Safeguarding adults procedures

**22/11/2021**

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# Document Control

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| --- | --- | --- | --- |
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| Version 1 | Sept 2013 | First version | Alan Tyrer |
| Version 2 | March 2016 | Update written | Lisa Mathews |
| Version 3 | Sept 2021 | Update written | Sarah Murphy, Gillian BeadlePhelps and Katie O’Driscoll |

# 1. Introduction

The objective of these procedures is to provide guidance to practitioners to ensure adults are kept safe from abuse or neglect and to ensure immediate action is taken where required, and that local practice is compliant with statute.

The procedures are a framework for managing safeguarding interventions and are taken directly from the **London Multi-Agency Adult Safeguarding Policy and Procedures** 2016[[1]](#footnote-1) (LASPP), otherwise known as Pan London. These procedures summarise the framework defined in LASPP (Part 4) and include local guidance. They should therefore be read in conjunction with LASPP (Part 4) which provides additional guidance, examples and standards relating to good practice.

This procedure does not in any way override or supersede the LASPP.

Safeguarding Practice and Procedures should also be regarded as operating within the broader **Practice Framework** for adult social care staff in Tower Hamlets, rather than a stand-alone procedure. Safeguarding procedures may therefore be instigated by staff at any time whilst undertaking casework under the terms of the Practice Framework.

These procedures apply to LBTH adult social care staff and East London NHS Foundation Trust (ELFT) staff in the integrated community mental health teams (including ELFT Older Peoples, Community Mental Health Team (CMHT) and Dementia Team) and also the integrated Community Learning Disabilities Service (CLDS) where they are undertaking safeguarding work on behalf of the council. The procedures should be used in conjunction with partnerships and individual organisations’ procedures on related issues such as fraud, disciplinary procedures and health and safety.

This procedure will be reviewed and updated in line with any successive developments, including any learning from safeguarding adult reviews (SARs) and with regard to legislative changes or case law. Staff will be informed of these updates.

Staff need to ensure that they follow LBTH Recording Standards when recording safeguarding activity. The link to the standards is [here](https://www.thebridge.towerhamlets.gov.uk/policy-and-procedures/general/policies-and-procedures-for-adult-services)

# 2. Legal Context

The **Care Act 2014** and Guidance state that safeguarding:

* Is person led
* Engages the person from the start, throughout and at the end to address their needs
* Is outcome focused
* Is based upon a community approach from all partners and providers

The LASPP is built on strong multi-agency partnerships working together, with adults to prevent abuse and neglect where possible, and provide a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, cooperation and a collegiate approach that respects boundaries and confidentiality within legal frameworks

# 3. What is safeguarding?

Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

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

# 4. The aims of Adult Safeguarding are to:

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

# 5. Principles of Adult Safeguarding

* ***Empowerment***

People are 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 this directly inform what happens.”

* ***Prevention***

It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know 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 and they will only get involved as much as is necessary.”

* ***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***

Services offer local solutions through working closely 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.”

# 6. Who do we need to safeguard?

## 6.1 In the context of the legislation, specific adult safeguarding duties apply to any adult who:

* has care and support needs, and
* is experiencing, or is at risk of, abuse or neglect, and
* is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Within the scope of this definition are:

* All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
* Adults who manage their own care and support through personal or health budgets.

## 6.2 Safeguarding for Young People in Transition

A safeguarding concern may be raised in relation to someone who is over 18 but still receiving children’s services. If the person concerned is deemed to meet the threshold for eligibility for adult services or appears to meet the threshold, the matter should be dealt with as a matter of course by the relevant adult team. Where appropriate they should involve the local authority’s children’s safeguarding colleagues as well as any relevant partners or other persons relevant to the case.

The Central Safeguarding Team has a Transitions Safeguarding Social Worker who holds a caseload and is also available for advice and support.

**7.** Types of abuse and neglect

* [Physical abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#physical)
* [Domestic violence or abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#domestic)
* [Sexual abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#sexual)
* [Psychological or emotional abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#psychological)
* [Financial or material abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#financial)
* [Modern slavery](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#modern-slavery)
* [Discriminatory abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#discriminatory)
* [Organisational or institutional abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#organisational)
* [Neglect or acts of omission](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#neglect)
* [Self-neglect](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#self-neglect)

## 7.1 More on self-neglect

There is no single operational definition of self-neglect however, the Care Act makes clear that it can come within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself. The Department of Health (2014), defines it as, ‘a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding’.

However revised Care Act guidance (published March 2016) states that it should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

## 7.2 Response to self-neglect and hoarding

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

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

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

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

For further guidance concerning Hoarding Please refer to the Tower Hamlets Hoarding Policy.

## 7.3 Pressure Ulcers

In response to demand from London Clinical Commissioning Groups and Providers a multi-agency task group with representation from a SAB Chair, Local Authority, CCG, provider and NHS England developed an integrated pressure ulcer pathway which aimed to support frontline staff in their local decision making to determine if a pressure ulcer is a sign of neglect.

Where concerns are raised regarding skin damage as a result of pressure there is a need to raise it as a safeguarding concern within the organisation. In a minority of cases it may warrant raising a safeguarding concern with the local authority. More information on pressure ulcers and when to refer to the Local Authority under Adult Safeguarding is available below and it is essential that staff work to this protocol:

[Safeguarding Adults Protocol: pressure ulcers and the interface with a safeguarding enquiry (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf)

This includes an Adult Safeguarding Decision Guide assessment for service users with pressure ulcers in Appendix 3. It is very important to consult with this protocol when working with pressure ulcers.

**8. Partnership co-operation and information sharing**

Local authorities and partner organisations should co-operate in order to deliver effective safeguarding, both at a strategic level and in individual cases, where they may need to ask one another to take specific action in that case.

This co-operation and information sharing for safeguarding purposes is supported by all data protection legislation where there is a lawful basis, such as the Care Act, for sharing personal data and compliance with the Caldicott Principles will help to ensure that information sharing is justified and proportionate.

The Care Act 2014 highlights a general duty to co-operate between the Local Authority and other organisations providing care and support. This includes a duty on the Local Authority itself to ensure co-operation between its adult care and support, housing, public health and children's services.

Local authorities and their relevant partners must respond to requests to cooperate under their general public law duties to act reasonably.

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

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

* Promoting the wellbeing of adults needing care and support and of carers;
* Improving the quality of care and support for adults and support for carers (including the outcomes from such provision);
* Smoothing the transition from children’s to adults’ services;
* Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect;
* Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

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

The SAB needs to be assured that any shared learning identifies where co-operation has strengthened adult safeguarding and where improvements may be needed, publicising the effectiveness in its annual report. As a general principle people must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.

## 8.1 Refusals to comply

Organisations that refuse to comply with requests for co-operation or information should provide written reasons for the refusal. Where there is persistent refusal to co-operate the matter should be escalated through the appropriate channels within the organisation.

In the Local Authority support and advice should be sought from the practitioner’s line management and if required, from the Service Manager for Safeguarding, the Principal Social Worker or the Senior Strategic Safeguarding Lead for LBTH. The following is a link to the [escalation policy](https://www.thebridge.towerhamlets.gov.uk/asset-library/Policies-and-procedures/Adult-services/AdultServiceEscalation.docx)

## 8.2 **Adult Safeguarding and sharing information**

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

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

Whether information is shared with or without the adult at risk’s consent, the information sharing process should fall within the parameters of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. GDPR and the Data Protection Act 2018 should not be a barrier to sharing information. They provide a framework to ensure that personal information about living persons is shared appropriately.

