

# **LONDON BOROUGH OF RICHMOND UPON THAMES**

## **LOCAL SAFEGUARDING ADULTS PROCEDURES**

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# Safeguarding Procedures

## Introduction

The London Borough of Richmond upon Thames follows the Pan London Procedures, 'Protecting adults at risk: London multi-agency policy and procedure to safeguard adults from abuse' [http://www.richmond.gov.uk/protecting\\_adults\\_at\\_risk-london\\_multi-agency\\_policy\\_and\\_procedures\\_to\\_safeguard\\_adults\\_from\\_abuse\\_scie .pdf](http://www.richmond.gov.uk/protecting_adults_at_risk-london_multi-agency_policy_and_procedures_to_safeguard_adults_from_abuse_scie.pdf)

From April 2015, new responsibilities were placed upon local authorities and statutory partners as set out in The Care Act 2014. The Pan London Procedures are currently under review and will be updated to incorporate these new responsibilities and evolving best practice guidance upon local authorities

A local complementary protocol to the Pan London Procedure has been in place since 2011. However, until the revised Pan London Procedures are finally available we are publishing this revised local interim set of procedures to locally address the Council's new responsibilities. They remain aligned to the current Pan London Procedures as far as possible, but are the practical guide to responding to a safeguarding alert within the Borough.

They are designed to be accessible to all staff, regardless of their designation or experience and will directly assist frontline practitioners, allied professionals and the members and partners of the Safeguarding Adults Board. They are not a prescribed pathway to successful safeguarding, but a means of describing how professionals can use their critical thinking skills and balance these with the views, wishes and preferences of adults at risk.

The procedures are framed by the personalisation of health and adult social care through 'Making Safeguarding Personal,' (MSP). It is a programme led by the Local Government Association (LGA) Safeguarding Adults Programme and by the Association of Directors of Adult Social Services (ADASS). The key focus of MSP is about developing and re-establishing the skills to facilitate effective practice in order to gain a real understanding of what people wish to achieve, alongside evaluating the outcomes in order to establish effectiveness.<sup>1</sup>

The procedures benefit from an emphasis on partnerships with statutory and non-statutory organisations, so adults at risk can be assured that there is a one team approach, and that the best person to support them through a safeguarding concern will do so in collaboration with others.

The leading priority throughout the procedures is that the safety and wellbeing of the adult at risk is paramount. The Care Act reminds us that 'people have complex lives and being safe is only one of the things they may want for themselves and it is important for professionals to establish what 'being safe' means to the person, along with how that can best this can be achieved.<sup>2</sup>

These procedures need to be viewed as a framework and not as a prescriptive way of managing safeguarding concerns. Past guidance has been faulted for over-standardising practice and undervaluing the skills required to apply the six principles of safeguarding in diverse circumstances (please see next section).

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<sup>1</sup> Summary of Findings Local Government Association 2013/14.

<sup>2</sup> Care Act 2014 Statutory Guidance

Whilst it is important to have standards and measures that reflect the principles, professional judgement is crucial to decision making and facilitating person-centred, outcome focused responses to any adult in any safeguarding or abuse situation. Staff should use their knowledge, skills and experience to work with the adult at risk, their families, and friends to achieve positive outcomes that jointly enable the adult at risk to feel safer.

## Principles

The principles are:

- Empowerment
- Proportionality
- Person centred
- Prevention
- Protection
- Partnership

Where there is a need for safeguarding intervention, the fundamental principle of these procedures is to ensure that adults at risk receive a personalised service, set within a framework of risk assessment and management. This must work collaboratively; be transparent and enabling regardless of their disability, age, gender, ethnicity, religion or sexuality. The consequent delivery of these procedures must be governed by:

- supporting and enabling the adult at risk to achieve outcomes that they see best for them, where these are achievable and practicable
- involving the adult right at the start
- deploying safeguarding 'with' the adult and not 'to' them
- enabling positive risk taking
- recognising and respecting differences, so actions are sufficiently flexible
- ensuring that wellbeing is at the heart of safeguarding
- ensuring that the adult at risk can make informed choices through supported decision making, where appropriate
- supervising practice over process
- taking the least intrusive action and being flexible to change
- deploying prevention that empowers the adult at risk
- active listening and learning from the adult at risk about what works well
- defensible decision making based on clear reasoning, with due regard to appropriate legislation, policies and procedures

## Prevention

The approach supported by statutory guidance<sup>3</sup> is that prevention is key and early intervention strategies that focus on preventing harm and neglect in the least intrusive way are supported by robust risk management and community awareness. Organisations working together, through our Safeguarding Adults Boards; Community Safety Partnership; the Health and Well Being Board and other governance frameworks, need to ensure that early intervention and prevention strategies are meaningful to local communities.

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<sup>3</sup> Care Act Statutory guidance 2014

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_239027\\_77\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_239027_77_Care_Act_Book.pdf)

Where abuse has occurred it is imperative that steps are taken to prevent abuse from reoccurring wherever possible. Prevention should be on the agenda at every stage of safeguarding and it is especially important when intervention is about to come to an end. When working with the adult at risk and their personal network, it is important that professionals aim to build up resilience as part of the recovery process, so that ultimately, adults can protect themselves and if future support is needed, this must be built into the Making Safe Plan.

## **Mental Capacity**

It should always be assumed that a person has capacity to make their own decisions<sup>4</sup>, unless there is evidence to the contrary, in which case the two stage test for mental capacity may need to be put into practice. However it must always be taken into account that practical assistance with communication may benefit the person, before they are treated as unable to make the decision in question. If the adult at risk appears to lack capacity, a mental capacity assessment should be undertaken.

A test of capacity may be required to establish if the adult can decide on a range of matters, appertaining to safeguarding. Examples are:

- Can the adult consent to the safeguarding enquiry?
- Do they want the enquiry to be made?
- Can they participate in enquiry? Do they need an advocate?
- Are they able to identify and define the outcomes they wish to achieve?
- Can they protect themselves?
- Can they understand the risks and the implications?

Staff should always consider:

- the person may regain mental capacity
- their wishes, feelings, values and beliefs
- if practical and appropriate, the views of family members, parents, carers and other people interested in the person's welfare
- the views of any person who (pre-October 2007) holds Enduring Power of Attorney or Lasting Power of Attorney, made by the person now lacking capacity
- the views of any Court appointed Deputy appointed by the Court of Protection
- the person's best interests (see policy section 2).

## **Advocacy and Support**

If it is considered that the adult at risk may not have the capacity to understand the relevant issues nor are they able to make an informed decision, the safeguarding process and their right to advocacy and support, should be explained to them as far as is possible and an advocate must be sought the adult would appear to experience substantial difficulty in trying to understand the process, interventions and activities and where there is no other appropriate individual to help them (see Policy section 3).

Where it is considered that a person is unable to speak or understand English, an interpreter should be used. This should always be a professional and staff should not be reliant on the good will of family/friends or anyone else, where it may present a conflict of interest or be inappropriate. Other issues of accessibility to information and support should be considered on an individual basis (see Policy section 4).

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<sup>4</sup> Mental Capacity Act 2005

## Section 42 Enquiries

In the context of the Care Act, specific adult safeguarding duties apply to **any** adult who:

- Has care and support needs (in context of the Statutory Care and Support Eligibility Regulations),<sup>5</sup> whether or not those needs are being met by the local authority and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves because of those needs.

