B&NES LSAB MULTI-AGENCY SAFEGUARDING ADULT PROCEDURES

Acknowledgement is given to West Midlands, Pan London and Kirklees in referencing their Multi-Agency Safeguarding Adult Policy and Procedures.

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Executive Summary

The Bath and North East Somerset (B&NES) Multi-Agency Safeguarding Adult Procedures have been revised to reflect the implementation of the Care Act 2014, and to support the Multi-Agency Safeguarding Adults Policy (2015) agreed by the Local Safeguarding Adult Boards (LSABs) in B&NES Council, North Somerset Council, South Gloucestershire Council and Somerset Council.

These procedures are meant for staff. They combine principles of protection and prevention with an individual's right to self-determination with a particular focus on respecting the views, wishes and preferences of the individual in accordance with Making Safeguarding Personal, 2014. They are a framework for managing safeguarding interventions through strong multi-agency partnership that provides timely and effective prevention of and responses to abuse, neglect and exploitation.

The revised Multi-Agency Safeguarding Adult Procedures specifically takes into account the following:

1. Changes in legislation and guidance
   - The Care Act (2014)
   - Making Safeguarding Personal (LGA/ADASS 2014)
   - Revised Caldicott Principles (Information Governance Review 2013)
   - Duty of Candour (2014)
   - Advocacy (Care Act and Mental Capacity Act; 2005)
2. The safeguarding process has been reviewed to contain 4 stages; rather than the 7 that were previously in place. There has also been a revision of the timescales. A new procedural flow chart has been devised – **Appendix 1**
3. The LSAB has agreed that a written Enquiry report should be provided where a Section 42 Enquiry is undertaken. A written template has therefore been devised, which also specifically focusses on the desired outcomes of the Adult at Risk.
4. There is a new risk assessment and safeguarding plan template
5. A Threshold Assessment Tool has been devised to support and evidence the decision making process for a Section 42 Enquiry.

PART ONE: Context

1. Introduction

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

The Care Act, 2014 (the 'Act') which came into force on 1 April 2015, sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse and neglect in primary legislation. The Act provides particular focus on wellbeing in relation to an individual (Section 1), and requires that organisations should always promote the adult's wellbeing in their safeguarding arrangements.

People have complex lives and being safe is only one of the things that they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can best be achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of the individuals wellbeing, as defined in Section 1; Care Act 2014.

The B&NES Multi-Agency Safeguarding Adult Procedures are governed by a set of principles and themes, so as to ensure that people who are at risk of abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is essential for effective and successful safeguarding that the procedures are understood and applied consistently by all organisations.

The key principles which govern these procedures are set out in the amended Care Act Guidance, 2016 (Chapter 14); **Care-and-support-statutory-guidance/safeguarding**

- **Empowerment:** people being supported and encouraged to make their own decisions and informed consent.
  '*I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'*
- **Prevention:** it is better to take action before harm occurs
  'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'.
- **Proportionality:** the least intrusive response appropriate to the risk presented.
  'I am sure that professionals will work in my interest, as I see them and they will only get involved as much as needed'.
- **Protection:** support and representation to those in greatest need
- *'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want'.*

- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
  'I know that staff treats 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'.

The implementation of these procedures is a collaborative responsibility and effective work must be based on a multi-agency approach.

1.1 Safeguarding arrangements in B&NES

From April 2017, new arrangements for the provision of health and social care were established in B&NES. Virgin Care was awarded a contract as the prime provider responsible for the delivery of the community healthcare and adult social care services. These procedures will apply equally to Virgin Care and Avon and Wiltshire Mental Health Partnership (AWP), who are commissioned by B&NES Council to receive, administer and coordinate the response to the initial safeguarding concerns. Virgin Care and AWP will be referred to throughout these procedures as 'the relevant organisation'.

The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse. Whilst the Care Act allows local authorities to continue to delegate some of its functions, the duty to decide to make Section 42 Enquiries or cause them to be made, remains with B&NES Council ('the Council') as this cannot be delegated. Local authorities can still have arrangements whereby the NHS or others are asked to undertake the Enquiries where necessary (Clause 18.9 of the Care Act Guidance).

Supporting the Act, 'Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2015', sets out clearly the safeguarding roles, duties and responsibilities for the Clinical Commissioning Group. It also sets out the responsibility of CCGs, which cannot be delegated, to assure themselves of the safety and effectiveness of the services they have commissioned.

These procedures apply to all adults living with the boundaries of Bath & North East Somerset and should be read in conjunction with the Joint Regional Safeguarding Adults Multi-Agency Policy (December 2017) agreed by Safeguarding Adult Boards' in B&NES, Bristol, North Somerset, South Gloucestershire and Somerset Council; Version 3, April 2016. The safeguarding procedural flowchart can be found in **Appendix 1**

Adult at risk will be known as either the 'Adult' or 'AAR' (Adult at Risk) hereafter throughout these procedures

2. Managing safeguarding arrangements:

The main objective of safeguarding adult procedures is to provide guidance to enable adults to be kept safe from abuse or neglect and immediate action to be taken where required in order to achieve this.

The procedures are meant for staff to combine principles of protection and prevention with individuals' self-determination, respecting their views, wishes and preferences in accordance with **Making Safeguarding Personal** (2014). They are a framework for managing safeguarding interventions through strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse, neglect and exploitation. All organisations who work with or support adults experiencing, or who are at risk of, abuse and neglect may be called upon to lead or contribute to a safeguarding concern and need to be prepared to take on this responsibility.

Guidance is often criticised for over-standardising practice and undervaluing the skills required when applying policies and procedures in diverse circumstances. The key focus is on using professional skills to gain a real understanding of what the adult wants to achieve and what action is required to help them achieve it. These procedures are a dynamic process that must be undertaken *with* people and not *to* people. The following themes run throughout the safeguarding process:

2.1 Wellbeing: the key principle in the Care Act 2014 is the concept of wellbeing. Local Authorities and its partners have a duty to promote wellbeing when carrying out any of their care and support functions, or making a decision, in respect of a person. It applies equally to adults with care and support needs and carers. It is a broad concept and is described as applying to the following areas:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by an individual over day to day life (including over care and support provided and the way that it is provided);
- Participation in work, education, training and recreation;
- Social and economic wellbeing;
- Domestic, family and personal wellbeing;
- Suitability of living accommodation; and
- The individual's contribution to society.

2.1 User outcomes: **Making Safeguarding Personal** (2014), seeks to ensure that where possible, the AAR is involved in their own safeguarding and that it is 'person-led', 'outcome focussed' and not process driven. To support this person centred approach, AAR are encouraged to make their own decisions, identify what they need to make themselves feel 'safe' and are provided with support and information to empower them to do this, recognising that adults have a general right to independence, choice and self-determination. At the beginning of every stage of the process, what the individual wants to achieve must be identified and revisited. To what extent these views and desired outcomes have been met must be reviewed at the end of the safeguarding process regardless of at what stage it is concluded.

2.2 Risk assessment and management: in relation to abuse, neglect and exploitation of people using services should be integral in all assessments and planning processes, including assessments for self-directed support and the setting up of personal budget arrangements. Assessment of risk is a dynamic and ongoing process. It should be kept under continual review so that adjustments can be made in response to changes in the level and nature of the risk.

The primary aim of a safeguarding adults risk assessment is to assess:

- Current risk;
- Potential risks

A risk assessment will determine:

- What the actual risks are – the likelihood and seriousness of the risk occurring (or reoccurring);
- The views of the adult in relation to the risk of harm;
- The person's ability to protect themselves;
- The factors that increase or decrease the risk of harm

Risk is often thought of in terms of danger, loss, threat, damage and injury, although in addition to potentially negative characteristics, risk taking can have positive benefits for individuals and communities. As well as considering the dangers associated with risk, the potential benefits of risk-taking should therefore also be identified; a process which should involve the individual using services, their families and health or social care professionals.

Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth. This includes:

- Assuming that people can make their own decisions (in line with the Mental Capacity Act, 2005) and supporting people to do so;
- Working in partnership with adults with care and support needs, family carers and advocates and recognising their different perspectives and views ;
- Developing an understanding of the responsibilities of each party;
- Empowering people to access opportunities and take worthwhile chances;
- Understanding the person's perspective of what they will gain from taking risks and understanding what they will lose if they are prevented from taking the risk;
- Promoting trusting working relationships;
- Understanding the consequences of different actions;
- Making decisions based on all the choices available and accurate information;
- Being positive about risk taking;
- Understanding a person's strengths and finding creative ways for people to be able to do things rather than ruling them out;
- Knowing what has worked or not in the past;
- Where problems have arisen, understanding why;
- Supporting people who use services to learn from their experiences;
- Ensuring support and advocacy is available;
- Sometimes supporting short-term risks for long-term gains;
- Ensuring that services provided promote independence not dependence

A combined risk assessment and safeguarding plan can be found in **Appendix 2**

2.3 Self-Neglect: For the first time, this is now defined as a category of abuse - **Care and Support Statutory Guidance/Safeguarding/amended 2016**. Self-neglect covers a wide range of behaviour. This includes neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. 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. Further information can be found in the Self Neglect Policy and Guidance (July 2018)

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

2.5 Safeguarding planning: in response to identified risks, a safeguarding plan can be developed and implemented at any time in the adult safeguarding process. It should be drawn up in partnership with the adult at risk and with an understanding of the potential wider impact of the Safeguarding Plan on their independence, lifestyle and wellbeing, providing support to help the individual to recover from the experience. It should include consideration of the following issues:

- What support the adult would like to receive;
- What action can be provided to safeguard the adult to keep the risk of abuse or neglect at a level that is acceptable to the individual and the agencies supporting them;
- What, if any, action must be taken to protect other parties;
- What contingency arrangements can be put in place if required;
- Arrangements for review

Where a person with mental capacity declines the Safeguarding Plan, all reasonable efforts should be undertaken to understand the person's reason for declining support and to consider how the plan could be amended in light of their concerns and wishes. If a person initially declines support, they should be provided with the opportunity to change their mind, at any time. The adult may need to be consulted over a period of time as relationships develop. If a person lacks mental capacity in relation to a Safeguarding Plan, a 'best interests' decision will be required in line with the MCA.

A combined risk assessment and safeguarding plan can be found in **Appendix 2**

2.6 Information Sharing: sharing the right information, at the right time, with the right people, is fundamental to good practice in adult safeguarding but has been highlighted as a difficult area of practice.

The Act 2014 Section 45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practices is already

covered in common law duty of confidentiality, the Data Protection Act (1998), the Human Rights Act (1998) and the Crime and Disorder Act (1998). The MCA is also relevant as all those coming into contact with adults with care and support needs should be able assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.

Organisations need to share information with the right people at the right time to:

- Prevent death or serious harm;
- Coordinate effective and efficient responses;
- Enable early interventions to prevent escalation of risk;
- Prevent abuse and harm that may increase the need for care and support;
- Maintain and improve good practice in adult safeguarding;
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse;
- Identify low-level concerns that may reveal people at risk of abuse;
- Help people to access the right kind of support to reduce risk and promote wellbeing;
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour;
- Reduce organisational risk and protect reputation.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances such as emergency or life-threatening situations.

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. In addition, the law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest service outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

To support this principle, in 2013, Dame Fiona Caldicott published 'the Information Governance Review' which introduced a seventh Caldicott principle: '*The duty to share information can be as important as the duty to protect patient confidentiality'*. It states that: 'Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies'. For further information: **https://www.gov.uk/government/publications/the-information-governance-review**

Decisions about what information is shared and with whom, will be taken on a case by case basis. Whether information is shared with or without the consent of the adult, the information shared should be:

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

There are only a limited number of circumstances where it would be acceptable not to share information pertinent to safeguarding with relevant safeguarding partners. These would be where the person involved has the mental capacity to make the decision and does not want their information shared AND:

- Nobody else is at risk;
- No serious crime has been committed or may be committed;
- The alleged abuser has no care and support needs;
- No staff are implicated;
- No coercion or duress is suspected;
- The public interest served by disclosure does not outweigh the public interest served by protecting confidentiality;
- The risk is not high enough to warrant a multi-agency risk assessment conference (MARAC) referral;
- No other legal authority has requested the information

An individual employee cannot give personal assurance of confidentiality. Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations. However, it is good practice to try to gain the person's consent to share information and as long as it does not increase the risk, practitioners should inform the person if they need to share information without consent.

Organisational policies should have clear routes for escalation where a member of staff feels a manager has not responded appropriately to a safeguarding concern. All organisations **must** have a Whistleblowing Policy.

The management interests of an organisation should not override the need to share information to safeguard adults at risk of abuse.

All staff, in all partner agencies, should understand the importance of sharing information and the potential risks of not sharing it. All staff should understand when to raise a safeguarding concern.

The six safeguarding principles (Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability) should underpin all safeguarding practice, including information sharing.

Further information on Consent and Safeguarding can be found in the Multi Agency Safeguarding Adults Consent Policy (June 2018) and the Multi Agency Information Sharing Protocol (June 2018)

2.7 Record Keeping: good record keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to individuals' care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

2.8 Feedback: at each stage of the adult safeguarding process it is important to ensure feedback is given to the AAR, people raising the concern and partners. People who raise adult safeguarding concerns are entitled to be given appropriate information regarding the status of the referral they have made. The extent of this feedback will depend on various

things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an Enquiry). At the very least it should be possible to advise people raising the concern that their information has been acted upon and taken seriously. Partners in provider organisations require feedback to allow them to continue to provide appropriate support, fulfil employment law obligations and make staffing decisions.

2.9 Closing: the Safeguarding Procedures may be closed at any stage, for example if it is agreed that an Enquiry is not needed or the Adult withdraws consent.

2.10 Duty of Care: everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. A duty of care to adults at risk is fulfilled when all the acts reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe but will also include respecting the person's wishes and protecting and respecting their rights.

The nature of an individual's duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously, and owning one's responsibilities to safeguard adults at risk.

2.11 Duty of Candour: Both NHS providers and all provider organisations registered with CQC are required to comply with a duty of candour. This means, providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

2.12 Defensible decision making: responding to safeguarding concerns or allegations requires decision making and professional judgements. A duty of care in relation to those decisions or judgements will be considered to be met where:

- All reasonable steps have been taken;
- Reliable assessment methods have been used;
- Information has been collated and thoroughly evaluated;
- Decisions are recorded, communicated and thoroughly evaluated;
- Policies and procedures have been followed;
- Practitioners and their managers adopt an investigative approach and are proactive

Defensible decision making is about making sure that the reasons for decisions, as well as the decision itself, have been thought through and can be explained.

2.13 Equality and Diversity: it is every person's human right to live a life free from abuse and neglect. Every adult at risk has an equal right to support and protection within these procedures regardless of their individual differences or circumstances.

The B&NES Multi-Agency Policy and Procedures applies to:

- all adults at risk as defined within the Policy and Procedures:
- all agencies;
- all forms of abuse

Throughout the safeguarding procedures, due regard must be given to individual differences, including age, gender reassignment, disability, religion or belief, sex, sexual orientation, race or racial group, caring responsibilities, class, culture, language, pregnancy and marital or civil partnership status.

Finally, it is equally important that these procedures are managed and administered in such a way as to comply with all the articles of the Human Rights Act (HRA) 1998 (in particular Articles 5 and 8). What this means is that both the process and the outcome must be the least restrictive, proportionate and enable risk where appropriate. In addition, any actions falling under these procedures should be consistent with current legislation as it relates to social care, health, housing and education.

3. Support for those involved in the safeguarding procedures

3.1 Involving the adult at risk: adults need to be able to make informed decisions about situations in their own lives. This includes having safeguarding adult procedures explained to them so that they know what to expect and can say how they would wish to be involved. This should include the timely provision of a range of relevant Safeguarding Factsheets (See Appendix 1 – Flowchart)

The Adult should be central throughout the safeguarding procedures, be supported to make decisions relating to their own welfare, have opportunity to review Enquiry reports and findings and make decisions about their Safeguarding Plans. Sometimes consideration for the safety and welfare of others will need to be balanced with the wishes and views of the adult at risk.

In order to be fully involved, the Adult may need support in a variety of ways such as the help of a family member or friend, a language interpreter or other communication assistance.

Where a person has mental capacity to make decisions, the role of professionals is to support them to make informed decisions throughout the safeguarding procedures. If the person has '*substantial difficulty*' in participating, and has no one who can support and represent them other than in a professional capacity, then an independent advocate must be arranged where it is appropriate and proportionate to do so (see Section 3.2).

Where a person lacks mental capacity, any decisions required will need to be made in their best interests, involving them to the full extent possible, and taking their views, wishes, beliefs and values into account. If the adult does not have an appropriate person to represent and support them, an Independent Mental Capacity Advocate (IMCA) must be considered (see Section 3.3).

Throughout the response to the safeguarding concern, due regard should be given to the issues of equality and diversity, and accessibility issues, such as venue and providing accessible information about the process.

3.2 Independent advocacy: where an adult has mental capacity but they have a '*substantial difficulty*' being involved in the process, and they have no-one other than those acting in a professional capacity to support them, it is necessary to consider if there is a 'particular benefit' to providing them with an independent advocate. Where the provision of an independent advocate is appropriate and proportionate to the circumstances, the local authority must arrange to provide one (Care and Support: Statutory Guidance: para 14.10)

'Substantial difficulty' does not mean that the person cannot make decisions for themselves, but refers to situations where the Adult needs support to understand information given to them, or support to retain or use that information, or support to communicate their views, wishes or feelings.

The support provided by the independent advocate will depend on the needs and wishes of the Adult. Independent advocates will take their direction from the Adult. Independent advocates will ordinarily be invited to relevant meetings, either accompanying the adult or attending on their behalf, according to the wishes of the adult.

Further information on Independent Advocacy can be found in **Appendix 3**

3.3 Independent Mental Capacity Advocates (IMCA): where a person is unable to understand the information given to them, or retain or use that information, or communicate their views, wishes or feelings even with support in relation to a decision specific issue, they may be deemed to lack mental capacity. IMCA's can provide a form of non-instructed advocacy for people who lack mental capacity. Their role was established by the Mental Capacity Act 2005.

Consideration should be given to instructing an IMCA in the event that an adult lacks mental capacity in relation to safeguarding measures required within the safeguarding procedures where it is thought that there would be 'particular benefit' for the person. The role of the IMCA includes:

- Finding out where possible the person's wishes, feelings, values and beliefs;
- Representing the person's best interests;
- Promoting consideration of the least restrictive option;
- Supporting the person through the decision making process as an independent person;
- Safeguarding the rights and entitlements of the person as set out in the Mental Capacity Act, ensuring that the basic principles and best interest checklist are followed;
- Challenging where appropriate, the decision on behalf of the adult.

In safeguarding cases, access to IMCA's is not restricted to people who have no-one else to support or represent them. Therefore, people who lack mental capacity who have family and friends can still have an IMCA to support them through the safeguarding process.

3.4 Witness support and special measures: if there is a Police investigation, the police will ensure that interviews with a vulnerable or intimidated witness are conducted in accordance with 'Achieving Best Evidence in Criminal Proceedings'.

Special measures are those specified in the Youth Justice and Criminal Evidence Act 1999 and will be used to assist eligible witnesses. The measures include the use of screens in court proceedings, the removal of wigs and gowns, the sharing of visually recorded evidence, cross-examination and re-examination and the use of intermediaries and aids to communication.

Intermediaries play an important role in improving access to justice for some of the most vulnerable people in society, giving them a voice within the criminal justice process. They help children and adults who have communication difficulties to understand the questions that are put to them and to have their answers understood, enabling them to achieve their best evidence for the police and the courts.

The Witness Service provides practical and emotional support to victims and witnesses (either for the defence or for the prosecution). The support is available before, during and after a court case to enable them and their family and friends to have information about the court proceedings, and could include arrangements to visit the court in advance of the trial.

3.5 Victim Support: is a national charity which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional support and practical help. Help can be accessed either directly from local branches or through the Victim Support helpline. More locally, support can be obtained from Lighthouse Victim and Witness Care (**http://lighthousevictimcare.org/**).

3.6 Keeping families and others concerned informed and supported: if the Adult wishes, it is important that relatives and friends are involved within the safeguarding procedures. This will help them feel fully supported when dealing with difficult or distressing issues. Where there are children in the household it is important to consider the impact of any allegations on them and the support that they might need.

If the Adult gives consent, it will be possible to share with them concerns for their welfare or safety. It will also be possible to involve relatives/friends in meetings about how concerns or allegations are being addressed and how they are being supported to stay safe in the future.

If the Adult decides that they do not wish a relative or friend to be informed or involved, professionals will need to respect this decision. If they do not have mental capacity to decide this themselves, a decision will need to be made in their 'best interests' under the MCA.

If relatives/friends are implicated in the allegations or concerns, this will impact on the decisions as to whether, when and how information is shared and/or how they are included within the safeguarding procedures. Where this 'person' has Lasting Power of Attorney for Finances and/or Welfare, they must be involved in the safeguarding process as the AAR's representative.

3.7 Responsibilities for those who are alleged to have caused harm: people who are alleged to have caused harm to an Adult have to be treated fairly and have their confidentiality respected throughout the safeguarding procedures. This includes the responsibility to ensure that a person or organisation alleged to have caused harm:

- Knows that they are the subject of a safeguarding allegation (irrespective of any other investigation, such as disciplinary investigation or criminal proceedings);
- Is informed in a timely manner consistent with the needs of the Enquiry;
- Is informed of the nature and content of the allegation;
- Knows that an Enquiry is being undertaken under safeguarding procedures into an incident involving their practice or conduct;

- Has an opportunity to respond to allegations concerning their practice or conduct within an Enquiry (for example; through an interview) prior to completion of the Enquiry report;
- Has an opportunity to read the Enquiry report and respond to the findings of the Enquiry. This should include the opportunity to make written comments if they so choose, so that their response can contribute to the process of reaching a case conclusion;
- Knows if a Review Meeting or Discussion is due to be held to establish the outcomes of the Enquiry;
- Knows the case conclusion reached within a Review Meeting or Discussion.

If the person alleged to have caused harm is employed in a paid or unpaid position of trust, HR advice should be sought by the employing organisation and an immediate decision made to take action to protect the Adult (and other adults at risk) against any potential risk of harm (for example; suspension without prejudice, supervised working). Actions taken will need to be compliant with employment law and the employee will have a right to know in broad terms that allegations or concerns have been raised about them.

Only in exceptional circumstances, such as the examples below, will it be appropriate for a person or organisation to not be informed of allegations about themselves:

- The police advise otherwise;
- It is not in the best interests of the adult as determined under the Mental Capacity Act;
- Where an adult with mental capacity refuses permission for them to be informed of the allegations (and there are no other persons at risk).

If a person or organisation alleged to have caused harm has not been informed of allegations, it may not be possible to reach a decision as to the occurrence of abuse, in which case the sole focus of the safeguarding procedures will be on the Safeguarding Plan.

The Planning Meeting/Discussion will need to establish whether and when the person or organisation is informed so as not to undermine the Enquiry process. Such decisions will need to be carried out on a case by case basis and clearly recorded.

The most appropriate way of informing the person or organisation of the allegations should be considered. A person alleged to have caused harm should be provided with appropriate support throughout the process to participate and enable their views to be recognised.

If the person causing harm is also an AAR, they should be provided with appropriate support. If the person causing harm is a young person or has a mental disorder, including a learning disability, and they are interviewed at the police station, they are entitled to the support of an Appropriate Adult under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice.

3.8 Dealing with repeat allegations: all concerns should be considered on their own merit. An adult who makes repeated allegations that have been investigated and decided to be unfounded should be treated without prejudice. Where there are patterns of similar

concerns being raised by the same adult within a short time period, a risk assessment and risk management plan should be developed and a local process agreed responding to further concerns of the same nature from the same adult. All organisations are responsible for recording and noting where there are such situations and may be asked to contribute to a multi-agency response. Information sharing to assess and analyse data is essential to ensure that adults are safeguarded and an appropriate response is made. Staff should be mindful of public interest issues.

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

- The safety of the adult who the concern is about;
- Mental capacity and ability of support networks of the individual to raise the concern, if appropriate, or if they are the AAR, to increase support to meet outcomes of safeguarding concerns;
- Wishes of the Adult and impact of the concern on them;
- Impact on important relationships;
- Level of risk.

