case; ascertain the adult's views and wishes; assess the needs of the adult for protection, support and redress and how they might be met ; protect the adult from the abuse and neglect, in accordance with the wishes of the adult; make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse

or neglect; and enable the adult to achieve resolution and recovery. The duty to make enquiry lies with the Local Authority but it can 'cause enquiry to be made' by other agencies and consideration will be made on a case by case basis as to who the appropriate person would be to undertake the enquiry.

Safeguarding Officer - will describe an officer of the Local Authority to whom an enquiry under **Section** 42 has been directly assigned

Safeguarding Plan - The planned actions that will be taken to assist the adult to protect themselves from the risk of abuse and to achieve the desired objectives. This will be a written plan that clearly outlines the protective measures that will be put into place to ensure that the person with care and support needs is protected from abuse in future. This will include clearly ascribed outcomes as well as the roles and responsibilities for those involved and will include arrangements to address contingencies.

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

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

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

Social Care - The directorate or section within the Local Authority with social services responsibility that is responsible for assessment, care and support provision for adults under the Care Act 2014.

Local Authority responsibilities have been delegated in some cases to NHS Trusts or to other providers. The commissioning of these services is often based on an agreement under section 79 of the Care Act 2014. In relation to safeguarding enquiries the responsibility of the Local Authority cannot be delegated but other agencies can undertake enquiries when caused to do so by the Local Authority. Otherwise, wherever this delegated authority and function exists these agencies will carry the same social care responsibilities.

Special Measures - Adherence to the guidance on the treatment of *vulnerable witnesses* in accordance with the guidance set out in *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and using special measures.*

Examples of *special measures* include the use of video recorded interviews, involvement of trained intermediaries, giving evidence by video link and adaptations to courtroom processes to accommodate issues of disability and intimidation and improve the quality of evidence given by the witness.

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

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

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

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

Wellbeing – is a broad concept to which the following contribute: personal dignity; physical and mental health; protection from abuse and neglect; control over day to day life; participation in work, education or recreation; social and economic factors; domestic, family and personal life; suitable accommodation and making a contribution to society. The Care Act 2014 sees Wellbeing as a key concept in identifying the success of care and support outcomes.

Wilful neglect an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. **Section** 44 of the Mental Capacity Act (MCA) makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

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

witnesses, defined as: *A person suffering from a mental disorder within the meaning of the Mental Health Act 1983 or who otherwise has a significant impairment of intelligence and social functioning. A person who has a physical disability or disorder*

Policy Checklist

1. Is this a new policy?	No
Aims	
2. Have the aims, objectives and intended outcomes been identified?	Yes
Impact	
3. Does the policy affect any of the following groups in terms of their protected characteristic? Gender (incl trans gender) Disability Age Sexual orientation Pregnancy and maternity	Please delete as appropriate: **Yes** **Yes** **Yes** **Yes** **No**
4. Please explain how the policy will ensure that the groups identified above have equal access to this policy	The procedures seek to empower all groups to prevent and address abuse and neglect. The key principles and the practice guidance will ensure that the approach is in keeping with human rights requirements and is person-centred and outcome focussed.
5. Are there any other groups whom the policy may have a differential impact on? If so, please explain.	**No**
Data & Evidence	
6. What data/evidence has been collated to inform the development of the policy?	The procedures are informed by national legislation (Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983, Police and Criminal Evidence Act). The statistical backdrop is provided by data from the SAB's annual reports.

	Practice issues from Domestic Homicide Reviews and Safeguarding Adults Reviews are also integrated into the guidance
7. Does the policy respond to the needs that were identified from the data, evidence and consultation? If not, please briefly explain why.	Yes
Consultation & Involvement	
8. Has consultation been carried out with partners?	Yes
9. Were the consultation activities carried out inclusive and accessible?	Yes – major consultation even held in 2015.
10. Briefly outline the findings from the consultation and whether the policy needs to be adjusted/amended as a result of the consultation.	Procedure was amended and improved as the result of the feedback from the consultation event.
Monitoring	
11. How will the policy be monitored and reviewed for any potential future impacts?	Annual review by the Policy and Procedures Sub-group
12. In what ways does the policy promote equal opportunities?	The procedures promote choice and autonomy for all groups.
13. Has any inequality impact been identified? If yes, what action/has will be taken to remedy?	Not yet. This will follow later in 2016.

Policy Essentials

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