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice, but it has been highlighted as a difficult area of practice. The Care Act 2014 Section 45 ‘supply of information’ duty covers the responsibilities of others to comply with requests for information from the SAB as detailed above. Sharing information between organisations as part of day-to-day safeguarding practice is covered by the common law duty of confidentiality, the General Data Protection Regulation (“GDPR”), Data Protection Act 2018, the Human Rights Act 1998 and the Crime and Disorder Act 1998.

The legislation allows us to share information without consent in certain circumstances. If it is deemed in the **public interest[[2]](#footnote-2)**, data may be collected, processed, shared and stored. It may also be stored for longer periods in the public interest and in order to safeguarding the rights and freedoms of individuals. **Vital interests[[3]](#footnote-3)** are a lawful basis for sharing personal data to protect someone’s life, but you must check whether there is a less intrusive way to protect the person’s life. Always document and justify your decisions. For more information on the principles of GDPR in relation to information sharing please see the guidance from the Information Commissioners Office:

[Guide to the UK General Data Protection Regulation (UK GDPR) | ICO](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/)

## 8.3 Considerations when sharing safeguarding information

* As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.
* All staff, in all partner agencies should understand the importance of sharing safeguarding information and the potential risks of not sharing it.
* All organisations must have a whistleblowing policy.
* All staff should understand who safeguarding applies to and how to report a concern
* In instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person’s best interest.
* Sharing safeguarding information should follow the six safeguarding principles.

## 8.4. Making Safeguarding Personal

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

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

* Adults feel more in control;
* Adults are empowered and have ownership of the risk;
* There is improved effectiveness and resilience in dealing with a situation;
* There are better relationships with professionals;
* Good information sharing to manage risk, involving all the key stakeholders;
* Key elements of the person’s quality of life and well-being can be safeguarded

For further guidance please refer to LASPP.

# 9. Risk Assessment

Risk assessment that includes the assessment of risks of abuse, neglect and exploitation of people should be integral in all assessment and planning processes. Assessment of risk is dynamic and on-going and a flexible approach to changing circumstances is needed. The primary aim of a safeguarding adults risk assessment is to assess current and potential risks and should encompass:

* The safety and protection of the Adult at Risk, Carers & their environment.
* The views and wishes of the adult;
* The person’s ability to protect themselves;
* The chronology and pattern of pertinent events;
* Factors that contribute to the risk, for example, personal, environmental;
* The risk of future harm from the same source;
* Protective factors that may be effective in reducing the risk;
* The balance of the right to Independence against the likelihood of significant harm arising from the situation;
* Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support;
* Deciding if domestic abuse is indicated and the need for a referral to a Multi-Agency Risk Assessment Conference (MARAC);
* Identify people causing harm who should be referred to the Multi-Agency Public Protection Arrangements meeting (MAPPA);
* It may increase risk where information is not shared;
* Assessment of mental capacity with reference to the Mental Capacity Act (2005);
* Consideration of the involvement of others in the risk assessment, alongside the adult at risk’s capacity to consent to the sharing of information;
* Monitoring and review arrangements to determine whether safeguarding interventions are effective.

# 10. Advocacy

The Care Act 2014 requires that a Local Authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR where the adult has ‘**substantial difficulty’** in being involved in the process and where there is no other appropriate individual to help them.

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act and an Independent Advocate introduced under the Care Act 2014. Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

Tower Hamlets Adult Safeguarding Advocacy is provided by the following organisations:

**Care Act Advocacy, NHS Complaints Advocacy and Independent Mental Capacity Advocacy:**

POhWER

PO Box 14043

Birmingham B6 9BL

Tel: 0300 456 2370

E-mail: pohwer@pohwer.net

Web: www.pohwer.net

**Independent Mental Health Advocacy:**

Mind in Tower Hamlets and Newham

Open House

13 Whitethorn Street

London

E3 4DA

Tel: 020 7510 1081

E-mail: info@mithn.org.uk

**Carers advocacy:**

Carers Centre

21 Brayford Square

Stepney Green

London E1 0SG

Tel: 020 7790 1765 then press 601

E-mail: [Referrals@carerscentretowerhamletsorg.uk](mailto:Referrals@carerscentretowerhamletsorg.uk)

Web: www.carerscentretowerhamlets.org.uk

**General advocacy:**

Tower Connect Information, Advice and Advocacy Service (delivered by a consortium led by Age UK East London)

Tel: 0300 303 6070

e-mail: [Enquiry@towerhamletsconnect.org](mailto:Enquiry@towerhamletsconnect.org)

Web: towerhamletsconnect.org

# 11. Mental Capacity and Consent

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who may lack mental capacity:

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

Practitioners should approach their line management in the first instance for any guidance and advice related to the MCA 2005. If more specialist advice is required, a referral should be made to LBTH’s Legal Service.

# 12. Deprivation of Liberty Safeguards (DoLS)

DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person’s best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS.

Following the Supreme Court’s ruling in March 2014 the acid test for a DoLS is continuous supervision and control andis the person free to leave. The Court has also extended the original definition of where a DoLS can occur and now includes a wider range of setting including Schools, Supportive Living, Extra Care and peoples own home for example, and also include people without Mental Capacity from the age of 16 years.

However there remain areas where a deprivation of liberty can only be authorised by the Court of Protection. These include:

If someone is disputing deprivation or if any friend or family member is contesting it, an application to the Court of Protection **must** be made.

It is unlawful to move a person to a care home if they or their family or friends are resisting the move, this can be just saying I do not want to move to the home.

The Central Safeguarding Team undertakes the legislative duties in relation to DoLS on behalf of the Council. For any advice on these issues please contact the team.

DoLS cannot be used to remove someone from the family home or to not allow someone to return to the family home.

All cases that are being considered for decisions by the Court of Protection - for those cases where there is a concern about an adult being deprived of their liberty in the community, these must be discussed with the practitioner’s line manager before proceeding to get legal advice or making an application to the Court, including where an emergency order is / may be required.

# 13. Liberty Protection Safeguards

The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements.

People who might have a Liberty Protection Safeguards authorisation include those with dementia, autism and learning disabilities who lack the relevant capacity.

The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system. The Liberty Protection Safeguards will deliver improved outcomes for people who are or who need to be deprived of their liberty. The Liberty Protection Safeguards have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty.

The Liberty Protection Safeguards are planned to come into force in April 2022 [Liberty Protection Safeguards: what they are - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/liberty-protection-safeguards-factsheets/liberty-protection-safeguards-what-they-are).

# 14. The Central Safeguarding Team

The Central Safeguarding team fulfils key functions detailed below.

