

# Southend, Essex & Thurrock (SET) Safeguarding Adults Guidelines

Version 7 (April 2022)

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## Preface

The Safeguarding Adult Boards in Southend, Essex and Thurrock (SET) recognise the vital role that all organisations play in safeguarding adults. The Care Act (2014) requires each local authority to set up a Safeguarding Adults Board (SAB) with core membership from the Local Authority, the Police and the NHS Clinical Commissioning Groups. One of the key functions of the SAB is to ensure that the guidelines governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice. The guidelines set out clearly how concerns about adults at risk of abuse will be managed within the framework set out in the Care Act (2014) and associated statutory guidance. The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that focuses on improving life for the adults concerned
- Raise awareness so that communities play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and how to raise a concern
- Address what has caused the abuse

It is the policy of Southend, Essex and Thurrock Safeguarding Adult Boards and their partners to comply fully with the safeguarding requirements of the [Care Act \(2014\)](#)<sup>1</sup> as expressed in the [Care and Support Statutory Guidance](#)<sup>2</sup>, and any revisions that may be made to the guidance. This document sets out our approach to doing so. It is expected that all local organisation safeguarding adult policies will comply with these SET safeguarding adult guidelines, which supersede previous versions. Anyone who suspects abuse in any setting should contact their local authority social care department to share their concern.

If you have any questions or comments about the guidelines, please contact your local SAB.

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

<sup>2</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

## **1.0. SECTION 1 – Safeguarding foundations**

These guidelines are a means for the referrer to combine principles of protection and prevention with adults' self-determination, respecting their views, wishes and preferences in accordance with Making Safeguarding Personal. They are built on strong multi-agency partnerships working together, with adults at risk to prevent abuse and neglect where possible and provide a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and an approach that respects boundaries and confidentiality within legal frameworks.

### **1.1. Wellbeing**

Section 1 of the [Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)<sup>3</sup> states that local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support.

### **1.2. Prevention**

[Section 2 of the Care Act](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)<sup>4</sup> requires local authorities to ensure the provision of preventative services which help prevent or delay the development of care and support needs or reduce care and support needs. Organisations should take a broad community approach to establishing safeguarding arrangements when working together on prevention strategies. A core responsibility of a SAB is to have an overview of prevention strategies and ensure that they are linked to other strategic Boards/groups.

### **1.3. Co-operation**

The [Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)<sup>5</sup> sets out five aims of co-operation between partners which are relevant to care and support, although it should be noted that the purposes of co-operation are not limited to these matters.

- Promoting the wellbeing of adults needing care and support and of carers
- Improving the quality of care and support for adults and support for carers (including the outcomes from such provision)
- Smoothing the transition from children to adult services
- Protecting adults at risk who are experiencing or at risk of abuse or neglect
- Identifying lessons to be learned from cases and applying those lessons to future cases

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<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>4</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>5</sup> <http://www.legislation.gov.uk/ukpga/2014/23/part/1/enacted>

## 1.4. Principles

The guidelines are based on the **Six Principles of Safeguarding** that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that organisations will work together to find the most effective responses for my own situation.
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

## 1.5. Values

There is a shared value of placing safeguarding within the highest of corporate priorities. Values include:

- Adults can access support and protection to live independently and have control over their lives.
- Appropriate safeguarding options should be discussed with the adult according to their wishes and preferences. The options should take proper

account of any additional factors associated with the adult's disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle.

- The adult should be the primary focus of decision-making, determining what safeguards they want in place and provided with options so that they maintain choice and control.
- All action should begin with the assumption that the adult is best placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve.
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity to make decisions about their safety, decision-making will be made in their best interests as set out in the [Mental Capacity Act 2005](#)<sup>6</sup> and [Mental Capacity Act Code of Practice](#)<sup>7</sup>.
- Adults will have access to supported decision-making including advocacy.
- Adults should be given information, advice and support in a form that they can understand and be supported to be included in all forums that are making decisions about their lives. The maxim 'no decision about me, without me' should govern all decision making.
- All decisions should be made **with** the adult and promote their wellbeing. They should be reasonable, justified, proportionate and ethical.
- Timeliness should be determined by the personal circumstances of the adult.
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

## 1.6. Making Safeguarding Personal (MSP)

Making Safeguarding Personal is a person-centred approach which means that adults are encouraged to make their own decisions about how they live their lives and how they manage their safety and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistent with all the above principles. Under MSP the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:

- Adults feel more in control
- Adults are empowered and have ownership of the risk

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<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2005/9/contents>

<sup>7</sup> <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

- There is improved effectiveness and resilience in dealing with a situation
- There are better relationships with professionals
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the adult's quality of life and well-being can be safeguarded

For more information, see [ADASS<sup>8</sup> MSP Toolkit](#). The objective of this toolkit is to provide a resource that encourages councils and their partners to develop a portfolio of responses for adults at risk who have experienced harm and abuse so that they are empowered, and their outcomes are improved.

## 1.7. Equality

A requirement under the [Equality Act 2010<sup>9</sup>](#) legally protects people from discrimination in the workplace and in wider society. The nine protected groups are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Ensuring equality may reduce or remove substantial difficulty and allow the adult to fully understand and participate in the safeguarding process. Safeguarding provision should be offered irrespective of the adult's protected characteristics. Reasonable adjustments should be made to ensure that the adult can fully participate in the safeguarding process, for example communication aids, translators, providing female staff, and not allowing personal experiences and prejudice to negatively impact professional decision making.

## 2.0. SECTION 2 ADULT SAFEGUARDING PROCESS

This section should be read in conjunction with the later sections on information sharing, confidentiality, consent, recording, mental capacity and risk.

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<sup>8</sup> <https://www.local.gov.uk/sites/default/files/documents/MSP%20Toolkit%20Handbook%20-%20FINAL%20December%202019%20v1.1.pdf>

<sup>9</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

## 2.1. What is safeguarding?

Safeguarding is defined as *'protecting an adult's right to live in safety, free from abuse and neglect'* ([Care and Support Statutory Guidance, Ch. 14](#))<sup>10</sup>. It is not about holding anyone or organisation to account as other processes exist for that.

## 2.2. Who do adult safeguarding duties apply to?

The [Care Act 2014](#)<sup>11</sup> uses the definition below to highlight who adult safeguarding duties apply to. Within these guidelines we refer to people who fulfil this definition as adults at risk.

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

'Care and support' is the term used by the Care Act 2014 to describe the help some adults need to live as well as possible with any illness or disability they may have, which may include (but not limited to):

- Adults with care and support needs regardless of whether those needs are being met by the local authority
- Adults who don't have clearly identified needs, but who may still be vulnerable
- Adults who manage their own care and support through personal or health budgets
- Adults who fund their own care and support
- [Children and young people](#) in specific circumstances

The duties apply to all adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities.

**Outside of scope of these guidelines** are adults in custodial settings, such as prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these arrangements. The Safeguarding Adults Board does however have a duty to assist prison governors on adult safeguarding matters. Local authorities are required to assess for care and support needs of prisoners which take account of their wellbeing. Equally, NHS England has a responsibility to commission health services delivered through offender health teams which contributes towards safeguarding offenders.

<sup>10</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

<sup>11</sup> <http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

### 2.3. The four-stage process

The safeguarding procedures are structured within a four-stage process as follows:

<b>Stage 1 Concern</b>	<b>Stage 2 Enquiry (s.42)</b>	<b>Stage 3 Safeguarding management plan review</b>	<b>Stage 4 Closing the enquiry</b>
<p>Safeguarding adult concern form (SETSAF) received</p> <p>Risk assessment completed</p> <p>Seek views of the adult about how they wish to proceed</p>	<p>Information gathering</p> <p>Local authority requests and receives information from relevant organisations</p> <p>Safeguarding meeting (where appropriate)</p>	<p>Safeguarding management plan and arrangements for review</p>	<p>Case closure completed</p> <p>Notification outcome should be sent to relevant parties</p> <p>Enquiry signed off</p>
<b>The adult should be involved/ represented throughout the enquiry</b>			
Cases may closed at any point and would proceed to stage 4. Cases may be dealt with under case management rather than safeguarding.			

### 2.4. Timescales

The adult safeguarding procedures **do not** set definitive timescales; however, **target timescales** are indicated. Divergence from any timescales **may** be justified where:

- Information in the safeguarding adult concern form (SETSAF) requires clarification
- Adherence to the timescales would jeopardise achieving the outcome the adult at risk wants, or it would not be in their best interests
- Significant changes in risk are identified that need to be addressed
- Supported decision making may require an appropriate resource not immediately available
- The concern is particularly complex, or there are other processes, such as criminal investigations, statutory or non-statutory reviews, MARAC
- The adults' physical, mental and/or emotional wellbeing may be temporarily compromised

<b>TIMESCALES</b>	
<b>Stage 1:</b> Concerns	<ul style="list-style-type: none"> <li>❖ Immediate action in cases of emergency</li> <li>❖ Initial conversation with the adult should be the same day that the concern is received</li> <li>❖ Initial information gathering/initial risk assessment within 24 hours of being received into social care in other cases</li> <li>❖ Decide whether to progress to enquiry within 72 hours of the concern being received into social care (sooner depending on risk) or justify and document reasons why this is unachievable</li> </ul>
<b>Stage 2:</b> Enquiry	<ul style="list-style-type: none"> <li>❖ A face-to-face conversation should then take place within 48 hours from when concern progressed to an enquiry</li> <li>❖ Safeguarding management plan - Immediately depending on level of risk or within 48 hours from when the concern has progressed to the enquiry stage</li> <li>❖ A Safeguarding meeting within 14 working days of the concern being progressed to enquiry to agree actions/plans/risk management (if required)</li> <li>❖ Target time for main enquiries to be completed within 20 working days of the enquiry commencing or justify and document reasons why this is unachievable</li> </ul>
<b>Stage 3:</b> Safeguarding Adult Management Review	<ul style="list-style-type: none"> <li>❖ Where practicable, this should be completed within 25 working days and not more than 3 months of the enquiry commencing, but this would be dependent upon level of risk remaining and signed off by a manager</li> </ul>
<b>Stage 4:</b> Closing the Enquiry	<ul style="list-style-type: none"> <li>❖ For concerns not progressed to enquiry stage, closure should be completed within 5 working days</li> <li>❖ This should be completed within 28 working days and not more than 3 months of the enquiry commencing unless there are unavoidable delays</li> </ul>

## 2.5. Stage 1 - CONCERNS

A safeguarding adult concern is when there is a suspicion that an adult at risk is experiencing or has experienced, abuse or neglect, or there is a concern that the adult at risk is neglecting to look after their home, personal care, health or social requirements and it is having a negative effect on their quality of life and or safety.

An adult at risk is someone who:

- 1) has or appears to have care and support needs
- 2) may be subject to, or may be at risk of, abuse and neglect and
- 3) may be unable to protect themselves against this

Essex County Council have produced a [decision support guide](#)<sup>12</sup> that may help if you are unsure whether something is a safeguarding concern or not.

#### **Immediate action by person/manager raising the concern**

- Make an evaluation of the risk and take steps to ensure that the adult at risk is in no immediate danger
- Arrange any medical treatment
- If a crime is in progress or life is at risk, dial 999
- Encourage and support the adult at risk to report to the police if a crime is suspected (not an emergency situation - dial 101 or complete [online form](#))
- Take steps to preserve any evidence if a crime may have been committed, and preserve evidence through recording
- Ensure that others are not in danger
- Establish what the adult at risk views/wishes are about the safeguarding issue, including trying to obtain [consent](#) to raise a concern
- Seeking consent with the adult at risk to share information, explaining what information will be shared and why
- If you are a paid employee or volunteer inform your manager
- Take any action in line with disciplinary procedures
- If manager is implicated, please follow your organisations whistleblowing policy/Human Resource processes and local [LADO](#) procedure
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, send a notification
- Record the information received, risk evaluation and all actions

## **2.6. Safeguarding adult concern form (SETSAF)**

The safeguarding adult concern form used in Southend, Essex and Thurrock is called a [SETSAF](#)<sup>13</sup>. It is important to complete the safeguarding adult concern form (SETSAF) with as much information as possible, including:

- Demographic and contact details for the adult at risk
- Details of the person who raised the concern
- Needs incl. communication and on-going health needs
- Factual details of what the concern is about; what, when, who, where
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime include crime reference number, police station etc.
- Others at risk, for example child in household, residents in care home

<sup>12</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

<sup>13</sup> <https://www.essexsab.org.uk/professionals/reporting-concerns/>

- If the adult has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations, for example CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised
- Indications where an adult lacks capacity

If you suspect your manager or other senior staff are implicated, please follow your organisations [whistleblowing policy](#) to support you in reporting the concern. You may also need to contact your local [LADO](#).

## 2.7. Where to send the concern

The completed [SETSAF](#)<sup>14</sup> should be sent to the appropriate local authority in [Southend, Essex or Thurrock](#). Where abuse of an Essex resident takes place outside of Essex see [out of area concerns](#).

The information in some concerns may be sufficiently comprehensive that immediate risks are being managed. In other cases, some clarification may be needed to establish whether to progress to a s.42 enquiry. Where the Safeguarding Adult Concern Form (SETSAF) is received out of office hours, the Emergency Duty Service will undertake a risk assessment on the information received.

Decisions need to consider all relevant information through a multi-agency approach, **including** the views of the adult at risk whilst considering mental capacity. If the adult at risk has [mental capacity](#) and expresses a clear and informed wish not to pursue the matter further, the local authority should consider whether it is appropriate to close the concern. It may be that the adult (or others) are at risk and if further information is necessary before deciding if action should be taken. The adult's consent is not required to take further steps, but the local authority must consider the importance of respecting the adult's own views. This decision will be made by the local authority by checking with the adult at risk and consulting with relevant partners and advocates.

Where the circumstances do not trigger a s.42 enquiry, the local authority may choose to carry out proportionate information gathering or assessments, to promote the adult's wellbeing and to support preventative action.

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<sup>14</sup> <https://www.essexsab.org.uk/professionals/reporting-concerns/>

## 2.8. Referral to police

Where the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, as well as considering what steps are needed to protect the adult at risk, it may need to be reported as a crime. Where information is being shared with the Police without the consent of the individual, the organisation should evidence their decision-making process. Where a safeguarding concern has been raised with social care, the referrer should not assume that social care or other organisations will contact the police. Early involvement of the police is vital to support the criminal investigation.

In an emergency always dial 999. Non-emergency crimes can be reported on the phone using 101 or via the police [online portal](#)<sup>15</sup>. Online reports will be reviewed within 24 hours. Third party reporting is when someone else reports a crime to the police on behalf of someone else. It allows the police to receive information about the crime.

Contact with the police will fall mainly into four main areas:

1. Reporting a crime
2. Third party reporting of a crime
3. Consultation with the police
4. Sharing intelligence and managing risk

Partners should be cognisant with their own agencies responsibilities and understand that the police primary response is to criminal matters and immediate threats to harm and safety.

Police investigations should be coordinated with the local authority who may support other actions but should always be police led. Where the police are investigating a potential crime, social care should still make early safeguarding interventions in consultation with the police to keep the adult safe and prevent unnecessary compromises to the investigation. Close liaison with the police is important to inform them what is being done to reduce the risk.

