Safeguarding Adults Procedures

Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Dorset, Bournemouth, Christchurch & Poole

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Contact Details

Bournemouth, Christchurch & Poole Council

In Bournemouth and Christchurch contact
Care Direct: ☎ 01202 454979, email: caredirect@bcpcouncil.gov.uk

In Poole contact
Helpdesk: ☎ 01202 633902, email: sshelpdesk@bcpcouncil.gov.uk

Out of Hours - Social Services
Evenings and Weekends: ☎ 01202 657279

Dorset Council:

In Dorset Council area contact

Adult Access ☎ 01305 221016, email adultaccess@dorsetcouncil.gov.uk

Out of Hours - Social Services
Evenings and Weekends: ☎ 01305 858250

Introduction

These Procedures have been produced collaboratively between the Local Authorities of Dorset, Bournemouth, Christchurch and Poole together with partner agencies.

They are governed by a set of key principles and themes, to ensure that people who are at risk of abuse, harm, neglect and exploitation have help and support in a way that is sensitive to their individual circumstances, is person centred and outcome focused.

The key principles which will inform the ways in which professionals and other staff work with adults are as follows:

- Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- Prevention: wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- Proportionate: response appropriate to the risk presented; least intrusive response where possible
- Protection: support and representation for those in greatest need.
- Partnership: local solutions through services working with the individuals communities. Ensure engagement with local communities to prevent, detect and report abuse.
- Accountability: transparency in delivering safeguarding and of a quality that is worthy of scrutiny, i.e. the Courts or Peer Reviews

'Wellbeing' principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies whether carrying out care and support functions, or making a decision, or safeguarding. It applies to adults with care and support needs and their carers.

"Wellbeing" is a broad concept, and relates to the following areas in particular:

- personal dignity (including treating people with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including care and support and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

Promoting "wellbeing" means actively seeking improvements, for the adult with care and support needs (regardless of whether they have eligible needs or not) and informal carers.

This approach informs planning of individual care packages, delivery of universal services and strategic planning. Service commissioners and providers should assume that individuals are best placed to judge their own wellbeing and be respectful of their individual views, beliefs, feelings and wishes. If this is not possible it may be necessary to consider making a best interest decision. The wellbeing principle also applies to carers and where tension exists this will have to be discussed and reconciled, if possible.

For the purposes of these procedures, promotion of wellbeing should be considered at all times and particularly in cases where the decision is made that a possible safeguarding concern may not constitute a statutory Section 42 Enquiry. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and the purpose of this document is to guide people and organisations to identify and respond appropriately when adults may be at risk of harm, abuse or self neglect.

Safeguarding services will promote wellbeing not only in these circumstances but through offering advice and guidance to organisations whose practices could lead to harm about how to prevent this arising in the first place. It follows that safeguarding people as an activity is not simply concerned with responding to what's gone wrong but trying to intervene before it does, or at least once the warning signs are recognised. The local agencies that are members of the Safeguarding Adults Boards (SAB) recognise this. They are keen that staff working within safeguarding and others concerned about specific individuals can bring agencies together through the formal Multi-Agency Risk Management (MARM) process which is endorsed by the SABs and is available on the SABs websites.

More generally the Statutory Guidance issued under the Care Act 2104 requires a SAB to develop preventative measures to reduce the incidence of harm across their area and to address this both the SABs have agreed a strategy within which agencies are encouraged to take measured steps that will help prevent harm arising.

A Glossary of all the Terms used in these Procedures can be found at Appendix 1.

Definitions

Criteria
These procedures apply where the Local Authorities make Enquiries or require others to do so on their behalf if they reasonably suspect an adult meets the following criteria;

- Has needs for care and support (whether or not the Local Authority is meeting any of these needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- Organisations continue to have a duty of care to adults who purchase their own care independently i.e. self funders.

Harm: For the purpose of these Procedures, harm is defined as:

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed.
- Self neglect (see also Appendix 2)

This can mean:

- Ill treatment (including sexual harm and forms of ill treatment which are not physical).
- The impact of not providing care, providing inappropriate care or other actions which are detrimental to health, wellbeing, maintaining independence and choice
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.
- Allegations against people in positions of trust (see Appendix 1. Glossary)

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the person and the harm or risk of harm to that individual. Harm can take place anywhere. Harmful acts may also be crimes and informing the Police must be a key

consideration.

Categories of Harm

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

Domestic violence and abuse: new definition
The cross-government definition of domestic violence and abuse is; any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.
The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

- **Controlling Behaviour**
  Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

- **Coercive Behaviour**
  Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Forced Marriage: Although forcing someone into a marriage and/or luring someone overseas for the purpose of marriage is a criminal offence the civil route and the use of Forced Marriage Protection Orders is still available. These can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however victims should be able to choose how they want to be assisted

Exploitation by radicalisation: The Home Office leads on the anti-terrorism PREVENT strategy, of which CHANNEL is part (refer to www.gov.uk/government/prevent/strategy-review) for information). This aims to stop people becoming terrorists or supporting extremism. All local organisations have a role to play in safeguarding people who meet the criteria.

- Contact should be made with Dorset Police regarding any individuals identified who present concern regarding violent extremism.

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

Sexual exploitation: The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about the context in which concerns about sexual exploitation arise. Some individuals may have been groomed as children or young people. Others may be engaged as sex workers so are at risk because they are threatened or coerced, have drug dependencies and/or mental health needs. People with learning disabilities

may be led into harm because of perceptions they are being offered friendships. (See Safeguarding Adults Board website for detailed report from September 2016).

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including 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.

Modern Slavery
Modern Slavery includes; human trafficking, forced labour and debt bondage, sexual exploitation, criminal exploitation, domestic servitude, descent-based slavery, child labour, slavery in supply chains, and forced and early marriage.

- **Human Trafficking**
  The definition of human trafficking is the illegal movement of people through forced, fraud or deception with the intention of exploiting them, typically for the purposes of forced labour or sexual exploitation.
  Men, women and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally, on forged documentation or secretly under forced hiding, or they may even be a UK citizen living in the UK who is then trafficked within the country. It should not be confused with people smuggling, where the person has the freedom of movement upon arrival in the UK.
  There is no 'typical' victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities, nationalities and backgrounds. It can however be more prevalent amongst the most vulnerable members of society, and within minority or socially excluded groups.

Discriminatory abuse: including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Internet/cyberbullying: can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive.

Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or virtual abuse during an online multiplayer game.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in a persons own home. This may be a one off incident or on-going ill-treatment. It can refer to neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation including corporate neglect.

Neglect and acts of omission: includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self–neglect and hoarding: This includes a broad spectrum of behaviour. The Care Act 2014

statutory guidance 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". Self neglect is recognised as the failure or unwillingness by an individual to meet their own basic care needs required to maintain health. It should be noted that self-neglect or hoarding may well not prompt a Section 42 Enquiry but may need or benefit from support through case management, multidisciplinary discussion or Multi Agency Risk Management (MARM). An assessment should be made on a case by case basis. A decision on whether a response is required through safeguarding will depend on an adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

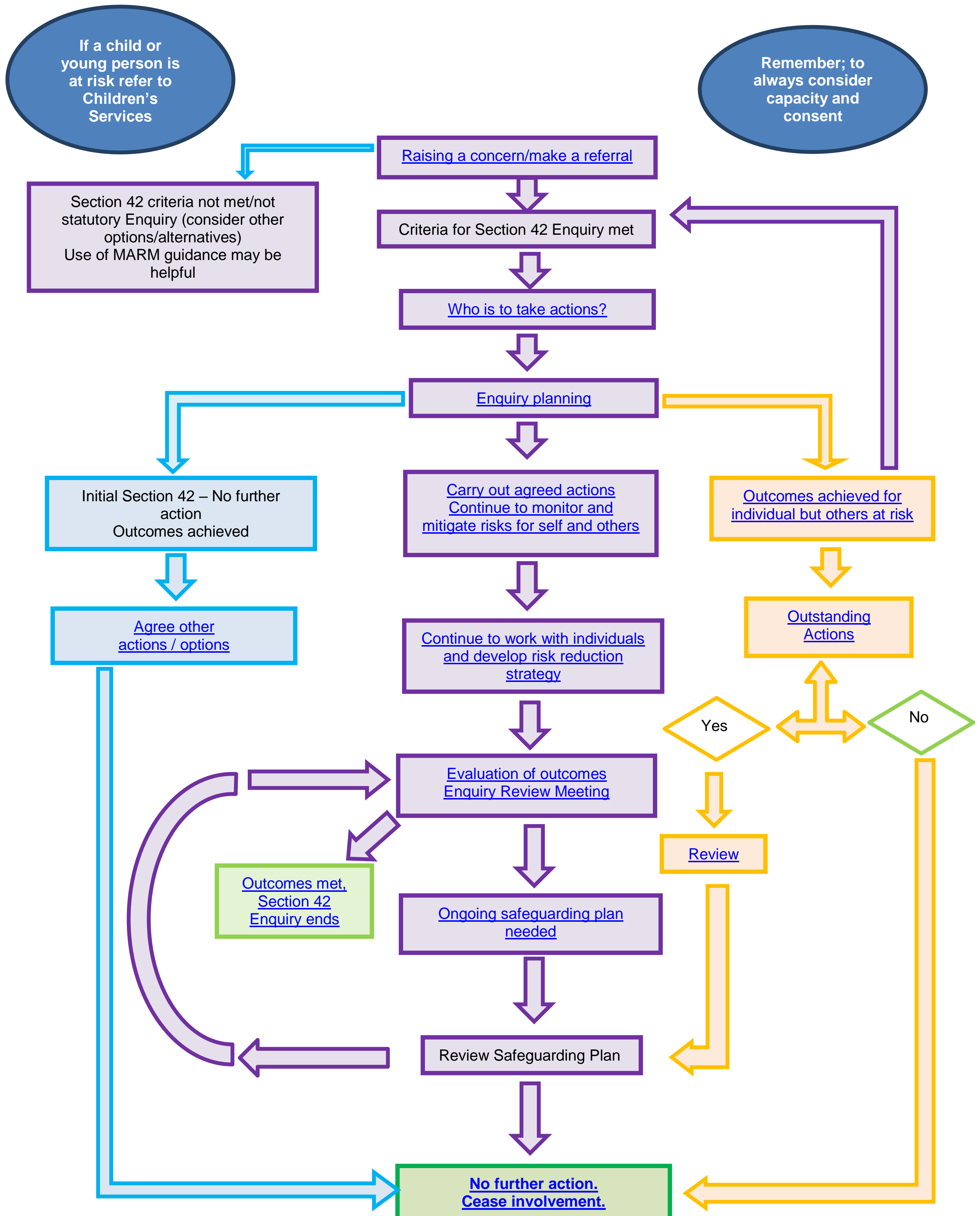
For more information and guidance about supporting a person who is self-neglecting or hoarding see Appendix 2 – Self Neglect Guidance and suggested templates for screening and assessment and more detailed separate guidance produced by the SABs for organisations who could be involved in responding.

Homelessness – homelessness does not necessarily make people at risk and it is therefore not a defined category of harm. However circumstances such as homelessness may exacerbate other conditions and impact negatively upon individual's ability to care for their health and to protect themselves.

Cuckooing – refers to the relatively recent identification of a new type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs. More details are at Appendix 1

Steps to Safeguarding – Summary Flowchart

(Text hyperlinks in process lead to relevant section in document)



- NB: A section 42 Enquiry can be closed at any point where a decision is reached that risks are being managed and the person is satisfied with the outcomes.

Quick guide to flow chart

When to raise a concern
A concern should be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self neglecting where there is a significant risk to their health or wellbeing. Urgent actions will be taken to safeguard anyone at risk of immediate harm if any of the following concerns are apparent: ▸ active abuse is witnessed, or ▸ an active disclosure is made by an adult or third party, or ▸ there is suspicion or ▸ fear that something is not right or there is evidence of possible abuse or neglect. In circumstances where there are serious immediate risks a response from Safeguarding Adult services or the police will be provided the same day. Whilst reporting a concern to the local safeguarding team it is important that anyone who is aware of a concern must also consider if the risk or experience of immediate serious harm is so severe that urgent action is required to prevent this.

Dealing with historic allegations of abuse or where the adult is no longer at risk:
One of the criteria for undertaking a statutory Enquiry under the Care Act Section 42 duty is that the adult is "experiencing, or is at risk of, abuse or neglect". Concerns relating to historic abuse e.g. historic child abuse (historic means not previously subject to an Enquiry/followed up) or neglect where the person is no longer at risk will not be the subject of statutory Enquiry under these procedure. Further action under different processes may be needed and may include criminal or other enquiry through parallel processes (e.g. complaints, inquests, regulatory, commissioning, health and safety investigations).

All such historic concerns will be considered to determine whether they demonstrate a potential current risk of harm to other adults, children or young people; where appropriate these will be referred to the Police or Children's Services.

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

In cases where an adult has died, suffered serious abuse, neglect or harm, or the Safeguarding Adult Review (SAR) panel deem it appropriate to do so a SAR may be considered. The local Business Manager for each Safeguarding Board can advise.

Section 42 Enquiry.
A statutory Section 42 Enquiry refers to the local authority being in receipt of information about an individual aged 18 or over who has care and support needs (whether or not these needs meet the national eligibility criteria) and is unable to protect themselves and the local authority is satisfied there are concerns the person is experiencing or at risk of harm, abuse or neglect and therefore an Enquiry is needed to help keep the person safe. This applies to those who are cared for and their carers.

Section 42 Enquiry criteria not met
If not met consider other options such as signposting, assessment of need and referral to other services in order to prevent deterioration and promote independence, health and wellbeing. This could result in an "Other Safeguarding" enquiry. See page 22 for more details.

Who is to take actions?

It is important that at the earliest possible stage the relevant local authority team consults with the person at risk to find out what they want to happen or ensures this is undertaken by another person/agency.

Once the local authority decides a Section 42 Enquiry is required, there are a range of options about who can undertake the Enquiry.

The local authority must decide, after consultation, who will do this; but retains responsibility for coordinating and monitoring the Enquiry in relation to achieving the person's desired outcomes and supporting the management of the risk.

The organisation or individual that is required to undertake the Enquiry should be agreed with the adult concerned where possible. The person/s appointed will be known as the **Nominated Enquirer/s** (NE) in each case.

There is no definitive list of who can be required to undertake an Enquiry, but could include:

- The local authority
- Employer
- Care Quality Commission
- Contracts monitoring
- Police
- Health Care Professionals
- Support workers
- Other providers in a persons life
- Housing
- Any other agency as deemed appropriate

The local Trading Standards Services: It should be noted that the Trading Standards in Dorset, Bournemouth, Christchurch and Poole and Dorset Police have jointly produced a Protocol approved by the SABs which sets out how they will work together on safeguarding concerns. Agencies will find it helpful to refer to Page 7 of the Memorandum of Understanding particularly which sets out when the local authority should refer to both Trading Standards and the Police. See Appendix 21.

In all Section 42 Enquiries the Local Authority will allocate a Safeguarding Adults Practitioner (SAP). This person is likely to be a local authority employee and will fulfil the council's responsibilities for monitoring and coordination the safeguarding as necessary. This person may also be the NE for specific actions and there may also be other NE's.

For local NHS Services providers the local authority will contact the Safeguarding Adults lead for the NHS service to request that they make arrangements for the most appropriate member of staff to carry out the enquiry and produce the NE report. The local authority will indicate where possible the status of the person's mental capacity and their views about the issue being enquired about, the themes and specific concerns which need to be addressed and provide information about the dates or period to be considered by person appointed.

The NE will be expected to complete an NE report detailing the findings of this part of the enquiry. This report will be shared with the appropriate Safeguarding Adults SAP who has been appointed to the Enquiry.

Next steps planned …..Enquiry planning

It is imperative to directly consult with the person to confirm what outcomes they want to achieve and what support they may need to keep safe and to manage risks. This is the initial

Safeguarding Plan and, depending on the circumstances the format for recording this will vary, i.e. practitioners may use a Nominated Enquirer Report, Risk Assessment or other suitable documents.

Through this discussion, the SAP/NE (as appropriate) may agree with the person that other individuals and/or agencies need to be involved in the planning discussions and to take forward the responses.

It may be possible to plan responses through a series of telephone calls or one to one discussions but it may be necessary to convene an Enquiry Planning Meeting (EPM) to agree a clear response plan and actions. See Appendix 3

The NE's (person/people nominated to undertake the Enquiry) must keep appropriate records (i.e. chronological notes) and ensure the SAP is updated.

If the person does not wish to proceed with the Enquiry or their desired outcomes can be met at this point the Enquiry can be closed. If an agency thinks that others are at risk of harm or abuse, the Enquiry continues.

Carry out agreed actions, continue to monitor and mitigate risks
Whilst the list is not exhaustive some actions that may be relevant and must be agreed with the person and/or their representative/advocate are: ▸ Seek consent/agreement from the person at risk of harm, where possible. ▸ Capacity assessment if deemed necessary ▸ Make sure the rights of the individual are always taken into consideration. ▸ Invoke interim safeguarding plan e.g. safe haven, person alleged to have caused harm arrested. ▸ Joint interview with police. If further information is required on achieving best evidence in criminal proceedings refer to http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf ▸ Consider if other procedures need action at the same time e.g. complaints process, disciplinary process, contracts monitoring, assessment/review, referral to Children's Services

It is necessary for the NE and/or the allocated SAP to periodically review the situation and interim safeguarding plan with the person and others involved to:

- ensure risks are managed as effectively as possible
- ensure agreed actions are progressing
- to agree further actions as necessary
- to make a record of the actions decided

It may be possible to achieve this through a series of telephone calls or small meetings; the need for larger multi agency meetings is left to professional judgement.

To develop strategies to reduce/manage risk whilst continuing to work with the individual
Practitioners should continue to work with the person to meet their desired outcomes. It is important to emphasise that the person may choose not to engage with services or plans even though the agencies involved think they could help keep the person safe.
Whilst it is vital to respect the person's views other factors may have to be considered such as whether a capacity assessment is necessary.
Expect to plan for and convene an Enquiry Review Meeting (ERM) at which all relevant reports/accounts can be considered.

Evaluation of outcomes – Enquiry Review Meeting

Either at or following the ERM the NE or allocated SAP must evaluate with the person the extent to which desired outcomes have been met and review if an ongoing safeguarding plan is needed. The person must be given every opportunity to say what she/ he thinks about their experience of this Enquiry.

The local authority and other agencies involved in the Enquiry must also be satisfied that the individual(s) are safe and that risks to others are minimised, reduced or removed.

Review plan
Agree with the person when it is appropriate to review the safeguarding plan and who needs to be involved. Agree timescales including a decision to convene a further ERM.

Closing a Safeguarding Section 42 Enquiry
If no further action is required regarding the specific Safeguarding Enquiry then the case should be closed. A decision to close the Section 42 Enquiry will be made by the Local Authority or the Police. Ensure the person who raised the concern is aware of the outcome within the limits demanded by confidentiality.

Outcome achieved for individual but others at risk
Individual's outcomes have been met and they are safe.
If there are other people at risk or outstanding actions further steps need to be taken by the local authority and Section 42 duty should continue.

If other people are at risk, consideration needs to be given to whether further Section 42 Enquiries need to be made for those individuals and there may need to be a whole service review under a Section 42 Enquiry. See Appendix 13.

Outstanding actions

It may be necessary to convene an EPM to consider and evaluate further actions required, to agree who will undertake these and to ensure the person/people are in agreement. Mechanisms for reviewing and monitoring must also be agreed and documented.

Other actions requiring local authority or other agency involvement may include the following:

- CQC inspection
- Contract monitoring
- Care management
- Disciplinary action
- Trading standards
- Multi Agency Risk Assessment Conference (MARAC) referral
- Multi-agency Risk Management (MARM)

This list is not exhaustive.

Review
It may be necessary to convene an ERM to review outcomes of actions taken. Monitoring must continue until all agreed actions are achieved.

Section 42 Enquiry ends, outcomes achieved
In circumstances where the person decides that they do not want a formal Section 42 Enquiry to proceed and no other person is at risk and the council is satisfied that no further action needs to be taken the Section 42 Enquiry can be closed.
Outcomes may be met through a variety of ways and risks will have been addressed. The proper advice will be given to people about the options available to them.

Below is a list of possible options, interventions or actions that could be considered. There may be others depending upon the individual circumstances. It is important for practitioners to use their professional judgement when thinking about what is best for the individual:

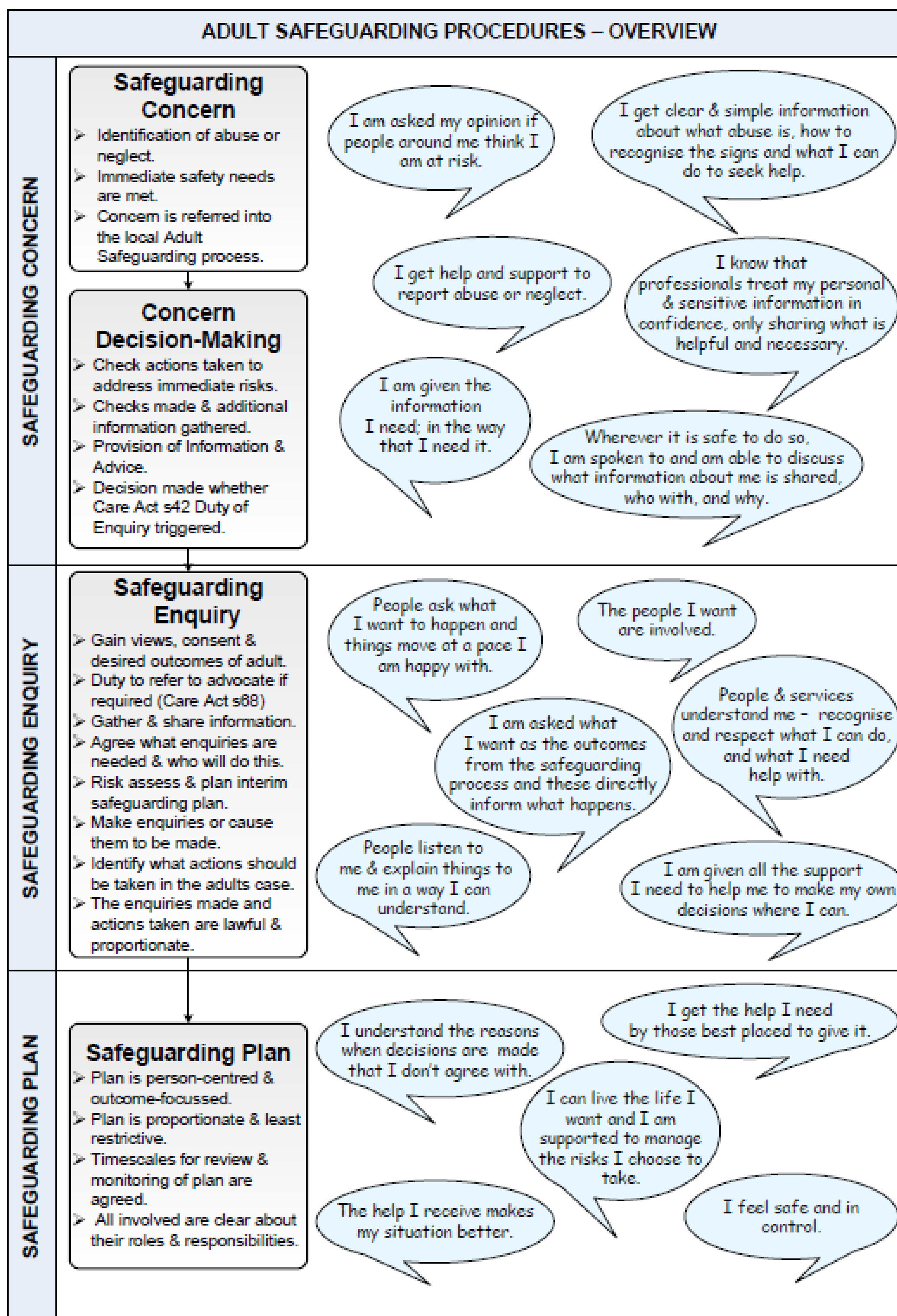
- Advice and signposting (My life my care)
- Assessment and care and support planning under Section 9 of the Care Act 2014 including the use of individualised budgets
- Referral to other agencies e.g. housing, IDVA, health, advocacy, etc.
- Guardianship/use of Mental Health Act 2007
- Restriction/management of access to person alleged to have caused harm
- Referral to Multi Agency Risk Assessment Conference (MARAC)
- DoLS authorisation
- Use of complaints procedure
- A safeguarding plan should be discussed, agreed (where possible) and given to the adult at risk to try to ensure they remain safe and that their wellbeing is promoted. It might be helpful if the MARM guidance is referred to as a means of formalising this planning process. The individual may choose not to accept or follow this plan.
- Consideration will need to be given about how the safeguarding plan can be shared by relevant agencies.
- Whenever possible provide feedback, even if only in outline, to the person or organisation who reports the concern in the first place.

Complaints

It is possible that the adult at risk or their representative may be dissatisfied with the safeguarding process. If they complain this should be considered by the relevant local authority that will signpost to the appropriate agency or have responsibility to deal with it themselves.

Overview Flowchart – The Person's Perspective

This flowchart sets out a series of prompts both relating to the actions which agencies and organisations are responsible at each stage of the safeguarding activity shown on the left and what the individual/s can expect shown on the right. It can be used as a reference tool.



Thank you to West Midlands Safeguarding Adults Policy and Procedures Group for sharing the above flow chart with us.

Raising a Concern

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. Self neglect can be reported as a concern but may well not be dealt with via a Section 42 Enquiry - see Appendix 2 and separate Guidance issued by the SABs. The local authority will determine if the concern meets the criteria for a Section 42 Enquiry and if not, what other actions may be taken. It is acknowledged that the route this information is received by the Local Authority could vary and for example may come from a third party source where no action has been taken. **However doing nothing is not an option.**

Actions to be taken when harm is directly observed or disclosed by the individual

When harm is directly observed, effort should be made by the observer to ensure the individual is safe and then urgent steps taken to report to the Local Authority. Also the Police if a crime appears to have been committed.

It is vital to listen carefully to what the person is saying, reassure them they will be involved in decisions about what will happen and get as clear a picture as possible but avoid asking too many questions at this stage. In all circumstances staff must be assured the individual is safe from harm or any further harm. This may mean contacting any/all of the emergency services.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can make a record.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person or others that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.
- There must be an assumption that the individual has capacity. Where there is doubt it may be necessary to undertake a full capacity assessment including issues of duress and coercion.

Careful consideration will need to be given regarding who else needs to know about the concern. The concern should not be discussed with the person alleged to have caused harm.

Making a Written Record

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

The written record will need to include:

- the date and time of the disclosure, or when you were told about or witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it

factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:
- Wherever possible and practicable seek the persons consent to raise the concern. Where the person raises objections and there are significant risks, or if other adults or children could be at risk, it may be necessary to override their expressed wish not to consent.
- include as much detail as possible,
- make sure the written record is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the record and that it is signed and dated,
- keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- keep the record/s confidential, storing them in a safe & secure place until needed.

When a Crime is suspected

If a crime is suspected it is critical that the Police are informed. Try not to disturb the scene as it may be important for the Police to collect forensic evidence. If in any doubt ask the Police for advice.