Regular ongoing functions are as follows:

* 1. Undertake complex Section 42 Safeguarding enquiry services. Complex safeguarding investigations are defined as follows:

A case is **complex** if there is a high risk of serious harm from which it will be difficult or impossible for a person to recover **and** help is needed from the central safeguarding team because there are either -

* no practicable options with which practitioners can reduce risk to manageable levels

or

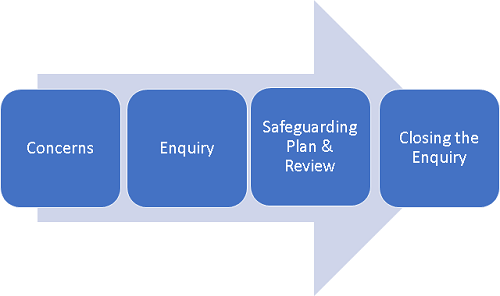
* multiple possible options for reducing risk to manageable levels which it will be difficult for practitioners to assess and weigh
  1. Out of Borough and enquiries about safeguarding matters raised by the Care Commissioning Group, the Care Quality Commission or NHS England.
  2. Dealing with major safeguarding incidents such as care home closures
  3. Safeguarding policy and strategy, including developing preventative safeguarding services and a preventative strategy.
  4. Support high quality safeguarding practice across adult social care and key stakeholders.
  5. Being a point of reference for staff to seek advice and raise emerging or strategic themes in safeguarding
  6. Deprivation of liberty and best interest assessor services.

Managers in the Central Safeguarding Team will

* Attend the high risk transition panel to manage very difficult cases in which children or vulnerable adults face challenges in transition to adult services. This includes vulnerable adults who may need to transition to new or other services
* Support attendance at Multi-Agency Panels including the Multi-agency Public Protection Panel which manages dangerous offenders, the MARAC panel which protects victims of domestic violence and the prostitution and hate crime panels. The service manager with responsibility for adult safeguarding also chairs the Community MARAC panel which addresses issues where vulnerable adults are causing anti-social behaviour problems.
* Contribute to qualitative safeguarding audits
* Support a safeguarding adults manager forum

# 15. The Adult Safeguarding Procedures

The procedures are structured within a Four Stage Process:



# 16. Responsibilities Local Authority and NHS partnerships

Local Authorities can authorise NHS bodies to exercise a range of health related functions, including adult safeguarding functions. This should be considered in instances where allowing the NHS body to undertake the safeguarding function is likely to lead to an improvement in the way in which the function is exercised. This means that appropriately trained managers within an NHS Trust can act on behalf of the Local Authority to undertake adult safeguarding duties. This is in particular reference to who can act as a Safeguarding Adult Manager (SAM). However, the Local Authority remains legally responsible for how the safeguarding function is completed.

# 17. Managers/Safeguarding Leads

Safeguarding Adults Manager (SAM) means the staff member responsible for providing:

* Managerial support and direction to care management staff
* Decision making for concerns raised by members of staff and/or members of the public

The SAM is the member of staff who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are referred to the Local Authority, or through the Mental Health Trust where there are the above agreements in place

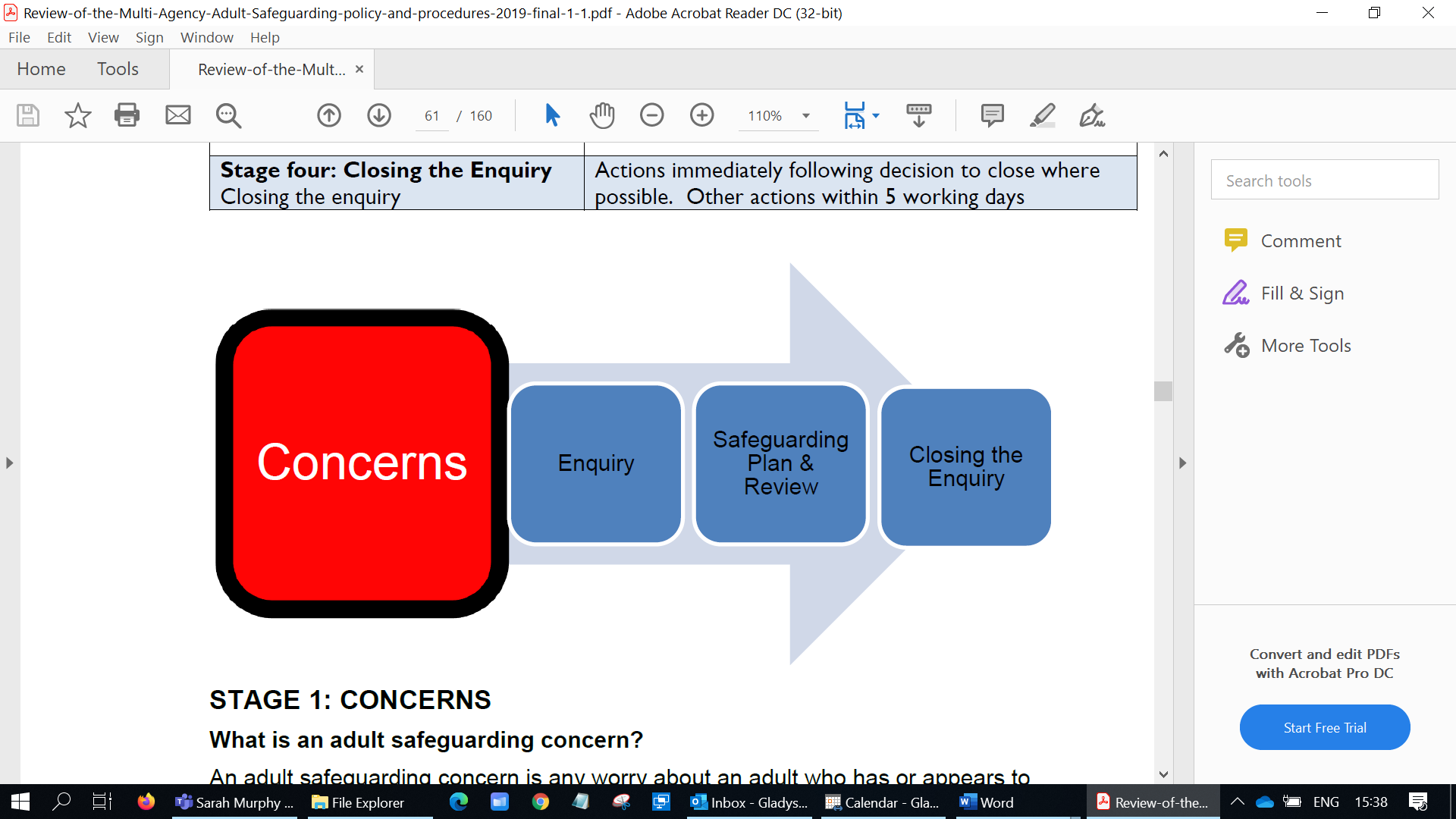
# 18. Enquiry Officer

An enquiry officer is responsible for undertaking actions under adult safeguarding. In some instances, there is a lead Enquiry Officer supported by other staff also acting as enquiry officers, where there are complex issues or additional skills and expertise is required. The lead Enquiry Officer will retain responsibility for undertaking and co-ordinating actions under Section 42 enquiries.

In order to be considered an Enquiry Officer, the qualified professional must have had the relevant training and a refresher within three years, and thereafter within the next three years and so on. Anyone who has not had either safeguarding investigator training and/or a refresher within 3 years of carrying out a safeguarding investigation cannot perform this role.

# 19. Stages of Adult Safeguarding

## 19.1 Stage 1: Concerns



**What is an adult safeguarding concern?**

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

Some concerns may not sit under adult safeguarding processes but remain concerns that may require other action. All concerns should be responded to.

