



## **Safeguarding Adults Multi – Agency Policy**

Agreed by  
Safeguarding Adults Board in BANES, Bristol City, North Somerset, South  
Gloucestershire and Somerset County, June 2016

Final Version, June 2016 (For review June 2017)

To be read in conjunction with the relevant  
Local Authority Area's Multi-Agency Procedures

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## Our commitments

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

Safeguarding is the responsibility of everyone including statutory, independent and voluntary agencies as well as every citizen. We will work together to prevent and minimise abuse.

### **EQUALITY AND DIVERSITY**

Each agency and organisation is committed to supporting the right of adults at risk to be safeguarded from abuse and ensuring that all staff and volunteers work together in accordance with this Policy and act promptly in investigating allegations or suspicions of abuse. It is recognised that adults at risk from specific key groups may experience discrimination and less favourable treatment on the grounds of their age; disability; race; colour; ethnic or national origin; financial or economic status; gender or marital status; HIV status; homelessness or lack of a fixed address; political view or trade union activity; religion or belief; sexuality; or unrelated criminal convictions. We will take positive steps to stop any unfair/unlawful discrimination, and carry out positive action where lawful.

### **DOING NOTHING IS NOT AN OPTION**

If we know or suspect that an adult at risk is being abused, we will do something about it and ensure our work is properly recorded.

## **REPORTING A CONCERN**

If you need to make a safeguarding referral the numbers for each area are:

Bath and North East Somerset    Tel: 01225 396000 (Sirona Care and Health)

Bristol City Council                      Tel: 0117 922 2700

North Somerset Council                Tel: 01275 88 88 01

South Gloucestershire Council      Tel: 01454 868007

Somerset County Council                Tel: 0300 123 2224

## **Complaints**

If you have reason to believe that concerns about a Safeguarding Adults issue have not been appropriately addressed, you may make a formal complaint by contacting the complaints department in the relevant Local Authority.

Bath and North East Somerset Council      Tel: 01225 477000

Bristol City Council                              Tel: 0117 922 2723

North Somerset Council                        Tel: 01275 882171

South Gloucestershire Council              Tel: 01454 865924

Somerset County Council                        Tel: 0300 123 2224

Please note that all references within this Policy to 'Guidance' refer to the [Care and Support Statutory Guidance, Department of Health](#) (2016)

## 2. Foreword

1<sup>st</sup> April 2015 marked a significant turning point in relation to Safeguarding Adults due to the implementation of the [Care Act 2014](#). The Care Act 2014 replaced the 'No Secrets' Guidance.

This Policy replaces **all** previous Policy documents for the participating Local Authorities and reflects the new legal requirements of the Care Act 2014, together with its associated guidance, revised in March 2016.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or cause others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that partner agencies could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, where the adult has 'substantial difficulty' in being involved in the process **and** where there is no other suitable person to represent and support them.

Partners have a new duty to cooperate in order to protect the adult. Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

The duty to safeguard applies to all, but has legal implications for the local authority, the NHS and the Police.

## 3. Introduction

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (14.7)

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual wellbeing (14.8).

'Well-being' is defined in Section 1 of the Care Act (2014) as follows:

*Well-being, in relation to an individual, means that individual's well-being so far as relating to any of the following:*

- (a) personal dignity (including treatment of the individual with respect);*
- (b) physical and mental health and emotional well-being;*
- (c) protection from abuse and neglect;*
- (d) control by the individual over day-to-day life (including over care and support or support provided to the individual and the way in which it is provided);*
- (e) participation in work, education, training or recreation;*
- (f) social and economic well-being;*
- (g) domestic, family and personal relationships;*
- (h) suitability of living accommodation;*
- (i) the individual's contribution to society.*

The following six key principles underpin all adult safeguarding work:

**Empowerment** – People being supported and encouraged to make their own decisions and informed consent

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

**Prevention** – It is better to take action before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

**Proportionality** – The least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*

**Protection** – Support and representation for those in greatest need.

*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*

**Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

**Accountability** – Accountability and transparency in delivering safeguarding.

*“I understand the role of everyone involved in my life and so do they.”* (14.13)

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;
- the core duties of the police to prevent and detect crime and protect life and property. (14.9)

It is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised. (14.14)

The response to safeguarding concerns must be personal to the individual.

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

#### **4. The Scope and Purpose of this Policy**

This policy applies to adults living within the boundaries of the participating Local Authority areas.

It should be noted that Local Authority areas not covered by this Policy will have similar procedures that apply to adults at risk living within their boundaries

#### **5. Aims**

The aims of adult safeguarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- stop abuse or neglect wherever possible;



- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult, and;
- address what has caused the abuse or neglect. (14.11)

## 6. Who do we safeguard?

Safeguarding duties apply to an adult (aged 18 or over) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and;
- is experiencing, or is at risk of, abuse or neglect, and;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (14.2)

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including health and social care, welfare, policing, banking, fire and rescue services, trading standards, leisure services, faith groups and housing. GPs, in particular, are often well placed to notice changes in an adult that may indicate they are being abused or neglected. Findings from serious case reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented. (14.36)

### 6.1 Types and patterns of abuse

This is not intended to be an exhaustive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. (14.16)

What constitutes abuse or neglect can take many forms and the circumstances of the individual case should always be considered.