In cases where there may be physical evidence of crimes (e.g. physical or sexual assault), **contact the Police immediately**. Ask their advice about what to do to preserve evidence. See Appendix 9 – Information Sharing

Good practice guide – when a crime is suspected

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

In addition, in cases of sexual assault:
- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed but be aware that anyone touching the victim or source of risk can cross contaminate evidence.

Professionals must contact Dorset Police Multi Agency Safeguarding Hub (MASH). Contact Children's Social Care if a child/children are also at risk. Whilst the above is necessary as an

initial action, it is also vital to report the concern to the Safeguarding Adults contact point within the council, details on Page 5.

Raising Concerns with the Police

Dorset Police is resolute in its commitment to tackling all forms of crime against adults at risk. Every member of the community deserves protection from exploitation and harm by those entrusted with their care and the people they should be able to rely on to keep them safe.

People raising a concern must make it clear whether they are reporting a crime or suspected crime or seeking advice. Discuss with the relevant authority's Adult Social Care safeguarding service who will advise. **In an emergency call the Police on 999.**

The Police will ask:

Partner agencies should contact the Multi Agency Safeguarding Hub (MASH) via secure email to Mash@dorset.pnn.police.uk This office is staffed 0800 to 1800 Monday to Friday.

Once the referral is sent then a telephone discussion can take place by phoning 01202 222229. The Multi Agency Safeguarding Hub (MASH) will facilitate early strategy discussions which will decide if the referral is suitable for joint Adult Social Services and Police investigation or single agency action.

A trained police officer will be responsible for arranging any forensic examination that is required. This will normally be conducted at Shores (a Sexual Assault Referral Centre). However, if this is not appropriate the officer will make arrangements for the examination to be facilitated elsewhere.

The Police will always determine whether a criminal investigation is required and decide which department will undertake the investigation. It is likely that offences against the person which are complex and serious will be investigated by the Criminal Investigation Department and lesser offences of concern to a local area will be dealt with by Neighbourhood Policing Teams (NPT). Criminal investigation by the Police will take priority over all other lines of Enquiry. However, safeguarding the adult at risk is of prime importance throughout the investigation.

Professionals must ensure the adult at risk is involved, consulted and consent gained unless any of the following apply:-
Other people or children could be at risk from the person causing harm.

- It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult at risk.
- The person lacks capacity to consent, is under duress or being coerced.

If in doubt discuss this with the Local Authority or the Police.

Anonymous reporting & protecting anonymity

Anonymous reporting: It is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known. Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. However even if the identity of the referrer has been withheld the adult safeguarding process will proceed in the usual way. This will include information being recorded as a safeguarding adult concern. It may be useful to point out to a person reporting concerns that if they are willing to provide their personal details it would made feedback possible (however limited that might be.)

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

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

People causing harm who are employed in paid or unpaid Positions of Trust
Proportionate action should be taken to ensure the immediate protection of the adult(s) with care and support needs. Appendix 19 refers.

If an agency has a lead officer or member of staff for safeguarding any employee with concerns should inform him/her. If the agency does not have a lead for safeguarding contact details about where to go for advice are on page 5.

If the concerns require Police involvement, wherever possible liaise with them prior to speaking or communicating with the person who works in a position of trust.

If the person is a member of staff in your organisation, HR advice should be sought; an

immediate decision may have to be made to take action to protect the adult or other service users against any potential risk of harm (e.g. suspension without prejudice, supervised working). Actions taken will need to be compliant with employment law and the employee will have a right to know in broad terms that allegations or concerns have been raised about them.

Section 42 Enquiries

A statutory Section 42 Enquiry refers to the local authority being in receipt of information about an individual aged 18 or over who has care and support needs (whether or not these needs meet the National Eligibility criteria):

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

What is meant by care and support?

Care and support means practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, domiciliary care, personal assistants, day services, or the provision of aids and adaptations.

Providing it is safe the Local Authority will check whether the person alleged to have been harmed knows that the concern has been shared, if this is not already clear. On receipt of a Safeguarding Adults concern the Local Authority will ensure that a decision is made based on initial information gathered about whether to take forward a Section 42 enquiry within 2 working days. Where it is considered that the criteria have been met arrangements will be made for an appropriate worker to be allocated and contact made with the individual or their representative as soon as possible. Any exceptions to this will be clearly recorded. The Local Authority will try to identify and take account of the individual's cultural and communication needs and appropriate resources identified, i.e. interpreter, gender of worker etc.

Once it has been established that the alleged harm, abuse or neglect appears to meet the criteria for a Section 42 Enquiry, ensure full details of the concern are recorded and gather necessary information, undertake crosschecks with other data systems e.g. RIO, PNC etc. Notify other organisations e.g. CQC, CCG if required (see Appendix 3).

An important principle which will usually govern what actions are taken is about the resolve of an individual to act independently to address the issues of harm or abuse that they face. They may require some support from an agency or organisation and both the principle and a practical plan that results will need to be agreed with them.

The concern will be logged on the Local Authority's database as a safeguarding concern.

N.B. If there is difficulty gaining access to the individual at the centre of the concern, consideration must be given to agencies/organisations procedures on gaining access to service users.

Other Safeguarding Enquiries.

Where the criteria for a Statutory Enquiry is **not met**, e.g. where:

- The adult is at risk of abuse or neglect but does not have care & support needs,
- The adult has care & support needs and may have experienced abuse or neglect in the past, but is no longer experiencing or at risk of abuse or neglect,

- The adult has care & support needs, is at risk of abuse or neglect, but is able to protect themselves from abuse or neglect should they choose to do so,

The Local Authority will ensure the person raising the concern is made aware of this decision, if appropriate to do so. The Local Authority will discuss other options with the person such as signposting, assessment of need and referral to other services which could prevent deterioration and promote independence, health and wellbeing.

It is quite possible that where the local safeguarding team has determined the above circumstances apply there still needs to be positive intervention by the agencies who know the individual. For this reason it could be helpful to call a multi-agency risk management (MARM) meeting. This will enable all concerned, including the person themselves, to assess and plan to manage the risks identified. Full details of the MARM process are on the SAB website.

Who is to take action

It is important to get the person's account and a sense of what they want to happen. Notwithstanding this, the Local Authority will also need to decide in its own right if a Section 42 Enquiry is required. If this is the case, there are a range of options about who can undertake the Enquiry.

There are a number of key roles to be agreed. First the Local Authority will allocate a 'Safeguarding Adult Practitioner' (SAP).This person will be the safeguarding case worker who fulfils the council's responsibilities for coordinating and monitoring the Safeguarding Enquiry.

Second the Local Authority may propose that an individual agency (or more than one) involved on a professional level, will assist with the Enquiry and may take on the role of the Nominated Enquirer and associated tasks.

The organisation/person/s requested to undertake tasks relating to the Enquiry will also be agreed with the person concerned. See page 30 which specifies who can be an NE.

The person allocated holds a discussion with the individual and/or their representative to get their views on what happened and an understanding of what outcomes and response they would like. This is where the initial Risk Assessment will be considered and safeguarding plan devised as appropriate (see Appendix 4). The local authority retains responsibility for coordinating and monitoring the Enquiry in relation to achieving the person's desired outcomes and supporting effective risk management.

There are options about who has the discussion with the individual/representative. This will usually be the person within the organisation or service who is best placed to do this or who knows the person best. Where this does not apply or it is not appropriate due to risks and concerns, a social worker, a member of the safeguarding service or another professional who is involved with the care of the individual will be nominated. The Local Authority SAP could also be the NE in these circumstances.

Consideration must be given about whether an individual has substantial difficulty in participating in the Adult Safeguarding Enquiry and there is no other appropriate person to represent them. In these circumstances the lead agency must arrange for an independent advocate to support and represent them. See Appendix 15 - Advocacy

Whilst an initial assumption will be made that an individual has capacity it may, (in the face of an individual's substantial difficulty) be necessary to determine if the person has capacity to express a view and make other associated decisions about what has happened.
See Appendix 16 – Mental Capacity Act.

Where it has been identified that the person has capacity to decide whether to engage, the EM/SAP should consider referring to Appendix 8 - Practice Guidance – Protocol for Working with Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm.

The key issue in this discussion must be to consider the risks about the concern raised. Where the person or representative does not want a formal Enquiry to proceed and there are no known risks to any other individuals the nominated enquirer will feedback to Adult Social Care, using the 'Nominated Enquirer Form' (see Appendix 5), with a recommendation to close the Enquiry. The final decision to close the Section 42 Enquiry rests with Adult Social Care or the Police (depends on which Agency is leading the Enquiry). Even where there is a consensus about this, feedback must be sought from the individual within the 'Making Safeguarding Personal' framework because there is now an outcome and conclusion.

If there is evidence that harm, neglect or other concerns have been recognised, advice, guidance and support will be offered.

Roles & Responsibilities
It is vital that all Agencies involved at any stage in a Safeguarding Enquiry maintain written records, in line with their own Agencies procedures, that reflect as accurately as possible their involvement in the Enquiry. These records must be kept securely and may be used as evidence, including in some circumstance Court.

The local authority where the abuse/neglect occurred (host authority) will always take the initial lead on a concern, including taking immediate action to protect the adult, initial information gathering, background checks and ensure a prompt notification to the funding authority and other relevant agencies. An adult social services or health commissioner may be the funding authority.

It is the responsibility of the host authority to co-ordinate any institutional abuse/whole service Enquiry. See Appendix 13 – Whole Service Enquiry Practice Guidance. This also refers to the Joint ADASS/LGA Revised Out of Area Safeguarding Guidance which provides the framework for the host authority to work within as well as the responsibilities of all parties.

CQC and Health and Social Commissioners will always be made aware of Enquiries involving regulated care or health providers and will make reference to national guidance regarding arrangements for the safeguarding of adults at risk.

Where allegations relate to one individual, it may be appropriate to negotiate with the funding authority that they undertake certain aspects of the Enquiry. However, the host authority will retain the overall coordinating role. The funding authority will be responsible for providing support to the adult at risk and planning their future care needs.

The funding authority will allocate a person for liaison purposes during the Enquiry. They will be invited to attend any Section 42 Enquiry Planning Meetings (EPM) and Enquiry Review Meetings (ERM) or may submit a written report. They will receive notes of relevant meetings.

Section 42 Enquiries can involve more than one line of enquiry that needs to be co-ordinated. Many Enquiries may run concurrently, for example, disciplinary processes or a criminal Enquiry. These need to be discussed, agreed and coordinated at the Section 42 EPM with the local authority taking the lead.

The organisation responsible for undertaking their part of the Enquiry must be aware of their other responsibilities or their legal powers, i.e. employment law, criminal law and clinical governance.

Agreement must be reached at the EPM about respective roles and responsibilities of organisations during the Enquiry, including agreement on lead responsibilities, desired outcomes of the person concerned, specific tasks, coordination of different lines of Enquiry, communication channels, information sharing and the initial safeguarding plan.

Action that may lead to legal proceedings will take precedence over other proceedings; however, the safety of individuals, e.g. witness support, will not be compromised. There will be discussion and co-ordination of those processes to avoid prejudicing such Enquiries, e.g. use of

complaints procedure, or if scrutiny of records could continue whilst witness statements are being taken or preventative measures, such as moving a person to different environment or making a referral to MARAC (see Appendix 6).

Each EPM and ERM must have a suitable Chair and note taker, and produce clearly recorded actions, accountabilities and timescales.

Continuing the Section 42 Enquiry

The Enquiry will continue and if not already completed a risk assessment will take place. If a decision is taken at the EPM to continue with an Enquiry, agreement should be reached on the following:

- Whether the agreed Enquiry plan, risk management plan and actions will need to be reviewed during the Enquiry and where possible, agree a date for that to happen.
- Timescales for actions will need to be agreed based on consultation with the person, taking account of the risk or the complexity of the Enquiry and a record made of the decision.
- More than one EPM may need to be held to ensure that a review is made of protection arrangements. Subsequent EPM's are called Enquiry Review Meetings (ERM).

The Purpose of the Enquiry Planning Meeting is:

- To be clear about the views of the adult at risk, identify if a mental capacity assessment is required and instruct an Advocate/ IMCA or other appropriate person if indicated (see Appendix 16 – Independent Advocacy).
- To establish the facts and contributing factors leading to the concern being raised.
- To identify and manage risk to ensure the safety of the individual and others.
- To assist them to recover from any trauma.
- To determine if the allegations or concerns are founded and what action should be taken.
- To review the management of the setting/service and any improvements required or sanctions to be recommended.

Things to consider:

- What needs to be found out?
- Who might have this information?
- What legal powers are needed?
- Check all necessary documentation required.
- Are any specialist assessments required for any of the adults at risk, prior to carrying out any interviews?
- Interview people, in the appropriate environment, taking into account any need for an independent advocate and/or any language, communication, gender or race issues.
- Plan interviews together with colleagues if necessary.
- Take statements and record interviews.
- Collate the evidence.

What information might need to be gathered?

As a guide, the following sorts of information will be needed to enable effective decision-making:

Details of the person raising the concern:

- Name, address and telephone number.
- Relationship to the adult.
- Details of the source of information e.g. other third party.
- Details of the place where the harm occurred.

Details of the adult at risk:

- Name, address and telephone number.
- Date of birth, or age.
- Details of informal carer/s.
- Details of any other members of the household including children.

- Information about the primary care needs of the adult (i.e. disability or illness).
- Any previous concerns or contact with the responsible local authority made (check appropriate databases).
- Funding authority, if relevant.
- Ethnic origin and religion.
- Gender (including transgender and sexuality).
- Communication needs due to sensory or other impairments (including dementia), including any interpreter or communication requirements.
- Whether the adult knows the concern was raised.
- Whether the adult has consented to the concern being raised and, if not, on what grounds the decision was made to report the concern.
- What is known of the person's mental capacity?
- What are their views about the abuse or neglect?
- What they want done about it (if that is known at this stage).
- Details of how to gain access to the person and who can be contacted if there are difficulties.

Information about the abuse or neglect:

- How and when did the concern come to light?
- When did the potential abuse or neglect occur?
- Where did the potential abuse or neglect take place?
- What are the details of the potential abuse or neglect?
- What impact is this having on the adult?
- What is the adult saying about the abuse or neglect?
- Are there details of any witnesses?
- Is there any potential risk in making contact with the adult?
- Is a child (under 18 years) at risk?

Details of the person alleged to have caused the harm (if known):

- Name, age and gender.
- What is their relationship to the adult?
- Are they the adult's main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a Personal Budget / Direct Payment?
- Which organisation are they employed by?
- Are there other people at risk from the person alleged to have caused/causing the harm?

The Enquiry Review meeting is where the evidence sources will be evaluated:

Sources may include:

- Medical or forensic evidence.
- Background reports, service records and previous histories.
- Witness statements from formal/joint interviews.
- Adult's own account, depending on capacity and witness or communication skills.
- Circumstantial evidence.
- Assessment of the extent and seriousness of the harm and the effect on the adult at risk and others in their network.

'Standard of Proof'

The standard of proof for a criminal prosecution is higher as the case has to be proved beyond all reasonable doubt. For civil, disciplinary or regulatory investigations, the standard of proof is based on the balance of probability.

Making a decision

Once all relevant information has been gathered, including the views of the adult in all circumstances where it is possible and safe to ask, the local Lead Agency should be in a

position to make a decision about how the concern should be addressed and whether the criteria for Section 42 duty of Enquiry is met, i.e. where the Local Authority has reasonable cause to suspect that an adult aged 18 or over in its area:

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

Where the above criteria **are met**, the Section 42 Enquiry will continue.

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

When the criteria for a Statutory Adult Safeguarding Enquiry under Section 42 of the Care Act is not met, doing nothing isn’t an option and therefore other ways to reduce risks and assist the individual to live safely must be considered, for example:

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

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

- Referral for a needs assessment under Section 9 of the Care Act.
- Referral for DOLS assessment.
- Referral for Mental Health Act assessment.
- Referral to other risk management processes, e.g. MARAC, MAPPA, local harm reduction processes, e.g. MARM.
- Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, GP, fire and rescue service or voluntary sector agencies.
- Written information and advice on how to keep safe, or how to raise a concern in the future.
- Information about how to make a formal complaint, for example, about substandard care or treatment.
- Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
- Service Provider to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
- Concern is passed into other incident management processes, e.g. NHS Serious Incident under Investigation.
- Referral to the appropriate safeguarding lead in relation to concerns about people in a position of trust who may pose a risk of harm to adults.
- Referral for Safeguarding Adults Review (Care Act Section 44 refers).

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

Considering other lines of Enquiry

This may include:

- A police investigation/prosecution.
- Identifying powers to protect the adult at risk, for example, a restraining order
- Actions under civil law, for example, an injunction.
- Employee's disciplinary proceedings.
- Referrals to:
  - the Disclosure and Barring Service
  - the CQC in relation to a registered provider
  - commissioners of the service in relation to breach of contracts
  - a landlord in relation to a breach of a tenancy agreement.
- An assessment for care and support needs or an assessment under Integrated Care Programme Approach (ICPA).
- A healthcare assessment e.g. appointment with specialist or GP.

Supporting an adult who makes repeated allegations
An adult who makes repeated allegations that are shown to be unfounded should be treated without prejudice.

Each allegation must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.	A risk assessment must be undertaken and measures taken to protect staff and others, as necessary
Each incident must be recorded.	Organisations should have procedures for responding to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded allegations

Responding to family members, partners, friends and neighbours who make repeated allegations
Allegations of abuse or neglect made by family members, partners, friends or neighbours should be responded to without prejudice. However, where repeated allegations are made and there is no foundation to them and further Enquiries are not in the best interests of the adult, then local procedures for dealing with multiple, unfounded complaints should apply.

The Enquiry – specific responsibilities
The lead coordinating role as an EM in relation to individual cases is undertaken by operational managers of Adult Social Care. Jointly funded operational management posts e.g. CMHT/locality will also undertake the role of designated EM. An EM must be informed of any safeguarding concern arising in any organisation and has overall responsibility for coordinating the Safeguarding Adults Enquiry.

The Manager in Adult Social Care who has responsibility to oversee an Enquiry is called the EM and will identify an employee to be the designated SAP for the Enquiry.

Specific responsibilities of the Enquiry Manager

- The adult at risk is involved in all decisions that affect their daily life.
- Decisions are made in consultation with other relevant organisations to instigate the Safeguarding Adults Enquiry.
- An EPM or discussion is held to determine how the Safeguarding Adults Enquiry will be conducted, who will conduct it and to ensure decisions are recorded and copied to

relevant organisations.

- The actions being taken by organisations are coordinated and monitored.
- Those who need to know are kept informed.
- Effective supervision and ongoing support are provided for the SAP.
- The SAP monitors the accuracy of all records in line with their Agencies Quality Assurance Frameworks.
- Respond to issues highlighted by risk assessments of the situation, e.g. lone working protocols and any environmental risks etc.
- Preservation of confidentiality at all times of all concerned including employees under the Dorset Information Sharing Charter See Appendix 9: Information Sharing
- Identify and agree the named person who will link and communicate with the adult who is thought to be at risk.
- Task the SAP to produce a summary Enquiry report where complexity or other circumstances dictate.

Specific responsibilities of the Safeguarding Adult Practitioner (SAP)

The SAP should be a suitably experienced employee who has received specific training in undertaking safeguarding adults Enquiries and will work under the supervision of the Adult Social Care Manager (ASC). Neither the SAP nor ASC Manager should have line manager responsibilities for the person alleged to have caused harm, or work in the same department.
The SAP will:

- Coordinate and monitor the progress of the Enquiry
- Act as the NE if appropriate
- Ascertain the wishes of the individual/s
- Interview witnesses, including undertaking joint interviews with the Police or other agency
- Assess risks
- Formulate a safeguarding plan
- Undertake Capacity Assessment if required
- Consider the adult's needs for care and support and arrange assessment of these if required
- Provide advice and guidance to the adult to ensure their full involvement, to include identifying an advocate where necessary
- Help promote the person's capability to protect themselves or the ability of their networks to increase the support they offer.
- Identify the impact of the abuse/harm on the adult and the possible impact on important relationships
- Respond to risks of harm/abuse being repeated or increasing in seriousness
- Respond to risks that may involve children or other adults
- Research evidence to inform any interventions
- Agree with the adult any agencies or informal carers that need to be involved and liaise with as appropriate, to include appropriate sharing of information in line with OAISP
- Gather and formulate evidence and make recommendations regarding achieving desired outcomes
- Compile information for EPM and any other relevant records, e.g. chronology, case notes, Risk Assessment & Safeguarding Plan

The Nominated Enquirer

These procedures specify the need for an NE. This role could be undertaken by a person who is already involved with the individual or has been asked to become involved in an Enquiry.

Any conflict of interest issues must be considered before identifying a Nominated Enquirer. Examples of conflict of interests, where it may be better for an independent person to be appointed to undertake Enquiries, are a family run business where institutional abuse is alleged

or where the manager/owner of a service is implicated or may be biased.

The person/s appointed therefore can be drawn from a very wide field as the following list demonstrates;

- Keyworker
- Local Authority employee
- Employer
- Care Manager
- Care Co-ordinator
- Professional Advocate, e.g. IMHA/IMCA/IDVA
- Care Worker/Agency/Other Providers in a person's life
- Police Officer
- CQC Inspector
- Contracts Monitoring
- Community Safety Officer/ASBO
- CCG
- Health Care Professionals, i.e. Ward staff/GP/Nurse
- Housing officer
- Support workers

There may be other options. As previously noted, it is also possible that in some circumstances the NE will also be the SAP. There may be more than one NE involved in the Enquiry.

There always needs to be a suitable healthcare professional to undertake Enquiries about any medical issues. These Enquiries may constitute a professional opinion or additional assessment or they may form part of the formal enquiry process, i.e. examining records etc. Local Authority staff must contact the Safeguarding Adult lead in the relevant NHS organisation and will not directly approach any other NHS staff about undertaking this role. The NHS Safeguarding Lead will, when allocating the role, want to make sure it minimises the potential conflict of interest by appointing a Nominated Enquirer who is most appropriately placed to undertake it. The NE must agree actions with the SAP or the EM before taking this on and will take into account any cultural or language needs, including the provision of an advocate/interpreter.

Specific responsibilities of the Nominated Enquirer (NE)

The specific role will be determined at the EPM by the EM or the SAP through discussions with the relevant agency as the Enquiry proceeds. The responsibilities may include:

- Talking to the adult or witnesses
- Gathering information from records held by their agency, case notes, financial records
- Alerting the Police to any actions they may need to take about preservation of records.
- Preserving evidence
- Reviewing and undertaking physical/mental health assessments as required.
- To report gaps in the provision of care or in recording.
- Contribute to risk assessment
- Reporting on elements of the safeguarding plan and taking specific responsibility for any agreed actions.
- Provide information regarding their own area of expertise, e.g. medication management
- Provide historical information, e.g. previous reports
- Provide verbal updates to the SAP/EM
- Complete Nominated Enquirer Report
- Attend meetings as required
- Ensure Risk Management Plan is in place
- Work to agreed actions

The local authority will include in its request for an agency or individual to undertake the NE role, the following information as a minimum:-

- The person's views on the enquiry and outcome wanted

- A view about the person's capacity to decide about issues relevant to the concern
- The period or dates under consideration which the NE should review
- The main issues of concern to be looked at.

Other Agencies will have their own roles and responsibilities for Safeguarding Enquiries and NE's will only be asked to undertake tasks related to their role. (See Appendix 3). A model of the Nominated Enquirer form is included at Appendix 5.

Enquiry Planning Meeting

For Role of Note Takers, (see Appendix 11)

Purpose of the Enquiry Planning Meeting
Once the concern has been allocated, after discussion with the EM the SAP will arrange to contact the person to seek their views and desired outcomes. EM's and SAP's must consider if it is necessary to hold a formal multi-agency EPM or a series of discussions, which could be face to face or on the telephone etc. This should take place at the start of the formal Section 42 Enquiry to agree and plan the tasks required. The commencement of a Police investigation is an exception to this when vital evidence gathering is required.
In deciding whether to hold a formal meeting or a series of discussions, professional consideration must be given to the following:

- The potential risk to the person being harmed and their views and wishes.
- The risks to others from the person alleged to have caused/causing harm.
- Whether several individuals or organisations have concerns and need to share information, i.e. CQC, CCG, Contracts, Police, Health, Provider service, Legal Advisor, Children's Care Services etc.
- Whether there may be a number of actions by different organisations.
- Whether there may be legal or regulatory actions.
- Whether the allegation involves a member of staff/employees/volunteer or the safety of a service.
- Whether the situation could attract media attention.
- Safety of service (whole service review)

The purpose of the Section 42 Enquiry Planning Meeting or discussion is:

- To confirm if consent has been gained from the adult at risk.
- To consider the wishes of the adult at risk and the outcomes they are seeking.
- To agree how the person and others involved wish to be kept informed
- To agree timescales with the person at risk
- To agree a multi-agency plan to undertake an Enquiry into the allegations
- To assess the risk to the person who is being harmed and address any immediate needs.
- To co-ordinate the sharing and collection of information about the harm or abuse
- To identify and agree roles and responsibilities.
- To ensure the adult at risk has been offered an advocate (where appropriate). See Appendix 15
- To consider options if the person lacks capacity with reference to decision making, e.g. whether a court appointed deputy is required. See Appendix 16 – Mental Capacity
- To consider other statutory duties, e.g. Mental Health Act assessment (including whether an application for Guardianship is appropriate), Deprivation of Liberty Safeguards or to the Court of Protection (See Appendix 16)
- To consider how the family, partners or carers can be involved if the adult at risk wishes this.
- To agree whether an Enquiry will take place, and if so, how it should be conducted and by whom.
- To agree who will interview the person alleged to have caused harm (bearing in mind if he/she is an employee, then the lead responsibility for this will be with the employer or if

a criminal action is suspected, then the Police will lead this process).

- To make a clear record of the decisions and what information is shared.
- To agree a plan detailing actions, proposed timescales and person responsible, known as the Safeguarding Plan. The plan will be agreed with the adult at risk or their representative, include any contingency arrangements, how the plan will be shared and identify potential risks outside of office hours.
- Agree when the Safeguarding Plan will be reviewed and convene an ERM if necessary.
- Ensure any Safeguarding Plan is cross referenced in the MARAC and MAPPA if taking place (see also Appendix 6)
- To consider whether a child (under 18 years) or other adults may be at risk. Refer to Children's Social Care, if necessary.