**Referral to the Local Authority**

If, on the basis of the information available, it appears that the following three criteria are met a referral **must** be made to the Local Authority.

1. A person has care and support needs
2. They may be experiencing or at risk of abuse or neglect
3. They are unable to protect themselves from abuse and neglect because of those care/support needs.

Where the above three criteria are not met, a referral to the Local Authority may still be made where there is a concern for someone’s safety or wellbeing. In these instances the Local Authority may have a role in providing information, advice and signposting, or taking action under a different process to Safeguarding.

**Immediate Action**

The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk. Where practicable, the Operational Team must liaise with the person who has raised the concern to complete a Safeguarding Adults Referral Form which can be found on Tower Hamlets website:[Adults at risk of abuse or neglect (towerhamlets.gov.uk)](https://www.towerhamlets.gov.uk/lgnl/health__social_care/ASC/Adults_Health_and_Wellbeing/Staying_safe/Adults_at_risk_of_abuse_or_neglect.aspx)

1. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
2. Arrange any medical treatment;
3. If a crime is in progress or life is at risk, dial emergency services – 999;
4. Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation;
5. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
6. Ensure that other people are not in danger;
7. If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk);
8. Record the information received, risk evaluation and all actions.

**The Safeguarding Adults Manager (SAM)**

The SAM should review the action taken and:

a. Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken;

b. Address any gaps;

1. Check that feedback has been provided to the referrer, where practicable
2. Check that issues of consent and mental capacity have been addressed;
3. consider a referral to specialist services for example the Haven;
4. Consider if the case should be put forward for a SAR;
5. Consider whether there might be any forensic evidence and if it has been preserved;
6. Contact the children and families department if a child or young person is also at risk;
7. If appropriate, take any action in line with disciplinary procedures; including whether it is appropriate to suspend staff or move them to alternative duties;
8. If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support;
9. In addition, if a criminal offence has occurred or may occur, contact the
10. In the event that a person’s wishes are being overridden, check that this is appropriate and that the adult understands why;
11. Make a referral under Prevent if appropriate;
12. Make sure action is taken to safeguard other people;

Police force where the crime has / may occur;

1. Record the information received and all actions and decisions;

There may be some occasions when the adult at risk does not want to pursue an enquiry by the Local Authority. If possible, the adult at risk’s wishes should be respected and other ways of ensuring the adult’s safety explored. Further information about consent, information sharing and mental capacity is provided earlier on in this policy.

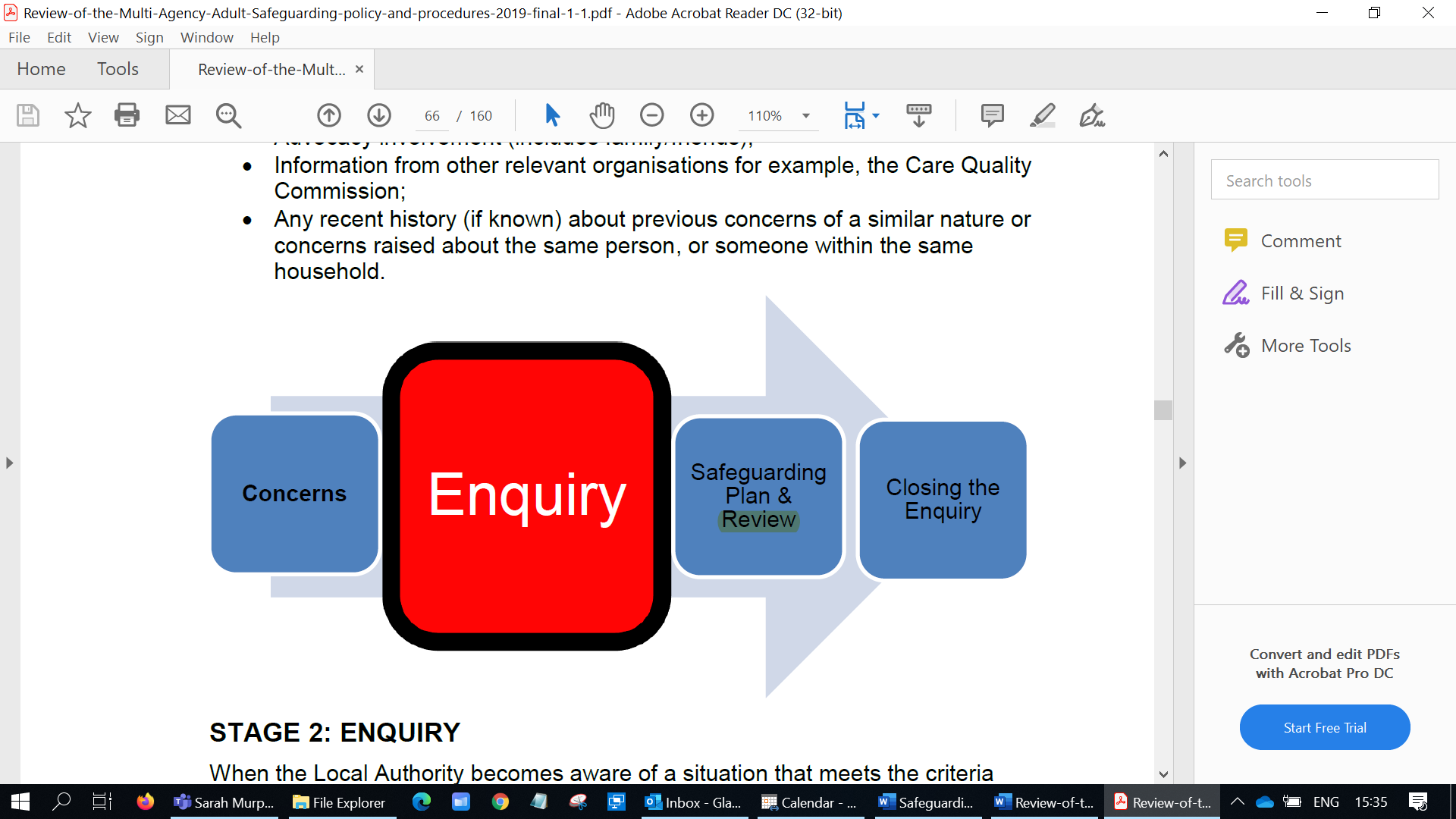
**East London NHS Foundation Trust/ Barts arrangements:**

ELFT progress their cases through the same safeguarding process as the Local Authority.

Bart’s Health, upon making a decision about whether the incident is an alert (concern), will raise a Datix (internal Health incident record), complete their own safeguarding referral form and send this to the Initial Assessment Team to progress

In Barts and ELFT, a dual process may ensue as a result of a safeguarding incident, so that the Trust may begin an investigation under their Serious Incident Procedures while the safeguarding process is being also progressed.

## 19.2 Stage 2: Enquiry



Having received a safeguarding concern, the relevant operational team must make or arrange an enquiry under Section 42 of the Care Act 2014*.*

An enquiry should establish whether and what action needs to be taken to prevent or stop abuse or neglect.

The Operational team should involve the adult at risk in the decision-making process as far as possible. The Operational Team should record the information received, the views and wishes ascertained, the decisions taken and the reasons for them and any advice and information given.