If the above criteria are met then a Section 42 responsibility exists. This means that a local authority has a duty to carry out and make safeguarding enquiries, for an on behalf of the adult at risk. The local authority can request that a third party, such as a statutory partner or care provider, contribute to the enquiries, but the local authority must retain the oversight of the enquiry and sign the case off. If a third party has made a contribution to a Section 42 Enquiry, the local authority has the right to challenge outcomes, if they deem it necessary to do so. The third party must operate under their duty to 'co-operate' in a Safeguarding Enquiry.

## Risk Assessment and Risk Management

Safeguarding is fundamentally about removing and or reducing risk to enhance safety and wellbeing for an adult who may be at risk. The aim of risk management is:

- To promote, and thereby support inclusive decision making as a collaborative and empowering process, which is fully attentive to the individual's perspective and to the views of the primary carers.
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes.
- To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'.

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

## Involving the Adult at Risk

The adult at risk should always be involved from the beginning and throughout, unless there are exceptional circumstances that would increase the risk of abuse.

Where adults choose to accept risk, plans should include details of how they will be supported to understand risk, information and strategies to minimise the risk or make alternative choices. If the adult makes repeated unwise choices, or makes decisions that are out of character or irrational a capacity and capability assessment should be considered.

The adult at risk is best placed to identify risks, provide details of its impact and whether or not they find the mitigation acceptable. By working with the adult at risk to lead and manage the level of risk that they identify as acceptable, engenders a culture where:

- Adults at risk feel more in control
- Are empowered

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<sup>5</sup> The Care and Support Statutory Eligibility Regulations 2014

- There is improved effectiveness and resilience in dealing with a situation
- There is better relationships with professionals
- Key elements of the person's quality of life and well-being can be protected.

## Identifying Risk

Identification of a risk should involve a balanced approach, which looks at what is and is not an acceptable risk. The views of adults who use services, their families or advocates are equally as important as those of practitioners. Identifying risk should be a balance between the views of the adult at risk and the critical thinking and analyses of the professional who aims to support adults at risk to get the best safeguarding outcome.

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for an adult at risk, than it would be for any other person. For example, if a person with a learning disability who lives in residential care is used to travelling independently, taking a train trip some distance from their usual environment, where their family meets them might not necessarily entail a risk that needs to be assessed or managed.

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

The focus must be on the management of risks not just a description of risks. This requires exploration with the adult at risk. Using a person centred approach to ask the right questions in building up a full picture. Not all risks will be apparent in one conversation and risk assessments need to be regularly updated as part of the safeguarding process.

## Risk Assessment

Risk assessment involves the activity of collecting information through observation, communication and investigation. It is an ongoing process that involves considerable persistence and skill to assemble and manage relevant information in ways that become meaningful to the adult at risk, their family/friends and for the users of services as well as the practitioners involved in working together to safeguard people. Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people using services should be integral in all assessment and planning processes including assessments for self-directed support and the setting up of personal budget arrangements. Assessment of risk is dynamic and ongoing and a flexible approach to changing circumstances is needed. The primary aim of risk assessment is to assess:

- current risks that people face; and
- potential risks that they and other adults may face
- and how the adult in question wishes to deal with it

The risk assessment should determine:

- the outcomes views and wishes of the adult at risk
- the removal or reduction of the risk if it is causing harm
- the person's ability to protect themselves
- factors that contribute to the risk, for example, personal, environmental
- the risk of future harm from the same source

The risk assessment must consider:

- that any safeguarding concern must be reported to the local authority as the lead agency or the police, if it is a crime is suspected
- that the person has care and support needs, is unable to protect themselves and is at
- facts of the abuse or neglect
- if intervention or services would reduce or remove the risk
- strengths that the person and their network may bring to bear to reduce or remove the risk
- legal powers of the local authority and those of statutory partners
- need to protect other adults or children
- need to identify cause of harm and the possibility that this may be another adult at risk who may require care and support
- consider the types of abuse including self- neglect
- consider what partner based structures may assist e.g. would a MARAC referral be necessary if domestic violence was evident? Or is a MAPPA referral needed?

### **Risk Management**

It is the collective responsibility of all participants, including service users, to share information, make decisions and plan intervention. A plan to manage the identified risk and to put in place safeguarding measures includes:

- what action must be taken immediately to safeguard the adult at risk and/others
- who else needs to contribute and support decisions and actions
- what does the adult at risk see as proportionate and acceptable
- what options are there to address risks
- when do actions need to be taken and by whom
- what are the strengths, resilience and resources of the adult at risk
- what needs to be put in place to meet the ongoing support needs of the adult at risk
- what are the contingency arrangements
- how will the plan be monitored

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

### **Reviewing Risk**

Risks should be reviewed throughout the process so that adjustments can be made in response to changes in levels and nature of risk. Individual need will determine the frequency of when risk assessments should be reviewed, and wherever possible this should be a multi-agency decision led by the adult at risk.

People have the right to make their own decisions, even if they may appear unwise to others. Where there are concerns about people making such decisions, or there is high risk that requires wider collaboration, it may be helpful for local authorities and others to set up Community Multi-Agency Risk Panels (High Risk Panels) to support safeguarding adults' processes. (See Section 5)

Other mechanisms that may support assessment of risk are Multi-Agency Safeguarding Hubs (MASH). Where there is a MASH, they provide a means of sharing pertinent information and take a multi-agency co-ordinated approach to risk, utilising information held by all the different agencies.

## **Safeguarding Adult Referral Points**

Each organisation will have its own operational manual advising staff how to recognise abuse and neglect and self-neglect, and how to report abuse and neglect through internal reporting mechanisms. All local authorities have a pathway to access services. Pathways usually triage information to consider issues of prevention and eligibility to services.

## **Roles and Responsibilities**

Safeguarding is everyone's business. Everyone should contribute to prevention strategies, and take appropriate action when concerns are raised, so that there is good partnership working where concerns are progressed to enquiries and following the closure of safeguarding. The local authority is the lead for deploying statutory decision making regarding a safeguarding enquiry and where it has been decided that a statutory duty exists then a Safeguarding Adults Manager (SAM) will be appointed to oversee the enquiry.

Where a crime has been or may be committed, the police will lead and any safeguarding activities should be vigilant to the risk of compromising criminal investigations. This is usually best dealt with by police advice.

Where clinical expertise is required, the Clinical Commissioning Group will be instrumental in supporting safeguarding.

The Safeguarding Adults Board is responsible for assessing the effectiveness of safeguarding across the partnership.

## **Timescales**

It is important that timely action is taken, however the views of the adult at risk are paramount, and divergence from any agreed timescales may be justified on grounds of making safeguarding personal and good practice where:

- adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants
- it would not be in the best interests of the person at risk
- significant changes in risk are identified with the adult at risk that need to be addressed
- supported decision making, may require an appropriate resource not immediately available
- peoples physical, mental, emotional wellbeing may be temporarily compromised

Care should be taken by the Safeguarding Adults Manager (SAM) responsible for overseeing safeguarding that drift does not overshadow timely action. Whilst timescales provide some control of the system, they can do so at the expense of thoughtful practice.

Suggested timescales are provided for each stage of the safeguarding process.