3.9 *Anonymous reporting and protecting anonymity*

Anonymous reporting – it is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. However, if the identity of the referrer has been withheld, the adult safeguarding process will proceed in the usual way. This will include information being recorded as a safeguarding concern.

Protecting anonymity – while every effort will be made to protect the identity of anyone who wishes to remain anonymous, the anonymity of people reporting concerns cannot be guaranteed through the process. It is particularly important to remember the following:

- In cases where the Police are pursuing a criminal prosecution, people reporting concerns may be required to give evidence in court;
- All information from safeguarding enquiries and disciplinary investigations will be shared with the person identified as causing harm where a referral to the DBS is made;
- There is a possibility that workers raising a concern may be asked to give evidence at an employment tribunal;
- Anybody can be requested to give evidence when the employer has referred a member of staff to a professional body such as the Health Care Professionals Council (HCPC), the Nursing and Midwifery Council (NMC), or the General Medical Council (GMC);
- The person causing harm may request to see information held about them under the Data Protection Act (1998).

3.10 ***Providing support for the person identifying the Concern:*** incidents of alleged or actual abuse can be very distressing. People who have witnessed abuse or had abuse disclosed to them may need support in their own right.

4. Roles and responsibilities

4.1 Role of the Chair (SA & QA Team – Council) – is to:

- Make a decision about whether a safeguarding concern meets the threshold for a Section 42 Enquiry
- Chair and facilitate safeguarding meetings
- Agree terms of reference for Section 42 Enquiry
- Agree who will undertake Section 42 enquiry/enquiries
- Make decisions about the timing of the Section 42 Enquiry based on the perceived level of risk
- Offer advice and support throughout the Section 42 Enquiry
- Agree risk assessment and safeguarding plan throughout the process
- Ensure that the AAR and/or their representative is involved throughout the process
- Agree the Section 42 Enquiry Report
- Authorise minutes of safeguarding meetings held
- Liaise where necessary, with professionals and agencies
- Decide on outcome and status of risk following Section 42 Enquiry
- Complete administrative requirements specific to role.

4.2 Role of Coordinator (Virgin Care/AWP) – is to:

- Identify and appoint a suitably qualified and experienced Lead Worker (Virgin Care/AWP)
- Provide support and supervision to the Lead Worker to enable them to undertake their role and responsibilities;
- Ensure that the individual who raised the concerns has been informed of the action being taken in response;
- Ensure that the Section 42 Enquiry is coordinated and undertaken in a thorough manner. Further information can be found here: **Care Act; Section 42 Enquiry and Care and Support Guidance, Chapter 14** (Sections 14.76 – 14.105);
- Review the Risk Assessment and Safeguarding Adults Plan prior to submission to the Chair for approval;
- Ensure that the safety of the Adult is maintained in accordance with the Risk Assessment and Safeguarding Adults Plan;
- Ensure that the Risk Assessment and Safeguarding Adults Plan is circulated and shared with agencies/professionals involved;
- Review the content of the Section 42 Enquiry Report prior to submission to the Chair;
- Ensure that appropriate measures have been undertaken to reassure and support the AAR and their family/carer/representative and others, as appropriate, and to keep them informed;
- Ensure that all operational aspects of the safeguarding work are implemented and to inform the Chair of any changes to the safety of the AAR, the Safeguarding Adult Plan or status of the Enquiry.

4.3 Role of the Lead Worker (Virgin Care/AWP) – is to:

- There may be occasions where the Coordinator and Lead Worker is the same person;
- Assess whether the AAR is likely to have '*substantial difficulty'* or lack mental capacity to be involved in the Safeguarding process, and if so ensure that an appropriate advocate is appointed to support and represent them;
- Where able, complete the Risk Assessment and Safeguarding Adult Plan with the AAR and/or their representative/advocate. Ensure any protective measures agreed by the AAR are put in place and shared with other agencies/professionals;
- Consider whether the person alleged responsible for the alleged abuse or neglect may have been implicated in other abusive incidents;
- Provide support and advice to the AAR, and if relevant, the person supporting them or their advocate, and ensure that they are kept updated of progress. This will include enabling them to attend meetings where they choose to do so; ensuring their views and outcomes they wish to achieve are clearly established; and ensuring that they understand the potential options available to them;
- Co-ordinate the completion of the specified Terms of Reference for the Section 42 Enquiry;
- To liaise with other agencies involved, either directly in the care and support of the AAR, or other agencies relevant to the investigation;
- If the person alleged to be responsible for the abuse or neglect is in receipt of a care package, to liaise with their social worker to ensure that their service user is supported by them, and their care and support needs reviewed if necessary;
- When necessary, ensure that assessments of mental capacity are completed;
- Make comprehensive records of work carried out;
- Monitor records of ongoing support and care of the adult(s) concerned;
- Report promptly to the Coordinator any information that could alter the risks to the Adult or change the agreed Terms of Reference for the Section 42 Enquiry;
- To keep the Coordinator informed of progress and any difficulties they encounter with undertaking their role;
- Liaise with the allocated Chair of the Safeguarding Meetings when necessary;
- Where the Lead Worker has undertaken the Enquiry, complete a Section 42 Enquiry Report for submission to the Coordinator for checking in accordance with the agreed timescale for completion. Where one or a number of agencies have undertaken either all or separate aspects of the Enquiry, the Enquiry Lead from each agency will provide a written Enquiry Report. The role of the Lead Worker will be to provide a written summary and evaluation of the different aspects of the Enquiry that have been carried out.

4.4 Role of the appointed Enquiry Lead(s) from the agency specified in the Terms of Reference who is to undertake all or part of the Enquiry, other than the Lead Worker – is to:

- Undertake the Section 42 Enquiry in accordance with the agreed Terms of Reference;
- Liaise when necessary with other agencies involved;

- Seek the agreement of the Chair if it is necessary to significantly deviate from the agreed Terms of Reference;
- Provide a written Section 42 Enquiry Report to the Lead Worker (Virgin Care/AWP) on the completion date specified by the Chair;
- If any agency has not been able to complete their part of the Section 42 Enquiry by the time specified by the Chair, an extension must be agreed with the Chair and an interim report completed, setting out the progress made, the reasons for the delay and an estimate for completion.

PART 2

SAFEGUARDING ADULT PROCEDURES

Introduction

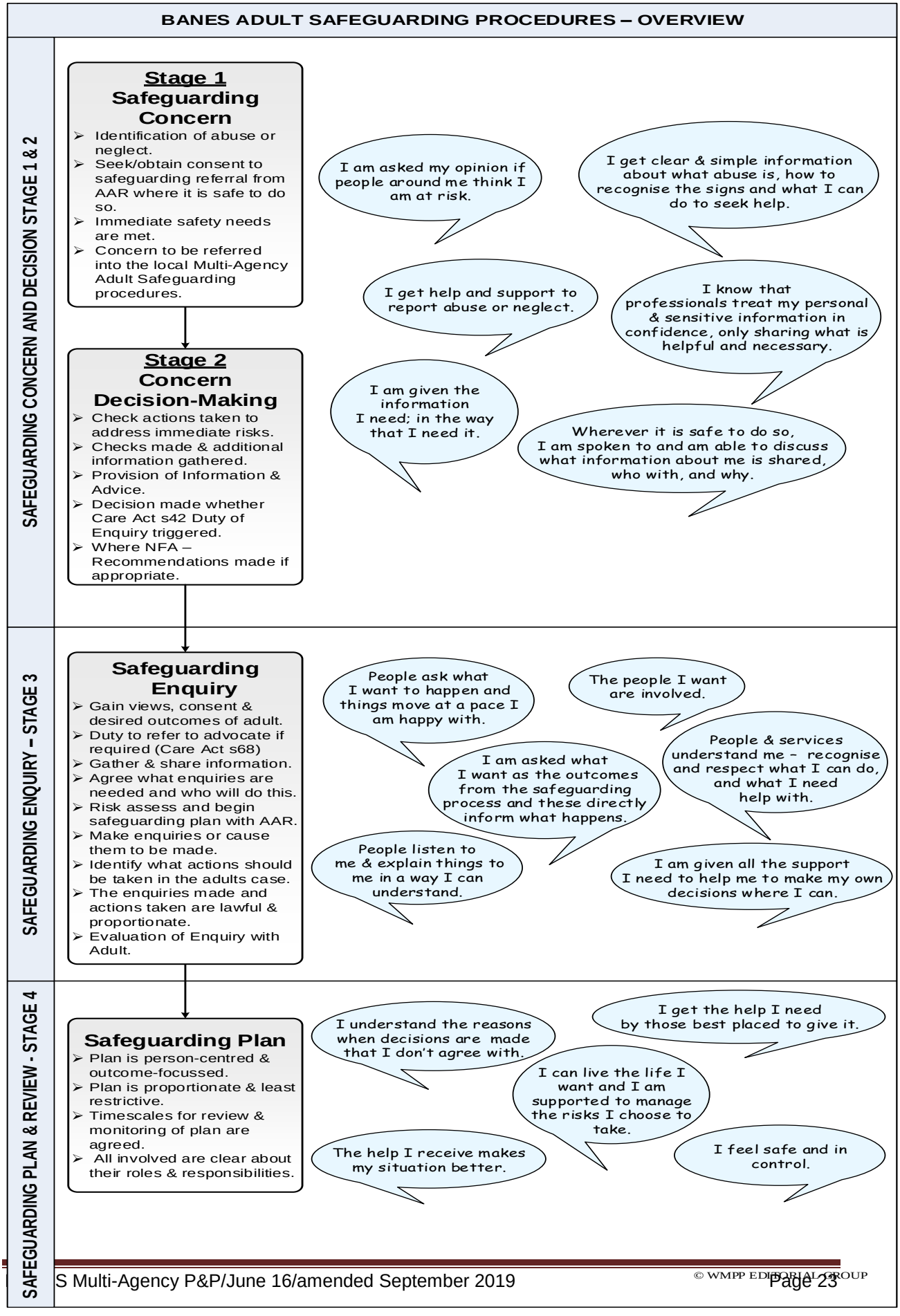
The B&NES Multi-Agency Safeguarding Adults Procedures are primarily intended for people working (paid or unpaid) with adults who have care and support needs, but anyone may use it as guidance to respond to concerns of abuse or neglect.

A detailed flowchart **Appendix 1** sets out the safeguarding procedures, which are contained in a 4 stage process.

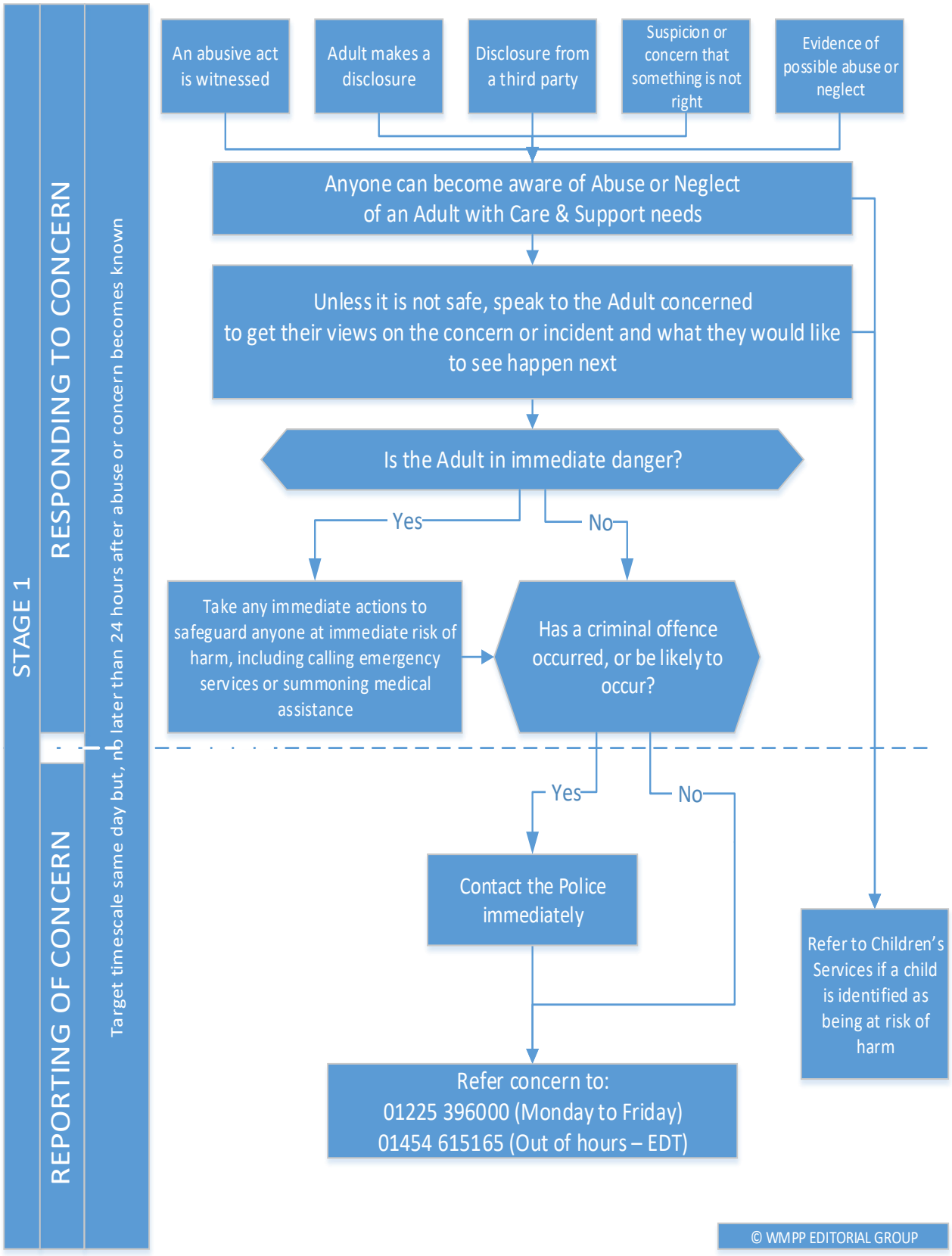
STAGE 1	STAGE 2	STAGE 3	STAGE 4
Responding to and reporting a safeguarding concern Stage 1	Gathering information and making a decision Stage 2	Section 42 Enquiry Stage 3	Safeguarding Plan and Review Stage 4

Where there are concerns of self-neglect

It is important to note that not all cases of self-neglect require a safeguarding response, and may instead be addressed through case management and/or a multi-agency response. Further information can be found in the Self Neglect Policy and Guidance (July 2018)



Adult Safeguarding Concerns – Responding & Reporting



Stage 1 – Responding to and Reporting a Concern

1.1 Definition of a Concern

A safeguarding concern ('Concern') describes a process where a report is made about an adult who:

- Has or appears to have care and support needs (even if these are not being met by the local authority);
- Is experiencing, or may be at risk of, abuse and neglect, and;
- As a result of their care and support needs, is unable to protect themselves against abuse or neglect, or the risk of it (Clause 14.1: Care & Support Statutory Guidance)

A Concern can be identified and reported by anyone and may arise as a result of any of the following:

- An active disclosure of abuse by the Adult, where the Adult tells a member of staff that they are experiencing abuse and/or neglect;
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries;
- An allegation of abuse by a third part, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the Adult;
- A complaint or concern raised by an Adult who doesn't perceive that it is abuse or neglect. Complaint officers should consider whether there are safeguarding matters;
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public;
- An observation of the behaviour of the Adult;
- An observation of the behaviour of another;
- Patterns of concern or risks that emerge through reviews, audits and complaints, or regulatory inspections or monitoring visits (CQC, Monitor etc).

Virgin Care and AWP are commissioned by B&NES Council to receive, administer and coordinate the response to initial Concerns. Any individual or agency who becomes concerned about abuse or neglect of an Adult should contact **B&NES Community Services** as quickly as possible on **01225 396000**. This is the centralised point of access for Bath and North East Somerset's health and social care services. This can be done during office hours which are 08.30 am to 5.00pm on Monday to Thursday, and 08.30am to 4.30pm on Fridays.

If abuse or potential abuse is identified outside of office hours, the **Emergency Duty Team** should be contacted and they will record the Concern. Their number is: **01454 615165.**

If there are concerns for a child also considered to be at risk, then this **must** be reported to Children's Services on **01225 396313** during office hours or via the Emergency Duty Team outside of office hours on **01454 615165.**

If a crime is in progress or a life is at risk, then emergency services should be contacted immediately by dialling **999.**

Where an AAR is in receipt of mental health services, the Concern should be reported directly to the member of staff working for AWP. The member of staff in AWP receiving the Concern must then contact the Council's Safeguarding and Quality Assurance Team.

REMEMBER: Individual agencies should have internal procedures and guidance for responding to and reporting concerns.

1.2 Purpose of this stage

The steps to be taken when responding to a Concern are:

- To ensure that immediate actions are taken to safeguard anyone at immediate risk of harm;
- Wherever it is safe to do so, to speak to the Adult and get their views on the Concern or incident;
- To report the Concern to the relevant agencies (to include the Police where a criminal offence has been committed or will occur);
- To report concerns to Children's Services if a child is identified to be at risk of harm.

REMEMBER- follow good practice under the Mental Capacity Act when speaking to the adult. Assume the Adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to the person's representative/s and always act in best interests. **SCIE: Mental Capacity Directory**

1.3 Roles and responsibilities – who can raise a concern

A concern can be identified and reported by anyone, including the Adult, a carer, family, friends, professionals or other members of the public.

Any individual or agency can respond to an adult safeguarding concern raised about an Adult. This can include reporting the concern and seeking support to protect individuals from any immediate risk of harm (e.g. by contacting the police or emergency services).

Individual agencies / organisations should have their own internal procedures and guidance for responding to and reporting safeguarding concerns.

1.4 Timeliness and risk

The Concern should be made to B&NES Community Services or AWP on the same day, but no later than 24 hours after the incident of abuse or the concerns becomes known, and any

action to make the AAR of abuse as safe as possible has been taken. The time the incident occurred must be reported to the relevant organisation and noted.

IMMEDIATE ACTION BY THE PERSON RAISING THE CONCERN

The person who raises the concern has a responsibility to first and foremost safeguard the AAR and act accordingly:

- Make an evaluation of the risk and take steps to ensure that the Adult is in no immediate danger;
- Arrange any medical treatment (note that offences of a sexual nature will require expert advice from the Police);
- If a crime is in progress or a life is at risk, dial emergency services – **999;**
- Encourage and support the Adult to report the matter to the Police if a crime is suspected and not an emergency situation;
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording - see **Appendix 4;**
- Consider if there are other people (children or other adults with care and support needs) who are at risk of harm and take appropriate steps to safeguard them;
- If you are a paid employee, inform your manager. Report the matter internally through your internal organisational procedures (e.g. NHS colleagues may still need to report under a clinical governance or serious incident process, report to HR Department if an employee is the source of the risk);
- Ensure that the person alleged to have caused harm is not informed of the details of the allegation that has been made unless the immediate welfare of the Adult makes this unavoidable;
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC;
- Record the information received, risk evaluation and all actions taken. Ensure that decisions are clearly recorded with rationale for decisions explained.

1.5 Reporting safeguarding concerns to your Line Manager

The Line Manager or Adult Safeguarding Lead within the organisation identifying the Concern should decide on the most appropriate course of action without delay. This should include:

- Check and review actions already taken and decisions made;
- If not already done so:
  - Make an evaluation of the risk to the Adult;
  - Wherever it is safe, speak to (or decide who is the best placed person to speak to) the Adult to gain their views about the Concern and what they would like to happen next;
  - Take reasonable steps to safeguarding the Adult;
  - Consider referring to the Police if the suspected abuse is a crime;
  - If the matter is referred to the Police, discuss risk management and any potential forensic considerations with the Police;
  - Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the Police.

- If the person alleged to have caused harm is also an adult with care and support needs, arrange for a member of staff to attend to their needs.
- Make sure other people are not at risk.
- Take action in line with the organisations disciplinary procedures, as appropriate, if a member of staff has alleged to have caused harm.
- Ensure that records are made of any concerns, and that decisions are clearly documented with rationale for the decisions explained.

Organisations should ensure that they have procedures in place to provide appropriate Line Manager cover to respond to such concerns, despite leave or where services operate extended or 24 hour support.

NHS staff will need to refer to their Trust's procedures on clinical governance and Adult Safeguarding as well as their Adult Safeguarding policy and procedures.

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

- If you are concerned that a member of staff in your organisation has abused an adult with care and support needs, you have a duty to report these concerns. You **must** inform your line manager immediately;
- In situations where informing a manager will involve delay in a high-risk situation you should immediately report the concern to **B&NES Community Services** (**01225 396000** Monday – Friday) or the **Emergency Duty Team** (**01454 615165** – out of hours);
- If you are concerned that your line manager has abused or neglected an adult with care and support needs, you must inform another senior manager within your organisation. In exceptional circumstances where you do not feel safe or comfortable reporting the matter within your organisation, or you have already raised concerns with your manager but no action has been taken, report the concern to **B&NES Community Services** (**01225 396000** Monday – Friday) or the **Emergency Duty Team** (**01454 615165** – out of hours);
- If you are concerned that an adult with care and support needs may have abused another adult, inform your Line Manager.

REMEMBER: the law gives protection to workers who have a reasonable belief here is wrongdoing at work, and who report it under their own organisational Whistleblowing Procedures (Public Interest Disclosure Act 1998)

1.6 Process at this stage

i. Responding to disclosures

Unless it is not safe or will increase the risk to the Adult, it is always best practice to speak to the Adult involved at as early a stage as possible to get their views and wishes on the concerns raised. This should help to guide what next steps should be taken and whether the Concern should be reported as an adult safeguarding concern or should be dealt with by another means.

GOOD PRACTICE GUIDE – RESPONDING TO DISCLOSURES

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to say anything.

- Accept what the person is saying – do not question the person or get them to justify what they are saying. Reassure the person that you take what they have said seriously;
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later;
- You can ask questions to establish basic facts, but try to avoid asking the same questions more than once, or asking them to repeat what they have said;
- Don't promise the person that you will keep what they have told you confidential or a 'secret'. Explain that you need to report the concerns that they have raised but that you will only tell people who need to know so that they can help;
- Reassure the person that they will be involved in decisions about what will happen.
- Inform the person that they will receive feedback as to the result of the concerns they have raised and from whom;
- Do not be judgemental or jump to conclusions;
- If the person has specific communication needs, provide support and information in a way that is most appropriate for them;
- Give the person contact details so that they can report any further issues or ask any questions that may arise.

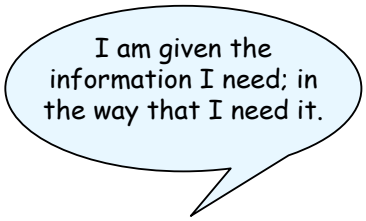
ii. Speaking to the adult who is experiencing, or is at risk of, abuse or neglect

Integral to effective person-centred approaches to adult safeguarding is engaging the Adult in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging the Adult in a meaningful way, at as an early stage as possible, is key to promoting good person centred – practice.

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

There will be occasions where speaking to the Adult could put them at further or increased risks of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal for the Adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the Adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the Adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken.
When speaking to the Adult:



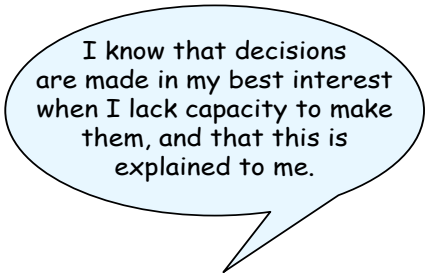
- Speak to the Adult in a private and safe place and inform them of the concerns if they have not raised the concerns themselves;
- Get the Adult's views on the concern and what they want done about it;
- Give the Adult information about the adult safeguarding process and how that could help to make they safer;
- Explain confidentiality issues, how they will be kept informed and how they will be supported;
- Identify any communication needs, personal care arrangements and access requests;
- Discuss what could be done to make them safer.