Involving Adults in Safeguarding Meetings

Effective involvement of adults and / or their representatives in safeguarding meetings requires professionals to be creative and to think in a person-centred way. Address the following issues when planning the meeting:

- How should the adult be involved? Is it best for the adult to attend the meeting, or would they prefer to feed in their views and wishes in a different way, e.g. a written statement? Is it best to hold one big meeting, or a number of smaller meetings?
- Where is the best place to hold the meeting? Where might the adult feel most at their ease and able to participate?
- How long should the meeting last? What length of time will meet the adult's needs and make it manageable for them?
- When should breaks be scheduled to best meet the adult's needs?
- What time of the day would be best for the adult? Consider the impact of a person's sleep patterns, medication, condition, dependency, care and support needs;
- What will the agenda be? Is the adult involved in setting the agenda?
- What preparation needs to be undertaken with the adult? How can they be supported to understand the purpose and expected outcome of the meeting?
- Who is the best person to chair? What can they do to gain the trust of the adult?
- Will all the meeting members behave in a way that includes the adult in the discussion?
- How can meeting members be encouraged to communicate and behave inclusively, using language the person understands?
- Representation by informal carers/family or advocates. See Appendix 15 - Advocacy

Recording and Sharing Information:

A record should be made of the decisions and actions required. The record should be distributed to all relevant individuals and organisations and take account of data protection issues (See Appendix 9 – Information Sharing). The record should include:

- Name of the adult at risk.
- Date and time of the meeting.
- Name and contact details of the EM.
- Names and contact details of attendees.
- Details of the incident or the concern, with time, location and relevant details to include the adults desired outcomes.
- An assessment of the risks for the adult and any other individuals, i.e. carers, children etc., to consider the seriousness/severity of harm.
- Name of the person alleged to have caused/causing harm.
- Whether there were any witnesses.
- Record of action plan, person responsible and realistic timescales agreed with the person at risk
- Name of the person(s) who will lead the Enquiry if appropriate
- Formulation of a risk management plan
- Details about any disagreements and how these will be resolved.
- Date for an ERM, if required.
- The Chairperson of the Enquiry Planning Meeting and any subsequent review meeting should tell all participants that independent recording of the discussion is not permitted.

- This particularly applies to any intention to make a "covert" recording. Any participant may take brief "action notes" for example to remind them about follow up actions. All participants must be made aware that use of such notes are governed by the guidance on management of information generally and required respect for confidentiality. Appendix 9 refers.

Carrying out and Monitoring Agreed Actions
Potentially there are a wide variety of actions to be undertaken. These may include Enquiries into the activities of staff or volunteers within services or agencies or others who are alleged to have caused harm. The expectation will be that the employing agency will take responsibility for this at the appropriate management level.

In situations where an allegation has been made against an informal or unpaid carer a decision will need to be made by the EM in consultation with other agencies as necessary.

It is necessary for the NE and/or the allocated SAP will regularly review the situation to gather information and review any interim safeguarding plan. It is also essential to obtain regular feedback from all agencies or individuals undertaking actions as part of the Enquiry.

Key actions to be considered with the individual at the centre of the concern are:

- To ensure risks are managed effectively
- Ensure progress is made against actions
- Identify any further actions required
- Record the actions decided
- Keep the individual informed of any progress

It may be possible for this to be achieved by way of a series of telephone calls or a small meeting. The need for a larger meeting is a matter for professional judgment and is more likely to be required when there are a number of agencies involved in the Enquiry.

Continuing to work with the individual
It is important to emphasise that agreed actions and working with the adult at risk to achieve their desired outcomes may not always run according to plan. The adult at risk may choose to redefine their desired outcomes, or they may appear to not engage with services or options that were originally deemed to promote their safety or wellbeing.

Whilst it is vital to respect the adult at risk's views, other factors may have to be considered:

- Analysis of why the adult at risk has redefined their desired outcomes, i.e. what has motivated them to change their mind.
- Are there issues of duress
- Are there any reasons to suggest it is necessary to undertake an assessment of capacity?
- Check that the adult at risk continues to agree with the actions.
- Is the adult at risk not engaging? Consider using the protocol for working with Adults at Risk who do not wish to engage with services and may be at serious risk of harm, (see Appendix 2 – Self Neglect and Appendix 8 about adults at risk who do not wish to engage with services.
- Is access to the adult at risk being prevented? (see Appendix 10)

Enquiry Review Meeting

Purpose of ERM is to enable interagency, multi disciplinary discussion to:

- Consider the details of the case and the information contained in all the NE's Reports and a summary Enquiry report if the SAP has been tasked to provide this by the EM. (See Appendix 10 – Enquiry Summary Report)
- Make a record about whether "Risk remains", "Risk reduced" or "Enquiry Ceased at Individual's request ". This must be recorded in the EPR meeting notes.
- Consider the outcomes of any other internal Enquiry/investigation.

- Consider the evidence and, if risk remains, plan what further safeguarding action is required.
- Obtain feedback from the adult at risk/representative about whether their outcomes have been met.
- Make a decision about the levels of current risks and a judgement about any likely future risks.
- Plan further action if the risks remain.
- Consider necessary regulatory action.
- Consider what legal or statutory action or redress is indicated.
- Review and amend the Safeguarding Plan and monitoring. Agree individual responsibilities for taking actions and timescales.
- Consider other statutory duties e.g. assessment of care and support needs etc.
- Consider closure if no further action under Section 42.
- Ensure “lessons learnt” are identified and disseminated accordingly.
- Feedback outcomes to person raising the concern, if agreed by the individual.

The default position must be to include the individual in the ERM if they want to be. To support the attendance and effective participation of the adult at risk, it may be appropriate for the meeting to be divided into two parts. Always think about user friendly venues. There may be occasions when, due to the need to share confidential information (e.g. concerning a third party involved in the concern or disciplinary action for staff) it will not be possible for the individual to attend the whole of the meeting.

It is important to clearly record and communicate any decisions not to involve the person in multi agency meeting or collaborative discussions and ensure that appropriate communication is forwarded to the adult at the centre of the concerns.

Evaluation of Outcomes

There are a number of possible outcomes of a Section 42 Enquiry, amongst which are the following; outcomes met or not, risks removed, risk reduced, risks remain

Either at or following the ERM the NE or the SAP must evaluate with the adult at risk the extent to which their desired outcomes have been met and undertake an initial review of whether an ongoing safeguarding plan is needed. The adult at risk must be given every opportunity to provide comprehensive feedback about their experience of the Enquiry. The Local Authority and other agencies engaged in this specific Enquiry must also be satisfied that the adult at risk can protect themselves and risks to others are minimized, reduced or removed.

No further action under the Safeguarding Adults Procedures

There are Safeguarding Adults concerns but the adult at risk has mental capacity, is living at home and they are confident that they can protect themselves from further harm and they do not wish any action to be taken under the procedures. Practitioners must be confident that the adult at risk is making this decision without undue influence, threats or intimidation. If there are no other people at risk from the person causing the harm, there will be no more action under the procedures at this time. In this situation there should be clear agreement about this with the adult at risk that there will be no more action under the procedures. They should be given information about harm and neglect, possible sources of help and support and whom they can contact if they should change their mind or the situation changes and they no longer feel able to protect themselves.

If a concern persists and the adult at risk’s refusal to consent to action is seen to have resulted from fear, loyalty, coercion or disempowerment as the result of long-term or persistent harm, the action under the procedures will continue and a multi-agency decision made about the best way to engage with the person and consider the legal powers available to intervene with the person(s) causing the harm.

A decision to discontinue the Safeguarding Adults process must be agreed by all relevant organisations and recorded and signed off by the EM. The reasons for closing the Safeguarding

Adults concern should be recorded and a copy sent to ERM attendees. The person raising the concern should be informed unless inappropriate to do so. The adult at risk should have a copy of the decisions that takes into account issues of confidentiality and the need for protection of personally identifiable information (See Appendix 9).

Closing the safeguarding adult Enquiry

The safeguarding adult Enquiry can be closed following review or any time where the safeguarding plan is no longer required. The safeguarding plan will no longer be required when the adult is no longer at risk of abuse or neglect, or risks have reduced to the level that they can adequately and appropriately be managed or monitored through single agency processes, e.g. assessment and support planning processes, community policing responses, health service monitoring. An adult with capacity can also choose for a safeguarding Enquiry to be closed where this simply concerns him/herself.

The Local Authority is likely to agree this where the concerns do not relate to serious harm. However all decisions about concluding the safeguarding Enquiry should be made by, or in agreement with, the local authority and other agencies involved, and should be clearly recorded with the rationale for the decision.

When the safeguarding Enquiry is concluded, feedback on the outcomes should be shared with the following agencies/individuals as appropriate:

- The adult.
- Their representative or advocate.
- The person / agency who raised the safeguarding concern.
- The person / agency who were identified as the potential source of risk.
- Key partner agencies.
- Any other involved stakeholder agency/individual.

The consent of the adult to share information should be gained, and usual information sharing rules apply. See Appendix 9 – Information Sharing.

Resolution of Disagreements

Where there are disagreements from any agency, that cannot be resolved by discussions between front line workers or attendees at meetings, the issue should be brought to the attention of line managers or Safeguarding Adult Leads, who will hold discussions to try to resolve differences and prevent delays. Should those managers not be able to resolve the issue, it is always possible to escalate further. Disagreements, whilst most uncommon, can arise at any point. They may relate to circumstances where there is a decision to be made about how a particular concern, or set of concerns, is responded to or related to the way processes are dealt with. In general terms, the local authority has the final responsibility for safeguarding but will always seek to ensure its decisions and reasons are as transparent as possible.

Guidance for professional staff from different agencies and who are in disagreement about actions taken or to be taken is at Appendix 22

References and related information

Department of Health (2014). *Care Act 2014*
Department of Health (2014). *Care Act 2014 Care and support statutory guidance*
Department of Health (2005). Mental Capacity Act

Safeguarding Adults Board Websites

Bournemouth Christchurch and Poole SAB

[Dorset SAB]

Information on these sites includes:

Multi Agency Safeguarding Adults Policy

Multi Agency self neglect and hoarding guidance

Self neglect toolkit

MARM Guidance

MAPPA

Safeguarding factsheets

Appendices

Appendix 1

Glossary

Glossary of terms and conditions

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

Abuse: The Care Act Statutory guidance does not provide a general definition of what constitutes abuse, harm or neglect so as not to limit thinking in this area. It is recognised that abuse or neglect can take many forms and the circumstances of the individual should always be considered. The following are identified as common types of abuse or neglect - physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, organisational, domestic abuse, modern slavery and self-neglect (this list is not exhaustive).

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

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

Adult Safeguarding: the term used to cover all work undertaken to support adults with care and support needs to maintain their own safety and well being. It describes the preventative and responsive actions undertaken to support adults who are experiencing, or at risk of experiencing abuse or neglect

Adult safeguarding contact points: the place where safeguarding concerns are raised within the local area. This is the local authority single point of contact. The details are on Page 5.

Adult safeguarding co-ordinator/lead: these titles or similar are used to describe an individual who has safeguarding lead responsibilities across an organisation. For example, supporting the work of the Safeguarding Adults Board (SAB) and/or advising on adult safeguarding cases in the local authority. The role varies from council to council, and carries different titles.

Adult safeguarding process refers to the decisions and subsequent actions taken on receipt of a concern. This process can include safeguarding meetings or discussions, Enquiries, a safeguarding plan and monitoring and review arrangements.

Adult with care and support needs: someone 18 or above who has needs for care and support (whether or not the local authority is meeting any of those
needs) and; is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

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: is an individual who provides support to a “vulnerable adult” (adult with care and support needs) who is suspected of committing a crime to ensure their interests are protected during detention and the police investigation. This role can be undertaken by a parent, guardian, and social worker of a local authority or other responsible adult over the age of 18 who is not a police officer or employed by the police.

Assessment and support planning: the process of assessment of need, planning and co-ordinating care for adults with care and support needs to meet their long-term care needs, improve their quality of life and maintain their independence for as long as possible.

Care and Support needs: The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, domiciliary care, personal assistants, day services, or the provision of aids and adaptations.

Care setting/services includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget (PB), direct payment or funded by the person themselves.

Carer refers to unpaid carers for example, relatives or friends of the adult with care and support needs. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Clinical Commissioning Group (CCG) A commissioning body responsible to NHS England for commissioning healthcare services in a defined area.

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

Coercion and control – refers to circumstances where a person with whom an individual is personally connected repeatedly behaves in a way which makes him/her feel controlled, dependent, isolated or scared. It became law as part of the Serious Crime Act, 2015.

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

Community Mental Health Team (CMHT) a team of professionals and support staff who provide specialist mental health services to people within their community.

CPA (Care Programme Approach) introduced in England by the DH (Department of Health) in 1990 the CPA requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community. The approach is not an alternative to utilising the safeguarding procedures. It can however be used to enhance the ongoing support following a safeguarding enquiry. The actual contact and support to a person may continue and therefore he/she may still be in receipt of care management or CPA input in which case their situation will be reviewed through those processes. This will include monitoring the safeguarding plan as necessary.

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

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

Criminal Justice and Courts Act 2015 which has extended wilful neglect to all in receipt of services not just people who lack capacity under the Mental Capacity Act or who are defined as having a mental illness under the Mental Health Act.

Cuckooing. In July 2017 the Home Office issued "Criminal Exploitation of children and vulnerable adults: County lines guidance", providing detailed explanations and examples. County lines is the term used by Police forces when gangs supply drugs to suburban areas and market and coastal towns using mobile phone lines. It involves criminal exploitation as gangs use children, young people and adults at risk to move drugs and money. Gangs establish a base in towns, typically by taking over the homes of local vulnerable adults by force or coercion. This is known as cuckooing.
County lines is a major, cross cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons.
The response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and voluntary and community organisations.

DAA or IDVA (independent domestic violence adviser) a trained support worker who provides assistance and advice to victims of domestic violence, also known as Domestic Abuse Adviser (DAA)

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

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

DBS (Disclosure and barring service) is a non-departmental public body of the Home Office of the United Kingdom. It supports organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

DoLS (Deprivation of Liberty Safeguards): is an amendment to the MCA (2005) and provides safeguards for people who lack capacity specifically to consent to treatment or care in either a hospital or care home that, in their own interests, can only be provided in circumstances that amount to a deprivation of liberty. In March 2014 a judgment was made in the Supreme Court regarding two cases which have had a significant effect on DOLS work. The two cases are-

- "P v Cheshire West and Chester Council and another"
- "P and Q v Surrey County Council"

The full judgment can be found on the Supreme Court's website at the following link:
http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

Domestic Abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional

DPA (Data Protection Act 1998) an Act to make provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.

DVCVA (Domestic Violence, Crime and Victims Act 2004) is an Act of the Parliament of the United Kingdom. It is concerned with criminal justice and concentrates upon legal protection and assistance to victims of crime, particularly domestic violence. It also expands the provision

for trials without a jury, brings in new rules for trials for causing the death of a child or vulnerable adult (also known as an adult with care and support needs) and permits bailiffs to use force to enter homes.

DVCV(A)A (Domestic Violence, Crime and Victims (Amendment) Act 2012) Act to amend section 5 of the Domestic Violence, Crime and Victims Act 2004 to include serious harm to a child or vulnerable adult (also known as an adult with care and support needs): to make consequential amendments to the act; and for connected purposes.

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

Out of Hours duty officer the social worker on duty in the Local Authority's **Out of Hours Service** which is a social services team that responds to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult with care and support needs, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

Out of Hours Service (GP) – this is provided through the 111 telephone number.

Enquiry is a range of actions undertaken or instigated by the Local Authority under Section 42 of the Care Act in response to a concern about abuse or neglect of an adult with care and support needs. As Section 42 requires the adult to have both care and support needs, the duty to undertake Enquiries will not typically extend to carers unless they have care and support needs in their own right.

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

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

GP (General Practitioner) a general practitioner is a doctor who is responsible for diagnosing and treating a variety of injuries and diseases that fall under the general practice category.

Healthwatch is the independent consumer champion for health and social care, and the organisation has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver, and regulate health and social care services.

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

HR (Human Resources) the division of an organisation that is focused on activities relating to employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, and retention.

HRA (Human Rights Act 1998) legislation introduced into domestic law for the whole of the UK in October 2000, in order to comply with the obligations set out in European Convention of Human Rights. S73 of the Care Act 2014 extends the provisions of the Human Rights Act to protect people who are in receipt of personal care in the place where they reside at the time under the following circumstances. The care is arranged, or commissioned (partly or wholly) by a relevant Authority (public body currently covered by the Act).

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

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

Ill treatment or wilful neglect: these are two separate offences outlined in the MCA 2005 (Section 44), the MHA 1983 (section 127) and the Criminal Justice and Courts Act (2015) introduces two new offences of Ill-treatment or wilful neglect: care worker offence (Section 20); Ill-treatment or wilful neglect: care provider offence (Section 21). The offence of Ill treatment involves deliberately ill-treating the person, or being reckless in the way they were ill-treating the person or not. It does not matter whether the behaviour was likely to cause, or actually caused, harm or damage to the victim's health. Wilful neglect varies depending on the circumstances, but will usually mean an individual has deliberately failed to carry out an act they knew they had a duty to do (DCA, 2007). Genuine errors or accidents by individuals fall outside of the scope of these offences.

IMCA (Independent Mental Capacity Advocate): established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family, partner 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.

IMHA (Independent Mental Health Advocate): An IMHA is an independent advocate who is specially trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

Inherent jurisdiction: Adults who have mental capacity are outside the jurisdiction of Mental Capacity Act 2005. The High Court can use its inherent jurisdiction in specific circumstances to intervene to protect adults with care and support when it is evidenced the adult is unable to make a decision that is free from influence or coercion from a third party.

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

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

Making Safeguarding Personal: is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is a shift from a process supported by conversations to a series of conversations supported by a process.

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

MARM (Multi-Agency Risk Management) relates to guidance about arrangements to hold meetings concerning adults at risk in the community. Some such discussions will be held about adults who meet the criteria for Section 42 Enquiries or are self-neglecting. Many others are likely to concern people who fall within the "other safeguarding enquiry" group or in a variety of different circumstances and have not been put at risk by or the subject of harm from a third party.

MARAC (Multi-Agency Risk Assessment Conference) the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

Mental capacity refers to whether someone has the mental capacity to make a decision or not.

MCA (Mental Capacity Act 2005) The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.

MHA (Mental Health Act 2007) amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

NCA (National Crime Agency) a non-departmental public body of the government with a remit to tackle serious organised crime.

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

Nominated Enquirer a person or persons appointed from one or more agency to undertake specific tasks as part of the Section 42 Enquiry. It is essential to involve the individual/s at the centre of the concern from the start of the safeguarding activity. A nominated enquirer will be specifically tasked to seek the views of the individual/s. This could be the Safeguarding Adults Practitioner

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

OPG (Office of the Public Guardian) established in October 2007, the OPG supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and in supervising Court of Protection appointed deputies. The OPG have produced a revised safeguarding strategy (July 2017) about how they will respond to concerns and work with others to keep people safe.

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

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

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

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

PPO (Police, Prison and Probation Ombudsman) The Prisons and Probation Ombudsman is appointed by the Home Secretary, and is an independent point of appeal for prisoners and those supervised by the Probation Service. It will take appeals from offenders and ex-offenders

who are not satisfied with the handling of a complaint by the Prison Service, a prison or the National Probation Service.

People in positions of trust - This refers to a person, whether an employee, volunteer or student, paid or unpaid who works with or cares for adults with care and support needs.

Prevent - This refers to a programme which is part of the U.K. Counter terrorism Act 2015

Protection of Freedoms Act (2012) - An Act which addresses safeguarding vulnerable groups, criminal records etc. amending the Safeguarding Vulnerable Groups Act (2006) and introducing the Disclosure and Barring Service (replacing the previous vetting and barring scheme).

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

QAF (Quality Assessment Framework) was introduced in 2003 and sets out the standards expected in the delivery of Supporting People services.

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

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

Safeguarding Adults Practitioner: the member of staff in the Local Authority who will have oversight for and monitor the Safeguarding Enquiry and Plan about an allegation of abuse, harm or neglect. The SAP may also be a nominated enquirer, and may lead in some circumstances.

Safe Lives a national charity supporting a strong multi-agency response to domestic violence. The DASH (Domestic Abuse, Stalking and Harassment and Honour-based violence) risk identification checklist (RIC) was developed by Safer Live and the Association of Chief Police Officers (ACPO).

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

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

SVGA (Safeguarding Vulnerable Groups Act): to make provision in connection with the protection of children and vulnerable adults (also known as adults with care and support needs). The Act provides the legislative framework for Vetting and Barring Scheme, put into place by the Independent Safeguarding Authority.

Vital interest a term 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.

Wellbeing The Care Act 2014 states “Wellbeing” is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual

with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation and the individual's contribution to society.

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

Appendix 2

Self-neglect and hoarding

The Self-neglect and hoarding guidance can be found here:

Bournemouth, Christchurch and Poole and Dorset Safeguarding Adults Boards
Self-Neglect and Hoarding Guidance for agencies V2.0

This guidance must be read in conjunction with that at Appendix 8 (Adults at risk who do not wish to engage).

The following pages give the forms and checklists that sit outside of the new guidance.

Professionals Checklist
For establishing if a concern meets the criteria of self-neglect/hoarding

Person causing concerns:
Address :
Personal Identifier NHS Number or IT number if known: D.O.B:

Person Completing Checklist: Date Completed:

**Please add any comments/justification/evidence in the box on the rear of this form*

	Issues for consideration when deciding if an individual is seriously self-neglecting /Hoarding.	**YES**	**NO**
1	Is physically frail or has a physical disability, learning disability, mental health needs, long term condition or misuses substances or alcohol?	☐	☐
2a	Does the person have capacity to make decisions about their health, care and support needs?	☐	☐
2b	Has a formal mental capacity assessment been undertaken?	☐	☐
2c	If the person lacks capacity to understand they are self- neglecting has a best interest meeting taken place?	☐	☐
3	Is the person unwilling or failing to perform essential self-care tasks?	☐	☐
4	Is the person living in unsanitary accommodation possibly squalor?	☐	☐
5	Is the person unwilling or failing to provide essential clothing, medical care for themselves necessary to maintain physical health, mental health and general safety?	☐	☐
6	Is the person neglecting household maintenance to a degree that it creates risks and hazards?	☐	☐
7	Does the person present with some eccentric behaviour and do they obsessively hoard and is this contributing to the concerns of self-neglect?	☐	☐
8	Is there evidence to suggest poor diet or nutrition e.g. very little fresh food in their accommodation/mouldy food identified?	☐	☐
9	Is the person declining prescribed medication or health treatment and/or social care staff in relation to their personal hygiene and having a significant impact on their wellbeing?	☐	☐
10	Is the person declining or refusing to allow access to healthcare and/or social care staff in relation to their personal hygiene?	☐	☐
11	Is the person refusing to allow access to other agencies or organisations such as utility companies, fire and rescue, ambulance staff, housing or landlord?	☐	☐
12	Is the person unwilling to attend appointments with relevant health or social care staff?	☐	☐
13	Have interventions been tried in the past and not been successful?	☐	☐
14	Has the person any family , partners or friends that may be able to assist with any interventions?	☐	☐
15	Is the perceived self-neglect impacting on anyone else? e.g. family members, partners, neighbours, etc.	☐	☐
16.	Are their dependent children living in the accommodation?	☐	☐

N.B: If there are concerns in one or more of the areas identified above then consideration must be given to instigating a Multi-Agency Risk Management Meeting Self-Neglect.

Comments/justification/evidence relating to issues raised

RESTRICTED

INSERT RELEVANT LOGO

Template letter for Managing Situations of Concern relating to Self-Neglect and Hoarding

Sender's address and contact telephone number

Address

Please ask for:
Ref:

Date:

Dear

Multi-agency risk management meeting – self-neglect and hoarding concerns.

You are in receipt of this letter because you or the agency you work for are aware of concerns about the person named below. You are invited to attend or send a representative.

Name of Adult at Risk:	
Address:	
Date of Birth:	

Date of Meeting:		**Time of Meeting:**	
Venue:			
Chair's Name:		**Tel. No.:**	
Reason for Meeting:			

This meeting has been arranged to discuss the issues relating to the adult at risk of self- neglect and hoarding. Their safety and welfare will be the most important consideration of the meeting. The meeting has been convened in accordance with the "Bournemouth, Dorset & Poole Multi-Agency Safeguarding Adults Policy & Procedures" and will follow the attached agenda. All meeting attendees should be aware that the information exchanged is confidential to the parties involved, and only to be shared on a need to know basis.

In the event that you are unable to attend or send a representative please inform the Chair, (name and contact details shown above), as soon as possible.

Yours sincerely

Name
Job Title

The following persons have been invited to attend:

Enc:

Agenda for Safeguarding Adults Multi-Agency Risk Management Meeting - Self-Neglect and Hoarding

- Statement of Confidentiality and Equal Opportunities/Completion of Signing in Sheet (Contact details to be provided for distribution of notes).
- Introductions and Apologies.
- Details of the Adult at Risk (Name/Date of birth/Address/GP/Family/partner if known).
- Background to the concerns. (To include what interventions and/or actions have been tried previously).
- Confirmation of the Adults at Risk's capacity around the health and wellbeing.
- Identification of the potential need to engage with an Advocate.
- Relevant Information sharing from each agency.
- Establish if the Adult at Risk is aware that professionals have concerns and if their consent has been gained to be the subject of the Risk Management Meeting .If this is not known at this stage decide how obtaining consent will be achieved and record as an action . Discuss what action may be taken if consent is not obtained.
- Assessment of the risks – agree severity and any evidence to support views.
- Agree actions to manage/reduce risks. Identify actions to be taken and by whom and by when.
- Identify and agree who is the most appropriate person to talk with the adult at risk following the meeting; support and empower them to make any decisions and take agreed actions.
- Agree how the risks will be monitored and by whom.
- Review - agree at timescale for a review of the risks and the situation (where possible).

INSERT RELEVANT LOGO

Self-Neglect and Hoarding Multi-Agency
Risk Management Meeting Notes Template

Adult at Risk of Abuse details

Name:
Address:

Date of Birth: Age: Gender: Male ☐ Female ☐

Person/Identifier: Date of referral:

GP details:

Name of lead agency:

Name of Chair:

Date of Meeting:

1. Statement of Confidentiality & Equal Opportunities/Completion of Signing in Sheet.

- These were circulated and read, Signing in Sheet confirms agreement.

2. Introductions:

- Introductions were made by all those who attended

3. Background

4. Relevant Information Sharing (from each agency represented)

5. Consideration of Capacity & Potential Need for Advocacy

6. Establish Consent & wishes/desired outcomes of Adult at Risk.

7. Identify Risks – Risk Management & Reduction Plan
Note: *The contents of the risk management and reduction plan must be transferred to a separate risk and assessment plan that should be updated as necessary to reflect any changing circumstances.*

IDENTIFY RISK	ACTION TO BE TAKEN	BY WHOM	BY WHEN

Appendix 3

Roles and Responsibilities of other Agencies
Other agencies types of Enquiries

Type of Enquiry / risk assessment	Agency responsible
Criminal (Including assault, theft, fraud, misuse of property, possessions or benefits with criminal intent, hate crime, domestic violence and abuse or wilful neglect of a person lacking capacity).	Police.
Domestic violence or abuse – serious risk of harm.	Relevant organisation carries out a Safe Lives risk assessment and referral to MARAC.
Fitness of registered service provider.	CQC
Unresolved serious complaint in healthcare setting.	CQC/ CCG and other bodies
Breach of rights of person detained under the Mental Capacity Act 2007 Deprivation of Liberty Safeguards (DoLS).	CQC Supervisory body e.g.: LA
Breach of terms of employment/ disciplinary procedures.	Employer
Breach of professional code of conduct.	Professional regulatory body
Breach of health and safety legislation and regulations.	Health and Safety Executive (HSE) Environmental Health Dept.
Complaint regarding failure of service provision (Including neglect of provision of care and failure to protect one service user from the actions of another).	Manager/ proprietor of service/ complaints department. CQC Ombudsman (if unresolved through complaints procedure).
Breach of contract to provide care and support.	Service commissioner (e.g.: social services, CCG, Supporting People).
NHS providers and providers of care are required to comply with the duty of candour meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong. The duty is part of the fundamental standard requirements for all providers. It applies to all NHS trusts, foundation trusts and special health authorities and for all other providers, including social care.	All organisations regulated by. CQC.

