# Northamptonshire Safeguarding Adults Board

## Inter-Agency Policy

### Version Control

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<th>Description</th>
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<tr>
<td>0.2</td>
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| Yes ☒ No ☐ | Yes ☐ No ☐ |
Contents

1. **Introduction**
   - Partnership Working
   - Safeguarding Adults Boards
   - Individual implementation

2. **Policy Aims**
   - Adult(s) at risk and adult abuse
     - Definition
     - Factors determining vulnerability
   - Principles and values
     - Adults at risk
     - Organisations working with adults at risk
     - Organisations working together
   - Mental Capacity
   - Deprivation of Liberty Safeguards
   - Consent

3. **Abuse**
   - Location of abuse
   - Who might abuse?
   - Types and Patterns of Abuse and Neglect
     - Abuse by another adult at risk
       - Physical abuse and possible indicators
       - Sexual abuse and possible indicators
       - Psychological abuse and possible indicators
       - Financial or material abuse and possible indicators
       - Neglect and Acts of Omission and possible indicators
       - Discriminatory Abuse and possible indicators
       - Organisational Abuse and possible indicators
       - Modern Slavery
       - Self-Neglect
       - Domestic Abuse
       - Additional forms of abuse that are included within the Care Act
         - abuse types above include
           - Honour-based violence
           - Female genital mutilation
           - Forced marriage
           - Human trafficking
           - Exploitation by radicalisers who promote violence
           - Hate crime
       - 3.12 Multi-Agency Public Protection Arrangements
       - 3.13 Prisoners
       - 3.14 Allegations against carers who are relatives or friends
       - 3.15 Person alleged to be responsible for Abuse or Neglect
       - 3.16 Abuse by children
       - 3.17 Child protection
       - 3.18 Transitions (Care Leavers)
       - 3.19 Personal budgets and Self-Directed Care
         - Those who fund their own care arrangements
4. **Role of the Strategic Partnership in Northamptonshire**

4.1 Northamptonshire Safeguarding Adults Board
   - Safeguarding Adults Reviews (SAR)
   - Domestic Homicide Reviews (DHR)

4.2 Lead co-ordinating agency – Local Authority
   - Lead councillor for Safeguarding Adults
   - Director of adult social services
   - Out of Hours services and Emergency Duty Teams
   - Complaints

4.3 Police

4.4 NHS-funded services
   - General practitioners
   - Patient advice, liaison (PALS) and complaints
   - East Midlands Ambulance Service

4.5 Healthwatch

4.6 Fire Service

4.7 Care Quality Commission

4.8 Housing - Local authority housing services

4.9 Judicial Bodies
   - Court of Protection
   - Crown Prosecution Service
   - The Coroner
   - The Probation Service

4.10 Commissioning

4.11 Supporting processes
   - Information Sharing
   - Risk Assessment and Management
   - Whistleblowing
   - Cross-boundary and Inter-Authority Enquiries

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**Glossary and abbreviations**
1 Introduction

This Policy reflects the commitment of all organisations and practitioners in Northamptonshire to work together to safeguard adults at risk. The procedures outlined aim to make sure that:

- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with the Mental Capacity Act (MCA) 2005, where relevant/applicable

The procedures also aim to ensure that each adult at risk maintains:

- choice and control
- safety
- health and wellbeing
- quality of life
- dignity and respect.

Partnership Working

The policy is aimed at different agencies and individuals involved in safeguarding adults, including managers, professionals, volunteers and staff working in public, voluntary and private sector organisations. They represent the commitment of organisations to:

- Work together to prevent and protect adults at risk from abuse or neglect
- Empower and support people to make their own choices
- Support adults and provide a service to those at risk who are experiencing abuse, neglect and exploitation.
- Investigate actual or suspected abuse and neglect

The Care Act 2014, section 42 states;
"If the Local Authority has reasonable cause to suspect an adult in its area (whether or not ordinarily resident there) -

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

The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any actions should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom”.

Everyone involved in an enquiry must focus on improving the individual’s well-being and work together to that shared aim.

Objectives of the Enquiry:
The objectives of an enquiry into abuse or neglect are to:

- establish facts;
- ascertain the individual’s views and wishes and seek consent;
• assess the needs of the adult for protection, support and redress; and,
• make decisions as to what follow-up action should be taken with regard to the person responsible, or the organisation, for the abuse or neglect
• establish if there are other adults or children at risk

The first priority should always be to ensure the safety and well-being of the adult at risk and, when the adult has capacity to make their own decisions, to aim for any action to be in line with their wishes as far as appropriate. The safeguarding process should be experienced as empowering and supportive – not as controlling and disempowering. Practitioners must always seek the consent of the individual before taking action or sharing personal information. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but the best interests of the individual or others at risk demand action. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person/agency.

Where an adult has capacity to make decisions about their safeguarding plans, and where no one else is at risk, then their wishes are very important. They may seek highly interventionist help, such as the barring of a person from their home, or they may wish to be helped in less interventionist ways, through the identification of options with time to choose between them.

Where an adult has a substantial difficulty in making decisions about their safeguarding plans, then a range of options should be identified, including arranging an independent advocate, which help the adult stay as much in control of their life as possible. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to risks.

These duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support. Where someone is over 18 but still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team. Where appropriate, they should involve the local authority’s safeguarding children colleagues, LADO’s, (see link to Safeguarding Children procedures) as well as any relevant partners (e.g. police or NHS) or other persons relevant to the case.

The level of needs is not relevant, and the adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply.

Safeguarding Adults Boards

The Care Act requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear basis in law for the first time. The Act indicates that SABs must include the local authority, the CCG’s and the police, who should meet regularly to discuss and act upon local safeguarding issues; develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations; publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

In 2010, Northamptonshire formed their own Safeguarding Adults Board (NSAB). More information on the work of the SAB can be found on the board webpage.
Individual implementation

The policy should also be used in conjunction with individual organisations’ procedures on Safeguarding Adults and related issues such as domestic abuse, fraud, disciplinary procedures and health and safety.
2 Policy Aims

The aims of Safeguarding are to respect the autonomy and independence of individuals by applying the six key principles that underpin all adult safeguarding work.

1. Empowerment – Presumption of person led decisions and informed consent.
2. Protection – Support and representation for those in greatest need.
3. Prevention – It is better to take action before harm occurs.
4. Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
5. Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability – Accountability and transparency in delivering safeguarding.

All service providers should have clear operational policies and procedures that reflect the framework set by the NSAB in consultation with them.

Adult(s) at risk and adult abuse

Definition

The Safeguarding duties apply to an adult who:

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

The adult experiencing, or at risk of, abuse or neglect will hereafter be referred to as the adult throughout these procedures.

Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. In Northamptonshire, senior representatives of those services are represented on the Safeguarding Adults Board.

For those who do not meet the criteria as an adult at risk but who nevertheless appear to be at high risk of harm, there are alternative sources of referral and support. In such cases support may be found in local care management procedures.

An adult at risk’s vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment, and social factors, see table below.
Factors determining vulnerability

<table>
<thead>
<tr>
<th>Personal characteristics of the adult at risk that increase vulnerability may include</th>
<th>Personal characteristics of the adult at risk that decrease vulnerability may include</th>
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<tr>
<td>• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions</td>
<td>• Having mental capacity to make decisions about their own safety</td>
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<tr>
<td>• Communication difficulties</td>
<td>• Good physical and mental health</td>
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<tr>
<td>• Physical dependency – being dependent on others for personal care and activities of daily life</td>
<td>• Having no communication difficulties or if so, having the right equipment/support</td>
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<tr>
<td>• Low self-esteem</td>
<td>• No physical dependency or, if needing help, able to self-direct care</td>
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<td>• Experience of abuse</td>
<td>• Positive former life experiences</td>
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<td>• Childhood experience of abuse</td>
<td>• Self-confidence and high self-esteem</td>
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<table>
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<th>Social/situational factors that increase the risk of abuse may include</th>
<th>Social/situational factors that decrease the risk of abuse may include</th>
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<tbody>
<tr>
<td>• Being cared for in a care setting, i.e. more or less dependent on others</td>
<td>• Good family relationships</td>
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<tr>
<td>• Not receiving the right amount or the right kind of care</td>
<td>• Active social life and a circle of friends</td>
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<tr>
<td>• Isolation and social exclusion</td>
<td>• Able to participate in the wider community</td>
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<tr>
<td>• Stigma and discrimination</td>
<td>• Good knowledge and access to a range of community facilities</td>
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<tr>
<td>• Lack of access to information and support</td>
<td>• Remaining independent and active</td>
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<tr>
<td>• Being the focus of anti-social behaviour</td>
<td>• Access to sources of relevant information</td>
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Principles and values

