## Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>Lincolnshire’s version</td>
</tr>
<tr>
<td>0.2</td>
<td>Amendments made by SV, PA, LS and KAH</td>
</tr>
<tr>
<td>0.3</td>
<td>Post consultation comments incorporated from BT, SM and GKB</td>
</tr>
<tr>
<td>0.4</td>
<td>Consultation comments to ensure Care Act 2014 compliant</td>
</tr>
<tr>
<td>0.5</td>
<td>Amendments made following subgroup meeting 8.12.14</td>
</tr>
<tr>
<td>0.6</td>
<td>Amendments- BT HP</td>
</tr>
<tr>
<td>0.7</td>
<td>First Draft of Northamptonshire Version</td>
</tr>
<tr>
<td>0.8</td>
<td>Amendments following first review</td>
</tr>
<tr>
<td>0.9</td>
<td>Further amendments incorporating MSP framework</td>
</tr>
<tr>
<td>0.10</td>
<td>Further amendments</td>
</tr>
<tr>
<td>1.0</td>
<td>Final published version</td>
</tr>
<tr>
<td>1.1</td>
<td>Amendments following consultation with Able Training, and updated CA guidance</td>
</tr>
<tr>
<td>1.2</td>
<td>Amendments including updated flow chart and safeguarding contacts</td>
</tr>
<tr>
<td>1.3</td>
<td>Amendments to advocacy section and updated contacts</td>
</tr>
<tr>
<td>Category:</td>
<td>Safeguarding Adults</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Version Control:</td>
<td>1.3</td>
</tr>
<tr>
<td>Date of Creation:</td>
<td>July 2015</td>
</tr>
<tr>
<td>Last Modified:</td>
<td>November 2016</td>
</tr>
<tr>
<td>Review Date:</td>
<td>April 2017</td>
</tr>
</tbody>
</table>
| Reviewed By:       | Northamptonshire Safeguarding Adults Board Training, Quality and Professional Practice Sub-Group  
                      Northamptonshire County Council MSP Project Group |
| EIA Assessment:    |                                                          |
| Approving Body:    | Northamptonshire Safeguarding Adults Board               |
| Date of Approval:  | July 2016                                                |
| Document author(s)/Key Contributors including department: | Northamptonshire Safeguarding Adults Board Business Office and Training, Quality and Professional Practise Sub-Group.  
                      NCC Safeguarding Adults Team |
| Contact Person (Responsible person) and department: | Lisa Walsh [lwalsh@northamptonshire.gov.uk](mailto:lwalsh@northamptonshire.gov.uk)  
                      Northamptonshire Safeguarding Adults Board Business Office  
                      Darren Higgins [dhiggins@northamptonshire.gov.uk](mailto:dhiggins@northamptonshire.gov.uk)  
                      Northamptonshire Safeguarding Adults Team |
| Either For public access online (internet) (tick as appropriate) | Please note: These procedures are a dynamic document and may require minor updates from time to time prior to any full review or statutory guidance received. |
| Yes ☒ No ☐ | Yes ☒ No ☐ |
Contents

1. Introduction
   Partnership Working 5
   Section 42 and Safeguarding Enquiries 5
   Non-statutory enquiries 7
   Local Implementation 8
   Individual Implementation 8
   Making Safeguarding Personal (MSP) 8

2. Procedure
   2.1 Introduction 10
      Safeguarding Adults and the Duty of Care 10
      Safeguarding planning 11
      Adults at risk of, or experiencing abuse or neglect 12
      Family and friends 12
      Advocacy 13
      An appropriate adult to facilitate the adult’s involvement 15
      Duty to appoint advocate despite appropriate adult 15
      Witness support and special measures 15
      Support for person alleged to be responsible for abuse or neglect 16
      All staff, volunteers and organisations 17
      Co-operation and Partnership Working 17
      Safeguarding in NHS settings 18
      Safeguarding in Prisons 18
      Professional disputes and escalation 18
      Lead Principal Adult Social Worker 19
      Decision Making Framework 19
      Timescales 19

   2.2 Stage 1: Notification of safeguarding concern 21
      Definition of a notification of concern 21
      Different Types of Abuse and Neglect 21
      Radicalisation 26
      Responding to an adult who is making a disclosure 26
      Recognising abuse and neglect and reporting to managers 27
      Taking immediate management action to identify and address the risk 28
      Supporting immediate needs 29
      Speaking to the adult experiencing, or at risk of, abuse or neglect 30
      Recording the incident and/or the interview 30
      Sharing information with the lead agency 31
      Considering the person alleged to have caused abuse or neglect 31
      Factors to consider 32
      Obtaining consent 32
      When the adult has mental capacity 33
      When the adult lacks mental capacity to consent 33
      Notifications of concern without consent 33
      Evidence gathering 34
      Preserving evidence 34
      Anonymous Notifications - Members of the public 35
      Fact Finding for the Notification by the Local Authority 35
Gathering initial information and clarify facts 35
Details which may be taken from the reporter 35
Details of the adult at risk 36
Information about the possible abuse/risk of abuse or neglect 36
Details of the person alleged to have caused the harm (if known) 36
Any immediate actions that have been taken 37

2.3 Stage 2: Local Authority decision using Safeguarding Decision Making Framework whether to proceed to Enquiry 38
Section 42 Enquiry 38
Non-Statutory Safeguarding Enquiry 39

2.4 Stage 3: The Safeguarding Discussion or Meeting 40
Who participates? 41
The adult at risk 42
The person alleged to be responsible for abuse or neglect 42
Decision-making 43
Specific decisions regarding the adult at risk 43
Specific decisions when the person alleged to have caused abuse or neglect is also an adult at risk 44
Recording and sharing information 44
Objectives of the Strategy Discussion Meeting 44
Roles and Responsibilities 45
Other Investigations 46
Serious Incidents/Safeguarding Process 46
Large Scale Enquiries 46

2.5 Stage 4: The Safeguarding Enquiry Process 47
Purpose of the enquiry 47
Undertaking the enquiry 47
The enquiry lead 48
The enquiry lead's report 49
Completing the enquiry 49
If the adult dies during the Safeguarding Adults process 50
If the adult moves during the Safeguarding Adults process 50
If the person alleged to be responsible for abuse or neglect moves during the Safeguarding Adults process 51

2.6 Stage 5: Safeguarding Enquiry Review 52
Purpose of a safeguarding enquiry review 52
Roles and responsibilities 52
Who should attend? 53
Decisions about others who may wish to attend 54
Conducting the safeguarding enquiry review 54
If the person alleged to be responsible for abuse or neglect is an employee 55
The Safeguarding Plan 56
Information that may be shared with others (please also refer to the local multi-agency Information Sharing Protocol) 56
Safeguarding enquiry review minutes 56
Feedback to the person alleged to be responsible for abuse or neglect 57
2.7 Stage 6: Review of Safeguarding Plan

Purpose of review

Glossary and Abbreviations

Safeguarding Contacts

Appendix 1 – NCC Safeguarding Process Flow
Appendix 2 – Decision Making Framework
Appendix 3 – Decision Making Framework- guidance on types of abuse and severity of risk
Appendix 4 – PREVENT Referral process
1. Introduction

This resource 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 who may be experiencing or at risk of abuse and neglect
- 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 maintains their health and well-being. Section 1 of the Care Act (2014) defines well-being and the Local Authority duty of promoting well-being as relating to the following areas:

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

These procedures have been developed to promote each individual’s well-being, as defined above, through the safeguarding process and any associated actions. Their aim is to safeguard all adults at risk in Northamptonshire, prevent harm, and to ensure all concerns are responded to appropriately, fairly, effectively and in a timely fashion.

Partnership Working

Safeguarding Adults is an issue that is attracting significant government and local focus. It is important that strong multi-agency policies and procedures are established to enable adults at risk to be properly protected.

The Northamptonshire Safeguarding Adults Board (NSAB) Inter-Agency Policy and Procedures are 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 safeguard adults experiencing or at risk of abuse and/or neglect.
- Empower and support people to make their own decisions.
- Support adults and provide a service to those at risk who are experiencing abuse, neglect and exploitation.
- Make enquiries into actual or suspected abuse and neglect.
The responsibilities of the different positions and organisations in safeguarding adults at risk in Northamptonshire are set out in the NSAB Safeguarding Policy.

Section 42 and Safeguarding Enquiries

Sections 42 to 47 of the Care Act define the safeguarding duties of local authorities, although other sections of the Act will also apply (e.g. section 1 on well-being, sections 6 and 7 on co-operating generally and in specific cases and section 68 on independent advocacy support). Section 42 specifies the Local Authority’s statutory duty with regard to safeguarding enquiries and suspected abuse or neglect.

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.

(2) 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.

The Care Act (2014) Section 42, parts 1-2

Everyone involved in an enquiry must focus on improving the individual’s well-being, taking account of their desired outcomes, and work together to that shared aim. How this is done will vary depending on circumstances and needs.

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

- establish facts,
- ascertain the individual’s views and outcomes they would wish, and seek consent,
- assess the needs of the adult for safeguarding, 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.

The first priority should always be to ensure the safety and well-being of the adult and, when the adult has mental capacity to make their own decisions, to ensure any action taken is in line with their desired outcomes 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 mental capacity to give it, and 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 and where an adult does have mental capacity and refuses to give consent to sharing information, a decision must be made whether to proceed or not, going against the individual’s wishes if necessary. Where an adult has mental capacity to make decisions about their safeguarding plans, and where no one else is at risk, then their wishes will be the main consideration.
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 lacks mental capacity to make decisions about their safeguarding plans, then a range of options should be identified, which help the adult stay in control of their life as much as possible. Wherever possible, the adult should be supported to recognise risks and to manage them. Practitioners should focus on a strengths based model, and look at what supports can be developed or are already in place, that can be improved. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to risks.

Safeguarding duties apply in relation to any person who is aged 18 or over and is experiencing or 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 child safeguarding colleagues 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, 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.

Non-statutory enquiries

There is provision, under the Care Act, for Local Authorities to make enquiries as they would under section 42, even though a statutory section 42 duty does not apply. For instance, if an adult did not have care and support needs which resulted in them being unable to protect themselves from abuse or neglect, or the risk of it, but was nevertheless experiencing or at risk of abuse and neglect. The Local Authority might decide that a safeguarding enquiry may be appropriate or proportional, possibly to meet other statutory duties such as prevention or promoting well-being. Although this wouldn’t be a section 42 enquiry, in all other ways it would proceed as any other safeguarding enquiry, using the same procedure and tools.

Mr P has mild learning disabilities. The safeguarding concern was financial and other abuse and neglect by his brother, with whom he lived. His support worker had noticed that Mr P had begun to appear agitated and anxious, that he looked increasingly unkempt and that he was often without money; then he suddenly stopped attending his day centre. When the support worker and the safeguarding officer followed up, Mr P told them that at times he was not allowed out at all by his brother and was confined to his bedroom. He was only allowed to use the bathroom when his brother said he could, and often didn’t get enough to eat. He was also very worried because his bank card no longer worked, and he had no money, so couldn’t buy food for himself.

Mr P consented to move to temporary accommodation, and a safeguarding meeting was held, which he attended with an advocate. At his request a move to a supported living flat was arranged and his belongings were retrieved from his brother’s property. His bank account had been emptied by his brother, so he has made new arrangements for his money.

The police are investigating both the financial abuse and the harm Mr P suffered at his brother’s hands. He has begun to talk about his experiences and is gradually regaining his confidence.
Local implementation

Each local authority is required to establish a Safeguarding Adults Board (SAB) under section 44 of the Care Act to help and protect adults in its area who have specific personal circumstances. This policy has been developed by the Safeguarding Adults Board. Its implementation by all relevant partners is intended to achieve consistency in the way in which adults at risk are safeguarded across Northamptonshire. The effective implementation of this multi-agency policy and procedure document will be monitored by the Northamptonshire Safeguarding Adults Board.

The Care Act 2014 has established a legal basis for Safeguarding Adults Boards (SAB). The Act states that SABs must include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issue; develop shared plans for safeguarding, and work with local people to decide how best to protect adults in risk situations; publish a 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.

The Act, under section 45, also empowers the Safeguarding Adults Board to request information from any person that the Board considers likely to hold information relevant to the exercising of a function of the Board. Where this request is made the information must be provided if certain basic conditions are met, set out in the relevant section.

A SAB in Northamptonshire has been in existence since 2009.

Individual implementation

The policy and procedures described in this resource should also be used in conjunction with individual organisations’ procedures on Safeguarding Adults, the Care Act itself, and related policy and guidance on issues such as domestic abuse, fraud, self-neglect and modern slavery alongside disciplinary procedures and health and safety regulations.

Making Safeguarding Personal

Making safeguarding personal (MSP) is a person-led and outcome-focused approach, which is enshrined in the Care Act 2014 and is used to manage safeguarding in Northamptonshire. The MSP framework encourages engagement with the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, decision making, choice and control as well as improving quality of life, wellbeing and safety. Some cases studies using this approach can be found here.

The following points should be used as a reference to check that the key principles of the MSP framework are being considered in the management of safeguarding in Northamptonshire:

- safeguarding should be done with and not to a person
- should focus on achieving meaningful improvement to person’s circumstances rather than just an impact during ‘enquiry’ and ‘conclusion’

Section 14.14 of the Care Act statutory guidance describes the MSP approach:
‘...it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised...' 

The following procedure is an outline of the safeguarding process, but the MSP principles and the outcomes chosen by the adult experiencing or at risk of abuse and neglect must be central and tailor the way any enquiry proceeds. If an outcome can be achieved which meets the individual's needs, and fulfils the Local Authority safeguarding duty, by bypassing or modifying any part of the procedure, then the procedure should be adapted accordingly, in consultation with managers or supervisors. The procedure is in place to support personalised safeguarding outcomes, and should never stand in the way of achieving these.
2.1 Introduction

This procedure is governed by a set of key principles and themes, so as to ensure that people who are subject to, or at risk of, abuse, neglect and exploitation experience the process in such a way that it is sensitive to individual circumstances, is person-centred and led, and is outcome-focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently by all organisations.

Although the responsibility for the co-ordination of Safeguarding Adults arrangements lies with local authorities, the implementation of these procedures is a collaborative responsibility and effective work must be based on a multi-agency approach.

The statutory principles which govern this procedure are set out in the Care Act 2014:

- **Empowerment**: presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process
- **Protection**: ensuring that people are safe and that they have support and representation as necessary during the process
- **Prevention**: minimising the likelihood of repeated abuse and recognising the person’s contribution to this in safeguarding plans
- **Proportionality**: the ways in which the safeguarding procedure is used are proportionate, as un-intrusive as possible and appropriate to the risk presented
- **Partnership**: people can be satisfied that agencies are working constructively to make them safe
- **Accountability**: the way in which the safeguarding process is conducted should be transparent and consistent; it should always be borne in mind that safeguarding procedures may be subject to external scrutiny (e.g. the courts).

### Safeguarding Adults and the Duty of Care

In Tort Law, a Duty of Care is defined simply as a legal obligation which is imposed on an individual requiring adherence to a standard of reasonable care while performing any acts that could foreseeably harm others. Applied locally, professionals in health and social care should:

- always seek the individual’s wishes
- always act in the best interest of individuals and others (if required, only applies if individuals lack mental capacity applying the MCA/BIA)
- not act or fail to act in a way that results in harm
- act within your competence, seek advice and escalate as necessary

The procedures are a framework. Safeguarding Adults is a dynamic process that must be undertaken with people and not to people. The following key themes run throughout the Safeguarding Adults process:

- **User outcomes**: at the beginning and at every stage of the process what the adult wants to achieve must be identified and revisited. To what extent these wants/wishes
have been met must be reviewed at the end of the safeguarding process regardless of at what stage it is concluded.

- **Risk assessment and management:** these are central to the Safeguarding Adults process. Assessments of risk should be carried out with the individual at each stage of the process so that adjustments can be made in response to changes in the levels and nature of risk. Risks to others must also be considered and the Adult Risk Management (ARM) process may be used for this.

- **Mental capacity:** the MCA 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. The five key principles in the MCA are:
  1. A person is assumed to have capacity until it has been proved that they lack capacity.
  2. A person should not be treated as being unable to make a decision unless all reasonable steps have been taken to support them without success.
  3. A person should not be treated as being unable to make a decision just because they have made unwise decisions.
  4. A decision, or action, taken under this Act on behalf of someone who lacks capacity, should be made in their best interest.
  5. Any decision or action taken on behalf of someone who lacks capacity should be done in the way least restrictive of their rights and freedom of action.

It is important that an individual’s mental capacity is considered at each stage of the Safeguarding Adults process.