## **The Four Stage Process to responding to safeguarding**

- Stage One: Raising a Concern
- Stage Two: Enquiries
- Stage Three: Concluding the Enquiry
- Stage Four: Review & Closure

If, at any stage, an adult at risk or their advocate or representative feels that the Enquiry is no longer appropriate and the risk has been removed or reduced, and the matter does not lie in the public interest, then the local authority can consider that closing down the safeguarding activity. The overall wellbeing of the adult at risk should be assured and this could mean offering alternative options such as signposting information; community engagement; help from a voluntary organisation or care management intervention if the adult has care and support needs and they may benefit from an assessment of those needs.

## Stage One – Raising a Concern

A concern may be:

- a direct disclosure by the adult at risk
- a concern raised by others
- observations of the behaviour/actions of the adult at risk
- observations of the behaviour/actions of others towards the adult

Concerns may be made to the local authority by anyone at any time.

**If a person is in immediate danger 999 should be contacted to refer to the appropriate emergency service.**

**The referral point for any safeguarding matter is to the Council's Access Team.**

Email: [adultsocialservices@richmond.gov.uk](mailto:adultsocialservices@richmond.gov.uk)

Telephone: 020 8891 7971

Textphone: 18001 020 8891 7971

You can also complete our [Safeguarding Adults Alert form](#)  (MS Word, 602KB) and either post or fax back to the [Adult Access Team](#).

### Telephone concerns

Where concerns are raised by professionals, the referring professional should keep a record of their actions. The professional in receipt of the telephone call should record what has happened, decisions, who was involved, and date and sign all documents. Telephone referrals about safeguarding concerns from professionals should always be followed up in writing. Telephone referrals from professionals should be made where there is immediate risk and early discussion with the local authority is needed.

Where a member of the public raises a concern, it is reasonable for professional bodies dealing with the concern to record what is said on their behalf, whether this is direct to the local authority or another organisation. If possible this should be sent to the person via email or post as a record of their contact, but also as a means of ensuring that what they were reporting has been understood accurately.

Staff responsible for receiving any concerns should have adequate training on what questions to ask, how to respond to people and when the matters indicates a high concern, so it is escalated to a manager without delay. Where a telephone caller identifies immediate danger that may be a criminal matter, they should be advised to phone 999. Likewise where the adult at risk or someone else may need urgent medical attention the caller should be advised to deal with this first.

### Concerns via post or email

All postal and email concerns should be registered and dealt with on the same day that they were received by the Safeguarding Adults Referral point, therefore a system of identifying safeguarding concerns should be developed. This may be an agreed form, which should be easily accessible, written in plain English and concise. Whilst it is important to have as much information as possible, pre-prepared forms, should note the priority essentials.

## **Social Media**

More frequently, people use social media as their preferred method of communication. Statutory organisations and in particular local authorities should ensure that members of the public can receive information and advice via social media and can also raise concerns. Care should always be made that in using social media, confidentiality of the adult at risk is respected.

## **MERLIN : Adult Come to Notice (ACN) Reports**

Merlin ACNs are reports that are made by the police and sent to local authorities where they have concerns about people who may be adults at risk. Merlin ACNs will be completed by operational police officers when they come into contact of an adult with vulnerabilities whether they ARE a victim, witness, suspect or member of the public.

If the subject has been identified as being vulnerable using the 'Vulnerable Adult Framework', checks are made to see:

- if the individual is an Adult at Risk as defined by the Care Act
- checks to ascertain whether the individual is subject to current Mental Health legislation or there are concerns regarding their mental health

Merlin reports are generated in addition to a Crime Recording Information System (CRIS) which is the Metropolitan Police Service (MPS) database, if a crime is suspected or there will be a police investigation into any allegation of abuse. The police will make a decision about whether to refer to the local authority, based on the above criteria, as individuals coming to the attention of the police meeting the above criteria, are more likely to require a local authority 'safeguarding' response when abuse /harm is suspected.

The police record all use of Mental Health Legislation namely: Sections 135,136 Mental Health Act 1983, incidents and those subject to Section 5-6 Mental Capacity Act 2005 on ACNs.

Upon receipt of a Merlin Report, the Local Authority must assess if a Section 42 duty exists and make contact with the police to obtain further information, or take alternative action. In those localities where there is a MASH it will be usual for such reports to be triaged and followed up through that channel.

The police are also required to follow the same procedures as any other organisation raising a concern.

## **Responsibilities of the person raising the concern**

### **Concern that an adult is at risk of abuse or neglect?**

- Try to reduce risk for adult and where necessary, others
- Do not put yourself in danger
- Contact the Local Authority to raise the concern

### **Crime?**

- Contact the police if you think a crime may have been committed and take advice

### **Emergency?**

- Call 999

## **Keeping the adult at risk at the centre of the process**

Adults at risk should be involved from the start and throughout. The first conversation needs to focus on: if they know about the concern; if so what outcomes they may require from any safeguarding activity; if they understand what the safeguarding activity may entail and if they are willing and or able to give consent to any enquiries being made on their behalf.

It may not always be possible to gain consent, as the adult at risk may lack capacity or be too distressed to make an informed decision. Early identification of capacity and the impact on risk and how it can be managed, gaining the views of the adult at risk about what help and support they require, provides a helpful steer about the next steps.

Careful consideration needs to be given to whether or not the adult at risk is under any possible undue influence and therefore may not be in the position to freely discuss a concern because of fear of reprisal, or causing difficulties to other people. Staff should take steps to reassure adults at risk, without promising complete confidentiality. The following acts as a checklist for practitioners:

- a) speaking in a private and safe place
- b) gaining views on what has happened and what people want done about it
- c) providing information and advice on keeping safe and the safeguarding process
- d) explaining how people will be kept informed, identifying communication needs, personal care arrangements

Agreement with the adult at risk needs to be established at the earliest opportunity on, (1) consent to take matters further (2) contacting the police if a crime has been committed and would not increase risk and (3) what immediate support can be offered to deal with the situation.

## **Responsibilities of managers/safeguarding leads in organisations**

The person receiving the concern may be a manager or safeguarding lead and should act on the information by first confirming the above and taking additional actions in addition to leading on the following decisions. These include notifying the Care Quality Commission (if a regulated service) and notifying commissioning and/or contract monitoring officer whether in a regulated service or not. Other responsibilities are:

- Contacting Children and Families Service, if a child or young person is also at risk.
- If the person allegedly causing the harm is also an adult at risk, arrange any necessary intervention
- Making sure that others are not at risk
- In line with the organisation's disciplinary procedures, suspend staff suspected of abusing an adult or adults at risk.

## **Decisions**

A manager/safeguarding lead/ should be involved in decision making. Where such support is unavailable, staff should consult with other more senior staff and in the event that these are unavailable seek the advice of the local authority. Staff may also take action without the immediate authority of a line manager:

- if discussion with the manager would involve delay in a high-risk situation
- if the person has raised concerns with their manager and they have not taken action

The first decision is whether or not to override the wishes of the adult at risk, if they do not consent to any action being taken. The deciding factors to consider are whether or not there is a public<sup>6</sup> or vital<sup>7</sup> interest to do so. Where there is a risk to other adults at risk, children and young people and the view is that it is a safeguarding matter, and then the wishes of the individual adult at risk may be overridden.

