

# London Borough of Tower Hamlets

## Safeguarding Adults Procedures

### March 2016

#### 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** (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 overrides or supersedes 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 CMHT and Dementia Team) and also the integrated CLDS service where they are undertaking safeguarding work on behalf of the council. They 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 serious case reviews and with regard to legislative changes or case law. Staff will be informed of these updates.

#### 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, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks

### **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

### **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.

### **Who do adult safeguarding duties apply to?**

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.

## **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.

### **Types of abuse and neglect**

- Disability Hate Crime
- Discriminatory Abuse
- Domestic Abuse
- Female genital mutilation (FGM)
- Financial or material abuse
- Forced marriage
- Hate Crime
- Honour-based violence
- Human trafficking
- Mate Crime
- Modern slavery
- Neglect and acts of omission
- Organisational abuse
- Physical abuse
- Psychological abuse
- Radicalisation
- Restraint
- Self-neglect (including hoarding)
- Sexual abuse
- Sexual exploitation

### **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.

### **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 multi-agency that includes the views of the adult and their personal network. The risk assessment might cover:

- Capacity and consent;
- Indications of mental health issues;
- The level of risk to the 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.

### **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. A diagram of the procedure to assist practitioners in determining if a pressure ulcer is due to neglect can be found in Appendix Five of the LASPP. If a grade 3 or 4 pressure ulcer is believed to have been caused by neglect it is reported as an adult safeguarding concern.

For further guidance on types of neglect please refer to LASPP.

**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 and
- Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

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

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 abide by the principles of the Data Protection Act 1998. In those instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person's best interest.

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

### **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.

### **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 views and wishes of the adult;
- The person's ability to protect themselves;
- Factors that contribute to the risk, for example, personal, environmental
- The risk of future harm from the same source;
- Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support;
- Deciding if domestic abuse is indicated and the need for a referral to a 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

### **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:

### **Users with mental health needs**

Provider: **POhWER**  
Tele: 0300 456 2370  
E-mail: pohwer@pohwer.net  
Web: www.pohwer.net  
Post: POhWER, PO Box 14043,  
Birmingham, B6 9BL

### **All carers**

Provider: **Carers Centre**  
Tele: 020 7790 1765 then press 601  
E-mail: Referrals@carerscentretowerhamletsorg.uk  
Web: www.carerscentretowerhamlets.org.uk  
Post: The Carers Centre, 21 Brayford Square,  
London, E1 0SG

### **All other service users**

Provider: **Local Link**  
Tele: 020 7001 2181  
E-mail: care.act.advocacy@real.org.uk  
Web: www.local-link.org.uk  
Post: Real, First floor, Jack Dash House,  
2 Lawn House Close,  
London E14 9YQ

### **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.

The Safeguarding & MCA Team is available to advise staff and managers on any matter related to the MCA 2005, whether it relates to Safeguarding or any other of your core functions such as care management, personalisation or mental health related work.

### **Deprivation of Liberty Safeguards**

Following the Supreme Court's ruling in March 2014 the acid test for a Deprivation of Liberty Safeguards (DoLS) is continuous supervision and control and is 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 settings including Schools, Supportive Living, Extra Care and people's 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 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

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

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

All cases that are being considered for decisions by the Court of Protection in relation to above must be discussed with the Safeguarding & MCA Team before proceeding to get legal advice or making an application to the Court except where an emergency order is required

### **Safeguarding Adults & MCA Team**

This Team is a scrutiny and advisory team in relation to adult safeguarding and undertakes the function of representing the Supervisory Body (London Borough of Tower Hamlets) for DoLS. It considers the quality of safeguarding work through audits and from performance data provided by the Strategy and Performance Team and supports managers to support frontline staff to improve practice. It works with training and also directly provides briefings and workshops to ensure that staff have the right knowledge base to continue to work effectively to safeguard adults.

It sources new information (good practice and case law) relevant to safeguarding adults work, mental capacity and DoLS and disseminates this to managers to distribute to staff.

It ensures that the tools that staff need to carry out safeguarding work are fit for purpose. It provides advice to frontline staff and managers on issues related to safeguarding adults, MCA and DOLS.