Adults at risk

- The services provided must be appropriate to the adult at risk and not discriminate because of age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation.
- The primary focus/point of decision-making must be as close as possible to the adult at risk, and individuals must be supported to make their own choices. Adults at risk must be offered support services as appropriate to their needs.
- There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity to make safeguarding decisions, those decisions will be made in their best interests as set out in the MCA 2005 and the MCA Code of practice.
- Adults at risk should be given information, advice and support in a form that they can understand and have their views included in all forums that are making decisions about their lives.
- All decisions taken by professionals about a person’s life should be timely, reasonable, justified, proportionate, ethical and fully recorded, and within appropriate legal frameworks.
Organisations working with adults at risk

- Staff have a duty to report promptly any concerns or suspicions that an adult at risk is being, or is at risk of being, abused or neglected.
- Actions to protect the adult from abuse or neglect should always be given high priority by all organisations involved. Concerns or allegations should be reported without delay.
- Organisations working to safeguard adults at risk should make the dignity, safety and wellbeing of the individual a priority in their actions and put individuals at the centre of practice.
- As far as possible organisations must respect the rights of the person causing, or alleged to be causing, harm. If the person alleged to be responsible for abuse or neglect is also an adult at risk they must receive support and their needs must be addressed. Staff should fully understand their role and responsibilities in regard to the policy and procedures.
- Every effort must be made to ensure that all adults at risk are afforded appropriate protection under the law.
- Organisations will have their own internal operational procedures which relate and adhere to this policy, including complaints by service users and by staff who raise concerns (‘whistle-blowers’), always in compliance with the Public Interest Disclosure Act (PIDA) 1998.
- Organisations will ensure that all staff and volunteers are familiar with policies relating to Safeguarding Adults, that they know how to recognise abuse and neglect and how to report and respond to it.
- Organisations will ensure that staff and volunteers have access to training that is appropriate to their level of responsibility and will receive clinical and/or management supervision that allows them to reflect on their practice and the impact of their actions on others.

Organisations working together

- Partner organisations will contribute to effective inter-agency working, multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of Safeguarding Adults. Action taken under these procedures does not affect the obligations on partner organisations to comply with their statutory responsibilities, such as notification to regulatory authorities under the Health and Social Care Act (HSCA) 2008, employment legislation or other regulatory requirements.
- Organisations continue to have a duty of care to adults who purchase their own care through personal budgets (PBs) (including direct payments), and/or who fund their own care. Organisations are required to ensure that reasonable care is taken to avoid acts or omissions that are likely to cause harm to the adult at risk.
- Partner organisations will have information about individuals who may be at risk from abuse or neglect and may be asked to share this where appropriate, with due regard to confidentiality and the NSAB information sharing protocol.

Mental Capacity

The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

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

Adults with care and support needs are potentially less likely to be able to protect themselves from the risk of abuse or neglect. This can include such adults who have capacity to make their own decisions. Statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

The Criminal Justice and Court Act 2015 created the criminal offences of ill treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult’s care and support – paid staff but also family carers as well as people who have the legal authority to act on that adult’s behalf (i.e. person with power of attorney or Court-appointed deputies).

These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Abuse by an attorney or deputy: If someone has concerns about the actions of an attorney acting under a registered Enduring Power of Attorney (EPA) or Lasting Power of Attorney (LPA), or a Deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG). The OPG can investigate the actions of a Deputy or Attorney and can also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy. Whilst the OPG primarily investigate financial abuse it is important to note that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare Lasting Power of Attorney or a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered Enduring or Lasting power of Attorney, regardless of the adult’s capacity to make decisions.

**Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DoLS) provides protection to people who have a mental disorder and who do not have mental capacity to make decisions about their care and treatment. Formerly this applied to people accommodated in a hospital or a care home to receive this care or treatment, but the Supreme Court judgement of 19th March 2014 extended this to people living in community settings. The acid test of whether there is likely to be a DoLS is whether the person is subject to continuous supervision and control and is not free to leave.

Information regarding the Northamptonshire DoLS processes can be found on the Northamptonshire County Council Website.

**Consent**

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in relevant aspects of their life. If they are able, their consent should be sought and where appropriate recorded. This may be in relation to whether they give consent to:
• An activity that may be abusive – if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be disregarded.
• A Safeguarding Adults enquiry/assessment going ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.
• The recommendations of an individual safeguarding plan being put in place.
• A medical examination.
• An interview

If they are unable to give consent, refer to the Mental Capacity Section of this Policy.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is an aspect of public interest (e.g. not acting will put other adults or children at risk)
- there is a duty of care on a particular agency to intervene for example the police if a crime has been or may be committed).
3 Abuse

For the purpose of this Safeguarding Adults Policy, the term “abuse” is defined as:

*a violation of an individual’s human and civil rights by any other person or persons which may result in harm.*

Abuse may be:
- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts (e.g. an adult at risk may be neglected and financially abused).

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

*Intent* is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

A number of abusive acts are crimes and informing the police must be a key consideration.

**Location of abuse**

Abuse can take place anywhere. For example:

- the person’s own home, whether living alone, with relatives or others
- day or residential centres
- hospitals
- supported housing
- work settings
- educational establishments
- care homes
- clinics
- prisons
- other places in the community

**Who might abuse?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult(s) at risk. A wide range of people may harm adults. These include:

- a member of staff, owner or manager at a residential or nursing home
- a professional worker such as a nurse, social worker or general practitioner (GP)
- a volunteer or member of a ‘community group’ such as a social club or place of worship another service user
- a spouse, partner, relative or friend
- a carer
- a neighbour, member of the public or a stranger
- a person who deliberately targets adults at risk in order to exploit them.

**Types and Patterns of Abuse and Neglect**

The Local Authority, under its Safeguarding duties, must make enquiries, or cause others to do so, if it has reasonable cause to suspect an adult in its area (whether or not ordinarily resident there);

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

The Care Act puts forward the following factors to be taken into account when making an assessment of the seriousness of risk to the person:
• Vulnerability of the person
• Nature and extent of the abuse or neglect
• Length of time the abuse or neglect has been occurring
• Impact of the alleged abuse or neglect on the adult at risk
• Risk of repeated or increasingly serious acts of abuse or neglect
• Risk that serious harm could result if no action is taken
• Illegality of the act or acts.

Abuse can be viewed in terms of the following categories (although this is not an exhaustive list):
• Physical
• Sexual
• Psychological/emotional
• Financial and material
• Neglect and acts of omission
• Discriminatory
• Organisational
• Domestic abuse
• Modern slavery
• Self-neglect

Abusive behaviours may constitute a criminal offence. All suspected abuse must be investigated.

The presence of one or more signs of abuse or neglect does not confirm abuse or neglect. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding concern must be raised.

**Abuse by another adult at risk**
Where the person causing the harm is also an adult at risk, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person allegedly causing harm.

It may be necessary to reassess the adult allegedly causing the harm. This will involve a meeting where the following could be addressed:
• the extent to which the person causing the harm is able to understand his or her actions
• the extent to which the abuse or neglect reflects the needs of the person causing the harm not being met (e.g. risk assessment recommendations not being met)
• the likelihood that the person causing the harm will further abuse the victim or others.

The principles and responsibilities of reporting a crime apply regardless of whether the person causing harm is deemed to be an adult at risk.
3.1 Physical abuse

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

Possible indicators:

- Unexplained or inappropriately explained injuries.
- Person exhibiting untypical self-harm.
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia.
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body.
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance.
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.
- Medical problems that go unattended.
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of over-/under-medication.
- Person flinches at physical contact.
- Person appears frightened or subdued in the presence of particular people.
- Person asks not to be hurt.
- Person may repeat what the alleged abuser has said (e.g. ‘Shut up or I’ll hit you’).
- Reluctance to undress or uncover parts of the body.
- Person wears clothes that cover all parts of their body or specific parts of their body.
- A person without capacity not being allowed to go out of a care home when they ask to.
- A person without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

3.2 Sexual abuse

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

Possible Indicators:

- Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- Person appears unusually subdued, withdrawn or has poor concentration.
- Person exhibits significant changes in sexual behaviour or outlook.
- Person experiences pain, itching or bleeding in the genital/anal area.
- Person’s underclothing is torn, stained or bloody.
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.
- Sexual exploitation.