Types of abuse include:

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Sexual exploitation involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Key features include coercion and control, disclosures and retractions.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, Verbal abuse, cyber bullying, isolation, or unreasonable and unjustified withdrawal of services or supportive networks.

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

**Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

**Self-neglect** – This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. (14.17)

## **6.2 Clarification**

### **6.2.1 Domestic Abuse**

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence of 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, sexual, financial, emotional. (14.20)

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both. (14.21)

The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention. (14.22)

Effective safeguarding is achieved when agencies share information to obtain an accurate picture of the risk and then work together to ensure that the safety of the adult at risk is prioritised. In high-risk situations it may be relevant to use the Multi-Agency Risk Assessment Conference (MARAC) process.

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

The four aims of a MARAC are as follows:

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

In some instances both Safeguarding Adults Procedures and MARAC processes may need to be followed. A MARAC referral does not replace a duty to enquire under S.42.

### **6.2.2 Hate Crime**

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

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

Hate crime can take many forms including:

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

If the adult meets the criteria set out in section 6 of this Policy, then any safeguarding concern that is also a hate crime should also be reported to the local Police.

### **6.2.3 Forced marriage**

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

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations.

The police must always be contacted in such cases as urgent action may need to be taken.

### **6.2.4 Female Genital Mutilation (FGM)**

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and should be treated as such.

It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk, and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

#### 6.2.5 PREVENT – Preventing radicalisation to extremism

The Prevent strategy forms part of the UK's [Counter Terrorism and Security Act](#) (2015). The Government's revised *Prevent* strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, *Prevent* people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

The scope of the *Prevent* Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

*Prevent* defines extremism as: “*vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces*”

Radicalisation is defined by the UK Government within this context as “*the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.*”

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted / or radicalised by violent extremists.

Please refer to Section 2 of the Channel Guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/425189/Channel\\_Duty\\_Guidance\\_April\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf)

#### 7. Patterns of Abuse

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared. (14.18)

### **7.1 Who abuses and neglects adults?**

Anyone can carry out abuse or neglect, including:

- spouses/partners;
- other family members;
- neighbours;
- friends;
- acquaintances;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuser;
- paid staff or professionals, and volunteers;
- strangers. (14.33)

Abuse can happen anywhere, for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others. (14.35)

Neglect can be intentional or unintentional and it is important to understand that being unintentional does not mean it is not abusive.

## **8. Mental Capacity**

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Assessments of capacity should be time and decision-specific. People's capacity may change over time.

All professionals and other staff are required to work in accordance with the [Mental Capacity Act 2005](#) ('MCA') and have regard to the relevant Code of Practice. The provisions of the Act are binding upon anyone seeking to make decisions for a person who may lack capacity.

When safeguarding concerns arise the mental capacity of the individuals involved – victims as well as those alleged to be responsible - is central to the assessment and decision-making processes. It is essential that in any level of safeguarding enquiry the mental capacity of those involved is clarified at the outset.

However it is important to ensure that safeguarding decision-making and mental capacity best interests decision-making do not become confused. In essence this is because safeguarding procedures do not convey any authority to act on behalf of a person who may lack mental capacity. Any protective measures thought to be necessary for a person who lacks mental capacity to consent to them must be subjected to a robust consideration and follow the MCA principles of acting in the person's best interests and using the principle of 'least restriction'.

Where there are disputes about a person's mental capacity or the best interests of an adult deemed to be at risk and these cannot be resolved locally, legal advice should be sought about whether an application to the Court of Protection is required.

The MCA created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult's care and support - . paid staff But also family carers as well as people who have the legal authority to act on that adult's behalf (i.e. persons with power of attorney or Court-appointed deputies).

If there are concerns about abuse by an attorney or deputy then the Office of Public Guardian (OPG) should be contacted.

(14.55-14.61)

### **8.1 Deprivation of Liberty**

The state has a duty under the Human Rights Act 1998 to ensure citizens are protected from unlawful deprivation of liberty. The Deprivation of Liberty Safeguards (DoLS) were introduced in 2009 and apply if a person may be deprived of their liberty as a consequence of their accommodation and care arrangements, and lacks capacity to give their consent.

In March 2014 the Supreme Court (P v Cheshire West and Chester Council, March 2014) clarified that a deprivation of liberty occurs whenever a person is under the continuous supervision and control of others and is not free to leave. This definition applies equally in all settings and to all people regardless of their disability or other impairment.

If the person who may be being deprived of their liberty is in a registered care home or a hospital it is the responsibility of the manager of the care home or hospital to make the relevant application to the relevant local authority following the local DoLs process. The relevant local authority is:

- If a local authority is funding the person who may be being deprived of their liberty, then the application must be made to that local authority, regardless of where the person is living;
- If a Clinical Commissioning Group ('CCG') are funding the person who may be being deprived of their liberty e.g. Continuing Healthcare, then the application must be made to the local authority in which the funding CCG is based, regardless of where the person is living; or
- If the person who may be being deprived of their liberty is funding their own care, the application must be made to the local authority of the area in which the person is living.