## 2.9. Alternative pathways if your concern is not a safeguarding issue

The safeguarding concern form (SETSAF) should be used where there are concerns about an adult being abused or neglected. If you are unsure whether something is a safeguarding concern, [Essex County Councils' decision support guide](#)<sup>16</sup> may be

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<sup>15</sup> <https://www.essex.police.uk/>

<sup>16</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

helpful. Raising a safeguarding concern is not always the most appropriate route into social care. Other pathways include:

- **Complaint** – This should be used if you have a complaint about a service provided by the local authority, an employee’s attitude or behaviour or failure to fulfil its statutory responsibilities.
- **Care Act Assessment/Review** – This is a right to be assessed by the local authority if someone appears to need care and support to complete daily activities. There is a right to an assessment regardless of the adult’s financial situation or whether the council thinks the adult will then be eligible for support from them. The assessment will help to decide if the adult needs care and support, and whether they are eligible for funding from the council towards the cost of that care and support. The assessment must be carried out with involvement from the adult and, where appropriate, someone who looks after them (perhaps a relative or friend). It can also involve someone else nominated by the adult to help get their views and wishes heard, or an independent advocate provided by the local authority.
- **Quality** – If you want to report poor care (and there is NO safeguarding issue), you can do this by contacting either your local authority or by contacting the [Care Quality Commission \(CQC\)](#)<sup>17</sup> and completing an online form.
- **Carers Assessment** - If someone is [caring](#) for someone else aged 18 or over on a regular basis, without being paid for it, they are entitled to have a carer’s assessment. The assessment is a chance to talk about how caring responsibilities affects you and whether any support can be offered.

To access any of the alternative pathways do not raise a safeguarding concern unless there are safeguarding issues, but instead contact your [local authority](#).

## 2.10. Initial conversations with the adult at risk

In most cases, unless it is unsafe to do so, each concern will start with a conversation with the adult at risk. The adult at risk and/or their advocate should **not** have to repeat their story; this doesn’t prevent clarification being sought where necessary. The **desired outcome by the adult at risk** should be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable
- Ensure the outcome is realistic

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<sup>17</sup> <https://www.cqc.org.uk/share-your-experience-finder?referer=promoblock>

- Balance risk and the adults' desire for justice and enhance their wellbeing
- Manage any expectations that the adult at risk may have
- Give focus to the enquiry

The adult's views, wishes and desired outcomes may change. There should be an on-going dialogue and conversation with the adult at risk to ensure their views and wishes are gained as the safeguarding process continues, and enquiries reviewed accordingly.

### 2.11. What can the referrer expect?

As a minimum, the referrer (or the safeguarding lead for the organisation) should:

- Be notified that the concern has been received
- Be contacted for further information if necessary
- Gather information for the local authority (if requested)
- Participate in meetings (where requested)
- Be notified the case has been closed

Feedback from the safeguarding process about the appropriateness of concerns should be fed back to the organisation for training purposes. Contact your [local authority](#) if you **do not** receive notification or you have further information that you would like to share with social care.

### 2.12. Summary of Stage 1 actions

#### **Actions for social care upon receiving safeguarding adult concern form (SETSAF)**

- Read the referral and contact the referrer for further detail if necessary.
- Clarify that the adult at risk is safe, their views have been sought and recorded and they are aware what action will be taken.
- Check issues of [consent](#) and [mental capacity](#) have been addressed.
- In the event the adult's wishes are being overridden, check this is appropriate and that the adult understands why.
- Review [SET Child Protection Procedures](#) if child/young person is at risk.
- Establish the need for [advocacy](#).
- If the person allegedly causing the harm is also an adult with care and support needs, arrange [appropriate care and support](#).
- Make sure action is taken to safeguard others.
- Assess any immediate risk and determine how soon you need to visit, discuss with line manager as appropriate.
- Check with provider [Disclosure and Barring Service](#) referral has been made.
- If a crime has been committed, check if the [police](#) have been contacted.

- Preserve forensic evidence and consider a referral to specialist services.
- Make a referral for [Prevent](#) or [Safeguarding Adult Review](#) if appropriate.
- Assess whether to progress to s.42 safeguarding enquiry.
- Where there is no need for a s.42 enquiry, progress to closure or case management if more appropriate.
- Record the information received and all actions and decision.
- Judgement is required when deciding whether to progress to an enquiry and how quickly, staff should have enough information to inform the decision to progress, whilst acknowledging that risk may be the overriding factor.

### **2.13. Stage 2 - ENQUIRY**

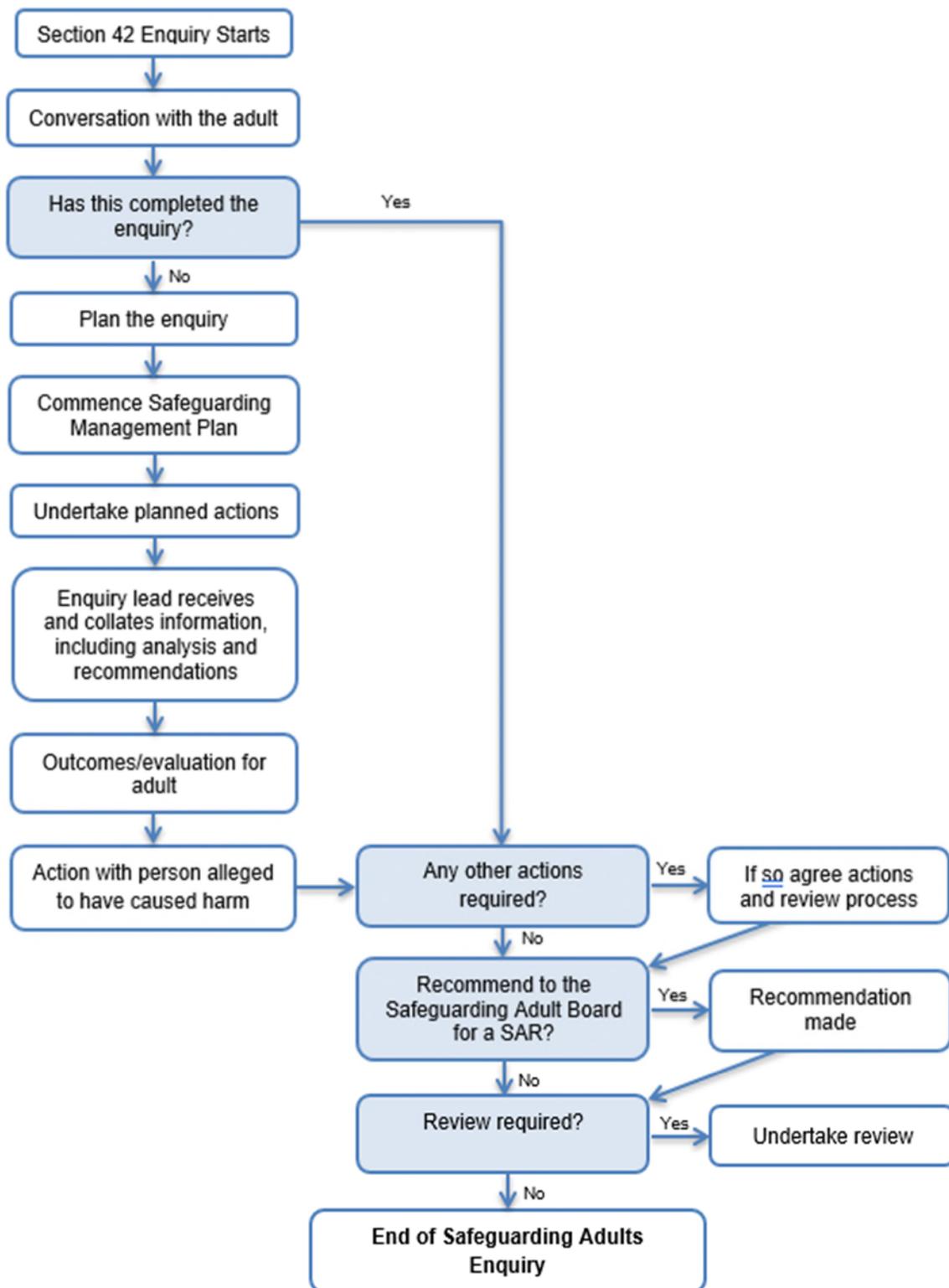
*'The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.'* [Care Act 2014](#)<sup>18</sup>. This is known as a Section 42 enquiry. An enquiry should establish whether and what action needs to be taken to prevent or stop abuse or neglect.

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<sup>18</sup> <http://www.legislation.gov.uk/ukpga/2014/23/enacted>

## 2.14. Section 42 flowchart

The flowchart below summarises the Section 42 process.



## 2.15. Planning an enquiry

All enquiries need to be planned and co-ordinated and key others identified. No organisation should undertake an enquiry prior to a planning discussion, unless it is necessary for the protection of the adult at risk or others. Enquiries should be proportionate and outcome focussed, and best suit the circumstances to achieve the outcomes for the adult at risk.

The degree of involvement of the local authority will vary from case-to-case, but at a minimum the local authority will be responsible for:

- decision making about how the enquiry will be carried out
- oversight of the enquiry
- decision making about what actions are required
- ensuring data collection is carried out
- quality assurance of the enquiry

There are a number of different types of reviews (statutory and non-statutory) that may be triggered alongside a s.42 enquiry. Other processes, including criminal proceedings, can continue alongside the safeguarding adult enquiry. It is important to ensure that where possible a joint review is undertaken, for example interviewing staff more than once or the adult at risk of abuse having to repeat their story. Where there are Human Resource processes to consider, it is important to ensure an open and transparent approach with staff, and that they are provided with the appropriate support, including trade union representation.

## 2.16. Safeguarding management plan

The safeguarding management plan will be completed as part of the s.42 enquiry by the social worker. In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, where this is the intention, the safeguarding management plan must be specific as to how this intervention will achieve this outcome.

The safeguarding management plan should be started at the concern stage and outline the roles and responsibilities of all involved, including the lead worker who will monitor and review the safeguarding management plan, and when this will happen. Safeguarding management plans should be made with the full participation of the adult at risk.

The **Safeguarding management plan** should set out:

- What steps are to be taken to assure the future safety of the adult?
- Is there any support, treatment or therapy, including on-going [advocacy](#)?
- Are any modifications needed in the way services are provided?

- How will the adult be supported to seek justice or redress?
- What is the on-going [risk management](#) strategy?

### 2.17. Safeguarding meetings

Where the enquiry is complex, it may be appropriate for a safeguarding meeting to be held. **Any organisation can call a meeting.** Where enquiries are simple, it may not be necessary to hold a meeting. Action should never be put on hold, due to the logistics of arranging meetings. Adults at risk **should** be invited to participate in any meetings about them. If the adult at risk does not have the mental capacity to attend, then an advocate should represent their views. Meetings can be face to face, [virtual](#) or by phone and are held when **two or more** different organisations are involved in a discussion about the case. A record must be kept of all safeguarding meetings and securely stored in line with current law ([Article 30 General Data Protection Regulations](#)<sup>19</sup>).

Organisations must be advised in advance of who will be present at the meeting. Depending on the circumstances it may be necessary to hold the meeting in separate parts where it is not appropriate for the adult at risk (and or their representative) and the person alleged to have caused harm to be together or where the police are attending. It is not permissible for the police to engage with the person alleged to have caused harm outside of the criminal justice process.

Effective involvement of adults at risk and/or their representatives in safeguarding meetings requires creativity and thinking in a person-centred way, consider:

- How should the adult be involved?
- Where is the best place to hold the meeting?
- How long should the meeting last?
- Timing of the meeting?
- Who is setting the agenda?
- Who is going to prepare and support the adult?
- Who should chair?
- How can equality be demonstrated?

### 2.18. Recording actions under adult safeguarding

A record of all actions and decisions must be made. Good record keeping is a vital component of safe practice. When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns. In the case of providers registered with CQC, it is good practice that records of these should be available to service commissioners and the CQC so they can take the necessary action.

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<sup>19</sup> <https://gdpr-info.eu/art-30-gdpr/>

### Minimum requirements

- Date and circumstances of concerns and subsequent action
- Decision making processes and rationales
- Risk assessments and risk management plans
- Consultations and correspondence with key people
- Advocacy and support arrangements
- Safeguarding management plans
- Outcomes
- Feedback from the adult and their personal support network
- Differences of professional opinion
- Referrals to professional bodies

Records (including emails) may be disclosed in criminal or civil actions. All organisations should audit safeguarding concerns, their management and outcomes as part of their quality assurance process. Supervisors should ensure that staff are clear about their responsibilities when recording information.

Learning lessons from past mistakes and missed opportunities highlighted in Safeguarding Adult Reviews, Child Safeguarding Practice Review and other reports emphasise the need for quality recording especially when managing abuse, neglect and risk. This includes providing rationales for actions and decisions, whether they were taken, and if not the reasons for this. Quality recording of adult safeguarding not only safeguards adults, but also protects workers by providing evidence of decision making based on the information available at the time. Scrutinising data periodically will help to stay abreast of emerging themes and is a general indicator of growing risk and the general state of the safeguarding system.

### 2.19. Other organisation support in s.42 enquiries

*'s.42 places a duty on local authorities to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse' (s.42<sup>20</sup>).*

The local authority **retains the responsibility** for ensuring that the concern is referred to the right place and is acted upon. While many enquiries will require significant input from a social care practitioner, there will be aspects that should and can be undertaken by others. In many cases the referrer (or organisation) who already knows the adult at risk, may be best placed **to gather information** supported by their organisations safeguarding adult lead. They may be a housing support worker, a GP or other health worker such as a community nurse or a social

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<sup>20</sup> <http://www.legislation.gov.uk/ukpga/2014/23/section/42/enacted>

worker. The local authority retains this responsibility regardless of who is funding the individual (personal budgets/personal health budgets).

There is a [statutory duty](#)<sup>21</sup> of [co-operation](#), and in most cases there will be an expectation that the requests for information will be enacted. The statutory duty does not apply if co-operation would be incompatible with its own duties or would have an adverse effect on its own functions. Where another organisation is being asked to gather information, this should be done quickly to avoid any unnecessary delays. If a local authority asks another organisation for information/reports, it should clearly state:

- What information is being asked for
- Why the information is being asked for
- Who will be speaking with the adult at risk
- When the information/report needs to be returned

If the local authority has asked someone else to gather information, it is able to challenge the organisation if it considers that the process and/or outcome is unsatisfactory using [local escalation procedures](#). The local authority may undertake an additional enquiry, for example, if the original fails to address significant issues. The key consideration of the safety and wellbeing of the adult at risk must not be compromised during any discussions or escalation and it is important to emphasise that the duty to co-operate is mutual.

## 2.20. Death during a safeguarding enquiry

Under s.43 Care Act (a SAB may do anything which appears to it to be necessary or desirable for achieving its objective) the following guidance applies if the adult dies:

**If safeguarding adult enquiries are already in progress** - Safeguarding procedures must be completed if they have begun before someone dies. Someone passing away during an enquiry should not result in the process stopping. It is important to complete the process and arrive at an outcome.

**If safeguarding adult enquiries have NOT begun** - Safeguarding procedures should be started when an adult dies;

- if abuse is suspected as being a contributing factor and
- there are lessons to be learnt or
- there is a possibility that others are or may be affected

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<sup>21</sup> <http://www.legislation.gov.uk/ukpga/2014/23/enacted>

Any case currently being progressed under a safeguarding enquiry where harm, abuse or neglect of an adult at risk has caused or contributed to their death must be raised with the police and the [coroner](#)<sup>22</sup> and considered for a [safeguarding adult review](#).