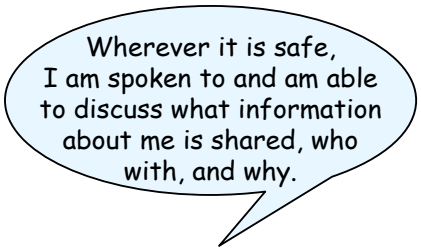
iii. Capacity and Consent

Capacity – anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and MCA Code of Conduct.

Consent – all adults have a right to choice and control in their lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent. For further information refer to the Multi Agency Safeguarding Adults Consent Policy (June 2018). At the Concern stage, the most common capacity and consent issues to consider will usually be:

- Whether the Adult has the *mental capacity* to understand and make decisions about the abuse or neglect related risks, and consent to safeguarding procedures, and;





- Whether the Adult *consents* to immediate safety actions necessary / being taken, & whether the Adult *consents* to information being referred / shared with other agencies.

It is important to establish whether the Adult has mental capacity to make decisions so that appropriate support can be provided by professionals. This should include referral to an IMCA or Care Act Advocate where the need is identified.

Reporting without consent – if there is an overriding public interest, or if gaining consent would put the Adult at further risk of harm; the concern **must** still be reported. This includes situations where:

- There is a risk or harm to the wellbeing and safety of the Adult or others;
- Other adults or children could be at risk from the person causing harm;
- It is necessary to prevent a crime from being committed;
- The person lacks capacity to consent.

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

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

If any person is unsure whether to report a safeguarding concern, they should either speak with their Manager or contact **B&NES Community Services** on **01225 396000** to discuss further.

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

iv. Making a written record of a safeguarding concern

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people involved in the incident or concern.

GOOD PRACTICE GUIDE – RECORDING

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

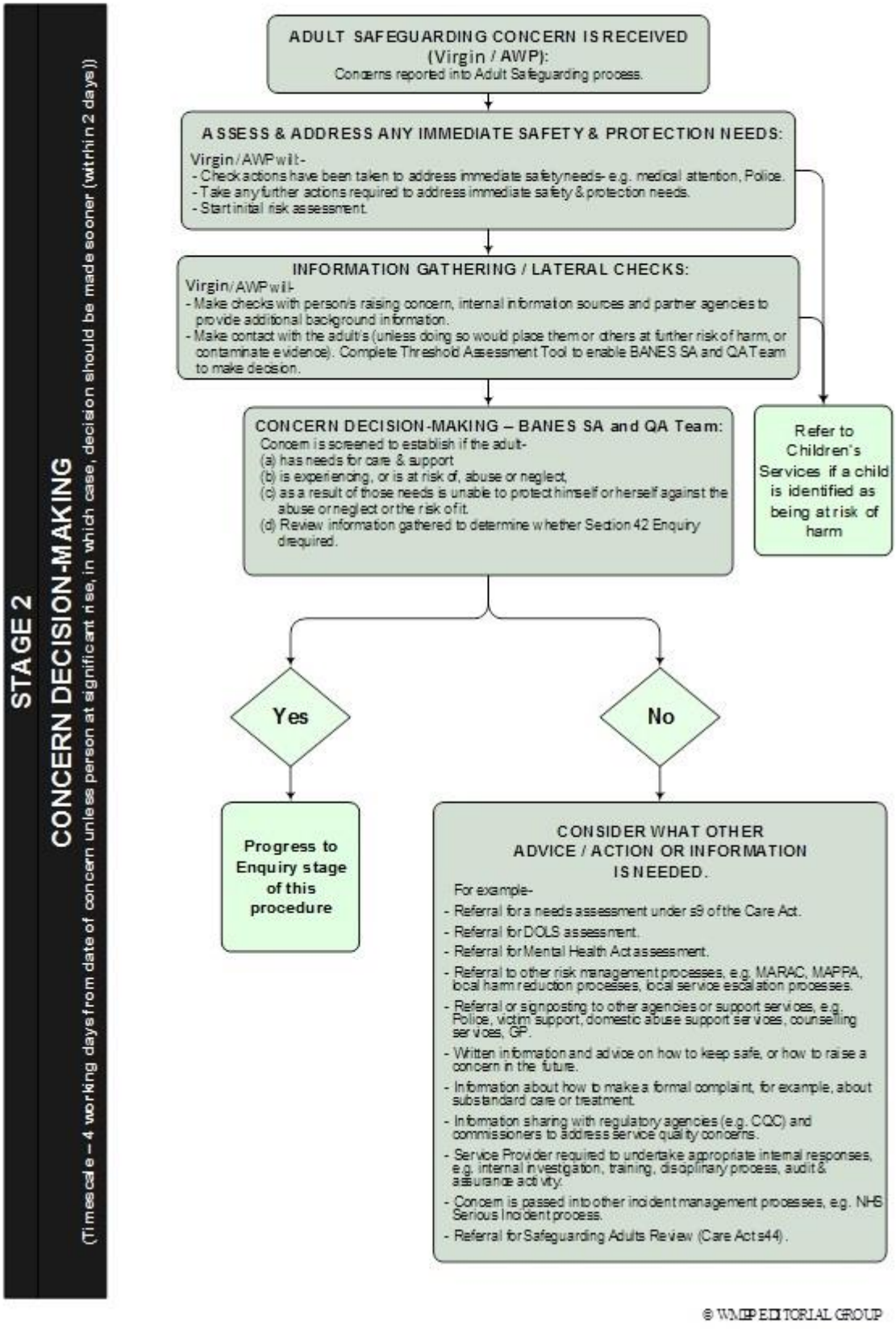
The written report will need to include:

- The date and time when the disclosure was made, or when you were told about / witnessed the incident/s;
- Who was involved, any other witnesses including service users and other staff;
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or was told;
- The views and wishes of the AAR;
- The appearance and behaviour of the AAR and/or the person making the disclosure;
- Any injuries observed;
- Any actions and decisions taken at this point;
- Any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

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

Remember that your report/records could be required as part of a police investigation or Formal Enquiry.


STAGE 2
CONCERN DECISION-MAKING
(Timescale – 4 working days from date of concern unless person at significant rise, in which case, decision should be made sooner (wtrhin 2 days))
ADULT SAFEGUARDING CONCERN IS RECEIVED (Virgin / AWP):
Concerns reported into Adult Safeguarding process.
ASSESS & ADDRESS ANY IMMEDIATE SAFETY & PROTECTION NEEDS:
Virgin/AWP will-
- Check actions have been taken to address immediate safety needs- e.g. medical attention, Police.
- Take any further actions required to address immediate safety & protection needs.
- Start inital risk assessment.
INFORMATION GATHERING / LATERAL CHECKS:
Virgin/AWP will-
- Make checks with person/s raising concern, internal information sources and partner agencies to provide additional background information.
- Make contact with the adult's (unless doing so would place them or others at further risk of harm, or contaminate evidence). Complete Threshold Assessment Tool to enable BANES SA and QA Team to make decision.
CONCERN DECISION-MAKING – BANES SA and QA Team:
Concern is screened to establish if the adult-
(a) has needs for care & support
(b) is experiencing, or is at risk of, abuse or neglect,
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
(d) Review information gathered to determine whether Section 42 Enquiry drequired.
Refer to Children's Services if a child is identified as being at risk of harm
Yes
No
Progress to Enquiry stage of this procedure
CONSIDER WHAT OTHER ADVICE / ACTION OR INFORMATION IS NEEDED.
For example-
- Referral for a needs assessment under s9 of the Care Act.
- Referral for DOLS assessment.
- Referral for Mental Health Act assessment.
- Referral to other risk management processes, e.g. MARAC, MAPPA, local harm reduction processes, local service escalation processes.
- Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, GP.
- Written information and advice on how to keep safe, or how to raise a concern in the future.
- Information about how to make a formal complaint, for example, about substandard care or treatment.
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
- Service Provider required to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
- Concern is passed into other incident management processes, e.g. NHS Serious Incident process.
- Referral for Safeguarding Adults Review (Care Act s44).
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STAGE 2: INFORMATION GATHERING AND DECISION MAKING

2.1 Definition

Following further information gathering by B&NES Community Services or AWP, the 'decision making' stage refers to the decision made by the Safeguarding Adults & Quality Assurance Team – B&NES Council as part of its statutory function to determine whether the concern meets the criteria for progression to a statutory Care Act Section 42 Enquiry, or whether other types of action, provision of information and advice are required to respond to the concern.

2.2 Purpose

When receiving a referral relating to an Adult Safeguarding Concern, the receiving member of staff in 'the relevant organisation' (Virgin Care/AWP) will:

- Check actions have been taken to address immediate safety needs e.g. medical attention, Police. If necessary, take action to address immediate safety needs;
- Make checks with the person raising the concern, internal information sources and partner agencies to provide additional background information;
- Make contact with the Adult referred to understand their views and wishes about the concern (unless doing so would place them or others at further risk of harm, or contaminate evidence);
- Complete the Threshold Assessment Tool (on the relevant reporting system / see **Appendix 5** to assist in the Decision making process).

The purpose of making the checks and gathering more information at this stage is (i) to assess/address any immediate safety and protection needs, and to gain the views of the Adult, and (ii) to ascertain if the concern meets the criteria for a statutory Enquiry under Section 42 of the Care Act, or if other action is required to respond to the concern.

The Local Authority statutory duty of Enquiry applies where it has reasonable cause to suspect that an adult, aged 18 or over, in its area –

(i) has **needs for care and support** (whether or not the authority is meeting any of those needs);
(ii) is **experiencing, or is at risk of, abuse or neglect,** and
(iii) as a result of those needs **is unable to protect himself or herself** against the abuse or neglect or the risk of it.

2.3 Timescale for this Stage

Managing immediate risks – some adult safeguarding concerns will require an immediate response to safeguard the Adult. An initial assessment of risk and actions needed should be undertaken by 'the relevant organisation' (Virgin Care/AWP) within 2 working days of receiving the adult safeguarding concern.

Making the Decision – once all necessary information has been collated and the Threshold Assessment Tool completed by the 'relevant organisation' (Virgin Care/AWP), a decision will be made by the B&NES SA & QA Team as to whether the Concern meets the criteria for progression to a statutory Care Act Section 42 Enquiry, or whether other types of action, provision of information and advice are required to respond to the Concern. The decision should be made within 4 working days from the date of the Concern unless the adult is at significant risk, in which case, the decision should be made sooner (within 2 working days).

Where cases are unclear, these will be referred to the Multi-Agency Safeguarding Hub (MASH) for a decision.

REMEMBER: it is important to respond at the pace that is right for the AAR, and which puts them in greatest control of what happens in their life.

2.4 Process

Information gathering is not a Formal Enquiry, but a process of collecting enough information to enable a decision to be reached as to how the concerns should be responded to. In some cases, the referral information may clearly indicate that immediate risks are managed, and that the criteria are met for a formal Section 42 Enquiry. If so, the decision making stage will consist only of reviewing the referral information. However, in most cases a level of additional information gathering will be required in order to assess whether the criteria for an Section 42 Enquiry are met

a) Staff receiving the Concern (Virgin Care/ AWP)

When receiving details of the Concern, the 'relevant organisation' (Virgin Care/AWP) must try to ascertain as much information about the Concern as possible, making checks with the person raising the Concern, internal information sources and partner agencies. Wherever possible, the following information should be obtained:

- The name, date of birth, address and telephone number of the AAR;
- Details of the alleged abuse or concern;
- Details of the care and support needs of the AAR, including any on-going health needs;
- Whether there are any concerns or doubts about the mental capacity of the AAR;
- Advocacy involvement (includes family / friends). This should include whether the AAR may have '*substantial difficulty*' in being involved in any safeguarding work, and therefore may require the support of an appropriate person or advocate;
- Whether the AAR has any communication needs;
- Whether the Police are aware of the allegation, and whether a Police investigation is under way. This should include details of the police station, officer and crime reference number;

- Whether consent has been obtained for the referral. *NB: If consent has not been obtained, this, and wherever possible for the reasons for this, should be noted. However, the lack of consent does not mean the matter cannot proceed as a referral;*
- Whether there are other adults or children at risk. If there are, consideration must be given to immediately informing the Police and Children's Services;
- Any immediate action that has been taken to make safe the AAR of abuse;
- Whether the AAR has any cognitive impairment which may impede their ability to protect themselves;
- Any information on the person(s)/agency alleged to have caused harm;
- The name, contact details and relationship of the person to the AAR of the person raising the Concern;
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household. This should include relevant information within service user case records: reviewing of case notes from at least the past 12 months and reviewing any previous safeguarding referrals or safeguarding meetings documented in the service user's record;
- Any possible risks to workers visiting.

The 'relevant organisation' (Virgin Care/AWP) receiving the details of the concern will immediately pass the details to their relevant Team Manager.

The Team Manager's responsibilities are as follows:

- To ensure that the safeguarding concern is logged onto the relevant system;
- To ensure that sufficient information has been gathered at Stage 1;
- If the referral is for an AAR for whom there is a current safeguarding referral open, the Team Manager should establish whether it is related to the open referral and involves the same person alleged to have caused harm. If it does, the information should be immediately passed to the relevant Social Worker. If it is not related to the open referral and/or has a different person alleged to have caused harm, then the matter should be opened as a new referral;
- Where the referral relates to a Concern provided in a regulated setting e.g. a Care Home, Care Agency or hospital, the Team Manager must inform the Non-Acute and Social Care Team in the Council and the Clinical Commissioning Group ('B&NES CCG') as relevant;
- If the AAR is receiving a service within the area of Bath and North East Somerset which is funded by another Local Authority or NHS organisation, then the Team Manager will ensure that the relevant funding authority is identified and informed;
- To identify the relevant Manager of the team that has responsibility for the care management of the AAR (if the person is already known) or the Manager of the team which covers the area in which the person resides;
- To notify the relevant Manager that the referral has been received and might need to be allocated.

The following actions should also be considered:

- Do not discuss the Concern with the person alleged to have caused harm, unless the immediate welfare of the Adult or other people makes this unavoidable;
- If the allegation involves agency staff, the agency should also be notified of the safeguarding concern having been raised;
- If the person alleged to have caused harm is another service user, action taken may include removing them from contact with the AAR. In this situation, arrangements

must be put in place to ensure that the needs of the person alleged to have caused harm are also met;

- Where the person alleged to have caused harm is a member of staff, this must be discussed with the Chair. It may be that a decision is required to suspend them (this will be the responsibility of the employing organisation). Whilst the person has a right to know in broad terms what allegations or concerns have been made about them, it is important that care is taken not to jeopardise any resulting Police investigation or Enquiry.

b) Making contact with the AAR

The AAR should experience the safeguarding process as empowering and supportive. If not already undertaken, consent to safeguarding procedures and sharing information with other agencies and individuals should be gained at this point. This may be difficult where the AAR is subject to coercion or undue influence. In order to make sound decisions, the adult's emotional, physical, intellectual and mental capacity in relation to self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed. Where the AAR lacks capacity, a Best Interest Decision should be made (see Section 1.6 (iii) of these procedures – **Capacity and consent**).

From the first stages of the concerns being identified, the AAR's views should be gained. Ideally this should be undertaken through a face to face meeting with the AAR by the allocated Lead Worker (Virgin Care/ AWP). This will enable the person to give their perspective about the potential abuse or neglect concerns that have been raised, and what desired outcomes they would like to achieve. Their views should directly inform what happens next.

Desired outcomes are those changes that the AAR wants to achieve from the support that they receive, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system. Sometimes people will have unrealistic expectations of what can be achieved through the safeguarding process, and people should be supported to understand from the outset, if and how their desired outcomes will be met.

These wishes and desired outcomes are important in determining the most appropriate and proportionate response to the concerns raised. The person's wishes and desired outcomes, however, are not the only consideration and sometimes actions are required without a person's consent.

There will be occasions where speaking to the AAR could put them at further risk or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from a local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the Adult has told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the Adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situation where there is potential for endangering safety or increasing risk should be assessed carefully and appropriate advice taken.

Where access to the Adult is being denied for any reason (for example, as a result of a third party denying access to the premises, or access to the premises can be gained but a third party is insisting on being present and the adult cannot be spoken to alone), urgent advice should be sought from the Council's Safeguarding and Quality Assurance Team and the Police. Consider the best practice guidance: **Gaining access to an adult suspected to be at risk of abuse or neglect. (SCIE, 2014)**

REMEMBER: follow good practice under the Mental Capacity Act when speaking to the Adult. Assume the Adult has capacity unless proven otherwise. If the person is proven to lack capacity, speak to the person's representative/s and always act in their best interests

c) Support needs and representation

The individual support needs of the Adult should be considered and provided to enable them to contribute their views and wishes. Where a person needs support or representation this will often be provided by a friend or relative. However, where the person lacks mental capacity, or has '*substantial difficulty'* in being involved in the process, and they have no one other than those acting in a professional capacity to support them, it is necessary to consider if there is a 'particular benefit' to providing them with an independent advocate for the purpose of facilitating their involvement - see **Appendix 3**.

d) Gathering information

It may be necessary to contact the person raising the concern to clarify and / or gather more information about the allegation or concern.

There may be a need to review previous records and risk assessments, but this may also involve consulting with other agencies or departments, such as:

- A service providing care and support, e.g. a Care Home, Housing Provider, Hospital;
- A GP or other health professional;
- A Commissioner, Care Quality Commission or other regulator;
- the Police;
- Voluntary sector organisations;
- Specialist services or advice lines, e.g. Forced Marriage Unit;
- Community safety partnerships;
- Domestic violence services;
- Relatives and unpaid carers of the AAR (where appropriate).

The information gathered will include that gained from a discussion with the AAR or their representative.

When gathering information to enable a decision to be made about whether the Concern meets the criteria for progression to a statutory Section 42 Enquiry, the cause for concern may relate to one of the following specific considerations:

(i) Poor practice or abuse

The purpose of the safeguarding procedures is to safeguard adults from abuse and neglect.

It is not a substitute for the following:

- Providers responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

Where a commissioner or the Care Quality Commission are taking their own action in relation to a Concern, B&NES Council must consider if these actions already form an appropriate and proportionate response to the concerns raised. If the Council identifies possible abuse, including organisational abuse, it will lead on those aspects of the concerns, but performance and quality issues will continue to be addressed by commissioners and/or the Care Quality Commission.

Distinguishing between poor practice and neglect/abuse will often require a professional judgement. It is important to consider the impact of the incident on the AAR, whether others may be at risk of harm, and what proportionate response to the concern should be.

Where practice is resulting in harm for the individual, abuse is likely to be indicated. However, it is important to consider the nature, seriousness and individual circumstances in reaching a decision.

(ii) Risks to others, including children

No person has a right to place another at risk. Whilst it is important to support the AAR to work towards their agreed outcomes, this can never be at the expense of others being placed in a position of risk. Throughout any response within the safeguarding procedures, it is necessary to consider the safety and wellbeing of others; this may be those people living in the same family home, those in the same care environment or members of the wider public.

Consent is not required to take actions that safeguard the safety and wellbeing of others. However, it would be good practice to inform the adult of actions being taken, unless to do so would plan any person at further risk of harm.

(iii) Organisational abuse

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

Whilst there is no single definition of organisational abuse, it refers to those incidents of abuse that derive, to a significant extent, inadvertently or otherwise, from an organisation's practice, culture, policies and / or procedures.

Organisational abuse is also defined by certain characteristics:

- It is **widespread** within a care setting (e.g. the abusive practice is not confined to the practice of a single staff member);
- It is evidenced by **repeated** incidents;
- It is generally **accepted** – it is not seen as poor practices;
- It is **sanctioned** – it is encouraged or condoned by line managers;
- There is an **absence of effective monitoring or management oversight** by managers that has allowed the practice to have occurred;
- There are **environmental factors** (e.g. unsuitable buildings, lack of equipment, reliance on temporary staff) that adversely affects the quality of care;
- It is **systematic** (e.g. factors such as lack of training, poor operational procedures, poor supervision and management all significantly contribute to the development of organisationally abusive practice).

Organisational abuse may also be indicated by a number of service users experiencing harm. However, organisational abuse may occur in relation to a single service user. This could occur for example where a person is the sole user of a service or has differing needs from other service users.

It is not necessary for all of these characteristics to be present. However, the presence of one or more characteristics increases the likelihood that organisational abuse is taking place. Further information can be found in the Protocol for Managing Large Scale Investigations (February 2018)

(iv) Relatives and unpaid carers

Unpaid carers sometimes have care and support needs of their own. However, sometimes unpaid carers will only have support needs. In these circumstances the B&NES Multi-Agency Safeguarding Adult Procedures may still be used as a proportionate response to concerns where appropriate, using its duty to promote well-being (Care Act, s1). This may be appropriate, for example, if an unpaid carer experiences intentional or unintentional harm from the Adult that they are trying to support and the carer is not able to protect themselves from this harm reoccurring.

Consideration should be given to the specific circumstances, the nature of the issues and the appropriate proportionate response.

The decision should consider an outcome which supports or offers the opportunity to develop, or maintain a private life which includes those people with whom the AAR wishes to establish, develop or continue a relationship. Where a safeguarding response is required, the Enquiry should include consideration of the following:

- Whether the carer's demands exceed the carer's ability or capacity;
- Whether the Adult has unmet care and support needs;
- Emotional and /or social isolation of the career and the AAR;

- Communication barriers between the AAR and the carer;
- Whether the carer is in receipt of any practical and/or emotional support from other family members or professionals;
- Whether the carer has lasting power of attorney or appointeeship;
- Financial difficulties;
- A personal or family history of violent behaviour, alcoholism, substance misuse or mental illness;
- The physical and mental health and well-being of the carer;
- Additional needs of the carer.

(v) Abuse of one AAR by another

Incidents occurring between AAR need to be responded to proportionately in light of the specific circumstances. In considering the appropriate safeguarding response, the nature and seriousness of any incident or risk needs to be taken into account. It should be remembered that where both people are living in the same care setting, the impact of an incident may be compounded by the emotional distress of living with an abusive person.

The fact that the person alleged to have caused harm has a particular diagnosis or condition does not preclude a safeguarding response within these procedures. However, where this is the case, additional support or care planning actions may be required in order to address their support needs, alongside the safeguarding needs of the AAR

(vi) Repeat allegations of abuse

An AAR (or their representative such as a family member) who makes repeated allegations that have been proven to be unfounded should be treated without prejudice.

The following should be taken into account:

- Each allegation must be considered in its own right;
- Each incident must be recorded;
- Organisations should have procedures for responding to such allegations. These will involve and assessment of risk, ensuring the rights of the individual are respected, while protecting staff from the risk of unfounded allegations.

(vii) Historic allegations of abuse where the adult is no longer at risk

One of the criteria for undertaking a statutory Enquiry under the Care Act Section 42 duty is that the Adult is 'experiencing, or at risk of, abuse or neglect.' Therefore, the duty to make an Enquiry under the Care Act relates to abuse or neglect, or a risk of abuse or neglect that is current. Concerns relating to historic abuse or neglect where the person is no longer at risk will not be subject to a statutory Enquiry under these procedures, but further action and support under different processes may be needed. A safeguarding concern should therefore still be raised and information gathered using the Threshold Assessment Tool to enable a decision to be made regarding a Section 42 Enquiry.

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

Where an adult safeguarding concern is received for an Adult who has died, the same consideration will apply and an Enquiry will only be made where there is a clear belief that other identifiable adults are experiencing, or at risk of, abuse or neglect.

In cases where an Adult has died or suffered serious abuse or neglect, and where there is a concern that agencies should have worked more effectively to safeguard the adult, there is a statutory requirement for the Safeguarding Adults Board to undertake a Safeguarding Adults Review under Section 44 of the Act.

(viii) Self-Neglect

Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

Self-neglect, unlike other types of abuse described does not require another person to cause the risk of harm. Self-neglect concerns the failure of an adult to take care of him/herself and causes, or is reasonably likely to have, a significant impact on the adult's overall well-being.

Self-neglect can result in an individual's choices, or the adult may;

- Have mental health problems;
- Have poor physical health;
- Have cognitive (memory or decision making) problems, or
- Be physically unable to care for self;
- or have other difficulties that make caring for themselves difficult.