At present although a deprivation of liberty can occur in other community settings such as supported living, it cannot be assessed under the usual DoLS

procedures. In these cases the manager of the service should seek advice from the local authority which covers the service in which the person is living.

Whenever care arrangements are to be made as part of a protection plan and the person might be deprived of their liberty as a consequence, authority must be sought immediately.

Case law is evolving in this area and it is always important to consider seeking legal advice. The current legislative procedures for assessing and authorising deprivation of liberty for people who lack capacity are being reviewed by the Law Commission, but significant changes are unlikely before 2017/18.

## **9. Involving the adult in their safeguarding**

### **9.1 Involvement is a key principle throughout safeguarding arrangements**

All organisations safeguarding arrangements and the local authorities procedures must describe how and when to involve the adult in their own safeguarding. The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that increase the risk of abuse. Involvement may be supported by an independent advocate if the adult has substantial difficulty in being involved and where there is no other suitable person to represent and support them.

Approaches described as “Making Safeguarding Personal” (MSP) are helpful in supporting the adult’s involvement. MSP approaches ensure that safeguarding is person-led and outcome-focused. The adult is engaged in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Discussion with the adult informs process and to some extent timescale of response.

The wishes of the adult are very important, and attending to those wishes and preferred outcomes ensures a process that is about seeking to promote an adult’s rights as well as about protecting their physical safety and taking action to prevent the occurrence or reoccurrence of abuse or neglect. It enables the adult to understand both the risk of abuse and actions that she or he can take, or ask others to take, to mitigate that risk.

The right to safety needs to be balanced with other rights, such as rights to liberty and autonomy, and rights to family life. All adults at risk of, or experiencing abuse or neglect, regardless of whether they have capacity or not, may want highly intrusive help, such as the barring of a person from their home, or a person to be brought to justice or they may wish to be helped in less intrusive ways, such as through the provision of advice of the various options available to them and the risks and advantages of these various options.



Where an adult lacks capacity to make decisions about their safeguarding plans, a range of options should be identified, shared and discussed with the adult to enable them to remain in as much in control of their life as possible. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to them.

All safeguarding activity with adults who lack capacity must be underpinned by the principles of the Mental Capacity Act 2005 (see Section 8 above).

Once the wishes of the adult have been ascertained and an initial enquiry has been undertaken, discussions should be undertaken with them as to whether further enquiry is needed and what further action could be taken.

Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised. Social workers must be able to set out both the civil and criminal justice approaches that are open and other approaches that might help to promote their wellbeing, such as therapeutic or family work, mediation and conflict resolution, peer or circles of support. In complex domestic circumstances, it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action and their wishes may change. Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused safeguarding planning to enable the adult to achieve resolution or recovery, or fuller assessments by health and social care agencies (e.g. a needs assessment under the Care Act). This will entail joint discussion, decision taking and planning with the adult for their future safety and well-being. This applies even in cases in which it is concluded that the allegation is not 'Substantiated', as many enquiries may be 'inconclusive'.

## **9.2 Independent advocacy to support involvement**

The Care Act requires that each local authority must arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process **and** where there is no other suitable person to represent and support them.

Where an independent advocate has already been arranged under section 67 of the Care Act or under MCA 2005 then, unless inappropriate, the same advocate should be used. Advocacy should be seamless for people who qualify, so that they can benefit from the support of one advocate for their whole experience of care or safeguarding work. People who have 'substantial difficulty' in engaging should not be expected to have to tell their story repeatedly to different advocates.

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. All agencies need to know how the services of an advocacy can be accessed and what their role is.

It is critical in this particularly sensitive area (whether a safeguarding enquiry or a Safeguarding Adult Review (*see section 13*) that the adult is supported in what may feel a daunting process which may lead to some very difficult decisions.

An individual who is thought to have been abused or neglected may be so demoralised, frightened, embarrassed or upset that independent advocacy provided under section 68 of the Care Act to help them to be involved will be crucial. (7.28)

### **9.3 Statutory and non-statutory enquiries**

The type of safeguarding enquiry depends on the characteristics of the adult at risk.

If the adult fits the criteria outlined in Section 42 of the Care Act (*section 6 of this Policy*), then local authorities are required by law to conduct enquiries. These will be referred to as 'Statutory Safeguarding Enquiries'.

Local authorities will sometimes decide to make safeguarding enquiries for adults who do not fit the Section 42 criteria. These enquiries are not required by law and therefore will be referred to as 'Non Statutory Enquiries'.

#### **9.3.1 Statutory Safeguarding Enquiry**

Safeguarding enquiries carried out on behalf of adults who fit the criteria outlined in Section 42 of the Care Act 2014. Local authorities are required by law to carry out safeguarding enquiries for these individuals.

The criteria for a Section 42 enquiry is an adult who is believed to:

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

#### **9.3.2 Non-Statutory Safeguarding Enquiry**

Safeguarding enquiries carried out on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act 2014. Local authorities are *not* required by law to carry out enquiries for these individuals; they do so at their own discretion.

These enquiries would relate to an adult who:

- is believed to be experiencing, or is at risk of, abuse or neglect, and;

- does not have care and support needs (but might have just support needs). *These enquiries might be about a carer, for example.*

#### 9.4 Duty to cooperate

Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority in the exercise of their functions relevant to care and support including those to protect adults.