- **Safeguarding planning:** in response to identified risks, and to meet the adult’s preferred outcomes, a safeguarding plan can be developed and implemented at any time in the Safeguarding Adults process. The Safeguarding Plan aims to:
  - prevent further abuse or neglect
  - keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected and the agencies supporting them
  - support the individual to continue in the situation of risk if that is their decision and they have the mental capacity to make that decision, though there should then be a focus on harm reduction, and this would not limit the action required to protect others who are at risk of abuse or neglect. Consideration of undue influence should also take place, if relevant, and whether intervention is being refused under duress. In these circumstances other action should then be taken.

**Safeguarding Planning**

Safeguarding planning also involves supporting anyone who has been abused or neglected to recover from that experience and develop resilience.

- **Information sharing:** this is key to delivering better and more efficient services that are co-ordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding, for promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless it is important to understand that most people want to be confident that their personal information is kept safe and secure and that practitioners maintain their privacy, while sharing appropriate information to deliver better services and data protection laws will apply. Section 7 specifies the Local Authority’s duties and their partner agencies with respect to information sharing, and their responsibility to share information with each other. Section 45 specifies duties to respond to information requests from Safeguarding Adults Boards.
Recording: good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual’s care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse or neglect is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

Feedback: at each stage of the Safeguarding Adults process it is important to ensure feedback is given to the adult, the notifier and partners. The person(s) who reported the incident are entitled to be given appropriate information regarding the status of the notification they have made. The extent of this feedback will depend on various things (e.g. the relationship they have with the adult, confidentiality issues and the risk of compromising an enquiry). At the very least it should be possible to advise the notifier whether their concern has led to an enquiry, whether this is a section 42 enquiry or not. Partners in provider organisations require feedback to allow them to continue to provide appropriate support and make staffing decisions.

Closing: the Safeguarding Adults process may be closed at any stage if it is agreed that an on-going enquiry is not needed or if the enquiry has been completed and a safeguarding plan agreed and put in place, or a safeguarding plan is no longer required.

Finally, it is equally important that these procedures are managed and administered in such a way as to comply with all the articles of the Human Rights Act (HRA) 1998 (in particular Articles 3, 5 and 8). What this means is that both the process and the outcome must be the least restrictive, proportionate and enable risk where appropriate and must not discriminate. In addition, any actions falling under these procedures should be consistent with current legislation as it relates to social care, health, housing and education, along with any other relevant legislation.

Adults at risk of, or experiencing, abuse or neglect

In safeguarding situations the adult must be central from the outset (unless doing so would put them at greater risk of harm). They must be seen by a worker from the enquiry/assessment team to discuss the safeguarding concern. The discussion must include how they view the risk, and their opinions and desired outcomes from the enquiry must be sought. They must be included throughout the process and at the conclusion a check must be made to establish whether their desired outcomes from the enquiry have been met.

Family and friends

Family, friends and other relevant people who are not implicated in the allegation of abuse or neglect often have an important part to play in the Safeguarding Adults process, and can provide valuable support to the individual. In some cases they can also assist in managing the risk.

If the adult has mental capacity and gives their consent, and there are no evidential constraints, family and friends should be consulted.

If the adult does not have mental capacity, family and friends must be consulted in accordance with the principles of the MCA 2005 (in the individual’s best interest, applying principle 4 of the MCA principles).
A record should be made of the decision to consult or not to consult family and friends with reasons being given and recorded.

**Advocacy**

Wherever an individual, whose case is open to a safeguarding enquiry or Safeguarding Adults Review (SAR), has a ‘substantial difficulty’ engaging in the safeguarding process the Care Act says that an advocate **must** be appointed unless there is another appropriate adult who can support them. It is important that the adult subject to the enquiry is happy to work with the advocate. Where the adult experiencing, or at risk of, abuse or neglect chooses not to work with a particular advocate then an alternative should be chosen. Where the adult does not have mental capacity then a best interests decision should be made.

Where the enquiry is urgent then the enquiry should not wait until an advocate has been appointed, but the duty to provide an advocate remains. The definition of substantial difficulty includes 4 conditions, a substantial difficult meeting any 1 of which will trigger the need for an advocate or appropriate adult. The 4 conditions are: understanding relevant information, retaining information, using/weighing information or communicating their view. These are similar to the 4 elements of the functional test in a mental capacity assessment under the Mental Capacity Act. It's important to note however that there is no diagnostic test within the Care Act requirement for advocacy. It's sufficient for the adult to have a 'substantial difficulty' being involved in the safeguarding process to trigger the requirement for advocacy, how this

---

**Flowchart:**

1. **Does the adult have substantial difficulty in . . .**
   - Understanding relevant information
   - Retaining information
   - Using/weighing information
   - Communicating their view

2. **Is there an appropriate individual to support them?**
   - Yes
   - No

3. **Is the appropriate individual able to fulfil the responsibilities?**
   - Yes
   - No

4. Appoint advocate
   - Advocacy not required

---

V1.3 NSAB Inter-Agency Procedures
substantial difficulty is caused is not relevant. This means that there may be occasions
where an adult at risk is deemed to have capacity, but still qualifies as requiring advocacy
or an appropriate adult under the Care Act. The support needed may simply be to support
the adult to communicate their views.

Independent advocates appointed under the Mental Capacity Act (IMCA’s) are separate
from independent advocates appointed under the Care Act and the right to an advocate
under the Care Act does not affect the adult’s right to advocacy under other legislation (such
as IMCA’s or Independent Mental Health Advocates (IMHAs). Wherever possible the same
person will fulfil both roles however, unless there is good reason for this not to happen. An
independent Care Act advocate will be appointed for any safeguarding enquiries (where
there is a ‘substantial difficulty’ and there is no ‘appropriate individual’) to support and
facilitate the person’s involvement.

There are two distinct types of advocacy – instructed and non-instructed – and it is important
that people involved in the Safeguarding Adults process are aware of which type of advocate
is representing the person and supporting them to express their views and facilitating that
involvement.

Instructed advocates take their instructions from the person they are representing. For
example, they will only attend meetings or express views with the permission of that person. Non-instructed advocates work with people who lack capacity to make decisions about how
the advocate should represent them. Non-instructed advocates independently decide how
best to represent the person and will be necessary where adults are unable to express their
views or wishes.

Advocates should be invited to safeguarding meetings (see Section 5.6) (other than in
exceptional circumstances e.g. where the relationship between the adult and the advocate
is considered abusive), accompanying the adult wherever possible and supporting their
involvement or attending on their behalf, to represent the person’s views and wishes. Instructed advocates would attend only with the permission of the adult.

Advocacy services in Northamptonshire are provided by Total Voice Northamptonshire. As
the duty to provide advocacy is much broader in the Care Act, any adults who are already
known to services, if they are eligible for advocacy, are likely to already have had advocacy
support for assessment or reviews. Where possible the same advocate should be used for
any safeguarding enquiries; the adult will already be familiar with the advocate and the
advocate will have some knowledge of the adult and their circumstances and be better
placed to support them and facilitate their involvement. Advocates work on a case by case
basis, so they should be contacted as early as possible to enable them to fulfil their duties
and ensure effective advocacy and representation for the adult at risk.

Referrals for advocacy should be made to: 0203 355 8846 or by email:
totalvoicenorthamptonshire@voiceability.org.

An appropriate adult to facilitate the adult’s involvement:

An advocate will not be required where there is an appropriate adult who can facilitate the
adult’s involvement in the safeguarding process.

The legislation contains three requirements about the appropriate adult:
First, it cannot be someone who is already providing care and treatment in a professional capacity or on a paid basis (regardless of who employs or pays them). That means it cannot be, for example, a GP, or a nurse, a key worker or a care and support worker involved in the adult’s care or support.

Second, the adult who is the subject of the safeguarding enquiry or Safeguarding Adults Review (SAR) has to agree to the person supporting them, if the adult has the capacity to make this decision. Where an adult with capacity does not wish to be supported by a relative, for example, perhaps because they do not wish to discuss the nature of the abuse with them, then the local authority cannot consider the relative to be an appropriate person to act as the adult’s advocate and an independent advocate may need to be appointed if no other appropriate adult is available. The adult who is the subject of the enquiry or of the SAR has to agree to the appropriateness of the supporter. If the adult in question does not have the capacity to consent to being represented or supported by a particular person, then the local authority has to be satisfied that it is in the adult’s best interests to be supported and represented by the proposed person.

Third, the person is expected to support and represent the adult and to facilitate their involvement in the process. In some circumstances it is unlikely that they will be able to fulfil this role easily; for example, a family member who lives at a distance and who only has occasional contact with the adult; a spouse who also finds it difficult to understand the local authority processes, or a friend who expresses strong opinions of their own, prior to finding out those of the individual concerned. It is not sufficient to know the adult well; the role is to actively support the adult’s participation in the process.

As with an independent advocate, an appropriate person should be invited to all relevant meetings, and information shared with them as appropriate so they can fully meet their responsibilities.

**Duty to appoint advocate despite appropriate adult**

The duty to appoint an advocate does not normally apply where there is an appropriate adult and the adult at risk consents. There are two exceptions where an advocate must be appointed despite there being an appropriate adult:

- An assessment or care plan (or the outcome of a safeguarding plan) is likely to result in an NHS body making arrangements for the provision to the adult of accommodation in a hospital for 28 days or more, or a care home for 8 weeks or more, and where the local authority believes it would be in the person’s best interests to have an advocate appointed.
- There is a disagreement on a material issue between the local authority and the appropriate adult whose role it would be to facilitate the individual’s involvement in the safeguarding process, and it is agreed that providing an advocate would be in the best interests of the individual.

**Witness support and special measures**

There are several documents specifying duties of the police and the Crown Prosecution Service (CPS) with regards to victims of crime. If there is a police investigation, the (CPS) *Code of Practice for Victims of Crime* (2015) sets minimum standards that victims of crime should receive from services and describes the ‘enhanced entitlements’ vulnerable or
intimidated witnesses should receive. Persistently targeted victims and victims of serious crime (including domestic violence, hate crime, sexual offences and human trafficking) should also receive ‘enhanced entitlements’

These ‘enhanced entitlements’ or ‘special measures’ are those specified in the Youth Justice and Criminal Evidence Act (1999) and can be used to assist eligible witnesses. The measures can include the use of screens in court proceedings, the removal of wigs and gowns, the sharing of visually recorded evidence-in-chief (the evidence given by a witness for the party who called him or her), cross-examination and re-examination and the use of intermediaries and aids to communication.

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

The Citizens Advice Witness Service is free and independent of the police or courts and provides practical and emotional support to both defence and prosecution witnesses. The support is available before, during and after a court case to enable the witness, family and friends to have information about the court proceedings, and can include arrangements to visit the court in advance of the trial.

Victim Support is a national charity which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime. This includes information, emotional support and practical assistance. Help can be accessed either directly from local branches or through the Victim Support helpline on 0808 168 9111.

The Home Office have also produced a web page which gives access to other resources for Victim Support following crime.

Support for the person alleged to be responsible for abuse or neglect

Where adults alleged to be responsible for abuse or neglect are being questioned by the police, and have care and support needs which may prevent them understanding the questions being asked of them, they have the right to an ‘appropriate adult’ if they are suspected of a possible crime by the police, under the Police and Criminal Evidence Act (1984). This is detailed in the Revised Code of Practice Code C (2014) for police.

Individuals being accused of abuse or neglect may sometimes be at risk themselves or be in situations where abuse or neglect is accepted or has become normalised, such as in dysfunctional family situations. It’s important to recognise, in these cases, that the individual alleged to be responsible for abuse or neglect may also be at risk themselves, and if one person is removed from the abuse or abusive situation other adults, including the accused individual, may be at risk. These kinds of situations may require a more holistic approach and may best be approached using family/network meetings or a Multi-Agency Risk Assessment Conference (MARAC) where the police are involved.
All staff, volunteers and organisations

The first priority of all staff and volunteers must always be to ensure the safety and protection of the adult.

All staff and volunteers from any service or setting should be aware of the Inter-Agency Policy and Inter-Agency Procedures and have a responsibility to be aware of issues of abuse, neglect or exploitation. This includes personal assistants paid for from direct payments or PBs.

All staff and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and enquiries are made.

All organisations that provide services to adults at risk have a responsibility to make sure that their staff are fit to work with such adults. In particular, human resources (HR) departments (or the equivalent) should make sure that:

- Safeguarding Adults is taken into account in all appropriate HR strategies, systems, policies and procedures,
- national safe recruitment and employment practices are adhered to, including the guidelines issued by the Disclosure and Barring Service (DBS) and this includes the requirement to inform the DBS if anyone is removed from their role due to a safeguarding incident, or they leave their role to avoid a disciplinary hearing and the organisation feels they would have been dismissed. Where the staff member is supplied by an agency then the responsibility to refer falls to the agency. Local Authorities can also make the referral to the DBS where it hasn’t been made by others,
- staff and volunteers in contact with adults at risk have regular supervision and support, and appropriate training to help them identify and respond to possible abuse and neglect.

Co-operation and Partnership Working

Partnership working is one of the six key principles of safeguarding, and improved communication between agencies is often among the lessons to be learnt following safeguarding reviews. To this end, the Care Act has specific sections (sections 6 and 7) with specific duties and powers to promote co-operation between partner agencies. The act sets out 5 main aims of co-operation, some of which apply directly to adult safeguarding. These aims are:

- promoting the wellbeing of adults needing care and support and of carers;
- improving the quality of care and support for adults and support for carers (including the outcomes of such provision);
- smoothing the transition from children’s to adult’s services;
- protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect;
- identifying lessons to be learnt from cases where adults with needs for care and support have experienced abuse or neglect.

The partner agencies who must co-operate with, and with whom the local authority must co-operate include the police, NHS bodies, other local authorities, and local offices of the
Department of Work and Pensions. Other agencies who may be required to co-operate with the local authority include CQC, care provider services, housing associations and others.

These are general duties, but there are also provisions for co-operation in specific cases. Local authorities or partner agencies can request co-operation of each other, and they must co-operate, in the specific case, unless doing so would be incompatible with their own duties, or would have an adverse effect on the exercise of their functions.

These latter powers allow more targeted co-operation, empowering agencies to make specific requests, with the aim of safeguarding adults who are currently experiencing, or at risk of, abuse or neglect, and identifying lessons where abuse or neglect has taken place. Where a local authority or agency decides they are unable to co-operate with a request, they should respond to the request setting out their reasons for not co-operating. This should be done within a reasonable timeframe. The Information Sharing Protocol has more information about Information Sharing in Northamptonshire.

Safeguarding in NHS Settings

Hospitals have their own guidance for so-called Never Events and Serious Incidents (SIs). Any safeguarding incidents in hospitals will still require a safeguarding enquiry by the local authority where appropriate, although these enquiries may be delegated to the hospital to carry out. Never Events and Serious Incidents are likely to trigger a safeguarding enquiry, but not necessarily.

All records, meeting minutes and outcomes will be recorded by the hospital and shared with the local authority as needed and will be reviewed by the enquiry lead to ensure that the enquiry is sufficiently robust and independent.

Where any patient is being support in longer term segregation the local safeguarding team should be informed. This is a new requirement set out in the recently updated Mental Health Act Code of Practice (2015).

Safeguarding in Prisons

Although Local Authorities are responsible for carrying out assessments and meeting eligible social care needs for adults in prison, safeguarding in prisons is the responsibility of Prison Governors and is not within the remit of the Local Authority or the local Safeguarding Adults Board.

Nevertheless SAB’s may benefit from having links with local prisons and including them on SAB’s, as there are likely to be benefits from information sharing and matters where their input is useful.

Professional disputes and escalation

Professional disagreements may occur in safeguarding cases, as with other casework. In the case of safeguarding it is essential that the well-being of the adult at risk is prioritised and any immediate actions necessary to secure their safety are taken. Disputes should always be resolved through co-operation and negotiation and mutual respect and professional conduct should be maintained at all times. It is also important that staff are open
to challenge, are able to respond to constructive criticism, and review their decisions and
decision making as new information, or understanding, comes to light.

Where staff are unable to resolve disputes, more senior managers may need to be consulted. These disputes can be opportunities to reflect on areas for development, for individuals and teams, as they may identify areas where further advice or training is needed, and supervision, team-meetings and even multi-agency meetings may also provide opportunities to work through these difficulties and build consistency, expertise and team-working.
Where serious issues of policy and practice are concerned the Safeguarding Adults Board may need to be consulted.

**Lead Principal Adult Social Worker**

The Care Act guidance makes reference to the role of Principal Social Workers in providing professional guidance and support for those undertaking safeguarding enquiries, particularly more complex or sensitive enquiries. In Northamptonshire a Lead Principal Adult Social Worker has been appointed to fulfil this role, helping to ensure that workplace support is in place where needed, that social work practice is in line with local and national guidance, and providing professional leadership in social work practice.

**Decision Making Framework**

Protecting adults from abuse, neglect, harm and exploitation is a key priority across Northamptonshire.