## 2.21. Summary of Stage 2 actions

### **Actions for social care during the s.42 enquiry**

- Visit the adult with care and support needs to confirm their wishes and views. Ensure the following are included:
  - Does the adult consent to proceed with the s.42 enquiry?
  - What are the adults' concerns/experiences?
  - What would they like to happen next?
  - Would they like an advocate to support them?
- If the adult asks for enquiries to cease, it is important to consider the wider risk and whether others could be affected by the issues raised. If risk is high or others are affected the enquiry will need to continue and this will need to be explained to the adult, ensuring their views are documented.
- Ensure, where capacity is doubted that a [Mental Capacity Assessment](#) is completed. Family/representatives should be consulted unless there are clear reasons why not to or they are un-befriended. In such circumstances an [advocate](#) referral will need to be made.
- Create a safeguarding management plan to include what steps will be taken to assure the immediate and future safeguard of the adult, whether any additional support is needed and how risks will be reduced.
- Gather all relevant information and facts about the case.
- Decide whether a safeguarding adult meeting should be held. If so, ensure the reasons for the meeting are explained to the adult/representatives and ensure all relevant partner organisations are also invited.
- Review SET Child Protection Procedures if child/young person is at risk.
- Document accordingly.

## 2.22. Stage 3 - SAFEGUARDING MANAGEMENT PLAN REVIEW

The purpose of the safeguarding management plan review is to:

- Evaluate the effectiveness of the safeguarding management plan
- Evaluate whether the safeguarding management plan is meeting/achieving outcomes
- Evaluate risk

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<sup>22</sup> <https://www.gov.uk/after-a-death/when-a-death-is-reported-to-a-coroner>

The identified lead in the local authority should monitor the safeguarding management plan on an on-going basis, within agreed timescales to ensure the recommendations are recorded and there are details about who is going to follow these up. Reviews of safeguarding management plans, and decisions about safeguarding management plans should be communicated and agreed with the adult at risk. Following the review process, it may be determined that the safeguarding management plan:

- is no longer required
- or needs to continue
- or needs to be amended to account for new circumstances

Any changes or revisions to the plan should be made and new review timescales set (if needed), including how these will be monitored. It may also be agreed, if needed, to instigate a new adult safeguarding s.42 enquiry. If the decision is that further enquiries would be a disproportionate response to new or changed risks, further review and monitoring may continue.

### 2.23. Summary of Stage 3 actions

#### **Actions for social care during the safeguarding management plan review**

- Review the safeguarding management plan.
- Ensure that any recommendations have been implemented.
- Ascertain risks have been reduced sufficiently and that the adults' safety and wellbeing continue to be sustained.
- Evaluate the effectiveness of the safeguarding management plan to ensure it is achieving outcomes and alter if necessary.
- Ensure the adult agrees the review.

### 2.24. Stage 4 - CLOSING THE ENQUIRY

Safeguarding enquiries can be closed at any stage, however, it is good practice where other assessments or reviews are planned following the safeguarding enquiry, that a standard routine check is made to ensure there has been no reoccurrence of concerns. Prior to closing a safeguarding enquiry, the following should be undertaken and evidenced in the enquiry:

- The reason for closing the case and the outcome of the enquiry
- The views of the adult/advocate in relation to the proposed closure
- The views of the referrer and or provider if involved

The social worker/manager responsible should ensure that **all** actions have been taken including the completion of a safeguarding management plan. This is essentially a risk management plan which could/should be used with the adult/family/advocate/provider to capture how risks will be minimised whilst enquiries are being undertaken and to show how they will be managed/reduced in the longer term.

### **2.25. Closing the enquiry and other investigations or enquiries**

It is not acceptable to close a safeguarding enquiry based on whether there is enough evidence for the police to proceed. The local authority may still have sufficient evidence to substantiate the safeguard based on balance of probability, therefore the safeguard should not be closed until all appropriate actions and safeguarding management plans have been implemented to minimise the risk.

In cases where there are ongoing disciplinary investigations, criminal investigations and pending court actions, the adult safeguarding process can be closed, but **only** when there is assurance that the adult is safeguarded and there a clear risk management plan in place that reduces the risk.

However, where a [Serious Incident \(SI\)](#) investigation is being undertaken by health colleagues, the safeguarding enquiry should remain open until the SI has been completed, the local authority are satisfied with the outcome, and the risk has been minimised.

**All** closures regardless of the stage they have reached are subject to an evaluation of outcomes by the adult at risk. If the adult disagrees with the decision to close the enquiry, their reasons should be fully explored and alternatives offered.

### **2.26. Enquiry records**

When the enquiry is complete, the local authority should check that the following information is recorded on the electronic recording system. They should cover:

- What are the views of the adult?
- Were the outcomes achieved?
- Is there evidence that s.42 criteria were met?
- Is any further action required, if so by whom?
- Who supported the adult?
- Is this ongoing?
- Have the relevant parties been notified?

In some safeguarding enquiries, where there are other investigations for example, a disciplinary investigation, appropriate summaries of these might be appended to the adults electronic records. Records should be quality assured by a manager and

analysed to assess whether there are gaps or contradictions and that information has been triangulated, such as are the records evidence based, and is there sufficient corroboration to draw conclusions. The records should state whether the recommendations of the enquiry have been discussed with the adult at risk and or their advocate, who may have a view about whether it has been completed to a satisfactory standard.

Should a formal report need to be written, this should detail:

- Safeguarding concern raised
- Views of adults (and their representatives)
- Summary of previous safeguarding concerns and their outcomes including chronology of events
- Methodology (how this enquiry has been carried out)
- Findings and conclusions
- Learning outcomes and recommendations including details of who will be taking forward any further actions and who will be monitoring these

## 2.27. Summary of Stage 4 actions

### **Actions for social care when closing an enquiry**

- Agreement with the adult to close.
- Advice and information provided.
- Any onwards referrals have been completed.
- All organisations involved in the enquiry updated and informed with the outcome.
- Feedback has been provided to the referrer.
- Action taken with the person alleged to have caused harm has been completed.
- Action taken to support other adults at risk.
- Referral using the SET Child Protection Procedures made (if necessary).
- Consideration for a Safeguarding Adult Review.
- Any recommendations are recorded, detailing when and who follows them up.

### **3.0. SECTION 3 - ADULT SAFEGUARDING PRACTICE**

This section sets out the essential work that must be considered throughout adult safeguarding. In every case there must be evidence of due diligence and attention to mental capacity.

#### **3.1. Professional curiosity**

Professional curiosity is the capacity and communication skill to explore and understand what is happening within an adult rather than making assumptions or accepting things at face value. Professional curiosity can require practitioners to think 'outside the box', beyond their usual professional role, and consider circumstances holistically. Curious professionals will spend time engaging with adults. They will ask questions (in an open way) and seek clarity if uncertain and will be open to the unexpected. For more detailed information on professional curiosity see Appendix 8.

#### **3.2. Think family**

Think Family means securing better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations. When an individual first has contact with any service they should receive a welcome into a system of joined-up support and safeguarding together with coordination between adult and children's services.

In order to achieve this, services working with both adults and children should take into account family circumstances and responsibilities. Families do not exist in isolation, they are part of a wider network and Think Family aims to promote the importance of a whole-family approach, ensuring practitioners work in partnership and collaboration with families recognising and promoting resilience and helping them to build their capabilities.

#### **3.3. Information sharing**

Information sharing should be timely. Co-operation between organisations to achieve outcomes is essential and action co-ordinated keeping the safety of the adult as paramount. Where one organisation is unable to progress matters further, for example a criminal investigation may be completed but not necessarily achieve desired outcomes (for example criminal conviction), the local authority in consultation with the adult at risk and others should decide if and what further action is needed. Sharing the appropriate information, at the right time with the right people, is fundamental to good safeguarding practice. Partner organisations may be asked to share information through agreed [information sharing protocols](#)<sup>23</sup> and in line with all

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<sup>23</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

legislative requirements including General Data Protection Regulations (GDPR). For more detailed information on information sharing see Appendix 9.

### **3.4. Confidentiality**

A duty of confidence arises when sensitive personal information is obtained and/or recorded in circumstances where it is reasonable for the subject of the information to expect that the information will be held in confidence. Adults at risk provide sensitive information and have a right to expect that the information (provided by them as well as others) will be treated respectfully and that their privacy will be maintained.

The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented. An individual employee cannot give a personal assurance of confidentiality.

The statutory guidance to the Care Act emphasises the need to share information about safeguarding concerns at an early stage; information-sharing agreements or protocols should be in place.

Organisations should ensure that all staff are appropriately trained and understand the basic principles of confidentiality, data protection, human rights and mental capacity in relation to information-sharing.

### **3.5. Consent in relation to safeguarding**

Adults at risk should have accessible information available so they can make informed choices about safeguarding: what the choices mean, risks and benefits and possible consequences. Organisations will need to clearly define the various options to help support them to make a decision about their safety.

Opinions of advocates for those without capacity to understand or make decision about consent should be treated in the same way as if it were the opinion of the person.

Adults at risk may not give their consent to a concern being raised, a safeguarding enquiry or the sharing of safeguarding information for several reasons. For example, they may;

- be unduly influenced, coerced or intimidated by another
- be frightened of reprisals
- fear losing control
- not think they are at risk
- not trust social services or other partners

- fear that their relationship with the person alleged to have caused harm will be damaged

Reassurance and appropriate support may help to change their view on whether it is best for the adult at risk to share information. Staff should consider the following:

- Explore the reasons for any concerns – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Explain with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are circumstances where staff can override such a decision, including:

- The adult at risk lacks the mental capacity to make that decision about sharing the information
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent
- Others that are, or may be, at risk, including children
- Sharing the information could prevent a crime
- A criminal offence is suspected to have been committed
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- Staff are implicated
- There is a court order or other legal authority for taking action without consent
- The person alleged to have caused harm has care and support needs and may also be at risk
- The adult at risk has the mental capacity to make that decision, but there are suspicions they may be under duress or being coerced

The circumstances above can be found in various pieces of [legislation](#)<sup>24</sup>. [Article 85 Data Protection Act](#)<sup>25</sup> provides for a lawful ground for the processing of personal data of an adult at risk, without consent if the circumstances justify it and where it is in the public interest, and necessary for:

- i. protecting an individual from neglect or physical, mental or emotional harm
- ii. protecting the physical, mental or emotional well-being of an individual

In such circumstances, it is important that consent is sought and that a record of the decision-making process is kept. Advice should be sought from managers if unsure before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to act without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to act without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If the decision is not to share safeguarding information, or not to intervene, staff should:

- Support the adult at risk to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult at risk to better protect themselves

It is important that the risk of sharing information is also considered. In some cases, such as domestic abuse or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult at risk to minimise the possibility of worsening the relationship or triggering retribution from the person alleged to have caused harm.

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<sup>24</sup> <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/what-does-the-law-say.asp#careact>

<sup>25</sup> [https://publications.parliament.uk/pa/bills/cbill/2017-2019/0153/amend/data\\_daily\\_pbc\\_0312.8-14.html](https://publications.parliament.uk/pa/bills/cbill/2017-2019/0153/amend/data_daily_pbc_0312.8-14.html)

### 3.6. Risk

Safeguarding is fundamentally managing risk about the safety and wellbeing of an adult at risk whilst taking a person-centred approach.

- Risks can be real or potential
- Risks can be positive or negative
- Risks should take into account all aspects of an adults wellbeing and personal circumstances

#### Sources of risk

- Private and family life: The source might be someone like an intimate partner or a family member
- Community based risks: 'mate crime', anti-social behaviour, and gang-related issues
- Risks associated with service provision: poor care (neglect or organisational abuse), or where a person in a position of trust financially or sexually exploits someone
- Self-neglect: Where the source of risk is the adult themselves

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for the adult at risk, than it would be for any other person.

### 3.7. Risk assessment

Risk assessment involves collecting and sharing information through observation, communication and enquiry. It is an on-going process that involves persistence and skill to assemble and manage relevant information in ways that are meaningful to all concerned. Risk assessment that includes the assessment of risks of abuse, neglect and exploitation should be integral in all assessment and planning processes. Assessment of risk is dynamic and on-going and a flexible approach to changing circumstances is needed. The primary aim of a safeguarding adult risk assessment is to assess current risks faced and potential risks that they and other adults may face. There is a range of risk assessment tools available to identify and manage risk, such as [DASH](#)<sup>26</sup> and [body chart](#)<sup>27</sup>.

Not all risks will be immediately apparent; therefore, risk assessments need to be regularly updated as part of the safeguarding process and possibly beyond such as through ongoing community care management. Need will determine how frequently risk assessments are reviewed and wherever possible there should be multi-agency

<sup>26</sup> <https://www.essexsab.org.uk/professionals/reporting-concerns/>

<sup>27</sup> <https://www.essexsab.org.uk/professionals/reporting-concerns/>

input. These should always be in consultation with the adult. It may not be possible to reach agreement, but evidence that all attempts to reach agreement were taken is needed. It may increase risk where information is not shared.

**Risk Assessment should include:**

- The views and wishes of the adult
- The adults' ability to protect themselves
- Factors that contribute to the risk, for example, personal environmental
- Strengths and protective factors for the adult
- The risk of future harm from the same source
- Identification of the person causing the harm and establishing if the person causing the harm is also someone who needs care and support
- If domestic abuse is indicated, the DASH risk assessment should be completed and consideration on if a [MARAC](#) referral is needed
- Identifying the people causing harm who should be referred to [MAPPA](#)

### **3.8. Risk enablement**

The aim of risk enablement is:

- To promote inclusive decision making as an empowering process
- To enable and support the positive management of risks as having positive outcomes
- To promote 'defensible decisions' rather than 'defensive actions'

Risk assessment and risk management is carried out in partnership with the adult, their wider support network and other organisations known to the adult. The decision to involve others or not, is in itself, a decision which may give rise to risk, and the adult may need support to make this decision. The views of risk may differ from the views of the adult. Perceived risks have implications for the safety and the independence of the adult, but they also have implications for the accountability of professionals. This highlights the importance of training and/or regular practice in making independent decisions by adults. Accessible knowledge through information and advice, assertiveness through the right kind of advocacy and support may be appropriate.

### **3.9. Positive risk management**

Positive risk management needs to be underpinned by a widely shared and updated contingency plan for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing and the point at which they become unacceptable and therefore trigger a review. Effective risk management requires

exploration with the adult using a person-centred approach, asking the right questions to build up a full picture.

Positive risk taking should be embraced by finding out why the adult wishes to make a choice, what this will bring to their life, and how their life may be adversely affected if they are not supported in their choice. The promotion of choice and control, of more creative and positive risk-taking, implies greater responsibility on the part of the adult and greater emphasis on keeping them at the centre of decision making.

#### **Positive Risk Management**

- What immediate action must be taken to safeguard the adult and/others?
- Who else needs to contribute and support decisions and actions?
- What does the adult see as proportionate and acceptable?
- What options are there to address risks?
- When does action need to be taken and by whom?
- What are the strengths, resilience and resources of the adult?
- What needs to be put in place to meet the on-going support needs of the adult?
- What are the contingency arrangements?
- How will the safeguarding management plan be monitored?

The focus must be on the management of risks not just a description of risks. It is the collective responsibility of all organisations to share relevant information, make decisions and plan intervention with the adult at risk. It is important that tools are available locally to support staff to evidence judgement during their decision making. Issues around information sharing may be relevant in this context.