#### Whether to refer the matter to the police

Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police. There may be some occasions when the adult at risk does not want to pursue police referrals, for example where a family member may have stolen money. Where there is a public or vital interest the decision should be made on the basis of protecting others. However where it is a personal matter which threatens family relations and the adult has mental capacity, then the adult's wishes should be respected and other ways of safeguarding them should be discussed.

#### Raising the concern with the local authority

If, on the basis of the information you can reasonably obtain, it appears that:

1. there is a concern that someone may be experiencing or at risk of abuse and neglect, and;
  2. they are unable to protect themselves because of care and support needs
- **then a referral must be made to the local authority.**

### **Local Authority actions**

The Local Authority should make the following checks and take action accordingly.

- Clarify demographic details and contact details for adult at risk, person who raised the concern and any other relevant individual
- Clarify basic facts, focusing on whether or not the person has care and support needs and whether the person is unable to protect themselves because of those needs; and, risks
- If the allegation is a potential crime there must be immediate liaison with Police and a preservation of evidence where possible
- Cross reference known facts for example, communication needs, first language, preferred means of communication from information that may already be held by organisations
- Clarify the details of what the concern is about and whether there have been any previous concerns of a similar nature
- Make additional checks to see if there have been other concerns made on the same person, or someone at the same address, may be helpful in identifying patterns of concerns related to a particular adult at risk
- Find out if there is on-going health involvement and any actions they may have taken or need to take to provide immediate clinical assistance
- Clarify if it is known whether the adult at risk has any cognitive impairment which may indicate their ability to protect themselves

<sup>6</sup> **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 to protection.

<sup>7</sup> **Vital interest** is a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life threatening situations.

- Find out if there is any information on the person alleged to have caused harm and if any action has been taken with them
- Clarify whether the person raising the concern has sought the consent of the adult at risk
- Find out if the adult at risk is known to a particular professional and has an on-going relationship with them
- Clarify if the adult at risk is linked to a particular advocate or advocacy service
- Confirm who will take responsibility for progressing the safeguarding, and forward all information to a Safeguarding Adult Manager to co-ordinate next steps
- Inform other relevant organisations of the nature of the allegation and the actions being taken for example the Care Quality Commission
- If the management decision is that the concern is not safeguarding, ensure that all information is forwarded to the appropriate service
- Provide feedback to the referrer.
- Record all actions
- Send to manager for sign off

### **Safeguarding Adults Managers (SAMs)**

SAMs are professionals or managers (usually in a social work or community mental health team [CMHT]) suitably qualified and experienced who have received Safeguarding Adults training. SAMs are responsible for coordinating all Safeguarding Adults enquiries by organisations in response to a safeguarding concern.

### **Actions if not safeguarding**

Where the matter is not safeguarding, other actions can still be taken, whether it enhances the overall wellbeing of an individual or not. Decisions about whether it is safeguarding or not rests on the fact that the person may or may not have care and support needs and:

- there are no signs of abuse and or neglect
- they can protect themselves, have capacity and there are no public or vital interest considerations
- they have care and support needs and would benefit from an assessment; sign posting or information; guidance; a referral to a third party or their carer may benefit from an assessment.

If a decision is made not to follow the Safeguarding Adults procedures a record must be made detailing the rationale for the decision, who made it and what other action was taken. It is sometimes preferable for joint decision making by two professionals and to eradicate doubt by further fact finding.

### **Keeping the person who raised the concern with the local authority informed**

Feedback to referrers is essential and a requirement under these policies and procedures. Feedback provides assurance that action has been taken, and the issues are being addressed. Partners may consider auditing referrals made to the local authority and their outcomes as this can provide useful intelligence to highlight where training may bring benefits or the development of prevention strategies. It is also more likely that members of the public and other organisations will continue to raise issues, where they have seen that they were listened to and that their actions had an impact.

## **Dealing with repeat allegations**

All concerns should be considered on their own merit. An adult at risk who makes repeated allegations that have been investigated and unfounded should be treated without prejudice. However, where there are patterns of the same concern being raised that has been thoroughly dealt with on a previous occasion within a short time frame, a risk assessment and risk management plan should be developed and a process agreed for responding to further concerns

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

1. The need for care and support
2. The risk of abuse or neglect
3. The ability of the adult at risk to protect themselves
4. The capacity and ability of their networks to increase support
5. The wishes of the adult at risk and impact on them of the safeguarding concern
6. The impact on important relationships

## **Decisions by Local Authority Referral Point Manager**

Local decision making processes will need to consider:

1. Is it safeguarding?
2. Does the person need any support right now?
3. Who will be providing this and when?

## **Decisions by the Safeguarding Adults Manager (SAM)**

1. Who is the best person to gather the initial information?
2. Who will decide if a section 42 duty exists?
3. What are the immediate and foreseeable risks?
4. What needs to be done to manage and prevent harm?
5. Does the person have capacity and have they provided consent?
6. Is an advocate needed?
7. Is there anyone else who needs to be informed at this stage?
8. Is any additional information needed to make the above decisions?



## Stage Two – Enquiries

### Definition:

*“An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs”.<sup>8</sup>*

If the adult at risk of being abused cannot safeguard themselves from abuse or neglect because of their care and support needs (defined within the Care and Support Eligibility Regulations), then the Local Authority’s safeguarding duty applies. If they are able to protect themselves, despite having care and support needs, then a safeguarding response may not be appropriate.

Local authorities are responsible for considering any safeguarding concerns raised about any adult who has care and support needs and deciding whether it is necessary to carry out an enquiry. This is known as a Section 42 Enquiry and should include the person so that they can express their outcomes and fully participate in any process that may ensue, in keeping with the principles outlined above.

### Objectives of a Section 42 Enquiry:

- Establish facts
- Ascertain the adult’s outcomes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult, where possible
- Reduce or remove risk where possible
- 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.

## Responsibility for Enquiries

In any organisation, there should be adult safeguarding operational guidance which should endorse and reflect this Procedure and its associated Policies in order to support the reduction or removal of risk; support and protect the adult; help them to recover adult and develop resilience. Such guidance should assist those working with adults to develop swift and personalised safeguarding responses that involve adults in decision making. This, in turn, should encourage proportionate responses and improve outcomes for the adult concerned.

Local authorities can continue to enter into partnership arrangements with the NHS for the NHS to carry out a local authority’s “health-related functions” (as defined in the 2000 Regulations). This effectively authorises NHS bodies to exercise those prescribed functions, including adult safeguarding functions. In fact, all care and support functions under the Care Act can be included in such partnership arrangements except charging, carrying out financial assessments and debt recovery.

These arrangements are “partnership arrangements” rather than “delegations”. In addition by virtue of regulation 4 of the 2000 Regulations, arrangements may only be entered into “if the

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<sup>8</sup> Care Act Statutory Guidance 2014

partnership arrangements are likely to lead to an improvement in the way in which those functions are exercised". The local authority would still remain legally responsible for how its functions (including adult safeguarding) are carried out via partnership arrangements and can challenge the outcomes of an enquiry having been carried out. The Local Authority still must retain oversight of the Enquiry and agree with a case closure.

### **Who can carry out an enquiry?**

Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The local authority must have an agreed process for how it will manage enquiries and all staff need to be trained to a level appropriate for their role and responsibility, so that they know what action to take and when to take it.