The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Sexual exploitation can occur through the use of technology without the person’s immediate recognition this can include, being persuaded to post sexual images on the internet/a mobile...
3.3 Psychological Abuse
Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Possible indicators:**
- Unusual ambivalence, deference, passivity, resignation.
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser.
- Person exhibits low self-esteem.
- Unusual changes in behaviour (e.g. continence problems, sleep disturbance).
- Person is not allowed visitors/phone calls.
- Person is locked in a room/in their home.
- Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.)
- Person’s access to personal hygiene and toilet is restricted.
- Person’s movement is restricted by use of furniture or other equipment.
- Bullying via social networking internet sites and persistent texting.

3.4 Financial or Material Abuse
This includes theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Possible indicators:**
- Lack of money, especially after benefit day.
- Inadequately explained withdrawals from accounts.
- Disparity between assets/income and living conditions.
- Power of attorney obtained when the person lacks the capacity to make this decision.
- Recent changes of deeds/title of house.
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money.
- Service user not in control of their direct payment or individualised budget.
- Misleading sales by door-to-door traders/cold calling.
- Illegal money-lending.

3.5 Neglect and Acts of Omission
These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Possible Indicators:**
- Person has inadequate heating and/or lighting.
- Person’s physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing).
- Person is malnourished, has sudden or continuous weight loss and/or is dehydrated.
- Person cannot access appropriate medication or medical care.
- Person is not afforded appropriate privacy or dignity.
- Person and/or a carer has inconsistent or reluctant contact with health and social services.
- Callers/visitors are refused access to the person.
- Person is exposed to unacceptable risk.

### 3.6 Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

**Possible Indicators:**

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices.
- A person making complaints about the service not meeting their needs.

### 3.7 Organisational Abuse

Organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home. This could include wards or departments in organisations or community settings, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

**Possible indicators**

- Unnecessary or inappropriate rules and regulations.
- Lack of stimulation or the development of individual interests.
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership.
- Restriction of external contacts or opportunities to socialise.

### 3.8 Modern Slavery

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

### 3.9 Self-Neglect

Self-neglect covers a wide range of behaviours neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.
In Northamptonshire, Self Neglect is managed by using the Adults Risk Management (ARM) Framework where a single agency will undertake a risk assessment of the adult at significant risk with the assistance of the multi-agency partnership.

Self-harm does not come under the scope of this policy (which relates to circumstances where there is a person or agent who is causing significant harm to an adult at risk). However, this local authority could apply their safeguarding procedures to protect individuals who self-harm where there is not a third person alleged to have caused harm. Where self-harm contributes to a self-neglect, the ARM could be considered.

### 3.10 Domestic Abuse

Domestic abuse including psychological, physical, sexual, financial, emotional abuse; ‘honour’ based violence, is defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality’. ‘Family members’ are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim. Domestic abuse occurs across society, regardless of age, gender, race, sexuality, wealth and geography. The figures from reported incidents show, however, that it consists mainly of abuse by men against women. Children are also affected both directly and indirectly and there is also a strong correlation between domestic abuse and child abuse.

Effective safeguarding is achieved when agencies share information to obtain an accurate picture of the risk and then work together to ensure that the safety of the adult at risk is prioritised. In high-risk situations it may be relevant to access the multi-agency risk assessment conference (MARAC) process.

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

The four aims of a MARAC are as follows:

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

### 3.11 Additional forms of abuse that are included within the Care Act abuse types above include:

**Honour-based violence**

Honour-based violence is a crime, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community.
Many of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Concerns raised that may indicate honour-based violence include domestic abuse, concerns about forced marriage, enforced house arrest and missing person’s reports. If a concern is raised through a Safeguarding Adults process, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

**Female genital mutilation**
Female genital mutilation (FGM) involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

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

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

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

**Human trafficking**
Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

If an identified victim of human trafficking is also an adult at risk, the response will be coordinated under the Safeguarding Adults process. The police are the lead agency in managing responses to adults who are the victims of human trafficking.

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

**Exploitation by radicalisers who promote violence**
Individuals may be susceptible to recruitment into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The Home Office leads on the anti-terrorism strategy – known as the PREVENT Strategy.

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

- disability
- race
- religion or belief
- sexual orientation
- Transgender identity
- Gender

Hate crime can take many forms including:

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

### 3.12 Multi-Agency Public Protection Arrangements

The purpose of the multi-agency public protection arrangements (MAPPA) framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders).

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

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

- local authority children, family and adult social care services
- other health trusts and strategic health authorities (SHAs)
- Jobcentre Plus
- youth offender teams
- local housing authorities
- registered social landlords with accommodation for MAPPA offenders.

### 3.13 Prisoners

Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. Senior representatives of both Prisons in Northamptonshire are represented on the Safeguarding Adults Board Operational Management Group.

### 3.14 Allegations against carers who are relatives or friends

There is a clear difference between unintentional harm caused inadvertently and a deliberate act of either harm or omission, however contact must be made with the police, if a crime has been or may be committed.

In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the carer’s own physical or mental needs make them unable to care adequately for the adult at risk. The carer may also be an adult at risk. In this situation the aim of Safeguarding
Adults work will be to help the carer to provide support and make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for.

A carer’s assessment should follow the legal requirements of the Carers and Disabled Children Act 2000 and take into account the following factors:

- whether the adult for whom they care has a learning disability, mental health problems or a chronic progressive disabling illness that creates caring needs which exceed the carer’s ability to meet them.
- the emotional and/or social isolation of the carer and the adult at risk.
- whether there is minimal or no communication between the adult at risk and the carer either through choice, mental incapacity or poor relationship.
- whether the carer is or is not in receipt of any practical and/or emotional support from other family members or professionals.
- financial difficulties.
- whether the carer has an enduring or lasting power of attorney or appointeeship.
- whether there is a personal or family history of violent behaviour, alcoholism, substance misuse or mental illness.
- the physical and mental health and wellbeing of the carer.

See local procedures/guidance for more information.

3.15 Person alleged to be responsible for Abuse or Neglect

When a complaint or allegation has been made against a member of staff, including people employed by the adult, they should be made aware of their rights under employment legislation and any internal disciplinary procedures.

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

Under the MCA, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse or neglect with an independent advocate under the Care Act.

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

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

Employers who are also providers or commissioners of care and support not only have a duty to the adult, but also a responsibility to take action in relation to the employee when allegations of abuse or neglect are made against them. Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.
With regard to abuse, neglect and misconduct within a professional relationship, codes of
professional conduct and/or employment contracts should be followed and should determine the
action that can be taken. Robust employment practices, with checkable references and recent
DBS checks should be carried out. Reports of abuse, neglect and misconduct should all be
investigated and evidence collected.

Where appropriate, employers should report workers to the statutory and other bodies
responsible for professional regulation such as the General Medical Council and the Nursing
and Midwifery Council. If someone is removed from their role providing regulated activity
following a safeguarding incident the provider has a legal duty to refer to the Disclosure and
Barring Service (DBS). The DBS must also be informed if the person leaves their role to avoid
a disciplinary hearing following a safeguarding incident and the employer feels they would have
dismissed the person based on the information provided. It is a legal duty to make a
safeguarding referral to DBS if a person is dismissed or removed from their role due to harm to
a child or a vulnerable adult.

### 3.16 Abuse by children

If a child or children is or are causing harm to an adult at risk, this should be dealt with under the
Safeguarding Adults policy and procedures, but will also need to involve the local authority
children’s services.

### 3.17 Child protection

The Children’s Act (CA) 1989 provides the legislative framework for agencies to take decisions
on behalf of children and to take action to protect them from abuse and neglect.

Everyone must be aware that in situations where there is a concern that an adult at risk is or
could be being abused or neglected and there are children in the same household, they too
could be at risk. Reference should be made to the local child protection procedures, the
Northamptonshire Safeguarding Children Board (NSCB), inter-agency guidelines and internal
protocols dealing with cross-boundary working if there are concerns about abuse or neglect of
children and young people under the age of 18. Referral must be made to the Local Authority
Children, Families and Education Directorate and any multi-agency safeguarding children policy
and procedures.

### 3.18 Transitions (Care Leavers)

Robust joint working arrangements between children’s and adults’ services should be in place
to ensure that the medical, psychosocial and vocational needs of children leaving care are
assessed as they move into adulthood and begin to require support from adult services.