Relevant partners of a local authority include any other local authority with whom they agree it would be appropriate to co-operate (e.g. neighbouring authorities with whom they provide joint shared services) and the following agencies or bodies who operate within the local authority's area, including:

- NHS England;
- Clinical Commissioning Groups (CCGs);
- NHS trusts and NHS Foundation Trusts;
- Department for Work and Pensions;
- the Police;
- Prisons, and;
- Probation services. (14.64)

Local authorities must also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including (but not limited to) those listed in section 6(3) of the Care Act:

- General Practitioners;
- dentists;
- pharmacists;
- NHS hospitals, and;
- housing, health and care providers. (14.65)

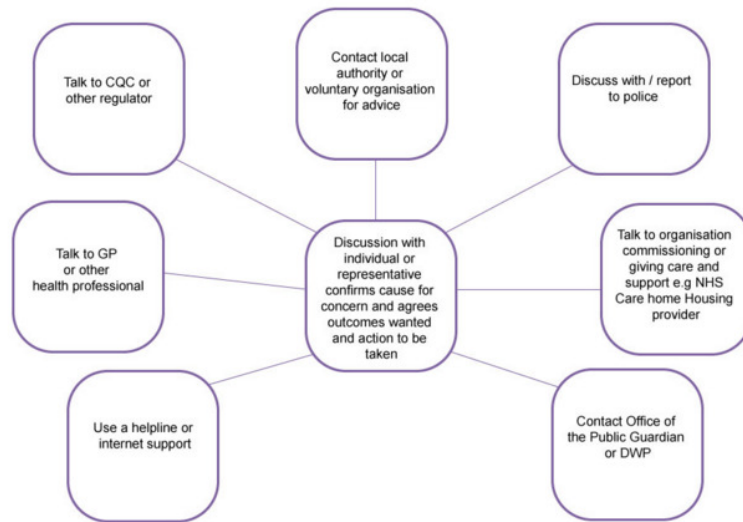
### 10. Responding to safeguarding concerns

As described in section 9.3, Local Authorities must **make enquiries, or cause others to do so**, if they reasonably suspect any adult:

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

The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances.

It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult's well-being and work together to that shared aim. At this stage, the local authority also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in the enquiry. (14.93)



## 10.1 The Enquiry

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 the abuse and neglect, in accordance with the adult's views and wishes;
- make decisions on necessary follow-up action with regard to the person or organisation responsible for the abuse or neglect, and;
- enable the adult to achieve resolution and recovery. (14.94)

The first priority should always be to ensure the safety and well-being of the adult. The adult should experience the safeguarding process as empowering and supportive.

Practitioners should wherever practicable seek the consent of the adult before taking action. However there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it but it is in their best interests to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be at risk if nothing is done or where it is in the public interest to take action because a criminal

offence has occurred.

If obtaining consent would increase the risk to the adult then action should be taken and a plan to obtain consent and safely support involvement must be considered at an early stage.

It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency. (14.95)

## **10.2 What should an enquiry take into account?**

The wishes of the adult are very important, whether they have capacity or not. Wishes need to be balanced alongside wider considerations such as the level of risk to others or the risk to children. All options should be considered, as well as the risks and advantages of each.

When the adult lacks capacity to be involved on decisions about their own safeguarding, a range of options should be considered which help the adult to stay in control of their life. Any safeguarding plan should empower the adult to make choices and develop their capacity to respond.

Any intervention in family or personal relationships needs to be carefully considered. Safeguarding needs to be balanced with other rights.

All enquiries should be approached with an open mind. The following should be considered:

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

(14.96 – 14.99)

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

The specific circumstances will determine the most appropriate person or agency to undertake the enquiry. In many cases a professional who already knows the adult will be the best person.

The Local Authority is responsible for referring the enquiry to the right person

and ensuring the enquiry is acted upon. The Local Authority will set proportionate timescales and review outcomes of any enquiry undertaken. The Local Authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 and decide what action (if any) is necessary to help and protect the adult and by whom, and to ensure that such action is taken when necessary.

If the Local Authority is not satisfied with the process of the enquiry it has the right to challenge this.

A criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing (14.91)

(14.100 – 14.101)

#### **10.4 After an Enquiry**

Following initiation of an enquiry and having ascertained the views and wishes of the adult, decisions must be made as to what action is needed next.

Possible actions include disciplinary, complaints or criminal investigations, or work by contracts managers and the Care Quality Commission (CQC) to improve care standards.

The professionals carrying out the enquiry must set out all possible actions and allow the adults to make choices to realise their wishes where this is possible (e.g. decisions about disciplinary action would fall outside their choice, but they could choose not to have the person work with them in future).

(14.104 - 14.105)

#### **10.5 Safeguarding Plan**

Once the facts have been established, further discussion is then needed about subsequent action to help achieve the needs and wishes of the adult.

The local authority must determine what further action is necessary.