Assessment of need for health and social care provision (service users and carers).	Social Services, NHS/ CMHT/ care trust.
Access to health and social care services to reduce risk of harm/ neglect.	Social Services, NHS/ CMHT/ care trust.
Misuse of enduring or lasting power of attorney or misconduct of or complaints against a court-appointed deputy.	PGO/ Court of Protection/ Police.
Inappropriate person making decisions about the care and well-being of an adult at risk who does not have mental capacity to make decisions about their safety which is not in their best interests.	PGO/ Court of Protection. www.gov.uk/court-of-protection
Misuse of appointeeship or agency.	Department of Work and Pensions.
Anti-social behaviour (e.g.: harassment and nuisance by neighbours).	Police Community Safety Team. Local Authority
Breach of tenancy agreement (e.g.: harassment and nuisance by neighbours).	Landlord/ registered social landlord/ Housing Trust/ Community Safety Team.
Bogus callers or rogue traders.	Police and Trading Standards officers.

The role of the General Practitioner in Safeguarding Adults
GPs have a significant role within Safeguarding Adults and should receive appropriate training in this area. They should be able to identify adults in their care who may be at risk of potential or actual harm. They need to ensure they have processes in place to recognise and report such issues in line with the Bournemouth, Dorset and Bournemouth, Christchurch and Poole Multi Agency Safeguarding Adults Policy and Procedures, as this can be a vital first step in ensuring that he or she receives necessary support. They should contribute to strategy discussions, case conferences and protection plans where appropriate.

Additional Resources: British Medical Association: Safeguarding vulnerable adults – a tool kit for general practitioners

Role of all Health Employees
The safeguarding principles of empowerment, partnership & accountability reflect the central role of patients in safeguarding adults.

Empowerment is about involvement, having information to make choices and consent to care and treatment. This applies in day-to-day care and responses to harm and abuse.

Compliance with the Mental Capacity Act 2005 and Equalities Act 2010 are fundamental to safeguarding adults. This legislation provides important protection for patients who may be particularly at risk of harm e.g. people with impairments such as impaired mental capacity.

Partnerships with patients and carers will enable the personalized care that is fundamental to preventing harm, neglect and abuse. The Government's carers' strategy (DoH4) outlines the

importance of recognising the expertise of carers and supporting them in their role–this is an important component of prevention and responses to harm and abuse.

Accountability relates to how services are held to account for the quality of care. This will include taking additional measures to listen to patients and their families who may be most vulnerable and could be marginalised. Health professionals will help services identify potential risks as part of preventing poor care, neglect and harm i.e. communication that is culturally competent and appropriate to the needs of disabled people. Accountability to patients is also about how allegations of harm or abuse are managed, measuring success against patient related outcomes. Local Health Watch, advocacy and advice services will be important mechanisms to support patients in the most vulnerable situations, to make informed choices and to complain. Health Watch will ensure the views of patients, carers and the public are represented to commissioners and work alongside the role of public members.

All health professionals have duties under the Children Act 2004 to identify and respond where children may be at risk of harm and should consider the implications for children when responding to all safeguarding adults concerns.

References:

1. *Department of Health (2010) Liberating the NHS.*
2. *Department of Health (2011) Liberating the NHS–No decision about me without me*
3. *NHS Commissioning Board (2013) Safeguarding Vulnerable People in the Reformed*
4. *NHS: Accountability and Assurance Framework*
5. *Association of Directors of Social Services(2005)Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work*
6. *Department of Health (2010) Recognised valued and supported. Next steps for the carer's strategy*
7. *Department of Health(2011) Safeguarding Adults: The Role of Health Service Managers & their Boards*
8. *Department of Health (2011) Safeguarding Adults: The Role of Health Service Practitioners*
9. *Manchester Health and Social Care Trust (2002) Commission for health Inspection report Rowan Ward*

All Employees and Volunteers

The first priority is always the safety of children, young people and adults at risk.
All employees and volunteers from any service or setting should know about this policy and procedures. All employees and volunteers from any service or setting who have contact with adults at risk have a responsibility to be aware of issues of harm, neglect or exploitation. This includes personal assistants paid for from direct payments or personal budgets.
All employees and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable is being or is at risk of being harmed, neglected or exploited and to ensure that the situation is assessed and investigated.

Employees or volunteers should:

- Be aware that they must call the police and/or an ambulance where appropriate in situations where the harm of the adult indicates an urgent need for medical treatment, or where there is immediate risk of harm indicating urgent action is needed to protect the person.
- Be authorised to make a report to the police and if a crime has been committed, ensure action is taken to preserve evidence. This could be where there has been a physical or sexual assault, especially if the suspect is still at the scene.
- Share their concern with colleagues and seek advice and support.

- Know they must inform their line manager. If their line manager is implicated in the harm then they should inform a more senior manager or Adult Social Services direct.
- Know how to access help and advice for the adult at risk.
- Know how and where to make a direct alert, where speaking to a manager would cause delay.
- Know that they must make a clear factual record of their concern and the action taken.

Role and responsibility of managers in all organisations
The role and responsibility of the manager is:

- To ensure the alleged victim is made safe.
- To ensure that any employee, volunteer or other person who may have caused harm is not in contact with service users and others who may be at risk. To ensure that appropriate information is provided in a timely way.
- To ensure that access to records and information relating to the adult at risk, regardless of whether they are funding their own care or support is given to the NE, SAP or Police.

The primary responsibility for co-ordinating information in response to a Safeguarding Adult concern is vested in the Enquiry Manager (EM) working with the Police if a crime is suspected. If this is the case, the Police will lead the investigation. All managers in all organisations have a key role to play.

Managers should ensure they:

- Make employees aware of their duty to report any allegations or suspicions of harm to their line manager, or if the line manager is implicated, to another responsible person or to the local authority.
- Meet their responsibilities and ensure compliance with the Care Act 2014.
- Operates safe recruitment practices and routinely take up and check references.
- Adhere to and operate within their own organisation's 'whistle-blowing' policy and support employees who raise concerns.

Managers of regulated activity providers must fulfil their legal obligations under the Vulnerable Groups Act 2006 and the Disclosure and Barring Service. Managers have responsibility for making checks on and referring employees and volunteers who have been found to have harmed an adult at risk or put an adult at risk from harm.

Managers in health settings should report concerns as a serious incident requiring investigation (SIRI) in line with the NHS safety reporting frame work and a decision must be made whether the circumstances meet the criteria for reporting a concern to the Safeguarding Adults Team as required.

Human Resource & Disciplinary Actions
When a safeguarding allegation has been made in relation to an employee the person raising the concern must follow the safeguarding procedures and inform their line manager and Adult Social Services.

The line manager will inform their Human Resource department and follow the disciplinary procedures.

If their line manager is the person alleged to have caused harm, they must inform the line manager above their line manager or make direct contact with the local Adult Social Services,

who will advise. The person concerned may need to follow the 'whistle blowing' procedure of their own organisation.

A restricted part of the safeguarding Enquiry meeting can determine how to proceed, drawing on the advice of the Human Resources staff. Both HR and safeguarding procedures will need to be followed remembering that priority must always be given to safeguarding the adult at risk and if a criminal investigation is taking place pursuing forensic evidence. Bournemouth, Dorset and Poole Local Authorities have a protocol which provides guidance where allegations are made against their employees.

Local Authorities

Lead co-ordinating agency for safeguarding
Local authorities have the lead role in co-ordinating the multi-agency approach to safeguard adults at risk. This includes assurance of the use of these procedures, co-ordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

In addition to that strategic co-ordinating role, local authority adult social care, joint health and social care teams and CMHTs also have responsibility for coordinating the action taken by organisations in response to concerns that an adult at risk is being or is at risk of being harmed or neglected.

The local authority must:

- Ensure that any Safeguarding Adults concern is acted on consistent with these procedures.
- Co-ordinate the actions that relevant organisations take in accordance with their own duties and responsibilities.
- Ensure a continued focus on the adult at risk and due consideration to other adults or children.
- Ensure that key decisions are made to an agreed timescale.
- Ensure that an interim and a final safeguarding plan are put in place with adequate arrangements for review and monitoring.
- Ensure that actions leading from Enquiries are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case.
- Ensure independent scrutiny of circumstances leading to the concern and to Safeguarding Adults work.
- Facilitate learning the lessons from practice and communicate these to SABs.

Lead Councillor for Safeguarding Adults
The lead councillor for Safeguarding Adults has a responsibility to make sure the Director for Adult Social Services and the SAB are effectively discharging their responsibilities in relation to adults at risk.

Director for Adult Social Services
The Director for Adult Social Services has specific responsibilities under statutory guidance issued by the Department of Health. Within adult social services, the director has a responsibility to:

- Maintain a clear organisational and operational focus on Safeguarding Adults and that statutory responsibilities are met.
- Make sure Disclosure & Barring Services standards are met.

- The director is also responsible for either chairing, or ensuring the effective chairing of, a local SAB as required by the Care Act 2014.

N.B.
If the person meets the criteria for a Section 42 Enquiry and there are concerns in one or more of the areas identified above then consideration must be given to instigating a Multi-Agency Risk Management Meeting about Self-Neglect.

Appendix 4

Risk Assessment Document

Risk Assessment

Completed on behalf of Adult Social Care across Bournemouth, Christchurch and Poole and Dorset Local Authorities.

Person Name: **D.O.B.:**

Hospital ID   SS ID   NHS No.   NI No.

Date of this assessment: Date of Community Care Assessment:

Purpose of the Risk Assessment   Assessment Location:

Others Consulted:

Does the person have capacity: Y ☐ N ☐

Is person aware of risk assessment: Y ☐ N ☐

Has consent form been signed: Y ☐ N ☐

IDENTIFIED RISKS	CONSEQUENCE OF RISKS	PROPOSED ACTION TO MINIMISE THE RISK	BY WHOM	TIME SCALE

Additional Comments: to include whether assessor and/or others disagree with service user perception of risk.
Individual, family, carer(s), assessor/managers comments

Person: I have participated in this assessment and agreed with action: **Y** ☐ **N** ☐

Name of person completing this form:

Job Title	
Date Completed:	
Review Date	
Contact No:	
Manager Signature (if required):	

Note:
Further work is planned concerning a risk assessment and management tool. Agencies with current risk assessment tools in place should continue to use them pending production of new guidance.

Appendix 5

Nominated Enquirer supplementary guidance

Introduction

Since the Care Act 2014 the Local Authority has the statutory responsibility to make Safeguarding Enquiries or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. *(Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy 2015)*

Making Safeguarding Personal

This way of working refers to ensuring that the adult's wellbeing is promoted and where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. *(Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy 2015)*
It is about adopting a personalised approach that enables safeguarding to be undertaken with people throughout the Enquiry and to focus on achieving meaningful improvement to people's circumstances rather than just investigate and conclude. (LGA Making Safeguarding Personal)

Specific responsibilities of the Nominated Enquirer

The specific role will be determined at the Enquiry Planning Meeting (EPM) by the Enquiry Manager (EM) or the Safeguarding Adult Practitioner (SAP) through discussions with the relevant agency as the Enquiry proceeds. The responsibilities may include:

- Talking to the adult or witnesses
- Gathering information from records held by their agency, case notes, financial records
- Preserving evidence
- Reviewing and reporting of evidence, e.g. checking CCTV, case records, log books
- Contribute to risk assessment
- Reporting on elements of the safeguarding plan
- Provide information regarding their own area of expertise, e.g. medication management
- Provide historical information, e.g. previous reports
- Provide verbal updates to the Safeguarding Adult Practitioner /EM
- Complete Nominated Enquirer Report
- Attend meetings as required
- Ensure Risk Management Plan is in place
- Work to agreed actions

You could be asked to be a Nominated Enquirer (NE) which could form all or part of the enquiry. As a Nominated Enquirer you would be asked to take on specific actions or tasks as part of the Enquiry. There may be occasions when you are unable to answer all question on the Nominated Enquirer Form. (See exemplar NE Forms attached)

Information you should be given as a Nominated Enquirer

- Persons views and what they aware of about the Enquiry
- Persons mental capacity regarding the enquiry
- Specific areas to be looked into with dates
- What format is required as part of the information gathering i.e. summary of care provided or a full N E Form

Exemplar Case Studies' and supporting NE Form

Example 1

Nominated Enquiry Report

The Local Authority is undertaking a Safeguarding Enquiry and is requesting you complete this Report.

THIS IS A FICTIONAL CASE – ALL NAMES HAVE BEEN CHANGED

Details of Adult at Risk			
Surname:	X	**First Names:**	X
Date of Birth:	01/01/1930	**ASC ID:**	
Gender:	M	**NHS ID:**	
Usual address: The Castle Upper Hill Dorset			

Name of Safeguarding Adults Practitioner requesting this report

Name of organisation

Name of Nominated Enquirer

Role of Nominated Enquirer

Ward Matron

Nominated Enquirer contact details

Name of organisation

Section 1- To be completed by the local Authority

Is the Adult at risk aware of the concern

Yes ✓ No ☐

If no state reason

Address where alleged harm occurred

Cottage Hospital
XX Town

Details and date of the initial concern

Copy details from concern form:

Mr X reported that a nurse failed to give him his warfarin medication on the 12/07/16. He raised this with the nurses the following morning who confirmed that the dose had been missed. They arranged for a blood test and the warfarin was restarted the evening of the 13/07/16.

Specific actions required of the nominated enquirer to be incorporated within section 2 of this report.

Review nursing records and MARS charts for 12/7/16 and 13/6/17
Speak with staff on duty on the evening of the 12th and the morning of the 13th
Complete NER form to detail findings

Section 2 to be completed by the Nominated Enquirer

Relevant background information about the adult at risk

Including known factors such as services received, diagnosis, factors that either increase or decrease their risk of harm

This should be included in the information given to the Nominated enquirer

Mr X has given his consent for an enquiry to be undertaken in to the missed dose of warfarin. He would like to ensure that this doesn't happen again to other patients on the ward

Chronology of events leading to the concerns

Mr X admitted to the ward on 08/7/16. He was transferred from an acute hospital following a hip replacement after a fall.
Admitted to the ward, taking 10 mg of Warfarin daily, dose confirmed by INR blood test on 09/07/16, 3 days prior to the missed dose.
Mr X raised his concern with the morning staff who confirmed that it had not been signed for.
13/7/16 INR blood test taken and new dose of warfarin prescribed and administered at usual time, 18.00

Information about the person(s) alleged to have caused the harm

Mr X identified the nurse who missed the medication as female with long brown hair worn in a ponytail, Mr X can't remember her name.

How has this enquiry been undertaken?

Nurse identified to be Flo. She can recall the shift as they had another patient who presented with challenging behaviour. The medication round was frequently disrupted by this. Flo cannot remember missing any medication. The MARS chart for the evening of the 12th showed a gap for the warfarin medication. Flo admits that she may have missed this tablet due to the disruption on the ward and her being constantly asked to help other staff.

What are the findings of the enquiry?
If any gaps or omissions in care/practice were identified please give details.

The nurse on duty on the 13/7/16 confirmed that the dose had been missed. As soon as the error was noticed the correct action was taken; blood tests were taken to confirm the correct dose. A Dr spoke with Mr X and explained that no harm would have been caused. Mr X confirmed that he was aware that he had not been caused any harm.

What action will be taken as a result of this enquiry to include formal/informal action taken with the organisation and or individual(s)?
Please include any learning and recommendations.

The Matron for the ward has apologised to Mr X for the error and reassured him that he would not have suffered any harm.
The Matron has also advised MR X that the staff member has been identified and the error will be addressed with her. The matron also shared that changes in how the medication round are completed have been implemented so that this shouldn't happen again.
Flo has attended a medication refresher and has had her competency reassessed
Organisation-Shared learning with the matrons. Learning will also be shared organisation wide so that changes to medications rounds can be implemented across the organisation.

Suggested learning/recommendations:
Use of red tabards being shared at matron's meetings so that they can be implemented across other clinical settings if appropriate to do so.

Are there any continuing risk factors for the adult at risk/ others
If so what actions will be taken to minimise these risks?

No continuing risks to Mr X.
Risks to other patients have been reduced significantly. The ward have introduced a red tabard to be worn by staff administering drugs so that other staff, patients and relatives know that they shouldn't be disturbed unless there is an emergency

Have the contents of this report been discussed with the adult at risk or their representative

Yes ☐ No ✓☐

If yes, who was informed and what information was shared?

Did they express what they wanted to happen
Yes ☐ No ☐
If yes, what was requested

If no, please state the reason why not e.g. lack of capacity, coercion or duress, additional risk factors etc.

Mr X asked for them not to be informed. Mr X is grateful for the swift response and glad that changes have been put into place. He agreed that it was a very busy shift.

Report signed by Nominated Enquirer

Date

Example 2

Nominated Enquiry Report

The Local Authority is undertaking a Safeguarding Enquiry and is requesting you complete this Report.

Details of Adult at Risk			
Surname:	O	**First Names:**	Mr
Date of Birth:	01/01/32	**ASC ID:**	
Gender:	Male	**NHS ID:**	
Usual address: The Home, Christchurch Road Christchurch Dorset			

Name of Safeguarding Adults Practitioner requesting this report

Name of organisation

Name of Nominated Enquirer

Role of Nominated Enquirer

Deputy Manager of the home

Nominated Enquirer contact details

Name of organisation

Section 1- To be completed by the local Authority

Is the Adult at risk aware of the concern

No X☐

Capacity Assessment undertaken 28/8/16

Address where alleged harm occurred

Details and date of the initial concern

Mr O managed to exit the home without staff being aware. Mr O was found by the Police having being made aware by a member of the public. Mr O was found in the Town Centre and returned to the home by the Police and was fortunately unharmed.

Specific actions required of the nominated enquirer to be incorporated within section 2 of this report.

To look at records from the home as follows;
How often was the resident checked and when were they last observed in the building.
Ask the Manager to obtain statements from the Staff on duty on the day of the incident and if there was a specific worker allocated to Mr O.
Check what risk management has been put in place regarding action to prevent further incidents.
Check if there is a DOLs in place

Section 2 to be completed by the Nominated Enquirer

Relevant background information about the adult at risk
Including known factors such as services received, diagnosis, factors that either increase or decrease their risk of harm

Mr O has a diagnosis of dementia. He does not have capacity. He is very mobile and active and likes to be busy. He lived with his wife at home and moved into the home a month ago. Mr O's wife visits daily and when she leaves Mr O wants to leave with her. Staff use various detraction techniques to try and minimise the stress caused. Mr O is beginning to settle in well to the home but it is still early days.

Chronology of events leading to the concerns

On the 02/02/16 Mr O made and attempt to exit the home whilst another person was exiting the building. Staff member observed this and followed Mr O and encouraged him to come back into the building. As Mr O has only been at the home for a month, he is still settling into that environment. Mr O becomes increasingly more upset following his wife visiting and when she leaves the building as he wants to go with her.

On the 09/09/16 Mr O exited the home and was found by the Police in the Town Centre, which takes about 15minutes to walk from the home but is along a busy road.

Information about the person(s) alleged to have caused the harm

The home is a secure home but there are also side and rear doors. Mr O has managed to work out that if he presses the fire alarm button then it releases the exit doors.

How has this enquiry been undertaken?

Discussion with Home Manager and statements from Staff who were responsible for Mr O at the time of the incident, confirm that he was last observed in the building 45 minutes previously. There was no fire alarm set off which would have released the doors for Mr O to get out, therefore staff were not aware he had exited the building. It has since been established that one of the side door's alarms was faulty and Mr O is likely to have followed a relative out of this door or even the main entrance door.

What are the findings of the enquiry?
If any gaps or omissions in care/practice were identified please give details.

As the residential home is a secure environment, Mr O should not have been able to exit the building. It has been identified that Mr O observed that pressing the fire alarm buttons releases the doors, although when this incident happened, a check on the fire alarm button of the side door did not open the door. Mr O appears to have excited the building either through the front or side door. The last documented observation was 45 minutes before the Police found Mr O. Mr O should have been on 15 minute checks and therefore this was not carried out as stated in the Care Plan which staff have failed to do. The Manager is taking action with the staff involved. It has to be acknowledged that this situation could have been more serious and harm could have been caused. The home has taken action in addressing the fire alarm situation and is having certain release buttons relocated to above the door so that Mr O is less likely to use this again. Home is also reviewing whether Mr O needs 1-1 support.

What action will be taken as a result of this enquiry to include formal/informal action taken with the organisation and or individual(s)?
Please include any learning and recommendations.

The home to look at ways where Mr O can be more occupied with activities as he likes to be kept busy, this will then prevent further incidents happening. It is also hoped that Mr O will continue to settle within the home and that visits by his wife will become less stressful for him when she is leaving the building. Organisation- The home has taken on board that they need to evidence all information and that if a resident is on 15 minutes checks that these are carried out and all documented.

Are there any continuing risk factors for the adult at risk/ others
If so what actions will be taken to minimise these risks?

Although the Fire door release buttons are being relocated, there is the potential for Mr O to observe where they are and try again. If Mr O exits the building again the potential is that serious harm could be caused particularly with the home being located on quite a busy road.

Have the contents of this report been discussed with the adult at risk or their representative
Yes X☐

If yes, who was informed and what information was shared?

Mrs O is very concerned that her husband is able to exit the home when it is meant to be a secure environment. Full details of the incident was shared with Mr O's wife.

Did they express what they wanted to happen
Yes X☐
If yes, what was requested

Mrs O was informed of what had happened, what actions had been taken and how the concerns will be addressed in the future, therefore giving Mrs O peace of mind that her husband is being cared within a secure environment.

If no, please state the reason why not e.g. lack of capacity, coercion or duress, additional risk factors etc.

Report signed by Nominated Enquirer

Date

Nominated Enquirer Form

The Nominated Enquirer form is for the person undertaking this role to record all aspects of their contact with the adult at risk. It will focus particularly on the presenting concerns/allegations, the persons views and capacity, actions taken and proposed. It will be used to report back to the lead agency and may, as necessary, feed into the Enquiry Planning Meeting/ Enquiry Review Meeting.

Nominated Enquirer Report Form

Nominated Enquiry Report Form

The Local Authority is undertaking a Safeguarding Enquiry and as a Nominated Enquirer you are requested to complete this form.

Details of Adult at Risk			
Surname:		**First Names:**	
Date of Birth:		**ASC ID:**	
Gender:		**NHS ID:**	
Usual address:			

Name of Safeguarding Adults Practitioner requesting this report

Name of organisation

Name of Nominated Enquirer

Role of Nominated Enquirer

Nominated Enquirer contact details

Name of organisation

Section 1- To be completed by the local Authority

Is the Adult at risk aware of the concern

Yes ☐ No ☐

If no state reason

Address where alleged harm occurred

Details and date of the initial concern

Specific actions required of the nominated enquirer to be incorporated within section 2 of this report.

Section 2 to be completed by the Nominated Enquirer

Relevant background information about the adult at risk

Including known factors such as services received, diagnosis, factors that either increase or decrease their risk of harm

Chronology of events leading to the concerns

Information about the person(s) alleged to have caused the harm

How has this enquiry been undertaken?

What are the findings of the enquiry?
If any gaps or omissions in care/practice were identified please give details.

What action will be taken as a result of this enquiry to include formal/informal action taken with the organisation and or individual(s)?
Please include any learning and recommendations.

Are there any continuing risk factors for the adult at risk/ others
If so what actions will be taken to minimise these risks?

Have the contents of this report been discussed with the adult at risk or their representative

Yes ☐ No ☐

If yes, who was informed and what information was shared?

Did they express what they wanted to happen

Yes ☐ No ☐

If yes, what was requested

If no, please state the reason why not e.g. lack of capacity, coercion or duress, additional risk factors etc.

Report signed by Nominated Enquirer

Date

Appendix 6

Joint working between Safeguarding Adult services and MARAC
(Multi-Agency Risk Assessment Conference)

Where domestic violence/abuse (see definition at page 8) is disclosed, indicated or suspected, the Domestic Abuse, Stalking and Honour Based Violence safe lives risk indicator checklist (RIC) should be completed. The risk assessment is available on:

www.dorsetforyou.com/marac

https://www.youtube.com/watch?v=AB00K1jiFUc&feature=youtu.be

Check to see if a recent checklist has already been completed by another agency. The risk assessment indicates whether an individual is at high risk of harm from a perpetrator and if there is a need for referral to a Multi-Agency Risk Assessment Conference (MARAC). See Section 4.12 and 4.13. Where the MARAC threshold is **not** met any agency dealing with a victim of domestic violence/abuse should consider referral to a specialist independent domestic violence and abuse support service such as

You First integrated domestic abuse service (Dorset County) Free phone: **0800 032 5204**
(Please be aware that calls to 0800 numbers may show up on itemised phone bills)

Visit: http://theyoutrust.org.uk/service/domestic-violence-abuse/
Email: you.first@lifeyouwant.org.uk

Poole and Bournemouth and Christchurch Outreach: Bournemouth: 01202 547 755
Poole: 01202 710 777
Visit: https://www.bcha.org.uk/our-services/support-to-stay-safe/domestic-abuse/

A **MARAC** is a meeting where information is shared regarding individuals who have been assessed as being at significant risk domestic of violence/abuse. The meeting is between representatives of local police, probation, health, safeguarding for children and adults, housing agencies, substance misuse services, Domestic Abuse Advisors (DAA also known as Independent Domestic Violence Abuse Advisors) and other specialists from statutory and voluntary sectors.

High risk victims of domestic violence/abuse are identified using the Safe Lives Risk Assessment risk indicator checklist.

The aims of a MARAC are as follows:

- To share information which will help increase the safety, health and wellbeing of victims, adults at risk and children.
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community.
- To jointly construct and implement a risk management plan that provides professional support to all those at risk and that reduces harm.
- To reduce repeat victimisation.
- To improve accountability.
- To improve support for staff involved in high-risk cases.

After sharing all relevant information at MARAC that is known about the high-risk victim, the agencies at the meeting will discuss options for increasing the safety of the victim. This will include the development and agreement of a co-ordinated action plan to identify, manage and reduce risk. MARAC will also consider the risks posed to children and link to safeguarding children processes. In addition it will consider risks posed by perpetrators and will link to the Multi Agency Public protection arrangements (MAPPA). There is working assumption within MARAC that no single agency or individual can see the complete picture of the life of a high-risk victim but all may have insights that are crucial to their safety, as part of the co-ordinated community response to domestic violence and abuse.

Victims do not attend the MARAC meeting but are represented by a DAA / IDVA. The role of the DAA/IDVA is to provide an independent domestic violence and abuse support service and advocate on the victim's behalf at the MARAC meeting, working with the person for a short time until the risk is reduced. The service is offered to all high-risk victims referred to the MARAC but is not compulsory.

Joint working between MARAC and Safeguarding Adult Teams

It is essential that staff encountering domestic abuse / violence understand that some individuals may also have care and support needs that will require a safeguarding Enquiry to be undertaken. The Safeguarding Adult Boards expect that any case of domestic violence/abuse that meets the criteria for safeguarding adults (see definition on page 8), is discussed with the local safeguarding team, and if required a dual referral to both them and MARAC is made.