The care needs of the young person should be at the forefront of any support planning and
require a co-ordinated multi-agency approach. Assessments of care needs at this stage should
include issues of safeguarding and risk. Care planning needs to ensure that the young adult’s
safety is not put at risk through delays in providing the services they need to maintain their
independence, wellbeing and choice.

The MCA 2005 applies to young people aged 16 years and over apart from the following
aspects:

- only people aged 18 or over can make a lasting power of attorney
- the law generally does not allow anyone below the age of 18 to make a will
- DoLS authorisations under the MCA 2005 apply only to people aged 18 or over.
Information on decisions to refuse treatment made in advance by young people under the age of 18 is available on the Department of Health website.

3.19 Personal budgets and Self-Directed Care

Increasingly people are deciding to use less traditional ways of having their eligible social care and health care needs met. Many are taking the opportunity to exercise greater choice and control over what kinds of services they receive, who provides them and the way in which they are delivered. This revolution brings with it opportunities and challenges from the perspective of risk enablement and safeguarding.

Regardless of the person’s preferred method of managing a Personal Budget (PB) (e.g. council managed account, direct payment, individual service account or a combination of these), the local authority still retains its duty of care with regard to the person and their protection from abuse. However, the balance of power and consequently how risk is managed can be significantly different from previous, traditional models of social care management. This model is more about the co-production of risk management, with the person having a greater say and therefore greater control over how risk is managed. This is therefore an inherently less risk averse arrangement than before.

Throughout the process, from self-assessment (supported or otherwise) through to PB-setting, arranging direct payments or other PB management arrangements, to final sign-off of a support plan, appropriate risk assessment should be taking place with the individual and their supporters.

At the various key stages in the process, risk and safety should be considered.

Self-assessment: initial identification of any safeguarding issues, either one-off or ongoing. If these needs are being met, how is this being done? If they are not being met, they need to be clearly identified.

Budget-setting: if significant safeguarding risks are identified as unmet needs, will the amount of the PB be sufficient to reduce or mitigate them?

Support planning: how will the support plan meet the safeguarding needs in outcome terms? What services are best suited to meet the person’s needs and how will they be delivered in a person-centred way?

Sign-off: authorisation of the support to ensure it is legal, safe and affordable.

In this arrangement people using PBs, to a greater or lesser degree, are the commissioners of their own services, particularly where they are using direct payments to manage them.

Different arrangements exist to support people through the process of setting up a support package. In some areas this may be the responsibility of local authority adult social care staff, independent brokerage services or user-led organisations (ULOs). The kinds of support available may include:

- advice about safe recruitment
- advice about safeguarding and dignity
- using approved or accredited providers of services
- employment advice and services
- advice and support in relation to the quality of services
- contractual issues
It should be remembered that, where someone has capacity to make their own decisions in these matters, they may choose *not* to seek or use such advice or support services. This does not necessarily have a detrimental impact on the legality or safety of the support plan.

People with PBs and support plans which utilise direct payments are subject to the same reviewing arrangements as those in receipt other services (i.e. a minimum of once per year).

**Those who fund their own care arrangements**

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the local authority.
4 Role of the Strategic Partnership in Northamptonshire

4.1 Northamptonshire Safeguarding Adults Board
SABs are multi-agency boards established in each local authority to promote, inform and support Safeguarding Adults work; CCG’s, Police and Local Authority. They ensure that priority is given to the prevention of abuse and that adult safeguarding is integrated into other community initiatives and services.

A local SAB may be chaired by a Director of Adult Social Services, an Assistant Director, a Senior Elected Member or, where partner agencies have agreed, by an Independent Chair. In Northamptonshire, it has been agreed that an Independent Chair should be appointed to provide rigour and accountability.

A Safeguarding Adults Board has three functions:
1. It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve these objectives. The plan must be developed with local community involvement, and the SAB must consult the Local Health-watch organisation.
2. It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.
3. It must conduct any Safeguarding Adults Review.

The Northamptonshire Safeguarding Adults Board Business office contact details are as follows;

Safeguarding Adults Board Business Office
C/O Adult Social Care Services
John Dryden House
8-10 The Lakes
Northampton
NN4 7YD
Tel: 01604 365681
Email: NSAB@northamptonshire.gov.uk

Safeguarding Adults Reviews (SAR)
A Safeguarding Adult Review (SAR) is a review of the practice of agencies involved in a safeguarding incident. It is commissioned by the SAB when a serious incident or incidents of adult abuse take place or are suspected. The aim is for agencies and individuals to learn lessons and improve the way in which they work.

The local SAB has the lead responsibility for conducting a SAR. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The purpose of a (SAR) is not to apportion blame as to who is responsible for the death of or significant harm to the adult and how this came about: that duty falls to the criminal justice system and/or coroner’s office. The purpose of a Safeguarding Adults Review is to:

- establish whether there are lessons to be learned from the case
- identify what those lessons are, how they will be acted upon and what is expected to change as a result within a given timescale in terms of improvements to practice
inform and improve local inter-agency working
review the effectiveness of procedures (both multi-agency and those of individual organisations) and make recommendations for improvements
prepare or commission an overview report which brings together and analyses the overall findings.

Always refer to the NSAB Business Office should you feel you have a case which may meet the criteria for a (SAR).

Domestic Homicide Reviews
Domestic homicide reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Abuse, Crime and Victims Act (DVCVA) 2004. This provision came into force on 13 April 2011 and the purpose is to:

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims
- identify clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted upon, and what is expected to change as a result
- apply these lessons to service responses including changes to policies and procedures as appropriate
- Prevent domestic homicide and improve service responses for all domestic abuse victims and their children through improved intra- and inter-agency working.

DHRs are not inquiries into how the victim died or into who is culpable and are not specifically part of any disciplinary inquiry or process. The rationale for the review process is to ensure agencies are responding appropriately to victims of domestic abuse by offering and putting in place:

- appropriate support mechanisms
- procedures
- resources and interventions with the aim of avoiding future incidents of domestic homicide and violence.

A DHR will also assess whether agencies have sufficient and robust procedures and protocols in place, which were in turn understood and adhered to by staff. The DHR process is similar to that of adult reviews and children’s serious case reviews. The main purpose is to learn lessons.

In Northamptonshire, the DHR Policy is managed and facilitated by the Community Safety Partnership (CSP).

4.2 Lead co-ordinating agency – Local Authority
Local authorities have the lead role in co-ordinating the multi-agency approach to safeguard adults at risk. This includes the co-ordination of the application of this policy and procedures, co-ordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

In addition to this strategic co-ordinating role, the local authority adult social care department, joint health and social care teams and mental health teams also have responsibility for co-ordinating the action taken by organisations in response to concerns that an adult at risk is being, or is at risk of being, abused or neglected including:
Additional agencies the local authority must consider also co-operating with are:
- General practitioners
- Dentists
- Pharmacists
- NHS hospitals
- Housing, Health and Care Providers

The local authority should:

- ensure that any Safeguarding Adults concern is acted on in line with this policy and procedure
- coordinate the actions that relevant organisations take in accordance with their own duties and responsibilities. This does not mean that local authorities undertake all activities under Safeguarding Adults – relevant organisations have their own roles and responsibilities
- ensure a continued focus on the adult at risk and due consideration to other adults or children
- ensure that key decisions are made to an agreed timescale
- ensure that an interim and a final safeguarding plan are put in place with adequate arrangements for review and monitoring
- ensure that actions leading from enquiry/assessment are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case
- ensure independent scrutiny of circumstances leading to the concern and to Safeguarding Adults work
- facilitate learning lessons from practice and communicating these to partners.
- take all reasonable steps to protect the moveable property of an adult with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves. Local authorities must act where it believes that if it does not take action there is a risk of moveable property being lost or damaged.

**Lead councillor for Safeguarding Adults**
The lead councillor/assistant mayor for Safeguarding Adults has a responsibility to make sure that the director of adult social services and the SAB are effectively discharging their responsibilities in relation to adults at risk.

**Director of adult social services**
The director of adult social services has specific responsibilities under statutory guidance issued by the Department of Health (DoH). Within adult social services, the director has a responsibility to:

- maintain a clear organisational and operational focus on Safeguarding Adults
- make sure relevant statutory requirements and other national standards are met
- make sure Independent DBS standards are met.
Out of Hours services and Emergency Duty Teams

Local out of hours’ teams (social services and health) and emergency duty teams operate out of normal working hours, at weekends and over statutory holidays.