Under the Mental Capacity Act, local authorities must presume that an adult has the capacity to make a decision until there is a reason to suspect that capacity is compromised. If a person lacks capacity then their capacity must be assessed and a decision made in their best interests. If the person has capacity, but declines assistance this can limit the intervention the organisation can make. The focus should therefore be on harm reduction. This should not limit the action to protect others.

If the adult is thought to be refusing action on the grounds of duress then action

must be taken (14.106 - 14.109)

## **10.6 Taking action**

Once enquiries are completed, the outcome should be notified to the local authority which should then determine with the adult what, if any, further action is necessary and acceptable.

It is for the local authority to determine the appropriateness of the outcome of the enquiry. One outcome of the enquiry may be the formulation of agreed action for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.

In relation to the adult this should set out:

- what steps are to be taken to assure the adult's safety in the future;
- the provision of any support, treatment or therapy including on-going advocacy;
- any modifications needed in the way services are provided;
- how best to support the adult through any action they take to seek justice or redress;
- any on-going risk management strategy as appropriate; and,
- any action to be taken in relation to the person or organisation that has caused the concern.

(14.110 - 14.111)

## **10.7 Person alleged to be responsible for the abuse or neglect**

When a complaint or allegation has been made against a member of staff they should be made aware of their rights under employment legislation and any internal disciplinary procedures.

When the person themselves has care and support needs and is unable to understand the significance of questions put to them, they should be assured of the right to the support of an 'appropriate' adult if they are questioned in relation to a suspected crime by the police.

Under the Mental Capacity Act, people who lack capacity who are alleged to be responsible for abuse are entitled to the help of an Independent Mental Capacity Advocate to support and represent them through enquiries.

The Police and Crown Prosecution Service 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 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.

With regard to abuse, neglect and misconduct within a professional relationship, codes of professional conduct and/or employment contracts should be followed and should determine the action that can be taken. Robust employment practices, with checkable references and recent DBS checks are important. Reports of abuse, neglect and misconduct should be investigated and evidence collected.

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

(14.112 - 14.119)

## **11. Criminal Offences and Adult Safeguarding**

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 likely to have benefits in many cases. (14.83)

For the purpose of court proceedings, a witness is competent if they can understand the questions and respond in a way that the court can understand. Police have a duty under legislation to assist those witnesses who are vulnerable and intimidated. A range of special measures are available to



facilitate the gathering and giving of evidence by vulnerable and intimidated witnesses. Consideration of special measures should occur from the onset of a police investigation. In particular:

- immediate referral or consultation with the police will enable the police to establish whether a criminal act has been committed and this will give an opportunity of determining if, and at what stage, the police need to become involved further and undertake a criminal investigation;
- the police have powers to initiate specific protective actions which may apply, such as Domestic Violence Protection Orders (DVPO);
- a higher standard of proof is required in criminal proceedings (“beyond reasonable doubt”) than in disciplinary or regulatory proceedings (where the test is the balance of probabilities) and so early contact with police may assist in obtaining and securing evidence and witness statements;
- early involvement of the police will help ensure that forensic evidence is not lost or contaminated;
- police officers need to have considerable skill in investigating and interviewing adults with a range of disabilities and communication needs if early involvement is to prevent the adult being interviewed unnecessarily on subsequent occasions. Research has found that sometimes evidence from victims and witnesses with learning disabilities is discounted. This may also be true of others such as people with dementia. It is crucial that reasonable adjustments are made and appropriate support given, so people can get equal access to justice;
- police investigations should be coordinated with health and social care enquiries but they may take priority;
- guidance should include reference to support relating to criminal justice matters which is available locally from such organisations as Victim Support and court preparation schemes;
- some witnesses will need protection, and;
- the police may be able to get victim support in place. (14.84)

As referenced earlier in this policy, criminal investigation by the police takes priority over all other enquiries, although a multi-agency approach should be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing. (14.91)

If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options.

This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm. (14.92)

## **12. Carers and Safeguarding**

A carer may be involved in a safeguarding response because:

- 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, or;
- they may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Assessment of both the carer and the adult they care for must include consideration of their wellbeing. A needs or carer's assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring, for example, by providing training to the carer about the condition that the adult they care for has or to support them to care more safely. Where that is necessary the local authority should make arrangements for providing it.

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

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

- whether, as part of the assessment and support planning process for the carer and, or the adult they care for, support can be provided that removes or mitigates the risk of abuse, and;
- whether other agencies should be involved.

Other key things to think about in relation to carers are:

- involve carers in safeguarding enquiries about the adult they care for as appropriate;
- is a joint assessment appropriate;
- what are the risk factors that may increase harm or abuse occurring;
- would a change in circumstance change the risk of abuse or neglect, and;
- should a review of the care and support plan be triggered.

(14.45-14.49)

## **13. Safeguarding Adults Boards**

Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of the SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who met the criteria set out at section 6. (14.133)

The SAB has a strategic role. It oversees and leads adult safeguarding across the locality. It will be interested in a range of matters that contribute to the prevention of abuse and neglect including:

- Safety of patients in its local health services
- Quality of local care and support services
- Effectiveness of prisons and approved premises in safeguarding offenders
- Awareness and responsiveness of further education services.