### **3.10. Supporting the adult**

The **strengths of the adult at risk** should always be considered. Mapping out with the adult and identifying their strengths and those of their personal network, may reduce risks sufficiently so that adults feel safe without the need to take matters further. Risk should be assessed and managed at the beginning of the enquiry and reviewed throughout. A multi-agency approach to risk should aim to:

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



The key questions that should be asked during an enquiry are:

- What outcome does the adult at risk want?
- What would a successful enquiry look like?
- What prevention measures need to be in place?
- How can risk be reduced?

### 3.11. Recovery & resilience

All members of support services should empower individuals to take responsibility for their own lives. This includes enabling people to protect themselves from harm and abuse, with and without assistance from others. This may mean building on people's strengths and resilience, promoting recovery and working within people's chosen networks.

Adults who have experienced abuse and neglect may need to build up their resilience. This is a process whereby adults use their own strengths and abilities to overcome what has happened, learn from the experience and have an awareness that may prevent a reoccurrence. Or at the least, enable adults to recognise the signs and risks of abuse and neglect, and know who and how to contact for help. Recovery and resilience should be considered as part of the safeguarding management plan and/or at case closure. Evidence of resilience is provided by:

- The ability to make realistic plans and being capable of taking the steps necessary to follow them through
- A positive perception of the situation and confidence in the adult's own strengths and abilities
- Appropriate communication and problem-solving skills.

Resilience processes that either promote well-being or protect against risk factors, benefit adults at risk and increase their capacity for recovery. This can be done through individual coping strategies assisted by:

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

### 3.12. Advocacy

[Section 67<sup>28</sup> and 68<sup>29</sup> of the Care Act 2014 and Care and Support \(Independent Advocacy\) Regulations 2014<sup>30</sup>](#) requires that a local authority must arrange, where appropriate, for an Independent Advocate to represent and support an adult at risk in a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other appropriate individual to help them.

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the [Mental Capacity Act 2005<sup>31</sup>](#), and an Independent Advocate introduced under the Care Act 2014<sup>49</sup>. Independent Advocates cannot undertake advocacy services under the Mental Capacity Act, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act.

Formal Advocacy	Informal advocacy
<ul style="list-style-type: none"> <li>• usually involves long-term, personal relationships</li> <li>• advocates are appointed under various pieces of legislation and include guardians, financial managers and attorneys and</li> <li>• may be appointed indefinitely when someone lacks capacity, for examples someone with advanced dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• an advocate has no legal power to act on the adult’s behalf</li> <li>• the advocates role includes the provision of support necessary to seek redress in any dispute</li> <li>• acts on the adult’s behalf, but decisions are made by the adult. If the adult is incapable of expressing their wishes, the informal advocate may act on the wishes of the guardian or other formal advocate.</li> </ul>

<sup>28</sup> <https://www.legislation.gov.uk/ukpga/2014/23/section/67>

<sup>29</sup> <https://www.legislation.gov.uk/ukpga/2014/23/section/68>

<sup>30</sup> <https://www.legislation.gov.uk/uksi/2014/2889/contents/made>

<sup>31</sup> <http://www.legislation.gov.uk/ukpga/2005/9/contents>

### 3.13. Mental capacity Act (MCA)

The [Mental Capacity Act 2005<sup>32</sup>](#) (the Act) provides a statutory framework to empower and protect those who may lack mental capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

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

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

Mental Capacity in this context refers to the person's ability to make a decision about a particular matter at the time the decision is needed. It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect to understand:

- Planned interventions and decisions about their safety
- Their safeguarding management plan and how risks are to be managed to prevent future harm
- Why we share their information and with who

In accordance with the Act, the local authority must presume that an adult at risk has the mental capacity to make a decision unless there is a reason to suspect that mental capacity is in some way compromised. Where the adult may lack mental capacity to make decisions about managing an abusive and risky situation, their mental capacity must be assessed, and any decision made in their best interests. There is a statutory requirement for anyone making a best interest decision to have regard to the Code of Practice for the [Mental Capacity Act<sup>33</sup>](#). Practitioners must provide evidence on how they considered this in terms of the adult at risk. In circumstances where the adult making a decision has a history of fluctuating

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<sup>32</sup> <http://www.legislation.gov.uk/ukpga/2005/9/contents>

<sup>33</sup> <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

capacity, a [Mental Capacity Assessment](#)<sup>34</sup> should always be completed. If the adult has mental capacity to make decisions in this area of their life and they decline assistance, this limits the range of interventions the local authorities or its partners can make on behalf of the person and in their best interests. In such cases the focus must be on harm reduction.

It is a criminal offence to ill-treat or wilfully neglect a person who lacks capacity to make relevant decisions ([s.44 of the Mental Capacity Act](#))<sup>35</sup>. The penalty for the offence will depend on the severity and so the court:

- (a) [*Magistrates Court*] on summary conviction, to imprisonment for a term not exceeding 12 months or a fine not exceeding the statutory maximum or both;
- (b) [*Crown Court*] on conviction on indictment, to imprisonment for a term not exceeding 5 years or a fine or both.

The [Mental Health Act 1983](#)<sup>36</sup> is used for those who need treatment for a serious mental disorder and that they receive this treatment, even against their wishes, if there are sufficient risks to their own health or safety or risks to the safety of others. The MCA Code of Practice makes it clear that everyone should seek to use the MCA to make decisions if that is possible rather than using the Mental Health Act.

For more information see the [SET Mental Capacity Act Guidance](#)<sup>37</sup>.

### **3.14. Independent Mental Capacity Advocate (IMCA)**

*“The purpose of the IMCA service is to help adults who lack the mental capacity to make important decisions about serious medical treatment and changes of accommodation and who have no family or friends that it would be appropriate to consult about those decisions. The IMCAs will work with and support adults who lack mental capacity and represent their views to those who are working out their best interests.”* ([Chapter 10, MCA Code of Practice](#))<sup>38</sup>).

An Independent Mental Capacity Advocate (IMCA) should be appointed to support adults who lack mental capacity through the safeguarding process. An IMCA can be appointed if the person has no friends or relatives, if friends or family are unwilling or unable to support the decision-making process or if they are involved in the alleged abuse.

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<sup>34</sup> <https://www.scie.org.uk/mca/practice/assessing-capacity>

<sup>35</sup> <http://www.legislation.gov.uk/ukpga/2005/9/section/44>

<sup>36</sup> <https://www.legislation.gov.uk/ukpga/1983/20/contents>

<sup>37</sup> <http://www.essexsab.org.uk/professionals/mental-capacity-act-and-deprivation-of-liberty-safeguards/>

<sup>38</sup> <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

### 3.15. Support for people who are alleged to have caused harm

Everyone should be aware that abuse is a serious matter that can lead to a criminal conviction and the police may be informed. Risk assessments should consider the level of risk posed to others. When considering action for alleged to have caused harm, prevention and action to safeguard adults should work in tandem.

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

Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support. Checks might be made whether staff were provided with the right training, supervision and support. Whilst this does not condone deliberate intentions of abuse, prevention strategies do reduce the risk of it occurring again.

To ensure the safety and wellbeing of others, it may be necessary to take action against the person or organisation alleged to have caused harm and contact your local LADO.

Where the case may involve a prosecution, the police and the Crown Prosecution Service will take the lead sharing information within statutory guidance.

The police may also consider action under [Common Law Police Disclosure](#)<sup>39</sup> which is the name for the system that has replaced the 'Notifiable Occupations Scheme'. The Common Law Police Disclosure addresses risk of harm regardless of the employer or regulatory body and there are no lists of specific occupations. The Common Law Police Disclosure focusses on disclosure where there is a public protection risk. Disclosures are subject to thresholds of 'pressing social need'. The 'pressing social need' threshold for making a disclosure under common law powers is considered to be the same as that required for the disclosure of non-conviction information by the [Disclosure and Barring Service under Part V of the Police Act 1997](#)<sup>40</sup>.

### 3.16. Disclosure and Barring Service (DBS)

The [Disclosure and Barring Service](#)<sup>41</sup> exists to help employers make safer recruitment decisions and prevent unsuitable people from working with adults or children. The service is responsible for:

- processing requests for criminal records checks

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<sup>39</sup> <https://www.gov.uk/government/publications/common-law-police-disclosure>

<sup>40</sup> <https://www.gov.uk/government/publications/dbs-code-of-practice>

<sup>41</sup> <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

- deciding whether a person should be barred from working with vulnerable groups, including children
- maintaining lists of people who have been barred from working with vulnerable groups

Employers are under a duty to make a referral to the DBS if they have dismissed or removed an employee from working in regulated activity, following harm to a child or adult or where there is a risk of harm. Regulated activity includes healthcare, personal care, social work, assistance with general household matters, assistance in the conduct of a person's affairs (for example under a power of attorney or deputyship) or transporting or escorting a person. The term includes day-to-day management of regulated activity and covers any frequency of activity including one-off occurrences. The local authority also has a power to make a referral to the DBS if it thinks a person has harmed a child or adult (or there is a risk of harm) and thinks the person may engage in regulated activity in future.

### **3.17. People in a position of trust**

Where it is considered that a referral should be made to the [DBS](#)<sup>42</sup> careful consideration should be given to the type of information needed. This is particularly pertinent for people in a position of trust. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council, the Nursing and Midwifery Council and the Health & Care Professions Council. The legal duty to refer to the DBS may also apply.

### **3.18. Local Authority Designated Officers (LADO)**

Where there is an ongoing risk of that person in a position of trust causing harm to other adults or children consideration should be given to contacting the LADO (children or adult) in the appropriate local authority, so that they can assess the need for further action.

There may be concerns about a person's private life that indicate that they may pose a risk in a professional or voluntary caring role. In these circumstances the LADO should be contacted using the email below:

Southend - [ladoadultnotifications@southend.gov.uk](mailto:ladoadultnotifications@southend.gov.uk)

Essex - [adult.lado@essex.gov.uk](mailto:adult.lado@essex.gov.uk)

Thurrock - [SafeGuardingAdults@thurrock.gov.uk](mailto:SafeGuardingAdults@thurrock.gov.uk)

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<sup>42</sup> <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

### 3.19. Safer recruitment

All statutory or voluntary organisations that employ staff or volunteers to work with adults, should ensure their recruitment and vetting procedures are sufficiently stringent and robust, to ensure employees are appropriately qualified and personally suitable for the responsibilities of the role. This can be achieved by adopting safer recruitment policies and procedures designed to identify and exclude those candidates who may pose a risk of abuse to adults, see [SET Safer Recruitment guidance](#)<sup>43</sup>.

### 3.20. Support for vulnerable witnesses in the criminal justice process

Special Measures were introduced through legislation in the Youth Justice and [Criminal Evidence Act 1999](#)<sup>44</sup> and include a range of measures to support witnesses to give their best evidence and to help reduce some of the anxiety when attending court. Measures in place include the use of screens around the witness box, the use of live-link or recorded evidence-in-chief and the use of an intermediary to help witnesses understand the questions they are being asked and to give their answers accurately. It is crucial that reasonable adjustments are made, and appropriate support given, so everyone can get equal access to justice.

If the person alleged to have caused harm is a young person or has a mental disorder or learning disability or difficulty in understanding or communicating, and they are interviewed at the police station, they are entitled to the support of an 'appropriate adult' under the provisions of the [Police and Criminal Evidence Act 1984 Code of Practice](#)<sup>45</sup>. Local authorities are responsible for ensuring that an appropriate adult service is available.

### 3.21. Carers and safeguarding

Circumstances in which a carer could be involved in a situation that may require a safeguarding response includes when:

- A carer may witness or speak up about abuse or neglect
- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others

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<sup>43</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

<sup>44</sup> <http://www.legislation.gov.uk/ukpga/1999/23/contents>

<sup>45</sup> <https://www.gov.uk/guidance/police-and-criminal-evidence-act-1984-pace-codes-of-practice>

Where there is intentional abuse, raising a concern should always be considered. If you care for someone (whether paid or unpaid), you can have an assessment to see what might help make your life easier. This is called a carer's assessment.

### 3.22. Young carers

In respect of young carers, [S.1 Care Act 2014](#)<sup>46</sup>, alongside [S.96 and S.97 Children and Families Act 2014](#)<sup>47</sup>, offers a joined up legal framework to identify young carers and parent carers and their support needs. Both Acts have a strong emphasis on outcomes and wellbeing.

### 3.23. Transition

Together the [Children and Families Act 2014](#)<sup>48</sup> and the Care Act 2014, create a comprehensive legislative framework for transition, in preparation for when a child turns 18 (Mental Capacity Act applies once a person turns 16). Assessments of care needs should include issues of safeguarding and risk. Where there are on-going safeguarding issues for a young person and it is anticipated there will be on reaching the age of 18, safeguarding arrangements should be discussed as part of transition support planning and risk management. Transition to adulthood can be a particularly challenging and vulnerable time for some young people. Young people experiencing, or who have experienced abuse or harm may often require ongoing support beyond the age of 18. This may be because the harm continues into adulthood or because they need support to recover from the impact of harm and/or trauma. Research has demonstrated that unresolved trauma can increase risks later in adulthood. It is also evidenced that not responding to harm in early adulthood may lead to more extensive support being required later in life.

### 3.24. Children and young people

Where someone over 18 is still receiving children's services (for example in an education setting until the age of 25), and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. Children's social care and other relevant partners should be involved as appropriate. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act. Where there are concerns about children (including domestic abuse) then the [SET Child Protection Procedures](#)<sup>49</sup> should be followed.

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<sup>46</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>47</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>48</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>49</sup> <https://www.escb.co.uk/working-with-children/safeguarding-policies/>

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place.

Staff working with the adult at risk should establish whether there are children in the family and whether they are at risk from harm and or abuse.

There may be at greater risk of harm to children and young people in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties.'

## 4.0. SECTION 4 – ABUSE TYPES & OTHER MULTI-AGENCY PROCESSES

This section should be read in conjunction with the [safeguarding handbook](#)<sup>50</sup> which gives basic information about safeguarding. The following section has details on the types of abuse as defined within the Care Act as well as other mechanisms to support the safeguarding process.

### 4.1. Who abuses and neglects adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Other adults with care and support needs
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff
- Volunteers and strangers

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

### 4.2. Types and indicators of abuse and neglect

The following categories are defined within the Care and Support Statutory Guidance.

<b>Physical abuse</b>	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions, unauthorised restraint, physical punishments, making someone purposefully uncomfortable, involuntary isolation and confinement.
<b>Domestic violence</b>	Physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse; so-called "honour" based violence and forced marriage.
<b>Sexual abuse</b>	Rape, sexual assault, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual acts to which

<sup>50</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

	the adult has not consented or was pressured into consenting.
<b>Psychological abuse</b>	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, enforced social isolation, unreasonable and unjustified withdrawal of services or supportive networks.
<b>Financial or material abuse</b>	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, misuse of power of attorney, rogue trading.
<b>Modern slavery</b>	Encompasses slavery, human trafficking, sex work, forced labour, sexual exploitation, debt bondage and domestic servitude.
<b>Discriminatory abuse</b>	Harassment, verbal abuse, denial of basic needs, unequal treatment based on age, race, gender and gender identity, married or civil partnership, pregnancy, disability, sex, sexual orientation or religion, ' <a href="#">protected characteristics</a> ' under the <a href="#">equality act 2010</a>
<b>Neglect and acts of omission</b>	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating.
<b>Self-neglect</b>	A wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
<b>Organisational abuse</b>	Neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in someone's own home.