Not all cases of self-neglect require a safeguarding response, and may instead be addressed through case management and/or a multi-agency response. Further information can be found in the Self Neglect Policy and Guidance (July 2018)

e) Threshold Assessment Tool

Once all relevant information has been gathered – including the views of the AAR in all circumstances where this is possible and safe to ask, the relevant organisation (Virgin Care/AWP) will complete the Threshold Assessment Tool (logged on relevant system) and forward this to the B&NES SA & QA Team to make a decision about how the Concern should be addressed and whether the criteria for statutory Section 42 duty of Enquiry has been met. A copy of the Threshold Assessment Tool can also be found in **Appendix 5**

If the Team Manager (Virgin Care/AWP) feels that further information is required from other agencies to assist in deciding whether the Concern meets the threshold for safeguarding, then they should consider a referral to the Multi Agency Safeguarding Hub (MASH).

f) The decision on whether to progress to a Statutory Section 42 Enquiry (Stage 3)

This is the point at which a representative from the B&NES Council Safeguarding Adults and Quality Assurance Team ('the Chair') must decide whether the AAR meets the following criteria. Namely, that s/he:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or experience of, abuse or neglect (Clause 14.1 of the Care Act Guidance); and
- The Chair from the local authority thinks it necessary to undertake a Section 42 Enquiry to assist in deciding what, if any, action is needed to help and protect the adult (Clause 14.77 of the Care Act Guidance).

The decision should take into account the wishes and the desired outcomes of the AAR (if known) as well as risk to others, and reflect the nature and seriousness of the concerns raised.

g) Feedback to referrer/ referring agency:
-The referring person or agency will be informed by the relevant organisation (Virgin Care/ AWP) regarding the referral outcome within 2 working days of the Safeguarding Chair's threshold decision, ie safeguarding decision to accept into safeguarding, no further action or if other actions are being taken forward.

- Once the referrer/ referring agency is informed of the referral outcome, this will be recorded in the service user's safeguarding case notes record or their general case notes record, whichever is relevant to the decision being made and noted who in the agency or organisation has been informed, e.g. if feedback is given to a GP surgery, the name of the person that the information was shared with should be noted in the case note.

Where the criteria for statutory Enquiry <u>are not met</u>, for example in circumstances where:

- The Adult is at risk of abuse or neglect but does not have care and support needs;
- The Adult has care and support needs, may have experienced abuse or neglect in the past, but is no longer experiencing or at risk of abuse or neglect;
- The Adult has care and support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to,

…..the Chair in conjunction with the relevant organisation (Virgin Care/AWP) will consider what action, or provision of advice / information, is required to respond to the concern.

REMEMBER: Adult Safeguarding in its wider sense means 'protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action' (Care and Support Statutory Guidance s.14.7)

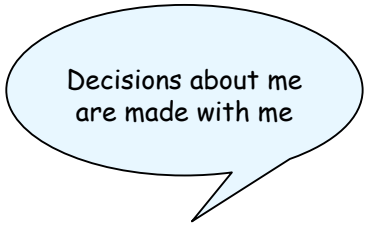
Viewed in this way, even when the criteria for statutory Adult Safeguarding Enquiry under Section 42 of the Care Act is not met, effective 'safeguarding' can happen within other different processes and services, for example;

- People can be supported to live safely through good quality assessment and support planning;

- People's right to live free from crime can be supported through Police interventions, and to recover from the experience of crime through victim support services;
- People's health and wellbeing, and experience of safe services, can be promoted through patient safety approaches in the NHS and good quality responses under the Clinical Governance processes.

It is important to remember that just because someone is old, frail or has a disability, this does not mean they are inevitably 'at risk'. For example, a person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the ability of the AAR to protect themselves from the experience of, or the risk of, abuse or neglect, is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort. However, it is also important to note that people with capacity can be equally affected as those that lack capacity

For those that do not meet the criteria, but who nevertheless appear to be at high risk, there are alternative sources of referral and support. The Chair may make recommendations regarding this. The Social Worker (Virgin Care/AWP) should work in partnership with the adult affected to agree actions that reflect their views and wishes wherever possible.



GOOD PRACTICE GUIDE – OTHER TYPES OF ADVICE / ACTION OR INFORMATION

Where the actions for a statutory Enquiry are not met, other types of action, or provision of advice / information, could be for example:

- Referral for a needs assessment under s9 of the Care Act;
- Carers assessment;
- Unscheduled review of care and support;
- Referral for a DOLS assessment;
- Referral for a Mental Health Act assessment;
- Referral to other risk management processes, e.g. MARAC, MAPPA, local harm reduction processes;
- Referral or signposting to other agencies or support services, e.g. Police, Victim Support, domestic abuse support services, counselling services, GP;
- Written information and advice on how to keep safe, or how to raise a concern in the future;
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns;
- Service Provider to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary processes, audit and assurance activity;
- Concern is passed into incident management processes, e.g. NHS Serious Incident Process;
- Referral for Safeguarding Adult Review (Care Act s.44).

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

When deciding what other advice / action or information is required, the Chair in conjunction with the relevant Team Manager (Virgin Care/AWP) has a responsibility to ensure that actions decided are appropriate, and are satisfied that actions will be taken. For example, ensuring other agencies agree to and accept any referrals made, that the person has the ability and means to contact other sources of support if giving signposting advice, or that other agencies or provider services are willing and able to address concerns appropriately through their internal processes. If the Chair and/or relevant Team Manager (Virgin Care/AWP) has concerns that the issue will not be dealt with appropriately, internal management and local inter-agency escalation processes should be followed.

In addition, where cases do not progress to an Section 42 Enquiry, then the relevant organisation to the referral (Virgin Care/AWP) will also undertake the following:

- Inform the person who raised the concern that no further action is to be taken under these procedures and give the reason/s for this decision. The extent of the feedback may be limited by confidentiality;
- If the concern relates to a regulated service e.g. a Care Home, Care Agency or hospital, the Team Manager must inform the Non-Acute and Social Care Team in the Council and the Clinical Commissioning Group ('B&NES CCG') as relevant that the concern has been closed at this stage;
- If the Adult is receiving a service within the area of the Council which is funded by another Local Authority or NHS organisations, then ensure that the relevant funding authority is informed.

Where the criteria for safeguarding <u>are met</u>, the case will progress to the Enquiry Stage (Stage 3) of this procedure.

In cases where an Enquiry will be undertaken, the relevant organisation (Virgin Care/AWP) to the referral will:

- Identify and appoint a suitably qualified and experienced person to act as Lead Worker and/or Coordinator to the case who will then:
- Inform the person who has raised the Concern that the matter will be investigated under these procedures and explain the next steps. (NB. The extent of the feedback may be limited by confidentiality.
- If the concern relates to a regulated service e.g. a Care Home, Care Agency or hospital, the Non-Acute and Social Care Team in the Council and the Clinical Commissioning Group ('B&NES CCG') as relevant must be informed that a safeguarding Section 42 Enquiry is to take place.
- If the Adult is receiving a service within the area of the Council which is funded by another Local Authority or NHS organisations, then ensure that the relevant funding authority is informed.

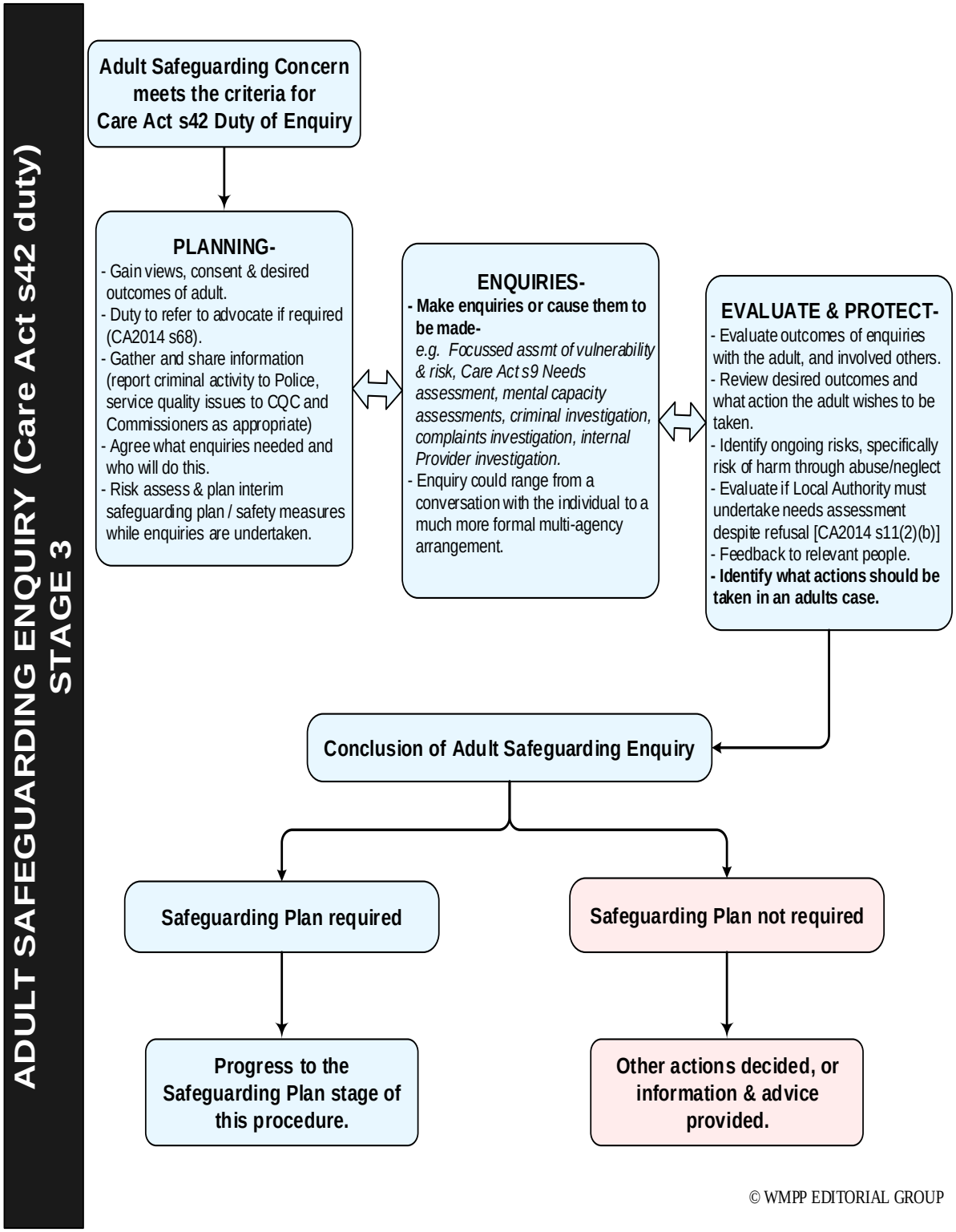
The relevant Team Manager should continue to provide professional support to the Lead Worker/Coordinator to enable them to undertake their role. They will also ensure that all operational aspects of the safeguarding work are implemented, and to raise any concerns with the Chair as soon as they become apparent.

What if the AAR does not want to pursue matters through safeguarding procedures?

There may be some occasions when the AAR does not want to pursue a referral into safeguarding procedures. Where it is a personal matter and may cause family disharmony, if possible, the AAR's wishes should be respected and other ways of ensuring their safety explored. Where there is a potentially high risk situation, staff should be vigilant of possible coercion and the emotional or psychological impact the abuse may have had on the Adult.

If the AAR has the mental capacity to make this decision, staff should be sure that the Adult is fully aware of the consequences of their decisions, that all options have been explored and that not proceeding further is consistent with legal duties. This should be fully documented.

STAGE 3 – Section 42 Enquiry



STAGE 3: SECTION 42 ENQUIRY

3.1 Definition

A formal adult safeguarding Enquiry (Care Act Section 42) is the range of actions undertaken or instigated by the Local Authority in response to a concern of abuse or neglect in relation to an adult with care and support needs who is unable to protect themselves from abuse or neglect or the risk of it.

An Enquiry should be proportionate to the situation and the level of risk involved. This could be a conversation with the AAR, or representative if they lack capacity, right through to a much more formal multi-agency plan or course of action.

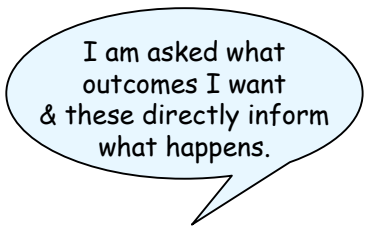
There may need to be several different *enquiries* that would form part of the overall formal safeguarding Enquiry.

3.2 Purpose of an Enquiry

The purpose of a Care Act Section 42 adult safeguarding Enquiry is to enable the Council to decide whether any action is required in the adult's case, and if so, what and by whom.

The objectives of an Enquiry are to:

- Establish the facts and gather evidence in relation to an allegation of abuse, neglect or exploitation;
- Establish the legal context and the powers available in relation to any Enquiry that will take place;
- Ascertain the AAR's views and wishes;
- Identify what actions are required to safeguard an adult from the risk of abuse, neglect and exploitation;
- Assess the needs for protection, support and redress and how these might be met;
- Support an ongoing assessment of risk, which establishes measures to stop or minimise, as far as possible the risk of harm to the AAR;
- Support the development of a Safeguarding Plan;
- Enable the AAR to achieve resolution and recovery.



What happens as a result of an Enquiry should reflect the Adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity, it should be in their best interest if they are not able to make a decision and be proportionate to the level of harm.

3.3 Roles and responsibilities

The Council cannot delegate its duty to conduct a formal Section 42 Enquiry, but *it can cause others to make enquiries.* This means that the Council may ask a provider or partner agency to conduct its own ***enquiries***, and report these back to the Council in order that the Local Authority decision about whether or what action is required in the adult's case.

Where a crime has or may have been committed the Police are responsible for conducting a criminal investigation

3.4 Timeliness and risk

Initial risk assessment and interim safeguarding plan - In the majority of cases, unless it is unsafe to do so, each Enquiry will start with a conversation with the AAR. This may be done by the relevant Lead Worker/Coordinator or by another professional identified to have a good relationship with the AAR. The views, wishes and desired outcomes expressed by the AAR are important in determining the most appropriate and proportionate response to the concerns raised, and what enquiries may be needed. The person's wishes and desired outcomes, however, are not the only consideration as sometimes actions are required without a person's consent, particularly where there are overriding public interest issues, or risk to others. An initial assessment of risk **(Appendix 2)**, for deciding what safety and protection actions need to be put in place should be undertaken by the Lead Worker within 5 working days of deciding a formal adult safeguarding Enquiry needs to take place. Wherever possible, the AAR should be supported to recognise risks and to manage them. This then needs to be agreed with the Chair. Some cases may have more immediate risks and need a swifter response.

Completing enquiries – This procedure does not outline any specified target timescale to complete enquiries. This will vary dependent on the type and nature of the Enquiry to be carried out and will be agreed by the Chair during the Planning Discussion or Meeting. As with all safeguarding work, responses should be timely.

REMEMBER: It is important to respond at the pace that is right for the adult, and puts them at greatest control of what happens in their life.

3.5 Process

Enquiries will follow the model outlined in diagram below**,** and will generally move between **Planning, Enquiry and Evaluation** phases. Enquiries will need to be flexible and be able to move fluidly between each of these stages as the circumstances of the case requires.

BANES ADULT SAFEGUARDING PROCEDURES – PLANNING & UNDERTAKING CARE ACT SECTION 42 ENQUIRIES

TIMESCALES

SAFEGUARDING ADULTS s42 ENQUIRIES – STAGE 3

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 people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- address what has caused the abuse or neglect.

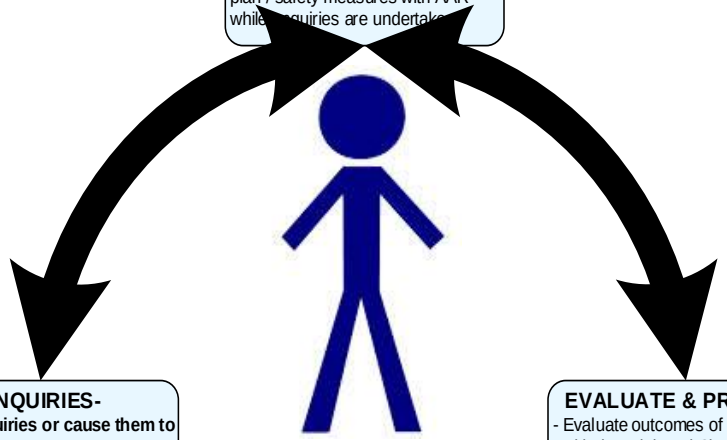
PLANNING- Meeting or Discussion

- Gain views, consent & desired outcomes of adult.
- Duty to refer to advocate if required (CA2014 s68).
- Gather and share information (report criminal activity to Police, service quality issues to CQC and Commissioners as appropriate)
- Agree what enquiries need TOR and who will do this.
- Risk assess and safeguarding plan / safety measures with AAR while enquiries are undertaken

Planning Meeting Discussion to be held within 10 working days from the date of concern unless SA Chair decides it must be sooner.

Enquiries should:

- usually start with asking the adult their views and wishes, and what should happen next;
- keep the adult and their wishes at the centre of the safeguarding process;
- support people to stay in control of what happens in their life, and focus on improving the adult's well-being;
- provide a framework to enable agencies & people to work together;
- be flexible and move fluidly between planning, enquiry and evaluation as needed;
- be timely but move at the pace that is right for the adult;
- be a series of conversations supported by a process- conversations that ask people how we can respond in a way that enhances involvement, choice & control;
- be lawful and be proportionate to the level of risk involved.



ENQUIRIES-

- Make enquiries or cause them to be made-

e.g. Focussed assessment of vulnerability & risk, Care Act s9 Needs assessment, capacity assessments, criminal investigation, complaints investigation, internal Provider investigation.

- Enquiry could range from a conversation with the individual to a much more formal multi-agency arrangement.

EVALUATE & PROTECT-

- Evaluate outcomes of enquiries with the adult and Chair (SA and QA team).
- Review desired outcomes and what action the adult wishes to be taken.
- Identify ongoing risks, specifically risk of harm through abuse/neglect
- Feedback to relevant people.
- Identify what actions should be taken in an adults case.
- Complete investigation Report for chair.

Timescale for enquiry to be agreed by chair of Planning Meeting – discussion dependant on nature of Enquiry.

Making safeguarding personal - focusing on the adult and their outcomes. Involvement, empowerment and personalisation.

The Care Act ethos and statutory guidance emphasise a personalised approach to adult safeguarding that is outcome-focussed, that is led by the individual and not by the process. Personalised practice approaches to adult safeguarding should seek to engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

Planning safeguarding enquiries should always start with gaining the views and wishes of the Adult, unless there are reasons why doing this would cause increased risk of harm. In some circumstances, gaining the views and wishes of the adult will be the only Enquiry needed to enable the 'Chair' to decide what actions are required in the adult's case. In other circumstances, gaining the views and wishes of the adult will be the starting point to determine and undertake a much wider range of enquiries.

The views, wishes and desired outcomes may change throughout the course of the Enquiry process. There should be on-going dialogue and conversation with the AAR to ensure these are gained as the process continues, and enquiries re-planned (if appropriate) should the adult change their views.

Sometimes, people may have unrealistic expectations of what can be achieved through the safeguarding procedures, and they should be supported to understand from the outset how their desired outcomes can be met.

The person's wishes and desired outcomes, however, are not the only consideration as sometimes actions are required without a person's consent, particularly where there are overriding public interest issues, or risk to others. In these circumstances, the relevant Lead Worker (Virgin Care/AWP) will need to ensure that a sensitive conversation takes place with the AAR to explain how and why their wishes have been over-ruled, assessing the impact that this may have on them and, wherever possible, provide them with reassurance.

The views, wishes and desired outcomes of the Adult are equally as important should the Adult lack mental capacity to make informed decision about their safety and protection needs, or have *substantial difficulty* in making their views known. Personalised practice approaches should still be taken in such cases, including engaging with the person's representative/s, any best interest consultees, appointing an independent advocate where appropriate, using what information is known and finding out what the adult would have considered important in decisions about their life by following best practice as laid out the Mental Capacity Act Code of Practice 2007. Further supporting information on Independent Advocacy and 'substantial difficulty' can be found in Appendix 3

a) Planning Discussion or Meeting

All Enquiries need to be planned and coordinated. No agency should undertake enquiries prior to a Planning Discussion or Meeting unless it is necessary for the immediate protection of the adult or others or unless a serious crime has taken place or is likely to.

Planning should be seen as a process, and not a single event. The planning process can be undertaken as a series of telephone conversations, or a meeting with relevant people and agencies. In some cases, the complexity or seriousness of the situation will require that a planning meeting is held. Urgency of response should be proportionate to the seriousness of the concerns raised and level of risk, but must be undertaken within 10 working days from the date of the Concern unless the 'Chair' decides that it should be held sooner.

In preparation, the relevant Lead Worker (Virgin Care/AWP) will have undertaken the following:

- Meet and provide support to the AAR, unless to do so would place them at increased risk of harm. This will include ascertaining their views and outcome/s that they wish to achieve, whether they would like to attend the safeguarding meetings and if not, how they would like to be represented;
- Deciding if an independent advocate is required (or planning how information will be gained to enable this decision to be made);
- Contact and ensure that relevant professionals, representatives and agencies are informed and engaged in the process (who should be involved should be discussed and agreed with the Chair). Ensure that all are prepared to present relevant information to discussions/meetings and any Enquiry;
- Ascertain and provide initial information regarding health and social care needs of the AAR, including any communication needs and potential issues regarding their capacity to make decisions;
- Obtain details of any care package provided to the AAR;
- Obtain evidence of the level of risk that exists and any protective measures that have been put in place to reduce it. Commence the risk assessment and safeguarding plan with the AAR - see **Appendix 2**;
- Obtain information on any existing or previous safeguarding referrals and their outcome;
- If necessary, ascertain an opinion on the legal context and any relevant legislation that may be relevant to the allegations or concerns.

The relevant Lead Worker/Coordinator will determine with the Chair one of the following options:

Planning Discussion:

This option can be used when all of the following have occurred:

- It has been possible to make the AAR, and potentially other adult's at risk, safe from harm;
- The Police have confirmed that the threshold for a criminal investigation has not been reached;
- The concerns are less complex and do not involve may individuals or agencies; and
- An agreement can be reached on how a Section 42 Enquiry will be undertaken, and by whom e.g. an investigation by an employer; an NHS Trust undertaking an investigation as part of a Serious Incident (SI) etc.

Planning Meeting:

This option will be used when one of the following is applicable:

- The threshold for a criminal investigation has been reached or may have been reached;
- It is not possible to make the AAR safe from harm, or to minimise the degree of harm to a satisfactory level;
- There have been safeguarding referrals relating to more than one AAR;
- The allegations or concerns relate to a member of staff employed by Virgin Care, AWP, B&NES Council or B&NES CCG;
- There are a large number of agencies involved in the case coordination and information sharing would be easier using this method;
- It is likely that the Enquiry will be complex;
- The B&NES Safeguarding Adult Multi-Agency Confidentiality and Equal Opportunity principles will apply throughout the safeguarding process – see **Appendix 6**

At this stage, only one of these options can be used.

Planning processes should be tailored to the individual circumstances of the case and will determine the scope and nature of the enquiries needed. The Minutes Template for the Planning Discussion/Meeting can be found in **Appendix 7.** The agenda for Planning Meeting can be found in **Appendix 10.** The planning process must ensure the following is considered:

- Gaining the views, wishes, consent and desired outcomes of the Adult and how they wish to be involved (or planning how these will be established);
- Establishing whether there is a need for independent advocacy (or planning how this will be established);
- Gathering and sharing information available with relevant parties;
- Agreeing what enquiries are needed, terms of reference and who will do these;
- Agreeing how the Adult will be involved in the Enquiry process and the support they will receive throughout;
- Agreeing timescale for enquiries to be completed;
- Identify links to other procedures in progress;
- Assessing risks and formulating an interim safeguarding plan to promote safety and wellbeing while enquiries are undertaken;
- Identify whether there are other adults or children at risk e.g. in their own home, a care home, day services etc, and ensure that an assessment of the level of risk is completed and any actions required to reduce the risk form part of the Safeguarding Plan;
- Agreeing communication.