SAB partners must feel able to challenge each other where it believes that their actions or inactions are increasing the risk of abuse or neglect. (14.105)

A SAB has 3 core duties:

1. It must publish a strategic plan for each financial year setting out its main objectives and what its members will do to achieve them;
2. It must publish an annual report detailing what it has done during the year and;
3. It must conduct any Safeguarding Adults Reviews (SARs) in accordance with Section 44 of the Care Act. (14.136)

Local Authorities and their relevant partners must collaborate and work together, and in so doing consider the wishes and feelings of the adult on whose behalf they are working. (14.137)

Strategies for the prevention of abuse and neglect are a core responsibility of the SAB.

Local SABs decide how they operate, but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act. (14.114) Each Local SAB will have their own Terms of Reference.

The SAB must develop clear policies and procedures. It will promote multi-agency training that ensures a common understanding of abuse and neglect, appropriate responses and agree how to work together.

Further guidance on responsibilities of the Board are set out in the Care & Support Statutory Guidance (Department of Health, 2016).

### **13.1 Membership of the SAB**

The following organisations must be represented on the SAB:

- The local authority which set it up;
- The Clinical Commissioning Group in the local authority's area, and;
- The chief officer of police in the local authority area.

SABs may also include such other organisations and individuals as the establishing local authority considers appropriate having consulted its SAB partners from the CCG and police. The SAB must ensure that it has involvement of all the relevant partners is necessary to carry out its duties.

The local authority must ensure that between them all members of the SAB have the requisite skills and experience necessary for the SAB to act effectively and efficiently to safeguarding adults in its area.

The local authority should consider appointing an Independent Chair. The Chair will be accountable to the Chief Executive of the local authority as the lead body responsible for establishing the SAB, but should be appointed by the local authority in the name of the SAB having consulted all its statutory partners.

Members of the SAB should be clear how they will contribute the financial and human resources of their organisation to both prevent and respond to abuse and neglect.

(14.145-14.151)

### **13.2 SAB Annual Reports**

The SAB must publish an annual report at the end of each financial year that must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan.

Specifically, the annual report must provide information about any Safeguarding Adults Reviews (SARs) that the SAB has arranged which are ongoing or have reported in the year (regardless whether they commenced in that year). The report must state what the SAB has done to act on the findings of completed SARs or, where it has decided not to act on a finding, why not.

The annual report must set out how the SAB is monitoring progress against its policies and intentions to deliver its strategic plan. The guidance provides additional information as to how the SAB should reach their conclusions.

SABs will need to establish ways of actively seeking feedback from communities and publicising a report of their findings.

Every SAB must send a copy of its report to:

- the Chief Executive and leader of the local authority;
- the Police and Crime Commissioner and the Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board.

It is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board.

(14.155-14.161)

#### 14. **Safeguarding Adults Reviews (SARs)**

SABs must arrange a SAR when:

- an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult.

*or*

- an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

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

SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

The SAB should be primarily concerned with weighing up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

Early discussions need to take place with the adult, family and friends to agree how they wish to be involved. The adult who is the subject of any SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

SARs should reflect the six safeguarding principles. SABs should agree Terms of Reference for any SAR they arrange and these should be openly available. When undertaking SARs the records should either be anonymised through redaction or consent should be sought.

The following principles should be applied by SABs and their partner organisations to all reviews:

- there should be a culture of continuous learning and improvement across the organisations;
- the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined;
- reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith, and
- families should be invited to contribute to reviews. They should understand

how they are going to be involved and their expectations should be managed appropriately and sensitively.

The process for undertaking SARs should be determined locally according to the specific circumstances of individual circumstances. No one model will be applicable for all cases. The recommendations and action plans from a SAR need to be followed through by the SAB.

The SAB should aim for completion of a SAR within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required; for example, because of potential prejudice to related court proceedings. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed, and to take corrective action.

(14.162-14.173)

#### **14.1 Links with other reviews**

In setting up a SAR the SAB should also consider how the process can dovetail with any other relevant investigations that are running parallel, such as a child Serious Case Review or Domestic Homicide Review, a criminal investigation or an inquest. (14.175)

#### **14.2 Findings from SARs**

The SAB should include the findings from any SAR in its Annual Report and what actions it has taken, or intends to take in relation to those findings.

Where the SAB decides not to implement an action then it must state the reason for that decision in the Annual Report. All documentation the SAB receives from registered providers which is relevant to CQC's regulatory functions will be given to the CQC on CQC's request.

SAR reports should:

- provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence, if possible;
- be written in plain English, and;
- contain findings of practical value to organisations and professionals.

(14.177-14.178)

### **15. Information sharing**

#### **15.1 Record-keeping**

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns.

Staff should be given clear direction as to what information should be recorded and in what format. Records should be kept in such a way that the information can easily be collated for local use and national data collections.

All agencies should identify arrangements consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people then this should be included in any information that is passed on to service providers or other people who need to know.

In the past, there have been instances where the withholding of information has prevented organisations being fully able to understand what “went wrong” and so has hindered them identifying, to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening they must act upon that knowledge, not wait to be asked for information.