If a concern is raised with the out of hours service which indicates an immediate or urgent risk, the officer receiving the concern will take any steps necessary to protect the adult at risk including arranging emergency medical treatment, contacting the police and taking any other action to ensure that the adult at risk is safe. Out of hours staff must also be aware that, if responding to an emergency other adults may also be at risk.

A member of the out of hours service would not be responsible for a Safeguarding Adults enquiry but it may be necessary to interview the alleged victim where:

- the allegation is serious that is, life-threatening or likely to result in serious injury (in which case action would be co-ordinated with the police to ensure any evidence is preserved)
- the concern is unclear
- there is a need to interview the adult at risk to ensure they can be safeguarded against further abuse or neglect if necessary (if appropriate this would need to be co-ordinated with the police to ensure the preservation of evidence).

Whether or not any immediate action is necessary the out of hours worker or emergency duty officer will record the facts concerning the alleged abuse or neglect and pass all relevant information to the appropriate duty team in adult social care or to a mental health team on the next working day. If the case is already allocated the out of hours worker will notify the allocated worker.

In a situation where staff who work for other organisations, including health services and those who work out of hours, become aware that an adult at risk is being abused or neglected, they should call the emergency services if the adult is at serious risk of immediate harm, and the local authority emergency duty team or emergency out of hours service if an immediate safeguarding plan needs to be put in place.

If the situation does not indicate an immediate risk of harm, staff working out of hours will refer to the appropriate local authority referral point on the next working day. They will also refer to the appropriate point in their own organisation.

Complaints

Local authorities have statutory complaints procedures. If a complaint received by a complaints officer could indicate that an adult is at risk, the officer will bring this to the attention of the relevant Safeguarding Adults lead or other manager.

If a complaint is made to the local authority that leads to a Safeguarding Adults enquiry/assessment, the local authority can decide not to commence the complaints investigation if this would compromise the enquiry/assessment. The complainant would be informed of this course of action and the reason for it. See local Complaints procedures/guidance.

Complaints received from any source about Safeguarding Adults practice or arising from the Safeguarding Adults process should be handled by the relevant complaints procedures of the organisation about which the complaint has been made.
Complaints about safeguarding enquiries
If individuals involved in the process are not satisfied with the outcome of a Safeguarding enquiry, the local authority complaints procedure must be followed.

In addition, the Local Government Ombudsman (LGO) has jurisdiction to investigate complaints about safeguarding enquiries for which Councils have coordinating responsibility. Depending on the nature of the complaint the current LGO practice is to consider whether:

- the safeguarding enquiries proportionate
- the local authority has taken appropriate action in response to the findings of the safeguarding enquiry
- the local authority continues to monitor the situation e.g. through its contracts and monitoring team or reviews
- the local authority can provide evidence why the safeguarding allegations did not meet the safeguarding threshold
- there were any delays or other failures in the process
- whether the conclusions are consistent with the evidence
- the local authority considered all relevant and available evidence.

Although safeguarding enquiry are multiagency in nature this does not preclude the LGO from investigating matters that relate to the actions of professionals employed by organisations that do not fall within the LGO’s jurisdiction. For example, if someone complains that a health professional did not properly investigate clinical matters as part of the safeguarding enquiry they can still investigate that if the complainant alleges that that affected the outcome of the safeguarding enquiry.

That said, if a complaint is made against the agency making enquiries, the agency involved will apply their internal complaints procedure as this Inter-Agency complaints Policy does not affect the statutory complaints processes in individual agencies.

Complaints about Safeguarding Adult Boards (SABs)
Previously, the LGO have generally not investigated complaints about the actions or decisions of SABs. With the changes introduced with the Care Act, the LGO now consider that it is within their jurisdiction to look at the actions of SABs, including actions relating to SAR’s, and including actions of professionals who are not employees of the Local Authority. As Local Authorities are responsible for SABs however, it follows that they should therefore look at any complaint before it is referred to the LGO.

4.3 Police
Every member of the community deserves protection from exploitation and abuse or neglect by those entrusted with their care and the people they should be able to rely on to keep them safe. The police take any crime against an adult at risk seriously, and will investigate it thoroughly, professionally and empathetically. The police work very closely with partner agencies to ensure effective information sharing, risk assessment and decision-making takes place every time an incident of abuse or neglect is reported:

- The police will hold people causing abuse or neglect accountable for their actions. Where criminal proceedings are deemed inappropriate the police will work closely with partners to identify the most suitable course of action.
- The police will work in effective partnership with other agencies to safeguard adults at risk.
Where a criminal offence appears to have been committed, the police will be the lead investigating agency and will direct investigations in line with legal and other procedural protocols. A police investigation will be initiated at the outset and a comprehensive initial risk assessment undertaken.

It is the responsibility of the police to secure and preserve evidence. Where the police are the lead investigating agency they will work closely with the local authority and other partner agencies in line with the Safeguarding Adults policy and procedures to ensure that the identified risks are acted on and a risk management or safeguarding plan is agreed at an early stage.

There are now special measures that can be put into place to help vulnerable people through the court process. These measures have allowed many people who may once have been denied access to the criminal justice system the opportunity to give their evidence in court. The police will discuss these special measures with victims at the earliest stage possible in the enquiry.

Some adults at risk can be abused by strangers and the role of the police is to work in partnership with key agencies where a potential crime has been committed and on the development of a safeguarding plan.

4.4 NHS-funded services

The National Health Service (NHS) has a commitment and a duty to safeguard adults at risk. This duty is to be found in regulation 11 of SI 2010/781, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The duty is defined in Outcome 7 of the Essential standards of quality and safety, published by the Care Quality Commission which underpins the HSCA 2008.

In order to achieve this, health organisations need to:

- ensure that robust systems and policies are in place and are followed consistently
- provide training and supervision to enable staff to recognise and report incidents of adult abuse
- provide expert advice
- reduce the risks to adults at risk.

NHS providers must work collaboratively with other statutory, voluntary and charitable organisations to ensure the safety and wellbeing of any person deemed to be vulnerable. The primary aim is to prevent abuse or neglect where possible but, if this fails, robust procedures must be in place for the effective management and investigation of incidents of abuse or neglect.

The DoH has published four guidance documents concerning the statutory duties relating to safeguard adults:

- Safeguarding adults: the role of NHS commissioners
- Safeguarding adults: the role of health service managers and their boards
- Safeguarding adults: the role of health service practitioners
- Safeguarding adults: measuring effectiveness through assurance

Health commissioners must ensure that adult safeguarding standards are included in all commissioning arrangements and are reflected in organisational change to meet the needs of people who live in their local health area. Clinical Commissioning Groups have a duty to promote equalities and work in SABs with local authorities in relation to health and social care, early years, public health, safeguarding and the wellbeing of the local population.

The provision of high quality, safe services continues to be a key priority for the NHS. The NHS has a duty of care to protect adults at risk from neglect and abuse and to provide appropriate health care in a timely, effective and appropriate manner. Government reform maintains that...
health providers will be held to account by patients, the public, their commissioners and regulators. Managers of health services and their boards play an essential role in safeguarding patients in the most vulnerable situations.

Safeguarding must be integrated with NHS clinical governance arrangements, with greater openness and transparency about clinical incidents, both in terms of clear reporting, shared learning and improved SAB working. Non-executive directors and lay members of trusts also have a vital role to play in promoting the safeguarding agenda. They have the opportunity to provide independent scrutiny and hold services to account.

Six basic measures will help managers and their health boards comply with legislation and achieve good outcomes at a local level:

1. Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
2. Set Safeguarding Adults within the service’s strategic objectives.
3. Use integrated governance systems and processes to prevent abuse or neglect occurring and respond effectively where harm does occur.
4. Work with the local SAB, patients and community partners to create safeguards for patients.
5. Provide leadership to safeguard adults.
6. Ensure accountability and use learning within the service and the SAB to bring about improvement.