The Decision Making Framework seeks to explain the process involved in making a decision about whether a 'concern', regarding an adult who appears to be experiencing or is at risk of, abuse or neglect, is progressed through the safeguarding adults procedures. The Decision Making Framework has been written to support all workers who receive notifications across the county.

The principles of the Decision Making Framework are embedded within these procedures and it can be found in Appendix 2. The framework clarifies the implementation of the section 42 statutory safeguarding duty and when this would apply.

**Timescales**

Once a notification of concern has been received by the Customer Service Centre they will make some initial checks and it will be screened within 24hrs. This will then be sent to the relevant team and a safeguarding meeting or discussion would normally take place within 5 days. Safeguarding enquiries from the notification of concern to the closure of the enquiry should take no longer than 60 working days.

These timescales are not fixed however and will depend partly on the level of risk. In applying MSP principles it may also be necessary to delay parts of the safeguarding process, to establish what outcomes are desired by the adult at risk for instance. MSP is about the person coming before the process, so if facilitating the involvement of an adult at risk means a delay to the process, so long as any risk is being managed, then the person, and their wishes, should come first.
There may be other reasons why flexibility with timescales may be necessary, such as if there has been a change in the risk, it is not in the best interests of the adult at risk to proceed at that time, or the person’s physical, mental or emotional well-being might be compromised. There may also be occasions when additional resources are required for decision-making. Decisions about timescales, where they involve delaying the safeguarding process, should be taken in consultation with the case lead officer.
2.2 Stage 1: Notification of safeguarding concern

All safeguarding concerns will be made to the lead agency, Northamptonshire County Council.

A notification can be raised by anyone, including the adult themselves, family, friends, professionals or other members of the public.

Definition of a notification of safeguarding concern

A notification must always be made when the person is an adult at risk and there is a concern that they are being, or are at risk of being, abused or neglected. A notification may arise as a result of a disclosure, an incident, an observation or other signs or indicators.

Different Types of Abuse and Neglect

Abuse or neglect can take many forms, and will vary according to individual circumstances. There is no single definition in the Care Act or guidance, but several categories of abuse type are listed, though these are not meant to be exhaustive and other types of abuse are possible. The table below lists the main types of abuse practitioners should be watching for. The first 10 are those listed in the guidance and those listed afterwards give additional details on other categories, or subcategories:

<table>
<thead>
<tr>
<th>Type of Abuse or Neglect</th>
<th>Description and Supporting Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</td>
</tr>
<tr>
<td>Domestic Violence and Abuse</td>
<td>The Home Office (March 2013) defines domestic abuse as ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to: psychological; physical; sexual; financial; emotional.’ Domestic Abuse includes controlling and coercive behaviour. Information on Domestic Violence and Abuse can be found on the relevant Home Office web pages. The Home Office have guidance on Controlling and Coercive behaviour and more guidance on adult safeguarding and domestic abuse can also be found here. Under the Serious Crime Act (2015) there is now a criminal offence of coercive and controlling behaviour in intimate and familial relationships. It’s important to note that although domestic abuse will often be male on female, there may also be instances of female on male abuse or male on male, depending on the living arrangements. Adolescent on Parent Violence and Abuse (APVA) is a form of violence which is increasingly being recognised, but currently has no legal definition. The Home Office produced guidance in 2015 covering this area. Some instances may be covered by existing legislation. Whole family approaches are also likely to be especially helpful in this area.</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.</td>
</tr>
<tr>
<td>Type of Abuse</td>
<td>Description or Supporting Guidance</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Psychological Abuse</td>
<td>Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling behaviour, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</td>
</tr>
<tr>
<td>Financial or Material Abuse</td>
<td>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. Will often involve theft or fraud and therefore also be a criminal matter. Can have effects on mental and physical health where adults then lack money to meet basic needs such as food or heating. Where financial abuse involves internet or postal scams or doorstep crime these should be reported to Trading Standards. Where the abuse is being carried out by someone who has the authority to manage a person’s money this should be reported to the Office of the Public Guardian for deputies and attorneys or the Department for Work and Pensions in the case of appointees. There is guidance published by Help the Aged for advice on the financial abuse of older people.</td>
</tr>
<tr>
<td>Modern Slavery</td>
<td>Slavery, domestic servitude and forced or compulsory labour. A person commits an offence if:</td>
</tr>
<tr>
<td></td>
<td>• The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or</td>
</tr>
<tr>
<td></td>
<td>• The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.</td>
</tr>
<tr>
<td></td>
<td>There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:</td>
</tr>
<tr>
<td></td>
<td>• Forced to work - through mental or physical threat;</td>
</tr>
<tr>
<td></td>
<td>• Owned or controlled by an ’employer’, usually through mental or physical abuse or the threat of abuse;</td>
</tr>
<tr>
<td></td>
<td>• Dehumanised, treated as a commodity or bought and sold as ’property’;</td>
</tr>
<tr>
<td></td>
<td>• Physically constrained or has restrictions placed on his/her freedom of movement.</td>
</tr>
<tr>
<td></td>
<td>Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities, enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities (including county councils, borough councils and district councils) have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015. The guidance and form can be found on this page.</td>
</tr>
<tr>
<td>Discriminatory Abuse</td>
<td>Discrimination on the grounds of race, faith or religion, age, disability, gender or gender identity, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person’s disability or any other form of discrimination.</td>
</tr>
<tr>
<td><strong>harassment, slur or similar treatment. Excluding a person from activities on the basis they are ‘not liked’ is also discriminatory abuse. More information on discrimination and discriminatory abuse can be found here.</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Organisational Abuse</strong></td>
<td>Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</td>
</tr>
<tr>
<td><strong>Neglect and Acts of Omission</strong></td>
<td>Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, or the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.</td>
</tr>
<tr>
<td><strong>Self-neglect</strong></td>
<td>This covers a wide range of behaviours, for example; neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect is a complex area which often relates to individuals who are likely to withdraw from services or are hard to reach. Separate guidance on working with self-neglect can be found on the Safeguarding adults pages of NCC website. The ARM process may also be used in self-neglect cases, where adults have mental capacity.</td>
</tr>
<tr>
<td><strong>Restraint</strong></td>
<td>Unlawful or inappropriate use of restraint or physical interventions. In some circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult’s freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.</td>
</tr>
<tr>
<td><strong>Forced Marriage</strong></td>
<td>Is a term used to describe a marriage in which one or both of the parties are 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 a third party in identifying a spouse. In a situation where there is concern that an adult 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 adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken. Forced marriage is a criminal offence under section 10 of the Anti-social Behaviour, Crime and Policing Act (2014). Forced Marriage Protection Orders can also be used where forced marriage is a risk. Registrars and registry staff need to be supported through relevant training to know the signs of possible forced marriage.</td>
</tr>
<tr>
<td><strong>Honour-based Violence</strong></td>
<td>Will usually be a criminal offence, referral 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. Some of these</td>
</tr>
</tbody>
</table>
victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help. Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person’s reports. If an adult safeguarding concern is raised, 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.

### Disability Hate Crime

The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person’s disability or perceived disability. The Police monitor five strands of hate crime; Disability, Race, Religion, Sexual orientation, Transgender.

### Hate Crime or Incidents

The police define Hate Crime as ‘any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person’s religion, belief, gender identity or disability’. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Anyone can be a victim of a hate crime or incident as someone may be targeted as being homosexual or disabled, even though they are not. Hate incidents are similar to hate crimes, but they do not constitute a criminal offence e.g. name-calling, abusive phone call or texts messages, malicious complaints or throwing rubbish into someone’s garden.

### 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 (2003) 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. Further information on safeguarding women and girls at risk of FGM is available via this link. The Home Office has also published multi-agency guidance which can be accessed here. There is a mandatory reporting duty for regulated professionals to report ‘known’ cases of FGM in under 18s to the police. Further details on this are here.

### Human Trafficking

Is actively being used by serious and organised crime groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim’s life, with little regard for the victim’s welfare and health. Organised crime groups will continue to be involved in the trafficking of people, whilst there is still a supply of victims, a demand for the services they provide and a lack of information and intelligence on the groups and their activities. Human trafficking is not only across borders, being moved from one house to another on the same street can be classed as human trafficking.

### Mate Crime

‘Mate crime’ as defined by the Safety Net Project is ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate crime is often difficult for police to investigate, due to its sometimes ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people...
with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

### Sexual Exploitation

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 them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship. Signs to look out for are not being able to speak to the adult alone, observation of the adult seeking approval from the exploiter to respond and the person exploiting the adult answering for them and making decisions without consulting them.

Patterns of abuse may vary and may include serial abuse, where adults are ‘groomed’, sexual abuse and some forms of financial abuse may fall into this pattern, long-term abuse which may take place in some families as domestic violence or psychological abuse, and opportunistic abuse, such as theft where valuables are taken after they have been left lying around.

Where appropriate, immediate action may be required to safeguard the adult, when they request this or when they cannot safeguard themselves from imminent risk or harm. This may mean calling emergency services, such as the police or paramedics.

Contact should be made to the Customer Service Centre of Northamptonshire County Council, by completing the [on-line notification] form or by calling 0300 126 1000 (Monday - Friday 8:00am - 6:00pm), where the concern will be assessed within 1 working day.

If the incident occurs outside of normal working hours and cannot wait for a response until the next working day, it should be reported to the Emergency Duty Team (EDT) on 01604 626938.

The Local Authority will determine the priority of need and any immediate actions required. This triage process will include:

- Making an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Consider whether a safeguarding plan is required and whether there are any other adults at risk who need safeguarding. Evaluate the risk to them and the need for a safeguarding plan. Where appropriate, dial 999 for an ambulance if there is a need for emergency medical treatment.
- Considering supporting and encouraging the adult to contact the police if a crime has been or may have been committed. If the adult is unable or unwilling to contact the police, immediate consideration must be given as to whether this needs to be done on their behalf, in their best interest or in the interest of others who may be at risk.
- Do not disturb or move articles that could be used in evidence, and secure the scene (e.g. by locking the door to a room).
- Contacting the Children, Families and Education department if a child is also at risk, including the children’s MASH team.
- Any possible steps should be taken to ensure that other service users are not at risk.
Radicalisation

The Counter Terrorism and Security Act 2015 placed a duty on specified authorities, including Local Authorities, to:

‘...in the exercise of its functions, have due regard to the need to prevent people from being drawn into terrorism.’

Counter Terrorism and Security Act 2015, Part 5, Chapter 1, Section 26

Radicalisation, where adults meet the section 42 criteria, can also fall under safeguarding and is similar to other forms of exploitation, such as grooming and child sexual exploitation. It can take place through direct relationships or through social media.

In 2011 the Home Office launched the PREVENT strategy to prevent people being drawn into terrorism as part of a wider CONTEST anti-terrorism strategy. A key element of this PREVENT strategy is Channel, which is a multi-agency approach to identify and safeguard people at risk of radicalisation. The Channel Vulnerability assessment framework identifies a number of factors which can increase the risk of an adult being susceptible to radicalisation. These factors cannot be considered in isolation, but will need to be viewed in the wider context of the adult's circumstances.

Channel panels can be convened, chaired by the Local Authority, with statutory partners, such as health authorities, youth services and offender services, alongside the police, to discuss and safeguard those at risk of radicalisation. It will:

- identify those adults at risk of radicalisation,
- assess the nature and extent of the risk,
- develop the most appropriate support plan for the individual concerned.

Other processes such as the Multi-Agency Public Protection Arrangements may also be used.

The PREVENT referrals process can be found in Appendix 4. Any concerns regarding Channel or PREVENT should go to Northamptonshire police.

Responding to an adult who is making a disclosure

- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage.
- Do not give promises of complete confidentiality.
- Explain that you have a duty to tell your manager or other designated person, and that the adult’s concerns may be shared with others who could have a part to play in safeguarding them.
- Reassure them that they will be involved in decisions about what will happen, led by outcomes the adult has chosen.
- Explain that you will try to take steps and work with them to protect them from further abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them and involve an advocate or appropriate adult to facilitate their involvement.
- Do not be judgemental or jump to conclusions.
The guidance below primarily relates to social care and NHS organisations. For other people, including members of the public who may wish to raise a Notification, please contact Northamptonshire County Council as soon as possible. If you feel a crime has been committed please contact the police and call 999 in emergency situations.

Recognising abuse and neglect and reporting to managers

If you are concerned that a member of staff, or any other person, including another service user or adult, has abused or neglected an adult at risk, you have a duty to report these concerns. You must inform your line manager immediately. If your line manager is unavailable you should inform another appropriate manager within your organisation, or if this is not possible you should contact the Local Authority.

If you are concerned that your line manager may have abused or neglected an adult, you must inform a senior manager in your organisation, or another designated manager or lead for Safeguarding Adults. Local safeguarding procedures these be followed.

The role and responsibility of the manager is:
- to ensure the adult is made safe and to preserve any evidence relating to the abuse,
- to ensure that any member of staff or volunteer who may have caused harm is not in contact with the adult, other service users or others who may be at risk, or where relevant contact is appropriately monitored in order to manage risk (e.g. whistle-blowing),
- to ensure that safeguarding concerns are raised as appropriate,
- to ensure that appropriate information is provided in accordance with local policy guidance and timeframes.

Mrs B is an 88 year old woman with dementia who was admitted to a care home from hospital following a fall. Mrs B appointed her only daughter G, to act for her under a Lasting Power of Attorney in relation to her property and financial affairs. Mrs B’s former home was sold and she became liable to pay the full fees of her care home. Mrs B’s daughter failed to pay the fees and arrears built up, until the home made a referral to the local authority, who in turn alerted the Office of the Public Guardian (OPG).

OPG carried out an investigation and discovered that G was not providing her mother with any money for clothing or toiletries, which were being provided by the home from their own stocks. A visit and discussion with Mrs B revealed that she was unable to participate in any activities or outings arranged by the home, which she dearly wished to do. Her room was bare of any personal effects, and she had limited stocks of underwear and nightwear. The Police were alerted and interviewed G, who admitted using the proceeds of the mother’s house for her own benefit. The OPG applied to the Court of Protection for suspension of the power of attorney and the appointment of a deputy, who was able to seek recovery of funds and ensure Mrs B’s needs were met.

The primary responsibility for co-ordinating an enquiry in response to a Safeguarding Adult concern is with the local authority managing officer, but the enquiry itself may be undertaken by another organisation (e.g. a care home or a health trust).

All managers in all organisations have a key role to play.
Taking immediate management action to identify and address the risk

Once the concern has been raised with the appropriate manager, the manager must decide without delay on the most appropriate course of action. The availability of the manager should not delay the decision to raise a notification of concern with the local authority, and therefore alternative arrangements should be in place in case this happens. Organisations should ensure that they have procedures in place to cover the role of the person who is the reporting manager when they are unavailable, on leave or where services operate extended or 24-hour cover. Health staff will need to refer to their health trust's procedures on serious incident reporting, clinical governance and Safeguarding Adults as well as the Safeguarding Adults policy and procedures.

All managers should ensure that they:

- make staff aware of their duty to report any allegations or suspicions of abuse to their line manager, or if the line manager is implicated, to another responsible person or to the local authority, and the procedure for doing so,
- meet their legal responsibilities, particularly under section 42 of the Care Act, the Health and Social Care Act 2012, and the Care Quality Commission: Fundamental Standards as well as ensuring compliance with registration requirements, outcomes and any guidance on compliance, quality and safeguarding alongside health and safety, fire safety, environmental health, infection control and building control standards,
- operate safe recruitment practices and routinely take up and check references,
- adhere to and operate within their own organisation’s ‘whistle-blowing’ policy and support staff who raise concerns (further advice on whistle-blowing can be found here and there is a whistle-blowing helpline for the NHS and social care on 08000 724 725),
- ensure all staff receive training in safeguarding adults consistent with their job roles and responsibilities.

Managers of regulated activity providers must fulfil their legal obligations under the Safeguarding Vulnerable Groups Act (SVGA) 2006 and the Disclosure and Barring Scheme as administered by the DBS. Managers have a responsibility for making checks on and referring staff and volunteers who have been dismissed, redeployed or left their role in the expectation of being dismissed, following a safeguarding incident.

Managers in health settings should report concerns as a ‘Serious Incident Requiring Investigation’ (SIRI, or serious incident SI) in line with clinical governance procedures, and a decision must be made whether the circumstances meet the criteria for reporting to the Safeguarding Adults process in line with the multi-agency Serious Incident/Safeguarding Process.

Managing safeguarding officers should also be aware of their responsibility to consider a case for referring up to the NSAB Safeguarding Adults Review (SAR) Sub-Group. The Northamptonshire Safeguarding Adults Board (NSAB) must arrange for an SAR (and cases should be referred to them) if:

- there is reasonable cause for concern that the Safeguarding Adults Board and/or partner agencies or other persons with relevant functions could have worked together more effectively to safeguard the adult and;
an adult in its area dies as a result of abuse or neglect, whether known or suspected or;
an adult in its area has experienced serious abuse or neglect (i.e. the individual would likely have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect).