### 4.3. Domestic Abuse

Domestic abuse can happen to anyone, regardless of age, social background, gender, religion, sexuality or ethnicity. The majority of victims of domestic abuse are women but it can happen to men too. It can begin at any stage of the relationship. Domestic abuse is rarely a one-off. Incidents generally become more frequent and severe over time.

There is significant evidence to show that older people are as likely to experience domestic abuse than younger people but are less likely to report it. Coercive control is often a feature in older people experiencing abuse from an intimate partner but

also occurs in abuse from adult family members. An older person may have experienced coercive control for decades in an intimate relationship significantly influencing their sense of self-identity and confidence in their ability to make decisions for themselves.

The [SET Domestic Abuse Board website](#)<sup>51</sup> contains more information about domestic abuse including support and outreach services available in the local communities that are available locally. Also see later section on MARAC.

#### **4.4. Honour Based Abuse / Forced Marriage**

Honour based abuse is an international term used for the justification of abuse and violence. It is a crime or incident committed to protect or defend the family or community 'honour'. Honour based abuse will often go hand in hand with forced marriages, although this is not always the case.

Forced marriage is when there are physical pressures to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (for example if someone is made to feel like they're bringing shame on the family).

Honour crimes and forced marriages are already covered by the law and can involve a range of criminal offences. The [Forced Marriage Unit](#)<sup>52</sup> has useful information and guidance on their website.

#### **4.5. Female Genital Mutilation**

Female genital mutilation comprises 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. Female genital mutilation has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. Female genital mutilation has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of female genital mutilation in under 18s to the police ([Home Office, 2016](#)<sup>53</sup>).

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<sup>51</sup> <https://setdab.org/>

<sup>52</sup> <https://www.gov.uk/stop-forced-marriage>

<sup>53</sup> <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/#pageref19491>

The [World Health Organisation](#)<sup>54</sup> has useful information and guidance on their website.

#### 4.6. Sexual abuse

Sexual abuse is any form of sexual activity where there is no consent, or any sexual activity with a person who lacks the mental capacity to provide consent. Anyone can experience sexual abuse regardless of ethnicity, age, sexuality, disability, religion or class. However, for people who are vulnerable due to a care or support need they may face additional barriers to seeking help. If sexual abuse happens between people who are in an intimate relationship, or are related, this is domestic abuse. Sexual exploitation is a type of sexual abuse. Adults can and have been victims of sexual exploitation, the effects are devastating and as with children, sometimes the victims do not realise that they are in an abusive situation which makes it difficult to ask for help and accept support. For more information see [Synergy website](#)<sup>55</sup>.

#### 4.7. Modern slavery

Trafficking of people is a serious crime and is now referred to under the term “Modern Slavery.” It involves the recruitment and movement of adults and children to exploit them in degrading situations for financial rewards for their traffickers. Modern slavery consists of three elements:

- Action (transportation)
- Means (deception/threat) and
- Exploitation (slavery or sexual)

Victims might be foreign nationals but can also include British Citizens. Although modern slavery often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country, county or town. It is also possible to have been a victim of trafficking even if your consent has been given to being moved. The purpose does not always have to be achieved for there to be an offence of trafficking; it is sufficient for there to be an intention to exploit. Child trafficking is always a child protection issue. If the identified victim of modern slavery is also an adult at risk, the concern should be responded to using local adult safeguarding process. For further details on modern slavery please see [SET Modern Slavery Guidance](#)<sup>56</sup>.

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<sup>54</sup> <http://www.who.int/en/news-room/fact-sheets/detail/female-genital-mutilation>

<sup>55</sup> <http://www.synergyessex.org.uk/>

<sup>56</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

#### 4.8. Self-neglect and hoarding

There is no single operational definition of self-neglect however, the Care Act makes clear it comes within the statutory definition of abuse or neglect, if the adult concerned has care and support needs and is unable to protect him or herself. The Department of Health (2016) defines self-neglect as, ‘... a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding’.

Care Act 2014 defines self-neglect as “.... covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour”.

Self-neglect is when an adult neglects to attend to their basic needs or keep their environment safe to carry out what is seen as usual activities of daily living. It can occur because of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. Self-neglect is an issue that affects people from all backgrounds.

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single organisation response. Please see [SET Hoarding Guidance](#)<sup>57</sup> for further information.

[A learning support document developed by ADASS](#)<sup>58</sup> has a number of case studies as examples of how to work effectively with people who self-neglect and or/ hoard and key points of good practice are identified.

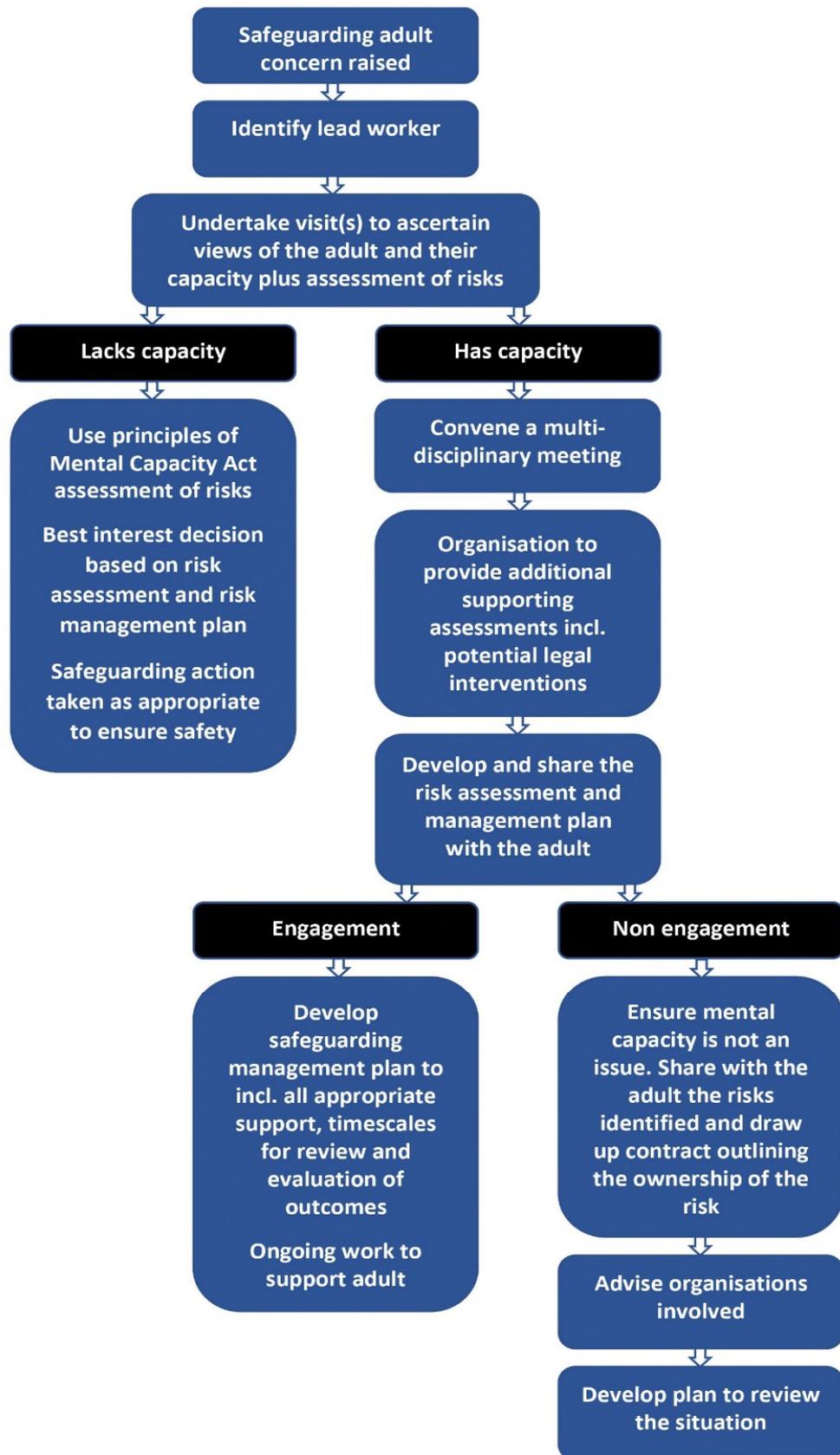
The self-neglect flowchart on the next page is a useful reminder of the process.

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<sup>57</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

<sup>58</sup> <https://www.essexsab.org.uk/media/2709/adass-self-neglect-2020.pdf>

Self-neglect flowchart



## 4.9. Organisational abuse

A provider concern is when there is an indication that a service, as a whole, has an area or number of areas working below standard and there is a risk to the health and well-being of residents. It is often relating to quality of care being provided, which does not meet the threshold for safeguarding, but can still indicate some practice issues which need improving.

Organisational abuse is the mistreatment or abuse or neglect of an adult at risk by a regime or staff within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.

Organisational abuse occurs when the routines, systems and regimes of an organisation result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

When identifying organisational abuse, the following should be considered;

- Are there concerns that adults are at risk or experiencing harm, abuse, mistreatment or neglect?
- Do the concerns relate to quality or contractual concerns as opposed to safeguarding?
- Are there trends or patterns emerging from data that suggest poor quality care in a resource/establishment?
- Is the same person suspected to have caused abuse or harm?
- Are a group of individuals alleged to be causing harm?
- Is there repeat or previous history of safeguarding concerns for the adult?
- Is there a history of quality issues; suspensions/terminations relating to the provider?
- Care Quality Commission (CQC) reports – is the service rated as safe? Are adults at risk protected from abuse and avoidable harm?
- Is there a registered manager?
- Were concerns raised at the last assessment or review?

## 4.10. PREVENT and CHANNEL

PREVENT is about safeguarding people and communities from the threat of terrorism and to stop people from becoming terrorists or supporting terrorism. The objectives of the strategy are to:

1. Respond to the ideological challenge of terrorism and the threat we face from those who promote it.
2. Prevent someone from being drawn into terrorism and ensure that they are given appropriate advice and support.

3. Work with sectors and institutions where there are risks of radicalisation which we need to address.

**CHANNEL** is a Home Office funded programme to utilise the existing partnership working and expertise between the police, local authority, other partner organisations and the local community in the form of a professional's panel to identify those at risk of being drawn into terrorism or violent extremism and to provide them with community-based safeguarding strategies and interventions. Prevent will address all forms of terrorism but continue to prioritise according to the threat posed to our national security. For the full guidance please see [SET PREVENT policy and guidance](#)<sup>59</sup>. Local advice can be sought from the Channel Panel lead within the [local authority](#).

#### 4.11. Pressure ulcer reduction/prevention

Skin damage has a number of causes, some relating to the adult, such as poor medical condition or self-neglect and others relating to external factors such as poor care, ineffective multi-disciplinary team working, and lack of appropriate resources, including equipment and staffing. Where there is an issue regarding the patient not able to /unwilling to follow recommended treatment plans, (it is essential to ensure that the choice made is an informed one), consideration should also be given to their mental capacity. It is recognised that not all skin damage can be prevented and therefore the risk factors in each case should be reviewed on an individual basis to help decide whether a safeguarding adults concern should be referred to the local authority. Please see [Department of Health Safeguarding Adults Protocol; Pressure ulcers and the interface with a safeguarding enquiry](#)<sup>60</sup>.

#### 4.12. Medication

For those adults that need to take medication to maintain their health and wellbeing, it is essential to ensure that the adult has the right level of medication and has access to medication when necessary. It is also important that medication is not given without consent. If the adult is unable to consent, then the evidence of this and a clear best interest decision should be in place. These should be reflected in the care plan and the care plan should be followed. There is no requirement to notify [CQC](#)<sup>61</sup> about [medicines errors](#), but a notification would be required if the cause or effect of a medicine error met the criteria to notify one of the following:

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<sup>59</sup> <http://www.essexsab.org.uk/professionals/guidance-policies-protocols/>

<sup>60</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/675192/CSW\\_ulcer\\_protocol\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675192/CSW_ulcer_protocol_guidance.pdf)

<sup>61</sup>

[https://www.cqc.org.uk/sites/default/files/20150331\\_100501\\_v6\\_00\\_guidance\\_on\\_statutory\\_notifications\\_ASC\\_%20IH\\_PDC\\_PA\\_Reg\\_Persons.pdf](https://www.cqc.org.uk/sites/default/files/20150331_100501_v6_00_guidance_on_statutory_notifications_ASC_%20IH_PDC_PA_Reg_Persons.pdf)

- A death
- An injury
- Abuse, or an allegation of abuse
- An incident reported to or investigated by the police

Where relevant, it should be made clear that a medicine error was a known or possible cause or effect of these incidents or events being notified. Appendix 10 has a chart on medication errors and whether they should be referred as safeguarding concerns.

#### **4.13. Multi-Agency Risk Assessment Conference (MARAC)**

Where it is identified that the relationship between the victim and person alleged to have caused harm constitutes domestic abuse (regardless of the type of abuse), the [DASH \(Domestic Abuse, Stalking and Harassment, Honour Based Violence\) Risk Model](#)<sup>62</sup> must be completed. All other safeguarding referrals should be undertaken prior to MARAC, staff should not wait for the MARAC meeting to start work. If the victim is considered to be at significant risk of serious harm or death, then Police involvement must be considered, and a referral made to a MARAC. MARAC is a focused meeting in which services share information and work out how best to help victims at high risk of serious harm or murder due to domestic abuse, it is not a case conference. The objectives of MARAC are:

- To work collaboratively using a multi-agency risk assessment process to improve risk assessment and safety planning, intervention and review for adults and children at high level risk of significant harm or death because of domestic abuse.
- To use information to inform risk to determine if an adequate safeguarding management plan is in place with the victim and children.
- To ensure any on-going risk posed by perpetrators is addressed within safety planning for the victim and children.
- To ensure high risk domestic abuse incidents are discussed at a MARAC within 14 working days of receipt of the referral.
- To ensure MARAC meetings are focussed and purposeful to improve quality of information and risk management.
- To identify high risk perpetrators at an early stage to help prevent future high-risk incidents taking place.

Essex and Southend have implemented a static Multi-Agency Risk Assessment Team (MARAT) model, whilst Thurrock has a Multi-Agency Safeguarding Hub (MASH).

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<sup>62</sup> <https://setdab.org/resource/multi-agency-risk-assessment-conference-marac/>

The MARAC is a regular meeting to discuss how to help victims at high risk of murder or serious harm. A domestic abuse specialist (IDVA), police, children's social services, health and other relevant organisations all share information about the victim, the family and perpetrator, to enable them to devise an action plan to reduce risk for each victim.

At the heart of a MARAC is a working assumption that no single organisation can see the complete picture of the life of an adult at risk, but all may have insights that are crucial to their safety, as part of the coordinated community response to domestic abuse.

The main purpose of Independent Domestic Violence Advisor (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex partners or family members to secure their safety and the safety of their children. Serving as the victims primary point of contact IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

The [SET Domestic Abuse Boards website](#)<sup>63</sup> contains more information about domestic abuse including support and outreach services available in the local communities, including support for cases that are not classed as high risk using the [DASH Risk Checklist](#)<sup>64</sup>.

#### **4.14. Multi-Agency Public Protection Arrangements (MAPPA)**

The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a statutory duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders.