Cases meeting the Safe Lives risk assessment threshold will be referred directly to MARAC but the Safeguarding Adult team will take the lead in organising a Section 42 Enquiry which can run in parallel to the MARAC meeting. Robust communication between the two processes is essential. The threshold for MARAC in Dorset is for 14 or more "yes" ticks or less than 14 if supported by professional judgement.

As part of the Section 42 Enquiry and Enquiry Planning Meeting (see pages 22 and 24 respectively) will be held and information gathered at this meeting and from the MARAC must be cross-referenced, to ensure the ongoing safety of the adult at risk

If the individual being discussed at MARAC **does not meet** the criteria for a Section 42 Enquiry but does require a longer term solution to manage the ongoing risk a MARM meeting may be convened to address this. The local safeguarding adult team should be consulted for people who do not meet the criteria for a Section 42 Enquiry but might meet that for "other safeguarding Enquiries" (see p. 22 of the Procedures above), as in these circumstances it is likely a MARM meeting will be convened. A referral to MARAC may also be appropriate and should be considered at any point felt necessary.

The lead agency referring the case to MARAC should be considered as having lead responsibility if it is decided that a MARM meeting needs to be convened. However if this is not practical and it is agreed otherwise than the Chair of the MARAC will identify the most appropriate agency to convene and lead it.

Appendix 7

List of key Legislation and Regulations relevant for safeguarding adults

Care Act 2014 Care and Support Statutory Guidance Dept of Health February 2016

Counter Terrorism and Security Act 2015

Criminal Justice and Courts Act 2015

Data Protection Act 1998

Deprivation of Liberty Safeguards Code of Practice

Domestic Violence, Crime and Victims (Amendment) Act 2012

Domestic Violence, Crime and Victims Act 2004

Female Genital Mutilation Act 2003

Health & Social Care Act 2012

Human Rights Act 1998

Mental Capacity Act Code of Practice

Mental Health Act 1983(2007) Code of Practice – 2015

Modern day Slavery Act 2015

Police and Criminal Evidence Act 1984

Protection of Freedoms Act 2012

Public Interest Disclosure Act 1998

The Public Interest Disclosure Act 1998,
www.pcaw.co.uk; https://ico.org.uk/

Serious Crime Acts 2015

Youth Justice and Criminal Evidence Act 1999

Appendix 8

Practice Guidance – Protocol for Working with Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm.

This guidance is to provide managers and practitioners working with adults who have mental capacity and refuse to engage with services, but are/or may become at serious risk of harm, with a framework within which to manage their concerns.

Managing the balance between protecting adults at serious risk against their rights to choice and control is a serious challenge to managers and practitioners. This guidance aims to support good practice in this area.

In the majority of circumstances case assessment/ care programme approach, review and risk assessment procedures will provide the most appropriate route to engage with adults at risk. Where this is not the case the multi-agency decision process outlined below should be followed.

Where an adult is at risk of harm from another person, or service, the safeguarding adult procedures must be used.

This protocol applies to all people in need of community care services regardless of financial status i.e. people who self-fund or receive financial support from another organisation. Community Care Services should be interpreted in the wider context for the purposes of this protocol and includes local health services. Healthcare professionals should consider if a service user is in need of community services and make a referral if necessary

Key Practice Principle

When an adult at risk with capacity is deemed to be at serious risk of harm, but declines to engage with suggested care and support, good practice requires consideration of the following:

- Rights: Individuals have a right to receive advice and support to make choices about their service needs and take risks, subject to the degree of impact those risks may have on other adults and children.
- Duty of Care: Risk assessment and risk management are essential to establishing the likelihood and impact of risks which may be so serious that agencies need to take action to protect individuals.
    - A duty of care is established in common law in relation to all services. For an action to succeed in negligence there must be an identified duty of care. An action will only be successful where a duty of care is breached through negligent acts or omissions and where injury is suffered as a result.
    - Councils, health bodies, private care providers and individual care staff owe a duty of care to individuals to whom they provide services.
- Information: Should be provided in a form that the individual can understand.
- Equality: Services and support should be provided with dignity and respect and not discriminate because of disability, age, gender, sexual orientation, race, religion or belief or lifestyle.
- Work to engage: Every effort should be made to engage with the individual highlighting triggers that may increase dependency or harm and actions that may minimise or eliminate risks. Casework or input should never be ended on the basis that an adult has capacity to make their own choices if professionals have concerns that the person may be at serious risk.
- Multi-agency Risk Management Meeting (MARM): The importance of holding a MARM meeting cannot be overstated. This will provide the forum to involve all relevant agencies to work together for information sharing, planning proactive contact with the individual and monitoring on going risks
- Open Door: Adults at risk should always be given contact details of various agencies to request support if their view of their circumstances and support needs change. Any details must be recorded in the case note section of files

Who does this guidance apply to?

- Adults (18+)
  - who appear to need Community Care Services and
  - have mental capacity to make decisions around choice and risk and
  - are at risk of harm as determined by a risk assessment but are refusing to accept support and /or engagement with the service.

Carers – please note that unpaid or informal carers are entitled to an assessment even if the person they are caring for (who is eligible for Community Care support) refuses any assistance.
When considering if an individual has mental capacity, it is important to ensure they fully understand the implications of the decision they are making. If there is doubt as to their understanding, a full Mental Capacity Assessment should be undertaken.

When does this Guidance apply?
If an adult who has capacity refuses or declines an assessment, services or support a risk assessment must be carried out to determine the level of seriousness of each identified risk.

The risk assessment will determine:

- What the actual risks are; including any benefits and harms
- The impact of the risks on the individual, other adults at risk and children who may be at risk.
- The person's ability to protect themselves
- Factors that increase the risk (see below)
- Factors that decrease the risk (see below)
- The likelihood of risk of future harm and likelihood of risk re-occurring

Factors increasing potential risks include:

- Dependency on others including physical and financial dependency
- Difficulties in making choices due to influence from others
- Lack of information or access to it, not being aware of options available
- Issues related to language and culture
- Unwillingness to pay for support
- Lack of social support network, isolation or social exclusion
- Unrealistic expectation on others (family, partners, informal carers, neighbours etc.)
- Negative experiences of engagement in the past
- A lack of understanding of the implication of not receiving appropriate health related treatments.

Factors that minimise risk may include:

- Positive family and/ or other close relationships
- Active social life and circle of friends
- Able to participate in the wider community
- Good knowledge and access to community activities
- Remaining independent and active
- A protection plan in place that remains relevant
- Information that is received in a timely manner and fully explains the implication of care, support or health treatments.

Alongside identifying the individual's strengths and abilities, the individual and practitioner should clarify potential difficulties and possible risks that could lead to increased dependency, harm or danger including risks to carers or other close relationships if needs are not addressed.

There may be a role in supporting their family, partner or carers, or offering other ways to meet their needs. Attempts should be made to fully understand the reasons for their refusal as well as clarifying the individual's perception of any associated risks. It may also be useful to clarify what other solutions the person has identified that may not include the involvement of Community Care

Services. It is important to ensure they have all the information necessary to make an informed decision, and consideration should be given as to whether any other influences may have affected their decision making ability.

Look for alternative options to engage with the individual in question and identify who is best placed to progress this action with the individual .It is appropriate to include health, voluntary sector and any other relevant professionals, family, partner or carers in these discussions, as it may be that the individual is more likely to engage or respond to a person from a health or non statutory organisation.

Where they have been assessed to be at serious risk and are unable to provide adequate care for themselves and their decision could have an adverse impact on themselves, this guidance should be followed.
If identified risks could have an adverse affect on others including carers/families/children the Adults or Children's safeguarding procedures should be followed

Decision to follow this Guidance
A manager in the local authority will decide if the level of risk requires action under this guidance. All decisions and concerns must be recorded.

This decision will be based on:
- Information gathered prior to and through a detailed assessment by either a health or social care professional and
- If The level of risk is assessed to be so serious that the local authority has a duty of care to override the person's wishes either to protect that person, another adult or child whilst being aware of the right to respect for private and family life (Human Rights Act 1998)

Where referrals have been received from concerned neighbours, family, partner or other professionals (e.g. GP, District Nurse etc.) and an initial visit to assess has been declined then the referrer needs to be informed of the decline. Practitioners should attempt different approaches including:
- Providing different appointment times to suit them
- Including family members to be present if the individual wishes
- Offer of advocacy services to be present
- Joint visit with another professional known to them
- Meeting or appointment outside of the home environment
- Identify an individual who is already engaged in their life e.g. meals on wheels, library service someone with a similar interest or hobby
- Challenging other professionals or carers if you have concerns and they do not share these concerns.
- Not relying on telephone or doorstep interviews with family members or others in a close relationship with the person.

If the professionals decide that there are no serious risks appropriate communication should be forwarded to the adult concerned setting out what services were offered and why and the fact of the person's refusal to accept them. It needs to make clear that the person can contact Community Care Services at any time in the future for support and include details of the various ways that contact can be made. Details of any appropriate agencies or voluntary services that would be able to provide support and or advice should also be included within the communication.

Multi-Agency Risk Management Plan
This plan will be focussed on the desired outcome to minimise risk and should include:
- Protective and preventative options to address risks
- Identification of agencies or persons taking responsibility and who would be most likely to succeed in engaging with the individual (this person should be the coordinator of the plan)
- Alternative ways to engage with the individual

- Monitoring and review arrangements (timescales and people involved)

Implementation of the Risk Management Plan
The coordinator or the person with responsibility for implementing or compiling the plan should maintain regular contact with everyone involved in the persons care to ensure:

- Appropriate changes in circumstances are shared and recorded.
- Outcomes are achieved
- Any deviation as to why the desired outcomes are not achievable is identified together with the reasons.

Monitoring of Risk Management Plan
This should follow the timescales, tasks allocated and people involved at the risk management meeting. Every opportunity should be taken to engage with the person and explore options for support.

Multi Agency Review Meeting
These should be held where possible within 6 weeks of the initial risk assessment (unless required earlier) and reviewed on a regular basis if the risks remain as determined by those present at the meeting.
If the plan is not accepted:

- Involvement should not cease on the ground that a person at serious risk has not accepted the plan
- Alternative plans should be considered
- Review circumstances and risk assessment
- Legal advice should be sought to ensure that the Council is fulfilling its responsibilities of the duty of care.

Appendix 9

Information Sharing

The overarching framework within which information sharing now operates for safeguarding is the General Data Protection Regulation (GDPR) which came into effect in May 2018. The GDPR forms part of the data protection regime in the UK, together with the new Data Protection Act 2018. It imposes tighter regulations on the use of personal information and higher penalties for non-compliance.

1. Brief summary of GDPR

The GDPR has six high level principles. These state that personal data must be:

- Processed fairly and lawfully
- Used for a specified purpose
- Accurate and kept up to date
- Adequate and relevant for the purpose
- Kept no longer than is needed
- Protected by technical and organisational measures

GDPR introduces a number of new rights for individuals whose data or personal information is kept by agencies. These include:

- A right to have information transferred electronically where they are required to repeatedly provide this.
- Subject Access Requests (SAR) response times are reduced to 30 days with clear management processes and record retention schedules in place.
- Privacy Notices or fair processing statements have to be more robust about the use of people's data, retention periods and who the information will be shared with.

If there is no lawful basis for collecting personal information then consent must be sought and recorded. Consent can also be withdrawn.

2. Lawful basis for processing

Agencies have a number of lawful basis for processing information about individuals. None are better or more important; their use simply depends on the purpose and relationship between the organisation and the person. In all circumstances the processing has to be clearly necessary otherwise it may not be lawful. It also has to be specified at the outset of the relationship, not retrospectively and not exchanged for another lawful basis unless there is a legitimate reason which will need to be communicated to the individuals affected.
The legal reasons for processing information are:

- Consent
- Contract
- Legal obligation
- Vital interests
- Public task
- Legitimate Interest
- Special Category data
- Criminal Offence data

Safeguarding concerns will always fall within the public task and / or legitimate interest categories.

Note – there is a full explanation of the exact meaning and application of **legitimate interest** at the end of this Appendix.

Notwithstanding the above the overriding rule is that if staff need to share information in order to protect someone from harm or criminal activity, they must do so.

Information sharing between agencies who are members of the Safeguarding Adults Board is governed by having Personal Information Sharing Agreements (PISA) in place. These are made under the Dorset Information Sharing Charter (DISC) which enables the legal and secure exchange of personal information between partner organisations that have a common obligation or desire to provide services within the community.

This PISA is concerned with safeguarding adults and the specific information that needs to be shared in order to promote safeguarding.

A PISA is a protocol that sets out the detail through which information can be shared under certain circumstances. Information sharing protocols are not required before front-line practitioners can share information about an individual. By itself, the lack of a PISA must never be a reason for not sharing information that could help a practitioner deliver services to an individual.

This PISA is between members of the Bournemouth, Christchurch and Poole and Dorset Adult Safeguarding Boards and:

- BCP Council (including representation from Housing)
- Dorset Clinical Commissioning Group
- Dorset Fire & Rescue
- Dorset Council
- Dorset County Hospital NHS Foundation Trust
- Dorset HealthCare University NHS Foundation Trust
- Dorset Police
- Dorset, Devon and Cornwall Community Rehabilitation Company
- NHS England
- Poole Hospital NHS Foundation Trust
- Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
- South Western Ambulance Service
- Third Sector organisations

For more information on DISC and the organisations that are signed up to it visit:
https://www.dorsetforyou.gov.uk/disc

The following additional organisations will, from time to time, have a relevant part to play in safeguarding and some Safeguarding Adult Reviews:

- Care Quality Commission
- Coroners Office
- Office of the Public Guardian
- Professional Regulatory Body
- Border Agency
- Other housing associations in the Bournemouth, Poole and Dorset Area
- Hospitals and local authorities that border the county of Dorset
- Private health and social care providers not listed above

Each organisation is obliged to nominate a lead person for information sharing.

3. Purpose of the PISA

The purpose of this PISA is to ensure that information is shared in an appropriate and timely manner between partner agencies in relation to both safeguarding practice as follows:

- **Safeguarding Adult Reviews**
- **Domestic Homicide Reviews (Serious Case Reviews and Serious Case Audits)**

The purpose of Safeguarding Adult Reviews is to identify and apply lessons learnt from cases where there is reasonable cause for concern about how the Safeguarding Adults Board, its members or other relevant organisations worked together in any particular case, so as to prevent risks of abuse or neglect arising in the future.

Many reviews, both for adults and children, have shown that the failure to share information has led to mistakes being made by agencies because they did not see the whole picture. Perhaps the most influential, in terms of shaping future legislation, concerned the murder of Holly Wells and Jessica Chapman, where potentially vital information was withheld for fear of breaking the law. The subsequent murder of the two children might have been prevented if it had been realised there was an overriding reason to share.

4. Safeguarding practice

The aim is always to promote the safety and wellbeing of the adult at risk of potential or actual harm. The secure exchange of information where necessary, to ensure the health, wellbeing and safety of Adults across Dorset, Bournemouth, Christchurch and Poole, will greatly help in achieving this. The common purpose is to:

- seek immediate protection for a person through referral to another service;
- make a referral to agencies who may need to take action against alleged or known perpetrators;
- provide a framework for the secure and confidential sharing of personal information between partner organisations.

This agreement can include sharing the name of care providers where there are concerns that there is a risk of harm to adults at risk.

5. Lawful basis for the sharing of personal information

The principal legislation concerning the protection and use of personal information is listed below and all agencies signed up to the Dorset Information Sharing Charter have agreed to comply:

- Data Protection Act 1998
- Common Law Duty of Confidentiality
- Human Rights Act 1998
- General Data Protection Regulation
- Data Protection Act 2018

The following are some of the relevant legislation that facilitates the lawful sharing of information. This is not an exhaustive list and some further guidance specific to safeguarding is listed below:

The Safeguarding Vulnerable Groups Act 2006 – was passed to help avoid harm, or the risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults, from gaining access to them through their work. Regulated activity providers (employers or volunteer managers of people working in regulated activity) and personnel suppliers have a legal duty to refer to DBS where the following two conditions apply. Both must be met. The two conditions which must both be met are –

- permission to engage in regulated activity with children and/ or vulnerable adults is withdrawn or the person is moved to an area of work that is not regulated.
- it is thought the person has carried out one of the following –
  - an action or inaction has harmed or put them at risk of harm
  - there has been no relevant conduct but the risk of harm still exists.
  - or the person has been cautioned or convicted of a relevant offence (automatic barring).

Mental Capacity Act 2005 – this Act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.

Care Act 2014 - in the past, there have been instances where the withholding of information has prevented organisations being fully able to understand what 'went wrong' and so has hindered them identifying, to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening they must act upon that knowledge, not wait to be asked for information.

A SAB may request a person to supply information to them or to another person. The person who receives the request MUST provide the information to the SAB if:

- The request is made in order to enable or assist the SAB to do its job;
- The request is made of a person who is likely to have relevant information and then either:
  - the information requested relates to the person to whom the request is made and their functions or activities
  - the information requested has already been supplied to another person subject to a SAB request for information;
- Information will only be shared on a 'need to know' basis when it is in the best interests of an adult;
- Confidentiality must not be confused with secrecy;
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement;
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.

General Data Protection Regulations 2018 (GDPR)

GDPR relates primarily to the rights of the individual to have their information protected and only shared subject to specific conditions and safeguards and in many circumstances, with their explicit consent. GDPR sets a high standard for consent but often the matter will not be one that needs it. If consent is difficult, it will be necessary to look for a different lawful basis. Making consent to processing a precondition of a service may not be appropriate or helpful. Public authorities and employers will need to take extra care to show that consent is freely given, and should avoid over-reliance on consent.

The Information Commissioner's Office has provided extensive guidance at Guide to the General Data Protection Regulation (GDPR) | ICO

6. General practice points

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved. It will always be necessary to consider proportionality and whether the apparent need to share information is proportionate to the perceived risks of not doing so.

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

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

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the GDPR where this applies.

7. Duty of Candour

From October 2014, providers (of health and adult social care registered with the Care Quality Commission) were required to comply with the duty of candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

8. Type of personal information that will be routinely shared

The type of personal information that will be routinely shared under this agreement is sensitive personal data as defined in the Data Protection Act 1998.

Additionally, special category data relevant to Safeguarding Adult Reviews (Serious Case Audits and Serious Case Reviews or Domestic Homicide Reviews) will be provided. For example in a Serious Case Review in Surrey 'there was a lack of history relating to [them] that meant that the risk inherent in placing them together in a supported housing setting were not fully appreciated' and…'there was considerable concern amongst members of the SCR panel that an individual could potentially have a serious mental health and forensic history and pose a threat to the community, but that housing might know little or nothing about this'.

9. How personal information will be shared

Verbal or written information will be requested and shared at safeguarding discussions, meetings or as requested as part of an action or protection plan arising from the safeguarding meeting/discussion. It will also include information that is requested or supplied by email or other electronic forms of communication. A record of all requests for information, meetings, and discussions will be maintained to facilitate an audit trail. Information can also be shared under any processes that are included with the Bournemouth, Dorset and Poole Safeguarding Adults Multi-Agency Policy and Procedures.

Emails must always be sent encrypted to a secure email address, such as .pnn, .gsi, .cjsm etc. It is each organisations responsibility to ensure they have appropriate procedures/policies in place for staff to be aware of their individual requirements.
When considering what information should be recorded the following questions are a guide:

- What information do staff need to know in order to provide a high-quality response to the adult concerned?
- What information do staff need to know in order to keep adults safe under the services duty to protect them?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

It is the responsibility of individuals identified within each organisation to maintain accurate documentation outlining why information has been shared or not.

Protective Marking System Government Security Classifications (GSC) which replaced the Government ***Protective Marking Scheme***

The Protective Marking System and Asset Control comprise three markings in descending order of sensitivity they are: top secret, secret, and official. All government agencies and departments should be using these classifications to classify all documents/assets produced. (Government Security Classifications April 2014)

10. Restrictions on the use of shared personal information

Information would be restricted by any partner agency if deemed not to be in the best interest of the adult at risk. The data shared with partners must not be disclosed to any unauthorised third parties.

11. Breaches of confidentiality

Any breaches will be managed by the partner agency's Information Governance Policy and GDPR and reported to the Caldicott Guardian/Data Protection Officer within 72 hours of being made aware of the breach.

12. Review of PISA

Within one year of agreement or sooner if necessary. Thereafter two yearly or as the need arises. The agreement made herein however, remains in force irrespective of whether the agreement is officially reviewed.

13. Termination of PISA by an organisation

Termination must be in writing to the Chair of the Safeguarding Adults Board, with a minimum notice of three months.

Note about Legitimate Interest

This category requires a person (who wants to use the information) to explain the purpose and justify why it is a Legitimate Interest in addition to having to demonstrate the necessity of the processing. The onus is also on the person being able to ensure – and demonstrate – that the interests are balanced with the individual.

It may be harder to demonstrate compliance as there is more scope for disagreement over the outcome of the balancing test. The person needs to be able to clearly justify the decision that the balance actually favours processing the data.

If it is intended to rely on legitimate interests there needs to be confidence about taking on the responsibility of protecting the interests of the individual. If it is more appropriate to put the onus on individuals to take responsibility for the use of their data, then it may be better to consider whether consent would be a more appropriate lawful basis.

Relying on legitimate interests also requires more work because it needs to be clearly explained in the organisation's privacy policy what the legitimate interests of the processing are.

It will also be necessary to apply the three-part test to use legitimate interest:

It makes most sense to apply this as a test in the following order:

- **Purpose test** – is there a legitimate interest behind the processing?

- **Necessity test** – is the processing necessary for that purpose?
- **Balancing test** – is the legitimate interest overridden by the individual's interests, rights or freedoms

Appendix 10

Safeguarding Adults Enquiry Summary Report

The Enquiry Summary Report is used to record an overview of the various Nominated Enquiry Reports and a summary of the discussions as part of the wider Safeguarding Enquiry. The Summary Report may be used at an Enquiry Review Meeting to pull together all the information gathered as part of the Enquiry.

Safeguarding Adults Enquiry Summary Report

Adult at Risk's Details			
Name:			
Address:			
Date of Birth:		Age:	
Gender: Male ☐	Female ☐		
Identifier Number:		Date of Concern:	
The attached summary enquiry report was written by:			
(Name of Safeguarding Adults Practitioner)S.W:			
Name of allocated co-worker or Nominated Enquirer/s (if applicable):			
Name of Enquiry Manager :			
Summary Report signed by SAP:			
Date approved by Enquiry Manager:			
Background information about the Adult at Risk			
Consent and Capacity			
Details of the Initial Concern/s			
Include dates			

Details of any previous related allegations
Include dates
The person's view of the situation and preferred outcome
Details of any previous/relevant safeguarding concerns(Identify Current Risks and include any benefits and identify actions to minimise Risks)
Information about the individual(s)/organisation alleged to have caused harm
Methods used to undertake the Enquiry
Include any consultations with other 3rd Parties
Findings of Enquiry :Brief Summary

Safeguarding Adults Practitioner's Summary
Recommendations or Conclusions

Appendix 11

Role of Note Takers

Practice Guidance - Note taking

The notes of meetings should provide a reflection of the meeting as a whole and accurately record what was discussed, the stated opinions of others and what the outcomes are in terms of actions, roles and responsibilities – (safeguarding plan). They do not necessarily need to be word for word. The notes are the responsibility of the Chair and therefore the note taker and Chair need to work closely together.

The following guidance should be considered when taking notes:

- Notes should be written in the past tense
- The full names of those involved in the meeting and those discussed should be used
- Where possible, written reports should be provided for the meeting and if agreed by the Chair, attached as a copy to the notes, thus saving the need for a further written précis of the reports.
- The Safeguarding Adults notes template should be used where available and the type of meeting must be clear e.g. EPM.
- The meeting Chair should spend some preparation time with the note taker prior to the meeting to familiarise them with the issues/agenda and any specific requirements for that meeting.
- The note taker may want to sit next to the Chair.
- The note taker should be able to request clarification, if required, during the meeting.
- Draft notes should be sent to the Chair of the meeting to check and amend, (if required) before circulation. All actions should have the full name of the person responsible and timescale.
- Circulation of notes is the responsibility of the Chair. An attendance sheet should be completed and all those attending and giving apologies should receive a copy unless agreed otherwise at the meeting.
- See Data Protection guidance for your LA to ensure confidentiality.
- Aim to have notes typed and circulated within 10 days of the meeting.
- Requests for amendments to notes following circulation must be addressed to the Chair.

Appendix 12

Guidelines for interviews of a 'person alleged to have caused harm' & for determining the outcomes of Adult Safeguarding Enquiries.

Key Principles
It is important that certain key principles are understood before further consideration is given to how different types of interviews should be conducted.
The primary purpose of the overall assessment is to determine if the adult is at risk and if so from whom & how to remove that risk.

To achieve a thorough and fair assessment/Enquiry and to increase the prospect of a clear outcome it will usually be necessary for a 'person alleged to have cause harm' to be interviewed. However the need for this must be evaluated in the context of any potential risk to the adult at risk and the possibility of prejudicing any police investigation, should this later become necessary.

A neutral, balanced and objective approach is necessary for any Enquiry because the aim is to gather information about whether harm has or has not been caused to the victim.
Safeguarding Enquiries conducted by Adult Services staff need to have a clear focus on the person who has or may have been harmed. Such investigations aim to establish whether, on the balance of probabilities, harm has been caused to an individual and to safeguard the individual from harm.

The aim of the safeguarding process, from EPM through the Enquiry to the ERM, is to protect individuals from harm. However, the conduct of an Enquiry may reveal information which indicates who may have caused the harm that has been alleged.

Some adults at risk will have the mental capacity to indicate whether they want the 'person alleged to have caused harm' to be interviewed. If an individual does not have the mental capacity to express a view, a professional judgement should be made by the SAP about whether to proceed.

The purpose of any interview of a 'person alleged to have cause harm' is to allow them the opportunity to give their account about what happened in relation to the allegations.
Interviews with the 'person alleged to have cause harm' should usually be conducted by an employer but in other circumstances this may be the SAP.

In individual cases interviews with the 'person alleged to have cause harm' should not be conducted by staff where this would give rise to a conflict of interest. An example would be where there is an allegation of financial abuse that is suspected to be a deprivation of assets.

Where it appears that a 'person alleged to have cause harm' is also an adult at risk, they must be offered the assistance of an independent advocate to support them throughout the interview process.

Categories of Interview
There are a number of different types of interviews relating to a 'person alleged to have cause harm' that may be required in a Safeguarding Adults Enquiry:

1) Interviews of a 'person alleged to have caused harm' in cases where a police investigation is being undertaken.

2) Interviews with a 'person alleged to have caused harm' regarding potential criminal matters where the Police do not intend to conduct a criminal investigation or to interview the 'person alleged to have caused harm' (including where the service user has declined Police involvement.)

3) Interviews where the 'person alleged to have caused harm' has an employer and category 1 above does not apply.

4) Interviews where the 'person alleged to have caused harm' fits none of the above categories. (For example, carer directly employed by service user through individual budget, carer is a family member who is not an adult at risk.)

1. Interviews of a 'person alleged to have caused harm' in cases where a police investigation is being undertaken.

Where it appears that a criminal offence may have been committed the matter should be referred to the Police so that they can decide whether they wish to conduct a criminal investigation.

If the Police decide to investigate they may interview the 'person alleged to have caused harm'. In such a case no interview should be conducted by the employer or SAP without the consent of the Police. Relevant information from the interview will be presented to the safeguarding conference.