NSAB are free to arrange for an SAR in any other safeguarding situations involving an adult in its area with needs for care and support. The purpose of the SAR is to promote effective learning and implement improvement actions to prevent future deaths or serious harm occurring again. Good practice should also be shared where possible.

The Northamptonshire Safeguarding Adult Review (SAR) Policy and Procedures can be found on the Northamptonshire County Council website.

At the age of 72 years old, although registered disabled, Ms W was an active member in her community often seen helping at community events and visiting the local shops and swimming pool. Ms W had a fall in her home which left her lacking in confidence and fearful that she would fall again. As the winter approached, Ms W spent more time alone at home only venturing to the corner shop to buy groceries. As time passed her house came in disrepair and unhygienic as local youths began throw rubbish, including dog faeces into her front garden. Within a five month period Ms W made seven complaints to the police about anti-social behaviour in her local area, and on two occasions was the victim of criminal damage to the front of her house, where her wheelchair accessibility ramp has been painted by graffiti. The police made a referral to social services. As a result, Ms W was placed on a waiting list for a support service. Four weeks after she was last seen Ms W committed suicide. A Safeguarding Adults Review (SAR) was convened according to the local policy that stated ‘the purpose of an SAR is not to reinvestigate or to apportion blame, but to establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard vulnerable adults. The published report and recommendations which followed demonstrated the lessons from this case. The resultant action plan included:

- Strengthened relationships and information sharing between police officers, health and the local authority.
- Clear lines of reporting and joint working arrangements with the Community Safety Partnerships.
- A robust multi-agency training plan.
- A targeted community programme to address anti-social behaviour.
- The development of a ‘People’s Panel’ as a sub group to the Safeguarding Adults Board which includes people who access services, carers and voluntary groups.
- The development of a ‘stay safe’ programme involving local shops where adults at risk of abuse may report their concerns to a trusted member if their community.

Supporting immediate needs

In line with information sharing considerations, the manager may need to take the following action:

- make an immediate evaluation of the risk to the adult,
- take reasonable and practical steps to safeguard the adult as appropriate,
- consider referring to the police if the suspected abuse or neglect is a crime,
• if the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police,
• arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police,
• if the person alleged to be responsible for abuse or neglect is also an adult at risk, arrange for a member of staff to attend to their needs,
• make sure that other people are not at risk,
• take action in line with the organisation’s disciplinary procedures, as appropriate, if a member of staff is alleged to be responsible for the abuse or neglect.

Speaking to the adult at risk of, or experiencing, abuse or neglect

It may be appropriate for the manager or representative of the organisation to speak to the adult at risk. Wherever possible this should be done in consultation with the local authority or police. In doing this, they should consider the following;

• Identifying an ‘appropriate adult’ if the person has ‘substantial difficulties’ and one is available, if not make a referral for advocacy support.
• Speaking to the adult in a private and safe place and informing them of any concerns, ensuring that the person alleged to be responsible for abuse or neglect is not present.
• Getting the adult’s views on what has happened and what they want done about it.
• Giving them information about the Safeguarding Adults process and how that can help to make them safer.
• Explaining confidentiality issues, how they will be kept informed and how they will be supported.
• Identifying communication needs, personal care arrangements and access requests.
• Discussing what could be done to ensure their safety.
• If the person alleged to be responsible for the abuse or neglect is a person in a position of trust (relative, carer, personal assistant or professional), consider immediate needs, such as support needs, and risks to others.
• Any other possible advocacy needs.

You should offer reassurance to the adult, and try and establish the facts and avoid asking any leading questions or prejudicing any later enquiries or investigations.

If there is reason to suspect the adult at risk does not have mental capacity to make decision about their welfare, and a possible enquiry a mental capacity assessment should be carried out as soon as possible. Whether the adult has mental capacity or not, the process should be explained to them as far as possible, with steps taken to involve them as much as possible, including appointing an advocate or appropriate adult. The adult at risk must be given the opportunity to express their wishes and feelings.

Recording the incident and/or the interview

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as an adult at risk, a person alleged to be responsible for abuse or neglect or a potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.
You must make an accurate record at the time, including:
• date and time of the incident,
• the appearance and behaviour of the adult,
• any injuries observed,
• exactly what the adult said, using their own words (i.e. their account) about the abuse and how it occurred. Alternatively, this may take the form of exactly what has been reported to you,
• the views and wishes of the adult,
• any actions and decisions taken at this point,
• exactly what you saw if you witnessed the incident,
• a record of what any witnesses said,
• the name and signature of the person making the record.

The record should be factual. However, if it contains your professional evidence based judgement or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

Whenever an allegation of abuse or neglect is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. In the case of providers registered with CQC, these should be available to service commissioners and the CQC so they can take any necessary action.

Consideration must always be given to any records left in an adult’s own home particularly when the person alleged to be responsible for abuse or neglect has access as this will increase the level of risk.

**Sharing information with the lead agency**

Anyone can make a notification to the Local Authority and should do so in situations where, for example, discussion with a manager will involve delay in a high-risk situation or where the person has already raised concerns with their manager but no action has been taken.

As well as deciding whether or not to raise a notification, the manager (or worker) must also decide what other relevant organisational reporting procedures may apply. For example, NHS colleagues may still need to report under clinical governance or serious incident processes. Where an enquiry indicates that a member of staff may have caused the abuse or neglect, referral to the organisation’s disciplinary procedures should also be considered.

**Considering the person alleged to be responsible for abuse or neglect**

The notifier should not discuss the concern with the person alleged to be responsible for the abuse or neglect, unless the immediate welfare of the adult makes this unavoidable.

If the person alleged to be responsible for abuse or neglect is another service user, action taken could include removing them from contact with the adult. In this situation, arrangements must be put in place to ensure that the needs of the adult continue to be met as well as the needs of the person alleged to be responsible for abuse or neglect as they may also be an adult at risk themselves. It is important to consider the consequences of any action taken in these circumstances.
It is important to consider if any staff or volunteer who is alleged to be responsible for abuse or neglect is in contact with service users and others who may be at risk, and take appropriate action if so.

Factors to consider

- Is there any doubt about the mental capacity of an adult to make decisions about their own safety? Remember capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.
- How at risk is the adult?
- What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse or neglect?
- Is the abuse or neglect a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse or neglect on their independence and wellbeing?
- What impact is the abuse or neglect having on others?
- What is the nature and extent of the abuse or neglect on their own safety, including an understanding of the potential for longer-term harm as well as immediate effects and?
- What is the risk of repeated or increasingly serious acts involving the person causing the harm?
- Is a child (under 18 years) at risk?

If in any doubt the reporting manager should make contact with the Customer Service Centre at Northamptonshire County Council (0300 126 1000, Monday - Friday 8:00am - 6:00pm), or the Emergency Duty Team (EDT) on 01604 626938 if out of hours, to discuss the situation.

Obtaining consent

The mental capacity of the adult and their ability to give their informed consent to a notification being made, and action being taken, under these procedures is significant but not the only factor in deciding what action to take.

Any assessment of mental capacity must meet the criteria as set out in the MCA following the 5 principles and the 2 step test, bearing in mind mental capacity is time and decision specific. The assessment must address the adult's mental capacity to make decisions:
- about a notification,
- about actions that may be taken under inter-agency Safeguarding Adults policy and procedures,
- about their own safety, including an understanding of the potential for longer-term harm as well as immediate effects and,
- about their ability to take action to protect themselves from future harm.

The Local Authority as the lead agency will make the decision with support from other agencies as required regarding crimes, sexual activity, domestic abuse, and organisational abuse.
**When the adult has capacity**

If the adult has mental capacity to make decisions about their safety, consideration must be given to:

- finding out from them what is happening,
- talking to them about their concerns,
- understanding the outcomes they desire,
- carrying out a risk assessment with them to find out if they understand the risk and what help they may need to support them to reduce the risk if that is what they want,
- being satisfied that their ability to make a decision is not being undermined by the abuse or neglect they are experiencing or at risk of, and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation if they decline assistance,
- reassuring them that they will be involved and supported in all relevant decisions and actions that are taken to protect them and informing them that in certain circumstances action will have to be taken even if they disagree (e.g. if a child or another adult at risk is also at risk of harm).

**When the adult lacks mental capacity to consent**

Where there is concern that the adult may not have mental capacity to make relevant decisions, it is important that their mental capacity is appropriately assessed as soon as possible. It may be established that, with appropriate support, they are able to make their own decisions. An indication of appropriate or desired outcomes for the adult should be sought.

Whether the adult has mental capacity or not, their wishes and preferred outcomes will still be central to the safeguarding enquiry, should it take place, and where they can be established. The adult will be involved in the enquiry and a key part of any safeguarding planning.

If the person has no appropriate adult who can be consulted regarding their best interests, an advocate or an independent mental capacity advocate (IMCA) should be instructed in line with the local IMCA referral policy. It may be that an advocate has already been appointed in which case a second referral would not normally be necessary. An IMCA may be instructed if it is felt that it will be beneficial to the adult, even if they have family, friends and carers available to consult.

The enquiry lead must ensure, in the first place that an appropriate adult or advocate, as necessary has been found, or the referral made, and secondly that contact is made and maintained with the appropriate adult or advocate. The enquiry will also decide in consultation with other relevant organisations, and the case lead officer, what will be fed back at this point to the person alleged to be responsible for the abuse or neglect.

**Notifications of concern without consent**

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, a notification of concern **must** be made. This includes situations where:

- the individual could be at risk of further abuse or neglect,
other people including children could be at risk of harm,
it is necessary to prevent crime or if a serious crime may have been committed,
there is a high risk to the health and safety of the adult,
the person lacks capacity to consent.

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

If the adult is assessed as not having mental capacity to make decisions about their own safety and to consent to a notification of concern being made, the manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005. If it is suspected that the adult lacks mental capacity around these issues, a decision to notify should be made as soon as possible using best interest principles if the adult or others are at immediate risk.

The key issue in deciding whether to make a notification of concern is the abuse or neglect, or risk of abuse or neglect, to the adult and any other adults who may have contact with the person alleged to be responsible for the abuse or neglect within the same organisation, service or care setting.

Evidence-gathering

The police will always be responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing abuse or neglect and should be contacted immediately where a crime is suspected of being committed. However, other organisations and individuals can play a vital role in the preservation of evidence to ensure that vital information or forensics is not lost. The police are required to obtain oral (spoken) evidence in specific ways as defined by the Police and Criminal Evidence Act (PACE) 1984. For some vulnerable witnesses this means that their evidence has to be obtained in accordance with the Youth Justice and Criminal Evidence Act 1999, which is designed to help them to give evidence and provides a number of 'special measures' to enable them to do this.

Preserving evidence

The first concern must be to ensure the safety and wellbeing of the adult. However, in situations where there has been, or may have been, a crime and the police are called, they will be responsible for the gathering of forensic and other evidence. The police will attend the scene, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost. Remember that evidence may be present even if you cannot actually see anything:

- Try not to disturb the scene, clothing or the adult if at all possible.
- If the allegation or disclosure concerns a possible rape or sexual assault, try to discourage the adult from washing, showering or bathing, or from washing their clothes.
- Secure the scene (e.g. lock the door).
- Preserve all containers, documents and locations.
- If in doubt, contact the police and ask for advice.
Anonymous Notifications - members of the public

It is preferable to know who is making the notification of concern. However, a member of the public cannot be made to give their personal details. If the identity of the referrer has been withheld, the notification of concern will be processed in the normal way, but this may make it more difficult to proceed to an enquiry. For example, if further information is required in order to ascertain whether the safeguarding concern should trigger a safeguarding enquiry or where there is not sufficient information to identify the adult/s at risk.

Fact Finding for the Notification of concern by the Local Authority

Gathering initial information and clarifying facts

On receipt of a notification of concern, the Local Authority should undertake the following action (in some cases this may be sufficient to meet the section 42 duty and no further enquiries will be necessary):

- Clarify basic facts, including who is involved in the allegation. Practitioners must be aware that this is not a formal enquiry, but that facts are being collected and/or clarified to enable decisions to be made about risk and which process is to be followed. This could involve contact with the notifier and a brief discussion with the adult at risk, but would usually not involve contact with the person alleged to be responsible for abuse or neglect. If it is felt that contact needs to be made with the person alleged to be responsible for abuse or neglect in order to safeguard adults who may be at risk, this should be agreed by a manager from the Local Authority.
- If the allegation concerns a potential crime there must be immediate liaison with the police to avoid contamination of evidence. If the police decide to investigate then the safeguarding process should be suspended pending the outcome of the police investigation.
- Other relevant professional organisations (e.g. funding organisations, CQC, GMC) should be informed of the nature of the allegation and the action being taken.
- Previous contacts and history should be checked for both the adult and the person alleged to be responsible for abuse or neglect, including any information about possible risks to workers visiting, and the provider.

Where possible, include as much information under the following headings although the notification of concern should continue even if not all of this information is known;

Details which may be taken from the reporter

- Name, address and telephone number.
- Relationship to the adult.
- Name of the person raising the notification of concern, if different.
- Name of the organisation, if the concern is raised in a care setting.
- Anonymous concerns will be accepted and acted on as far as possible. However, the referrer should be encouraged to give contact details.
Details of the adult at risk:

- Name, address and telephone number.
- Date of birth, or age.
- Details of any other members of the household including children.
- Information about the primary care needs of the adult (i.e. disability or illness).
- Funding authority, if relevant.
- Ethnic origin and religion.
- Gender.
- Communication needs due to sensory or other impairments (including dementia), any interpreter or other communication requirements.
- Whether the adult knows about the notification.
- Whether the adult has consented to the concern being raised and, if not, on what grounds the decision was made to raise the concern.
- What is known of the person’s mental capacity (bearing in mind this is decision specific)?
- What are their views about the abuse or neglect?
- What they want done about it (if that is known at this stage)?
- Details of how to gain access to the person and who can be contacted if there are difficulties.

Information about the possible abuse or neglect/risk of abuse or neglect:

- How and when did the concern come to light?
- When did the alleged abuse or neglect occur?
- Where did the alleged abuse or neglect take place?
- What are the details of the alleged abuse or neglect?
- What impact is this having on the adult?
- What is the adult saying about the abuse or neglect?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult to find out what is happening?
- Is a child (under 18 years) or other person with care and support needs at risk?

Details of the person alleged to be responsible for the abuse or neglect (if known):

- Name, age and gender.
- What is their relationship to the adult?
- Are they the adult’s main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a Personal Budget?
- Which organisation are they employed by?
- Are there other people at risk from the person causing the abuse or neglect?
Any immediate actions that have been taken

- Were emergency services contacted? If so, which?
- What action has your organisation taken?
- What is the crime number if a report has been made to the police?
- Details of any immediate plan that has been put in place to protect the adult from further abuse or neglect or the risk of it.
- Have children's services been informed if a child (under 18 years) is at risk?

The reporting agency may be asked to confirm the notification of concern in writing if this is a locally agreed requirement. If all the above information is not available, the notification of concern should still be made. If in doubt, always make the notification of concern.
2.3 Stage 2: Local Authority decision using safeguarding
Decision Making Framework whether to proceed to Enquiry

On receipt of a notification of concern, the Local Authority will make a decision regarding the most appropriate way to respond to the concern. The outcome of the decision may be:

- That on the basis of the information provided, the notification triggers the duty to initiate a Safeguarding Adults enquiry and therefore the notification becomes a section 42 enquiry.
- That it does not qualify as a safeguarding enquiry and it is more appropriate for the concern to be addressed through another process.
- That further information is required in order to make the decision.

A notification of concern becomes a safeguarding enquiry when the details reported are assessed by an appropriate officer within the Local Authority as meeting the duty to instigate a Safeguarding Adults enquiry.

There are two types of safeguarding enquiry:

**Section 42 Enquiry**

These are enquiries where an adult meets ALL of the section 42 criteria. The criteria are:

(a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs, and whether or not they meet any eligibility criteria).
(b) The adult is experiencing, or is at risk of, abuse or neglect.
(c) As a result of those needs the adult is unable to protect himself or herself against the abuse or neglect or the risk of it.

Northamptonshire calls this the Three Step Test. If all three steps are met, then the Care Act 2014 states that a section 42 enquiry should be undertaken. This means that;

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

*The Care Act 2014: Section 42, part 2*

The three step test (3ST) is an important tool of this decision making framework. It outlines the adult safeguarding duties for the local authority and the criteria at each step to support professional judgement to decide on the required action for a notification of a safeguarding concern. The full decision making framework is found in Appendix 2 with further details about what will need to be considered when making the decision whether enquiries should be made or not. The following diagram outlines the steps:
Non-statutory Safeguarding Enquiry

These are enquiries where an adult does not meet all of the Section 42 criteria but the council considers it necessary and proportionate to have a safeguarding enquiry. This could apply to any concern raised but are more likely in cases of potential domestic abuse, financial abuse or self-neglect, for example an adult may be able to protect themselves from abuse or neglect but chooses not to, or declines interventions which would enable them to.
2.4 Stage 3: The Safeguarding Planning Discussion or Meeting

A proportionate response to safeguarding concerns is important as well as one that underpins the principles of Safeguarding and MSP. The well-being principle and prevention duties will also apply. The following diagram outlines the approach to gathering information a professional should follow during the 3ST.