Health care staff often work with patients who, for a range of reasons, may find it difficult to protect themselves from neglect, harm or abuse, and all staff have a duty towards such people. These duties stem from a common law duty of care and from professional codes of practice. In addition, their employers have an explicit duty under the Regulated Activity Regulations a number of guidelines have been developed with the aim of assisting managers/practitioners in this role:

- ensure staff and volunteers recognise poor practice and respond appropriately
- work with clear operational procedures for all staff and volunteers
- access relevant training appropriate to level of responsibility
- ensure attendance at clinical and managerial supervision which allows staff to reflect on their practice and the impact of their actions on others
- ensure appropriate clinical risk assessments are undertaken to support timely and appropriate action
- work collaboratively with service users and carers, support witnesses and people causing harm who are also adults at risk
- ensure information is shared according to agreed information sharing protocols
- ensure accessible information is available to adults and carers that explains what abuse and neglect is and how they can raise a concern
- ensure a concern is raised to a Safeguarding Adults contact point, in line with these procedures should staff suspect or know of abuse or neglect
- where appropriate, play an active role in safeguarding discussions or meetings, safeguarding reviews and safeguarding planning
- Designate a manager at a senior level to lead on the implementation, monitoring and development of Safeguarding Adults activities within the organisation.

It is essential for health care organisations to have systems and processes in place in order to review and benchmark their Safeguarding Adults arrangements and to provide assurance and accountability for the organisation and its commissioners, partners and patients. Safeguarding Adults activity in health care should not be measured in isolation, and it is fundamental that assurance processes support multi-agency Safeguarding Adults objectives.
The assurance framework and outcomes tools developed in local organisations should draw on existing standards and inspection frameworks. Services must be accountable to patients for the quality of care, shared decision-making should become the norm and patient safety must always be put above all else.

**General practitioners**

GPs have a significant role in Safeguarding Adults. This includes:

- raising a concern to a Safeguarding Adults contact should they suspect or know of abuse or neglect, in line with these procedures
- playing an active role in safeguarding discussions or meetings, review meetings and safeguarding planning.

The CCGs should make sure that effective training and reporting systems are in place to support GPs and GP practices in this work.

**Patient advice and liaison (PALS) and complaints**

Patient Advice and Liaison Services (PALS) along with complaints departments provided by acute, specialist and community NHS health trusts, have been established to provide confidential advice and support to patients, families and carers, including confidential assistance in resolving problems and concerns. PALS acts as a focal point for feedback from patients to inform service developments and as such can act as an early warning system.

PALS staff should be in a position to recognise that a concern raised by a patient, carer or friend could indicate that a person is at risk of abuse or neglect. They are then able to raise this concern within their own health organisation in line with its safeguarding/complaints policy. This policy will in turn ensure that appropriate action is taken.

**East Midlands Ambulance Service**

There are a number of ways in which ambulance staff may receive information or make observations which suggest that an adult at risk has been abused or is at risk of harm. Ambulance staff will often be the first professionals on the scene and their actions and recording of information may be crucial to subsequent enquiries.

Ambulance staff will not investigate suspicions and, if there is someone else present, will not reveal their concerns. If the patient is conveyed to hospital, ambulance staff will inform a member of the accident & emergency (A&E) team (or the nursing staff if the patient is taken to another department) of their concerns about possible abuse. Ambulance staff should follow Ambulance Service procedures for contacting the local authority.

**4.5 Healthwatch**

Service users often feel they do not have a strong enough voice to change aspects of their health or social care. Healthwatch Northamptonshire is part of a wider process to help people have a stronger local voice. The role of Healthwatch is to:

- ask local people what they think about health care services and provide an opportunity to suggest ideas for improvement
- investigate specific issues of concern to the community
- hold services to account and get results
- ask for information and receive an answer in a specified amount of time
- carry out spot-checks to assess whether services are working well
- make reports and recommendations and receive a response
- refer issues to the local Overview and Scrutiny Committee (OSC).

Overseen by the Care Quality Commission (CQC), Healthwatch is the ‘consumer champion’, operating at both local and national levels (Health and Social Care Act 2012).

4.6 Fire Service
Fire Service personnel visit people in their homes when carrying out home fire safety visits. In cases where they have a concern about an adult they will inform their line manager who will then take appropriate action, which may involve referral to another agency.

The Fire Service has officers who are trained to recognise and report concerns that an adult may be at risk, in line with the local Safeguarding Adults procedure.

4.7 Care Quality Commission
The CQC regulates and inspects health and social care services including domiciliary services, and protects the rights of people detained under the Mental Health Act (MHA) 1983. It has a role in identifying situations that give rise to concerns that a person using a regulated service is or has been at risk of harm, or may receive an allegation or complaint about a service that could indicate potential risk of harm to an individual or individuals. The CQC should raise a safeguarding concern when appropriate to the safeguarding contact point.

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

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

4.8 Housing - Local authority housing services
Local authority housing services are responsible under homeless legislation to assist people who are:

- homeless – people who are currently homeless
- priority – people who are in accommodation but have a priority need for council accommodation
- eligible- people who are not a priority but nevertheless eligible

There is a duty on housing authorities to ensure that advice and information about homelessness, and preventing homelessness, is available to everyone in their district free of charge. Authorities are also required to assist individuals and families who are homeless or threatened with homelessness and who apply for help. Authorities should not wait until homelessness is likely or is imminent before providing advice and assistance. There is an emphasis on the need for joint working between housing authorities, social services and other statutory, voluntary and private sector partners in tackling homelessness more effectively to safeguard adults.
4.9 Judicial Bodies

Court of Protection
The Court of Protection deals with decisions and orders affecting people who lack capacity. The Court can make major decisions about health and welfare, as well as property and financial affairs. The Court has powers to:

- decide whether a person has capacity to make a particular decision for themselves
- make declarations, decisions or orders on financial and welfare matters affecting people who lack capacity to make such decisions
- appoint deputies to make decisions for people lacking capacity
- decide whether a lasting power of attorney or an enduring power of attorney is valid
- remove deputies or attorneys who fail to carry out their duties.

Crown Prosecution Service
The Crown Prosecution Service (CPS) is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. The CPS has produced a policy on prosecuting crimes against older people which is equally applicable to adults at risk, who may also be vulnerable witnesses.

Support is available within the judicial system for those at risk to enable them to bring cases to court and to give the best evidence. If a person has been the victim of abuse that is also a crime, their support needs can be identified by the police, the CPS and others who have contact with the adult at risk. Witness Care Units exist in all judicial areas and are run jointly by the CPS and the police.

The CPS has a key role to play in making sure that special measures are put in place to support vulnerable or intimidated witnesses. Special measures were introduced by the Youth Justice and Criminal Evidence Act (YJCEA) 1999 and are available in both Crown and the magistrates’ courts. They include the use of screens, trained intermediaries to help with communication and arrangements for evidence and cross-examination to be given by video link.

The Coroner
Coroners are independent judicial officers who are responsible for investigating violent, unnatural deaths, sudden deaths of unknown cause and deaths in custody, which must be reported to them. The coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- where there is an obvious and serious failing by one or more organisations
- where there are no obvious failings, but the actions taken by organisations require further exploration/explanation
- where a death has occurred and there are concerns for others in the same household or other setting (such as a care home)
- where a death falls outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the coroner or his or her officers

In the above situations the local SAB should give serious consideration to instigating an Adult Review where an adult at risk is involved, and the review procedure should be agreed with the coroner.
The Probation Service

The Probation Service protects the public by working with offenders to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who have the potential to do harm. Probation officers use the Offender Assessment System (OASys) to assess risk and identify factors that have contributed to offending. The Probation Service also has a remit to be involved with victims of serious sexual and other violent crimes.

The Probation Service shares information and works with SABs from other agencies including local authorities and health services, and contributes to local MAPPA procedures to help reduce the reoffending behaviour of sexual and violent offenders, so as to protect the public and previous victims from serious harm.

Although the focus of the Probation Service is on those who cause harm, it is also in a position to identify offenders who are themselves at risk from abuse or and to take steps to reduce this risk in line with the principles of this policy and procedure.

4.10 Commissioning

Commissioners of services should set out clear expectations for provider agencies and monitor compliance. Commissioners have a responsibility to:

- ensure that people who commission their own care are given the right information and support to do so from providers who engage with Safeguarding Adults principles and protocols
- ensure that agencies from whom services are commissioned know about and adhere to relevant registration requirements and guidance
- ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the multi-agency Safeguarding Adults policy and procedures
- ensure that managers are clear about their leadership role in Safeguarding Adults in ensuring the quality of the service, the supervision and support of staff, and responding to and investigating a concern about an adult at risk
- commission a workforce with the right skills to understand and implement Safeguarding Adults principles
- ensure staff have received induction and training appropriate to their levels of responsibility
- liaise with the local SAB and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users
- ensure that services routinely provide service users with information in an accessible form about how to make a complaint and how complaints will be dealt with
- ensure that commissioners (and regulators) regularly audit reports of risk of harm and require providers to address any issues identified.