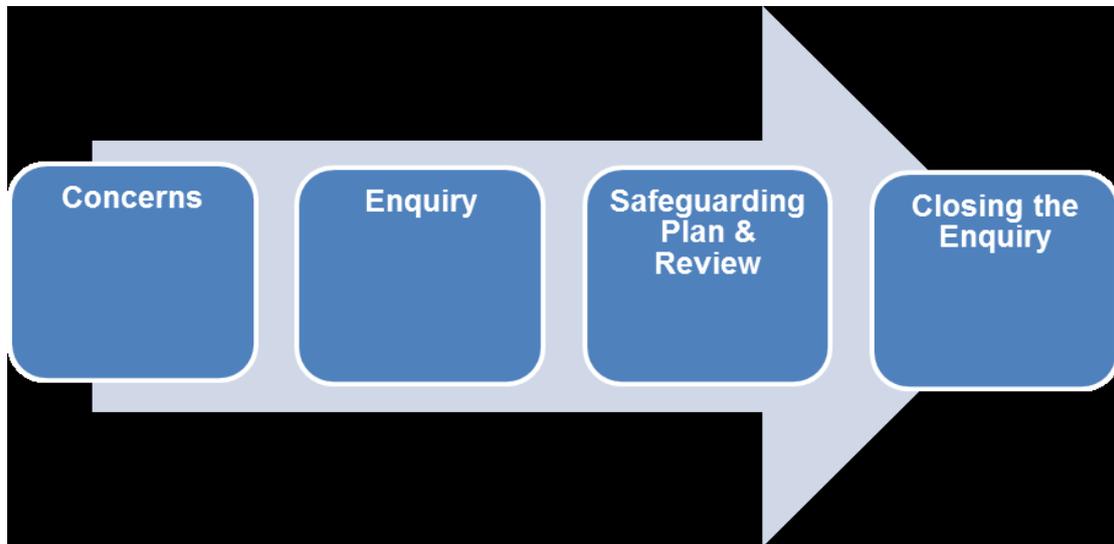
It has the role to scrutinise all paperwork being submitted for a decision by the Court of Protection where these relate to people who lack capacity to make the decision in question or where a decision is being sought in relation to safeguarding a capacitated individual. It carries all duties in relation to the Council's legislative duties as the Supervisory Body in relation to DoLS.

It works with the Commissioning services in LBTH to ensure effective monitoring of safeguarding issues, MCA and DoLS in services that have been commissioned by LBTH.

It works with internal and external partners to support them to meet their responsibilities to safeguard adults at risk. It leads on high level strategy meetings and case conferences. It also contributes to the Safeguarding Adults Board annual work plan

## The Adult Safeguarding Procedures

The Procedures are structured within a Four Stage Process:



### **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 carried out.

### **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

### **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.

## **Safeguarding Adults Manager (SAM)**

The S A M 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

## **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.

## **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 Concern Form**:

- a. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- b. Arrange any medical treatment;
- c. If a crime is in progress or life is at risk, dial emergency services – 999;
- d. Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation;
- e. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
- f. Ensure that other people are not in danger;
- g. If you are a paid employee, inform your manager. 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);
- h. 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;
- c. Check that issues of consent and mental capacity have been addressed;
- d. In the event that a person's wishes are being overridden, check that this is appropriate and that the adult understands why;
- e. Contact the children and families department if a child or young person is also at risk;
- f. If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support;
- g. Make sure action is taken to safeguard other people;
- h. If appropriate, take any action in line with disciplinary procedures; including whether it is appropriate to suspend staff or move them to alternative duties;
- i. In addition, if a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur;
- j. Consider whether there might be any forensic evidence and if it has been preserved.
- k. consider a referral to specialist services for example the Haven;
- l. Make a referral under Prevent if appropriate;
- m. Consider if the case should be put forward for a SAR;
- n. 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.

The SAM needs to take account of whether or not there is a public or vital interest to pursue a Safeguarding enquiry. Where there is a risk to other adults, children or young people or there is a public interest to take action because a criminal offence had occurred and the view is that it is a safeguarding matter, the wishes of the individual may be overridden. Where the sharing of information to prevent harm is necessary, lack of consent to information sharing can also be overridden.

In the event that people lack the capacity to provide consent, action should be taken in line with the Mental Capacity Act 2005.

Where a possible crime has been committed people should always be encouraged to report the matter to the police.

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

ELFT progress their cases through the safeguarding process while BARTS on making a decision about whether the incident is an alert (concern) will complete their own safeguarding alert (concern) form and send this to A&I or FRHT 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

## 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, and quality assurance of the enquiry has been undertaken.

This decision on how the enquiry is progressed is made by the SAM at 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 if conversations have already taken place and are sufficient. The adult and/or their advocate should not have to repeat their story. In many cases staff/organisation who already knows the adult well maybe 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 multi-agency complex enquiries. The key questions in choosing the right type of enquiry, is dependent on:

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

## **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 group.

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 adults' desired outcome;
- The adults 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. Mapping out with the adult, and identifying their strengths and that of their personal network may reduce risks sufficiently so that people feel safe without the need to take matters further.

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

- Prevent further abuse or neglect;

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

### **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.

*NB 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.*

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

- Views of the adult at risk
- Whether outcomes were achieved
- Is there evidence that Section 42 criteria were met
- Whether any further action is required and if so by whom
- Who supported the adult and if this is an on-going requirement

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.