A SAB may request a person to supply information to it or to another person. The person who receives the request must provide the information provided to the SAB if:

- the request is made in order to enable or assist the SAB to do its job;
- the request is made of a person who is likely to have relevant information and then either;
  - the information requested relates to the person to whom the request is made and their functions or activities, *or*
  - the information requested has already been supplied to another person subject to an SAB request for information.

(14.180-14.186)

## **15.2 Confidentiality**

Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults.

Any agreement should be consistent with the principles set out in the Caldicott Review published 2013 ensuring that:

- information will only be shared on a ‘need to know’ basis when it is in the interests of the adult;
- confidentiality must not be confused with secrecy;
- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement;
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases, and;

- where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing e.g. because there is a risk that others are at risk of serious harm and wherever possible, the appropriate Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role, but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

(14.187-14.190)

## **16. Information for staff, people who use care and support, carers and the general public**

Information in a range of media should be produced in different, user-friendly formats for people with care and support needs and their carers. These should explain clearly what abuse is and also how to express concern and make a complaint. Adults with care and support needs and carers should be informed that their concern or complaint will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They should be reassured that they will receive help and support in taking action on their own behalf. They should also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish.

If an adult has no appropriate person to support them and has substantial difficulty in being involved in the local authority processes, they must be informed of their right to an independent advocate. Where appropriate local authorities should provide information on access to appropriate services such as how to obtain independent legal advice or counselling services for example. The involvement of adults at risk in developing such communication is sensible.

All commissioners or providers of services in the public, voluntary or private sectors should disseminate information about the multi-agency policy and procedures.



This information should emphasise that all those who express concern will be treated seriously and will receive a positive response from managers.

(14.192-14.196)

## **17. Local roles and responsibilities**

Roles and responsibilities should be clear and collaboration should take place at all levels.

### **17.1 Front line**

Operational front line staff are responsible for identifying and responding to allegations of abuse and substandard practice.

It is not for front line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns. There should be effective and well-publicised ways of escalating concerns where immediate line managers do not take action in response to a concern being raised.

Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the adult.

Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

There should be clear arrangements in place about what each agency should contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The local authority is responsible for ensuring effective co-ordination at this level.

(14.198-14.201)

### **17.2 Line Managers' supervision**

Skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work. Managers have a central role in ensuring high standards of practice and that practitioners are properly equipped and supported. It is important to recognise that dealing with situations involving abuse and neglect can be stressful and distressing for staff and workplace support should be available.

Managers need to develop good working relationships with their counterparts in other agencies to improve cooperation locally and swiftly address any differences or difficulties that arise between front line staff or managers.

(14.202-14.203)

### **17.3 Senior Managers**

Each agency should identify a senior manager to take a lead role in the organisational and in inter-agency arrangements, including the SAB.

In order for the SAB to be an effective decision-making body providing leadership and accountability, members need to be sufficiently senior and have the authority to commit resources and make strategic decisions. To achieve effective working relationships, based on trust and transparency, the members will need to understand the contexts and restraints within which their counterparts work. (14.212)

#### **17.4 Regulated professionals**

Staff governed by professional regulation should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect. (14.224)

#### **17.5 Chief Officers and Chief Executives**

As chief officer for the leading adult safeguarding agency, the Director of Adult Social Services (DASS) has a particularly important leadership and challenge role to play in adult safeguarding. Responsibility for promoting prevention, early intervention and partnership working is a key part of a DASS's role and also critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires a DASS promoting a culture that is person-centred, supports choice and control and aims to tackle inequalities.

(14.215 – 14.216)

All officers, including the Chief Executive of the local authority, NHS and police chief officers and executives, should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect.

The Chief Officers must sign off their organisation's contributions to the SAB's Strategic Plan and Annual Reports. Chief Officers should receive regular briefings of case law from the Court of Protection and the High Courts.

(14.217 – 14.218)

#### **17.6 Local Authority Member level**

Local authority members need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local authority members need to understand prevention, proportionate interventions, and the dangers of risk averse practice and the importance of upholding human rights. (14.219)

#### **17.7 Local Authority Health Scrutiny Functions**

Local Authority Health Scrutiny Functions, such as the Council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships, can play a valuable role in assuring local

safeguarding measures, and ensuring that SABs are accountable to local communities. HWBs can play a key role in assurance and accountability of SABs and local safeguarding measures. Equally SABs may on occasion challenge the decisions of HWBs from that perspective. (14.220)

### **17.8 Commissioners**

Commissioners from the local authority, NHS and CCGs are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect. (14.221)

Commissioners of care or other professionals should only use safeguarding procedures in a way that reflects the principles above not as a means of intimidating providers or families. Transparency, open-mindedness and timeliness are important features of fair and effective safeguarding enquiries. CQC and commissioners have alternative means of raising standards of service, including support for staff training, contract compliance and, in the case of CQC; enforcement powers may be used. (14.73)

### **17.9 Providers of services**

All service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the SABs in consultation with them. This should include what circumstances would lead to the need to report outside their own chain of line management, including outside their organisation to the local authority. They need to share information with relevant partners such as the local authority even where they are taking action themselves.