The specific circumstances will often determine who the right person may be. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse. While many enquiries will require significant input from a social care practitioner, there will be aspects that should be undertaken by other professionals with the necessary skills and knowledge. The assigned professional is the **Enquiry Officer**.

### **When should a Section 42 Enquiry take place?**

A Section 42 enquiry must take place if there is reason to believe abuse or neglect are taking place and the local authority believes an enquiry is needed to enable it to decide what action to take to support and protect the individual. The level of enquiries is dependent upon the level of risk.

The Act requires local authorities to make proportionate enquiries (or to ensure, as the lead agency, that enquiries are carried out by the relevant organisation). Action and who will take it, will depend on a given situation. The local authority is responsible for co-ordinating the work and will have oversight, but actions may also be taken by other

### **Roles and Responsibilities**

#### **All organisations**

Safeguarding requires collaboration between partners in order to create a framework of inter-agency effectiveness. Local authorities and their partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, also consider the wishes and feelings of the adult on whose behalf they are working. Partnership working to support enquiries is essential to provide the best outcome for adults at risk.

#### **Local authority**

The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult, and by whom such action is taken. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome is unsatisfactory. The local authority is responsible for signing off enquiries and for ensuring that all recommendations and actions were carried out.

#### **Metropolitan Police Service**

Where a crime is suspected and referred to the police, then the police must lead the criminal investigation, with the local authority's support where appropriate, for example by providing information and assistance. Everyone is entitled to the protection of the law and access to

justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation. Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is beneficial.

### **Health**

Where the matter requires some clinical knowledge, the Clinical Commissioning Group through safeguarding leads, will ensure that action is taken and appropriate skills and resources are sourced. Health professionals should undertake enquiries about treatment plans relating to medicines management or pressure sores. Health providers should not be asked to undertake safeguarding enquiries within their own jurisdiction where there may be a conflict of interest to do so.

### **Care & Support Providers**

Where there are concerns about organisational abuse within particular establishments, this may present a conflict of interest if the provider leads on the enquiry, whilst for other enquiries they may helpfully be undertaken by the provider. For example, where theft may be an issue and the police are not leading on the investigation, a manager who knows the adult at risk might be asked to lead on the enquiry, but there will always be oversight by the local authority.

### **Housing Providers**

The nature and diversity of housing organisations can mean that their staff are often well placed to:

- Have a good knowledge of the people and the communities with whom they work
- Be working with people who are unable to protect themselves from abuse or neglect due to their care and support needs, but who are not already known to adult social care services
- Identify people experiencing or at risk of abuse or neglect and raise concerns
- Be the first professionals to whom people might first disclose abuse or neglect concerns
- Be the only professionals working with the adult at risk
- Provide essential information and advice regarding the adult at risk
- Contribute actively to person-led safeguarding risk assessments and arrangements to support and protect an individual, where appropriate
- Carry out a safeguarding enquiry, or elements of one
- Be instrumental in helping a local authority to successfully exercise its safeguarding and well-being duties

The local authority in consultation with the adult at risk and other professionals should agree who will act as the lead Enquiry Officer. The role of the Enquiry Officer is to:

1. Contact the adult at risk and/or advocate
2. Clarify the concern and what the adult at risk wants done about it
3. Gather intelligence about who was involved, when it happened and any sources of information that may be helpful to pursue
4. Explain the safeguarding process
5. Lead on mapping out the adult at risk's personal network

The Safeguarding Adult Manager (SAM) will oversee and co-ordinate the response and multi-agency decision making. The SAM will be responsible for allocating the work to be undertaken directly by the local authority, or liaising with another key professional to act. In

some instances, it may be more appropriate for joint work. The SAM will at all times ensure that the work is carried out to agreed timescales and to a satisfactory standard.

### **Scope of an Enquiry**

The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes. The principle of proportionality should guide the scope for each enquiry, together with the views of the adult at risk. Enquiries are outcome focussed, in that the objective is to find out what type of enquiry activities will best suit the particular circumstances to achieve the outcomes for the adult at risk.

### **Criminal Investigations**

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

Other processes, including police investigations, can continue alongside the Safeguarding Adults process and the safeguarding process may cease, even if there are outstanding police processes providing that there is clear evidence of consultation and agreement with the adult at risk.

**Conversations** with the adult at risk are the starting point for any enquiry. Prior to contact, the Enquiry Officer should if possible clarify any specific communication needs that the person may have. Checks should also be made about whether there is an advocate who is required to be there, or named support person that the adult at risk has identified as being important to them who they may want to be present. For initial conversations this may not be possible, and is an area to be covered when first approaching the adult at risk.

Staff need to handle enquiries in a sensitive and skilled way to ensure distress to the adult is minimised. Talking through a concern may result in resolving it. There is a skill involved in eliciting information and asking the right questions, to ascertain what the concern is, how it impacts on the adult at risk, what action they would find acceptable and the level of associated risk. Whilst it is essential to put the adult at risk at ease, building up a rapport, the objectives of an enquiry should focus the conversation.

The Enquiry Officer should clearly state their reason for contacting and talking to the person. They should use every day language that is easily understood by most people. It is equally important to provide information and respond to questions from the adult at risk, as it is more likely to set the person at ease.

Professional judgement is called upon to gauge the pace of the conversation, and to unearth whether the presenting issue presents the risk to the adult's safety, or whether there are additional risks to be considered. Reflecting back to the adult at risk what they have said and being assured that there is agreed understanding of the impact and likelihood of the risk may assist in focussing on the concern. Conversations also need to encapsulate a wider understanding and assessment of the adult at risks overall wellbeing.

The desired outcome by the adult at risk, should be clarified at the end of the conversation, to (a) ensure that the outcome is achievable and (b) manage any expectations that the adult at risk may have.

## Initial Response

Whilst information may already be held and shared appropriately, it is likely that further information gathering will be necessary. Based on the conversation with the adult at risk, the complexity of the concern, and what information is already known, the Enquiry Officer needs to decide what additional intelligence is needed. The SAM should be consulted and kept informed of any new risks that come to light in the information gathering process, and any challenges that the Enquiry Officer might have entailed.