**Initiating the Enquiry**

The Local Authority should decide very early on in the process who is the best person/organisation to lead on the enquiry. The Local Authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. If the Local Authority has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome is unsatisfactory. In exceptional cases, the Local Authority may undertake an additional enquiry, for example, if the original fails to address significant issues. **The Safeguarding Adults Enquiry Form should be used to record the information and decisions.**

The information in some referrals may be sufficiently comprehensive that it is clear that immediate risks are being managed, and that the criteria are met for a formal Section 42 enquiry. In other cases some additional information gathering may be needed to fully establish that the three steps are met. Decisions need to take into account all relevant information through a multi-agency approach wherever possible, including the views of the adult taking into consideration mental capacity and consent.

The degree of involvement of the Local Authority will vary from case-to-case, but at a minimum must involve

* decision making about how the enquiry will be carried out;
* oversight of the enquiry;
* decision making at the conclusion of the enquiry about what actions are required;
* ensuring data collection is carried out;
* ensuring quality assurance of the enquiry has been undertaken.

This decision on how the enquiry is progressed is made by the SAMat the time. The SAM has to have completed the relevant SAM training.

**Conversations with the adult (including appropriate support)**

In the majority of cases, unless it is unsafe to do so each enquiry will start with a conversation with the adult at risk. The SAM should ensure that if conversations have already taken place, they are sufficient. The adult and/or their advocate should not have to repeat their story. In many cases staff/organisations who already know the adult may well be best placed to lead on the enquiry. They may be a housing support worker, a GP or other health worker such as a community nurse or a social worker. While many enquiries will require significant input from a social care practitioner, there will be aspects that should and can be undertaken by other professionals.

**Desired Outcomes identified by the adult**

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

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

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

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

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

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

**Planning an Enquiry**

All enquiries need to be planned and co-ordinated and key people identified. No agency should undertake an enquiry prior to a planning discussion, unless it is necessary for the protection of the adult at risk or others.

The Enquiry Officer should be confident and understand what is required. Dependent upon the complexity of an enquiry the SAM may wish to convene a multi-agency planning meeting.

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

If an organisation declines to undertake an enquiry or if the enquiry is not done, local escalation procedures should be followed. The key consideration of the safety and wellbeing of the adult must not be compromised.

In the course of planning an enquiry, a review should be made of:

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

Information sharing should be timely. Co-operation between organisations to achieve outcomes is essential, and action should be co-ordinated to keep the safety of the adult as paramount. Information sharing should comply with all legislative requirements.

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

**Support networks**

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

Strengths-based approaches focus on individuals’ strengths, inclusive of personal strengths and social and community networks, and not on their deficits. Strengths-based practice is holistic and multidisciplinary and works with the individual to promote their wellbeing. It is outcomes led and not services led.

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

* Prevent further abuse or neglect;
* Keep the risk of abuse or neglect at a level that is acceptable to the person and;
* Support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision and there is no wider public interest concern.

Some factors which could increase risk to adults at risk include the following:

* Current diagnosis of mental illness
* Current or past abuse of drugs or alcohol
* Current physical health problem
* Past experience of disruptive behaviour
* Past experience of traumatic events
* High levels of stress
* Poor or inadequate preparation or training for caregiving responsibilities
* Compromised coping skills
* Exposure to or witnessing abuse as a child
* Social isolation
* Being dependant on others for assistance, especially with finances and personal care
* Lack the capacity to consent
* Communication difficulties
* Mobility issues
* Receiving care in own home
* Experiencing discrimination on the basis of perceived difference (e.g. hate crime)

Some protective factors include the following:

* Positive attitudes, values or beliefs
* Conflict resolution skills
* Good mental, physical, spiritual and emotional health
* Positive self-esteem
* Strong social supports
* Community engagement
* Problem-solving skills
* Social stimulation
* Good peer group/friends
* Stable housing
* Availability of services (social, recreational, cultural, etc)

**Enquiry Reports**

Once all actions have been completed a report should be collated and drawn up by the Enquiry Officer overseen by the SAM.

In some more complex enquiries, there may be a number of actions taken by other staff that support the enquiry. Where there are contributions from other agencies/staff, these should be forwarded within agreed formats and timeframes, so that there is one comprehensive report that includes all sources of information.

Reports should be drafted using the **Safeguarding Adults Enquiry Form** and discussed with the adult at risk/advocate. The report should include:

* Confirmation of the safeguarding concern
* Actions taken to complete the enquiry
* Views of the adult at risk and those agencies involved
* Key findings and analysis
* Confirmation of whether outcomes were achieved
* Evidence that Section 42 criteria were met
* Learning needs / gaps in service provision identified
* Actions required and by whom
* Recommendations moving forward
* Who supported the adult and establish if this is an on-going requirement
* SAM sign off

In some enquiries, there will be an investigation for example, a disciplinary investigation; these might be appended to the Enquiry Report. In drawing up the report, the risk assessment should be reviewed and any safeguarding plan adjusted accordingly. Recommendations should be monitored and taken forward. Agencies are responsible for carrying out the recommendations which might be included in future safeguarding plans.

**Outcome of the enquiry**

All enquiries should have established outcomes that determine the effectiveness of interventions. Decisions should be made whether:

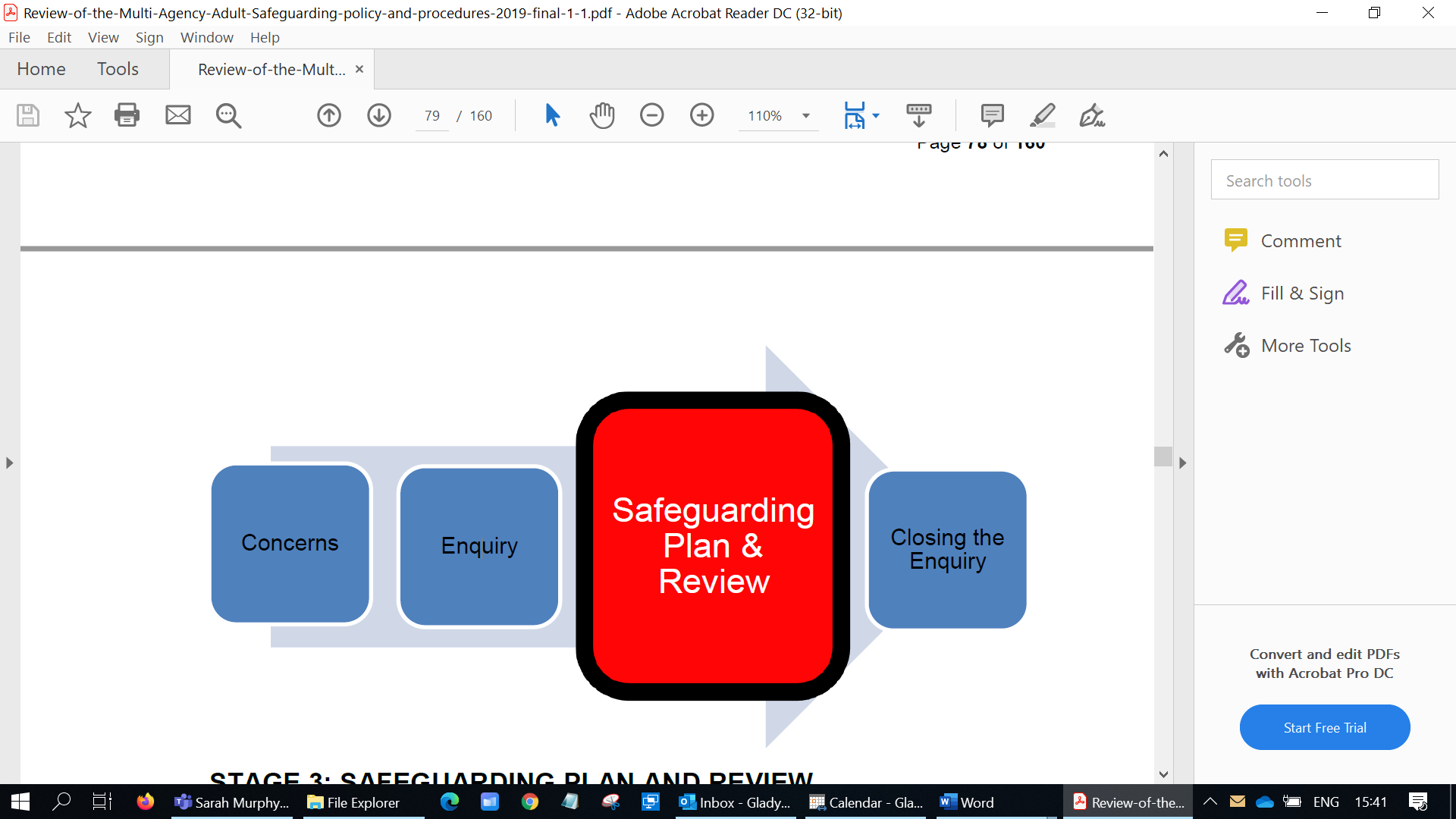
1. The adult has needs for care and support
2. They were experiencing or at risk of abuse or neglect
3. They were unable to protect themselves
4. Further action should be taken to protect the adult from abuse or neglect These decisions are made by the SAM in consultation with the adult and other parties involved in the enquiry.