If a safeguarding concern cannot be resolved through the activities identified within the diagram above, the local authority’s duty under section 42 remains, and a safeguarding intervention should be undertaken.

This discussion or meeting may be a multi-agency discussion between relevant individuals involved in order to share information, consider risk, plan and agree how to proceed with the enquiry, considering all the known facts. It can be face to face, by telephone, or video-conferencing. A discussion or meeting should take place within 5 days of the decision that the notification meets the section 42 duty to proceed to a safeguarding enquiry.

The lead agency will decide which approach is most appropriate. A discussion would take place when:

- holding a meeting would involve a delay and place the person at greater risk,
- where the concerns are assessed to involve a low/medium risk of harm and/or a minimal number of organisations are involved and a meeting is not necessary to ensure that an interim protection plan is put in place,
- a meeting would be counter to MSP principles (e.g. the adult at risk may struggle to participate)

If a discussion is held, it may still be necessary to hold a follow-up meeting when the enquiry is deemed complex and/or there is a high risk of harm.
Where immediate action is needed to protect the adult at risk, the information should be passed to the organisation that is in the best position to carry this out as quickly as possible. Agreement should be reached on what action will be taken.

A meeting may be held when the concerns are assessed to involve significant/critical risk of harm and several organisations are involved.

**Who participates? Who does the adult want to be there?**

Attendance at the safeguarding meeting should be limited to those who need to know and can contribute to the decision-making process. Participants will be individuals from any organisation who have a role in making enquiries into the allegation of abuse or neglect and/or in the assessment of the risk to the adult, or in relation to the person alleged to be responsible for abuse or neglect along with any relevant people to support the adult at risk during the meeting.

Participants should have sufficient seniority to make decisions at the meeting, particularly concerning their organisation's role and the resources they may contribute to the agreed safeguarding plan.

The list below is not exhaustive and participation at a safeguarding meeting should be decided on the circumstances of the case. However, as well as representatives of the lead agency, a meeting may be attended by:

- any involved health professional (e.g. GP, district nurse, community mental health nurse),
- the police, if there are concerns that a crime has been committed,
- if appropriate, a representative of the organisation who raised the concern,
- an officer from the CQC in line with its Safeguarding Adults protocol with regard to regulated services,
- an ‘appropriate adult’ where available,
- an independent advocate, where the adult at risk has a ‘substantial difficulty’ being involved in the safeguarding process, as outlined earlier, and no ‘appropriate adult’ is available (this may be an Independent Mental Capacity Advocate (IMCA) provided under the MCA or a Care Act advocate under section 68 of the Care Act, where an advocate has been arranged for one role the same person should fulfil both roles unless inappropriate. Where organisations are unable to refer for advocacy services this should be discussed with the relevant manager, who can ensure that one is instructed as necessary),
- other staff from adult social care who have a role to play/relevant involvement,
- the manager of an involved provider service unless they are named in the allegation, in which case a senior representative of the organisation would be invited,
- a representative from the funding authority if different to where the harm occurred,
- a representative of the council legal department or a client affairs officer,
- a representative of any other organisation which has a role to play,
- a child protection co-ordinator if there are also child protection concerns,
- a commissioner or member of quality compliance/contracting monitoring team,
- an HR officer (for the employer if the allegation involves a member of staff or a paid carer).
Appropriate attendance of safeguarding meetings should be considered on an individual basis, and it may be appropriate for only one or two agencies to be involved.

Every effort should be made prior to the meeting to explain its purpose to the adult and to discover their concerns, what they wish to happen and how they want to be involved in what is decided. The meeting must decide who will feed back any decisions made to the adult.

Any organisation requested to attend a strategy meeting should regard the request as a priority. If no one from the organisation is able to attend, they should provide information as requested and make sure it is available at the meeting. The strategy discussion/meeting will need to decide on a number of issues, as listed below.

**The adult at risk**

- Clarify the key issues of risk faced by the adult:
  - What, Why, Where, Who & When
  - Establish the facts
  - Assess the needs of the vulnerable adult for safeguarding, support and redress
  - Make decisions to what follow up action should be taken with regard to the person alleged to be responsible for abuse or neglect and the service or its management if they have been culpable, ineffective or negligent.
- Decide who will interview and record the account of the adult, with timescales.
- Decide who will ensure the adult is involved in the process to the maximum of their willingness and ability, and how this will be achieved.
- Decide who will support the adult in a formal enquiry and ensure that their needs for support and safeguarding are met.
- Clarify the mental capacity of the adult to make decisions about their own safety. Arrange for an assessment by the most appropriate person, if required.
- If the person does not have mental capacity, decide how they will be supported to be involved as much as they are able, who is a suitable person to act in the person’s best interests and whether an advocate should be requested.
- Identify whether the person needs advice, support, assistance or services under the Care Act and ensure that the Local Authority is meeting its statutory duties in this regard.
- Identify any communication needs of the adult.
- Identify any equality issues that need to be addressed.
- Identify who will keep the adult informed and what information can be shared with them.
- Where the adult has capacity, ensure their wishes are respected as to sharing of information with relatives, carers and others (unless there is a duty to override their decision).

**The person alleged to be responsible for the abuse or neglect**

If there is a criminal investigation, advice must be sought from the police as to when it would be appropriate to speak to the person alleged to be responsible for the abuse of neglect.

Decide who will interview the person alleged to be responsible for abuse or neglect and/or give them information about the allegations (and when this should happen). This may well be the interviewing officer of the organisation that has a duty to make enquiries.
The multi-agency Information Sharing Protocol (ISP) should be applied within this process.

The primary concern must be the safety of the adult at risk, but the person alleged to be responsible for abuse or neglect also has rights which need to be considered. Decisions about notifying the person alleged to be responsible for abuse or neglect need to be made at the safeguarding meeting, weighing up potential repercussions or further risk of harm, also in agreement and with the police where there is or may be a criminal investigation.

If the person alleged to be causing harm is also an adult at risk, a decision must be made about how their needs are to be met during the enquiry. For example, if they lack mental capacity, they will also need someone who can represent them and facilitate their involvement. You should also identify whether the person needs advice, support, assistance or other services under the Care Act.

A decision should be made whether an organisation in which the alleged abuse or neglect has occurred may undertake an enquiry on the basis of an assessment of risk and harm to the adult.

**Decision-making**

Safeguarding enquiries can involve more than one line of enquiry, and these need to be discussed and carefully co-ordinated at the planning stage. Where a criminal investigation is taking place decisions must be reached in a safeguarding discussion or meeting between the police and other involved organisations about what actions they can take and when. This ensures that the criminal investigation is not compromised and that other organisations are able to take necessary action at the appropriate time.

Any organisation responsible for all or part of the enquiry should have regard to their other responsibilities or legal powers in relation to employment law, criminal law and clinical governance. The person identified to undertake the enquiry will be designated as the ‘enquiry lead’ for the purpose of the Safeguarding Adults process. A decision must be made about who will receive all information and any reports that are subsequently produced.

**Specific decisions regarding the adult at risk**

Always consider and reach agreement on the following areas:

- identification of who should be involved in the enquiry and the development of an interim safeguarding plan
- the potential risk to the adult experiencing or at risk of abuse or neglect,
- the risks to others from the person alleged to be responsible for abuse or neglect,
- whether any action is required concerning the person alleged to be responsible for abuse or neglect,
- whether there is likely to be a criminal prosecution,
- what information needs to be shared and with whom,
- whether there may be a number of enquiries or investigations by different organisations (consider Large Scale Enquiries and Serious Incident processes)
- whether there may be legal or regulatory action,
- whether the allegation involves a member of staff/volunteer or the safety of a service,
- whether the situation could attract media attention.
Specific decisions when the person alleged to be responsible for abuse or neglect is also an adult at risk

The primary focus of the safeguarding meeting or discussion is the adult at risk. Therefore, it may be necessary to hold a separate multi-agency meeting to meet the needs and address the behaviour of the person alleged to be responsible for abuse or neglect. Whether or not this is the case the safeguarding meeting must cover the following issues.

- How to co-ordinate action in relation to the adult at risk alleged to be responsible for abuse or neglect.
- Identification and allocation of a separate care manager/care co-ordinator in order to ensure that their needs are met and that a care plan is devised to ensure that other adults at risk are not also put at risk by the person’s actions.
- Whether there is likely to be a criminal investigation or prosecution.
- What information needs to be shared, and with whom.
- Cases where the person alleged to be responsible for abuse or neglect are a family member, friend or carer need to be treated with particular sensitivity. For example, work may need to be done to make sure the person alleged to have caused harm understands what abuse is.
- A carer may need a carer's assessment.

Recording and sharing information

A record should be made of the decisions and actions agreed.

Minutes of the meeting will be distributed within 7 working days. Regard should be given to confidentiality and data protection issues.

The information should not be shared for any purpose other than the safeguarding and well-being of the adult(s) at risk of abuse and/or neglect. Ownership of all documentation in relation to the enquiry sits with the manager leading the enquiry, the enquiry lead – agreement should be sought in relation to wider information sharing.

When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, and where necessary, CQC and CCG. The local authority has a duty to make whatever enquiries it deems necessary to decide what if any action needs to be taken and by whom. The local authority may well be reassured by the employer's response so that no further action is required. However, the local authority must be satisfied that the employer's response has been sufficient to deal with the safeguarding issue and, if not, they will undertake an enquiry of their own and take any appropriate follow up.

Objectives of the safeguarding discussion or meeting

The objectives of the strategy discussion or meeting are:

- to assess the immediate risk to the person who is being harmed and ensure an interim safeguarding plan is agreed to protect the adult whilst the enquiry is completed,
- to discuss the allegations, share information with all relevant parties and agree what further enquiries are required, and plan who is to make enquiries into what in which order with agreed target dates for agreed actions
to consider the wishes of the adult or, if they lack mental capacity, make a best interest decision, with an appropriate adult or advocate to facilitate the adult's involvement,

- to co-ordinate any further collection of information required about the abuse or neglect,

- to consider what support is needed for the adult,

- to consider whether support is needed for the person alleged to be responsible for abuse or neglect (particularly if they are also an adult at risk),

- to consider if other adults at risk are affected,

- to identify any possible personal safety issues for the person who will conduct the enquiry and plan to address these,

- to make a clear record of the decisions made and record what information has been shared,

- to agree a communication strategy including feeding back to the referrer,

- to consider whether a child (under 18 years) may be at risk and agree a referral to the Multi Agency Safeguarding Hub (MASH) of Children’s Services,

- to agree whether it is appropriate to inform family members or other people connected to the adult of the concern (with consent or through a best interest decision if they lack capacity),

- to circulate decisions to all invitees by way of an interim safeguarding and enquiry plan within agreed timescales.

Roles and responsibilities

The Lead Agency should ensure that a safeguarding discussion or meeting takes place involving appropriate agencies, and that this is recorded and decisions are circulated. The chair should be an appropriate officer, how senior the person is required to be may depend on the nature of the enquiry, such as how large scale this may be. The meeting/discussion should also identify any support to be given to the enquiry lead by staff from other agencies (e.g. tissue viability nurses, police, housing, service providers).

An agreement must be reached at the meeting about the respective roles and responsibilities of organisations during the enquiry in terms of lead responsibilities, specific tasks, co-operation, communication and the best use of skills. A case lead officer will be identified who will supervise the enquiry lead.

The case lead officer within an organisation is responsible for ensuring safeguarding enquiries occur. The case lead officer will facilitate and ensure:

- enough information is available to allow prioritisation and allocation of enquiries,
- the enquiry is allocated to a worker with the necessary competence and experience,
- supervision and support is available to the enquiry lead,
- individual cases are monitored to ensure adequacy of safeguarding measures
- all enquiries/assessments are conducted in accordance with this procedure and anti-discriminatory practice,
- the initial enquiry, risk assessment and safeguarding plan
- any decisions taken at safeguarding meetings
- the enquiry/risk assessment and interview(s)
- any decision taken to close the enquiry

Where there is or is likely to be a criminal investigation there should be discussion with the police at the earliest opportunity and co-ordination of processes to avoid prejudicing such investigations. If there is going to be a police investigation that could lead to criminal
proceedings, there should be early identification of the likely need for witness support and special measures made available to witnesses as required. If there are going to be a number of investigations, the meeting or discussion will decide in what order the various investigations, assessments and enquiries should take place. Where investigations involving other agencies are planned, there should be clear agreement between the organisations concerned as to their respective roles and responsibilities. Non-police investigations should always be led by a suitably experienced and competent worker.

No individual agency can delegate their statutory responsibility to another (e.g. a Local Authority can ask a partner or relevant person to carry out an enquiry, although the statutory duty to make enquiries remains with the Local Authority). Each agency must act in accordance with its duty of care to safeguard adults at risk when it is satisfied that action is appropriate.

Agencies will have their own operational policies and internal procedures applicable to their staff, which should be read in conjunction with these procedures. The Association of Directors of Adult Social Services (ADASS) have produced some guidelines on safeguarding roles in health and social care which provides more information for agencies.

Other Investigations

Serious Incident/Safeguarding Process

This process seeks to ensure an effective interface between safeguarding adult’s procedures and procedures carried out through the serious incident investigation process for health services.

The coordination of investigations requires a mutual understanding of each organisation’s statutory and legal responsibilities, effective communication and cooperation and transparency and learning across the multi-agency safeguarding adult’s partnership.

As the focus of the investigations/enquiries is different, the findings of one investigation do not in itself determine the conclusions of the other. The safeguarding and incident/serious incident processes must both assess the information obtained during the investigation/enquiry and satisfy themselves that its decisions are appropriate.

Large Scale Enquiries (LSE)

The large scale enquiry process is usually triggered when there are significant concerns and/or high levels of safeguarding activity within a particular setting or organisation which is providing services to a person(s) in need of care and support. The safeguarding meeting will consider whether this process should be initiated. It is the responsibility of the Chair to escalate if required. LSE’s will only be undertaken by the Local Authority.
2.5 Stage 4: The Safeguarding Enquiry Process

Purpose of the enquiry

A safeguarding enquiry is a process of gathering evidence and consulting with relevant partners, principally the adult at risk, to:

- establish the facts,
- ascertain the adult’s view and wishes,
- assess the needs of the adult for protection, support and redress and how they might be met,
- protect the adult from the abuse or neglect, in accordance with the wishes of the adult,
- make decisions on what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect,
- enable the adult to achieve resolution and recovery and ultimately build resilience.

The purpose of the enquiry is to establish the facts and contributing factors which led to the safeguarding concern and consider what safeguarding actions will need to be undertaken. Central to this is establishing the views and wishes of the person at risk and what outcome they require or desire according to MSP principles. This will determine not only the possible outcomes, but the form the enquiry may take. In addition, there are responsibilities to identify and manage risk in order to ensure the safety of the individual and others and determine if abuse or neglect has taken place.

Undertaking the enquiry

In line with the agreed decisions made at the safeguarding discussion/meeting, the enquiry lead will:

- Make an assessment of presenting and on-going risk of abuse or neglect and offer appropriate safeguarding measures to safeguard the adult, if this has not already been done.
- Address any communication needs (e.g. interpreters, intermediaries) and ensure an advocate or appropriate adult is appointed as quickly as possible as necessary.
- Identify and take into account any equality or other issues (e.g. demonstrating cultural sensitivity, considering gender specific support).
- Undertake a face-to-face interview with the adult, if this has not already been done, obtaining their views and ascertaining what are their preferred outcomes from the enquiry.
- Ensure that the person alleged to be responsible for abuse or neglect is not present when the adult is interviewed. Sensitivity to the needs and wishes of the adult should be maintained at all times.
- Discuss issues of confidentiality and information sharing with the adult and, if there are no others at risk, seek permission to share information with other organisations as required. If there are others at risk (e.g. paid carers going into the person’s home), the enquiry lead will inform the adult of their duty to share information to protect others. This may be under section 7 of the Care Act or section 45 in the case of SAB’s.
- Obtain the views of the adult even if it is clear that they may not have the mental capacity to make a decision on the outcome. Where there is reason to suspect that the adult does not have mental capacity a mental capacity assessment should be carried out, and if necessary, and not already done, an advocate appointed.
• Undertake interviews with relevant individuals, including the person alleged to be responsible for abuse or neglect, any witnesses and significant others.
• Gather appropriate information and evidence from a variety of sources.
• Immediately inform the appropriate safeguarding children’s team if there are concerns that a child or young person living in the same household as the adult could also be at risk, or the person alleged to be responsible for abuse or neglect comes into contact with children through their work or other means.
• Gather information to inform any risk assessment and safeguarding planning.
• Keep the Case Lead Officer updated of all actions.
• Ensure all recording is in line with organisational procedures.
• Ensure all information is shared in an appropriate manner, observing information sharing protocols.
• Produce an enquiry report, if necessary, and recommendations within the agreed timescales, which will form the basis of discussion at the safeguarding review.