The Planning process will be coordinated by the relevant Lead Worker/Coordinator (Virgin Care/ AWP) and the discussion/meeting chaired by a Team Manager from the SA & QA Team (Chair) – B&NES Council.

GOOD PRACTICE GUIDE –
INVOLVING ADULTS IN SAFEGUARDING MEETINGS

Effective involvement of the Adult and/or their representative in safeguarding meetings requires professionals to be creative and to think in a person-centred way. Consider these questions when planning the meeting:

- **How should the Adult be involved?** Is it best for the Adult to attend the meeting, or would they prefer to feed in their views and wishes in a different way, e.g. a written statement? Is it best to hold one big meeting or a number of smaller meetings? Is it best that the Adult attends only part of the meeting?

- **Where is the best place to hold the meeting?** Where might the Adult feel most at ease and able to participate. Are there any transport requirements that need to be considered?

- **How long should the meeting last?** What length of time will meet the Adult's needs and make it manageable for them?

- **What is the timing of the meeting?** When should breaks be scheduled to best meet the Adult's needs?

- **What time of day would be best for the Adult?** Consider the impact of the Adult's sleep patterns, medications, condition, dependency, care and support needs.

- **What will the agenda be?** Is the Adult involved in setting the agenda?

- **What preparation needs to be undertaken with the Adult?** How can they be supported to understand the purpose and expected outcome of the meeting?

- **How best can the Chair gain the trust of the Adult?**

- **Will all the meeting members behave in a way that includes the adult in the discussions?** How can members be encouraged to communicate and behave in an all-inclusive, non-jargonistic way?

Actions following a Planning Discussion/Meeting:

- The relevant Lead Worker/Coordinator (Virgin Care/AWP) will complete/update the Risk Assessment and Safeguarding Plan **(Appendix 2),** pass to the Chair for agreement and distribute to agreed representatives within 3 working days of the Planning Meeting/Discussion;
- The relevant Lead Worker/Coordinator (Virgin Care/AWP) has responsibility for ensuring that actions identified in the Risk Assessment and Safeguarding Plan are completed. Where this has not been possible, this should be escalated to the Chair;
- Feedback will be provided to the AAR on the outcome of any formal Discussion/Meeting held;
- The Chair will approve the Minutes of the Strategy Discussion/Meeting and the Lead Worker/Coordinator (Virgin Care/AWP) will be responsible for ensuring they are distributed to the professionals involved within 10 working days of the Discussion/Meeting;

- The Minutes must clearly detail the Terms of Reference for the Enquiry, the Enquiry Lead/s and date by which it is to be completed;
- Minutes of the Planning Meeting will only be provided to the AAR if they attended and only for the part of the meeting that they attended.

b) Making enquiries or causing them to be made

The Planning process will determine the scope and nature of the enquiries needed, and who should do these. Some situations may require multiple enquiries to take place concurrently, as part of separate organisational policy and procedures in relation to key stakeholder involvement to the concerns identified. Where several types of Enquiry are proceeding simultaneously, it is essential that the relevant Lead Worker/Coordinator (Virgin Care/AWP) in conjunction with the 'Chair' keep in contact with the relevant Enquiry Leads to ensure that one process does not contaminate, obstruct or interfere with any other. It will be for the relevant Lead Worker/Coordinator (Virgin Care/AWP) to ensure that this communication and coordination takes place.

An adult safeguarding Enquiry will need to establish the facts to an extent that decisions and plans for the Adult's wellbeing and protection can be fully informed and take account of the context of the situation. An adult safeguarding Enquiry in not in itself an investigative process – the overall focus of a safeguarding Enquiry will be on the impact, and the current and future wellbeing of the Adult, and less on proving whether abuse or neglect took place or not – but different formal assessments and investigations may need to take place as part of the overall *enquiries* needed. These should take account of the Adult's consent to the process, views and wishes.

Examples of assessments and investigations that may form part of adult safeguarding Enquires:

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

c) Determining who /which agency should undertake the Enquiry

While the Council has overall responsibility and the duty to conduct Enquiries, this does not absolve other agencies of safeguarding responsibilities. Relevant partner agencies involved in providing services to adults who may have care and support needs have a legal duty to cooperate in formal safeguarding Enquiries (Care Act, Sections 6 & 7), unless doing so is incompatible with their own duties or would have an adverse effect on their own functions. This includes sharing information to enable the Enquiry to be made thoroughly, participating in the Enquiry planning processes, and undertaking enquiries when they have been 'caused' by the Council to do so.

The Safeguarding Enquiry Lead/s will be agreed by the 'Chair' and overseen by the relevant Lead Worker/Coordinator (Virgin Care/AWP). It may be a nominated person from:

- Adult Social Care (Virgin Care / AWP), or
- A Service Provider Manager in regulated settings, including hospital and other NHS providers.

GOOD PRACTICE GUIDE – TYPES OF ENQUIRIES AND WHO SHOULD DO THEM.	
Types of Enquiry	**Who might lead**
Establishing the views, wishes and desired outcomes of the AAR	The most appropriate person in the situation. This could be the professional who knows the adult best and who the adult trusts – for example; GP, Social Worker, District Nurse, Care Worker, Housing Support Worker, Police Community Support Officer (PCSO), Community Psychiatric Nurse (CPN). Where an AAR has substantial difficulty in being involved in the adult safeguarding Enquiry, an appropriate person should be identified to represent them, and if no appropriate person, an independent advocate must be appointed.
Care and Support Needs Assessment / Carers Assessment / Assessment of Mental Health Needs / other specialist health assessments	Virgin Care, Avon & Wiltshire Partnership Mental Health Trust (AWP) and B&NES Council, NHS and CCG.
Access to health and social care services to reduce the risk of abuse or neglect	Virgin Care, AWP, B&NES Council, NHS and CCG
Criminal (including assault, theft, fraud, hate crime, domestic violence, and abuse or wilful neglect	Police
Domestic Violence and Abuse	Police coordinate the MARAC process
Antisocial behaviour (e.g. harassment, nuisance by neighbours)	Community Safety Services / local Policing (e.g. Safer Neighbourhood Teams).
Breach of Tenancy Agreements (e.g. harassment, nuisance neighbours)	Landlord / Registered Social Landlord / Housing Trust / Community Safety Services
Bogus callers or rogue traders	Trading Standards (B&NES Council) or Police
Complaint regarding failure of service provision (including neglect of provision of care and failure to protect one service users from the actions of another)	Manager / Proprietor of the service / Complaints Department. Ombudsman (if unresolved through the complaints procedures)
Breach of contract to provide care and support	Service Commissioner (B&NES Council, NHS CCG)
Fitness of Service Provider	CQC
Serious Incident (SI) in NHS setting	Root Cause Analysis (RCA) investigation by relevant NHS Provider
Unresolved serious complaint in health care setting	CQC, Health Service Ombudsman
Breach of rights of a person detained under the MCA 2007 Deprivation of Liberty Safeguards (DoLS)	CQC, B&NES Council, Office of the Public Guardian (OPG) / Court of Protection
Breach of terms of employment /	Employer

disciplinary procedures	
Breach of Health and Safety legislation and regulations	Health & Safety Executive (HSE) / CQC / B&NES Council.
Breach of professional code of conduct	Professional regulatory body - General Medical Council (GMC), Nursing and Midwifery Council (NMC) etc.
Misuse of enduring or lasting power of attorney or misconduct of a court-appointed deputy	OPG / Court of Protection / Police
Inappropriate person making decisions about the care and wellbeing of an adult who does not have mental capacity to make decisions about their safety and which are not in their best interests	OPG / Court of Protection
Misuse of Appointeeship or agency	Department of Work and Pensions (DWP)
Safeguarding Adults Review (Care Act s44)	B&NES Local Safeguarding Adult Board

Where a crime is suspected and referred to the Police, then the Police must lead the criminal investigations, with support from the relevant Lead Worker/Coordinator (Virgin Care/AWP) where appropriate, for example, by providing information and assistance. The duty to promote wellbeing of the Adult remains in these circumstances.

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

Where the Concerns are of an alleged regulatory failure, the Enquiry maybe led by another agency, for example, CQC, Trading Standards or HSE.

When causing an Enquiry to be made, the Chair will agree the Enquiry Lead/s, the timescale within which the Enquiry should be completed, and how the Enquiry outcomes will be fed back via the relevant Lead Worker/Coordinator (Virgin Care/AWP) to the Chair.

Where an Enquiry is to be undertaken by a relevant partner agency, this must be clearly communicated to an accountable person in the organisation, laying out the legal context of the request and the statutory nature of the duty to enquire.

d) Adult Safeguarding Enquiries in regulated care settings.

Where abuse or neglect is alleged to have occurred within a regulated service, the service provider, ‘should investigate any concern (and provide any additional support that the adult may need) unless there is a compelling reason why it is inappropriate or unsafe to do this (Care and Support, Statutory Guidance: Para 14.58).

This will require a professional judgement by the Chair, based on individual circumstances (for example, skills and resources to undertake an Enquiry) and the principle of

proportionality. Examples of when it may be inappropriate or unsafe for the service provider to fulfil this role include:

- There is a serious conflict of interest, such as where:
  - Organisational abuse is alleged, or
  - The Manager or Owner of the service is implicated, or
  - The issues may not be, or may not be perceived to be, responded to impartially by the service provider
  - There are regulatory or commissioning implications;
- Concerns have been raised about non-effective past enquiries;
- There are serious or multiple concerns;
- It is a matter that should be investigated by the Police;
- Other organisations need to undertake elements of the Enquiry.

Where allegations have been made in relation to an employee, volunteer or student, the employer / student body must assess the risk in the context of their service and consider appropriate risk management arrangements taking into consideration their own internal policies and procedures, and employment law. This may include actions, such as changes to their working arrangements or suspension.

If an organisation declines to undertake an Enquiry or if the Enquiry is not done, local escalation procedures should be followed (Multi-Agency Escalation Policy for Resolving Disagreement between Workers) LSAB & LSCB Escalation Protocol (June 2018). The key consideration of the safety and wellbeing of the Adult must not be compromised in the course of any discussions or escalation and it is important to emphasise that the duty to co-operate is mutual.

e) Information sharing and who should be involved

Who is involved in the planning will be dependent on the individual situation, and will be decided by the 'Chair' in conjunction with the relevant Lead Worker/Coordinator (Virgin Care/AWP). As a general principle, and as long as it does not cause any undue delays, all relevant agencies and individuals who have a stakeholder interest in the concerns should be involved in the process in the most appropriate way (taking into consideration issue of consent, risk, and preserving evidence).

Deciding the most appropriate method of involvement for different stakeholders' needs careful consideration, as not all stakeholders will need to be involved in all aspects of the Enquiry. In circumstances, for example, where an Enquiry relating to an Adult also raises concerns about a service provider, the Adult referred or their family have a right to be involved in all discussions and decisions relating to that Adult, but it may not be appropriate for them to be involved in all discussions relating to the concerns in the service. Visa versa, commissioning and regulatory bodies need to be involved in discussions relating to the concerns about the service, but may not need to know all the details relating to the adult.

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

- Necessary for the purpose for which it is being shared;

- Shared only with those who have a need for it;
- Be accurate and up to date;
- Be shared in a timely fashion;
- Be shared securely.

There are some **key** partner agencies and individuals that should always be notified of concerns, and be involved in the following circumstances:

Where it is suspected that a crime has been or might be committed	Police – **999** (in the case of an emergency) or 101.
Where quality and safety concerns arise about a service registered under the Health and Social Care Act 2008 or services that are commissioned by the Council or CCG	Care Quality Commission Contracts and Commissioning – B&NES Council B&NES NHS Clinical Commissioning Group
Where quality and safety concerns arise about a NHS service or an independent hospital (including CHC)	Care Quality Commission Contracts and Commissioning – B&NES Council B&NES NHS Clinical Commissioning Group
Where disciplinary issues are involved	Manager of relevant Agency
Where there is a sudden or suspicious death	The local Coroner's Office
Concern occurred in a health / social care setting, and involved unsafe equipment or systems of work	Health and Safety Executive (HSE)

The Council has a duty to involve the Adult in the safeguarding Enquiry (Para 7.6, 7.7. Care and Support Statutory Guidance 2014). The Adult (or their representative or advocate where indicated) must be involved in the Enquiry processes, including in planning the Enquiry, where this is appropriate and safe. Where this is not done, this must be clearly documented and a rationale provided.

3.6 Undertaking the Enquiry

(i) Principles of fairness

In undertaking the Enquiry, it is important that it is carried out impartially and with fairness to all concerned.

- The Enquiry should be conducted without prejudicing its outcome;
- The Enquiry should be undertaken objectively, based upon the finding of facts;
- The Enquiry should be always be sufficiently thorough to ensure a balance perspective is obtained in relation to the incident occurring or alleged to have occurred;
- The Adult should have the opportunity to give their account of what happened to them and review the findings from the Enquiry;
- Where practicable/appropriate, the person/s or organisation alleged to have caused harm should be enabled to respond to the allegations and the findings from the

Enquiry, in respect of their actions/conduct as. However, there will need to be consideration as to the timing that a person/organisation is informed, so as not to prejudice any investigation/Enquiry required or place any person at risk.

(ii) Amendments to the Enquiry Plan

The Lead Worker/Coordinator (Virgin Care/AWP) should immediately inform the Safeguarding Chair if during the course of the Enquiry:

- New evidence comes to light that suggests that a crime may have been committed requiring a police response;
- New information comes to light that suggests new sources of evidence should be considered or additional interviews should be carried out;
- New/additional safeguarding allegations/concerns are identified;
- The safeguarding concern is proving to be more or less serious than initially assessed.

The Safeguarding Chair may need to review the Enquiry Plan. A new multi-agency review meeting can be convened if helpful, to review the information and any implications for the safeguarding arrangements.

A new additional Safeguarding Enquiry may be required if substantially new concerns or allegations emerge.

(iii) Planning interviews

Any interview needs to take into account the particular needs of the person being interviewed, including:

- Does the person wish to be accompanied during the interview for emotional support or personal assistance;
- Are there particular communication needs to be catered for;
- Are there relevant cultural, spiritual or gender issues or particular support needs that need to be planned for;
- Has the interview taken account of the person's cognitive abilities

Always ensure:

- The purpose of the interview is fully explained;
- The venue for the interview is appropriate and private;
- The person is aware of how the information they are sharing will be used;
- That the individual understands what is taking place throughout the interview;
- The interview is conducted at the individual's own pace; this may involve breaks or more than one interview to be conducted;
- The adult is not interviewed in the presence of the person alleged to have caused harm;
- That everything is recorded as fully and accurately as possible;
- That interviews are carried out sensitively and without any pre-judgement of the issues;

- To avoid, where possible, repeat interviews of a person about the same incident.

(iv) Medical treatment and examination

In all cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example; and accident). Medical or specialist clinical advice may need to be sought. If forensic evidence needs to be collected, the police should always be contacted and they will normally arrange for a police surgeon (forensic medical examiner) to be involved.

Consent of the adult should be sought for medical examination or the taking of photographs. Where the person does not have mental capacity to consent to medical examination or the taking of photographs, a decision should be made on the basis of whether it is in the person's best interest.

Should it be necessary as part of the investigation/Enquiry to arrange for a medical examination to be conducted, the following points should be considered:

- The rights, views and wishes of the adult;
- Issues of capacity and consent;
- The need to preserve forensic evidence;
- The need for support/representation from family members or unpaid carers;
- The need for independent advocacy.

(v) Delays in the Enquiry

If the Enquiry is delayed, any necessary actions must be agreed with the Safeguarding Chair and other relevant organisations and recorded. Revised target timescales will ordinarily be communicated to the adult and person alleged to have caused harm.

(vi) Standards of proof

In determining whether abuse has occurred, the standard of evidence for an Enquiry is 'on the balance of probability'. This is in contrast to the standard of proof for a criminal prosecution, which is established as 'beyond reasonable doubt'. Outcomes may include:

- Fully substantiated
- Partially substantiated
- Not substantiated
- Inconclusive
- Closed at AAR request.

(vii) Compiling the Safeguarding Enquiry Report

The Lead Worker/Coordinator (Virgin Care/AWP) will need to write a formal Enquiry Report – see **Appendix 8. Appendix 8A** should be completed by the nominated Enquiry Lead/s and then forwarded to the Lead Worker (Virgin Care/AWP), who will then complete **Appendix 8B**.

This report should provide a summary of Enquiry activity and evidence obtained. The report may need to collate information from a range of sources and activities. In compiling the Enquiry Report, the following principles should be adhered to:

- The report should be based on the facts established within the Enquiry ensuring that there is sufficient corroboration to draw conclusions;
- Any opinions expressed within the report should be referenced as such;
- The Enquiry Report should be focused on the experience of abuse and what actions can safeguard the Adult from future harm;
- If any person could not be interviewed or if certain records could not be accessed, the Enquiry Report should record this and the reasons why;
- The Enquiry Report should make clear where evidence from different sources is contradictory;
- The Enquiry Report should evidence how conclusions or recommendations have been reached;
- Personal information concerning the Adult, the person alleged to have caused harm or any other parties, should be kept to the minimum necessary for the purposes of the report;
- The report may contain information that relates to different individuals. It may be necessary for reports to be written in a way that enables particular sections to be shared as appropriate or be anonymised through the use of initials or removal of names;
- The findings from the Enquiry should be shared with the Adult and reviewed regarding the outcomes that they wished to achieve. This should be documented;
- The report should detail who supported the AAR and if this is an on-going requirement;
- The views/responses to the findings from the Enquiry by the person/organisation alleged to be responsible should also be included within the Enquiry Report

The relevant Lead Worker/Coordinator (Virgin Care/AWP) should check the completed Enquiry Report against the agreed Enquiry Plan to ensure that all Enquiry activities have been undertaken as planned. A check should also be made that the recommendations are based on the analysis of the evidence obtained, that the report is robust and will stand up to scrutiny. Once satisfied, the Safeguarding Coordinator will sign off the report before forwarding to the Safeguarding Chair ahead of the Safeguarding Plan and Review Discussion/Meeting.

Overall, the Chair should decide if the Enquiry is completed to a satisfactory standard. If another organisation has led on the Enquiry, the Chair may decide that a further Enquiry should be undertaken by the Council. The exception to this is where a criminal investigation has been carried out; in this case, the Chair should consider if any other Enquiry is needed that will not compromise action taken by the Police.

3.7 Outcome to the Enquiry

(i) Risk Assessment – evaluate and protect

Throughout the adult safeguarding Enquiry process, information and risk should be evaluated regularly and Enquiry plans adapted or changed as new information becomes available. This will include reviewing the Safeguarding Plan and Risk Assessment with the AAR. However, at some point, all necessary enquiries will have been made and the Enquiry Lead/s will be in a position to decide what action is required in the Adult's case.

As with the planning process, evaluating the outcome of Enquiries, and deciding what actions may be needed, should be done with the full participation of the Adult, or their representative/advocate as appropriate.

When considering the management and evaluation of any Enquiry, the following factors should be considered:

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

If the Adult has mental capacity to make informed decisions about their safety and they do not wish any action to be taken, this does not preclude from the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the Adult is not being unduly influenced, coerced or intimidated and is aware of all options. It is good practice to inform the Adult that this action is being taken unless doing so will increase the risk of harm.

When evaluating the Adult's needs for care and support, if a needs assessment under Section 9 of the Care Act 2014 has not already taken place, it will be necessary to evaluate whether a needs assessment should be offered, and in certain cases, undertaken despite refusal where it may appear that the adult has needs for care and support and is experiencing or is at risk of abuse or neglect.

In some cases, evaluating the outcome of enquiries and deciding what action is needed will be straightforward. However, there will be complex cases that will require careful consideration and negotiation amongst involved parties to enable the Chair to come to a decision about the action required in the Adult's case. This could be, for example, due to conflicting views between involved people and agencies, finely balanced or high risk

situations or outcomes the person wants that could interfere with the rights and freedom of others.

A Review Meeting (Stage 4) may be required in order to gather the relevant people together to discuss the outcomes of the enquiries and gain views on what actions are required in the Adult's case. Meetings should be organised and planned carefully to promote meaningful involvement of the Adult.

The outcome of the Enquiry should also be shared with the AAR and/or their representative/advocate who should be given the opportunity to determine whether their desired outcomes have been met.

Evaluation by the AAR

1. Were the desired outcomes met? (in exploring this, there is a need to clarify whether they were):
   a) Fully met:
   b) Partially met;
   c) Not met.

2. Do they feel safer?
   a) Yes;
   b) Partially – in some areas but not others;
   c) No

3. Where a risk was identified, what was the outcome / expected outcome when the case was concluded?
   a) Risk remained;
   b) Risk reduced;
   c) Risk removed.

The evaluation is that of the adult, not of other parties. Whilst staff may consider that the Enquiry and actions already taken have made the adult safe, and that their outcomes were met, the important fact is how actions have impacted on the AAR. This should be clarified when assessing the performance of the safeguarding.

(ii) Outcome for the person(s) alleged to have caused harm

To ensure the safety and wellbeing of other people, it may be necessary to take action against the person / organisation alleged to have caused harm. Where this may involve a prosecution, the Police and Crown Prosecution Service lead sharing information within statutory guidance.

The Police may also consider action under the Common Law Police Disclosure (CLPD) – the system that has replaced the 'Notifiable Occupations Scheme'. The CLPD addresses risk of harm regardless of the employer or regulatory body and there are no lists of specific occupations. The CLPD focusses on:

- Disclosure where there is a public protection risk;

- Disclosures that are subject to thresholds of 'pressing social need'. The 'pressing social need' threshold for making a disclosure under common law powers is considered to be the same as that required for the disclosure of non-conviction information by the Disclosure and Barring Service under Part V of the Police Act 1997 (as amended).

Referrals to Professional Bodies

Where it is considered that a referral should be made to the Disclosure and Barring Service (DBS) careful consideration should be given to the type of information needed. This is particularly pertinent for people in a position of trust. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council, the Nursing and Midwifery Council and the Health & Care Professions Council. The legal duty to refer to the DBS may apply regardless of a referral to other professional bodies.

Support for people who are alleged to have caused harm

Where the person is also an adult that has care and support needs, organisations should consider what support and actions may help them not to abuse others. For example, enquiries may indicate that abuse was caused because the Adult's needs were not met and therefore a review of their needs should be made.

Where the person alleged to have caused harm is an informal carer, consideration should be given to undertaking a carers assessment and/or a care and support assessment.

Checks might be made whether staff were provided with the right training, supervision and support. Whilst this does not condone deliberate intentions of abuse, prevention strategies to reduce the risk of it occurring again to the adult or other people should be considered.

People who are known perpetrators of domestic violence and abuse may benefit from Domestic Violence Prevention Programmes.

When considering action for people who abuse, prevention and action to safeguard adults should work in tandem.

(iii) Recovery and resilience

Adults who have experienced abuse and neglect may need to build up their resilience. This is a process whereby people use their own strengths and abilities to overcome what has happened, learn from experience and have an awareness that may prevent a reoccurrence, or at least, enable people to recognise the signs and risks of abuse and neglect, and know who and how to contact for help.