#### **4.15. Serious Incident (SI)**

Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to review. The NHS have developed a [framework](#)<sup>65</sup> for all NHS-funded care. This includes private sector organisations providing NHS-funded services. Where safeguarding is indicated a safeguarding concern **must** be raised. Broadly speaking there are three scenarios:

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<sup>63</sup> <http://www.setdab.org/>

<sup>64</sup> [Multi-Agency Risk Assessment Conference \(MARAC\) - Referral Form - Southend and Thurrock Domestic Abuse Partnership \(setdab.org\)](#)

<sup>65</sup> <https://www.england.nhs.uk/patient-safety/serious-incident-framework/>

- NHS identifies a safeguarding concern, for example through staff at A&E seeing signs of physical abuse. This may warrant a safeguarding concern raised with the local authority but would not be routinely recorded as a SI.
- If there are allegations against healthcare staff, both a safeguarding concern and SI would be raised. Equally if there is patient against patient abuse.
- Lastly, there are incidents that are reported that are not safeguarding issues, for example a pressure ulcer that was unavoidable. Investigations may still be undertaken but without the need for raising a concern. This will however be dependent on the situation.

#### 4.16. Safeguarding Adult Review(s) (SARs)

[Section 44 \(s.44\), the Care Act 2014](#)<sup>66</sup> stipulates that Safeguarding Adult Boards (SAB) must arrange a SAR when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner organisations could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult at risk, in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

SABs may arrange for a SAR in any other situations involving an adult in its area at risk, whether or not needs are being met by the local authority. This may involve cases which can provide useful insights into the way organisations work together to prevent and reduce abuse and neglect of adults at risk, which may not meet the mandatory criteria for conducting a SAR, including learning from 'near misses' and situations where the arrangements worked especially well.

Where someone meets the criteria for both a SAR and another statutory review (such as Domestic Homicide Review) consideration should be given to which is the most appropriate statutory review for the circumstances and whether any aspects of the review can be commissioned jointly.

Learning from recommendations of Safeguarding Adult Reviews, the importance of effective multi-agency working is a common theme. Organisations contributing to effective inter-agency working can achieve this through creative joint working partnerships that focus on positive outcomes for the adult(s).

For more information on SARs please see the relevant Board policy on your [local Safeguarding Adults Board website](#).

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<sup>66</sup> <http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

## Appendix 1 - Functions of the SAB

Taken from [Care and Support Statutory Guidance](#)<sup>67</sup>. The Safeguarding Adult Boards main objective' is to help and safeguard adults with care and support needs. A SAB has 3 core duties:

- it must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan
- it must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adult reviews and subsequent action
- it must conduct any safeguarding adults review in accordance with s.44 of the Act

More specifically, each SAB should:

- identify the role, responsibility, authority and accountability with regard to the action each organisation and group should take to ensure the protection of adults
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements
- determine its arrangements for peer review and self-audit
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant organisations but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area
- identify types of circumstances giving grounds for concern and when they should be considered as a concern to the local authority as an enquiry

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<sup>67</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis'
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training
- carry out safeguarding adult reviews and determine any publication arrangements
- produce a strategic plan and an annual report
- evidence how SAB members have challenged one another and held other boards to account
- promote multi-agency training and consider any specialist training that may be required and consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership

## Appendix 2 - Roles and responsibilities

<b>Safeguarding Adults Boards</b> <ul style="list-style-type: none"> <li>• Hold partners to account</li> <li>• Monitor outcomes and effectiveness</li> <li>• Use data and intelligence to identify risk and act on it</li> <li>• Co-ordinate activity</li> </ul>		
<b>Professional Regulators</b> <ul style="list-style-type: none"> <li>• Set the culture and professional standards</li> <li>• Apply the Fit to Practise test</li> <li>• Take action where professionals have abused or neglected people in their care</li> </ul>	<b>Care Quality Commission</b> <ul style="list-style-type: none"> <li>• Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high quality care</li> <li>• Intervene and take regulatory action on breaches</li> <li>• Publish findings including performance ratings</li> </ul>	
<b>Social Care and Health Providers</b> <ul style="list-style-type: none"> <li>• Show leadership and routinely monitor activity</li> <li>• Meet the required service quality standards</li> <li>• Train staff in safeguarding procedures and ensure they are effectively implemented</li> <li>• Investigate and respond effectively to incidents, complaints and whistleblowers</li> <li>• Take disciplinary action against staff who have abused or neglected people in their care</li> </ul>	<b>Social Care and Health Commissioners</b> <ul style="list-style-type: none"> <li>• Build safeguarding into commissioning strategies &amp; service contracts</li> <li>• Review and monitor services regularly</li> <li>• Intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place</li> </ul>	<b>City, District and Borough Councils</b> <ul style="list-style-type: none"> <li>• Show leadership and routinely monitor activity</li> <li>• Build safeguarding into commissioning strategies &amp; service contracts</li> <li>• Review and monitor commissioned services</li> <li>• Train staff in safeguarding procedures and ensure they are effectively implemented</li> <li>• Investigate and respond effectively to incidents, complaints and whistleblowers</li> <li>• Take disciplinary action against staff who have abused or neglected people in their care</li> </ul>

<p><b>Clinicians</b></p> <ul style="list-style-type: none"> <li>• Apply clinical governance standards for conduct, care, treatment &amp; information sharing</li> <li>• Report incidents of abuse, neglect or undignified treatment</li> <li>• Follow up referrals</li> <li>• Consult patients and take responsibility for ongoing patient care</li> <li>• Gather information and support enquiries into abuse or neglect where there is need for clinical input</li> </ul>	<p><b>Social Workers/Care Managers</b></p> <ul style="list-style-type: none"> <li>• Identify and respond to concerns</li> <li>• Identify with people (or their representatives or Best Interest Assessors if they lack capacity) the outcomes they want</li> <li>• Build managing safeguarding risks and benefits into care planning with people</li> <li>• Review care plans</li> <li>• Gather information and support enquiries into abuse or neglect</li> <li>• Feedback to referrer</li> </ul>	<p><b>Specialist Safeguarding staff</b></p> <ul style="list-style-type: none"> <li>• Be champions in their organisations</li> <li>• Provide specialist advice and coordination</li> <li>• Respond to concerns</li> <li>• Make enquiries</li> <li>• Work with the person subject to abuse</li> <li>• Co-ordinate who will do what, for example criminal or disciplinary investigations</li> </ul>	<p><b>Police</b></p> <ul style="list-style-type: none"> <li>• Investigate possible crimes</li> <li>• Conduct joint investigations with partners</li> <li>• Gather best evidence to maximise the prospects for prosecuting offenders</li> <li>• Achieve, with partners, the best protection and support for the person suffering abuse or neglect, including victim support</li> </ul>
<p><b>All Organisations including - Voluntary and Community Sector and Criminal Justice Organisations</b></p> <ul style="list-style-type: none"> <li>• Train staff in safeguarding procedures and ensure they are effectively implemented</li> <li>• Be champions in their organisations</li> <li>• Report incidents of abuse, neglect or undignified treatment</li> <li>• Having a clear system of reporting concerns as soon as abuse is identified or suspected</li> <li>• Respond to abuse appropriately respecting confidentiality</li> <li>• Prevent harm and abuse through rigorous recruitment and interview process</li> </ul>			

## Appendix 3 - Contact details

Safeguarding Adult Concern Form (SETSAF)

<https://www.essexsab.org.uk/professionals/reporting-concerns/>

### Southend

Email: [acessteam@southend.gov.uk](mailto:acessteam@southend.gov.uk)

Fax: 01702 534794

Raising a concern/enquiry by telephone: Access Team: 01702 215008 (option 1)

#### Out of hours:

- General Public - 0345 606 1212
- Statutory Organisations – 0300 123 0778
- Fax - 0300 123 0779

Southend Borough Council – <http://www.southend.gov.uk>

Southend Safeguarding Adults Board – [www.safeguardingsouthend.co.uk/adults/](http://www.safeguardingsouthend.co.uk/adults/) (NOT FOR SAFEGUARDING CONCERNS)

### Essex

Post: Essex Social Care Direct, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ

Email: [businesssupport.adultsovas@essex.gov.uk](mailto:businesssupport.adultsovas@essex.gov.uk)

Fax: 0345 601 6230

Raising a concern/enquiry by telephone: 0345 603 7630

#### Out of hours:

- General Public - 0345 606 1212
- Statutory Organisations – 0300 123 0778
- Fax: 0300 123 0779

Essex County Council – [www.essex.gov.uk](http://www.essex.gov.uk)

Essex Safeguarding Adults Board – [www.essexsab.org.uk](http://www.essexsab.org.uk) (NOT FOR SAFEGUARDING CONCERNS)

### Thurrock

Email: [Thurrock.First@thurrock.gov.uk](mailto:Thurrock.First@thurrock.gov.uk)

Fax: 01375 652760

Raising a concern/enquiry by telephone: Thurrock First: 01375 511000

#### Out of hours:

- Tel: 01375 372468
- Fax: 01375 397080

Thurrock Council – [www.thurrock.gov.uk](http://www.thurrock.gov.uk)

Thurrock Safeguarding Adults Board – [www.thurrocksab.org.uk](http://www.thurrocksab.org.uk) (NOT FOR SAFEGUARDING CONCERNS)

## Appendix 4 - Whistleblowing

1. A whistleblower is an employee, a former employee or member of an organisation, especially a business or government organisation, who reports misconduct to people or entities that have the power and presumed willingness to take corrective action.
2. Each organisation should have its own policy/guidance with regard to whistleblowing and to promote a culture which values good practice. Staff must be made aware of these policies which should be in an easily accessible location for staff reference.
3. It is good practice, and staff have a duty of care, to draw attention to bad/poor practice in the workplace. This includes practice that may be abusive and/or neglectful. **Failure to report amounts to collusion with the person alleged to have caused harm and abuse.**
4. People have in the past often been deterred from `whistleblowing` about abuse or neglect by duties of confidentiality and/or fear of the consequences of speaking out. The [Public Interest Disclosure Act 1998](#)<sup>68</sup> seeks to protect disclosure of the following:
  - criminal offence (past, ongoing or prospective)
  - failure to meet a legal obligation miscarriage of justice
  - health and safety being endangered
  - risk of environmental damage, or
  - deliberate concealment of any of the above.
5. The Act envisages that disclosure about such malpractice will generally be made in the first instance to the person's employer, or another person or body who appears responsible for the malpractice (for example a relative of a resident reporting matters to managers of a home).
6. The Act envisages employers establishing procedures, so that staff who have justified concerns about breaches of practice or the law can pass on these concerns to be investigated.
7. They are only protected by the Act if they are acting in good faith, and reasonably believe that their allegations are true. Allegations made for financial gain are not protected, even if they are true.
8. Staff making disclosures to people other than their employer are likely to be protected if:
  - They reasonably believe that they will be treated detrimentally for disclosing to the employer; or
  - They reasonably believe that the evidence will be destroyed or hidden if the employer is `tipped off` ; or
  - The employer has been told but has not taken appropriate action.

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<sup>68</sup> <http://www.legislation.gov.uk/ukpga/1998/23/contents>

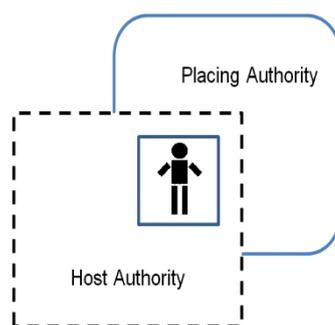
9. Disclosure to a third party has to be a `reasonable` step in all the circumstances including:
  - Who is told (for example a disclosure to a statutory inspectorate in preference to the press)
  - How serious the concern is, and whether it is a continuing problem
  - Whether the employer has a whistleblowing procedure and if so, whether the employer has followed it.
10. It may be justified for the whistleblower to disclose to a third party in the first instance rather than the employer.
11. A disclosure made in accordance with the Act's expectations will mean that:
  - A confidentiality clause in an employment contract cannot be used to prevent a person from disclosing relevant breaches of the law or practice. This means that confidentiality terms in employment contracts cannot be used by employers who are responsible for breaking a law or for abuse or neglect or other malpractice.
  - Dismissal on grounds of disclosure within the terms of the act is automatically unfair and can be challenged before the employment tribunal.
12. The person providing the information may be reluctant to give their name or they may ask that they remain anonymous. Their wishes will be recorded, however, while respecting their right to confidentiality, they cannot be given an absolute undertaking that they will not be identified at a later date, especially, if any legal action is indicated.
13. There are helplines available nationally to assist staff if required. For further advice contact [Protect](https://protect-advice.org.uk/)<sup>69</sup> whistleblowing helpline 020 7404 6609.

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<sup>69</sup> <https://protect-advice.org.uk/>

## Appendix 5 - Out of area adult safeguarding arrangements

[Guidance](#)<sup>70</sup> has been produced about cross-boundary considerations in safeguarding arrangements. It applies to all care and support settings including registered care settings, supported living, community settings, family placement or hospitals and applies whether or not the costs of care and support are being met by public funds. Where safeguarding adult concerns are raised, the local authority where the risk is posed is responsible, under s.42 of the Care Act, for ensuring that enquiries are undertaken.



The local authority in the area where the alleged abuse occurred (**host authority**), and which therefore has the s.42 duty to make enquiries or cause them to be made (whether or not the host authority is commissioning care and support services for the adult). The local authority or NHS Body that is responsible for commissioning care and support services (**placing authority**) for an adult involved in a safeguarding adults enquiry.

There may be situations where an adult experiences abuse while being in another area. For example, if the incident occurred while on a day trip or holiday. The statutory duty remains with the host authority where the alleged abuse took place. However, discussions should take place between the funding or responsible authority and the authority where the incident took place to determine who is most appropriate to undertake the safeguarding enquiry. The adult should remain at the center of the enquiry.

Where an adult at risk is a self-funder, and there is no placing authority involved in commissioning care and support services, the host authority has the s.42 enquiry duty regardless of the originating area of the adult. The host local authority may need to consult clinicians or other services from the area the adult originates from.

It can be particularly complex and demanding for a host authority to manage an organisational safeguarding enquiry of a care provider when there are different placing authorities involved.

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<sup>70</sup> <https://www.adass.org.uk/media/5414/adass-guidance-inter-authority-safeguarding-arrangements-june-2016.pdf>

## Appendix 6 - Virtual contact/meetings

As we are contacting vulnerable people remotely/virtually, we need to do all that we can to recognise abuse, harm and neglect, and situations where this might occur so that we can prevent these.

### Key principles

- Remain professionally curious about interactions, language, environment, and presentations.
- Make sure the has time and space to share information.
- Be vigilant.
- The principles of good practice in relation to consent, confidentiality, and good record keeping still apply.
- The decision for offering a remote contact as opposed to a face-to-face consultation should be based risk. Not all contact will be able to be remote.

### Things to consider

- Is your internet access secure (for example use a virtual private network (VPN) and/or if possible, avoid public Wi-Fi)
- If you are using your own device (where there is no practical alternative) is the device secure? (such as strong password etc)
- If you are using your own device, can you transfer the information onto the adult's proper record asap and delete the original?
- Do you have access to reliable internet and remote tools, for example Zoom or Microsoft Teams etc?. (Please be aware of potential security issues).
- Are your calls confidential, can you be overheard by anyone? Make sure you have a quiet, well-lit private space to have the telephone/video conversation.
- Can the adult be supported to use video technology by a carer or family member where available (with consent)?
- Is the adult alone? Be aware that the perpetrator of the abuse may be in the house/room. If it is not a safe time, then ask for a suggested safe time to call back. Be aware that situations change quickly, and that risk is dynamic.
- Ask and check if there are others listening to the conversation? It is also important to note that during remote contact there may be other people present and that the adult consents to this.
- Consider any reasonable adjustments that is needed such as hearing/ learning disability/ cognitive impairment/ English as a second language, if interpreting services are needed. Interpreting services can be done through a three-way telephone conversation. Good practice avoids the use of family/ friends as interpreters.
- Do not record the video or audio unless there is a specific reason to do so, and there is explicit and informed consent from the adult.