When conducting the enquiry it is important the enquiry lead approaches the task with an open mind. If the enquiry is unlikely to be completed within expected timescales, the case lead officer will be informed and will review any interim safeguarding plan to ensure it is providing adequate safeguards for the adult (and other adults at risk if necessary), and to formally extend the time limit for the enquiry. This may require a formal safeguarding meeting or may simply be a conversation with the adult at risk, depending on the type and scale of the enquiry. The case lead officer will continue to ensure regular contact between all parties. If, during the enquiry, additional concerns are identified, a safeguarding review meeting may be called to share information and review the interim safeguarding plan.

The enquiry lead

The enquiry lead should be a suitably experienced and competent member of staff working under the supervision of a manager (the case lead officer). Care must always be taken to ensure complete independence of the enquiry lead from the adult and the person alleged to be responsible for abuse or neglect. The enquiry lead is responsible for undertaking and coordinating the safeguarding enquiry in line with the agreed decisions made at the safeguarding discussion/meeting. The enquiry and subsequent interventions should consider:

• the adult’s needs for care and support,
• the adult’s risk of abuse or neglect,
• the adult's ability to protect themselves or the ability of their networks to increase the support they offer,
• the impact on the adult and their wishes,
• the possible impact on important relationships,
• potential of action and increasing risk to the adult,
• the risk of repeated or increasingly serious acts involving children, or another adult at risk of abuse or neglect,
• the responsibility of the person or the organisation that has caused the abuse or neglect,
• research evidence to support any intervention.
The enquiry report may take different forms depending on the form of enquiry and its scale. The purpose of the safeguarding enquiry is to establish the adult's wishes, assess the safeguarding needs of the adult, and take actions to meet these needs alongside any other follow-up actions, enabling resolution and recovery where abuse or neglect has taken place. The report should reflect these objectives.

All professional decisions should be documented, along with the reasons for any decisions made, and what consultations were made. The report should contain a clear summary of the enquiry including some or all of the following:

- why an enquiry has been carried out, (i.e. how it meets the safeguarding duty, or why an enquiry is needed if it isn't a statutory enquiry),
- what kind of abuse or neglect enquiries are being made,
- personal details of the adult experiencing, or at risk of, abuse or neglect, including a record of their desired outcomes,
- details of the enquiry lead and date(s) of the enquiry/assessment,
- summary of the adult(s) at risk's assessed needs and relevant background information,
- assessment of capacity if relevant,
- outline of the current risks and any previous risks,
- chronology of events,
- summary of enquiry/assessment,
- outcomes of the enquiry,
- list of supporting evidence in accordance with the Information Sharing Protocol,
- conclusions and recommendations for a safeguarding plan,
- evidence based summary of the evidence provided.

Additional information may also be required based on the nature of the enquiry. The enquiry lead should agree this with the case lead officer.

**Completing the enquiry**

The enquiry lead will discuss the findings with the case lead officer and where appropriate the adult at risk, and a decision will be made on the following:

- whether to share the report with partner agencies involved in the enquiry, though in most cases it is good practice to do so,
- whether on the balance of probability abuse or neglect has occurred,
- decide on a recommended outcome which will include what is recorded in the safeguarding plan and whether a safeguarding review is required

Consideration should always be given as to whether a safeguarding review should be held in order that information can be shared with relevant partners about the outcome of the enquiry and to discuss current risks, the likelihood of further risk, and where disagreement in relation to the outcome is apparent.

In some situations it may not be necessary to undertake a safeguarding review. For example:
- the enquiry has concluded and there is no evidence of risk of harm to the person at risk or others,
- the enquiry is complete and the person at risk is at either a low risk or no risk of harm and a safeguarding plan is in place.

The case lead officer will formally record agreement to the contents and conclusions of the report.

Some enquiries may be delayed for justifiable reasons (and if so, the local authority must be advised) but all effort must be made to progress and complete an enquiry within the timescales agreed in the safeguarding discussion/meeting stage. However, all outcomes or processes may not be completed within this time frame (e.g. a criminal prosecution or disciplinary action).

**If the adult dies during the Safeguarding Adults process**

Should an adult experiencing or at risk of abuse or neglect, or person alleged to be responsible for abuse or neglect die during an enquiry, even if the death is not related to the allegation of abuse or neglect, the Safeguarding Adults process should continue to a conclusion.

A safeguarding review meeting must take place to decide whether the death was as a result of the inadequacy of the safeguarding plan or whether poor inter-agency working was a contributory factor.

If the incident occurred in a health or social care setting and involved unsafe equipment or systems of work, a referral may be made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to the Health and Safety Executive (HSE). The HSE will decide whether or not to investigate.

Following a death, more than one investigation/enquiry into the circumstances may need to be instigated because more than one organisation may have been involved with the individual and the safeguarding process commenced accordingly.

The coroner will be informed by the police of the death as soon as possible (and before burial or cremation) if abuse or neglect is suspected to be a contributory factor (i.e. it is thought that the death was not a natural one). The case lead officer should consider contacting the Coroner direct should the alleged abuse or neglect be considered to have a role in the death.

**If the adult moves during the Safeguarding Adults process**

In such a case the case lead officer must:

- ensure that action is taken to ascertain their whereabouts and their safety/wellbeing,
- notify the new local authority, in writing, of action taken under the Safeguarding Adults process and what action remains outstanding; the new local authority area will need to agree to the case transfer, if this is what is being requested,
- advise any other organisations that have been involved in the enquiry,
- make a decision whether to continue with the enquiry or not.
In some cases, family, friends or carers may remove an adult from the UK before a full enquiry can be carried out and safeguarding measures put in place. If there is any indication that such a removal is being planned, legal advice must be sought urgently. If an unexpected removal does occur, legal guidance must still be sought.

If the person alleged to be responsible for abuse or neglect moves during the Safeguarding Adults process

If the person alleged to be responsible for abuse or neglect is a paid worker or a volunteer, their situation is covered by the provisions of the Safeguarding Vulnerable Groups Act (SVGA) 2006. Regulated activity providers now have a duty to refer to the Disclosure and Barring Scheme (DBS) the names of staff and volunteers who have been found to have harmed or put at risk of harm a child or adult at risk. This includes the names of those who would have been dismissed because they harmed or put at risk of harm a child or adult at risk. The DBS will make a judgement on the evidence whether the person should be barred from any future employment or activity with adults at risk or children. For guidance on referral processes to the DBS, see here.

A person who is barred from working with adults at risk and/or children who seeks such employment commits an offence punishable with up to five years’ imprisonment. An employer is also committing an offence if they knowingly employ someone who is barred from such employment.
2.6 Stage 5: Safeguarding Enquiry Review

Purpose of a safeguarding review

A safeguarding enquiry review is a multi-agency meeting held to discuss the outcome of the safeguarding enquiry, agree conclusions and decide whether it is necessary to put in place a long-term safeguarding or safety plan with the adult at risk. The participation of the adult at risk in the meeting will be facilitated and this will be reflected in the formality of the meeting, the venue, the language and materials used. The safeguarding enquiry review is held:

- To consider the findings and outcomes of the enquiry and report.
- To decide whether abuse took place.
- To assess ongoing risk.
- To produce or revise a safeguarding plan.
- To ascertain whether the adult at risk is satisfied with the outcome of the enquiry.

If the adult is not in attendance, the information should be fed back as soon as possible.

Mr A is in his 40s, and lives in a housing association flat with little family contact. His mental health is relatively stable, after a previous period of hospitalisation, and he has visits from a mental health support worker.

He rarely goes out, but he lets people into his accommodation because of his loneliness. The police were alerted by Mr A’s neighbours to several domestic disturbances. His accommodation had been targeted by a number of local people and he had become subjected to verbal, financial and sometime physical abuse. Although Mr A initially insisted they were his friends, he did indicate he was frightened; he attended a case conference with representatives from adult social care, mental health services and the police, from which emerged a plan to strengthen his own self-protective ability as well as to deal with the present abuse. Mr A has made different arrangements for managing his money so that he does not accumulate large sums at home. A community-based visiting service has been engaged to keep him company through visits to his home, and with time his support worker aims to help get involved in social activities that will bring more positive contacts to allay the loneliness that Mr A sees as his main challenge.

Roles and responsibilities

A case lead officer from the Lead Agency should ensure that a safeguarding enquiry review is convened, chaired and minutes taken (see local guidance for chairing arrangements).

Wherever possible the adult at risk should be involved and assisted to participate in the safeguarding enquiry review. It is essential that the adult is given information about the purpose of the review in advance, and who will be there. The venue should be considered in order to meet the adult’s preferences and any access and communication needs (e.g. if specialist facilities are needed).

In some cases, the review will be divided into two parts (e.g. where the information being discussed may compromise a future criminal investigation, where confidential or sensitive information relating to a third party needs to be discussed, or where actions relating to the...
person alleged to be responsible for abuse or neglect need to be discussed). In such cases the first part of the meeting is attended by professionals only, and the adult and/or their representative will attend the second part, though this should be avoided wherever possible to ensure MSP principles are being promoted and followed. Alternative arrangements may need to be considered if there has been a large scale enquiry involving a number of adults at risk.

Who should attend?

- The adult at risk and/or their representative
- The chair
- The enquiry lead
- A minute-taker
- A competent and experienced manager from each organisation involved
- Representatives from any other relevant organisations who are able to contribute to the safeguarding plan
- The care manager, care co-ordinator or key worker for the adult at risk
- Any other relevant professionals (e.g. the police, CQC representative, service contracts/ commissioning staff, GP, psychiatrist or other health care workers involved with the adult)
- A representative from the Local Authority legal department may also need to be invited

If any relevant professional is unable to attend, they must provide their contributory information in writing to the meeting, or send a deputy.

All those attending should have the delegated authority to agree to make decisions about the provision of resources and services that will contribute to the safeguarding plan.

If the person at risk has capacity to make decisions about their own safety, their views should be taken into account about:

- whether they wish to attend,
- whether they wish to attend and bring someone else with them,
- whether they wish to nominate someone to attend on their behalf and who this is.

If the adult has mental capacity but does not wish to attend the safeguarding review, they should be consulted beforehand about their views and these should in turn be given at the meeting by a representative, advocate or key worker.

If the adult does not have capacity a decision needs to be made about who the key decision-makers should be, in line with the MCA Code of practice.

The meeting should be held at a venue which enables the adult to fully participate. In some cases this may be in their own home.

If the adult does not attend the meeting the reasons for this should be recorded.

The meeting should decide and record:

- who will feed back any decisions about the safeguarding plan to the adult if they do not attend,
who they can contact if they do not agree with the safeguarding plan or wish to comment on it.

**Decisions about others who may wish to attend**

Family members do not have an automatic right to attend a safeguarding review and should only be invited at the express wish of the adult at risk. If the adult does not have capacity to make that decision, it may be made in their best interests, or with the consent of a Lasting Power of Attorney or Deputy appointed by the Court of Protection.

**Conducting the safeguarding enquiry review**

The safeguarding enquiry review will:

- receive and consider the enquiry lead’s report including the stated wishes of the adult, and proposed outcomes of the enquiry,
- receive and consider reports from other involved agencies,
- evaluate the information in order to assess the levels of current risk(s) (using information provided in the enquiry report),
- determine on the balance of probabilities whether abuse has occurred (again based upon the findings of the enquiry report),
- assess the likelihood of risk reoccurring,
- consider whether any further action or information is required,
- consider whether legal advice and guidance is required,
- consider whether any statutory/regulatory action is required (e.g. referral to professional bodies and regulators),
- review any existing safeguarding plan to ensure it is relevant and appropriate, or agree a safeguarding plan with the adult (or the person representing them or their best interests),
- decide which organisation(s)/individual(s) will monitor and co-ordinate the safeguarding plan,
- agree contingency measures if the safeguarding plan does not work,
- agree how the safeguarding plan will be shared with partners, taking into account information sharing considerations,
- review any actions taken so far, in relation to the person alleged to be responsible for abuse or neglect, and decide what further action is/may be needed for the adult at risk and/or the person alleged to be responsible for abuse or neglect (safeguarding and/or support plan),
- decide what action is appropriate if the concern has not been proved or was unfounded but concerns remain about standards of care,
- provide support and services to meet the needs of the adult and their carer(s), including possible ongoing advocacy
- decide how best to support the adult through any action as they seek justice or redress,
- determine what additional information needs to be shared and with whom,
- set a date and responsibility for a second review if there are concerns that the safeguarding plan may not lead to a reduction of the risk or where the enquiry is incomplete at the time of the safeguarding enquiry review,
- agree whether a further safeguarding review is required or whether the case can be closed.
The fact that there is insufficient evidence for a criminal prosecution does not necessarily mean that action cannot be taken under civil proceedings (e.g. seeking an injunction) or disciplinary proceedings, because there are differing burdens of proof. Discussions about this may form part of the safeguarding enquiry review, although final decisions may be made at a later date (e.g. it may not be possible to state with certainty that civil proceedings will take place or the final outcome of disciplinary investigations).

Consideration should always be given to whether or not there should be a referral for a Safeguarding Adult Review (SAR) to examine the circumstances involved. This should be reported through the appropriate management structure within the Local Authority and local Safeguarding Adults Board.

**If the person alleged to be responsible for abuse or neglect is an employee**

Based on the outcome of the enquiry and where appropriate, employers should report workers to statutory bodies and other organisations responsible for professional regulation and conduct 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.

Other potential outcomes are:

- referral to regulatory body (e.g. Nursing and Midwifery Council, General Social Care Council, British Medical Association),
- disciplinary action,
- action by the Care Quality Commission (CQC) (e.g. de-registration),
- implementation of requirements made by the commissioner of services,
- continued monitoring,
- counselling/training,
- referral to court mandated treatment,
- referral to Multi-Agency Public Protection Arrangements (MAPPA),
- action under the Mental Health Act (MHA) 1983 (as amended by the MHA 2007),
- action by contract compliance (e.g. suspension or termination of a contract by a commissioner),
- exoneration,
- apply Adult Risk Management framework (ARM),
- no further action.

In addition, organisational changes may be implemented following a review (e.g. to staffing, recruitment, training, working practices and culture, improvement of risk monitoring and quality assurance). Changes may also be made in response to recommendations from any complaints process. Such changes can include the setting up of a Safeguarding Adults Review or serious incident process if there are concerns about the Safeguarding Adults process and/or inter-agency working by partners.
The Safeguarding Adults safeguarding plan aims to remove or minimise 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 as circumstances arise and develop. Those attending the safeguarding enquiry review will:

- review any existing safeguarding plan to ensure it remains relevant and appropriate, or agree a new or revised plan with the adult at risk (or the person representing them or their best interests), and decide which organisation will monitor and co-ordinate the plan,
- agree contingency actions if the safeguarding plan does not work,
- agree how the plan will be shared with partners, taking information sharing considerations into account,
- determine what additional information needs to be shared and with whom,
- set a date for a review unless all the organisations involved agree that this can take place as part of the care management/care programme approach or health and social care process,
- ensure the safeguarding plan is person centred and outcome focused.

Safeguarding plans are case-specific but are likely to include:

- action to ensure the safety of the adult at risk
- action to ensure the continued involvement of the adult at risk and where appropriate their carer or advocate,
- details of support services, treatment or therapy available to the adult at risk, either in the immediate or the longer term,
- action taken by any provider or organisation to prevent reoccurrence,
- action being taken against the person alleged to be responsible for abuse or neglect.

It is imperative that practical steps are taken to ascertain the wishes and views of the adult in relation to the safeguarding plan and to include them in it. The most important part of any safeguarding plan is the adult at the centre of it.

**Information that may be shared with others (please also refer to the local multi-agency Information Sharing Protocol)**

Where concerns have been identified about the quality of care from a particular provider, following the enquiry/assessment:

- the Care Quality Commission (CQC) should be informed if a local authority or a health organisation has concerns about the standards of care within a community care setting,
- factual information regarding concerns about standards of care can be shared with local authorities on a need-to-know basis.

**Safeguarding enquiry review minutes**

Minutes should be recorded on the relevant local authority pro forma and approved by the chair of the meeting. The minutes record the decisions of the safeguarding enquiry review.
and evidence of how the decisions were reached. This may involve recording separate decisions and outcomes for each concern.