4.11 Supporting processes

Information Sharing

Local information sharing protocols for Safeguarding Adults exist for all statutory partner organisations. These protocols recognise that information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.
Decisions about what information is shared and with whom will be taken on a case-by-case basis. Whether or not information is shared with or without the adult at risk’s consent, the information should be:

Information will only be shared on a ‘need to know’ basis when it is in the best interests of the adult;

- confidentiality must not be confused with secrecy;
- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and,
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.

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

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

In certain circumstances it will be necessary to exchange or disclose personal information which will need to be in accordance with the Data Protection Act 1998 and the NSAB Information Sharing Protocol.

**Risk Assessment and Management**

The assessment of the risk of abuse, neglect and exploitation of people using services should be integral in all assessment and planning processes, including assessments for self-directed support and the setting up of PB arrangements. Assessment of risk is dynamic and on-going, especially during the Safeguarding Adults process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk. The primary aim of a Safeguarding Adults risk assessment is to establish:

- current risks that people face
- potential risks that they and other adults may face

See local procedures/guidance for additional information.

**Whistleblowing**

The PIDA 1998 provides a framework for whistleblowing across the private, public and voluntary sectors. Each member organisation of the SAB will have its own whistleblowing policy. These policies should provide people in the workplace with protection from victimisation when genuine concerns have been raised about malpractice. The aim is to reassure workers that it is safe for them to raise concerns, and partner organisations should establish proper procedures for dealing with such concerns. See local procedure/guidance for additional information.
Cross-boundary and Inter-Authority Enquiries

Risks may be increased by complicated cross-boundary arrangements, and it would be dangerous and unproductive for local authorities to argue over whose responsibility it is to investigate cross-boundary safeguarding incidents.

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

The initial lead in response to a safeguarding concern should always be taken by the local authority where the incident occurred. This is known as the ‘host local authority’. This might include taking immediate action to ensure the safety of the person, or arranging an early discussion with the police when a criminal offence is suspected.

The host local authority will:

- receive the concern
- gather initial information
- take immediate steps to protect the individual
- notify the placing local authority and gather information from that authority
- involve the placing local authority’s nominated link person in the decision-making processes
- Co-ordinate the enquiry of any incident where care arrangements exist across boundaries.

The placing local authority continues to have responsibilities to the person who is the subject of the concern, and will take action as needed by:

- negotiating the safeguarding arrangements that are included in any provider’s service specifications and monitoring these
- reacting promptly when there is a concern, following these procedures and the procedures of the host local authority
- nominating a ‘link person’ to liaise between the two local authorities
- providing information and other assistance to support the host authority’s enquiry
- providing support for adults for whom they have responsibility towards and who are identified as at risk or harmed, whether perpetrators or victims
- meeting any care needs that are identified by the enquiry and are within its responsibility.

In terms of renegotiation, dispute resolution and uncertainty between two local authorities, the ‘default’ position is described in the paragraphs above. However, the responsibility for making enquiries following receipt of a could be negotiated, with authorities agreeing alternative arrangements when these are in the best interests of the adult, or when it is more appropriate and practical to do this. For example, during a short stay outside the ‘host’ or ‘placing’ area. A copy of the Enquiry Report should be shared with the placing authority (ADASS Guidance).

Residents in an acute hospital setting:

When hospitals provide clinical care to residents from a wide surrounding area, there may be negotiation about which local authority should take responsibility for making enquiries following concerns that come to light in the hospital but which actually occurred in the placing authority’s area. In cases of dispute, the default position must apply.
Section 117
Special rules apply to adults at risk who are also subject to Section 117 (After Care) of the MHA 1983. Case law has established that the duty falls in the first place on the authority for the area in which the patient was resident before being detained in hospital, even if the patient does not return to that area on discharge. If (but only if) no such residence can be established, the duty will fall on the authority for the area where the patient is to reside on discharge from hospital.

Risk resulting from disputes over responsibility
Increased risk may result from intractable disputes over responsibility. All responses must still take place within the timescales of these procedures, using the default position if necessary. In such cases staff must inform their SAB so that discussions can take place.
Glossary and abbreviations

A&E (accident & emergency) a common name in the UK and Ireland for the emergency department of a hospital.

Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

ACPO (Association of Chief Police Officers) an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services) the national leadership association for directors of local authority adult social care services.

Adult at risk is a person who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. This replaces the vulnerable adult terminology used in the No Secrets guidance (2000).

Adult Review a review of the practice of agencies involved in a safeguarding matter. An Adult Review is commissioned by the Safeguarding Adults Board (SAB) when a serious incident(s) of adult abuse or neglect takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work.

Advocacy taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need.

Alerting Passing on concern that someone may be being abused to an appropriate person. Since the Care act and under the new safeguarding arrangements, alerts are now known as concerns.

AMHP Approved Mental Health Practitioner A worker appointed to undertake assessments of people under the Mental Health Act 2007. This is often a social worker or community psychiatric nurse (CPN).

Appropriate Adult A suitable person who represents the interests of an adult in need of safeguarding who is being interviewed by the police where the adult has a substantial difficulty participating in the safeguarding process, an appropriate adult or advocate must be appointed.

Capacity Mental capacity is the ability to make a specific decision. Capacity can vary over time and by the decision to be made. The inability to make a decision could be caused by a variety of permanent or temporary conditions.

Care Management the process of assessment of need, planning and co-ordinating care for people with physical and/or mental impairments to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.

Community Care ‘community care’ is a phrase used to describe the various services available to help people manage their physical and mental health problems in the community e.g. nursing or social work support, home help, day centres, counselling, supported accommodation.

Carer refers to unpaid carers for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be ‘carer’, are called ‘staff’.
is multi-agency meeting held to discuss the outcome of the enquiry/assessment and to put in place a safeguarding or safety plan? This term has now been replaced by the Safeguarding Review.

CCG (Commissioning Clinical Group) manage the provision of primary care services in a specific area. These include services provided by doctors surgeries, dental practices, opticians and pharmacies. NHS walk-in centres and the NHS Direct phone service are also managed by the local CCG.

Clinical Governance the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

Consent the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

CPA (Care Programme Approach) The Care Programme Approach (CPA) was introduced in 1990 to provide a framework for effective mental health care for people with severe mental health problems. Its four main elements were:
- Systematic arrangements for assessing the health & social needs of people accepted into specialist mental health services.
- The formulation of a care plan which identifies the health & social care required from a variety of providers.
- The appointment of a key worker (Care Coordinator) to keep in close contact with the service user and to monitor and coordinate care; and
- Regular review and, where necessary, agree changes to the care plan.

CPS (Crown Prosecution Service) the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) responsible for the registration and regulation of health and social care in England.

DA (Domestic Violence) Domestic abuse is defined as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality, and includes extended family violence, including honour based violence and forced marriage.’

DoH (Department of Health) the government strategic leadership for public health, the NHS and social care in England.

DHR (Domestic Homicide Review) a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom she or he was related or with whom she or he was or had been in an intimate personal relationship, or (b) a member of the same household as herself or himself. A DHR is held with a view to identifying the lessons to be learned from the death.

DoL (Deprivation of Liberty) is a deprivation of a person’s fundamental human right (liberty).

DoLS (Deprivation of Liberty Safeguards) measures to protect people who lack the mental capacity to make specific decisions at specific times. The Safeguards came into effect in April 2009 using the principles of the Mental Capacity Act (MCA) 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.
**DPA (Data Protection Act 1998)** an Act to make provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.

**Disclosure** Someone communicating to someone else that they have been abused.

**DBS Disclosure and Barring Service** The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

**Duty of Care** Under common law, reasonable care must be taken to safeguard someone you have responsibility (in a paid or unpaid capacity) for from acts or omission which could cause harm.

**DVCVA (Domestic Violence, Crime and Victims Act 2004)** is an Act of the Parliament of the United Kingdom. It is concerned with criminal justice and concentrates upon legal protection and assistance to victims of crime, particularly domestic abuse. It also expands the provision for trials without a jury, brings in new rules for trials for causing the death of a child or vulnerable adult, and permits bailiffs to use force to enter homes.