## **Appendix 7 - Resolution of safeguarding disagreements**

Problem resolution is an integral part of co-operation and joint working to safeguard adults. Concern or disagreement may arise over another's decisions, actions or lack of actions, in relation to a concern, an assessment or an enquiry. The safety of adult(s) are the paramount considerations in any safeguarding disagreement and any unresolved issues should be escalated with due consideration to the risks that might exist. It is important to:

- Avoid disputes that put the adult(s) at risk or obscure the focus of the adult
- Resolve difficulties (within and) between organisations quickly and openly
- Identify problem areas in working together where there is a lack of clarity and to promote resolution via amendment to protocols and procedures.

For disputes within organisations, in-house procedures should be followed. This process relates to the resolution of differences between organisations.

### **SAFEGUARDING DISAGREEMENTS – STAGE 1**

The aim should be to resolve difficulties at practitioner/fieldworker level between organisations. Initial attempts should be taken to resolve the problem within a maximum of five working days for stages one and two or earlier if the adult is at risk. This should normally be between the people who disagree, unless the adult is at immediate risk. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.

### **SAFEGUARDING DISAGREEMENTS – ESCALATION - STAGE 2**

If unresolved, the problem should be referred to the worker's own line manager who will discuss with their opposite number in the other organisation. Most day to day inter-agency differences of opinion will require a local authority adult social care team manager to liaise with their equivalent (first line manager) in the relevant organisations, for example a police Detective Sergeant, a named health professional or care provider manager.

### **SAFEGUARDING DISAGREEMENTS – ESCALATION - STAGE 3**

If agreement cannot be reached following discussions between the above first line managers within a maximum of a further working week or a timescale that protects the adult(s) from harm (whichever is less), the issue must be referred without delay through the line management.

Everyone involved in this conflict resolution process must contemporaneously record each intra and inter-agency discussion they have, approve and date the record and place a copy on the adults file together with any other written communications and information. If the problem remains unresolved, the line manager will refer 'up the

line'. Any verbal report should be followed up in writing, showing the nature of the dispute and what attempts have been made to resolve this.

#### **SAFEGUARDING DISAGREEMENTS – ESCALATION – STAGE 4**

If differences remain unresolved, the matter must be referred to the relevant senior manager for each organisation involved, with a copy being sent to the Chair of the appropriate area safeguarding board. This should include forwarding a written account of the dispute and what attempts have been made to resolve this.

In the unlikely event that the issue is not resolved by the steps described, consideration will be given to referring the matter to the Chair of the appropriate area Safeguarding Board who will offer mediation/or refer to the appropriate sub-committee as soon as possible, bearing in mind the impact on the adult(s). A clear record should be kept at all stages, by all parties. This must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

When the issue is resolved, any general issues should be identified and referred to the organisation's representative on the appropriate area's safeguarding board for consideration by the relevant boards sub-group to inform future learning.

At any stage in the process, it may be appropriate to seek expert advice to ensure resolution is informed by evidence-based practice. It may also be useful for individuals to debrief following some disputes to promote continuing good working relationships.

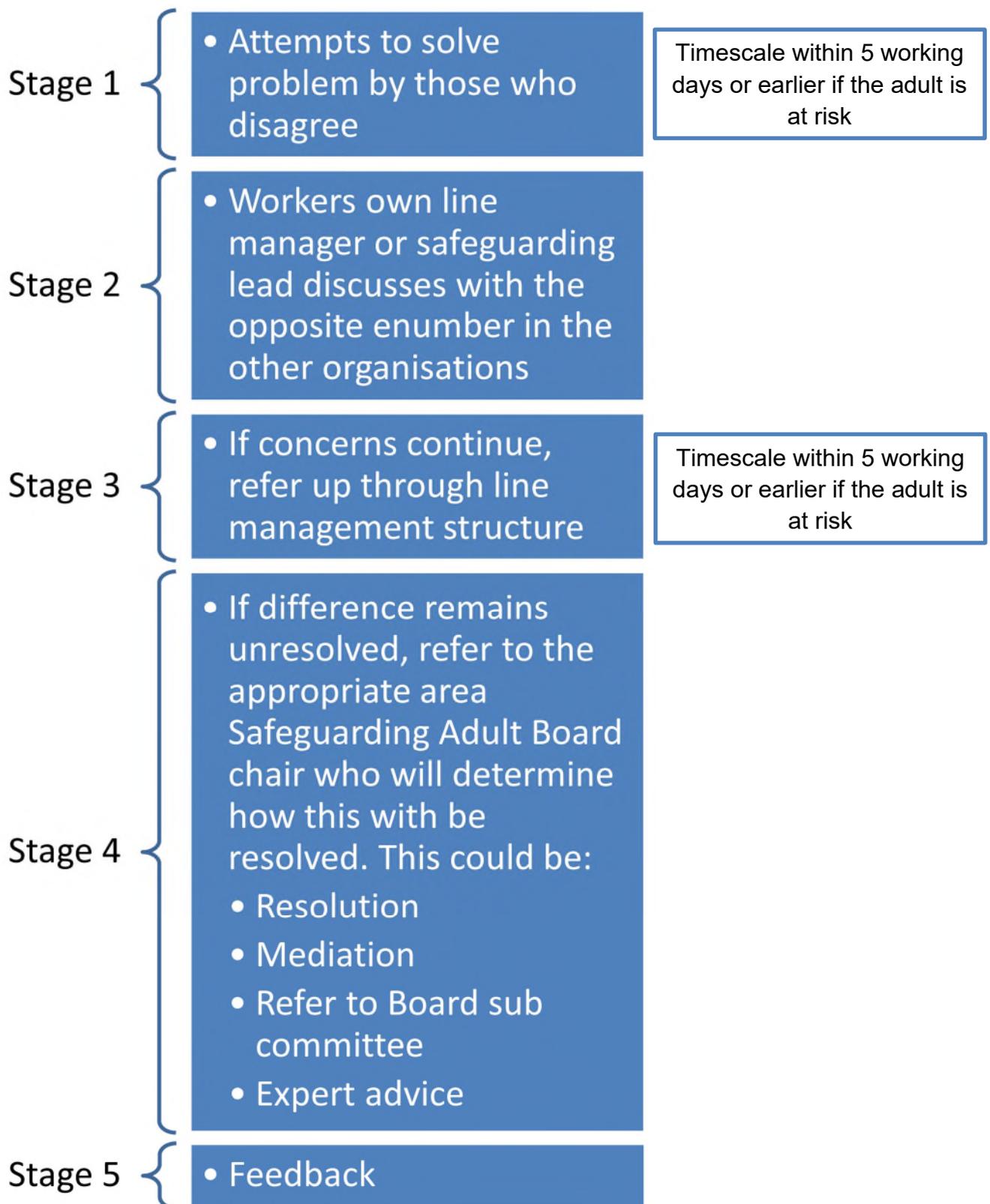
#### **DISSENT ABOUT IMPLEMENTATION OF THE SAFEGUARDING MANAGEMENT PLAN**

Concern or disagreement may arise over another's decisions, actions or lack of actions in the implementation of the safeguarding management plan. The line managers of those involved should first address these concerns. If agreement cannot be reached following discussions between the above 'first line' managers, the issue must be referred without delay through the line management.

#### **WHERE DIFFERENCES REMAIN**

If disagreements remain unresolved, the matter must be referred to the heads of service for each organisation involved. In the event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, it may be helpful to convene a relevant area safeguarding board sub-committee which has the brief to consider policy and practice or serious cases.

## Resolution of safeguarding disagreements - Flowchart



## Appendix 8 - Professional curiosity

### Key Points

- Have empathy and hear the voice of the person
- Know the factors that are barriers to professional curiosity and take steps to reduce them
- Be courageous and ask difficult questions
- Think the unthinkable; believe the unbelievable
- Consider how you can articulate 'intuition' into an evidenced, professional view and discuss 'gut feelings' with other professionals

### What is professional curiosity?

Professional curiosity is the capacity and communication skill to explore and understand what is happening with an individual or family. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding one's own responsibility and knowing when to act, rather than making assumptions or taking things at face value.

### Barriers to professional curiosity

It is important to note that when a lack of professional curiosity is cited as a factor in a tragic incident, this does not automatically mean that blame should be apportioned. It is widely recognised that there are many barriers to being professionally curious. Some of the barriers to professionally curious practice are set out below.

***Disguised compliance*** - A family member or carer gives the appearance of co-operating with Social Care to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement. We need to establish the facts and gather evidence about what is actually happening and to focus on outcomes rather than processes to ensure we remain person centered.

***The 'rule of optimism'*** - Risk enablement is about a strengths-based approach, but this does not mean that new or escalating risks should not be treated seriously. The '**rule of optimism**' is a well-known dynamic in which professionals can tend to rationalise away new or escalating risks despite clear evidence to the contrary.

***Accumulating risk – seeing the whole picture*** - Reviews repeatedly demonstrate that professionals tend to respond to each situation or new risk discretely, rather than assessing the new information within the context of the whole person, or looking at the cumulative effect of a series of incidents and information.

***Normalisation*** - Social processes through which ideas and actions come to be seen as 'normal' and become taken-for-granted or 'natural' in everyday life. Because they

are seen as 'normal' they cease to be questioned and are therefore not recognised as potential risks or assessed as such.

**Professional deference** - Workers who have most contact with the individual are in a good position to recognise when the risks to the person are escalating. However, there can be a tendency to defer to the opinion of a 'higher status' professional who has limited contact with the person but who views the risk as less significant. *Be confident in your own judgement and always outline your observations and concerns to other professionals, be courageous and challenge their opinion of risk if it varies from your own.* Escalate ongoing concerns through your manager.

**Confirmation bias** - We look for evidence that supports or confirms our pre-held view, and ignores contrary information that refutes them. It occurs when we filter out potentially useful facts and opinions that don't coincide with our preconceived ideas.

**'Knowing but not knowing'** - Having a sense that something is not right but not knowing exactly what, so it is difficult to grasp the problem and take action.

**Confidence in managing tension** - Disagreement, disruption and aggression from families or others, can undermine confidence and divert meetings away from topics the practitioner wants to explore and back to the family's own agenda.

**Dealing with uncertainty** - Contested accounts, vague or retracted disclosures, deception and inconclusive medical evidence are common in safeguarding practice. Practitioners are often presented with concerns which are impossible to substantiate. In such situations, 'there is a temptation to discount concerns that cannot be proved'.

A person-centred approach requires practitioners to remain mindful of the original concern and be professionally curious.

- 'Unsubstantiated' concerns and inconclusive medical evidence should not lead to case closure without further assessment
- Retracted allegations still need to be investigated wherever possible.
- The use of risk assessment tools can reduce uncertainty, but they are not a substitute for professional judgement. Results need to be collated with observations and other sources of information
- Social care practitioners are responsible for triangulating information such as, seeking independent confirmation of information, and weighing up information from a range of practitioners, particularly when there are differing accounts and considering different theories and research to understand the situation

**Other barriers to professional curiosity** - Poor supervision, complexity and pressure of work, changes of case worker leading to repeatedly 'starting again' in casework, closing cases too quickly, fixed thinking/preconceived ideas and values, and a lack of openness to new knowledge are also barriers to a professionally curious approach.

### **Why professional curiosity is important: learning from Safeguarding Adults and Case Reviews**

*(Examples from Norfolk / Nottinghamshire / Kings College London Review / West Sussex)*

**SAR Group referral** - A referral was received from a residential care provider indicating a person had been pushed by another resident, with no injury sustained. At face value, the incident appears to be low risk, with management by the care provider recommended, and the safeguarding threshold for a s.42 enquiry not reached. However, a check of the records of the perpetrator, person who was pushed, and the care provider, indicated a history of one off incidents by the perpetrator on both the current 'victim' and other residents. A record check revealed the 'victim' had been assaulted multiple times by both the perpetrator and other residents, which called into question assurances from the provider that the situation was being managed. A check on the provider's record revealed a history of quality assurance and safeguarding concerns. These things escalate the risk to the individual who is the subject of the latest safeguarding concern. Checking case history and making links between what may initially appear to be unrelated incidents, would be a demonstration of professional curiosity and identification of '**cumulative**' or '**accumulating**' risk.

**Mrs BB** - The Safeguarding Adults Review (Dec 2016) for Mrs BB, was completed in Norfolk. Mrs BB was an older woman with dementia who was walking with increasing frequency around the town, and to visit her husband in his care home. Mrs BB regularly became lost. She would ask for lifts and for help to cross the road and the Police regularly returned her to her home, but these incidents were not reported to ASSD. Her walking was seen as 'normal' for her and was not put in the context of her holistic situation that is, having a diagnosis of dementia, the number of times she had become lost, the risks to her of 'wandering' in the town. This is an example of '**normalisation**'.

**Adult H** - This SAR was carried out by Nottinghamshire Safeguarding Adults Board. Adult H, aged 21, has a diagnosis of Spina Bifida and Hydrocephalus. A safeguarding adult referral was made by the ambulance service following severe burns. Adult H suffered 14% skin loss and chronic wounds indicative of urine burns. Adult H's transition to adult care showed minimal multi agency working. There was

insufficient focus on non-attendance at medical appointments. Adult H was consistently seen with her mother, hence lack of her own voice was evident. Recommendations include a review of transfer between children's and adult's services. Creation of a multi-agency self-neglect policy and a multi-agency escalation policy. Guidance to be provided on working within the context of service refusal. This case is an example of '**disguised compliance**' by family members.

**Matthew Bates and Gary Lewis** - Two men aged 30 and 63 respectively, with profound learning disabilities, cerebral palsy and osteoporosis, both resident in the same care home in West Sussex, both admitted to hospital and found to have suffered fractures to a femur. An assumption was made that the injuries were due to a moving and handling issue and no safeguarding referral was raised. The SAR concluded that the circumstances of these injuries and the Consultant's statement, should have led to police being contacted directly by the hospital. Had the injuries occurred to two children, the author had no doubt that police would have been contacted very early on. This case demonstrates how the approach to injuries inflicted on vulnerable adults still has a different more cautious approach, leaving adults at risk. At an early stage moving and handling was the emerging explanation, and this was never strongly challenged. '**Confirmation basis**' appears to have reduced professional curiosity leading to the lack of consideration of other possibilities.

**Homeless people** - In a review of SARs concerning the deaths of homeless people carried out by King's College, London (2019) it is noted that:

*Some of these SARs express concern about what they call a lack of 'professional' or 'concerned' curiosity among professionals. This ranged from a lack of interest in the homeless person's 'story', to a failure to see patterns in the person's record that might have triggered a safeguarding alert...curiosity may be inhibited by the legal and financial organisational risk that might come with real 'ownership' of a case.*

### **Developing skills in professional curiosity**

- Be flexible and open-minded, not taking everything at face value. Check your own emotional state and attitudes. Leave time to prepare yourself for managing risk and uncertainty and processing the impact it has on you.
- Think the unthinkable; believe the unbelievable. Consider how you can articulate 'intuition' into an evidenced, professional view.
- Use your communication skills: review records, record accurately, check facts and feedback to the people you are working with and for. Never assume and be wary of assumptions already made.
- Use case history and explore information from the person themselves, the family, friends and neighbours, as well as other professionals (triangulation).
- Pay as much attention to how people look and behave as to what they say.