If the case is still under investigation at the time of the ERM, a police update will be available on the current state of the investigation only.

If the case has been concluded by police at the time of the ERM, a police update on the outcome of the Enquiry will be available. Written interview summaries are not completed by police where a caution has been given or there is no further police action.

If the police decide not to interview the 'person alleged to have caused harm', paragraph 2 below applies.

2. Interviews with 'person alleged to have caused harm' regarding potential criminal matters where the Police do not intend to conduct a criminal investigation or to interview the 'person alleged to have caused harm' (including where the service user has declined Police involvement.)

Such interviews should not take place if to undertake them would pose an unacceptable risk to the victim, other adults at risk or children. This will be determined by the EM who must make a written record of this decision and the reasons for it.

The employer, EM or chair of the meeting will nominate a member of staff to conduct the interview. Employers will comply with their own procedures regarding such investigations. If the interview is conducted by the allocated SAP or other person nominated by EM or chair of the meeting they will:

- Explain to the 'person alleged to have caused harm' the aims of the interview in the context of a Safeguarding Enquiry and any ERM that may give consideration to that Enquiry.
- Inform the 'person alleged to have caused harm' that they are entitled to have someone in the interview to support him/her. It must be made clear that the role of that person is to support the 'person alleged to have caused harm' and not to respond to questions on behalf of the 'person alleged to have caused harm'.
- Inform the 'person alleged to have caused harm' that they do not have to attend any interview with the SAP but that if they do not do so the ERM will draw conclusions without their account having been given.
- Inform the 'person alleged to have caused harm' that if they do attend the interview they do not have to answer any questions they do not wish to.
- Make them aware that a written record of the interview will be produced. They will be given the opportunity to read and sign the record of interview to indicate that it is a true account of their version of events or to amend the record if it is not.
- Explain that their account will be shared with appropriate professionals at the ERM, stored on the Local Authority computer systems, and will be considered as part of the safeguarding Enquiry.
- Inform the 'person alleged to have caused harm' that if any information about a crime comes to light as a result of the interview it will be shared with the Police. In those circumstances the interview would be stopped.

3. **Interviews where the 'person alleged to have caused harm' is employed by a Registered Care Provider or a non-registered employment service and category 1 above does not apply.**

    Where the 'person alleged to have cause harm' is employed by a Registered Provider responsibility for interviewing the 'person alleged to have cause harm' will rest with the employer.

    Relevant information from the interview will be made available to the ERM to allow full consideration of any information the 'person alleged to have caused harm' has provided about the allegations. This information should be provided in the form of a summary of the investigative interview focussing particularly on evidence that will substantiate or refute whether harm has been caused.

4. **Interviews where the 'person alleged to have caused harm' fits none of the above categories.**

    Interviews with the 'person alleged to have caused harm' should not take place if to undertake them would pose an unacceptable risk to the victim, other adults at risk or children. This will be determined by the EM who must make a written record of this decision and the reasons for it.

    The obligations placed on the SAP in such a case are set out at 2 above.

Appendix 13

Appendix 13

Large scale safeguarding adult Enquiries – operational guidance

1. When this guidance applies

1.1 This guidance applies in the following circumstances –

- Where there are multiple safeguarding adult Enquiries which involve regulated and contracted care or support services. In this context regulated services mean care homes (with or without nursing), supported accommodation, day services, hospitals and domiciliary social care services

or

- In cases where one person providing care is thought to have harmed or has harmed a number of individuals using the service or in an unregulated setting.

1.2 These are both Section 42 Enquiries but need treating differently because of the scale of work required. The terms “Whole service enquiry” and “Large scale enquiry” are to some extent used interchangeably by staff in agencies. Large Scale Enquiry (LSE) is used in this document because it better describes the diverse circumstances where multiple concerns arise.

1.3 A flowchart giving a simplified account of the initial processes is attached at the end of the Appendix.

2. Why a large-scale enquiry might be needed?

2.1 When a safeguarding concern is received and through the course of a Safeguarding Adults Enquiry the Enquiry Manager (EM) will need to consider if the harm being alleged or caused to one person could indicate a risk to others. This could arise when some or all of the following factors apply:

- Complex concerns relating to several adults using the same service. There is no specified threshold for the number of service users as account must also be taken of the severity of harm/ allegations of harm.
- Types of harm being reported appear to be organisational. This means they are repeated either at one time or over time e.g. a number of serious medication errors or actual or potentially dangerous or neglectful actions by staff.
- Serious reported incidents of harm to a number of adults at risk. These means concerns that meet the definition for safeguarding enquiries about adults at risk.
- Indications that criminal offences may have been committed against adults at risk.
- Multiple breaches of the Health and Social Care Act 2008 may have been committed e.g. regulatory breaches, inappropriate recruitment or retention (e.g. lacking references, no DBS clearance obtained).
- The service has an accumulation of “deficits” and problems over time.
- A cluster of quality related issues that have been highlighted and discussed with the provider (e.g. lack of compliance with care plan, unwitnessed falls, poor interaction between service users where no actual harm resulted,

medication errors where no harm results), but actions not taken in a timely manner to address the concerns.

2.2 The range of concerns set out above is varied. Each incident which arises must be considered in conjunction with others, together with prior knowledge of the service, to decide if an LSE is necessary. It must be borne in mind that action in relation to any of the above circumstances is likely to mean that professionals will need to instigate reviews of the services that individuals receive. This may, in turn, mean that thought will be necessary about whether the service can meet the person's needs.

2.3 The local authority Service Manager, Safeguarding Adults (SA) or equivalent will always be the person who authorises an LSE and will notify the responsible local authority Head of Service or equivalent as well as explaining the reasons for it.

2.4 Once the decision is made the senior operational manager (probably at service manager level or above) may, depending on the level of severity, decide to act as the Enquiry Manager (EM). Alternatively, this responsibility can be delegated to a direct report or another colleague. In the most complex and serious of cases it could be beneficial to appoint an Independent Chair. This is likely to have budgetary implications and therefore must be decided by the Head of Service.

3. Intervening because of the poor quality of service

3.1 This guidance is about responses within the safeguarding umbrella not what to do in response to concerns which are primarily about quality of services. Where those concerns need investigating because they are the main presenting problems responses will be led by a contract monitoring or quality and performance team. Their work will be focused on the contract standards and service specification.

3.2 In parallel with this the Care Quality Commission (CQC) can, through inspections and intelligence gathering, determine if regulatory standards are met and take enforcement action if necessary. In these circumstances it is likely that Safeguarding Adult Services may need to advise or become more involved because inadequate and/ or repeatedly poor-quality services can impact on safety and wellbeing of adults at risk.

3.3 Clarification about the level of risk and interventions required is essential. Once that is decided it will be equally important to decide which agency/ sector/ team takes the lead. This is crucial to the good organisation of an LSE. The lead service will assume responsibility for arranging discussions with relevant agencies that need to be involved, about who does what and when and, unless decided otherwise, for coordinating communications including feedback to and liaison with the service provider.

3.4 This 'Multi-Agency Provider Support' (MAPS) approach, referred to under 5. Below, must be focused on providing advice and support to the provider to improve the quality of care to make people safe. It may also provide evidence of the efforts made by the provider to improve and prevent the need for other interventions.

3.5 This Appendix focuses on and contains many statements and much guidance about processes both generally and for specific agencies. These are

important but throughout the process it must be borne in mind that the core responsibility of any agency involved in a large-scale enquiry is the safety of individuals and protecting the person from harm or the risk of further harm. To this end and proportionate with an assessment of the situation agency staff will report concerns and take actions as necessary.

4. Multi-agency working

4.1 The likelihood is that an LSE will involve a range of agencies concerned with both the protection of individual adults and for quality or standards of care.

4.2 Agencies likely to or may be involved include, for example, the following –

- Local Authority, including care managers and/ or social workers, occupational therapists, Contract Monitoring lead.
- CCG/ Health Trusts, including community health care services, GP, physiotherapists
- Dorset Police
- Crown Prosecution Service
- Commissioners of services whether, from health or the local authority, may be involved but will certainly need to know.

This is not an exhaustive list.

4.3 Careful planning and detailed cooperative multi-agency working will be required throughout. Underpinning this expectation is the Care Act Guidance (2016) which makes it clear that all agencies have a responsibility to work with the local authority and the Police during the S.42 Safeguarding Enquiries. This could include acting as the Nominated Enquirer (NE) for some individuals. The requirement for this and other roles sets out in the SA Procedures apply just as much in the LSE setting as in individual Enquiries.

4.4 This guidance sets out the general expectations and requirements of agencies. A statement from each of the major agencies that could be involved in an LSE about their individual roles is included at the end of this Appendix.

5. Multi-Agency Provider Support (MAPS)

5.1 This Appendix introduces the MAPS approach which is designed to ensure there is a focus on taking action to improve services.

5.2 MAPS is both a principle as well as a practical operational tool and there needs to be an understanding it is of real importance at any or all stages of the LSE. As the term suggests clear advice and support, based on sound observation, must be given to the provider to improve the quality of care and make people safe.

5.3 It may also provide evidence of the efforts made by the service provider to improve and prevent the need for other interventions. Consistent with other aspects of this guidance there will need to be a designated member of staff (or more than one if there are different disciplines to report on) who has the responsibility to feedback and give advice.

5.4 There will also need to a designated person/ people (usually the Registered Manager) from the service provider who is accountable for receiving the communications and ensuring that action follows.

5.5 The frequency and format (verbal/ written) will also need agreement and must be recorded so it can be reviewed.

6. Making Safeguarding Personal (a person-centred approach to keeping people safe)

6.1 Often an LSE will involve an intense period of work and there is a risk of the person and her/his individual needs getting "lost" so it is vital for agencies to keep focused and sensitive to these.

6.2 Extensive guidance about person centred approaches is contained in the main body of the Safeguarding Adults Procedures. There are many references to the Making Safeguarding Personal (MSP) approach in the Procedures. Appendix 5 contains a specific definition.

6.3 Care Act Guidance makes it clear that a person-centred approach is crucial to the way agencies operate. This means accountability to the adults at risk and their carers, whether it is possible to achieve all the outcomes they want.

7. The responsibilities of the service provider

7.1 Whilst much of this guidance is directed at the agencies who lead on or support safeguarding enquiries and interventions it must never be forgotten that it is the actions of the service provider that are frequently key to either promoting good practice (and therefore preventing harm) or allowing harm to take place.

7.2 Good recruitment practices, effective supervision, focussed training and direct observation of staff practice will all be crucial and may well come under the spotlight as and when failings are found.

7.3 Service providers also have responsibilities to work in partnership with commissioners to ensure that when things do go wrong they can both report it and, if appropriate, seek help to put matters right without delay.

8. Cross-boundary Enquiries

8.1 Where a service is funded and located in another area, the ADASS and LGA Advice note for Directors of Adult Social Services – Commissioning out of Area Care and Support Services (published November 2018) will apply.
https://www.adass.org.uk/media/6739/commissioning-out-of-area-care-and-support-services.pdf
That guidance puts lead responsibility for the LSE on the host authority (i.e. where that service is located) and includes expectations that all funding authorities will cooperate.

8.2 Detailed local guidance is being developed which will supplement this Appendix.

9. Individuals who harm multiple adults at risk

9.1 Many of the same features as set out above also apply where it is identified that one individual may have harmed a number of people as with a range of institutional type failures (which, of course, still have their roots in the actions or inactions of one or more staff). It is possible though that when one person's actions are responsible there could be a degree of pre-meditation about them.

9.2 Should the harm be shown to have occurred over a length of time there may be suspicion that the individual has concealed his/ her actions. It will be important to ask workplace colleagues for observations and views to assess any possible collusion. They may also hold evidence that will be important in the Enquiry or possibly in Police investigations.

9.3 It will be necessary to have an early discussion with Dorset Police about a potential criminal investigation. Led by the Police, decisions will have to be made about collecting evidence, protecting other people from harm and avoiding inappropriate interventions.

9.4 All references above to the responsibilities of agencies to refer individuals to the relevant registration body apply here and must be adhered to. Separate guidance is being developed and will appear in the Safeguarding Adults Procedures.

10. How to organise Large Scale Enquiries

10.1 When an LSE involves a number of people who have experienced harm or are at risk of harm the issues are often complex and involve diverse concerns for different agencies**.** For example, Dorset Police may want to look at evidence of criminal activity, commissioners at contract compliance and regulators at professional and organisational standards**.** Because of these cross-cutting complexities, it will be important to try and make an early estimate of the time and staffing resources required. This will help focus the Enquiry and avoid unnecessary risk of drift or delay**.**

10.2 There are a number of actions to undertake at the outset of the LSE and these should be discussed at an initial Enquiry Planning Meeting (EPM). Information gathering will be an important initial activity as follows –

- the names and details of all the adults at risk within the LSE.
- the funding bodies of all the adults at risk
- details of health and social care service the individual is receiving and details of the staff and agency providing them.
- details of the GP practices that visit the service provider's establishment. This information must be shared with the CCG.

This allows for a basic information spreadsheet to be developed.

11. Role of the Enquiry Manager (EM)

11.1 The EM has a critical role. Agencies involved need to be clear that they have accountability to the EM for actions and reports to be provided, within the timescales specified or in response to reasonable requests.

12. Large Scale Enquiry planning checklist

12.1 The checklist approach is important because it will inform the first steps of the EPM to ensure comprehensive planning of the intervention. It is not exhaustive and will not be relevant for every Enquiry. Many actions will have to be reviewed and revised during the progress of the Enquiry.

12.2 The following points are important for the checklist approach:

- Has an initial individual adult at risk and/ or collective risk assessment of the service provider been completed? If not are agencies confident that there is already sufficient information without one? Is this confidence based on sound evidence that everyone is safe?
- Clarification and confirmation of which concerns are known to each agency. Gather an understanding of what that agencies involvement with the service provider and adult at risk has been to date.
- Discuss timescales for any Police investigation so it will not be compromised but neither is the safety of a person during the time it may take.
- Agree what does **not** need to be considered within the S. 42 LSE.
- Agree the themes and specifics to be examined, actioned and reported on by each agency (e.g. Police, CQC, Health, Local Authority or the service provider themselves) including the allocation of the NE roles. Each agency also to consider whether there are any actual or potential conflicts of interest e.g. NHS Trusts who are investigating the actions of other NHS staff.
- Agree the timescales for actions (including complaints and disciplinary action concerning staff) and ensure each agency is aware of its' responsibilities to adhere to these. Make sure the Action Plan is complete and contains realistic timescales with enough details to identify who is doing what. Consider whether concerns about the behaviours and actions of staff justify recommending their suspension, and/ or suspension or limits/ controls on local authority placements or service contracts. Decide who will take this up with the service provider, whose responsibility it is to make a referral to the registration body.
- Identify what evidence is required and the arrangements for procuring and preserving it, including records and, if necessary, a medical examination.
- Note: only the Police and CQC may obtain or seize original documentation. Other agencies are only entitled to have copies.
- Obtain documentary evidence about failings. This could include policies, protocols, care plans, or possibly plans of the building and maps of the local area.
- Using the initial and any subsequent risk assessments, consider whether there should be a review of services provided to some or all the individuals receiving it because of potential or actual risk of harm if it continues or without significant changes to reduce risk.
- Use the spreadsheet to keep a chronology of all incidents related to the Enquiry and keep a clear and agreed record of all activity and concerns and updates as necessary.
- Ensure there are accurate and agreed records of all EPM and Review meetings.
- Consider need to consult or inform other agencies if not already directly involved. It may be appropriate to ask for views and/ or a written report.

- Be aware of the possible need for legal advice about, for example, enforcement actions or suspension or withdrawal of contracts.
- The Safeguarding Adult Practitioners (SAP) and/ or managers will work alongside and support the activity of others involved. This is likely to include management of the action plan, support for the provision of the reports of the NE(s) and feedback to the service provider with observations about the safety of their current practices, whether it is achieving recovery and/ or what else they need to do and the timescale for this.
- Consider the capacity of those using the service and therefore ensure the EPM have a clear view of what should be asked of and said to those who use it. Where capacity to engage in meaningful discussions about the service is in question a capacity assessment may be required.
- If it becomes obvious that the person is not able to represent him/ herself identify who to communicate with as the representative. Ensure that advocates are appointed for people who are not capacitated in relation to decisions being considered and have no other representatives.
- Consider how to involve informal carers and others who may need to know both at the beginning and throughout the Enquiry. Think about holding a meeting with relatives and carers. Face to face meetings can be very effective as a way to give clear explanations, listen to concerns and offer support.
- Consider the need for a communication strategy and responses to possible media interest. Being prepared and having an agreed draft statement/ press release could be very beneficial. See relevant section below.
- Wherever possible and appropriate engage with the service provider so they can take responsibility for the actions required to resolve the risks of harm and put right what has already gone wrong. Remember that the LSE is not about finding guilt, but about finding out what has gone wrong, preventing further harm and, as far as possible, making sure it does not happen again.

13. Key issues in an EPM for an LSE

- The Enquiry Manager has a critical role. Agencies involved need to be clear that they have accountability to the EM for actions and reports to be provided, within the timescales specified or in response to reasonable requests.
- Key personnel from relevant agencies should be identified and invited to the initial EPM. Those who attend EPMs will need authority to act for and on behalf of their agency.
- Clarify operational procedures e.g. confirm this is an EPM within the meaning of the Safeguarding Adults Procedures. It may sometimes deviate from this norm, for example where the Police Major Incident Procedures apply.
- Jointly agree the likely usual attendance and distribution list for Minutes. Also agree the initial staffing commitment required i.e. SAPs and managers required to support the Enquiry and the venue for the EPMs.
- Ensure that personnel involved do not and are not seen to have any non-professional interest in the service related to the Enquiry.
- Give sufficient attention to the preparations required for the interview of witnesses who may include the adults at risk and may therefore need support. It may be necessary for specialist staff and interview facilities to be available.
- If necessary, ensure that other local or health authorities who are funding services are included in meetings through invitations to attend the EPM or

other meetings or via regular updates including the provision of meeting Minutes.

- Make sure that any planned formal actions e.g. recommendations about suspension of staff, suspension or withdrawal of contracts, are properly recorded and fully compliant with the law.
- Ensure that records generated by, and possibly taken from, the service facility, are kept securely.
- Agree and maintain arrangements for keeping senior managers and Members informed and updated about the state of the service and changes that occur over time. See also Section 5. below on communications.
- Different agencies priorities need to be reconciled and not viewed competitively. This may be particularly important when making sure Police investigations are fully addressed.
- Think about whether the Pan-Dorset Procedure for the management of the closure of a care home needs to be used if an urgent planned closure is considered because other options for improvement or maintenance are not realistic. https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/04/Procedure-for-the-management-of-the-closure-of-a-care-home-1.pdf
- Offer advice about a possible meeting with relatives and informal carers and be prepared to fully participate in this.
- Observations about practice within the service must be maintained as must feedback about ongoing concerns or improvements made. A rota of staff (probably to be drawn from different agencies) may well be needed to ensure systematic monitoring

14. Communication – actions to be taken

14.1 Even if not initially necessary a press statement should be prepared and agreed between the relevant senior managers and Communications Unit for each key agency involved. This should be revised as necessary in the light of changing circumstances and actions over time. It needs to be ready to be issued urgently if circumstances require it.

- Depending on the severity and critical nature of the LSE the local lead agency may need to provide regular briefing and information to the other agencies involved. This could be frequently required in a large service where different staff are engaged in very diverse pieces of work.
- Feedback to the service provider is critical and may be needed on a daily basis. This is fundamentally important to tell the service provider about the effectiveness of the agreed actions in improving performance. It will be necessary to be clear if this is not happening, or only partially being effective, and agree what more needs to be done and within what timescales.
- Within the limits imposed by confidentiality give feedback to those who initially raised the concerns.
- Make sure that IMCA and advocacy services are fully alerted to the possible need for their intervention,
- Where there are a substantial set of concerns in a very large-scale service with many or all adults at risk who receiving the service consider the need for a helpline or identified point of contact over and above the individual member of staff allocated.

- Agree and maintain arrangements to keep senior managers and Members informed and updated about the progress of the LSE and how risk is being managed and mitigated or continues.
- Ensure MAPS issues are fully communicated and recorded. Section 5. above refers.
- It is to be hoped that improvements identified will be made by the service provider and that, in time, there will be a defined end to the formal S.42 Enquiry. This would be agreed at a final ERM.
- This may be the end of the matter or it may be agreed to maintain monitoring and ongoing support. In this context consider holding a forum to bring together staff from key agencies with the service provider to check that required longer term actions are undertaken. e.g. the appointment of a new manager and addressing his/ her ongoing learning and development needs. Any new concerns will be usefully considered in that forum as well, if appropriate. In these circumstances it will have to be decided if that forum is led by staff from the safeguarding service or from contracts or performance or quality teams.
- Staff who have known about the past history of a service may be particularly sensitive if further concerns are identified and might raise these as safeguarding matters. This could be appropriate, but it is also possible that having established improvements and engendered more trust it is possible that the service can respond satisfactorily to these without a Section 42 Enquiry. This will have to be considered on a case by case basis.

- A MAPS forum which offers continuing support, guidance and feedback with an accountable person/ people representing the service provider could be a very useful resource to put in place to consider and review new concerns arising and assess the risk posed and whether they can be responded to by the provider, with support as necessary, or require a further safeguarding referral. Section 5. refers.

15. Post Enquiry actions

- Provide a debrief for staff who have been involved, Lessons learnt, or best practice derived from the Enquiry and its' outcomes should be made available so that training issues can be identified.
- Managers should carefully consider whether to provide counselling for staff in their agency if they were personally affected by the Enquiry and what was found.
- Consider the need to recommend that a Safeguarding Adult Review is held and even if the set of concerns do not meet the threshold for this a summary report might well be called for. This may be commissioned from a member of staff from within one of the organisations involved or from an external author.
- Lessons to be learnt from one LSE may well be applied elsewhere or more generally. The SABs and safeguarding teams should routinely review this learning and what to disseminate from completed Enquiries.

16. Individual agency responsibilities

Dorset Council

Safeguarding Adults Team

- Safeguarding Triage Team to process the Section 42 Concerns that are raised in relation to the provider
- To share information with relevant agencies.
- To contact other professionals and agencies, to gather further information as required.
- To contact relevant Advanced Practitioner Safeguarding for the area the provider is located, to decide, as to whether the concerns need to progress as a section 42 enquiry or not.
- Advanced Practitioner to organise an Enquiry Planning Meeting for the concerns raised and decide as to whether a full section 42 Enquiry is required. If so the Enquiry will be undertaken by the relevant Safeguarding Adult Practitioner's with the Specialist Safeguarding Team
- Once the Enquiry has been completed an Enquiry Review Meeting will be organised and chaired by the Advanced Practitioner Safeguarding.
- Alongside the above a Large-scale enquiry Meeting will be chaired by the Specialist Manager Safeguarding with all relevant agencies and professional involved attending to formulate a Large-scale enquiry plan of action.

Quality Improvement Team

- To support and undertake regular visits throughout the Large-scale enquiry process to monitor agreed service improvement plans and to ensure that sustainable change has been achieved and risks satisfactorily reduced.
- These visits will be undertaken in an unannounced capacity and may be out of usual working hours to monitor satisfactory progress.
- Communication updates on developments to Strategic Commissioning Managers.
- Support/contribution to Provider Led Business Continuity Plan.
- Support to the instigation of a Care Home Closure policy.
- Regular dialogue and updates on developments with the Safeguarding Adults Team and Chair of the Large-scale enquiry Process.

Locality Team

- Review all residents supported by the provider who are funded by Dorset County Council.
- To review all Self-funders within the relevant service.
- To organise any necessary alternative placements required following reviewing the residents due to level of risks.
- To attend the Large-scale enquiry Meetings as required.

Bournemouth, Christchurch and Poole Council

Statutory Services Team (SST)

- SST to process the Section 42 Concerns that are raised in relation to the provider
- To contact other professionals and agencies, to gather further information as required.

- To share information with relevant agencies, i.e. CCG, CQC, Police etc.
- To contact relevant Managers in ASC covering the area the provider is located, to assist in deciding, as to whether the concerns need to progress as an LSE and/or Section 42 enquiry or not.
- SST will co-ordinate an Enquiry Planning Meeting for the concerns raised and decide as to whether an LSE required in discussion with the relevant Service Manager. If so, the LSE will continue to be co-ordinated by the SST.
- The Large-scale enquiry Meeting will be chaired by a Manager from the SST or the relevant Service Manager, depending upon the complexity of the situation. All relevant agencies and professional will be invited to attend to formulate a Large-scale enquiry plan of action.

Locality Team/CLDT/CMHT

The above Teams may be requested to undertake one or all the roles listed below:

- Provide specialist input where specific assessments or professional opinions are needed, e.g. Occupational Therapy.
- Review all residents supported by the provider who are funded by the Council.
- To review all Self-funders within the relevant service.
- To organise any necessary alternative placements required following reviewing the residents due to level of risks.
- To attend the Large-scale enquiry Meetings as required.

Bournemouth, Christchurch and Poole Council Contracts and Service Improvement

- Support SAP's with the enquiry and information gathering. Contract Officers and Service Improvement teams are experienced in aiding providers in regard to CQC requirements, Contract Compliance and good practice.
- Assist the provider with processes and enabling good evidence-based documentation to be produced.
- Provide assistance to evidence good practice and compliance for a wide range of subjects linked to CQC and contract compliance.
- Provide historical information regarding previous safeguarding's and non-contractual compliance as evidence of historical non-compliance.
- Assistance with formulation of themed action plan.
- Monitoring of action plans.
- Reporting back to LSE through either professionals meeting or ERM.
- Can be part of a multi agency approach to support the provider to improve quality and safeguard residents.
- Signposting to relevant professionals and organisation's as appropriate.
- Monitoring alongside LSE to evidence compliance and raise any further safeguarding concerns that may arise during our visits.

Dorset Police

Dorset Police will provide an information sharing document and an officer from the adult safeguarding team will triage the information, allocate an officer (OIC) to attend any enquiry planning meeting. We will establish whether a crime has been committed and if the investigation meets the threshold for a full police investigation. If this is the case, then

a senior investigating officer (Detective Inspector or above) will be appointed to manage the investigation.

Dorset Clinical Commissioning Group

As a statutory partner for the Safeguarding Adult Boards the CCG requires to have an oversight of all the large scale enquires to carry out their statutory duties.

This will allow the Designated Adult Safeguarding Manager (DASM) to

- Determine exactly if any of the individuals in the home are funded through either CHC, FNC or section 117
- To compile any information that the CCG may hold within their QA team, this could include intelligence a round monitoring visits, infection control visitors.
- To understand any requirements for clinical reviews, as this will need to be negotiated between the CCG, DHUFT and the Local Authority to scope what is required and to determine how this can be resourced. (This is to be able to understand any capacity issues currently within the community services, and to scope what they are able to provide)
- To communicate directly with CHC, as all CHC funded individuals should also have a case manager within (DHUFT)
- To inform all GP practices relevant to wholescale enquiry, so they are aware that the home is under scrutiny, to be able to support

All this information would be gathered and either bought meeting in person or via report (the report is more likely if there is **no CHC funded** individuals within the home).

The DASM would expect to continue to have a high-level overview of the process throughout the LSE; which could be through either attendance at meetings or receiving high-level feedback from delegated members of the CCG requested to attend or the DHUFT safeguarding representative at the LSE may attend the meetings on behalf of the DASM and provide feedback to the DASM.