Resilience is supported by recovery actions, which includes adults identifying actions that they would like to see to prevent the same situation arising. The process of resilience is evidenced by:

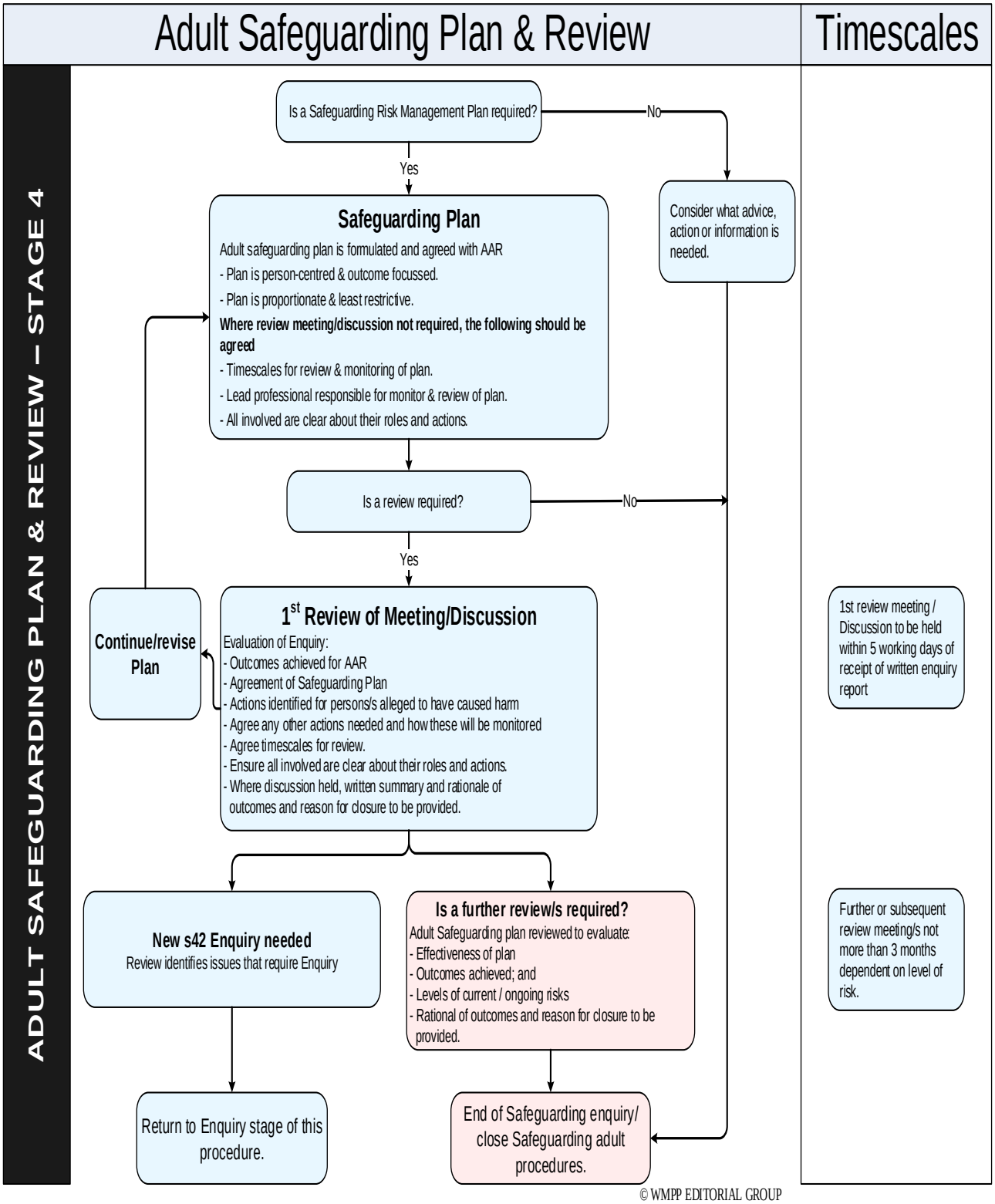
- The ability to make realistic plans and being capable of taking the steps necessary to follow them through;

- A positive perception of the situation and confidence in the AAR's own strengths and abilities;
- Increasing their communication and problem solving skills.

Resilience processes that either promote wellbeing or protect against risk factors, benefits individuals and increases their capacity for recovery. This can be done through individual coping strategies assisted by:

- Strong personal networks and communities;
- Social policies that make resilience more likely to occur;
- Handovers / referrals to other services for example; care management, or psychological services to assist building resilience;
- Restorative practice.

If no further safeguarding action is required and there are alternative ways of supporting adults where they may be needed if needed, the adult safeguarding process can be closed down.


Adult Safeguarding Plan & Review
Timescales
ADULT SAFEGUARDING PLAN & REVIEW – STAGE 4
Is a Safeguarding Risk Management Plan required?
No
Yes
Consider what advice, action or information is needed.
Safeguarding Plan
Adult safeguarding plan is formulated and agreed with AAR
- Plan is person-centred & outcome focussed.
- Plan is proportionate & least restrictive.
Where review meeting/discussion not required, the following should be agreed
- Timescales for review & monitoring of plan.
- Lead professional responsible for monitor & review of plan.
- All involved are clear about their roles and actions.
Is a review required?
No
Yes
Continue/revise Plan
1st Review of Meeting/Discussion
Evaluation of Enquiry:
- Outcomes achieved for AAR
- Agreement of Safeguarding Plan
- Actions identified for persons/s alleged to have caused harm
- Agree any other actions needed and how these will be monitored
- Agree timescales for review.
- Ensure all involved are clear about their roles and actions.
- Where discussion held, written summary and rationale of outcomes and reason for closure to be provided.
1st review meeting / Discussion to be held within 5 working days of receipt of written enquiry report
New s42 Enquiry needed
Review identifies issues that require Enquiry
Is a further review/s required?
Adult Safeguarding plan reviewed to evaluate:
- Effectiveness of plan
- Outcomes achieved; and
- Levels of current / ongoing risks
- Rational of outcomes and reason for closure to be provided.
Further or subsequent review meeting/s not more than 3 months dependent on level of risk.
Return to Enquiry stage of this procedure.
End of Safeguarding enquiry/ close Safeguarding adult procedures.
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STAGE 4: SAFEGUARDING PLANS AND REVIEW

4.1 Definition

An adult safeguarding plan is the agreed set of actions and strategies that are designed to support and manage the on-going risk of abuse or neglect for an adult with care and support needs.

4.2 Purpose

The purpose of an adult safeguarding plan is to formalise and coordinate the range of actions to protect the Adult, and to support the Adult to recover from the experience of abuse and neglect.

Adult safeguarding plans should be individual, person centred and outcome-focussed.

In relation to the Adult, they should set out:

- What steps are to be taken to assure their safety in the future;
- The provision of any support, treatment or therapy including on-going advocacy;
- Any modifications needed in the way services are provided (e.g. same gender care or placement; appointment of an OPG Deputy);
- How best to support the Adult through any action they take to seek justice or redress;
- Any on-going risk management strategy as appropriate; and
- Any action to be taken in relation to the person or organisation that has caused the concern;
- If the AAR has a care and support plan, the safeguarding plan should be included as a section within their overall care and support plan.

4.3 Roles and responsibilities

The relevant Lead Worker/Coordinator (Virgin Care/AWP) will take responsibility for completing/revising the risk assessment and adult safeguarding plan - see **Appendix 2.** A lead professional should be identified by the Chair who will continue to monitor and review the plan.

The adult safeguarding plan should identify who is involved in the plan, and outline individual roles and responsibilities in relation to the plan.

Following an adult safeguarding Enquiry, where B&NES Council has decided that it should itself take further action, then it will be under a duty to do so.

4.4 Timeliness and risk

Formulating the plan: There should be no delay between concluding the Enquiry and formulating/revising the safeguarding plan.

Monitoring and reviewing the plan: Timescales for monitoring and review of the plan should be set individually and should reflect the circumstances and level of risk involved.

4.5 Process

a) Deciding what action is required in the adult's case, and concluding the safeguarding Enquiry.

The adult safeguarding Enquiry will conclude when the Lead Agency has made a decision about:

- Whether any action is required in the adult's case, and if so,
- What action, and by whom.

As part of the decision making process to conclude the adult safeguarding Enquiry, the Lead Agency will also make a recommendation about whether a safeguarding plan is required, or not.

A safeguarding plan may not always be required, for example, the outcome of the Enquiry may be that no action is required in the adult's case, or that on-going risks can be managed or monitored through single agency process, e.g. assessment and support planning processes, community policing responses, health service monitoring.

Where no safeguarding plan is required in order to manage on-going risk of abuse or neglect to the Adult, this procedure will end. However, the provision of information and advice and / or other actions may need to continue under other processes, for example, addressing potential risks from people who are employed in 'positions of trust, referral to the DBS, on-going compliance or regulatory inspection / action.

A safeguarding plan will usually be required where the risk of abuse or neglect is, for example:

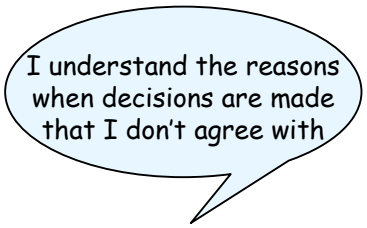
- On-going;
- Complex;
- Unstable;
- Risk of harm to the Adult or others is significant;
- Other factors such as coercion, undue influence, or duress add to the complexity and uncertainty of the risk…..

and that the risk cannot be managed appropriately or adequately by other processes. These types of situations will require a greater level of scrutiny and review, usually within a multi-agency context.

Decisions about actions required should always be made with the full participation of the Adult, or their representative or advocate if the Adult has substantial difficulty or lacks mental capacity to participate in the decision making process.

The Adult's desired outcomes should directly inform the decision making process, and wherever possible, decisions about actions should be led by and designed to achieve these outcomes. Sometimes adults can express unrealistic outcomes, and there should be negotiation with the adult throughout the Enquiry process to support the adult to understand what outcomes are achievable, and fit in with their views and wishes.

However, there will be occasions where the desired outcomes of the Adult cannot be met or where doing so would cause unacceptable risk of harm to the adult or others. The duty of care to safeguard the Adult will always need to be balanced with their right to self-determination. Such situations will require careful negotiation with the adult and involved others, and all decisions should be discussed and explained to the adult in a way they can understand.



In cases where the Adult is not able to understand and make safe decisions, restrictions on the Adult's choices and lifestyle may need to be considered. Any support or decision designed to restrict unsafe choices or behaviour needs to be lawful, proportionate, and the least restrictive. Positive risk taking frameworks and theory should be applied.

Conclusions of the adult safeguarding Enquiry and decisions about actions required should be recorded and clearly defensible. Defensive decision making means providing a clear rationale based on legislation, policy, models of practice or recognised tools utilised to come to an informed decision based on information known at the time. Accurate, timely, concise, specific, appropriate recording will support decision making and provide justification for actions taken.

b) *Risk Assessment and formulating the Plan*

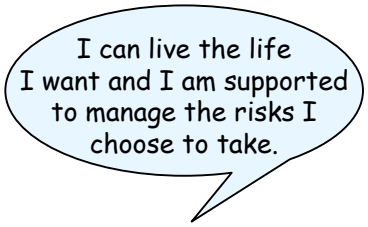
Wherever possible, the AAR should be supported to recognise risks and to manage them. Safeguarding plans should empower the Adult as far as possible to make choices and to develop their own capacity to respond to them. They should be made with the full participation of the Adult, or their representative/advocate as appropriate.

Rights to safety need to be balanced with other rights, such as rights to liberty and autonomy, and rights to family life. AAR, regardless of whether they have capacity or not may want highly intrusive help, such as barring a person form their home, or a person to be brought to justice. They may wish to be helped in less intrusive ways, such as through the provision of advice as to the various options open to them and the risk and advantages of these options.

Any intervention regarding family and personal relationships needs to be carefully considered. The approach taken must consider how to support the adult to have the opportunity to develop, or maintain, a private life which includes those people with whom the AAR wishes to establish, develop or continue a relationship.

While abusive relationships never contribute to the wellbeing of an adult, interventions which remove all contact with family members may be experienced as an abusive intervention and risk breaching the rights of family life if not justified or proportionate.

Adult safeguarding plans should not be paternalistic or risk averse. Plans should reflect a positive risk taking approach and be clear how the plan will promote the wellbeing of the Adult. The Mental Capacity Act directs that agencies **must** presume that an adult has the capacity to make a decision until there is reason to suspect that capacity is in some way compromised; the Adult is best placed to make choices about their wellbeing which may involve taking certain risks.



Where the Adult may lack capacity to make decision about arrangements for managing any abusive situation, then their capacity must always be assessed and any decision made in their best interests. If the adult has the capacity to make decisions in this area of their life and declines assistance, this can then limit the interventions that organisations can make. The focus should therefore be on harm reduction. It should not however limit the action that may be required to protect others who are at risk of harm.

GOOD PRACTICE GUIDE –
POSTIVE RISK TAKING AND PERSONALISING CHOICE AND CONTROL

Risk is probability that an **event** will occur with beneficial or harmful outcomes for a particular person or others with whom they will come into contact.

Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.

Positive risk management does not mean trying to eliminate risk. It means managing risks to maximise people's choice and control over their lives.

Positive risk taking recognises that in addition to potentially negative characteristics, risk taking can have positive benefits for individuals, enabling them to do things which most people take for granted. In the right circumstances, risk can be beneficial, balancing necessary levels of protection with preserving reasonable levels of choice and control. A balance has to be achieved between the wishes of adults at risk of abuse or neglect, and the common law duty of care.

Risk assessment and identification –

Risk should be considered and assessed before it occurs. This should include identifying the probability of risk occurring and the impact if it does. It should be remembered that the impact of a risk can be positive and that not all risks will require management.

Risk assessment practice is dynamic and flexible and should respond to change.

Therefore it will:

- Include views of individuals and those of their families/carers which should have prominent focus in the assessment, identification and management of risk;
- Have a focus on a person's strengths to give a positive base from which to develop plans that will support positive risk taking. The strengths and abilities of the person, their wider social and family networks, and the diverse support and advocacy services available to them should inform a balanced approach;
- Be proportionate to the risk identified, potential impact and subject to ongoing monitoring and review;
- Use the principles of multi-agency working in proportion to risk and the impact on self and others;
- Use a person-centred approach to assess, identify and manage risk;
- Ensure that staff have access to appropriate training to support them to promote positive risk taking;
- Ensure that written assessments identify a review date and include the signatures of everyone involved in the assessment;
- Include historical information which is of value in the assessment and management of risk. Historical information should not prejudice a positive approach to risk taking in the future.

Risk management and personalising choice and control –

'The goal to manage risks in a way which improves the quality of life of the person, to promote their independence or to stop these deteriorating if possible. Not all risks can be managed or mitigated but some can be predicted'. (*Nothing Ventured, Nothing Gained: risk guidance for people with Dementia, Department of Health: November 2010).*

Risk management entails a broad range of responses and may involve preventative, responsive and supportive measures to reduce potential negative consequences of risk, and promote the potential benefits of taking agreed risks. These will occasionally involve more restrictive measures and crisis responses where the identified risks have an increased potential for harmful outcomes.

One of the things you can personalise is *control* itself. Not only can you personalise control, but *personalised control* is sometimes the key to excellent support.

Control can be personalised, just like any other aspect of a support service. But it must be justified with due regard for (a) mental capacity, (b) effectiveness, and (c) proportionality.

Personalised approaches to adult safeguarding are not just about gaining and focusing on the desired outcomes of the adult, although this is important. It is also about ensuring any support the adult needs to manage risk of abuse or neglect – including measures that may need to restrict or control an adult's choices and freedoms – is tailored to their individual circumstances, and takes account of their history, preferences, culture and values.

The **Safeguarding Plan** should set out the following:

- What steps are to be taken to assure the future safety of the AAR;
- The provision of any support, treatment or therapy, including on-going advocacy;
- Any modifications needed in the way a service is provided (e.g. the same gender care or placement, appointment of an OPG Deputy);
- How best to support the adult through any action they might want to take to seek justice or redress;
- Any on-going risk management strategy as appropriate.

The adult safeguarding plan should include, relevant to the individual situation:

- Positive actions to promote the safety and wellbeing of an adult, and for resolution and recovery from the experience of abuse and neglect; and,
- Positive actions to prevent further abuse or neglect by a person or organisation (see Good Practice Guide).

The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s, and how this should be dealt with (e.g. who to contact or how to escalate concerns).

Support measures for adults who have experienced abuse or neglect, or who are at risk of abuse or neglect, should be carefully considered when formulating the adult safeguarding plan. Mainstream support service provision (e.g. mainstream Domestic Abuse support services, Victim Support) should be considered as well as specialist support services (e.g. specialist psychological services).

The role of the Police and related support measures should be considered where an adult may be going through the criminal justice process, including use of Intermediaries, Independent Domestic Advice Advocates (IDVA), and Independent Sexual Violence Advisors (ISVA).

Where there is potential for criminal prosecution it is important to ensure that support is provided to the adult (some types of counselling or psychology support in particular) will not interfere with the criminal processes and evidence. This should be discussed as part of the planning process, and guidance should be obtained from the Crown Prosecution Service (CPS) on a case by case basis should this be a possibility.

The plan should outline the roles and responsibilities of all individual and agencies involved, and 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 focussed. Safeguarding plans should be made with the full participation of the AAR. In some circumstances, it may be appropriate for safeguarding plans to be monitored through on-going 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 the 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 risks 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. However, if an AAR has a care and support plan, the safeguarding plan should be included as a section within this plan. This will ensure that the individual has all the information they need in one plan.

GOOD PRACTICE GUIDE – EXAMPLES OF POSITIVE ACTIONS FOR ADULT SAFEGUARDING PLANS	
Actions to promote the safety and wellbeing of an Adult, and for resolution and recovery from the experience of abuse or neglect	**Actions to prevent further abuse or neglect by a person or organisation.**
• Provision of care and support services to promote safety and wellbeing (e.g. Homecare, Telecare) • Security measures e.g. door locks and entry devices, personal alarms, telephone or pager, CCTV. • Formalised arrangements for monitoring safety and wellbeing (e.g. 'keeping in touch plans' – usually used where an adult with capacity will not accept any other form of support. • Flags on agency systems • Activities / personal development / awareness raising that increase a person's capacity to protect themselves. • Support or activities that increase self – esteem and confidence. • Advocacy Services • Counselling and therapeutic support • Mediations or family group conferencing. • Domestic abuse support services. • Restorative justice. • Circles of support. • Befriending	• Reassessing and changing support provision for an adult with care and support needs who poses a risk of harm to other service user/s. • Carrying out a carers assessment and providing services to decrease risk of harm • Change of support service provided to an adult to decrease carer stress • Increased observation of and appropriate interventions to prevent the harmful behaviour by other service users. • Family group conferencing to agree changes to behaviour that harms • Crown prosecution • Enforcement action by CQC, including cancellation of registration. • Application for a Court Order e.g. restraining contact or an anti-social behaviour order • Application to the Court of Protection to change / remove Lasting Power of Attorney • Application to the Department of Work and Pensions to change / cancel appointeeship • Civil law remedies e.g. suing for damages.

• Blocking nuisance calls or advice from Trading Standards • Neighbourhood Watch • Application for Criminal Injuries Compensation. • Appointeeship • Application to the Court of Protection for single decision of court appointed deputy. • Application to the High Court under inherent jurisdiction. • Domestic abuse prevention orders, forced marriage prevention orders. • Civil injunctions • Support through the Criminal Justice system; Independent Domestic Violence Advocate (IDVA), ISVA, Intermediary Service. • Support to recover from a crime and for advice on the criminal justice system – Victim Support. • Support to make visual evidence for later use if decide to make criminal complaint – Visual Evidence for Victims.	• Prosecution by Trading Standards • Referral to the relevant registration body (e.g. NMC, HCPC, GMC) • Training needs assessment, supervision (of employee / volunteer) or disciplinary action following an internal investigation • Organisational review (e.g. staffing levels, policies/procedures, working practices, or culture).

c) Safeguarding Review Discussion/Meeting

The purpose of the Safeguarding Review Discussion/Meeting is to review the findings from the Enquiry, identify risks and agree safeguarding actions required to respond to concerns. Whilst a decision may be made that an ongoing Safeguarding Plan is not required for the AAR, there may be other actions that need to be agreed regarding the person/organisation alleged to have caused abuse or neglect. A Safeguarding Review Discussion or Meeting should be held within 5 working days of the Chair receiving the written Enquiry Report. The Minutes Template for the Review Discussion/Meeting can be found in **Appendix 9.** The agenda for Review Meeting can be found in **Appendix 11.** The discussion/meeting will involve:

- Working towards the wishes and desired outcomes of the adult where possible;
- Reviewing the Enquiry Report;
- Determining whether abuse, neglect or exploitation has taken place;

- Assessing the level of any on-going risk;
- Agree a Safeguarding Plan where required and deciding how this will be reviewed and monitored;
- Agreeing any further actions to be taken.

The decision as to whether a Safeguarding Plan and Review Discussion or Meeting is required will be decided by the Safeguarding Chair. The decision will need to be a professional judgement, taking into consideration the principle of proportionality, the views and desired outcomes of the adult, and the need to ensure that the Enquiry process is fair to all concerned.

A Safeguarding Review Meeting will ordinarily be required where:

- A multi-agency perspective is required to review the findings of the Enquiry and or advise on the Safeguarding Plan;
- There are concerns about the safety of a service or organisations abuse;
- Formal actions may be required in relation to a 'person in a position of trust', for example; referral to a professional body or the Disclosure and Barring Service;
- The Enquiry findings are detailed or complex or indicate a significant difference of opinion about the outcome;
- The Meeting will assist the adult/representatives to reach a resolution and recovery from their experience;
- A serious crime has been committed.

If a Meeting is not held, the reasons must be clearly recorded.

In most cases there will be a natural transition between deciding what actions are needed in the Adult's case and the end of the Enquiry, into formalising what these actions are and who needs to be responsible for each action.

Where a review discussion/meeting is held, the Chair will approve the Minutes of the Discussion/Meeting and the relevant Lead Worker/Coordinator (Virgin Care/AWP) will be responsible for ensuring that they are distributed to the professionals involved within 10 working days of the Discussion/Meeting. This will apply to any subsequent Reviews.

Further safeguarding reviews

The purpose of further reviews is to:

- Evaluate the effectiveness of the adult safeguarding plan;
- Evaluate whether the plan is meeting/achieving outcomes;
- Evaluate the levels of current and ongoing risks.

Reviews of safeguarding plans, and any decisions made, should be communicated and agreed with the AAR. Following the review process, 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 it; or, it may be agreed, if needed, to instigate a new adult safeguarding Section 42 Enquiry. New safeguarding enquiries will only be needed when the Chair determines it is necessary. If the decision that further enquiries would be a disproportionate response to new or changed risks, further review and monitoring may continue.

d) Closing the Enquiry

Safeguarding can be closed at any stage. The AAR should be advised on how and who to contact with agreement on how matters will be followed up with them if there are any 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 a safeguarding Enquiry, for a standard check to be made that there has been no reoccurrence of concerns.

Closure records should give the give the rationale for this decision and the views of the AAR to the proposed closure. The Lead Worker/Coordinator (Virgin Care/AWP) should ensure that all of the following actions have been taken, building in any personalised actions that have been agreed with the Chair.

- Agreement with the AAR to closure;
- Referral for assessment and support (where appropriate);
- 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's Services (if necessary);
- Outcomes/risks noted and evaluated by the AAR (see page 65);
- Consideration for a SAR;
- Any lessons learnt

Closing down enquiries when other processes continue

The adult safeguarding process may be closed but other processes may continue. This will be down to the professional judgement of the Chair. Such examples may include:

- A professional body investigation;
- Following confirmation that a DBS referral has been made;
- Where there are outstanding criminal investigations and pending court actions, the adult safeguarding process can also be closed providing that the AAR is safeguarded.

It is recognised that some of these processes can take some time to conclude. In these circumstances where possible, there should be an action that the Lead Worker is informed of the outcome once known so that this can be recorded. Where this is the case, consideration may need to be given to the impact of these on the AAR and how this will be monitored.

All closures no matter at what stage are subject to an evaluation of outcomes by the AAR. If the AAR 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 the AAR 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 the Safeguarding Adults Board.

Glossary of Terms

Term	Definition
Outcome focussed	This refers to the impact or end result of services or interventions in a person's life. For Safeguarding Adults, this will primarily mean identifying the aspiration, outcomes and priorities for the AAR of abuse and neglect at the beginning of the process and seeking to measure the extent to which they have been achieved at the end.
Person centred	This describes an approach to health and social care that ensures the person to whom care is provided is responsive to the individual's differences, cultural diversity and preferences of people receiving care, and is achieved partly through providing choice in the care that they receive.
Care Management	This is the system for delivering social care services to people who are assessed as needing them. It was introduced in the NHS and Community Care Act 1990 and requires that local authorities assess need, and if a person is eligible for a funded care package, sets out in a care plan the way in which those needs will be met.
Care Programme Approach (CPA)	This is the system of delivering community mental health services to individual diagnosed with mental illness. It was introduced in England in 1991 and by 1996 became a key component of the mental health system in England. The approach requires that health and social services assess need, provide a written care plan, allocate a care coordinator, and then regularly review the plan with key stakeholders.
Chair	A Team Manager, Safeguarding Adults and Quality Assurance Team, B&NES Council, who makes the Decision on whether the Concern needs a Section 42 Enquiry to be made and who chairs all safeguarding meetings.
Team Manager	The person appointed by AWP and Virgin Care to manage a team providing care management services.
Coordinator	A Team Manager, Assistant Team Manager, Adult Locality Manager, or Assistant Adult Locality Manager within AWP or Virgin Care who has responsibility for overseeing the implementation of the operational aspects of these procedures.
Lead Worker	A member of staff who is appropriately qualified and experience from AWP or Virgin Care (NB: the Coordinator and Lead Worker can sometimes be the same person).
Care Provider	A private, independent or voluntary organisation that provides care, support and information in relation to health and social care e.g. care homes, domiciliary care.