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

**Retrospective Section 42 enquiries**

In Tower Hamlets retrospective Section 42 enquiries may be completed on cases where a service user has deceased or is still living and safeguarding concerns are raised retrospectively, alleging abuse or neglect. A retrospective Section 42 enquiry may be a helpful precursor to a SAR consideration where it needs to be established whether or not there were multi-agency failings.

## 19.3 STAGE 3: SAFEGUARDING PLAN AND REVIEW



In most cases there will be a natural transition between deciding what actions are needed and the end of the enquiry, into formalising what these actions are and who needs to be responsible for each action- this is the adult safeguarding plan. These actions are to be recorded on the Safeguarding Adults Protection Plan.

The Safeguarding Plan using the **Safeguarding Adults Protection Plan Form** should set out:

* What steps are to be taken to assure the future safety of the adult at risk;
* The provision of any support, treatment or therapy, including on-going advocacy;
* Any modifications needed in the way services are provided (e.g. same gender care or placement; appointment of an Office of Public Guardian deputy);
* How best to support the adult through any action they may want to take to seek justice or redress;
* Any on-going risk management strategy as appropriate.

The plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan and when this will happen.

Adult safeguarding plans should be person-centred, strength-based and outcome-focused. Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances it may be appropriate for safeguarding plans to be monitored through ongoing care management responsibilities. In other situations, a specific safeguarding review may be required.

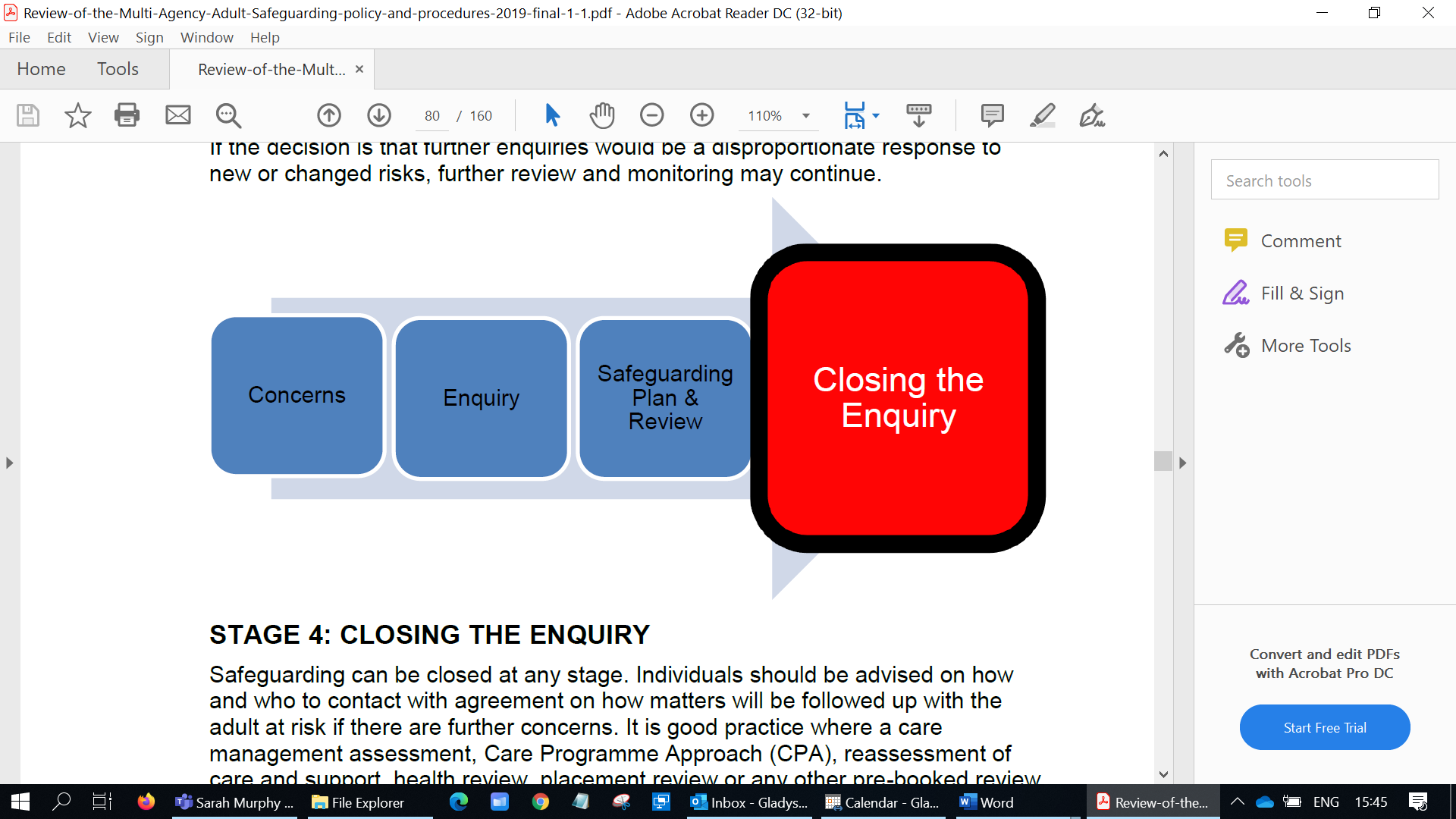
An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery-based resolution. In many cases the provision of care and support may be important in addressing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

Reviews of adult safeguarding plans, and decisions about plans should be communicated and agreed with the adult at risk. Following the review process, **using the Safeguarding Adult Plan Review form,** it may be determined that:

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

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

## 19.4 STAGE 4: CLOSING THE ENQUIRY



Safeguarding can be closed at any stage using the **Safeguarding Adults Enquiry Closure Form**. Individuals should be advised on how and who to contact with agreement on how matters will be followed up with the adult at risk if there are further concerns.