**DVCV(A)A) (Domestic Violence, Crime and Victims (Amendment) Act 2012)** Act to amend section 5 of the Domestic Violence, Crime and Victims Act 2004 to include serious harm to a child or vulnerable adult; to make consequential amendments to the act; and for connected purposes.

**DWP (Department for Work and Pensions)** government department responsible for welfare and employment issues.

**EDT Emergency Duty Team** a social services team that responds to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult at risk, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

**Enquiry** establishes what actions need to be taken to minimise the risk of harm.

**FGM (female genital mutilation)** is defined by the **World Health Organisation** (WHO) as ‘all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.’

**FGMA (Female Genital Mutilation Act 2003)** An Act to restate and amend the law relating to female genital mutilation.

**GP (General Practitioner)** A general practitioner is a doctor who is responsible for diagnosing and treating a variety of injuries and diseases that fall under the general practice category. General practitioners (GPs) work in primary care. They are usually commissioned by primary care organisations, such as primary care trusts or clinical commissioning groups to deliver services.

**HMIPs (Her Majesty’s Inspectorate of Prisons)** An independent inspectorate which reports on conditions for and treatment of those in prison, young offender organisations and immigration detention facilities.

**HR (Human Resources)** The division of an organisation that is focused on activities relating to employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, and retention. Formerly called personnel.
HRA (Human Rights Act 2000) legislation introduced into domestic law for the whole of the UK in October 2000, in order to comply with the obligations set out in European Convention of Human Rights

HSCA (Health and Social Care Act 2012) provides legislative changes to the health and care system including giving GPs and other clinicians the primary responsibility for commissioning health care.

HSE (Health and Safety Executive) a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

Ill treatment Section 44 of the Mental Capacity Act (MCA) 2005 introduced a new offence of ill treatment of a person who lacks capacity by someone who is caring for them or acting as a deputy or attorney for them. That person can be guilty of ill treatment if they have deliberately ill-treated a person who lacks capacity, or been reckless as to whether they were ill-treating the person or not. It does not matter whether the behaviour was likely to cause, or actually caused, harm or damage to the victim’s health. A similar offence has been created under the Criminal Justice and Courts Act 2015 for anyone delivering health or social care, whether the person being supported has capacity or not.

IDVA (independent domestic violence adviser) a trained support worker who provides assistance and advice to victims of domestic abuse.

IMCA (independent mental capacity advocate) established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

IPCC (The Independent Police Complaints Commission) oversees the police complaints system in England and Wales. It is independent, making its decisions entirely independently of the police, government and complainants.

Intermediary someone appointed by the courts to help a vulnerable witness give their evidence either in a police interview or in court.

Investigation the term previously used to describe a process to gather evidence to determine whether abuse or neglect has taken place and/or whether there is ongoing risk of harm to the adult at risk. Since the Care act investigations are now known as enquiries.

Healthwatch are independent groups of individuals and community groups, such as faith groups and residents’ associations, working together to improve health and social care services.

LPA Lasting Power of Attorney A donor can appoint someone to manage either finance and property affairs and / or health and welfare affairs when the donor loses capacity.

MAPPA (multi-agency public protection arrangements) statutory arrangements for managing sexual and violent offenders.

MARAC (multi-agency risk assessment conference) the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and ‘honour’-based violence.

MCA (Mental Capacity Act 2005) The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.
MHA (Mental Health Act 1983 (as amended by the 2007 Act)) The Mental Health Act 1983 is the law under which a person can be admitted, detained and treated in hospital against their wishes. The Act covers the rights of people while they are detained, how they can be discharged from hospital and what aftercare they can expect to receive.

National Health Service (NHS) the publicly funded health care system in the UK.

NSAB Northamptonshire Safeguarding Adults Board

NSCB Northamptonshire Safeguarding Children’s Board

OASys (Offender Assessment System) a standardised process for the assessment of offenders, developed jointly by the Probation and the Prison Services.

OPG (Office of the Public Guardian) established in October 2007, the OPG supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and in supervising Court of Protection appointed deputies.

PACE (Police and Criminal Evidence Act 1984 ) and the PACE codes of practice provide the core framework of police powers and safeguards around stop and search, arrest, detention, investigation, identification and interviewing detainees

PALS (Patient Advice and Liaison Service) a body created to provide advice and support to National Health Service (NHS) patients and their relatives and carers.

Person alleged to be responsible for abuse or neglect Previously known as the alleged perpetrator.

Personal Budget (PB) are allocated money for social care services, allocated based on the needs of the individual following an assessment. They could be managed by councils or another organisation on behalf of individuals. They could also be paid as a direct payment, or a mixture of both.

Provider An agency that provides services. It could be in the statutory, independent or voluntary sector.

PIDA (Public Interest Disclosure Act 1998) An Act to protect individuals who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purposes.

Police the generic term used in this document covering the Northamptonshire Police.

PPO (Police, Prison and Probation Ombudsman) The Prisons and Probation Ombudsman is appointed by the Home Secretary, and is an independent point of appeal for prisoners and those supervised by the Probation Service. It will take appeals from offenders and ex-offenders who are not satisfied with the handling of a complaint by the Prison Service, a prison or the National Probation Service.

PPUs (Public Protection Units) the units within the police forces across the Northamptonshire area that deal with Safeguarding Adults and Children in the areas of high-risk domestic abuse, sexual abuse, and child abuse, vulnerable adult abuse and registered sex offender management.

Protection Plan is the term previously used to describe a risk management plan aimed at removing or minimising risk to the person and others who may be affected if it is not possible to
remove the risk altogether. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop. Now known as the Safeguarding Plan

**Public Interest** a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others or society as a whole to protection.

**QIPP (Quality, Innovation, Productivity and Prevention)** is a Department of Health (DoH) initiative to help National Health Service (NHS) organisations to deliver sustainable services in better, more cost-efficient ways.

**RCP (Royal College of Psychiatrists)** is an independent professional membership organisation and registered charity, representing over 27,000 physicians in the UK and internationally.

**Referral** is the term previously used when a safeguarding alert was deemed to meet the threshold for Adult Protection. Now known as a safeguarding concern

**Review** the process of re-examining a safeguarding plan and its effectiveness.

**Risk Assessment** An assessment which identifies and quantifies the personal, social or environmental hazards to a person in any given situation. A risk management plan can then be put together detailing how to reduce those risks.

**SAB (Safeguarding Adults Board)** the SAB represents various organisations in a local authority who are involved in Safeguarding Adults.

**Safeguarding Adults** incorporates the concept of prevention, empowerment and protection to enable adults who are in circumstances that make them vulnerable, to retain independence, well-being and choice and to access their right to a life free from abuse and neglect.

**SPOC Single Point of Contact** the place where safeguarding concerns are raised within the local area. This could be a local authority single point of access, the relevant social work or mental health team or a ‘safeguarding hub’.

**SIRI (Serious Incident Requiring Investigation)** a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the National Health Service (NHS) requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

**Significant Harm** is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

**SOCA (Serious Organised Crime Agency)** a non-departmental public body of the government with a remit to tackle serious organised crime.

**Staff** paid workers, including personal assistants, whose job title may be ‘carer’, are called ‘staff’. Volunteers are also classed as staff. See also *Carer*.

**Safeguarding Discussion/Meeting** a multi-agency discussion or meeting between relevant individuals to share information and agree how to proceed with the enquiry/assessment, considering all known facts. It can be face to face or by telephone and should start to bring together the intelligence, held in different agencies, about the adult at risk, the person causing harm and approaches that each agency can take to instigate protective actions.
SVGA (Safeguarding Vulnerable Groups Act) to make provision in connection with the protection of children and vulnerable adults. The Act provides the legislative framework for Vetting and Barring Scheme, put into place by the Independent Safeguarding Authority.

Volunteer a person who works unpaid in community care.

Wilful Neglect an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. Section 44 of the Mental Capacity Act (MCA) makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity. See also the Criminal Justice and Courts Act 2015.

YJCEA (Youth Justice and Criminal Evidence Act) an Act to provide for the referral of offenders under 18 to youth offender panels; to make provision in connection with the giving of evidence or information for the purposes of criminal proceedings; to amend section 51 of the Criminal Justice and Public Order Act 1994; to make pre-consolidation amendments relating to youth justice; and for connected purposes. This includes special measures directions in case of vulnerable and intimidated witnesses.

Whistle blowing an employee raising concerns about bad practice from within their employing organisation. Many organisations have a whistle blowing policy which outlines how such concerns should be raised with and support for the person who raises concern.