Appendices:

Appendix 1 **Safeguarding Procedures Flowchart**

Appendix 2 **Risk Assessment and Safeguarding Plan**

Appendix 3 **Independent Advocacy and 'substantial difficulty'**

Appendix 4 **Good Practice Guidance - Preserving Physical Evidence**

Appendix 5 **Threshold Assessment Tool**

Appendix 6 **Confidentiality and Equal Opportunities Statement and Attendance Record**

Appendix 7 **Minutes template (Planning Meeting/Discussion)**

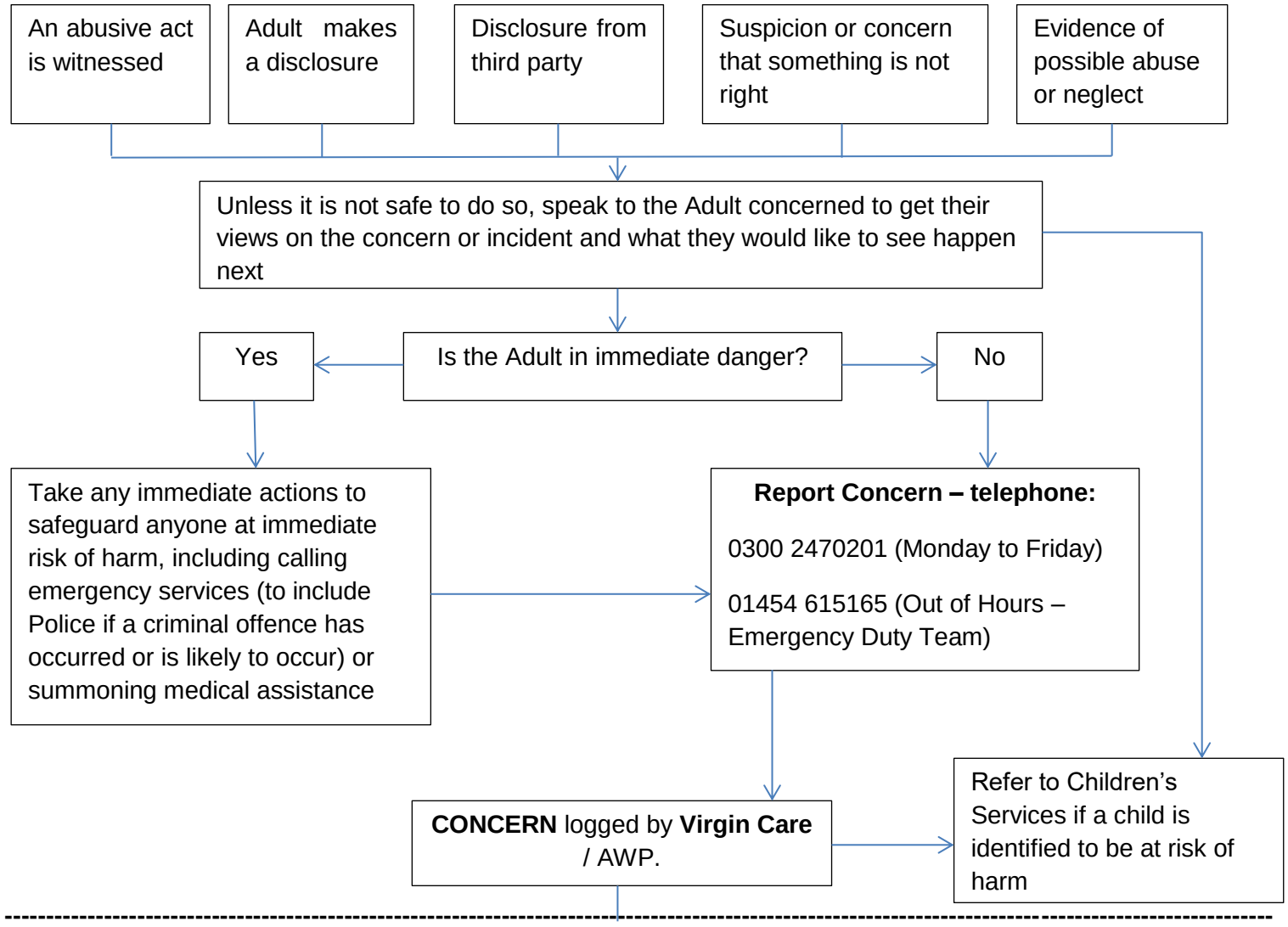
Appendix 8A **Section 42 Enquiry Report Template (to be completed by Enquiry Lead/s)**

Appendix 8B **Section 42 Enquiry Report Template (to be completed by Lead Worker –** Virgin Care **/AWP)**

Appendix 9 **Minutes template (Review Meeting/Discussion)**

Appendix 10 **Agenda (Planning Meeting/Discussion)**

Appendix 11 **Agenda (Review Meeting/Discussion)**

Appendix 1	PROCESS	TIMESCALE
STAGE 1 Responding to and reporting concern		Report same day but no later than 24 hours after the incident of abuse or concern becomes known. Consent by AAR to safeguarding Concern to be obtained at this point if possible. **Virgin Care** / AWP log concern onto system on same day

STAGE 2

Gathering information and making Decision

Information gathering: Virgin Care/AWP worker to undertake initial risk assessment and *complete* 'Threshold assessment tool' to enable decision to be made by SA&QA Team. This should include where possible consent to safeguarding procedures (if not already obtained) and views/outcomes for AAR, including the provision of Safeguarding Fact Sheets 1, 2 and 3 as relevant. If the Virgin Care/AWP worker feels that further information is required from other agencies to assist in deciding whether the Concern meets the threshold for safeguarding, then they should consider making a referral to the Multi Adult Safeguarding Hub (MASH)

4 working days from date of Concern unless person at significant risk, in which case decision should be made sooner (within 2 working days).

Chair (SA&QA Team) will review information gathered and determine whether Section 42 Enquiry required or NFA under SA Procedures within 4 working days.

DECISION

Proceed with Section 42 Enquiry

Where NFA under SA Procedures; consider what other advice, action is still needed. Chair may make other recommendations.

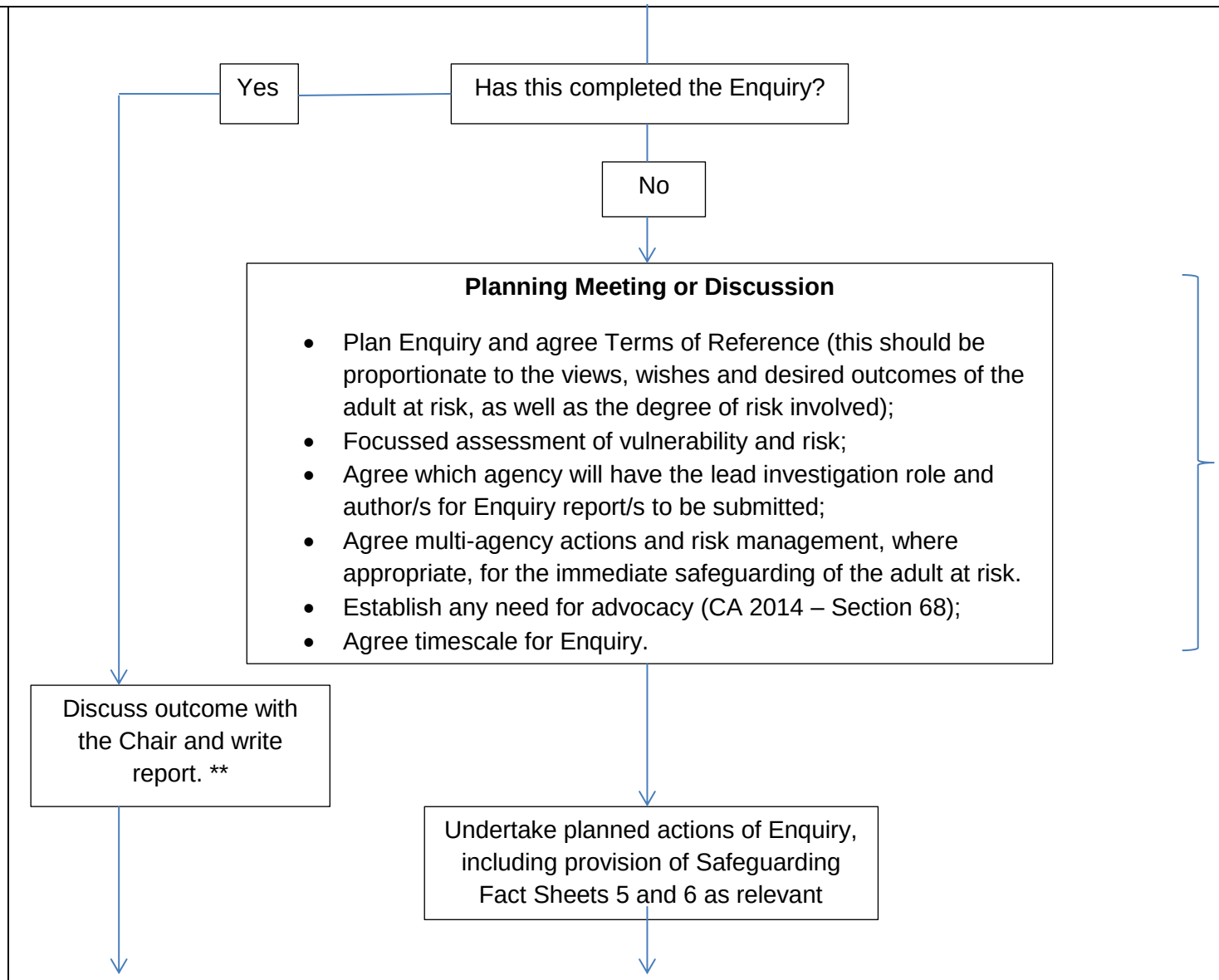
STAGE 3

Section 42 Enquiry

SECTION 42 ENQUIRY STARTS

Conversation with adult at risk and any further information gathering by the Lead Worker as directed by Chair, including provision of Safeguarding Fact Sheet 4, Fact Sheet 7 and 8 as relevant. Complete and agree risk assessment with adult within 5 working days of safeguarding

Risk assessment to be agreed with Chair.

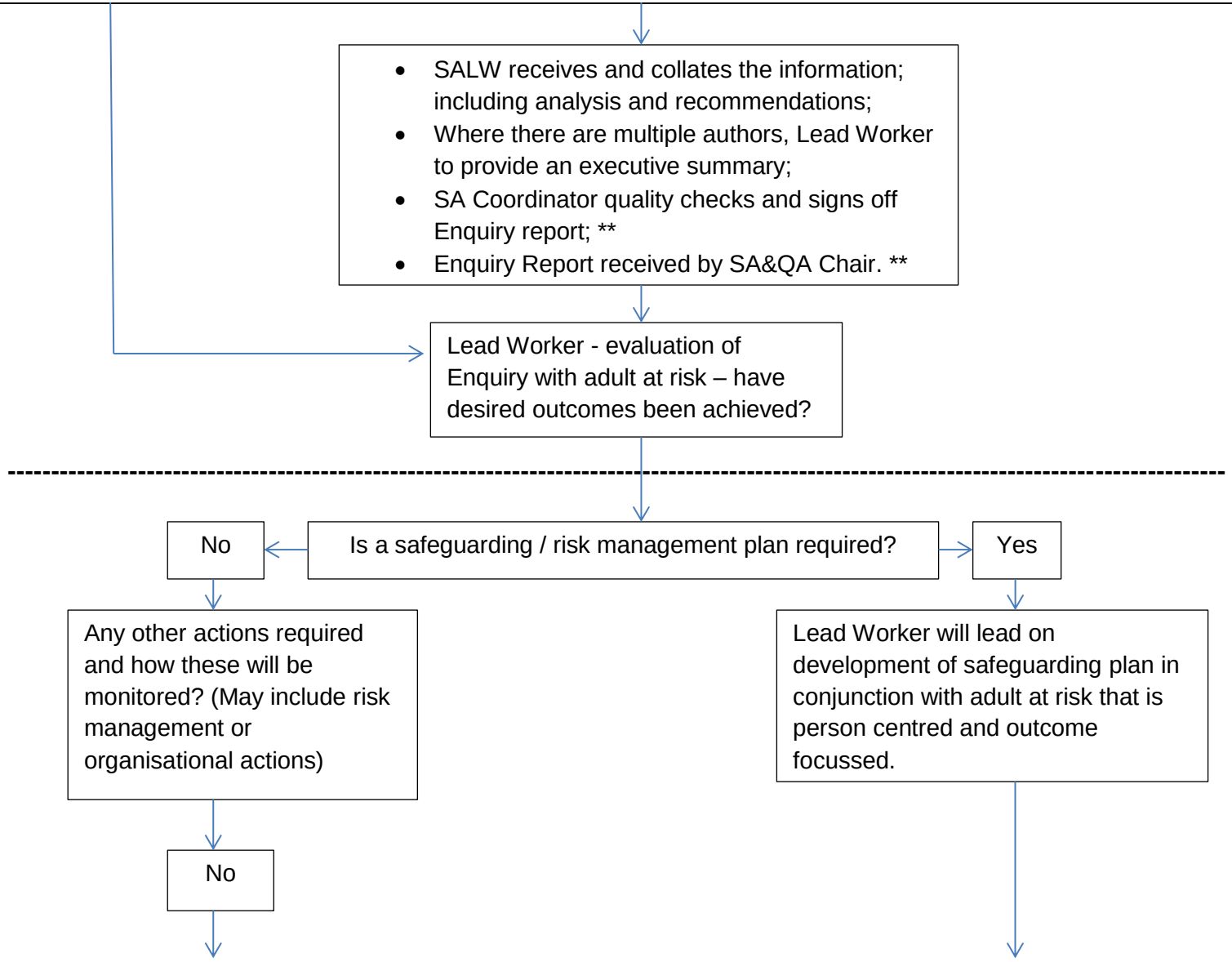


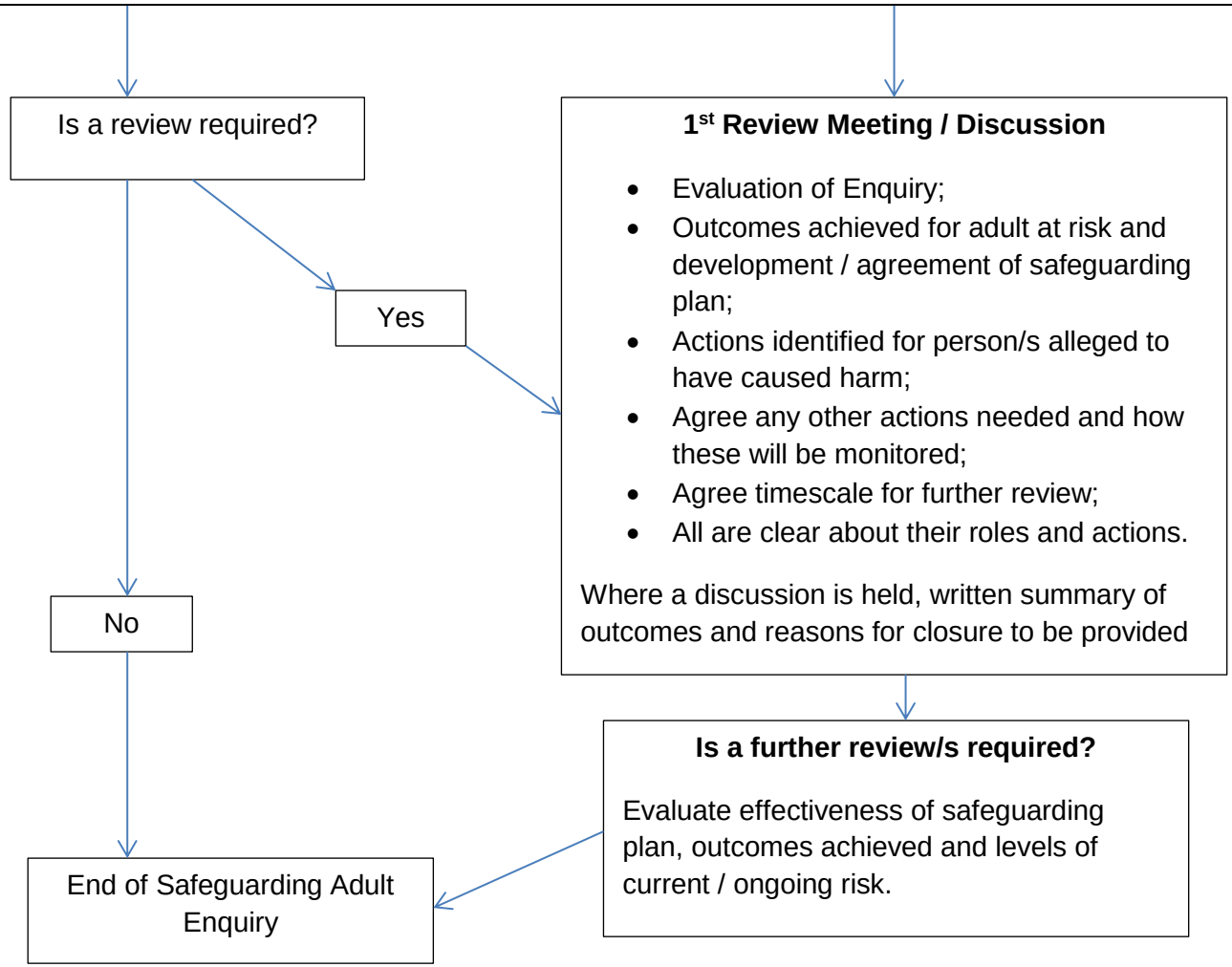
Planning meeting or discussion to be held within 10 working days from date of Concern unless Safeguarding Chair decides that it must be held sooner. Minutes to be approved and circulated within 10 working days of meeting/discussion.

Timescale for Enquiry to be agreed by Chair at Planning Meeting / Discussion dependent on the nature of the Enquiry

STAGE 4

Safeguarding Plan and Review





Review Meeting or Discussion to be held within 5 working days of receipt of the written Enquiry Report. Minutes to be approved and circulated within 10 working days of meeting/discussion.

No more than 3 months for first and subsequent reviews, dependent on the level of risk.

Appendix 2:

Safeguarding Plan and Risk Assessment

My Name:	
ID Number:	
Co-ordinator:	
Safeguarding Adults Lead Worker:	

Communication

Please tell us about any communication difficulties you may have. For example, you may have a hearing, vision or speech impairment or prefer to use a language other than English (including sign-language or Makaton) or require a specialist interpreter to support you to communicate. If you have a visual ***and*** hearing impairment, please let us know so that we can consider if you need support from a specialist assessor.

Supporting your involvement

Do you need someone to support you to complete this safeguarding Plan? Yes / No

Note to assessor - is an advocate required? Yes / No (if yes – please state why and how this will be provided)

What has happened?
This section should record your views of the abuse and / or neglect that has taken place or the risks of abuse and / or neglect that have been identified. What harm, if any, has occurred to date?

What are the outcomes that you are looking for?
This section should record your wishes and outcomes and how you think these can be achieved.

Keeping myself safe
This section can be used to record other information you feel is relevant to keep you safe. *This could include the following:* • *What impact does the abuse / neglect (or risk of abuse / neglect) have on me?* • *What are the risks to me? (current and potential)* • *What factors do you think have contributed to the abuse or neglect occurring, or the risk of it occurring?* • *What could be done to prevent any further abuse / neglect and how do you think this could be achieved?* • *What strengths and abilities do I have to keep myself safe?* • *What other support might I need*

Advice and Information
This section should record any further advice or information that has been provided to you to keep you safe. *This should also include:* • *Options made available* • *What, if any action must be taken to protect other parties (other AAR / child or if there is any other overriding public interest concern)* • *Where the desired outcomes are felt to be unrealistic or cannot be met.* • *Any risks (actual or potential) not identified by the AAR*

Contingency Plans
This section should record any potential plans to be put in place if any of your existing informal support became unavailable

Summary
Are you in agreement with this Safeguarding Plan? Yes / No
If No, please state how any differences may be resolved.

Assessor's Summary

Safeguarding Plan

What the risks are to me.	What outcomes I want to achieve	How I want the risks addressed (measures/actions to reduce the risk)	Best Interest Decision (If the person lacks the mental capacity to make the decision).	Who will do it (responsible person)	When by.

Date agreed:	Review date:

To be completed by the Chair only:

Chair:

Designation:

Signature:

Date:

GUIDANCE ON USING SAFEGUARDING PLAN AND RISK ASSESSMENT

Introduction

The Safeguarding Plan will be started at the outset of the Safeguarding Enquiry (Stage 3). It will be completed with the adult at risk and should be informed by their desired outcomes. It will seek to identify the measures and actions to be taken to meet both the desired outcomes of the adult at risk and reduce the risk of harm to them. If the adult at risk lacks capacity, the Best Interest process set out in the Mental Capacity Act 2005 should be followed.

It will not always be possible to reduce the risk to the person, because a desired outcome may be that they want to accept the risk/s that are present. However, this form will seek to support the adult to recognise the risk/s and to be informed of the options available to them to reduce it. In this way, the right of the person to make decisions relating to their protection is maintained.

This form must be completed by the adult at risk and the Safeguarding Adults Lead Worker. It should be primarily focused on the views of the adult at risk, both of the risk and the degree of risk it presents. However, the view of the Safeguarding Adults Lead Worker is also recognised in order to reflect the fact they have discussed the risk with the adult and supported them to understand and consider the options available to them to reduce it.

This Tool is designed to be used from the beginning of the Safeguarding process and must be reviewed at each stage i.e. Planning Meeting, Review Meetings. When the matter is closed the expectation is that the Safeguarding Plan will be reviewed as part of the care plan (if they have an ongoing support package), or if the matter is referred back into safeguarding.

Guidance

1. Desired Outcome

These will be established through a discussion with the adult at risk in accordance with the Safeguarding Adult Procedures.

2. Identify the potential risk/s

The risk/s of harm arising from the Safeguarding Adults Concern must be discussed with the adult, as well as any others identified by the adult at risk or by the Safeguarding Adults Lead Worker.

When assessing the degree of risk, the following should be considered and the evidence available in relation to each should be recorded:

- What harm, if any, has occurred, to date?
- What is the likely impact if the risk/harm occurs?
- What factors contribute to this risk?
- What is the likelihood of this risk/harm occurring again?

If the adult at risk disagrees with any identified by the Safeguarding Adults Lead Worker; their objection and reason/s for this should be noted.

3. Measures and actions to reduce the risk/s

These are the measures agreed with the adult at risk to reduce the risk/s of harm recorded in 2. They should be informed and agreed by the adult at risk. The 'Responsible person' can include any person who has agreed to take responsibility for the measure e.g. the adult at risk, a family member, an organisation which is providing some support etc.

Appendix 3:

Independent Advocacy and *'substantial difficulty'*

Local Authorities have a duty to involve the AAR in a Safeguarding Enquiry. Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process. As part of the Planning process in engaging with the AAR, the Lead Worker (Virgin Care / AWP) must consider and decide if the Adult has '*substantial difficulty'* in participating in the adult safeguarding Enquiry. The Lead Worker should make all reasonable adjustments to enable the person to participate before deciding if the person has *'substantial difficulty'* (Equality Act 2010).