It is good practice where a care management assessment, Care Programme Approach (CPA), reassessment of care and support, health review, placement review or any other pre-booked review is due to take place following the safeguarding enquiry, for a standard check to be made that there has been no reoccurrence of concerns.

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

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

**Closing enquiries down when other processes continue**

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

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

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

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

# 20. Cross-boundary and inter-authority adult safeguarding enquiries

Risks may be increased by complicated cross-boundary arrangements, and it may be dangerous and unproductive for organisations to delay action due to disagreements over responsibilities. The rule for managing safeguarding enquiries is that the Local Authority for the area where the abuse occurred has the responsibility to carry out the duties under Section 42 Care Act 2014, but there should be close liaison with the placing authority.

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

The initial lead in response to a safeguarding concern should always be taken by the Local Authority for the area where the incident occurred. This might include taking immediate action to ensure the safety of the person, or arranging an early discussion with the police when a criminal offence is suspected.

Further action should then be taken in line with **Making Safeguarding** **Personal** on the views of the adult, and the **Care and Support statutory** **guidance** on who is best placed to lead on an enquiry.

# 21. Timescales

The adult safeguarding procedures do not set definitive timescales for each element of the process; however, target timescales are indicated.

|  |  |
| --- | --- |
| **Stage1: Concerns** | Immediate action in cases of emergency    Within one working day in other cases |
| **Stage 2: Enquiries**    Initial conversation    Planning meetings    Enquiry actions    Agreeing outcomes | Same day concern received if not already taken place    Within 5 working days    Target time within 20 working days    Within 5 working days of enquiry report |
| **Stage 3:**  **Safeguarding Plan**  **& Review**    Safeguarding Plan    Review | Within 5 working days of enquiry report    Not more than 3 months, but dependent upon risk |
| **Stage 4: Closing**  **the Enquiry** | Actions immediately following decision to close where possible. Other actions within 5 working days. |

Divergence from any target timescales may be justified 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 adult at risk;
* Significant changes in risk are identified that need to be addressed;
* Supported decision making may require an appropriate resource not immediately available;
* Persons’ physical, mental and/or emotional wellbeing may be temporarily compromised

In instances where there is divergence from the agreed timescales the reason and rationale should be clearly recorded in the safeguarding forms. An example of a delay could be a situation whereby an adult at risk’s GP is on leave and their input is considered fundamental to the enquiry process. In such a circumstance, the SAM may take a decision to await the GP’s return in order to receive their input. In all circumstances it will be essential to ensure that the person at risk is safe.

# 22. Signs of Safety

The Signs of Safety tool is not a mandatory part of the Safeguarding process and procedure - [What Is Signs of Safety? - Signs of Safety](https://www.signsofsafety.net/what-is-sofs/). It is intended as a tool to support practitioners and SAMs in the course of an enquiry to promote best practice. Practitioners and SAMs may therefore use the tool at any point in the process to support good practice, and the subject of whether or not to use the tool should be discussed in the course of formal and informal supervision relating to safeguarding cases. Practitioners and SAMs should use their professional judgement to consider when it is appropriate and useful to use the tool to promote best practice.

# 23. Panels of Support

The are a number of panels of support available in Tower Hamlets.  The aim of these panels is to work with multi-agency colleagues to address areas of concern collectively and attempt to minimise risk.  Please see [appendix 1](#_Appendix_1_Tower) for full details of the panels of support available.

# 24. Allegations about People in Positions of Trust (PiPoT)

The statutory guidance to the Care Act 2014 requires Safeguarding Adults Boards to establish a framework and process to respond to allegations against anyone who works, either paid or unpaid, with adults who have care and support needs.

The PiPoT might be a care worker either in a care home or the adult’s home, work for a care agency, a voluntary organisation, social care or the NHS.

A PiPoT is at risk of allegations being made against them at any time and we need to ensure clear and safe working practices are in place. An allegation against a PiPoT must be taken seriously and dealt with fairly in a way that protects both the adult and the PIPOT.

A PiPoT referral should be made if the PiPoT is alleged to have

behaved in one or more of the following ways to an adult with care and

support needs:

1. may have, or has caused harm to the adult

2. committed a criminal offence against or related to the adult

3. poses a risk of harm to the adult.

In Tower Hamlets the PiPoT is the service manager for Safeguarding so they should be contacted for advice and support if an allegation against sometime in a position of trust is made.

If a risk to children is also identified, the Local Authority Designated Officer (LADO) will also need to be notified.

# 25. Working with Care and Support Providers

There are instances when general or global safeguarding concerns are raised about a specific service provider or organisation, as opposed to specific concerns about a particular named individual. In these circumstances the Provider Concerns Process should be followed. This is detailed in Part 5 of LASPP. The lead agency in such instances is likely to be the local authority but may be led by commissioning rather than care management.

The following is the six step Provider Concerns process:

**Decision to initiate Provider Concerns**

**Initial Provider Concerns Meeting**

**Findings Meeting**

**Update Meeting**

**(optional)**

**Quality**

**Assurance**

**Closure**

# 26. Safeguarding Adults Board (SAB)

The Tower Hamlets SAB is a statutory multi-agency board that is committed to protecting an adult’s right to live in safety, free from abuse and neglect.

It has overall responsibility for co-coordinating safeguarding adult matters and ensuring that partner agencies carry out safeguarding adults work.

The SAB has three core duties:

1. It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve this.
2. It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
3. It must conduct any Safeguarding Adults Review in line with Section 44 of the Act. A SAR is an in-depth review carried out where someone dies or is seriously injured as a result of neglect and abuse. If you believe a case should be referred for a SAR you should discuss this with you manager. The referral form is [here](https://www.towerhamlets.gov.uk/Documents/Adult-care-services/Safeguarding-adults/SAR-Referral-Template-2020.docx)

SAB Board members

* London Borough of Tower Hamlets
* Bart’s Health NHS Trust
* East London NHS Foundation Trust
* Tower Hamlets CCG
* Metropolitan Police
* Tower Hamlets GP Care Group
* Age UK
* Probation Service
* London Fire Service
* London Ambulance Service
* Tower Hamlets Council for Voluntary Services
* Real
* Healthwatch Tower Hamlets
* Tower Hamlets Housing Forum/Options
* Care Quality Commission
* Community Safety Partnership
* Department of Work and Pensions

More information on the SAB and its function can be found [here](https://www.towerhamlets.gov.uk/lgnl/health__social_care/ASC/Adults_Health_and_Wellbeing/Staying_safe/Safeguarding_Adults_Board.aspx)

# Appendix 1: Tower Hamlets Safeguarding Panels

**Referrals and Guide**

**ASB Community MARAC – ASB.Community.MARAC@towerhamlets.gov.uk**

High risk vulnerable victims experiencing /perpetrators committing Anti-Social Behaviour – mental health, drug alcohol misuse, cuckooing neighbours complaining often complex needs cases, ASB associated issues impacting on wider community prevention of homelessness where possible – Core Panel Members – Police, CMHT, Housing Options TH ASB Team, HOST – Housing Options Single Team, RESET/ CGL and ASB Victim Support Advocate.