## Risk Management

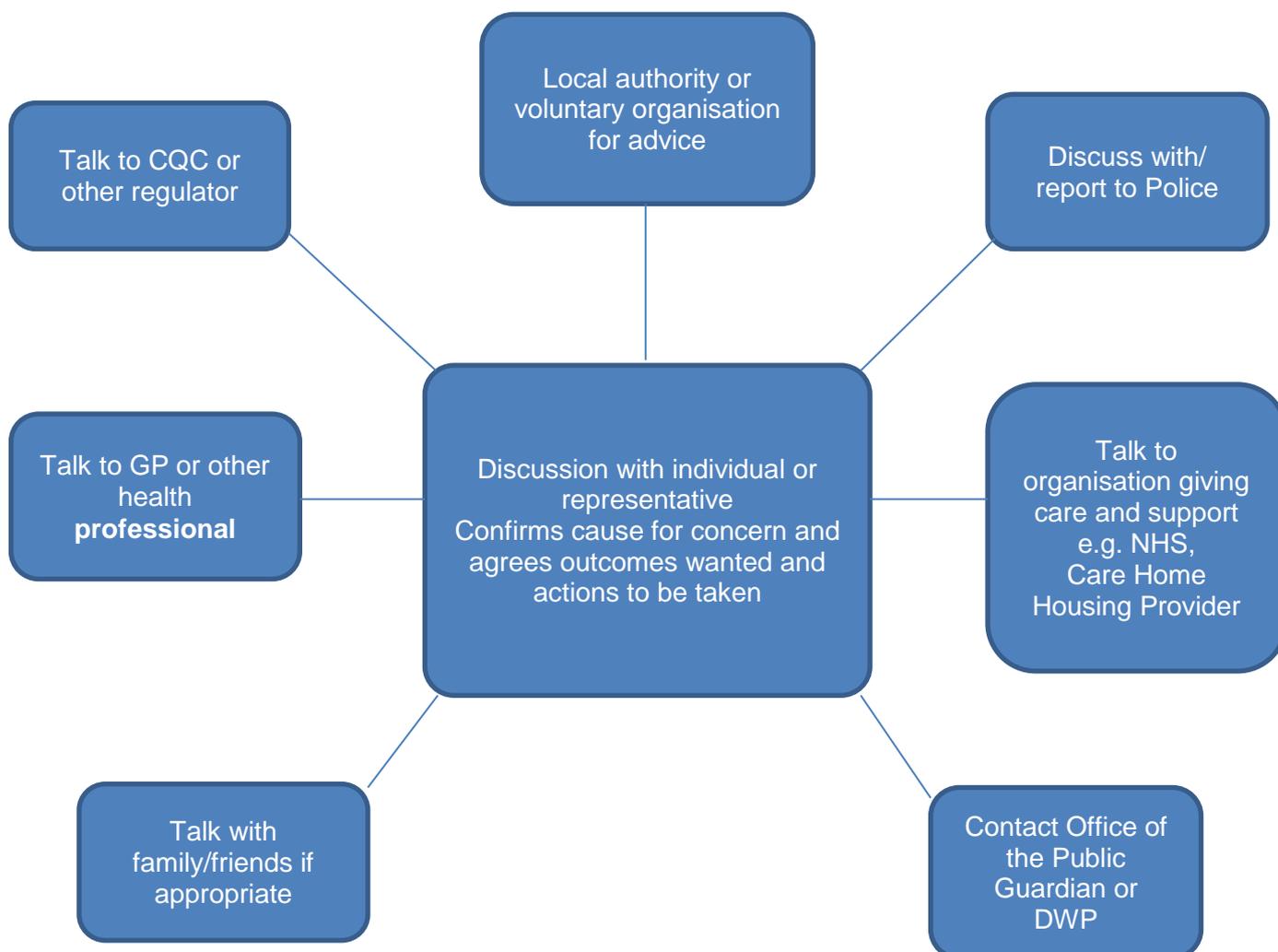
The Enquiry Officer, should discuss risks and map out as far as possible the identified risks and how they will be managed with the adult at risk, the advocate, and whoever the adult at risk has identified as a support and wishes to be involved.

Other professionals should be made aware of risks, where it may impact on services being provided to the adult at risk, and it is safe to do so. Where other people may be at risk, these should be discussed with the relevant professionals, and the people who it might affect if individuals, or services if a group of people for example people living in a care setting.

Agreement needs to be reached about how the risks will be managed with the adult at risk and their support network, whilst decision making takes place with the SAM. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing. Risk management should take account of the need to be flexible as personalised safeguarding is dynamic and not a static process.

The table below illustrates the type of fact finding that might take place. Professionals should always start by keeping the adult at risk at the centre of fact finding so that the adult at risks desired outcome, together with professional judgement steers the enquiries.

**Figure 1 - Information Gathering**



After consultation with the adult at risk, and information gathering and further fact finding has taken place, it may be clear that the person can be safeguarded without the need for further enquiries.

Alternatively, it may also mean there is insufficient information to determine that further action under Section 42 of the Care Act, is needed. A proportionate response to enquiries should be maintained and holistic risk management will support decision making about the complexity and appropriate response. In determining the level of response, practitioners and managers should at all times uphold the principles of defensible practice. Defensible practice is characterised by:

- All reasonable steps have been taken to avoid harm.
- A person's mental capacity has been taken into consideration and guided by the Mental Capacity Act Code of Practice.
- Reliable assessment methods have been used and information has been collected and thoroughly evaluated.
- Decisions are recorded succinctly and in line with the agencies' recording policy, and decisions and related actions are communicated to all relevant parties with outcomes reported back to the lead agency.

- Practitioners and their managers adopt an approach that is proactive, investigative and holistic, taking into account all aspects of the individual and any risks.
- All appropriate services are arranged to mitigate identified risk and meet the assessed needs of the individual concerned as far as that person, with capacity to do so, is prepared to accept such services.
- Any occurrence of a risk event subsequently will require a review of the plan in relation to that risk.
- Policies and procedures have been followed and due adherence to statute and government and professional guidance is maintained.

If the issue cannot be resolved then the local authority's enquiry duty under section 42 continues. If the decision is made to cease the safeguarding, then the SAM will be responsible for ensuring that the closure procedure is followed

## Safeguarding Planning

A planning discussion needs to be established between the adult at risk, and people who the adult at risk has identified as important to the safeguarding process, and the involved professionals. This will be the **Core Group**, who plan and implement the further enquiry actions overseen by the SAM.

## Core Group

There are no hard and fast rules about membership of a Core Group, with the exception that it will always include the adult at risk and/or advocate, Enquiry Officer and SAM. Planning how an enquiry proceeds needs to be taken in consultation with the adult at risk/advocate to determine who needs to be consulted and involved. The Core Group may also include family/friends and people in the adult's personal network (where there is no conflict of interest or where it would not create family disharmony). The core group professionals involved will be dependent on the complexity and nature of the enquiry.

## Decision Making by the Core Group

1. Is the current Enquiry Officer still the best person to lead?
2. Do the actions identified relate to the concerns that were first noted?
3. What strategy should be used to achieve the outcome that the adult at risk wants?
4. What practical or other support will the Enquiry Officer need?
5. Is the risk assessment and management still relevant or in need of any revision?
6. Is there an increase/decrease in risk and what actions can be taken to mitigate against them?
7. Does the adult at risk agree with the strategy to achieve their outcome or want to consider a different strategy?
8. What needs to be considered to assist recovery?
9. What needs to be considered to prevent the likelihood of further abuse?

The Enquiry Officer might helpfully map out with the adult at risk, the key people/organisations in their support circle. It captures who a person knows, how they know them, and how these networks and relationships can help safeguard them. Noting the strengths of the adult at risk and their personal network, may reduce risks sufficiently so people feel safe without the need to take matters further.

The value of the making Safeguarding Personal Toolkit<sup>9</sup> can be utilised in these situations, for example where it may be appropriate to deploying a family group conference or network

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<sup>9</sup> The Local Government Association - Making safeguarding personal: A toolkit for responses (Fourth Edition January 2015)

meeting model is based on empowering the network of extended family members and friends to participate in sup. Principles of using this model, include the belief that if the person chooses attendees then any plan made is more likely to succeed as it has not been 'imposed' by professionals. It does however presume that the adult has a network and that they are genuinely interested in supporting the adult. The conference aims to put the person at the centre of decision making and builds on the strengths of families and communities rather than leaving individual family members to struggle on their own. The purpose of the conference is to identify how the network will support the person in future and what form of support they want and can achieve, from others.