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

- *Understanding relevant information* – many people can be supported to understand relevant information, if presented appropriately and if time is taken to explain it;
- *Retaining that information* – if a person is unable to retain information long enough to be able to weigh up options, and make decisions, then they are likely to have substantial difficulty in participating;
- *Using or weighing up that information as part of the process of being involved* – a person must be able to weigh up the information, in order to fully participate and express preferences for or choose between options;
- *Communicating their views, wishes and feelings* – a person must be able to communicate their views, wishes and feelings whether by talking, writing, signing or other means, to aid the decision process and to make priorities clear.

Where an adult has *'substantial difficulty'* being involved in the adult safeguarding Enquiry, the Lead Worker must consider and decide whether there is an appropriate person to represent them. This would be a person who knows the adult well, and could be, for example, a spouse, family member, friend, informal carer, neighbour or Power of Attorney. The identified person will need to be willing and able to represent the AAR. Where the AAR has capacity to consent to being represented by that person, the adult must consent to being represented by them. If the AAR lacks mental capacity to being represented by that person, the SALW must be satisfied that being represented by that person is in the Adult's best interest. An appropriate person to represent the AAR cannot be a person who is involved in their care or treatment in a professional or paid capacity.

The person who is thought to be the source of the risk to the Adult may be the most readily identifiable person to represent them, for example, if the person thought to be the source of the risk is a spouse, next of kin, or person closest to the Adult in their social network. In such

circumstances, it is unlikely that the Lead Worker will feel that they are appropriate to support them, and in line with their duties under the Care Act (Guidance 7.32 – 7.40) a referral should then be made for an independent advocate.

Where an AAR has *'substantial difficulty'* being involved in the adult safeguarding Enquiry, and where there is no other appropriate person to represent them, the Lead Worker must arrange for an independent advocate to support and represent them.

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

If an independent advocate is appointed, they must be fully included within the Enquiry planning and evaluation processes to represent the views and wishes of the Adult in any decisions that are made.

Appendix 4:

Good Practice Guidance – Preserving Physical Evidence

What to do?

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), **contact the Police immediately.** Ask their advice about what to do to preserve evidence.

As a guide:

- Where possible, leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc;
- Preserve clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. blanket;
- Note in writing the state of clothing of both the victim and person alleged to have caused the harm (if still at the scene). Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault:

- Preserve bedding and clothing where appropriate; do not wash;
- Try not to have any personal or physical contact with either the victim or person alleged to have caused harm (if still at the scene). Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of the risk can cross contaminate evidence.

Appendix 5:

Threshold Tool – Safeguarding Concern (Liquid Logic)

Name of AAR:	ID	Date:

1. The Care Act 2014 requires that we make safeguarding enquiries where the Adult at Risk (AAR) has:

- Needs for care and support
- Is experiencing, or at risk of abuse or neglect
- Is unable to protect him/herself from the risk of / experience of abuse or neglect as a result of those care needs

In your view, does the case meet all of the three criteria?

YES NO

Please give reasons, including a summary of the alleged abuse / neglect (BOX)

2. Are there any immediate risks to safety?

YES NO

What actions have already been taken or may be required to make the situation safer? (BOX)

3. Has a worker spoken with the AAR?

YES NO

What (if known) are their preferred outcomes? (BOX)

4. Is there any reason to question the AAR's mental capacity to understand and make decisions in relation to the following (consider cognitive impairment, duress or undue influence from another person)

- Consent to Safeguarding Procedures

  YES NO
- Information being referred / shared with other agencies

  YES NO
- The related risks associated with the alleged abuse or neglect and any immediate safety
  actions felt to be necessary

  YES NO

.

If yes, please explain why (BOX)

5. Has the AAR given consent to the referral?

YES NO

Where consent has not been obtained – please provide reason (BOX)

6. Is there a need for advocacy

YES NO

Please provide details (BOX)

7. Are there any other persons with legal decision making powers

YES NO

(*Consider Lasting Power of Attorney (Finance/Welfare), Deputyship (Finances*)

Please provide details (BOX)

8. Have there been any previous incidents of alleged abuse relating to the AAR?

YES NO

If yes, please provide details to include whether there is a protection plan currently in place (BOX)

9. Who is thought to be responsible for the alleged abuse / neglect? (BOX)

Have there been any previous concerns about the person alleged responsible

YES NO

If yes, please provide details of previous concerns (BOX)

10. Is there a possible risk to other adults or children?

YES NO

If yes, please provide details (BOX)

11. Are there any concerns of a wider public interest?

YES NO

If yes, please provide details (BOX)

12. What is your assessment of the risk of harm happening again or for the first time?

(Box) Rare, will probably not happen again

(Box) Do not expect it to recur, but it may

(Box) Possible – it might recur

(Box) Will probably recur

Please provide evidence / rationale regarding level of risk (BOX)

13. Have all relevant individuals involved with the AAR been contacted

YES NO

Please provide details (BOX)

14. Please provide details of other professionals / agencies involved (BOX)

15. Have the Police been involved

YES NO

Please provide details of any Police intelligence or whether a referral is required (BOX)

---To be completed where the case involves a Residential / Nursing Placement or a Domiciliary Care Agency.

16. Where the allegation is against a member of staff, is the person alleged responsible still at work YES NO

Is there a previous history of incidents involving the person alleged responsible?
YES NO

Please provide details (BOX)

17. Who is funding the AAR's placement?

Please provide details (BOX)

18. Has a review of care been completed recently?
YES NO

Please provide details (BOX)

19. Has a DOLs application been made / is there a DOLs authorisation in place
YES NO

Please provide details (BOX)

20. Are any other service users involved? If so, is a separate safeguarding referral needed for them? YES NO

Recommendation on whether the concern reaches the threshold for it to proceed to a Section 42 safeguarding Enquiry

This should include an overall risk assessment of the situation which shows your thinking in light of the answers above. You must clearly state why you conclude that harm has occurred or not (or is likely to occur or not) and the risk of harm being repeated. Please provide all evidence to collaborate the allegation

(BOX)

Name:	**Designation:**	**Date:**

Appendix 6:

Bath & North East Somerset Council

virgincare

SAFEGUARDING ADULTS - ATTENDANCE RECORD

Name of Adult at Risk:

Date of Safeguarding Meeting:

NAME	JOB TITLE	ORGANISATION	ADDRESS	TELEPHONE NO	EMAIL	SIGNATURE

SAFEGUARDING ADULTS

Confidentiality and Equalities Statements

Confidentiality Statement

This meeting is being held under the B&NES Safeguarding Adults Policies and Procedures to discuss the safety and welfare of an adult who is considered to be at risk.

All information shared is confidential to the members of this meeting and the agencies that they represent. The following principles will be followed:

- Information will only be shared on a ‘need to know basis’
- Information will only be shared when it is considered to be in the best interests of the adult at risk
- Wherever possible, informed consent to share information should be obtained from the adult at risk but, if this is not possible, or a serious crime may be committed and/or other adults may be at risk, it may be necessary to over-ride this requirement
- Agencies must not give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where other adults may be at risk
- A record of this meeting will be distributed on the strict understanding that all notes will be kept confidential and in a secure place

Equalities Statement

The B&NES Local Safeguarding Adults Board operates an Equality Policy and will not tolerate comments or behaviours that discriminate on the grounds of age, disability, race, colour, ethnic or national origin, financial or economic status, unrelated criminal convictions, gender, gender identity (transgender), marriage/civil partnership, HIV status, homelessness or lack of a fixed address, political view or trade union activity, pregnancy & maternity, religion/belief or sexual orientation.

Any discriminatory comments or behaviour will be challenged by the Chair and/or other meeting members.

By signing the Attendance Record, you are agreeing to abide by these Statements.

Appendix 7

Bath & North East Somerset Council

Safeguarding Adults
Record of Planning Meeting / Discussion

Strictly Confidential	ID	Date of Meeting / Discussion

Client Details

Name	Alias	
Address	**Gender**	**Marital status**
	Age	**Date of birth**
Telephone number	**Ethnicity**	**Religion**
Safeguarding Adult Lead Worker	**GP**	
First language	**Communication needs**	
Legal entity of registered provider (where appropriate): *[i.e. Name of Care/Nursing Home, NHS organisation, etc.]*		

Attended by:

Name	Designation	Contact No.

Apologies:

Name	Designation	Contact No.

Background information regarding adult at risk, safeguarding referral and chronology

- *Care and support needs (to include service provision where in place);*
- *Ability to protect self from abuse or neglect;*
- *Mental capacity and consent;*
- *Any previous concerns of a similar nature;*
- *Concerns relating to wider public interest.*

The adult at risk's views and desired outcomes in relation to the allegations / concerns
Advocacy, other legal representatives, family members/carers (if known)

Summary of other relevant information (from each agency representative):

Risk assessment of the situation including measures to minimise risk

Details of person alleged to have caused harm:
(Include any actions to be taken where this is a member of staff. Where the person alleged to have caused harm is also has care and support needs or is a carer, consider need for assessment, review and monitoring arrangements and risk management).

Agreed terms of reference for Enquiry, lead worker / agency and timescale for completion (a copy of the risk assessment and any interim safeguarding

protection plan • *Consider where there are a number of different enquiries taking place and how these will be completed;* • *Remit and authority of representatives / organisations undertaking Enquiry*.
Any other agreed actions and timescales
Agreed distribution of meeting record (this should also include a copy of the risk assessment and any interim Safeguarding Protection Plan agreed with the adult at risk). **Date circulated:**

Appendix 8A

Safeguarding Adults - B&NES

SAFEGUARDING ADULTS SECTION 42 ENQUIRY REPORT

Text in italics is for guidance only; please remove when preparing your report

This is a safeguarding adults Section 42 enquiry template and can be used to support accurate recording. The outcomes identified by the adult at risk will be paramount. 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**.

Safeguarding Adults Coordinator	
Enquiry Officer: name, title and organisation:	
Person causing harm (if staff member use x):	
Name of Adult at Risk:	**ID:**

Background to the safeguarding concern:

- *Background information regarding the adult at risk (this should include their care and support needs, whether there is any cognitive impairment which may affect their ability to protect themselves, any previous concerns of a similar nature);*
- *Details of the safeguarding referral and chronology of events (details of the categories of abuse under consideration, how it came to light and actions taken);*
- *Risk assessment of the situation and measures taken to minimise the risk;*
- *Does the adult at risk have the capacity to participate in the safeguarding enquiry?*
- *Provide information of the person supporting the Adult at Risk (person or advocate) where this applies;*
- *Note where there are any legal representatives (Power of Attorney, Deputyship, Appointeeship)*

Adult at Risk Outcomes:

Include the outcome the adult at risk has requested under this Enquiry in relation to the allegations/safeguarding concerns. Any issues of capacity or ability to contribute to this Enquiry should be noted. Advocacy should be offered – make note if this is offered, needs to be commissioned or declined.

Need to note any 'wider public interest' concerns, and if Enquiry has continued without consent as a result of this.

Type of Enquiry

- *Explain the type of Enquiry being undertaken (see Stage 3, Safeguarding Adult Procedures for further information), including reasons for decisions which were made and how these were set out to meet the outcomes requested by the adult at risk;*
- *Detail terms of reference agreed;*
- *Detail Lead Agency and agreed timescales;*
- *Any other agencies/individuals involved.*

Findings

Provide a summary of any findings and observations, dependent upon the type of Enquiry. In some enquiries there will be an investigation, for example Disciplinary or Police; these might be appended to the Enquiry report if available. Findings should consider the following:

- *Detail the facts so that decisions and plans for the adult's wellbeing and protection can be fully informed and take account of the context of the situation. The report needs to be concise, factual and accurate;*
- *Detail any conflicts of opinion or disagreement;*
- *Review risk assessment and measures required to minimise any further risk (any support or decision that is designed to restrict unsafe choices or behaviour needs to be lawful, proportionate and the least restrictive);*
- *Provide details where there have been issues of mental capacity and Best Interest Decisions have had to be made;*
- *Has the adult been able to achieve resolution to the allegations made? Is further work required to explore recovery and resilience / support required to enable the adult to take any action they may want to take to seek justice or redress;*

- *Ensure that there is sufficient corroboration to draw conclusions and make recommendations;*
- *Any modifications needed in the way in which services are provided*

Outcome person alleged to have caused harm

For paid staff or volunteers consider if they were provided with right training, supervision and support. Is a referral to the DBS recommended or other professional body.

Please include any identified needs or recommendations regarding the person alleged to have caused harm if they also have care and support needs or are a carer. This may include for example undertaking a risk assessment, devising a safeguarding plan, making arrangements for monitoring and reviewing or a carers assessment.

Detail any appendices:

Signed: *This should be signed by the report author(s). Please include job titles when signing. All section 42 reports must be counter signed by the Safeguarding Coordinator.*

Date:

Safeguarding Coordinator:

Date:

Appendix 8B

Safeguarding Adults - B&NES

SAFEGUARDING ADULTS SECTION 42 ENQUIRY REPORT

Text in italics is for guidance only; please remove when preparing your report

This is a safeguarding adults Section 42 enquiry template and can be used to support accurate recording. The outcomes identified by the adult at risk will be paramount. 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**.

Safeguarding Adults Coordinator	
Lead Worker: name, title and organisation:	
Person causing harm (if staff member use x):	
Name of Adult at Risk:	**ID:**

This section is to be completed by Lead Worker only.

Outcome to the Enquiry

Decision should be made whether:

The adult has needs for care and support	Yes / No
They were experiencing or at risk of abuse or neglect	Yes / No / Undetermined
They were unable to protect themselves	Yes / No
Further action should be taken to protect the adult from abuse or neglect	Yes / No

These decisions are made by the Lead Worker in consultation with the adult and other parties involved in the Enquiry, but should also take into consideration the following:

- Outcomes to each allegation made (fully substantiated, partially substantiated, inconclusive, not substantiated). Rationale/evidence for decisions reached should be recorded.
- Where there are wider public interest concerns identified
- Where it has not been possible to mitigate risks, especially where in relation to self-determination and making 'unwise decisions'

- Where consent has been withdrawn.
- Decision to remain under safeguarding procedures.

Details of any conflict of opinion or disagreement from Enquiry undertaken:

Recommendations identified from the enquiry:

Evaluation by adult at risk

Review the outcomes of the enquiry with the adult at risk and the extent to which this has met those agreed initially or through the enquiry process. At the end of this enquiry, identify what action the adult at risk wish to be taken. Evaluation should include extent to which desired outcomes were met, does the person feel safer and if there is any further support they have identified as needing.

1. Were the desired outcomes met?
a) fully met;
b) partially met;
c) not met.

2. Do they feel safer?
a) yes;
b) partially – in some areas but not others;
c) no.

In evaluating what actions are required in the adults case, the following factors should be considered:

- *the adult's needs for care and support;*
- *their wishes;*
- *important relationships*

Safeguarding Plan

Please detail the plan that has been considered, led and agreed by the adult at risk to prevent repeat occurrences of harm or reduce the risk of future abuse. Individuals should be supported and empowered to keep themselves safe in the future with a focus on recovery and resilience. If the adult at risk has declined any safeguarding plan, please note below why and what information / advice has been given.

There is a risk assessment and safeguarding plan template available for use.

There should be an emphasis on the enquiry contributing to and improving ***wellbeing*** *as defined by the adult at risk.*

Details any appendices:

Signed: *This report should be signed by the Lead Worker (Virgin Care/AWP). Please include job titles when signing. All section 42 reports must be counter signed by the Coordinator.*

Date:

Safeguarding Coordinator:

Date:

Signed: *This should be signed by the Safeguarding Chair*

Date:

Comments:

Appendix 9:

Safeguarding Adults Review Meeting Record

Strictly Confidential	ID	Date of Meeting / Discussion

Client Details

Name	Alias	
Address	**Gender**	**Marital status**
	Age	**Date of birth**
Telephone number	**Ethnicity**	**Religion**
Safeguarding Adult Lead Worker	**GP**	
First language	**Communication needs**	
Legal entity of registered provider (where appropriate): *[i.e. Name of Care/Nursing Home, NHS organisation, etc.]*		

Attended by:

Name	Designation	Contact No.

Apologies:

Name	Designation	Contact No.

1. Introductions and purpose of meeting:

(State whether First Review Meeting or subsequent Review Meeting)

2. Agreement on accuracy of record from previous safeguarding meeting:

3. Review actions, risk assessment and Section 42 Enquiry.

- *Findings from Enquiry – linking reports;*
- *Were outcomes / TOR achieved;*
- *Actions to be taken in relation to the person or organisation that has caused the concern (this may include referrals to Professional Bodies);*
- *Outcome and support for person who are alleged to have caused harm;*
- *Consider whether a new Safeguarding Section 42 Enquiry is needed or referral for SAR is required.*

4. Update of information relevant to the adult at risk:

- *Reflect on what has occurred since the last meeting and identify any changes in circumstances;*
- *Share any updated or new information.*

5. Views and desired outcomes of the adult at risk:

- *Response to findings from Enquiry – have desired outcomes been met (implications where not met or where doing so would cause unacceptable risk of harm to the AAR or others);*
- *Impact on AAR;*
- *Views from advocacy, other legal representatives, family members/carers if appropriate;*
- *Recovery and resilience (is there a need for restorative justice).*

6. Updated Safeguarding Plan:

- *Positive actions to promote the safety of the adult, and for resolution and recovery from the experience of abuse and neglect;*
- *Support measures identified;*
- *Risk Assessment (risk management and personalising choice and control);*
- *Any issues around consent and information sharing;*
- *Review and monitoring arrangements of safeguarding plan;*
- *Other actions to be taken to prevent further abuse or neglect by a person or*

organisation.

7. Decision to remain under safeguarding. (If closing, record Case Outcome):

- *Where deciding outcomes, rationale of judgements **must** be included;*
- *Feedback on outcomes to agencies/individuals to be agreed.*

8. Agreed distribution of meeting record:

Date, time and venue agreed for Safeguarding Review Meeting:

Chair:

Designation:

Signature:

Date:

APPENDIX 10

Bath & North East Somerset Council

SAFEGUARDING ADULTS PLANNING MEETING AGENDA

1. Introductions and Purpose of Meeting

- *Welcome and introductions;*
- *Confidentiality and Equal Opportunities Statement;*
- *Note apologies and reasons for non-attendance;*
- *Set out structure of meeting and its purpose.*

2. Background information regarding Adult at Risk, safeguarding concern and chronology.

- *Outline of allegation, concerns or incident/s that led to the safeguarding referral;*
- *Care and support needs (to include service provision where in place);*
- *Ability to protect self from abuse or neglect;*
- *Mental capacity and consent*
    - *Consider whether an assessment of the Adult at Risk's mental capacity is required and in relation to which decisions;*
    - *If mental capacity assessments are required, specify on what decisions and who will undertake the assessment;*
    - *If relevant, establish whether there are any persons with legal decision making powers;*
    - *Consider whether an IMCA referral is required.*
- *Any previous concerns of a similar nature;*
- *Concerns relating to any wider public interest.*

3. The Adult at Risks views and desired outcomes in relation to the allegations/concerns

- *If known, record of what action the Adult at Risk wants taken and the outcomes they would like;*
- *Establish how the Adult at Risk wishes to be involved in and supported throughout the safeguarding procedures.*

- *Advocacy, other legal representatives, family members/carers;*

- *Has the Adult at Risk or their representative received timely provision of relevant safeguarding Factsheets?*

4. Summary of relevant information sharing

- *Invite all agencies to share relevant information and concerns (seek clarity on evidence that exists at this time).*

5. Risk assessment of situation including measures to minimise risk (these should form part of the initial risk assessment and interim safeguarding plan).

- *Identify current and potential risks and factors that could reduce them.*
- *B&NES Contracts Team – placements*
- *Police*

6. Details of person/s alleged to have caused harm

- *Actions to be taken where this is a member of staff;*
- *Where the person alleged to have caused harm also have care and support needs, or is a carer, consider need for assessment;*
- *Review and monitoring arrangements*
- *Risk assessment.*

7. Agreed Terms of Reference for Enquiry, Lead Worker / Agency and timescale for completion

- *Consider where there are a number of different enquiries taking place and how these will be completed*
- *Remit and authority of representatives / organisations undertaking Enquiry;*
- *Involvement of Adult at Risk;*
- *Agree date that Enquiry Report should be returned to the Chair.*

8. Any other agreed actions and timescales

- *Complete/update initial risk assessment and interim safeguarding plan;*
- *If Safeguarding Procedures are being closed at this stage, the Chair should conclude whether on the balance of probabilities, the concerns are:*
    - *Substantiated – fully;*
    - *Substantiated – partially;*
    - *Not substantiated;*
    - *Inconclusive; or*
    - *Enquiry ceased at the request of the Adult at Risk*

*In deciding outcomes, rationale of judgements **must** be included.*

APPENDIX 11

Bath & North East Somerset Council

SAFEGUARDING ADULTS REVIEW MEETING AGENDA

1. Introductions and Purpose of Meeting

- *Welcome and introductions;*
- *If Adult at Risk is present (and/or their representative), ensure they are encouraged/enabled to participate. If not present, the reason for this must be recorded in the Minutes.*
- *Confidentiality and Equal Opportunities Statement;*
- *Note apologies and reasons for non-attendance;*
- *Set out structure of meeting and its purpose (state whether First Review Meeting or subsequent Review Meeting).*
- *Provide a brief summary of the allegation/s, concern/s or incident/s that led to the referral.*

2. Agreement of accuracy of record from previous safeguarding meeting.

- *Agree the minutes for the Planning Meeting/Discussion and record any amendments agreed within this record.*

3. Review actions, risk assessment and Section 42 Enquiry.

- *Findings from Enquiry – linking reports where multiple enquiries have been carried out;*
- *Were outcomes for the Adult at Risk achieved (report and feedback from Adult at Risk);*
- *Were the Terms of Reference for the Enquiry met?*
- *Actions to be taken in relation to the person/s or organisation that has caused the concern (this may include referrals to Professional Bodies).*
- *Outcome and support for person/s alleged to have caused harm;*
- *Any wider public interest concerns identified;*
- *If new concerns have been identified, consider whether a new Safeguarding Section 42 Enquiry is needed or referral for a SAR is required.*

4. Update information relevant to the Adult at Risk.

- *What has occurred since the last meeting and identify any changes in circumstances;*
- *Share any updated or new information.*

5. Views and desired outcomes of the Adult at Risk.

- *Response to findings from Enquiry – have desired outcomes been met (implications where not met or doing so would cause unacceptable risk to the Adult at Risk and/or others).*
- *Impact on the Adult at Risk'*
- *Views from advocacy, other legal representatives, family members/carers if appropriate;*
- *Recovery and resilience*
- *Has the Adult at Risk or their representative received timely provision of relevant safeguarding Factsheets?*

6. Updated safeguarding plan.

- *Consider the effectiveness of actions taken to reduce the risk of harm to the Adult at Risk;*
- *Consider whether additional risks have arisen;*
- *Agree, where appropriate, positive actions to promote the safety of the Adult, and for resolution and recovery from the experience of abuse and neglect;*
- *Support measures identified;*
- *Review and update risk assessment and safeguarding plan (risk management and personalising choice and control);*
- *Any issues around consent and information sharing;*
- *Review and monitoring arrangements of the safeguarding plan;*
- *Other actions taken to prevent or reduce the risk of further abuse or neglect by a person or organisation.*

7. Decision to remain under safeguarding – any other agreed actions and timescales.

- *If Safeguarding Procedures are being closed at this stage, the Chair should conclude whether on the balance of probabilities, the concerns are:*
  - *Substantiated – fully;*
  - *Substantiated – partially;*
  - *Not substantiated;*
  - *Inconclusive; or*
  - *Enquiry ceased at the request of the Adult at Risk*

*In deciding outcomes, rationale of judgements **must** be included.*

- *If the matter is closed, specify the measures to reduce the risk and actions for follow up. Specify who will have responsibility for ensuring these are undertaken and shared with other agencies if applicable;*
- *If the matter is closed to safeguarding at this stage, the Chair should also state the level of risk as follows:*
  - *Risk remained;*
  - *Risk reduced;*
  - *Risk removed.*

A summary of the reasons should be given.

8. Closure of meeting and distribution of Minutes.

- *If the case is not closed, set a date for a further Review Meeting.*
- *Involvement of the Adult at Risk*
- *Agree distribution list of minutes.*