**Hoarders Panel –** [**Hoarding.Panel@towerhamlets.gov.uk**](mailto:Hoarding.Panel@towerhamlets.gov.uk)

Assisting all Adults Services Teams in identifying high risk challenging Hoarders cases up to and including clutter rating 7, safeguarding threshold. Clutter rating tools, guidance and support, Mental Capacity Assessments, case conferences, joint home visits, fire brigade assessments to be completed as part of generic case work prior to referral. Core Panel members Community Mental Health Team, LFB – London Fire Brigade, Consultant Clinical Psychologist, TH Homes various Registered Social Landlords, Environmental Health Service.

**High Risk Transition Panel -** [**HighRisk.Panel@towerhamlets.gov.uk**](mailto:HighRisk.Panel@towerhamlets.gov.uk)**.**

Assisting practitioners in safeguarding case where risks are high, challenging and complex. Practitioners can access advice help and support after demonstrating that all reasonable steps have been tried as accountability is a key principal as well as safeguarding practices. High Risk Assessment tool to be completed for referral, assist with Identifying risks and concerns. Operational line managers can guide and will decide in which cases can be progressed to HRP. Core partner agencies including Health- BARTS ELFT- NHS, CMHT Service, Housing Options Children Social Care – Early Help Hub and Senior Social Care Managers

**Hate Incident Panel -** [**hatecrime@towerhamlets.gov.uk**](mailto:hatecrime@towerhamlets.gov.uk)

Hate crime is any criminal offence where anyone believes the victim has been targeted because of their: disability, race or ethnic identity, religion/belief, gender or gender identity, sexual orientation, age, immigration status or nationality, or any other perceived aspect of their identity. Advice support and assistance with Hate Crime and Hate incidents reported. Core Panel members include Legal Services, Housing Options, Police, Community Safety & Hate Crime Partnership Officer. LGTBQ

**Prevent Channel Panel -** [**https://www.towerhamlets.gov.uk/lgnl/community\_and\_living/community\_safety\_\_crime\_preve/Prevent/local\_prevent\_strategy.aspx**](https://www.towerhamlets.gov.uk/lgnl/community_and_living/community_safety__crime_preve/Prevent/local_prevent_strategy.aspx)

Prevent children and adults from being drawn into violent extremism or becoming involved in terrorist related activity. Consent of the vulnerable person or if appropriate, their parents. Referrals to Channel are assessed by a multi-agency panel core panel members local authority, Police, health education professionals and other key interested stakeholders.

**Housing Management Panel –** [John.Harkin@towerhamlets.gov.uk](mailto:John.Harkin@towerhamlets.gov.uk) [Sue.Vincent@towerhamlets.gov.uk](mailto:Sue.Vincent@towerhamlets.gov.uk)

Housing Panel will make all decisions on requests for discretionary additional housing priority. Housing Options Service cases needing discussion around discretionary additional priority for unusual or urgent reasons not covered by the general criteria in the Allocations Scheme, extenuating circumstances. Including when the community’s interest that a household is given additional priority for housing. Cases are placed into BAND 1B giving one offer only chance to move to alternative accommodation. A referral to Panel is not appropriate if immediate rehousing is required or moving outside Tower Hamlets area. Core Panel members Senior Manager Housing Options Service, Registered Social Landlords, Community Safety Team.

**SIP – Social Inclusion Panel –** [www.towerhamlets.gov.uk/eeha](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.towerhamlets.gov.uk%2Feeha&data=04%7C01%7CTracey.Bailey%40towerhamlets.gov.uk%7C0f3269bfecb54840f0d408d8906de3e2%7C3c0aec87f983418fb3dcd35db83fb5d2%7C0%7C0%7C637418148927238975%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=7Zsn4q01SPtH3lwVDa4T0Aw44BznbT6AGlVMGMlEwV8%3D&reserved=0)

Children Social CareSocial Inclusion Panel - Tower Hamlets Family Wellbeing Model providing Early Help for borderline of Tier 2/3 improving outcomes for children, vulnerable young people and families with additional needs or those at risk. To receive appropriate, co-ordinated services from mainstream public services and other agencies. Reducing re-offending or anti-social behaviour, identifying gaps in provision of services including schools. To hold statutory agencies accountable providing a focus for co-ordinating inter- agency and multi- agency case work including schools, non-attendance and exclusion. Panel members, Head Behaviour and Attendance Service, Head Parent and Family Support Service, CAMHS - Child and Adolescent Mental Health Service, Education Psychology School Nurse, Parenting Team manager, Youth Offending Team, Targeted Youth Children’s Centre manager Open invitation for Voluntary organisations to attend including Drugs agencies Heads, SLT Behaviour and Attendance leads / Pastoral Leads. Social Care PVE lead and Bart’s Health NHS Trust.

**DV MARAC –** [domestic.violence@towerhamlets.gov.uk](mailto:domestic.violence@towerhamlets.gov.uk)

Domestic Violence Multi Agency Risk Assessment Conference, for victims of domestic abuse. DV1 Form and DASH risk Assessment completed, where risk is high meeting threshold for referral. DA can include physical, emotional, financial sexual and cohesive control , core panel members include Police heath, NHS ELFT, Housing, Children Social Care, Adults Social Care, Victim Support, Probation giving professionals actions and clear pathways to support victim of abuse including adult family abuse

**MAPPA Panel –** [LondonNPS.TowerHamlets.MAPPA@justice.gov.uk](mailto:LondonNPS.TowerHamlets.MAPPA@justice.gov.uk)

Multi- Agency Public Protection Arrangementscases are discussed risk assessed with management plans put in place to ensure the successful management of risks posed by Sexual and violent offenders. Police led, core partners include Probation, Prison Service, Adult Social Care, Health NHS ELFT/BARTS and Community Mental Health Team other agencies such as Youth Justice are responsible for care of young serious offenders.

**TH Prostitution Panel -** [doorofhope@beyondthestreets.org.uk](mailto:doorofhope@beyondthestreets.org.uk)

Beyond the Streets, a national charity offering routes out of exploitation to women across the UK, commitment to proactively offering women support and opportunities to find lasting routes out of prostitution Commissioned by Tower Hamlets Council via Door of Hope project delivering local outreach support to women involved in street based prostitution. Experience, knowledge, support and understanding empowering. Multi agency meeting professionals from a range of agencies recognising the complexities faced. Core Partner and professionals include, Health, Keyworkers outreach services Door of Hope and MPS Police.

1. http://londonadass.org.uk/wp-content/uploads/2015/02/Pan-London-Updated-August-2016.pdf [↑](#footnote-ref-1)
2. An 'overriding public interest' refers to a situation where it is essential to share information in order to prevent a crime or to protect others from harm (eg 'Hate Crime' – which we have a statutory responsibility to report). This is supported by the Crime and Disorder Act 1998. [↑](#footnote-ref-2)
3. Vital interests are intended to cover only interests that are essential for someone’s life. So, this lawful basis is very limited in its scope, and generally only applies to matters of life and death. [↑](#footnote-ref-3)