Dorset Healthcare University NHS Foundation Trust (DHC)

SUMMARY

The Lead Manager for Safeguarding will nominate a DHC Safeguarding Team representative to attend planning/ review meetings and to co-ordinate DHC's response.

Representatives from DHC Services who currently support patients receiving care from the service provider who is the subject of the LSE may be required to attend the initial LSE planning meetings and subsequent reviews.

DHC staff must collaborate with openness and transparency to facilitate trust, dialogue and actions for improvement.

ACTIONS

To collate and share information from the DHC Services who currently support patients receiving care from the service provider who is the subject of the LSE.

If the sharing of information on patients known to DHC Services will not mitigate the risks of harm to others receiving care from the service provider. DHC will consider whether

there is capacity from DHC to allocate staff to visit those not already known to DHC services. Generally, the intervention will be in the form of a brief overview of the health needs of an individual. A full standard assessment will only be conducted in exceptional circumstances where a proven need for this has become evident. The overview will list the service user's health needs and a brief summary of the care required using the relevant DHC documentation.

DHC may be requested to undertake other assessments to support the LSE, such as the completion of MUST or a body map for all of the residents. In such cases, the Lead Manager for Safeguarding DHC will discuss the nature and level of the assessment required, with the relevant Service Manager, to identify what capacity is available in the system to support the actions that have been requested.

Whilst DHC acknowledges that best practice would be for the overviews to be conducted with LA representatives, this may not always be possible, as DHC may need to complete the overviews at a time that clinicians can be released from their normal roles without placing their existing patients at risk by a reduced service.

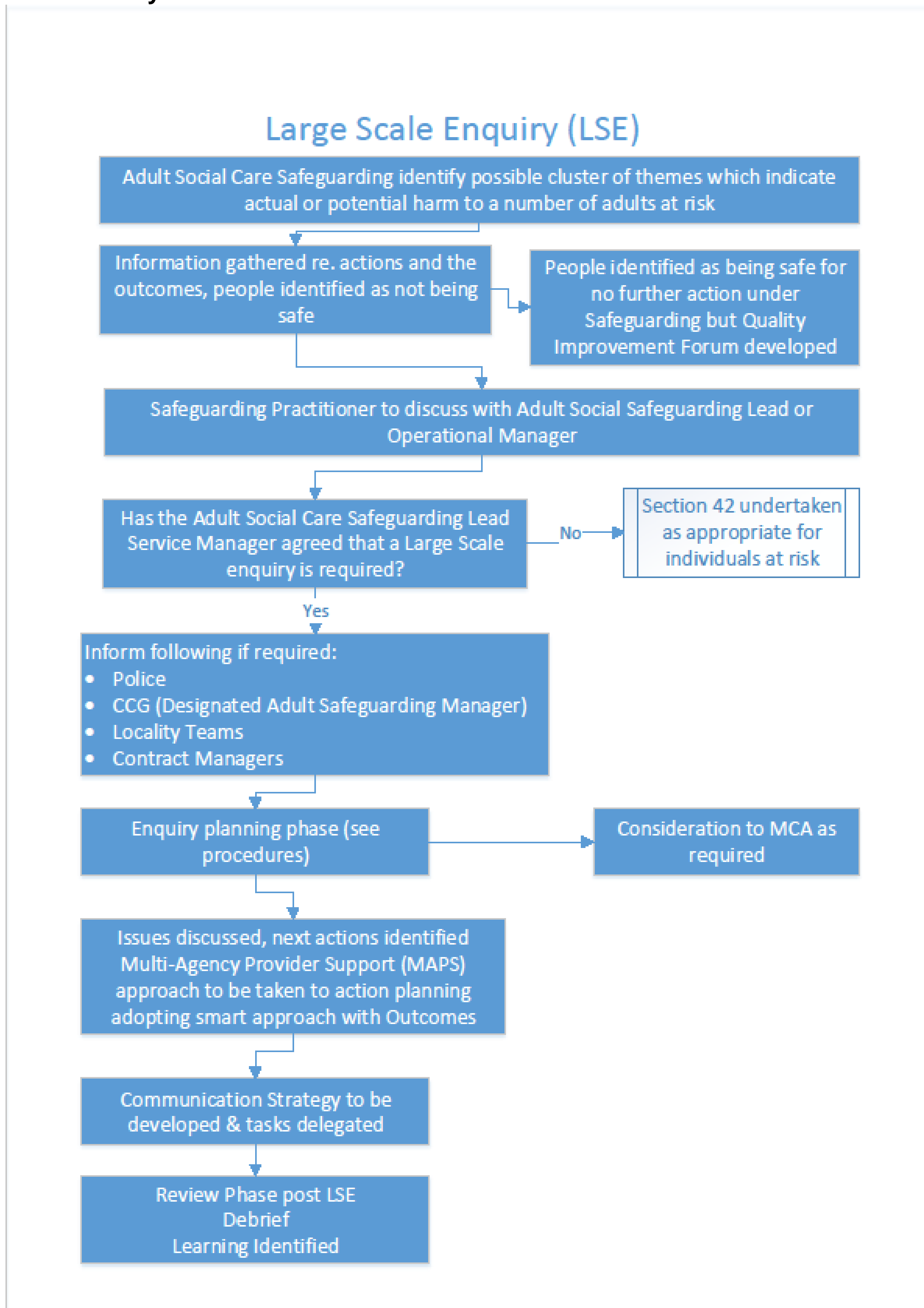
A verbal summary of findings and actions will be shared at the time that the overviews are completed with the manager for the care provider. Where feedback is given best practice would be that clinicians do not undertake this on their own. If there is no one available from the LA to support clinicians should then undertake feedback to a provider with another DHC Clinician.

The feedback given should then be documented on the forms in the Large-Scale Enquiry documentation used by DHC and any further information in a report format.

Indications of new safeguarding concerns and/or risks will be shared with the LA as a matter of priority and raised as a safeguarding concern according to the Multi-Agency Safeguarding Adults Procedures.

DHC Safeguarding Team will support Practitioners involved in the LSE.

17. Summary flowchart



Appendix 14

Death of Adult at Risk

If a concern or complaint is received after an adult at risk has died
The concern or complaint could contain an allegation or suspicion that harm or neglect was contributory factor in the person's death. The allegation may be made by a family member, partner or friend, a concerned member of employees who is 'whistle blowing', or as a result of a report from the Coroner. Such a concern will give rise to action under the Safeguarding Adults policy and procedures. It will be necessary to try and ensure no further adults are at risk from the same source and, if they are, to take steps to ensure their safety. Decisions may also be taken about whether a serious case review will be undertaken.

If the adult at risk dies during the Safeguarding Adults process
The Safeguarding Adults process will continue and an immediate review must take place to decide whether the death was as a result of the inadequacy of the safeguarding plan or whether poor inter-agency working was a contributory factor. In either of these situations the Police may be involved where there is evidence or suspicion:

- That the actions leading to harm were intended
- That adverse consequences were intended
- Of gross negligence and/or recklessness

The Coroner will be informed by the police of the death as soon as possible (and before burial or cremation) if harm or neglect is suspected to be a contributory factor.

If the incident occurred in a health or social care setting and involved unsafe equipment or systems of work a referral may be made to the Health and Safety Executive (HSE). The HSE will make a decision whether to investigate.

An Enquiry Planning Meeting of the relevant organisations should be convened to review the allegation or complaint and to agree a co-ordinated Enquiry/investigation. If there is to be a police investigation, that investigation will take primacy. All organisations will be expected to co-operate in the agreed process.

Consideration should be given to whether there should be an independent manager's review or a Safeguarding Adult Review to examine the circumstances involved.

Please contact Bournemouth, Christchurch & Poole Safeguarding Adults Board Business Manager or the equivalent for the Dorset Board for: Serious Case Review Protocol.

If the adult at risk was a victim of domestic violence and was murdered, a statutory duty to undertake a Domestic Homicide Review (DHR) exists. This duty can be met through the Safeguarding Adults Review process but the Home Office must be informed of any learning outcomes from the review through the Chair of the relevant Community Safety Partnership (CSP). http://www.homeoffice.gov.uk/publications/crime/DHR-guidance

Appendix 15

Independent advocacy and “substantial difficulty”.

Local Authorities have a duty to involve the adult in a Safeguarding Enquiry. Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process. As part of the planning process, the Local Authority must consider and decide if the adult has “substantial difficulty” in participating in the Safeguarding Adult Enquiry. The Local Authority should make all reasonable adjustments to enable the person to participate before deciding the person has “substantial difficulty”.

“Substantial difficulty” does not mean the person cannot make decisions for themselves. It refers to situations where the adult has “substantial difficulty” in doing one or more of the following:

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

Where an adult has **“substantial difficulty”** being involved in the Safeguarding Adult Enquiry, the Local Authority must consider and decide whether there is an appropriate person to represent them. This would be a person who knows the adult well, and could be, for example, a spouse, family member, partner, friend, informal carer, neighbour, Power of Attorney. The identified person will need to be willing and able to represent the adult.

An appropriate person to represent the adult cannot be a person who is involved in their care or treatment in a professional or paid capacity. Where the adult has capacity to consent to being represented by that person, the adult must consent to being represented by them. If the adult lacks capacity to consent to being represented by that person, the Local Authority must be satisfied that being represented by that person is in the adult’s best interests.

The person who is thought to be the source of risk to the adult may be the most readily identifiable person to represent them, for example, if the person thought to be the source of risk is a spouse, next of kin, or person closest to the adult in their social network. In such circumstances, careful thought needs to be given to whom is appropriate to represent the adult, but it is unlikely that the Local Authority would consider that it is in the adult’s best interests to be represented by a person who may pose a risk of harm to them.

Where an adult has **“substantial difficulty”** being involved in the Safeguarding Adult Enquiry, and where there is no other appropriate person to represent them, the Local Authority must arrange for an independent advocate to support and represent them. Appendix 16 The Care and Support Statutory Guidance states that where the need for an independent advocate has been identified, the local authority must arrange for one to be provided.

Appendix 16

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity
Issues of mental capacity and consent are central to decisions made in the adult safeguarding process. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability to understand the implications of their situation and to take action themselves to prevent abuse and to participate to the fullest extent possible in decision-making about interventions.

The Mental Capacity Act (MCA) provides a statutory basis on which to empower and protect people who may lack the 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 for every day matters. All decisions taken in the adult safeguarding process must comply with the MCA.

The MCA starts with the presumption that, from the age of 16, we can make our own decisions – including about our safety and when and how services intervene in our lives. It then sets out the test to determine whether a person can make a particular decision for themselves. This states that a person only lacks capacity in circumstances where they are unable to make a decision because of 'an impairment of, or disturbance in the functioning of, the mind or brain'. It then elaborates on what it means to make a decision: the person must be able to:

- Understand information relevant to the decision
- Retain that information long enough to
- Use and weigh the information & come to a decision
- Communicate that decision

Only if a person cannot manage one (or more) of these elements do they lack capacity and someone else can make the decision on their behalf.

If a person lacks the capacity to make a decision for themselves, anyone who makes that decision for them must do so in that person's best interests. This must involve:

- Considering the person's past & present wishes
- Consulting with all those with an interest in their welfare
- Considering the least restrictive way of achieving the desired outcome
- Balancing the pros and cons of each available option to come to a conclusion about what is in the person's best interests

Deprivation of Liberty Safeguards
The Deprivation of Liberty Safeguards (DoLS) were added to the MCA to provide added protection to people who are in hospitals or care homes and who lack the capacity to consent to a care & treatment regime that needs to deprive them of their liberty.
The DoLS apply where a person is in a care home or hospital under conditions that involve 'continuous supervision and control' and they are 'not free to leave' and they lack the capacity to consent to these restrictions.
The care home manager or hospital (the 'Managing Authority') must make an application to the relevant Local Authority (the 'Supervisory Body') if they believe that they are caring for someone who needs to be deprived of their liberty. The DoLS apply regardless of whether the person is compliant with their care or whether or not everyone agrees that it is in their best interests. All deprivations of liberty should be authorised through a proper legal process.

The Supervisory Body will arrange for two assessors to complete the DoLS assessment and, if appropriate, issue an authorisation to the care home or hospital to authorise the detention.

While the DoLS only apply in care homes & hospitals, a deprivation of liberty can occur in any care setting – including in a person's own home. Such situations should be authorised through an application to the Court of Protection.

Professionals working with people who may be deprived of their liberty should:

- Familiarise themselves with the provisions of the MCA
- Take steps to review existing care packages to determine whether there is a deprivation of the person's liberty
- When implementing new care plans, be alert to whether they may lead to a deprivation of the person's liberty
- Where a potential deprivation of liberty is identified, explore alternative ways of providing the necessary care & treatment that might be less restrictive and avoid depriving the person of their liberty
- Where a deprivation of liberty is essential, be familiar with how to ensure that this is properly authorised (either through the DoLS or an application to the Court of Protection)

If you are unsure about any issue relating to the MCA, DoLS or the Court of Protection, you should seek advice from the MCA Team based with the appropriate Local Authority.

Guardianship

The provision of Guardianship falls within the Mental Health Act and is therefore only applicable to a person with a mental disorder. A Guardian is a person with special powers to make decisions on behalf of a person with a mental disorder. The only legal power a Guardian has is to determine where an individual may live (and only then if the nearest relative doesn't object). It may though be useful to consider this specific power if it is felt necessary to remove a person from a situation or set of circumstances where they are being caused harm.

Appendix 17

Guidance on pressure ulcers and safeguarding

The risk of sustaining pressure damage is often seen to be the problem of the health or social care professional; however, the individual at risk is central to successful prevention. Pressure ulcers are considered an important part of the wider Safeguarding agenda and each local Safeguarding Adults Board has guidance in place to ensure that people with pressure ulcers are referred into the safeguarding process appropriately which aligns with the NHS reporting mechanisms.

Making Safeguarding Personal adopts the principles of adult safeguarding, **Empowerment, Prevention, Protection, Partnership, Proportionality and Accountability** which includes considering the desires and wishes of the individual.

This is particularly important when people suffer a significant health related event (physical or mental), are diagnosed with a chronic illness or suffer trauma. These occurrences significantly increase their risk of being susceptible in the future to pressure damage. When holistically reviewing the individual, it is important to consider whether the application of the **Mental Capacity Act** is necessitated.

If the individual has capacity, it is important to work with the patient and their carers to highlight the risk and actions to mitigate risk, consideration for a referral to Adult Safeguarding should be undertaken if the individual is self-neglecting to the point where harm is occurring, an outcome of this referral may be the use of the Multi-Agency Risk Management (MARM) process https://www.dorsetforyou.gov.uk/care-and-support-for-adults/information-for-professionals/dorset-safeguarding-adults-board/dorset-safeguarding-adults-board-pdfs/multi-agency-risk-management-marm-guidance.pdf .

If the individual lacks capacity, best interest decision making will be required https://www.dorsetforyou.gov.uk/care-and-support-for-adults/information-for-professionals/mental-capacity-act-and-dols-team/mental-capacity-act-mca-and-deprivation-of-liberty-safeguards-dols-team.aspx .

Care provider of service users who are not currently known to Community Health Care services or the Tissue Viability Service should be referred to the Local Authority Safeguarding Team.

•Residents in the Dorset Council area call Adult Access on 01305 221016
•Christchurch and Bournemouth residents call Care Direct on 01202 454979
•Poole residents call Adult Social Care Helpdesk on 01202 633902

A Section 42 safeguarding enquiry should be undertaken to gather further information discussions which is led by the local authority.

The local authority should request practising registered nurse (RN) within the care provider organisation to undertake an Adult Safeguarding Decision Guide assessment for service users with pressure ulcers.

If the service user is not residing within a care home with nursing the local authority may request the NHS community healthcare provider to undertake an assessment of the wound which will include a history of the development of the skin damage and any actions taken to minimise any risk. This assessment of the pressure ulcer will contribute to the section 42 enquiry, there will be no expectation that the health

professional will need to attend the enquiry review meeting unless there are wider safeguarding issues within the care home, which generates a large-scale enquiry. If pressure ulcer is present on arrival at a care home (both nursing and residential), then the local authority should contact the transferring organisation to understand if decision guide or a root cause analysis has been completed.
The safeguarding decision guide assessment considers six key questions which helps inform the decision-making process safeguarding of the Section 42 enquiry. The threshold for raising a safeguarding concern is 15 or above, this will not however replace professional judgement. Body maps should have been used to record any skin damage as well as documentation of the site and size of the pressure ulcer.

Guidance for the LA completing the adult safeguarding decision tool (below) with the provider of care for individuals not known to NHS Community Healthcare Services or Tissue Viability Nurse Services

History	Include any factors associated with the person's behaviour that should be taken into consideration e.g. sleeping in a chair rather than a bed
Medical History	Does the person have a long-term condition or take any medication which may impact on skin integrity; for example, Rheumatoid Arthritis, COPD, chronic oedema, existing skin condition or steroid use. • Is the person receiving end of life care? • Does the person have any mental health problems or cognitive impairment which might impact on skin integrity? e.g. dementia / depression
Monitoring of skin integrity	Were there any barriers to monitoring or providing care e.g. access or domestic/social arrangements • Should the illness, behaviour or disability of the person have reasonably required the monitoring of their skin integrity (where no monitoring has taken place prior to skin damage occurring)? • Did the person decline monitoring? If so, did the person have the mental capacity to decline such monitoring? • Were any further measures taken to assist understanding e.g. patient/service user information, leaflets given, escalation to clinical specialist, ward leads, team leader, and senior nurses? • If monitoring was agreed, was the frequency of monitoring appropriate for the condition as presented at the time? • Were there any other notable personal or social factors which have affected the person's needs being met? E.g. history of self-neglect, lifestyle choices and patterns, substance misuse, unstable housing, faith, mental ill health, learning disability
Expert advice on skin integrity	Was appropriate assistance sought? e.g. professional advice from a Community Nurse, Clinical Lead or Tissue Viability Specialist Nurse Was advice provided? If so was it followed?

Care planning & implementation for management of skin integrity	Was a pressure ulcer risk assessment carried out upon entry into the service and reviewed at appropriate intervals? • If expert advice was provided did this inform the care plan? • Did skin integrity assessment and monitoring at suitable and appropriate intervals form part of the care plan? • Were all of the actions on the care plan implemented? If not, what were the reasons for not adhering to the care plan? Were these documented?
NB: If the person has been assessed as lacking mental capacity to consent to the care plan, has a best interest decision been made and care delivered in their best interests?	Did the care plan include provision of specialist equipment? • Was the specialist equipment provided in line with local timescales • Was the specialist equipment used appropriately? • Was the care plan revised within time scales agreed locally?
Care provided in general (hygiene, continence, hydration, nutrition, medications)	Does the person have continence problems? If so, are they being managed? Are skin hygiene needs being met? (Including hair, nails and shaving)? Has there been deterioration in physical appearance? • Are oral health care needs being met? • Does the person look emaciated or dehydrated? Is there evidence of intake monitoring (food and fluids)? • Has the person lost weight recently? If so, is person's weight being monitored? • Are they receiving sedation? If so, is the frequency and level of sedation appropriate? • Do they have pain? If so, has it been assessed? Is it being managed appropriately?
Other possible contributory factors	Has there been a recent change (or changes) in care setting? • Is there a history of falls? If so, has this caused skin damage? Has the person been on the floor for extended periods?

References

Department of Health and Social Care (2018) Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry

NHS Improvement (2018) Pressure ulcers: revised definition and measurement. Summary and recommendations.
https://improvement.nhs.uk/documents/2932/NSTPP_summary__recommendations_20June2018.pdf

EPUAP (2014) (European Pressure Ulcer Advisory Panel) Prevention and Treatment of Pressure Ulcer: Clinical Practice Guideline http://www.epuap.org

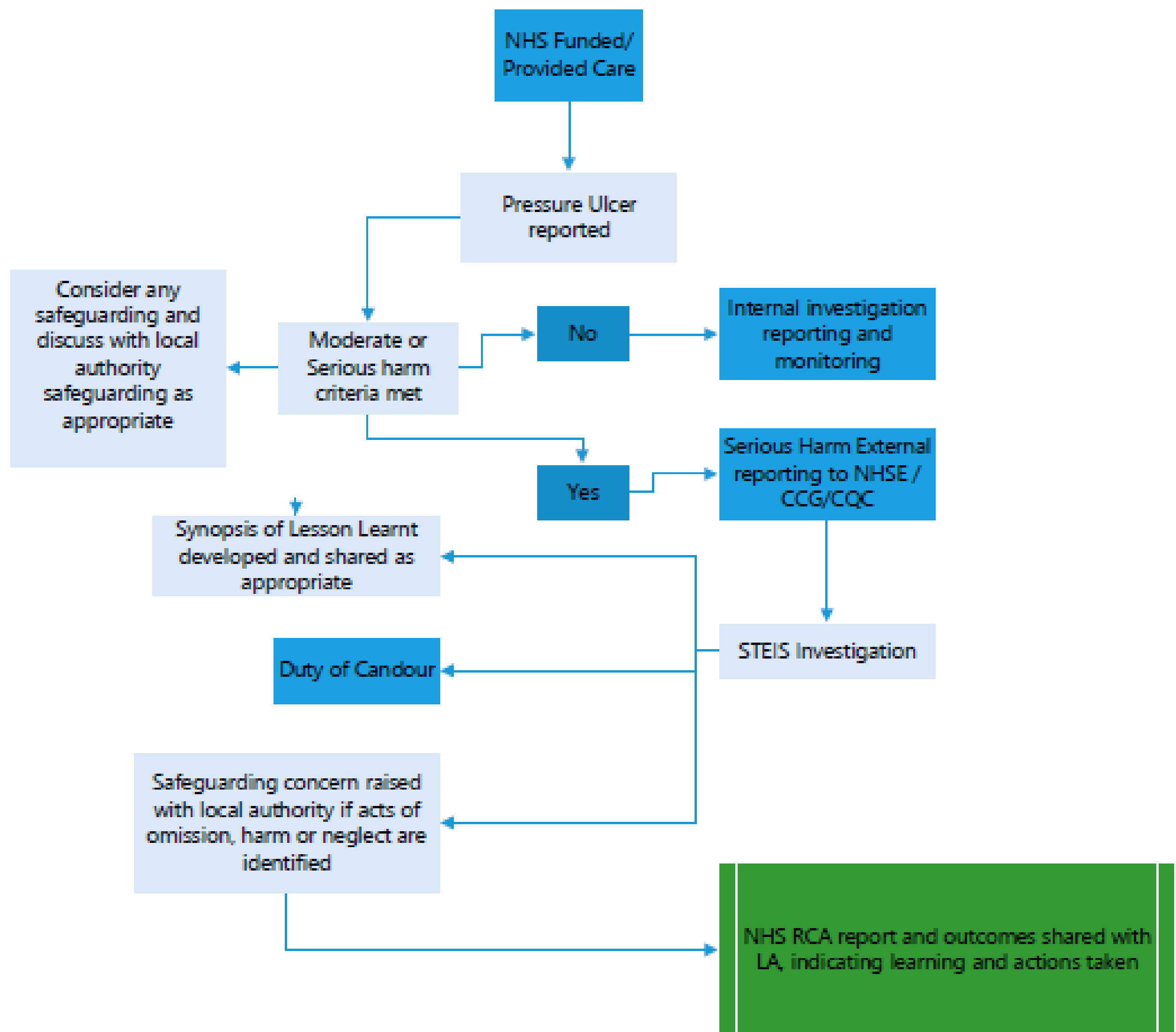
Q	Risk Category	Level of Concern	Score	Evidence
1	Has the patient's skin deteriorated to either grade 3/4/ unstageable or multiple grade 2 from healthy unbroken skin since the last opportunity to assess/ visit	Yes e.g. record of blanching / non blanching erythema /grade 2 progressing to grade 2 or more	5	E.g. evidence of redness or skin breaks with no evidence of provision of repositioning or pressure relieving devices provide
		No e.g. no previous skin integrity issues or no previous contact health or social care services	0	
2	Has there been a recent change, i.e. within days or hours, in their / clinical condition that could have contributed to skin damage? e.g. infection, pyrexia, anaemia, end of life care, critical illness	Change in condition contributing to skin damage	0	
		No change in condition that could contribute to skin damage 5	5	
3	Was there a pressure ulcer risk assessment or reassessment with appropriate pressure ulcer care plan in place and documented in line with each organisation's policy and guidance?	Current risk assessment and care plan carried out by a health care professional and documented appropriate to patient's needs	0	State date of assessment Risk tool used Score / Risk level
		Risk assessment carried out and care plan in place documented but not reviewed as person's needs have changed	5	What elements of care plan are in place
4	Is there a concern that the Pressure Ulcer developed as a result of the informal carer	No / Not applicable	0	

	wilfully ignoring or preventing access to care or services			
		Yes	15	
5	Is the level of damage to skin inconsistent with the patient's risk status for pressure ulcer development? e.g. low risk–Category/ grade 3 or 4 pressure ulcer	Skin damage less severe than patient's risk assessment suggests is proportional	0	
		Skin damage more severe than patient's risk assessment suggests is proportional	10	
6	Answer (a) if your patient has capacity to consent to every element of the care plan. Answer (b) if your patient has been assessed as not having capacity to consent to any of the care plan or some capacity to consent to some but not the entire care plan.			
a	Was the patient compliant with the care plan having received information concordance policies have been followed.	Patient has not followed care plan and local non regarding the risks of noncompliance?	0	
		Patient followed some aspects of care plan but not all	3	
		Patient followed care plan or not given information to enable them to make an informed choice	5	
b	Was appropriate care undertaken in the patient's best interests, following the best interests' checklist in the Mental Capacity Act Code of Practice? (supported by documentation, e.g.	Documentation of care being undertaken in patient's best interests		

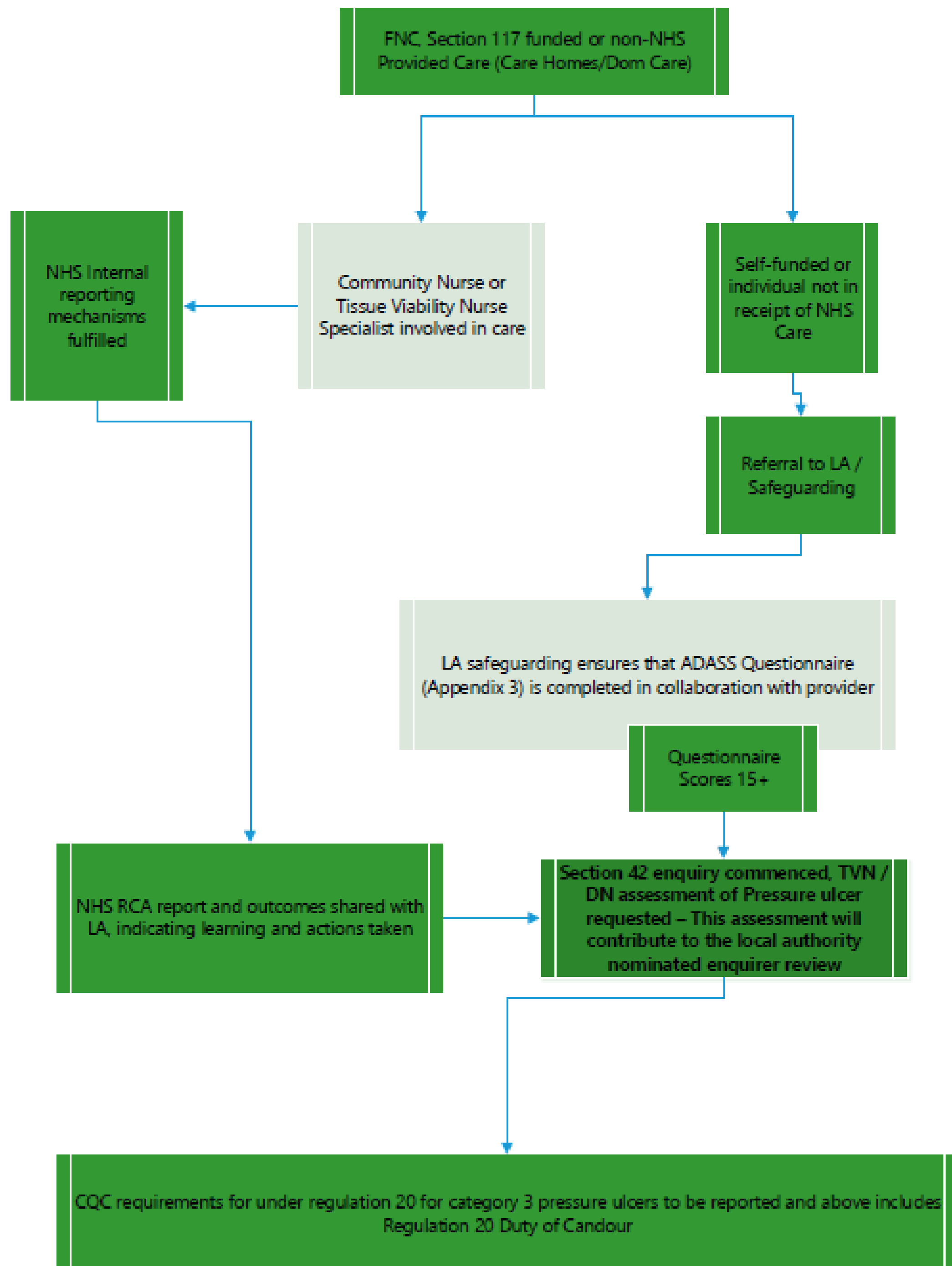
	capacity and best interest statements and record of care delivered)			
		No documentation of care being undertaken in patient’s best interests	10	
Total Score				

If the score is 15 or over, discuss with the local authority (safeguarding) as determined by local procedures and reflecting the urgency of the situation. When the decision guide has been completed, even when there is no indication that a safeguarding alert needs to be raised the tool should be stored in the patient’s notes Patient Name: ……………………………………….