The minutes should be circulated within agreed timescales (e.g. 5 working days) to:

- all attendees and invitees to the meeting,
- all those contributing to the safeguarding plan,
- the Care Quality Commission (CQC) where the safeguarding enquiry review relates to a service that it regulates,
- all other relevant regulatory bodies, as appropriate.

Unless this would increase the levels of risk, a copy of the safeguarding plan should be sent to the adult at risk or, with their permission, to another person. If the adult does not have mental capacity, a decision should be made in their best interests about to whom to send the minutes. If the adult at risk has attended the safeguarding enquiry review then the minutes will be shared with them subject to an assessment of risk. Safeguarding enquiry review minutes will reflect the discussion however consideration of Freedom of Information/Data Protection principles will apply.

Whether or not minutes of the meeting are sent to the adult, the case lead officer will decide the most appropriate person to report back the outcome of the meeting. This should take place as soon as possible after the meeting. The adult should be enabled to raise any issues they may have about the decisions taken and the safeguarding plan that has been developed and agreed upon.

Feedback should also be given to the person who raised the concern, taking into account confidentiality and data protection principles.

**Feedback to the person alleged to be responsible for abuse or neglect**

A decision must be made at the meeting about what feedback should be provided to the person alleged to be responsible for abuse or neglect and the organisation that employs that person (if relevant), and who should provide it. If the person alleged to be responsible for abuse or neglect does not have mental capacity (and is also an adult at risk), feedback will be given to the person acting in their best interests.
2.7 Stage 6: Review of Safeguarding Plan

Purpose of review

The purpose of the review is to ensure that the actions agreed in the safeguarding plan have been implemented and to decide whether further action is needed if any. The aim is to monitor the progress and effectiveness of the safeguarding plan.

If during the review a new concern of abuse or neglect is raised, this should be considered as a new notification.

The review should be completed as per the instruction from the safeguarding enquiry review. It must always invite the adult at risk and/or their representative and key providers. It would normally be conducted through the regular review activity but may require a formal meeting to be arranged by the person deemed responsible at the safeguarding enquiry review.
Glossary and abbreviations

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

**Abuse** is not formally defined in the Care Act or guidance; several abuse types are listed (inc. sexual, psychological, physical, discriminatory, organisational, domestic abuse and violence, modern slavery, financial or material abuse) but these are illustrative only and do not exclude other possible types of abuse. Most abuse will involve some kind of exploitation and/or coercion.

**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** within safeguarding an 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. Previously this would have been known as a vulnerable adult.

**Adult Risk Management (ARM) framework** a multi-disciplinary tool for managing high risk adult cases where the person at risk has mental capacity but is unwilling to engage with the safeguarding/assessment process or take other actions to mitigate or reduce risk to themselves and/or others.

**Advocacy** taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need and also, under the Care Act, facilitate their involvement in social care processes. Is a legal requirement for all safeguarding enquiries where there is a ‘substantial difficulty’ and no ‘appropriate adult’ is available.

**Adult (at risk)** the person who is the subject of the alleged abuse or neglect. Under No Secrets known as a vulnerable adult.

**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 or a suitable person who will advocate and facilitate the adult at risk’s involvement in a safeguarding enquiry.

**APVA (Adolescent on Parent Violence and Abuse)** increasingly recognised as a form of domestic violence and abuse and, depending on the age of the child, may fall within the official definition of domestic violence. Is likely to involve a pattern of different behaviours.

**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.
Carer refers to unpaid carers, for example, relatives or friends of the adult. Paid workers, including personal assistants, whose job title may be ‘carer’, are called ‘staff’.

Case Lead Officer supervises the Enquiry Lead, and provides support and oversight, as well as signing off various decisions, such as an extension to a deadline or closing an enquiry.

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

Channel part of the PREVENT strategy, a multi-agency approach to identify and provide support to individuals at risk of being drawn into terrorism.

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

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.

Concern a safeguarding concern can be reported by anyone where they have reason to suspect that abuse or neglect is occurring to an adult; the concern may or may not lead to a safeguarding enquiry. This was previously known as a referral.

Consent the voluntary and continuing permission of the person to an 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, and the consequences of not intervening.

CONTEST a strategy published by the Home Office in 2011 to reduce the risk of terrorism to the UK and its overseas interests composed of 4 parts; Pursue, Prevent, Protect and Prepare.

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 are:

- 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, agreed 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.

CSC (Customer Service Centre) the front desk of Northamptonshire County Council. They deal with all requests, queries and complaints that come into the council. Most safeguarding concerns will go through CSC where a team of social workers check each notification and make a decision about should happen next, depending on the risk and potential harm.

DoH (Department of Health) the government’s 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 and security) under article 5 of the European Convention on Human Rights. Authorisations under the Deprivation of Liberty Safeguards ensure these deprivations are lawful, but these only apply to care homes and hospitals. To ensure restrictions to liberty are lawful in other settings (e.g. supported living accommodation, day centres) applications should be made directly to the Court of Protection.

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 (e.g. restricted access or egress) ensuring this is lawful.

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 and sharing of any personal information.

Disclosure someone communicating to someone else that they have been abused or neglected.

DBS (Disclosure and Barring Service) the Disclosure and Barring Service 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 for (in a paid or unpaid capacity) from acts or omissions which could cause harm.

DV (Domestic Violence) Domestic 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, and includes extended family violence, including honour based violence and forced marriage.’.
**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 violence. 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** a process, carried out under section 42 of the Care Act by the Local Authority, to enable it to decide whether any action should be taken following the safeguarding concern, and what this action should be and who should carry it out. This will involve determining whether there is ongoing risk of harm to the adult(s) at risk and, if so, what needs to be done to safeguarding the adult(s) at risk. This was previously known as an investigation. Non-statutory enquiries may take place where this is thought appropriate, using the safeguarding process.

**Enquiry lead** the person responsible for leading the safeguarding enquiry, for ensuring that the adult at risk is facilitated to participate in the enquiry and their wishes are at the forefront. They will conduct the enquiry and write the report which is used for any subsequent safeguarding planning.

**Environmental Health** a branch of public health concerned with the built environment, also covering Food Hygiene, licensing and pollution. Have powers to intervene and access properties where there is a public health risk from infestation, or other cause, also manage littering where items are kept in the open air.

**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, making this a criminal offence.

**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. Local Authority safeguarding duties do not apply to adults in prisons, though prison representatives may be invited to SABs.

**Hoardings** a category of self-neglect where the adult accumulates items that may be perceived by others to be of little value but which, over time, become a hazard to themselves and others, through fire risk, infestation, or other environmental health hazard. In some cases it may restrict their movement through the property and breach tenancy agreements and it may also include collecting pets.

**HR (Human Resources)** the department of an organisation that is focused on the management and development of employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, disciplinary and performance issues, grievances, dismissal 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.

**IDVA (Independent Domestic Violence Adviser)** a trained support worker who provides assistance and advice to victims of domestic violence.

**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 friends, 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.
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.

**Lead Agency** the organisation which is conducting the safeguarding enquiry. In most cases this will be the Local Authority, though they may delegate this task to a provider service such as a care home or hospital trust. The safeguarding duty remains with the Local Authority and they should assure themselves of the well-being of any adults at risk following the conclusion of a safeguarding enquiry.

**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)** multi-agency statutory arrangements for managing sexual and violent offenders in the community.

**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.

**Mental Capacity** is the ability to make a decision. Capacity can vary over time and also by the decision to be made, depending on its complexity. The inability to make a decision could be caused by a variety of permanent or temporary conditions but will have some basis in an impairment of the mind or brain.

**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.

**MSP (Making Safeguarding Personal)** a statutory approach to safeguarding that focuses on the personalised outcomes desired by people with care and support needs who may have been abused or neglected.

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

**Neglect and acts of omission** a kind of abuse which is characterised by what is not done to an adult rather than what is done, for example ignoring medical needs, failing to meet physical or emotional needs, or failing to provide access to health or social care services.

**Notification (of concern)** a formal notification, to the Local Authority, in Northamptonshire this is normally through the Customer Service Centre, of a safeguarding concern. This can be done online or over the phone. Written notifications are also accepted.

**NSAB** Northamptonshire Safeguarding Adults 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 perpetrator.

Personal Budget (PB) money allocated 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 to adults. 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 (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 violence, sexual violence, child abuse, abuse of adults at risk and registered sex offender management.

PREVENT part of the CONTEST anti-terrorism strategy published by the Home Office to prevent radicalisation and stop people becoming terrorists or supporting terrorism. The PREVENT referral process is outlined in Appendix 4.

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 (DH) 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.

Reporting manager the person in an organisation to whom staff are expected to report any safeguarding concerns. They may also be the designated Safeguarding Adults lead within an organisation. It is the Reporting manager who will in most cases make the formal notification of concern and take part in the Safeguarding Adults process.

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

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) regulations, revised in 2013, for reporting accidents and injuries at work to HSE where there is a death, an injury resulting in an employee being off work for more than 7 days, another person being taken to hospital or other specific illnesses or dangerous occurrences.

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 or remove those risks.

Safeguarding Adults incorporates the concept of prevention, empowerment and protection to enable adults, who have care and support needs, and who are in circumstances that put them at risk, to retain their independence, well-being and choice and enables them to live a life free from abuse and neglect.

SAB (Safeguarding Adults Board) a statutory body, set up by the Local Authority, to ensure that local safeguarding arrangements and relevant partners are working effectively to safeguarding adults in its area. Has powers to request information and involve and hold to account various organisations with safeguarding responsibilities, such as the NHS and police, as well as duties such as publishing a strategic plan, annual reports and conducting SARs. An SAB has 3 statutory members, the local authority, the local clinical commissioning group and the police, and can include other members as the statutory members think appropriate. It will also appoint a chair with the appropriate skills and experience to lead the board. Although it is set up by the local authority, it will sit apart from it, as it will need to hold the local authority along with other members, to account to ensure effective safeguarding.

SAR (Safeguarding Adults Review) a review of the practice of agencies involved in a safeguarding matter. An SAR is commissioned by the Safeguarding Adults Board (SAB) when an incident of adult abuse takes place or is suspected leading to serious harm or death. The aim is for agencies and individuals to learn lessons to improve the way they work and prevent future incidents.

Safeguarding Discussion/Meeting a multi-agency discussion or meeting between relevant individuals to share information and agree how to proceed with the investigation/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, the person causing harm and approaches that each agency can take to instigate protective actions.
Safeguarding Enquiry Review a meeting or forum to discuss the outcome of the safeguarding enquiry, review any interim safeguarding plans and implement long term safeguarding plans to manage and minimise risks to adults.

Safeguarding Plan once an enquiry has concluded a discussion of the needs and wishes of the adult is likely to take place, regardless of the outcome of the enquiry and whether these have been achieved. A risk management plan may need to be implemented aimed at removing or minimising risk to the person and others who may be affected by abuse or neglect or the risk of it fulfilling the Local Authority’s safeguarding duty and maintaining the adult’s and others well-being. It will need to be monitored, reviewed and amended/revised as circumstances arise and develop, with the adult(s) at risk.

Section 42 enquiry enquiries where an adult meets ALL of the section 42 criteria. The criteria are (a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs), (b) The adult 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. In Northamptonshire this is known as the Three Step Test.

Self-neglect characterised by acts of omission where an adult fails to meet their own self-care needs, whether these are personal or environmental, often where the adult has, or is thought to have, mental capacity. It does not fall into typical safeguarding criteria as there will not be another person alleged to be responsible for the self-neglect, and no exploitation will be taking place, although there may be a previous history of trauma and/or abuse, and other kinds of abuse or neglect may be concurrent with the self-neglect. The adult’s preferred outcome may be that they are left alone, which will be contra-indicated by the risk posed to themselves and/or others. Self-neglect will not always be a safeguarding matter, and will need to be considered on a case by case basis. See separate self-neglect guidance on the Safeguarding Adults pages of the NCC website for more detailed information.

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’.

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.

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 the unexpected or avoidable death of one or more patients, staff, visitors or members of the public. These may simply be known as serious incidents (SIs).

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.
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.

Trading Standards provide advice for business and is responsible for enforcing laws covering the safety, descriptions, and pricing of products and services. They are tasked with monitoring, and should be informed of, any fraud, tricks and scams, including those targeting adults who may be at risk.

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.

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.

Well-being section 1, part 1 of the Care Act 2014 outlines the Local Authority’s duty to promote the well-being of individuals in its area. The Act defines well-being as being made up of 9 elements, one of which is protection from abuse and neglect. Where safeguarding concerns do not meet the section 42 duty to make enquiries, there may be circumstances where enquiries are made under section 1 of the Act, in order to meet the wellbeing duty.

Whistle-blowing an employee raising concerns about bad practice, abuse or neglect, from within their employing organisation. Many organisations have a whistle blowing policy which outlines how such concerns should be raised and what support should be provided for the person who raises the concern.
Safeguarding Contacts:

Safeguarding contacts for Northamptonshire are listed below. Many of these contacts can also be found on this [webpage](#).

**Northamptonshire Safeguarding Adults Board:**

NSAB@northamptonshire.gov.uk
Tel: 01604 365681

**Northamptonshire County Council:**

Customer Service Centre (CSC) (contact for all safeguarding concerns)
Tel: 0300 1261000

Emergency Duty Team (EDT) (out of hours contact for safeguarding concerns)
Tel: 01604 626938

**Safeguarding Adults Team**
John Dryden House
8-10 The Lakes
Northampton NN7 7YD
Tel: 01604 362900
adultssafeguardingadmin@northamptonshire.gov.uk
adultssafeguardingadmin@northamptonshire.gcsx.gov.uk

**Children’s Services:**
Multi-Agency Safeguarding Hub (MASH)
Tel: 0300 1261000
MASH@northamptonshire.gcsx.gov.uk

**Police Contacts:**
Public Protection/Safeguarding of Vulnerable Adults/Mental Health/Missing Persons Unit
Northamptonshire Police
vulnerableadults@northants.pnn.police.uk

DS Andy Stephenson
Tel: 101 Ext: 345728
Mobile: 07557 775034

DS Liz Ansell
Tel: 101 Ext: 343076
Mobile 07557 775272
Fax: 01604 888629
PREVENT
peo@northants.pnn.police.uk

Mark Osbourne
Prevent Officer
Tel: 101 Ext: 342461
Mob: 0755777230

Jody Williams
Prevent Officer
Tel: 101 Ext: 346112

Shane O’Brien
Prevent Officer
Tel: 101 (from 1/08/16)

Health Contacts:

NHS Nene and Corby Clinical Commissioning Groups
Georgette Fitzgerald
Designated Nurse for Adult Safeguarding
Tel: 01604 651741
georgette.fitzgerald@neneccg.nhs.uk
Gabriella O'Keeffe
Senior Quality Improvement Manager
Tel: 01604 651252
Mobile: 07771 343725
gabriella.okeeffe@neneccg.nhs.uk

Kettering General Hospital
Jacqueline Barker
Safeguarding Adults Lead
Tel: 01536 491572
Mob: 07545 422897
jacqueline.barker@neneccg.nhs.uk
jacqueline.barker1@nhs.net

Northampton General Hospital
Lorraine Hunt
Safeguarding Vulnerable Adults and Mental Capacity Lead
Tel: 01604 523769
lorraine.hunt@ngh.nhs.uk
lorraine.hunt5@nhs.net

East Midland Ambulance Service (EMAS)
Zoe Rodger-Fox
Adult Safeguarding Lead
Tel: 0115 8845144
Mobile: 07909 001253
zoe.rodger-fox@emas.nhs.uk
zoe.rodger-fox@nhs.net
Team email: safeguarding.team@emas.nhs.uk
Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Rose Lovelock
Safeguarding Clinical Lead
Tel: 01933 235530
Mobile: 07825 196405
rose.lovelock@nhft.nhs.uk
safeguarding.adultsteam@nhs.net
Cathy Kennedy
Named Professional for Safeguarding Adults
Tel: 01933 235350
Mobile: 07920 234727
cathy.kennedy@nhft.nhs.uk
safeguarding.adultsteam@nhs.uk
Jackie Noble
Safeguarding Adults Named Nurse
Tel: 01933 235530
jackie.noble@nhft.nhs.uk
Shared Fax: 01933 235472
Secure Team email: safeguarding.adultsteam@nhs.net

Fire Service Contacts:
Northants Fire and Rescue Service
Operational Safeguarding Lead (domestic and rented accommodation)
Lisa Bryan – Home Safety Team
Tel: 01604 797159
Mob: 07786 274684
safetycheck@northantsfire.org.uk
lbryan@northantsfire.org.uk

Fire Safety Legislation Lead (e.g. care homes, hospitals, HMOs)
Scott Richards
Tel: 01604 797067
srichards@northantsfire.org.uk

Olympus Care Services:
Head of People and Performance
Claire Bell
Tel: 01604 362355
Fax: 01604 366001
quality@olympuscareservices.co.uk

St Andrew’s Healthcare:
Safeguarding Lead
Elizabeth McKeever
Tel: 01604 616000
safeguarding@standrew.co.uk

Advocacy Services:
Total Voice (voiceability advocacy service)
Jo Moore
Tel: 0203 3558846
totalvoicenorthamptonshire@voiceability.org
Victim Support:
Victim Support Helpline
Tel: 0808 1689111
NORTHAMPTONSHIRE SAFEGUARDING ADULTS BOARD

Decision Making Framework
(Thresholds Document)

To be used to support the management of safeguarding

February 2016
1. Purpose of this document

This document outlines the decision making framework that should be used to support professional judgement in managing adult safeguarding in Northamptonshire. This document will identify the stages the Local Authority will consider during the decision making process upon receipt of a safeguarding notification of concern. If you require additional information while using this outline document, please refer to the inter-agency procedures documentation for further detail:


2. Adult safeguarding

Safeguarding is the protecting of an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted. The Care Act 2014 confirms adult safeguarding as a statutory function for a local authority. The Care Act Statutory Guidance sets out certain requirements a local authority must comply with and states clear aims a local authority should work to. It also identifies the following six key principles that should be considered during the decision making process:

- Empowerment - People being supported and encouraged to make their own decisions and informed consent
- Prevention - It is better to take action before harm occurs
- Proportionality - The least intrusive response appropriate to the risk presented
- Protection - Support and representation for those in greatest need
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability - Accountability and transparency in delivering safeguarding

3. Making Safeguarding Personal (MSP)

Making safeguarding personal is a person-led and outcome-focused approach, which is how we should be managing safeguarding in Northamptonshire. The MSP framework encourages engagement with the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. The following points should be used as a reference to check that the key principles of the MSP framework are being considered in the management of safeguarding in Northamptonshire:

- safeguarding should be done with and not to a person
should focus on achieving meaningful improvement to person’s circumstances rather than just an impact during ‘investigation’ and ‘conclusion’

4. Defining Abuse

Types of abuse and neglect – please refer to the procedures document for definitions and examples on each type, which are as follows:

Physical abuse, Domestic violence, Sexual abuse, Psychological abuse, Financial or material abuse, Modern slavery, Discriminatory abuse, Organisational abuse, Neglect and acts of omission, Self-neglect.