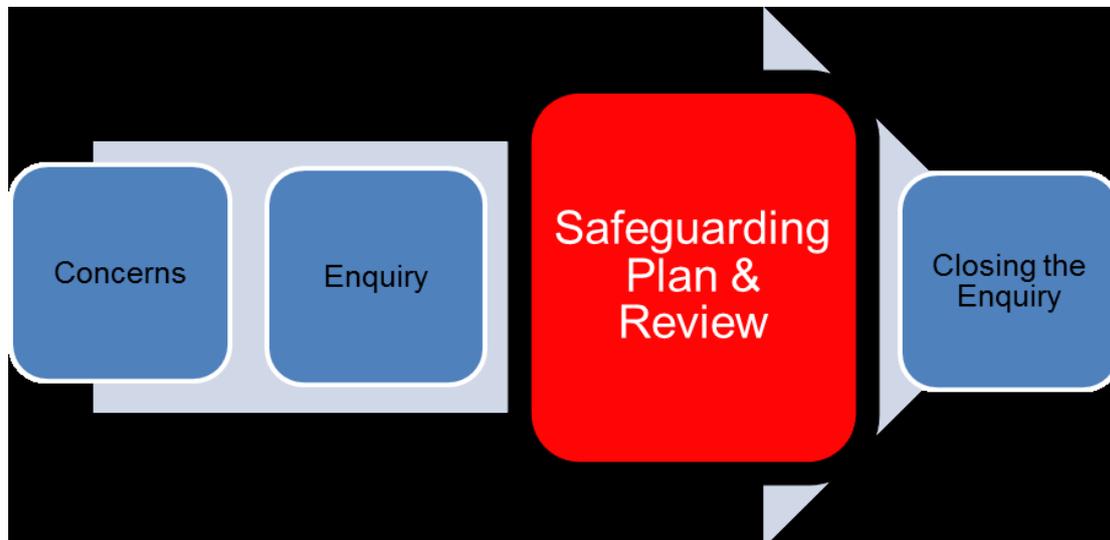
**Outcome to the enquiry** All enquiries should have established outcomes that determine the effectiveness of interventions. Decisions should be made whether:

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 in this case, the Local Authority should consider if any other enquiry is needed that will not compromise action taken by the police.

### 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 OPG 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 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.

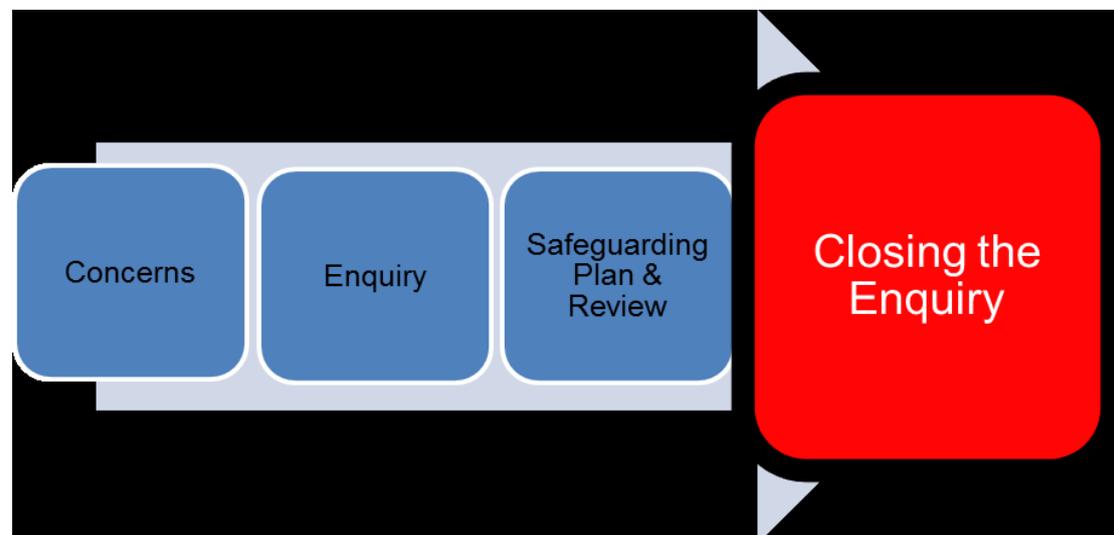
An adult safeguarding plan is not a care and support plan, and it will focus on care provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery based resolution. In many cases the provision of care and support may be important in addressing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

#### **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;
- Feedback has been provided to the referrer;
- Action taken with the person alleged to have caused harm;
- Action taken to support other service users;
- Referral to children and young people made (if necessary);
- Outcomes noted and evaluated by adult at risk;
- Consideration for a SAR;
- Any lessons to be learnt.

### **Closing enquiries down when other processes continue**

The adult 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.

## 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.

## Timescales

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

<b>Stage 1: Concerns</b>	Immediate action in cases of emergency Within one working day in other cases
<b>Stage 2: Enquiries</b>	
Initial conversation	Same day concern received if not already taken place
Planning meetings	Within 5 working days
Enquiry actions	Target time within 20 working days
Agreeing outcomes	Within 5 working days of enquiry report
<b>Stage 3: Safeguarding Plan &amp; Review</b>	
Safeguarding Plan	Within 5 working days of enquiry report
Review	Not more than 3 months, but dependent upon risk
<b>Stage 4: Closing the Enquiry</b>	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 should be recorded in the safeguarding forms.

## Signs of Safety

The Signs of Safety tool is not a mandatory part of the Safeguarding process and procedure. 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.

### **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.