## Strategies

Working together to devise the best strategy to undertake enquiries will develop from considered and thorough safeguarding planning. Action might be primarily supportive or therapeutic, or it might involve the application of civil orders, sanctions, suspension, regulatory activity or criminal prosecution, disciplinary action or de-registration from a professional body.

The three key questions in choosing the right strategy is:

- What outcome(s) are wanted?
- Are they realistic and agreed?
- How can the outcomes be achieved?
- Can the outcomes be measured?

A range of options and strategies can be found at the LGA website for Making Safeguarding Personal. The list below is not an exhaustive one, but some suggested strategies are:

- Family Conferences
- Mediation and conflict resolution
- Brief interventions
- Person centred intervention
- Serious Incident process
- Complex Multi-disciplinary investigations
- Management investigations
- Safeguarding Adults Review (SAR) (where SAR Criteria have been met)

Where abuse or neglect is suspected within a family or informal relationship it is likely that a social worker will be the most appropriate Enquiry Officer. Personal and family relationships within community settings can prove both difficult and complex to assess and intervene. The dynamics of personal relationships can be difficult to judge and rebalance. For example, an adult may make a choice to be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.

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

## Safeguarding Plans

In drawing up and implementing a safeguarding plan, the Core Group and any other appropriate person, should cross reference it with the risk assessment and be assured of the adult at risks involvement, if they do not attend the meeting. Advocates should always be

invited, and know from the adult at risks point of view, how far the safeguarding plan will mitigate against risks now and in the future, and put forward any other views in relation to recovery and future resilience.

### **Communication**

When confirming plans, there should be a clear communication strategy. This will determine, who needs to be involved; the level of their involvement; whether one off or ongoing. The communication strategy will also note who the plan has been distributed to, whether they consent to being part of the plan, any disagreements or controversies. It will also identify when the plan will be updated, and how matters will be escalated. The owner of the plan is the adult at risk, the person responsible for version control is the person leading on the enquiry.

### **Co-operation between organisations**

Enquiries may be single agency led or involve a range of services and organisations. The duty to co-operate should be a given by all organisations working with adults at risk. If the lead agency and Enquiry Officer are not the local authority, there still needs to be liaison with the local authority through the local authority SAM. Line management responsibility for Enquiry Officers will remain with their current arrangements, but the local authority will retain oversight of enquiries and ensure that they meet required standards.

Whilst criminal investigations are the sole responsibility of the police, the SAM will allocate a local authority worker, to meet any statutory obligations under Section 42, an in particular undertake risk management and put in place any protective measures in consultation with the police.

The Police and Crown Prosecution Service (CPS) should agree procedures with the local authority, care providers, housing providers, and the NHS/CCG to cover the following situations:

- action pending the outcome of the police and the employer's investigations;
- action following a decision to prosecute an individual;
- action following a decision not to prosecute;
- action pending trial; and
- responses to both acquittal and conviction.

### **Alleged Person to have caused the abuse**

Where the person who is alleged to have carried out the abuse themselves has care and support needs and is unable to understand the significance of questions put to them or their replies, they should be assured of their right to the support of an 'appropriate' adult if they are questioned in relation to a suspected crime by the police under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require the support of an 'appropriate' adult. (See Section 2)

### **Cross-Border Boundaries**

Where there is a single concern, the principle of the best person to undertake the enquiry stands. Decisions about who this might be should be made on a case by case basis and not on geographical location or funding arrangements. Where one organisation is supporting a person to live outside of the boundaries of their business, they will still be involved in the safeguarding enquiry to a lesser or greater extent, and may be called upon to act as the Enquiry Officer. For example, someone who receives regular care management reviews by

their home authority and is living in a care setting and is not known to the host authority, the home authority may be the most appropriate person to carry out the enquiry and not the host authority. The guiding principle is the most appropriate and best person qualified for the role.

### **Safeguarding Enquiry Reports**

Recording the safeguarding activities for each enquiry needs to be collated and drawn up into a report by the Enquiry Officer. Reports need to be concise, factual and accurate. Reports should be drafted and discussed with the adult at risk/advocate. Reports should address:

- What was achieved
- When it was achieved
- Who supported the adult and if this is an on-going requirement
- Why particular strategies were viewed as the best meeting the needs over others

Evaluation by the adult at risk

- How effective the strategy was
- Whether any further action is required

### **Outcomes**

In line with Making Safeguarding Personal, there will not always be an 'investigation' where it is feasible to come to a view about whether abuse took place or not. Outcomes under these procedures are those defined by the adult at risk and it is their evaluation of the enquiry that is important to assess whether or not the enquiry has achieved the objective and safeguarding action has made a difference.

### **Overall Evaluation by the adult at risk**

In order to evaluate effectiveness of safeguarding activity it is important to assess if risk has been removed or reduced and if the adults outcomes were met. In exploring this, there is a need to clarify whether they were fully met, nearly all met, some met or none met. It is also important to establish if the person feels safer and if there are any outstanding actions that the person needs to be taken in relation to the safeguarding concern.

In some enquiries, there will be an investigation. Reports of this nature should be appended to the Enquiry Report and include:

1. Details concern
2. Time line/chronology
3. Lines of enquiry, established facts, supporting evidence and outcomes
4. Strengths adult can draw upon from self, family, carers or network
5. Available support to stay safe and to take positive risks
6. Views of and outcomes wanted by, the adult at risk
7. Conclusion

Where there may be a necessity to refer to a professional body, the person alleged to have caused the harm should be provided the opportunity to state their case and seek appropriate support from their own organisation or professional body.

## Quality Assurance

Once the Safeguarding Enquiry Report is completed, it should be quality assured for accuracy and able to stand up to scrutiny. The effectiveness of safeguarding is measured by:

1. Have the root causes been addressed?
2. What differences will the actions taken or planned make to the likelihood of reducing the abuse or neglect or the risk of reducing it?
3. Does the adult at risk feel safer?

In relation to the adult the revised Safeguarding Plan should set out:

- What steps are to be taken to assure their safety in future;
- Provision of any support, treatment or therapy including on-going advocacy; any modifications needed in the way services are provided (e.g. same gender care or placement; appointment of an OPG deputy);
- How best to support the adult through any action they take to seek justice or redress;
- Any on-going risk management strategy as appropriate; and,
- Any action to be taken in relation to the person or organisation that has caused the concern.

The Safeguarding Report and Safeguarding Plan should be distributed with the consent of the adult at risk to all the parties involved in the enquiry. This may put an end to the matter if the adult at risk is satisfied that no further action is necessary. Whatever form the enquiry takes, it is helpful to have sign off and assurance from multi-agency representatives.

## Timescales

In line with personalised safeguarding, timescales are a suggested guidance and not a performance target. Timescales are reliant because of the need for supported decision making, the level of risk and the urgency of the situation. At all times the safety of the person is paramount and action should be taken regardless of timescales.