5. Three Step Test and Safeguarding Enquiries

There are two types of safeguarding enquiry;

Section 42 enquiry - The enquiries where an adult meets ALL of the section 42 criteria. The criteria are:
(a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs)
(b) The adult is experiencing, or is at risk of, abuse or neglect
(c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

This is known as the Three Step Test.

Other Safeguarding Enquiry - The enquiries where an adult does not meet all of the section 42 criteria but the council considers it necessary and proportionate to have a safeguarding enquiry

When does an enquiry start - A safeguarding enquiry starts when the initial information gathering has established that all 3 of the Section 42 criteria are met, or where the criteria are not met the decision has been made that it is necessary and proportionate to respond as a safeguarding enquiry (non-statutory safeguarding enquiries). We expect that the date the safeguarding enquiry starts will be the same date that the initial information gathering took place to establish whether or not the Section 42 criteria were met

When does an enquiry conclude - A safeguarding enquiry is concluded when all of the necessary information gathering is complete and all of the necessary actions have been agreed.
The three step test (3ST) is an important tool of this decision making framework. It outlines the adult safeguarding duties for the local authority and the criteria at each step to support professional judgement to decide on the required action for a notification of a safeguarding concern. The following diagram outlines the steps and the key areas (below the diagram) that should be considered to meet the 3ST:

**Step 1: Person has care and support needs.**

The issues to consider to meet this stage are;

Does the person have the mental capacity to make a specific decision about their own safety?
Is the person’s independence affected by illness or disability?
What are the views of the adult? If the person lacks capacity, what are the views of family, advocate, attorney or appointee?
How vulnerable is the individual?
What personal and social factors may contribute to that vulnerability?
Is the person socially isolated?
What setting/environment are the adult and perpetrator in? What is the relationships and interdependencies between them?
Are they aware of the referral and have they consented to information sharing?
Does the person have significant communication difficulties?
Does the person have a history of being abused?

**Step 2: Person is experiencing or at risk of abuse or neglect.**

The issues to consider to meet this stage are;

What is the nature and extent of the alleged abuse or neglect?
How serious are the potential consequences of the alleged abuse or neglect?
If not serious: Is the frequency a consideration?
Is there the potential for escalation?
Are there any issues of coercion or intimidation that may affect the person’s mental capacity to make a specific decision?
Is there a child under 18 years of age at risk? Does consideration need to be given to referral to the relevant children's team?
Is the person’s communication or access to support being controlled?
Does the person show recent character or behavioural changes, or exhibit low self-esteem?
Does the person show an awareness of their risk?

**Step 3: As a result of care and support needs person is unable to protect themselves.**

The issues to consider to meet this stage are;

Does the person have the mental capacity to make a specific decision?
Can the person seek help/remove themselves from the environment if needed?
What other support mechanisms are in place? How robust are they? Will the person use them?
What impact is the abuse having on the person themselves or others around them?
Does the nature of the abuse put other vulnerable people at risk? Is this risk significant enough to warrant continuing to a section 42 enquiry even if this is against the person’s wishes?
Is there a requirement for Organisational abuse notification or further escalation regarding a provider?
Has the person or their representative initiated an investigation or complaint by another organisation?
Does the perpetrator continue to have access to the person?
Are there social factors that may affect the person’s response, such as unemployment, low income, marginalisation or cultural issues?
Is the person able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult?

If all three steps are met, then the Care Act 2014 states that a section 42 enquiry should be undertaken;

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom.
7. Approach and potential outcomes

A proportionate response to safeguarding concerns is important as well as one that underpins the principles of safeguarding and MSP. The following diagram outlines the approach to gathering information a professional should follow during the 3ST.

If a safeguarding concern cannot be resolved through the activities identified within the diagram above, the local authority’s duty under section 42 continues, and a safeguarding intervention should be undertaken.
Section 42 Decision Making Tree

SA1 Notification of concern

Decide if any action is required

- Further S42 action not identified
- Further possible actions identified

- Report Criminal Activity to Police

Consider what other advice/action or information is still needed

- Not threshold for investigation
- Other service supporting
- Police matter
- Vulnerable adult
- No safeguarding issue
- Care management assessment
- Review required
- Notice of concern
- Other LA/PCT case
- Complaint
- Family supporting

Agree who is to take the action

- Agree who will do what?
- Timescales to be agreed
- The local authority retains accountability and oversight of the enquiry and outcomes.

Feedback to relevant people

The local authority retains accountability and oversight of the enquiry and outcomes.
Decision Making Framework – guidance on types of abuse and severity of risk.
The table below is a non-exhaustive list of examples, to support staff to make informed defensible decisions using professional judgement. If in any doubt practitioners should contact Team/Service managers for further advice.

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Low Concern</th>
<th>Low/Medium Concern</th>
<th>Significant Concern</th>
<th>Critical Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Could be addressed via agency internal process/procedures e.g. management action, disciplinary procedures or community care assessment Council contracts teams should be notified of all lower level concerns involving a provider agency, to enable quality monitoring</td>
<td>Addressed under Safeguarding Procedures - referral to safeguarding to be made. Possibly also addressed as a potential criminal matter, contact with Police and other Emergency Services may be required and may involve MAPPA. MARAC, Hate Crime.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Type of abuse

**Physical**
- Staff error on one occasion causing little or no harm, e.g. skin friction mark due to ill-fitting hoist sling
- Isolated incident involving service user on service user
- Inexplicable marking or lesions, cuts or grip marks on a number of occasions
- Predictable and preventable incident between two vulnerable adults where injuries have been sustained or emotional distress caused – the staff fail to prevent.
- Accumulation of minor incidents

**Domestic Violence**
- Isolated incident of abusive nature where it is deemed little or no harm occurs
- Occasional taunts or verbal outbursts
- Inexplicable marking or lesions, cuts or grip marks on a number of occasions
- Threats to kill, attempts to strangle choke or suffocate

Always contact the police on 101

Always contact the police on 101

Always contact the police on 101
<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Low Concern</th>
<th>Low/Medium Concern</th>
<th>Significant Concern</th>
<th>Critical Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Alleged perpetrator exhibits controlling behaviour</td>
<td>• Sex without consent (rape).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Limited access to medical and dental care</td>
<td>• Forced marriage.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Accumulations of minor incidents</td>
<td>• Female Genital Mutilation (FGM).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Frequent verbal/physical outbursts</td>
<td>• Honour based violence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• No access/control over finances</td>
<td>• Stalking</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Relationship characterised by imbalance of power</td>
<td></td>
</tr>
<tr>
<td>Sexual</td>
<td>• Isolated incident, comment or contact of a sexualised nature considering capacity and insight with no perceived intent to harm</td>
<td>Always contact the police on 101</td>
<td>Repeated incidents of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists</td>
<td>Always contact the police on 101</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Recurring sexualised touch or masturbation without consent</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>• Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but little or no distress caused.</td>
<td>• Volatile behaviour</td>
<td>• Frequent and frightening verbal outbursts</td>
<td>• Frequent and frightening verbal outbursts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Damage to property</td>
<td>• Denying or failing to recognise an adult’s choice or opinion</td>
<td>• Treatment that undermines dignity and damages esteem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Alleged Perpetrator known to subject animals to abuse</td>
<td>• Frequent verbal outbursts</td>
<td>• Denial of basic human rights/civil liberties, over-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Isolated taunts or verbal outbursts which cause distress</td>
<td>• Humiliation</td>
<td></td>
</tr>
</tbody>
</table>

*Version 1.1 Oct 2016*
<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Low Concern</th>
<th>Low/Medium Concern</th>
<th>Significant Concern</th>
<th>Critical Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial or material abuse</td>
<td>• Staff personally benefit from users funds e.g. accrue 'reward' points on their own store loyalty cards when shopping.</td>
<td>• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered.</td>
<td><strong>Always contact the police on 101 or Action Fraud</strong></td>
<td><strong>Always contact the police on 101 or Action Fraud</strong></td>
</tr>
<tr>
<td>Neglect or acts of omission</td>
<td>• Missed home care visit on one occasion - no harm occurs. • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs</td>
<td>• Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet on one occasion. • No access to aids for independence on one occasion and no harm occurs • Care plan not followed and no harm occurs • Vulnerable adult is discharged from hospital</td>
<td><strong>Contact Liz Ansell for discussion</strong></td>
<td><strong>Always contact the police on 101</strong></td>
</tr>
</tbody>
</table>

- Prolonged intimidation/victimisation
- Riding advanced directive, forced marriage.
- Prolonged intimidation/victimisation
- Stalking
- Online bullying
- Revenge porn
- Mate crime
- Hate Crime

- Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards.
- Fraud/exploitation relating to benefits, income, property, last will and testament
- Theft of money or property
- Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence
<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Low Concern</th>
<th>Low/Medium Concern</th>
<th>Significant Concern</th>
<th>Critical Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>without adequate discharge planning but no harm occurs needs to be addressed as a quality issue</td>
<td>• Failure to specify in a plan of care how a significant need must be met. Inappropriate action or inaction related to this result in harm such as injury or choking. • Care plan does not address assessed needs such as: i) management of behaviour to protect self or other ii) liquid diet because of swallowing difficulties • Recurring missed medication or administration errors that caused no harm • Missed medication or errors that affect more than one adult which may or may not result in harm</td>
<td>• Failure to arrange access to life saving services or medical care. • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk. • Deliberate misadministration of medications • Covert administration without medical authorisation • Pattern of recurring errors or an incident of deliberate misadministration that results in ill health or death • Missed essential medications</td>
<td></td>
</tr>
<tr>
<td>Self-Neglect</td>
<td>• Unwise life choices leading to risk and harm • Physical, wellbeing and environment and mental health</td>
<td>• Isolated/occasional reports about unkempt appearance or property which is out of character or unusual for the person or non-compliance with professional advice</td>
<td>• Multiple reports of concerns from multiple agencies • Behaviour which poses a risk to self and others • Poor management of finances leading to risks to health, wellbeing or property • Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition</td>
<td>• Failure to seek lifesaving services or medical care where required • Life in danger if intervention is not made in order to protect themselves</td>
</tr>
<tr>
<td>Type of abuse</td>
<td>Low Concern</td>
<td>Low/Medium Concern</td>
<td>Significant Concern</td>
<td>Critical Concern</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Discriminatory</td>
<td>• Incident of teasing, rude, insulting, or belittling manner on one occasion, motivated by prejudicial attitudes towards an adult’s individual differences and little or no distress is caused</td>
<td>• Isolated incident of care planning that fails to address an adult’s specific diversity associated needs for a short period</td>
<td>• Inequitable access to service provision as a result of diversity issue</td>
<td>• Humiliation or threats on a regular basis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Recurring failure to meet specific care/support needs associated with diversity</td>
<td>• Hate Crime resulting in serious injury / attempted murder / honour based violence / emergency medical treatment or fear for life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Being refused access to essential services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Denial of civil liberties e.g. voting, making a complaint</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Intimidating behaviour by neighbours</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Being the focus of anti-social behaviour</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Always contact the police on 101</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Contact Liz Ansell for discussion</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Continual lack of stimulation / opportunities to engage in social / leisure activities resulting in emotional or physical distress</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Restrictive/rigid/inflexible routines</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Service users’ dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Vulnerable adult is discharged from hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Contact Liz Ansell/Andy Stephenson for discussion</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Contact Liz Ansell/Andy Stephenson for discussion</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Unsafe and unhygienic living environments</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Inappropriate restraint / possible deprivation of liberty are occurring and no application for DOL authorisation has been received although it has been recommended. Best interest has been ignored or presumed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Staff misusing a position of power over service users</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Widespread consistent ill treatment</td>
<td></td>
</tr>
</tbody>
</table>

**Organisational (Formerly Institutional)**

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Low Concern</th>
<th>Low/Medium Concern</th>
<th>Significant Concern</th>
<th>Critical Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Lack of stimulation/ opportunities to engage in social and leisure activities over a short period of time and no harm occurs</td>
<td>• Care-planning documentation not person-centred</td>
<td><strong>Contact Liz Ansell for discussion</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Quality concerns – accumulation of repeat concerns</td>
<td>• Vulnerable adult is discharged from hospital without adequate discharge planning but no harm occurs- needs to be addressed as a quality issue</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs</td>
<td>• Accumulation of minor incidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Repeat concerns on same customer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Themes arising from repeat referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Contact Liz Ansell for discussion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Continual lack of stimulation / opportunities to engage in social / leisure activities resulting in emotional or physical distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Restrictive/rigid/inflexible routines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Service users’ dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vulnerable adult is discharged from hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Contact Liz Ansell/Andy Stephenson for discussion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Contact Liz Ansell/Andy Stephenson for discussion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Unsafe and unhygienic living environments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inappropriate restraint / possible deprivation of liberty are occurring and no application for DOL authorisation has been received although it has been recommended. Best interest has been ignored or presumed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Staff misusing a position of power over service users</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Widespread consistent ill treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of abuse</td>
<td>Low Concern</td>
<td>Low/Medium Concern</td>
<td>Significant Concern</td>
<td>Critical Concern</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>without adequate discharge planning and harm occurs • Vulnerable adult whose personal plan of care stipulates that they should have two staff supporting them is supported by one member of staff on several occasions or one occasion and harm occurs • Unsafe staffing • Recurring missed medication or administration errors that caused no harm • Missed medication or errors that affect more than one adult which may or may not result in harm</td>
<td>• Never events • Accumulating evidence of failure to keep people safe • Deliberate misadministration of medications • Covert administration without medical authorisation • Pattern of recurring errors or an incident of deliberate misadministration that results in ill health or death • Missed essential medications</td>
</tr>
<tr>
<td>Modern Slavery</td>
<td>• All concerns about modern slavery are deemed to be of a significant/critical level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of abuse</td>
<td>Low Concern</td>
<td>Low/Medium Concern</td>
<td>Significant Concern</td>
<td>Critical Concern</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
|              |             |                    |                     | • Potential for sham marriages  
|              |             |                    |                     | • Person always accompanied or shadowed by another |
Identification and referral of a PREVENT concern

- **Not Appropriate for Channel**
  - Communicate decision to referrer and forward referral to existing safeguarding panels.
  - Refer back to Channel Panel if necessary

- **Mash/Adult Referrals**
  - Screening Process

- **Refer to Channel Panel**

- **Checking Process & Preliminary assessment**
  - Police checks to ensure referral is not subject to a live investigation or is not malicious or misinformed.
  - Information gathered to decide if referral meets Channel threshold

- **Channel Panel meet**
  - Panel collectively discuss and assess risk, support needs and whether specialist Channel interventions is required.

- **Channel Intervention**
  - Support plan agreed by multiagency