Providers should be informed of any allegation against them or their staff and treated with courtesy and openness at all times. It is of critical importance that allegations are handled sensitively and in a timely way both to stop any abuse and neglect but also to ensure a fair and transparent process. It is in no-one's interests to unnecessarily prolong enquiries. However, some complex issues may take time to resolve. (14.222)

### **17.10 Voluntary organisations**

Voluntary organisations need to work with commissioners and the SAB to agree how their role fits alongside the statutory agencies and how they should work together.

All voluntary organisations that work with adults need to have safeguarding procedures and lead officers. (14.223)

## **18. Recruitment and training for staff and volunteers**

The SAB should ensure that relevant partners provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements.

Training should take place at all levels in an organisation and be updated regularly to reflect best practice. (14.225 - 14.226)

Regular face-to-face supervision from skilled managers and reflective practice is essential to enable staff to work confidently and competently with difficult and sensitive situations. (14.228)

### **18.1 Rigorous recruitment practices relevant to safeguarding**

There are 3 levels of a DBS check (standard; enhanced; enhanced with barred list check); the appropriate check must be carried out for a member of staff.

(14.229)

### **18.2 Internal guidelines for all staff**

Provider agencies should produce for their staff a set of internal guidelines which relate clearly to the multiagency policy and which set out the responsibilities of all staff to operate within it.

Internal guidelines should also explain the rights of staff and how employers will respond where abuse is alleged against them within either a criminal or disciplinary context. (14.231-14.232)

### **18.3 Allegations against people in a position of trust**

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

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

(14.120-14.122)

Local procedures will define each individual safeguarding board's framework for managing such allegations

**19. Responding to abuse and neglect in regulated care setting**

All partners should be clear about the lines of responsibility when abuse or neglect is alleged by employees within a regulated care setting. The first responsibility to act must lie with the employing organisation.

However others may need to be involved to support the adult to recover. (14.68)

When an employer is aware of abuse or neglect they are under a duty to:

- correct this and protect the adult from harm as soon as possible;
- inform the local authority, CQC and CCG (if they are the commissioner).

Where a local authority has reasonable cause to suspect that an adult may be experiencing or is at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide what, if any, actions need to be taken and by whom. The local authority may well be reassured by the employer's response so that no further action is required. (14.69)

If someone is removed by being dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignations, retirement) 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 regulated activity provider has a legal duty to refer to the DBS. If an agency or personal supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority can make such a referral. (14.75)

**20. Safeguarding Children**

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

Everyone must be aware that in situations where there is a concern that an adult at risk is or could be being abused or neglected and there are children in the same household, they too could be at risk.

Reference should be made to the local child protection procedures and the Local Safeguarding Children Board (LSCB) inter-agency guidelines and internal protocols dealing with cross-boundary working if there are concerns about abuse or neglect of children and young people under the age of 18.

The Local Safeguarding Adults Board and Local Safeguarding Children Board in all Local Authority Areas covered by this Policy are committed to close working to improve safeguarding practice. The Boards will engage with each other to ensure both children and adults services work together to safeguard both children and adults at risk.

## **21. Whistle blowing**

The Public Interest Disclosure Act 1998 provides a framework for whistle blowing across the private, public and voluntary sectors. Each member organisation of the Safeguarding Adults Board will have its own whistle blowing policy. These policies should provide people in the workplace with protection from victimisation when genuine concerns have been raised about malpractice. The aim is to reassure workers that it is safe for them to raise concerns, and partner organisations should establish proper procedures for dealing with such concerns. *(See relevant local procedure/guidance for additional information.)*

## **22. Multi-Agency Public Protection Arrangements (MAPPA)**

The purpose of the Multi-Agency Public Protection Arrangements (MAPPA) framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm.

The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders).

The Police, Prison and Probation Services have a clear statutory duty to share information for MAPPA purposes.

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

- Local Council, in particular children and family, adult social care and housing services;
- Local CCG and other health trusts;
- All other health and social care partner agencies;
- Jobcentre Plus;
- Registered social landlords with accommodation for MAPPA offenders.

## **23. Supporting bodies and processes**

### **23.1 Healthwatch**

Healthwatch is the 'consumer champion', operating at both local and national levels from April 2012 and replaced Local Involvement Networks in accordance with The Health and Social Care Act 2012.

Healthwatch:

- Has the power to enter and view services;
- Influences how services are set up and commissioned by having a seat on the local health and wellbeing board;
- Produces reports which influence the way services are designed and delivered;

- Provides information, advice and support about local services;
- Passes recommendations to Healthwatch England.

### **23.2 Care Quality Commission (and role with commissioning)**

The Care Quality Commission (CQC) regulates and inspects health and social care services including domiciliary services, and protects the rights of people detained under the Mental Health Act (MHA) 1983.

It has a role in identifying situations that give rise to concern that a person using a regulated service is or has been at risk of harm, or may receive an allegation or complaint about a service that could indicate potential risk of harm to an individual or individuals. The CQC should make a safeguarding alert when appropriate to the safeguarding contact point.

The CQC will be directly involved with the Safeguarding Adults process where:

- one or more registered people are directly implicated;
- urgent or complex regulatory action is indicated;
- a form of enforcement action has been commenced or is under consideration in relation to the service involved.

Please refer to [CQC's Safeguarding Protocol](#) for further information (CQC, 2013).