### Summary Table for Enquiries

Initial Enquiries	Action	Responsibility	Timescale
Initial Response	Initial conversation with the adult at risk to establish facts, knowledge of referral, clarify and agree outcomes	Enquiry Officer	Within 24 hours of the concern being progressed to an enquiry
Information gathering	Background checks Contact with multi agency professionals Capacity assessment Mitigate immediate risk where possible	Enquiry Officer	Within 5 days following initial conversation
Questions	Does information gathered meet Section 42 duty? Is further action needed? What is the scope of the Enquiry? Does it or will it involve other adults	SAM & Enquiry Officer	

	<p>at risk? Is any support available from the adult's network or community? What strengths can the adult bring to bear? Is outcome achievable? Will further work be necessary to make the person safe?</p>		
Decisions & Actions	<p>Progress under Section 42? Advocate needed? Refer for other support, care management, information or guidance? Close?</p>	SAM	Total of 6 days for initial response
<b>Further Enquiries (Section 42 response)</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescale</b>
Safeguarding Planning	<p>Set out lines of enquiry for the investigation Decide who will be best placed to carry out the investigative enquiries Obtain supporting evidence and facts about the alleged abuse and or neglect Mitigate risk and put necessary risk reducing actions in place for adult and others Obtain adults views about managing any remaining risk Map out support to adult to enable decision making by adult Convene Core Group Reassess Risk Agree strategy and draw up plan</p>	<p>Enquiry Officer  SAM Core Group</p>	Within 5 working days from initial response
Implementation	<p>Implement the plan Review risk</p>	<p>Enquiry Officer Agencies identified at planning stage</p>	Within 20 working days of the planning agreement
Reports	<p>Draft report and discuss with adult Quality Assure report and share report Meet with adult to discuss outcomes from findings Ensure support with recovery has been made and continued if necessary. If necessary meet with professionals involved to discuss outcomes from findings.</p>	<p>Enquiry Officer  SAM  SAM</p>	Within 3 days of implementing the plan
Questions	<p>Have outcomes been met? Any other action needed? Has risk been reduced or removed?</p>		

Decisions	Can action be closed to safeguarding? Is there a need for a Review?	SAM in consultation with the adult at risk and Core Group members	Within 3 days of disseminating the report
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## Stage Three – Concluding the Enquiry

An enquiry can conclude at various points:

- when adult at risk feels safer or made safe as result of intervention
- when the adult's resilience has increased
- when risk is removed or reduced
- when the adult is willing to take positive risks about feeling safer (this should be balanced with the perception by the Core Group)

The type of enquiry is likely to determine if a final Core Group meeting is to be set up to conclude the enquiry. This is more likely where there are complex issues involving a number of organisations, and where a safeguarding plan for further action and monitoring is needed that may need to be reviewed.

The purpose of a final meeting is to determine what other actions may be appropriate to support the adult at risk, discussing and agreeing on:

1. The Safeguarding Enquiry Report
2. The effectiveness of the Safeguarding Plan
3. Risk Management
4. Who will take on any additional actions
5. Who will act if there are concerns about other professionals
6. Whether a Review is needed
7. Professional evaluation of outcomes, actions and any lessons learnt
8. How to take forward adult's views and their evaluation of the outcome.
9. Recovery and resilience plans

Where it is decided that a meeting is not necessary, the SAM should take responsibility for closing the enquiry down. Where a Core Group meeting is not deemed proportionate, other professionals should be provided with opportunity to question the validity and effectiveness of the enquiry response.

Where there is disagreement between professionals this should be dealt with as below. The main decision maker is the adult at risk/advocate and the SAM about whether to proceed further.

## Recovery & Resilience

What happens following an enquiry is equally as important as what happens at the beginning and throughout implementing the safeguarding strategy. In order to recover from a safeguarding episode, adults at risk may need to build up their resilience. This a process where people use their own strengths and abilities to overcome what has happened, learn from the experience and have an awareness that may prevent a similar occurrence from happening, or at the least, enable people to know the signs and risks.

Resilience is supported by recovery actions, which includes adults at risk leading by identifying actions they would like to see to prevent the same situation arising. Being assured that action has been taken may not be enough for some people, and it is important that adults at risk remain at the centre of recovery plans, and their views are sought. The process of resilience is evidenced by:

- (a) The ability to make realistic plans and being capable of taking the steps necessary to follow through with them

- (b) A positive perception of the situation and confidence in the adult at risks own strengths and abilities
- (c) Increasing their communication and problem-solving skills

Research shows that resilience where there are processes that either promote well-being or protect against risk factors, the individual benefits and increases their capacity for resilience. This can be by individual coping strategies, helped along by strong personal networks and communities and social policies that make resilience more likely to occur.

Identifying with the adult at risk, factors that protect them against abuse and neglect, and how to increase protective factors can be categorised as personalised prevention strategies. As part of any Safeguarding Plan, preventative measures should be agreed with the adult at risk.

### **Timescale**

If a formal meeting is deemed appropriate, the meeting should be held within 3 days of disseminating the report.

## Stage Four – Review & Closure

Not all enquiries will need a safeguarding review. It would however be good practice where a care management, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other standard pre-booked review is due to take place following the safeguarding enquiry, for a standard check to be made about how safe the person is feeling. Prior to closing the safeguarding enquiry down, this should be discussed with the adult at risk about sharing any details with professionals not involved in the safeguarding enquiry as part of monitoring arrangements.

The review should detail how the adult at risk was consulted, who else was consulted and what their views were about their level of safety. There should be a clear account of their views and wishes in relation to the Safeguarding Plan, the outcomes that they identified and what they believe needs to happen further to keep them safe.

The person leading the review, should review the risk assessment and risk management plan and ensure that all actions were completed and note any actions that are outstanding and report back to the SAM. Any new information should be noted together with any new risks.

If the Safeguarding Plan can be adjusted to address new risks, these proposals should be put to the SAM with a clear indication of who will be responsible and the time line for such actions. The reviewed Safeguarding Plan should be agreed with the adult at risk.

### Timescale

Reviews will be determined by risk. It would be appropriate to consider reviews within 3 months of a final Core Group meeting, should this have taken place.

### Closure

Safeguarding can be closed at any stage, providing there is agreement of how matters will be followed up with the adult at risk if there needs to be further action. Closure should clearly state the reason for this decision and the views of the adult at risk to the proposed closure.

The SAM responsible for the sign off of the case should check the following actions were taken:

- Agreement with the adult at risk
- Referral for assessment and support
- Advice and Information provided
- All organisations involved in the enquiry updated and informed
- Any action taken regarding the person alleged to have caused harm
- Action taken to support other service users
- Referral to children and young people made (if necessary)
- Outcomes noted and evaluated by adult at risk
- Consideration for a Safeguarding Adult Review
- Any lessons to be learnt, for (a) individuals (b) organisations

## **Referrals to Professional Bodies**

Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council and the Nursing and Midwifery Council. If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been supplied by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service. The legal duty to refer to the Disclosure and Barring Service also applies where a person leaves their role to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold.

The SAM should review the work and note any learning from the safeguarding that can increase the skills and knowledge of the person leading the enquiry; consider any lessons that can be shared across the service; consider any lessons that can be shared across organisations.

All closures no matter at what stage are subject to an Evaluation which must involve the adult at risk.

## **Disputes**

In the event of disagreements between partner agencies about safeguarding enquiries and any related decision making, this will be dealt with in the first instance at local level through discussion with partner team members. If managers do not agree with the decision that has been made, they can ask for an explanation. If they are still not satisfied they can contact the organisation's lead manager for Safeguarding Adults, or if there is no one in that position, another senior manager within the organisation. If the disagreement remains unresolved, a complaint can be made to the relevant local authority complaints officer.

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