- Actively seek full engagement. If you need more support to engage the person or their family, think about who in the network can help you. Consider calling a multiagency meeting to bring in support from colleagues in other agencies.
- Take responsibility for the safeguarding role you play, however large or small, in the life of the person in front of you.

Professional curiosity is likely to flourish when practitioners:

- Attend good quality training to help them develop.
- Have access to good management support and supervision.
- Have empathy ('walk in the shoes') of the person to consider the situation from their lived experience.
- Remain diligent in working with the person and their family/network, developing professional relationships to understand what has happened and its impact on all involved.
- Always try to see the person separately.
- Listen to people who speak on behalf of the person and who have important knowledge about them.
- Be alert to those who prevent professionals from seeing or listening to the person.
- Do not rely on the opinion of only one person, wherever possible.
- Have an analytical and reflective approach.
- Develop the skills and knowledge to hold difficult conversations.

### **Holding difficult conversations and challenging**

Tackling disagreements or hostility, raising concerns or challenge, and giving information that will not be well received are recognised as hard things to do. The following are some tips on how to have difficult conversations.

- Planning in advance to ensure there will be time to cover the essential elements of the conversation.
- Keeping the agenda focused on the topics you need to discuss. Being clear and unambiguous.
- Having courage and focusing on the needs of the service user.
- Being non-confrontational and non-blaming, and sticking to the facts.
- Having evidence to back up what you say. Ensuring decision-making is justifiable and transparent.
- Showing empathy, consideration and compassion – being real and honest.
- Demonstrating congruence - making sure tone, body language and content of speech are consistent.
- Acknowledging 'gut feelings', sharing these with other professionals, and seeking evidence.

- Understanding the elements and indicators of behavioural change.
- Holding a healthy scepticism.
- Understanding the complexities of disguised compliance.
- Applying professional judgement.

***Never be concerned about asking the obvious question, and share concerns with colleagues and managers. A ‘fresh pair of eyes’ looking at a case can help practitioners and organisations to maintain a clear focus on good practice and risk assessment and develop a critical mindset.***

### **How managers can support professionally curious practice**

Managers can maximise opportunities for professionally curious practice to flourish by:

- Playing ‘devil’s advocate’ – asking ‘what if?’ questions to challenge and support practitioners to think more widely around cases. Question whether outcomes have improved for the person and evidence for this.
- Present alternative hypotheses about what could be happening.
- Provide opportunities for group supervision which can help stimulate debate and curious questioning, and allow practitioners to learn from one another’s experiences. The issues considered in one case may be reflected in other cases for other team members.
- Present cases from the perspective of other family members or professionals.
- Ask practitioners what led them to arrive at their conclusion and support them to think through the evidence.
- Monitor workloads and encourage practitioners to talk about and support them to address issues of stress or pressure. Support practitioners to recognise when they are tired and need a fresh pair of eyes on a case.

## Appendix 9 – Information sharing

Information sharing is essential for effective safeguarding and promoting the welfare of vulnerable adults. It is a key factor identified in many Safeguarding Adult Reviews, where poor information sharing has resulted in missed opportunities to take action that keeps vulnerable adults safe.

Information sharing in the context of adult safeguarding is the sharing of sensitive or personal information between safeguarding partners (including Local Authority, General Practitioners and health, the police, service providers, housing, regulators and the Office of the Public Guardian) for safeguarding purposes. This may include information about adults who are at risk, service providers or those who may pose a risk to others. Sharing information appropriately and lawfully will improve the speed and quality of safeguarding responses.

Under the Care Act 2014 a local authority must:

- set up a safeguarding board; the board will share strategic information to improve local safeguarding practice
- cooperate with each of its relevant partners; each relevant partner must also cooperate with the local authority

Clause 45 of the Care Act focuses on ‘supply of information’. This relates to the responsibilities of others to comply with requests for information from the safeguarding adults board. The statutory guidance to the Care Act directs the need to share information about safeguarding concerns at an early stage; information-sharing agreements or protocols should be in place. The Care Act emphasises the need to empower people, to balance choice and control for adults against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns. Those sharing information about individuals alleged to have caused harm are responsible for ensuring that they are compliant with human rights, data protection and confidentiality requirements.

Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the General Data protection Regulation, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.

This section, which is based on the [SCIE Safeguarding Adults Sharing Information guide<sup>71</sup>](#), summarises key parts of these laws to help increase understanding of the

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<sup>71</sup> <https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/>

basic principles in relation to safeguarding practice and, in particular, the sharing of safeguarding information.

### **Why do we need to share adult safeguarding information?**

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

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

### **Principles of information sharing**

- Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.
- The General Data Protection Regulation enables the lawful sharing of information.
- There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.
- An individual employee cannot give a personal assurance of confidentiality.
- Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations.
- It is good practice to try to gain the person's consent to share information.

- As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.
- Organisational policies should have clear routes for escalation where a member of staff feels a manager has not responded appropriately to a safeguarding concern.
- All organisations must have a whistleblowing policy.
- The management interests of an organisation should not override the need to share information to safeguard adults at risk of abuse.
- All staff, in all partner agencies, should understand the importance of sharing safeguarding information and the potential risks of not sharing it.
- All staff should understand when to raise a concern with the local authority adult social services.
- The six safeguarding principles should underpin all safeguarding practice, including information-sharing.

### **What if an adult does not want their information shared?**

Frontline workers and volunteers should always share safeguarding concerns in line with their organisation's policy, usually with their line manager or safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the adult, the member of staff should explain to them that it is their duty to share their concern with their manager. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons for example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

If an adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- Other adults or children are, or may be, at risk
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated

- The adult has the mental capacity to make that decision but they may be under duress or being coerced
- The risk is unreasonably high and meets the criteria for a MARAC referral
- A court order or other legal authority has requested the information

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the adult to better protect themselves

If it is necessary to share information outside the organisation:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information.
- Tell the adult who you would like to share the information with and why.
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know.
- Reassure them that they are not alone and that support is available to them.

If the adult cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the adult in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work

jointly to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

Domestic abuse cases should be assessed following the Domestic Abuse Stalking and Harassment Risk Identification (DASH RIC) risk assessment and referred to a multi-agency risk assessment conference where appropriate. Cases of domestic abuse should also be referred to local specialist domestic abuse services.

### **How to improve communication and joint working**

Safeguarding Adults Reviews frequently highlight failures between safeguarding partners (local authorities, GP's and health, the police, housing, care providers) to communicate and work jointly. Such failures can lead to serious abuse and harm and in some cases, even death.

- Improve links between public protection forums: Safeguarding Adults Boards (Partnerships), (children and adults), MARACs, MAPPAs, health and wellbeing boards and community safety partnerships.
- Develop joint approaches to resolve concerns where the individual may not be eligible for social care support, for people who refuse support and those who self-neglect.
- Where appropriate, include partner agencies in enquiries, safeguarding meetings and investigations.
- Keep referring agencies informed of progress and outcomes.
- Monitor information-sharing practice.

### **Information on the General Data Protection Regulation**

The Guide to the General Data Protection Regulation (GDPR) explains the provisions of the GDPR to help organisations comply with its requirements. It is for those who have day-to-day responsibility for data protection.

The website for the [Information Commissioner's Office<sup>72</sup>](#) provides further information on relevant sections of the GDPR itself, along with other ICO resources and guidance as produced by the EU's Article 29 Working Party.

### **Further provision is given in the following:**

- [The common law duty of confidentiality<sup>73</sup>](#)
- The Human Rights Act 1998
  - Under Article 8 of the European Convention on Human Rights, individuals have a right to respect for their private life.
  - This is not an absolute right and can be overridden if necessary and in accordance with the law.

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<sup>72</sup> <https://ico.org.uk/for-organisations/resources-and-support/pdb/>

<sup>73</sup> <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

- Interference must be justified and be for a particular purpose.
- Justification could be protection of health, prevention of crime, protection of the rights and freedoms of others.
- A decision to share information and the reasoning behind it should be recorded.
- [The Data Protection Act 2018 and the General Data Protection Regulation \(GDPR\)](#)<sup>74</sup>
- The Crime and Disorder Act 1998
  - Any person may disclose information to a relevant authority under Section 115 of the Crime and Disorder Act 1998, 'where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder)'. 'Relevant authorities', broadly, are the police, local authorities, health authorities (clinical commissioning groups) and local probation boards.
- [The Mental Capacity Act 2005](#)<sup>75</sup>

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<sup>74</sup> <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

<sup>75</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224660/Mental\\_Capacity\\_Act\\_code\\_of\\_practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf)

## Appendix 10 - Medication errors

<p><b>NOT SAFEGUARDING – NORMAL CARE MANAGEMENT</b> - An adult's needs can be met through statutory services such as local authority, police, health.</p>
<ul style="list-style-type: none"> <li>• The adult does not receive prescribed medication (missed/wrong dose) on one occasion and no harm occurs</li> <li>• Minimal harm to the adult but robust prevention measures in place such as training, supervision &amp; auditing</li> </ul>
<p><b>NOT SAFEGUARDING - SERVICE IMPROVEMENT / QUALITY ISSUES</b> - A low level concern that can be dealt with through complaints processes, case reviews, quality process etc.</p>
<ul style="list-style-type: none"> <li>• Recurring missed medication or administration errors in relation to the adult that cause no harm</li> <li>• No ongoing concerns</li> <li>• Prevention measures in place such as training, supervision and auditing</li> </ul>
<p><b>SAFEGUARDING CONCERN MAY BE REQUIRED - CONTACT YOUR SAFEGUARDING LEAD FOR DISCUSSION</b> - This would include an adult who may be in need of a multi-agency response to manage their risk. Concerns at this point may meet the threshold for adult safeguarding and must be considered on a case-by-case basis.</p>
<p>If this affects more than one patient, organisational abuse should be considered</p> <ul style="list-style-type: none"> <li>• One off medication error to more than one adult - no harm caused</li> <li>• Recurring missed medication or errors that affect more than one adult and/or result in harm</li> <li>• Medication error causing serious or significant harm to the adult, leading to the need for medical intervention</li> <li>• Previous concerns identified/ongoing ineffectiveness</li> <li>• Insufficient prevention measures in place such as training, supervision &amp; auditing</li> </ul>
<p><b>SAFEGUARDING CONCERN - REFERRAL TO POLICE SHOULD BE CONSIDERED</b> - The adult has been harmed or placed at harm because of actions, deliberate or unintentional, of others. High level concerns. If there is any suspicion that a criminal act has occurred, then a referral to the Police should be considered using your organisation's internal escalation processes.</p>
<ul style="list-style-type: none"> <li>• Deliberate maladministration of medication</li> <li>• Covert administration without proper medical supervision</li> </ul>
<p><b>SAFEGUARDING CONCERN - REFERRAL TO POLICE REQUIRED</b> - This includes incidents where adult(s) with care and support needs have died as a consequence of harm or neglect. High Level concerns. This includes cases referred on for a Safeguarding Adult Review or Domestic Homicide Review. This must be reported using your organisation's internal escalation processes.</p>
<ul style="list-style-type: none"> <li>• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death</li> <li>• Catastrophic harm to more than one adult leading to hospitalisation/long term effects/death</li> <li>• Staff misusing their position of power over the adult</li> <li>• Over-medication and/or inappropriate restraint used to manage behaviour within an institutional setting</li> </ul>

## Glossary

In using this document, a number of phrases, wording or acronyms have been used. The following provides more information and where necessary a definition.

**ADASS** - Association of Directors of Adult Social Services.

**Adult at risk** - A person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

**Adult safeguarding** - Protecting a person's right to live in safety, free from abuse and neglect.

**Adult safeguarding lead** - The title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.

**Advocacy** - Taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.

**Appropriate Adult** - A specific role prescribed under the Police & Criminal Evidence Act 1984. The role of an appropriate adult is confined to instances where a police officer has any suspicion, or is told in good faith, that a person of any age may be mentally disordered or otherwise mentally vulnerable, in the absence of clear evidence to dispel that suspicion, the person shall be treated as a vulnerable adult and supported by an 'Appropriate Adult'.

**Best Interest** - The Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest. This is one of the principles of the MCA.

**Care Quality Commission (CQC)** – The independent regulator of all health and social care services in England.

**Care setting** - Where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.

**Concern** - The term used to describe when there is or might be an incident of abuse or neglect and it replaces the previously use term of 'alert'.

**Domestic Abuse Stalking, Harassment and Honour Based Abuse Risk Assessment (DASH)** - The risk assessment for victims of domestic abuse, stalking and honour-based violence.

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

**Enquiry** - Establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral'.

**Equality Act 2010** - Legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.

**Independent Domestic Violence Advisor (IDVA)** - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advisor. IDVA's provide practical and emotional support to people who are at the highest levels of risk.

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

**Independent Mental Health Advocate** - Under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

**Independent Sexual Violence Advocate (ISVA)** - Trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

**Local Authority Designated Officer (LADO)** - Every local authority has a statutory responsibility to have a Local Authority Designated Officer (LADO) who is responsible for coordinating the response to concerns that an adult who works with children may have caused them or could cause them harm.

**Making Safeguarding Personal** - Person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by acting on what matters to people and is personal and meaningful to them.

**Multi-Agency Risk Assessment Conference (MARAC)** - A local, multi-agency victim-focused meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector organisations.

**Multi-Agency Public Protection Arrangements (MAPPA)** - The process through which the Police, Probation and Prison Services work together with other organisations to manage the risks posed by violent and sexual offenders living in the community to protect the public.

**Organisational abuse** - 'The mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights' (Care and Support Statutory Guidance, 2016).

**Person/organisation alleged to have caused harm** - The person/organisation suspected to be the source of risk to an adult at risk.

**Position of trust** - A situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

**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 to protection.

**SAB** - Safeguarding Adults Board.

**Safeguarding Adults Review (SAR)** - When an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner organisations could have worked more effectively to protect them.

**SET** - Southend, Essex and Thurrock.

**SETSAF** - Safeguarding Adult Concern Form used if there is a concern about an adult at risk.

**Sexual Assault Referral Centres** - Places for people who have been raped or sexually assaulted.

**Vital interest** - Used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

## Summary of updates - July 2020

The following updates have taken place:

- Version number and date changed
- Weblinks have been checked and updated where necessary
- New appendix added on virtual contact
- Enquiry records section updated (2.26)
- Southend LOGO updated
- Reference to virtual contacted added within section 2.14 (safeguarding meetings)
- Minor grammar corrected
- Formatting of flowcharts in appendices

## Summary of updates – April 2022

The following updates have taken place:

- Version number and date changed.
- Weblinks have been checked and updated where necessary.
- Alt text added to all images and tables
- SMART Art removed
- Reordering of sections
- Minor changes throughout
- New sections added on:
  - Think Family
  - Sexual abuse
  - Transition
  - Carers
  - Young carers
- Significant updated information in:
  - Referral to Police
  - Consent in relation to safeguarding
  - LADO
  - Domestic abuse
- Timescales amended for:
  - Deciding whether to progress to S.42 enquiry
  - Closing at concern stage
- Appendices added on:
  - Professional curiosity
  - Information sharing
- Flowcharts added to main body of document