NHS PROVIDED OR FUNDED CARE PRESSURE ULCER PATHWAY



ADULT AT RISK IN RECEIPT OF COMMUNITY NURSING OR TISSUE VIABILITY NURSING SERVICE PRESSURE ULCER PATHWAY



Appendix 18

Links with Children's Services

Harm by children

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

Child Protection

Working Together to Safeguard Children 2015 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from harm and neglect.

Everyone must be aware that in situations where there is a concern that an adult at risk is or could be being harmed or neglected and there are children in the same house hold or in regular contact, they too could be at risk. Reference should be made to the Pan Dorset Multi-Agency Safeguarding Policies and Procedures Manual (https://pandorsetscb.proceduresonline.com/)
If there are concerns about harm or neglect of children and young people under the age of 18, referral must be made to the relevant children and families social care department.

Transition/Care Leavers

Where someone is over 18 but still receiving children's services and a safeguarding concern is raised, this should be dealt with as a matter of course through adult safeguarding procedures. Where appropriate, they should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. police or NHS) or other persons relevant to the case. This also applies where someone is moving to a different local authority area after receiving a transition assessment but before moving to adult social care.
Robust joint working arrangements between children's and adults' services should be in place to ensure that the medical, psychosocial and vocational needs of children leaving care are assessed as they move into adulthood and begin to require support from adult services.
The care needs of the young person should be at the forefront of any support planning and require a coordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice.

Appendix 19

People in positions of trust: a framework and process for responding to allegations and concerns against people working with adults with care and support needs

Contents

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Summary

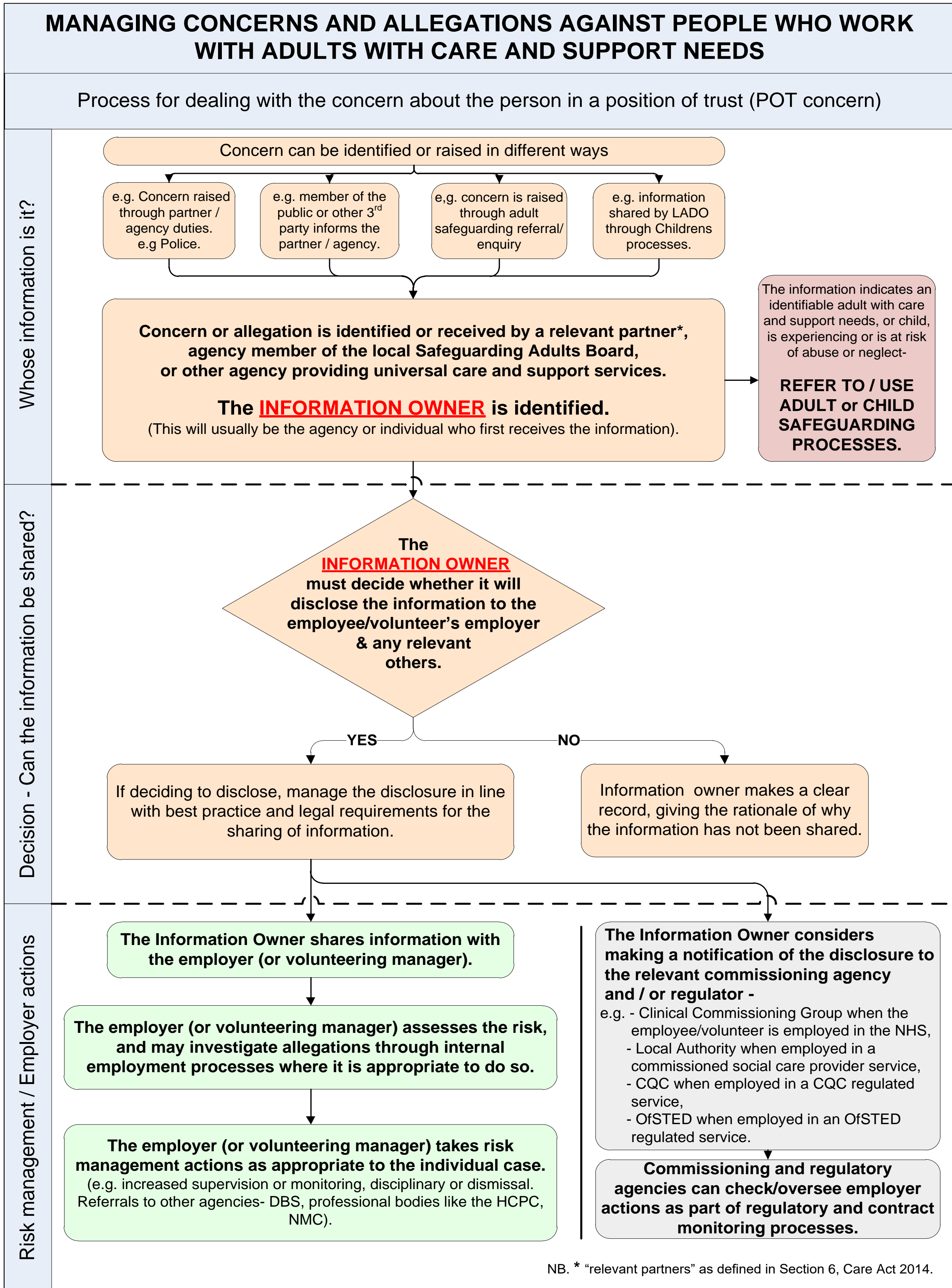
The Care Act 2014 introduced a single new statute to replace most existing adult social care law. The Care Act 2014 Statutory Guidance[1] requires Safeguarding Adults Boards (SABs) to have arrangements in place about how allegations against people working with adults with care and support needs (i.e. those in a position of trust) should be dealt with.

Most safeguarding adult work is about protecting one or more identified adults with care and support needs but sometimes a risk or potential risk may be posed by a person who works with those adults, but no specific individual is identified. Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults who use their services, and, if necessary, to act to safeguard them.

This document provides a framework for Bournemouth, Christchurch and Poole and Dorset SABs about what to do when responding to those allegations and concerns. It is directed at agencies and individuals who are "relevant partners" as defined in Section 6 of the Care Act 2014, and/or who are members of the SABs, as well as those agencies providing universal care and support services[2]. It should be read alongside the SABs Multi agency Safeguarding Adults Procedures and the information sharing protocol within it.

1.[1] Care and Support statutory guidance: Chapter 14.
[2] Care and Support statutory guidance: Section 14.120.

Fig.1. Adult Position of Trust process – flowchart



1. Background.

1.1 The guidance applies where allegations are made about staff which indicate adults at risk are believed to have suffered or are likely to suffer significant harm. Concern may also be raised if the staff member is behaving in a way which demonstrates unsuitability for working with adults at risk, in their current position or any. The allegation or issue may arise either in the employees/ professional's work or private life.

1.2 The framework builds on existing relevant statutory provision, particularly legislation that governs the lawful sharing of information, employer responsibilities to risk assess and manage the safety of their service and staff, and the Human Rights Act 1998 which addresses one right against another, or a person's rights against the interests of society. Any actions and interventions taken to address allegations that a person in a position of trust poses a risk of harm to adults with care and support needs must be must be lawful and proportionate, and accord with any relevant statutory provision, for example, Data Protection Act 2018, the Human Rights Act 1998 and employment legislation.

1.3 Allegations against people who work with adults should not be dealt with in isolation and if a care assessment is needed this should be completed without delay and in a co-ordinated manner.[3]

1.4 The Statutory Guidance reminds organisation that if they remove an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults a referral to the Disclosure and Barring Service is required. It is an offence to fail to make a referral without good reason.

2. Scope.

2.1. This framework and process applies to concerns and allegations in a variety of circumstances. Examples include –

- Committing a criminal offence against or related to adults at risk.
- Failing to work collaboratively with social care agencies when issues about the care of adults of risk for whom they have caring responsibilities are being investigated.
- Behaving towards adults at risk in a manner which indicates they are unsuitable to work with those adults.
- Where an allegation or concern is reported about a member of staff, arising from their private lives. This would include being a perpetrator of domestic abuse or where inadequate steps are taken to protect adults at risk from the impact of violence or abuse.

[3] Paragraph 14.126 Care and Support Statutory Guidance

- Where an allegation of abuse is made against someone closely associated with a member of staff, such as a partner, member of the family or another person in the household.

2.2 This framework applies whether the allegation relates to a current or an historical concern. Where the allegation or concern is historical, it is important to ascertain if the person is currently working with adults with care and support needs or children and if so, to consider whether information should be shared with the current employer.

2.3. The framework does not cover complaints or concerns raised about the quality of the care or professional practice provided by the person in a position of trust. Concerns or complaints about quality of care or practice should be dealt with under the relevant agency or individual complaint, competence or representations processes.

3 Principles.

3.1. There is no primary statutory duty specifically about the position of trust any so actions taken must be in line with other relevant statutory provision, e.g. Data Protection Act 2018, Human Rights Act 1998 and employment legislation. Any actions and interventions must be lawful and proportionate in line with statutory provision.

3.2 As with all safeguarding adult work the six statutory principles – empowerment, prevention, proportionality, protection, partnership and accountability - should inform this area of activity. A full explanation is at the Introduction to the Procedures (see page 6)

3.3. It is important to remember that the person in the position of trust is entitled to ask to see any information held about them. Best practice is to make this available to the person whose information that you hold, unless that would endanger an adult at risk or child. It is also good practice to seek the individual's consent to share the information, provide the opportunity to share the information themselves, and offer the right to reply.

4. Legal framework - Confidentiality

4.1 The rules on confidentiality, privacy and the need to safeguard personal information arise from legislation and case law. These enshrine the need for fair and ethical treatment of information where there is a duty of confidentiality, issues of privacy or where personal information is involved.

4.2 The common law duty of confidentiality is not a written Act of Parliament. It is "common" law and therefore established by Court judgements. It recognises that some information has a quality of confidentiality, which means that the individual or organisation that provided the information has an expectation that it will not be shared with or disclosed to others.

For information to have a quality of confidentiality it is generally accepted that:

- it is not "trivial" in its nature,
- it is not in the public domain or easily available from another source,
- it has a degree of sensitivity,

- it has been communicated for a limited purpose and in circumstances where the individual or organisation is likely to assume an obligation of confidence.
  For example, information shared between a solicitor/client, health practitioner/patient. In such circumstances the information should only be disclosed:
  - with the permission of the provider of the information; or,
  - if the confidentiality requirement is overridden by legislation; or,
  - if an effective case 'that it is the public interest' can be made.

4.3 Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded[4].

4.4 Information about adults, children and young people at risk between agencies should only be shared:
- where relevant and necessary, i.e. not necessarily all the information held,
- with the relevant people who need all or some of the information,
- when there is a specific need for the information to be shared at that time[5].

4.5 The General Data Protection Regulation (GDPR) and Data Protection Act 2018.
A full explanation about the Regulations, the Act and related relevant legislation is given at the end of this Appendix

5. Key roles and responsibilities

5.1 The Information Owner

5.1.1 The owner of the information (the person who initially has it) relating to the concern or allegation is expected to -
- Take immediate risk management actions if needed and report concerns to adult or children's safeguarding services if felt necessary based on what is known,
- If the allegation or concern indicates an offence has occurred or may occur report this to the Police as a potential crime and to agree next steps, including the avoidance of contaminating evidence. If a criminal investigation is required, this may take primacy over an organisation's internal investigation,
- Refer to the relevant Local Authority Designated Officer (LADO) where the information indicates the person also works with and could pose a risk of harm to children,
- Decide whether the information should be disclosed to the employer of the person concerned.
  - as part of that disclosure think about any history of conduct, complaints, cautions or convictions that may be relevant to the potential risk.
  - if disclosing, manage this in line with legal and best practice requirements for information sharing – see sections above and at the end of this Appendix. Some agencies may have protocols for sharing information in these types of circumstance – such as the Common Law Police Disclosure process –

[4] Paragraph 14.131 Care and Support Statutory Guidance.
[5] Paragraph 14.132 Care and Support Statutory Guidance.

whereas other agencies may deal with these issues infrequently , and therefore need to engage a senior manager and get their own legal advice, on a case by case basis.

- Where a disclosure is made, notify the relevant service commissioners and regulatory agencies,
- Record the information and decisions clearly, including the rationale for any decision made in keeping with the organisation's guidance about recording.

5.2 Employers, student bodies, or voluntary organisations (those who receive the information)

5.2.1 Any employer, student body, or voluntary organisation which is responsible for a person in a position of trust about whom a concern or allegation is raised are expected to:

- Respond in individual cases where concerns are raised about people working in a position of trust, ensuring that the risk is assessed, investigated where appropriate through internal employment processes, and that risk management actions are identified and implemented as appropriate to the individual case,
- Ensure that adult or child safeguarding concerns that result from a concern about a position of trust are reported,
- Where appropriate, notify external agencies; i.e. CQC (where the person in a Position of Trust is working or volunteering in a regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council, The Charity Commission) and the DBS,
- Provide feedback at regular intervals to the relevant Local Authority (if there is a related safeguarding enquiry) and to the organisation's commissioning agency (if they have one),
- Always try to keep the safety and protection of adults with care and support needs central to decision making,
- Organisations should have procedures in place setting out the process, including timescales, for investigation. This will include support and advice for individuals against whom allegations have been made. Any allegation against people who work with adults should be reported immediately to a senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns[6].
- Share information in line with these Procedures where it is known the person in a position of trust also has other employment or voluntary work with adults with care and support needs or children,
- If an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason[7].

[6] Paragraph 14.126 Care and Support Statutory Guidance
[7] Paragraph 14.127 Care and Support Statutory Guidance

- At the conclusion of any Position of Trust enquiries, consider if the findings demonstrate evidence of a theme or pattern in the context of similar past and historic concerns; identify potential themes or system wide issues within the organisation; and ensure that appropriate action is taken by their organisation so that learning from past events is applied to reduce the risk of harm to adults with care and support needs in the future.
- Record the information and decisions clearly, including the rationale for any decision made.
- Maintain records in line with agency record keeping policies and requirements. Because each agency will need to decide how to maintain records about people in positions of trust and alleged to have caused harm the detail of that cannot be specified here. Clearly the principles and general guidance set out in Section 4 must be followed.

5.3 Taking action

5.3.1 The manager of the individual who is the subject of the allegation will work with the local safeguarding adults team and the Human Resources (HR) section of the relevant organisation to determine the appropriate course of action.

5.3.2 Cases may be referred to the agency's disciplinary or capability policy and procedure. The individual's manager has responsibility to follow the procedure in a fair manner and to decide on the right course of action. The individual circumstances of the case may have an impact, for example, whether it is possible to conduct a disciplinary investigation in parallel with a police investigation, where applicable.

5.3.3 Before taking/recommending any action to protect the person, advice should be sought from HR and any actions e.g. suspension of the staff member must only be approved and taken in accordance with the scheme of delegation. Neither the SABs nor police, if involved, can require the employer to suspend the member of staff. This is the role and responsibility of the employer. However, views of relevant agencies will always be considered.

5.3.4 In each case the manager must ensure that:

- the level of risk to service users is properly considered and managed;
- all alternative options and the consequences of any immediate action taken (for example, suspension) are considered;
- any action is taken in the best interests of all concerned and is based on an assessment of risk and is a defensible decision;
- any relevant employment procedures (for example a disciplinary investigation) are appropriately followed;
- appropriate HR advice is sought;
- the employee who is subject of the allegation receives appropriate support, understands the procedures that will be followed and is kept informed of the progress of the case.

5.4. Service commissioners and regulators

5.4.1. Service commissioners and regulators are expected to -

- Use their contract compliance and regulatory processes to ensure that service providers have the right internal policy and procedural frameworks, and respond appropriately to manage risk in individual cases,
- Monitor the activities of commissioned services in their compliance of this Framework.
- Record the information and decisions clearly, including the rationale for any decision made.
- Maintain records in line with internal agency record keeping policies and requirements.

6. Case examples

Case example 1 –

A 39 year old woman is subject to longstanding domestic abuse risks from her partner. Children's Services become involved due to potential impact on the couple's children. As part of their assessment they identify that the woman works as a care assistant in a care home for older people with dementia.

Children's Services consider the adult position of trust issues and framework. Children's Services are the information owner and think through whether they have a duty to make a disclosure to the woman's employer. Children's Services decide that disclosure is not proportionate in the situation – the woman is in a very difficult domestic situation, is engaging well with Children's Services to take steps to protect her children, and there is no evidence that either she or the abuse in her relationship would pose a likely risk of harm to the adults in the care home where she works.

Children's Services have a discussion with the woman and inform her that they will not be disclosing information to her employer, but encourage her to tell her employer herself. The woman agrees to inform her employer about her home situation so that her employer can make a risk assessment, and provide support for her in the work environment.

Case example 2 -

A doctor employed in an NHS hospital is arrested by Police for historical child sex offences. The doctor works with a range of adults, some of whom will have needs for care and support.

The Police are the information owner and decide they do need to disclose the information to the NHS Hospital Trust as the employer of the doctor. The Police inform the NHS Hospital Trust about the arrest for historical child sex offences, and notify the Care Quality Commission as regulator and the local Clinical Commissioning Group as the commissioner of the hospital trust.

The NHS Hospital Trust acts on the information and decides to suspend the doctor immediately. Their disciplinary process is placed on hold while the Police investigation progresses.

Case example 3 -

Bournemouth, Christchurch and Poole Council (BCP) receives a safeguarding adult referral from a neighbour of an older woman. The concern relates to allegations that the woman's daughter is abusing her mother physically and emotionally.

The Council makes enquiries under Section 42 of the Care Act, and as their enquiries progress, they find out that the daughter lives in Hampshire and works as a carer for a homecare agency serving people in that area

BCP Council is the information owner and decides that - due to the nature of the cruel treatment alleged, that the daughter works with people of a similar age to her mother, and that she works unsupervised with people in their own homes – they need to disclose the information and allegations to the daughter's employer.

By this stage of their enquiries, the daughter is aware that concerns have been raised about the way she treats her mother, so the Council tries to engage directly with the daughter to provide her with an opportunity to disclose to her employer, or to gain consent to share the information. The daughter refuses to do this, so the Council states they are sharing the information without her consent and make the disclosure directly to the registered manager of the homecare agency.
BCP Council notifies Hampshire CC and the Care Quality Commission. Hampshire Council and the Care Quality Commission can follow up the issue with the homecare agency (under contract compliance/ regulatory processes) to gain assurance that the agency has risk assessed the issue properly and managed any identified risk to users of the service.

GDPR

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998.

Information relevant to safeguarding adults will often be data that the Act categorises as “special category personal data”, meaning it is sensitive and personal. Wherever possible, individuals and agencies should seek consent to share information, and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. If consent is not given or cannot be gained, the GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping adults with care and support needs safe.

The Data Protection Act 2018 allows for sharing of “special category personal data” **without consent** of the data subject for safeguarding adults with care and support needs[8]. Information **can be shared legally without consent** if a practitioner or agency is-

- unable to gain consent from the data subject,
- cannot be reasonably expected to gain consent from the data subject, or
- if gaining consent could place an adult with care and support needs (or child) at risk.
- Individuals and agencies should consider the following **information sharing principles** to help when making decisions about sharing personal and sensitive information[9]-

Necessary and proportionate
When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the GDPR and Data Protection Act 2018, and you should consider the impact of disclosing information on the information subject and any third parties. Information must be proportionate to the need and level of risk.

Relevant
Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.

Adequate
Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate
Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely

[8] Data Protection Act 2018, Schedule 1, Para 18.

[9] Content abridged from “Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers”. HM Government, July 2018.

Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to adults with care and support needs. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place an adult with care and support needs at increased risk of harm. Practitioners should ensure that enough information is shared, as well as consider the urgency with which to share it.

Secure

Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

Recording

Information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester (person who requests). In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some rare circumstances, this may be indefinitely, but if so, there should be a review at regular intervals to ensure data is not retained where it is unnecessary.

See also – The 7 golden rules for sharing information at the end of this appendix.

The Crime and Disorder Act 1998

Anyone 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.

Human Rights Act 1998

Human rights are freedoms which belong to all individuals regardless of their nationality and citizenship. They are fundamentally important in maintaining a fair and civilised society.

In cases of concern or allegations against people who care for adults with care and support needs the Act is relevant when decisions must be made which consider balancing one right against another, or one person's right against the interest of society. These rights are fundamental and the most important of them are;

- Article 2: Prohibition of torture
- Article 6: Right to a fair trial
- Article 7: No punishment without the law
- Article 8: Right to respect for private and family life

Acknowledgements: to the West Midlands Adult Safeguarding Editorial Group for some parts of this Appendix.

The 7 golden rules for information sharing

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family/representatives where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see information sharing principles above).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix 20

Practice Guidance on Attendance of Solicitors at Adult Safeguarding Meetings

Summary
The Enquiry Review meeting is not a legal process. Therefore it is not a forum for legal representatives of service providers to attend. A separate meeting may be convened for legal representatives to meet and discuss issues relevant to them. Any request for solicitors to attend a safeguarding meeting will be considered on a case by case basis.

The Chair of the safeguarding meeting, will determine whether it is in the person's best interest.
Key points:

- It is necessary that the request to attend will be made by the service provider who wishes a solicitor to attend with them, in writing. On no account will a solicitor be permitted to attend in place of an organisational representative. A minimum of five days advance notice is required.

- The Chairperson should make it clear at the start of the meeting that the safeguarding enquiry meeting is to safeguard the victim and not to attribute blame for what may have occurred.

- If a solicitor is permitted to be present during a safeguarding meeting this is on the strict understanding that they are there to support their client and not in a participative capacity in relation to the issues discussed at the meeting

Appendix 21

Multi-agency working – combatting scams, rogue traders, bogus lotteries and fraud.

1. INTRODUCTION

1.1 This Appendix describes how agencies recognise and respond to organisational fraud, postal, telephone or internet scams, rogue trading, bogus lotteries and related crime which is designed to exploit people for monetary gain.

1.2 It explains the crimes referred to, the context in which they occur and how agencies should work together to combat them. It applies to close multi-agency working between Bournemouth, Christchurch and Poole Council and Dorset Council Trading Standards, Adult Social Care and Dorset Police. All scams are crimes and all agencies that are members of the two Safeguarding Adults Boards have responsibilities to help their staff identify where they can be uncovered and responded to.

2. FINANCIAL ABUSE, SCAMS AND THE CARE ACT

2.1 Section 42 of the Care Act states that where a local authority has reasonable cause to suspect that an adult in its area –

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

2.1 The local authority then must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

2.3 Section 42 clearly states that abuse includes financial abuse; and for that purpose, 'financial abuse' includes:

- Having money, or other property stolen,
- Being defrauded,
- Being put under pressure in relation to money or other property, and
- Having money or other property misused

Added to this, the most recent edition of the Statutory Guidance to support local authorities implement the Care Act, recognises that trading standards have a valuable contribution to make in ensuring adults are safeguarded.

2.4 Internet scams, postal scams and doorstep crimes are often targeted at adults at risk and all are forms of financial abuse. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller's legitimacy, but this may be a copy of a legitimate website.

- Postal scams are mass produced letters which are made to look like personal letters or important documents.
- Doorstep criminals call unannounced at the adult's home under the guise of legitimate business offering to fix a non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority.

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service and the local trading standards service for investigation.

3. CONTEXT

3.1 The themes dealt with in this Appendix are of current and growing concern. Please see here for detail about various types of scamming and the scale https://www.tradingstandards.uk/media/documents/policy/research/scam-booklet-final-draft.pdf

3.2 Reasons for this are varied but will include increases in the numbers of people living alone, more people living with dementia (impacting on a person's ability to manage their own finances) as well as the more prevalent use of the internet. In a recent study 15% of carers reported that the person they cared for was known to have been subject to some sort of financial abuse. More worrying was that 62% said the cared for person had been approached by unscrupulous cold callers or salespeople. It is estimated that 53% of people aged 65 or over have been targeted.

3.2 The average age of a person being scammed is 75 years old and it is estimated there may be up to 750,000 victims. Scamming takes many forms – doorstep sales, clairvoyants, fictitious lotteries and prize draws being amongst the most prominent.

3.3 The major danger for the person approached lies in making the first response. That will inevitably lead to the criminals in receipt of personal details selling these on to others and relentless targeting the individual via all communication means possible.

3.4 Unlike other crimes, scams and other frauds require the cooperation (the willingness to part with their money) of the victim and this can have a profound impact on the relationship between the person and the perpetrator. People make bad decisions and will sometimes recognise this, but their initial commitment may make it harder to then withdraw. Despite the profiling above about the numbers of older people, everyone has a capacity to make irrational decisions and anyone can become a scam victim. The fact that it is, in the main, older people simply reflects on how they are more likely to be unprotected or unsupported and may be more removed from social networks which could provide some checks and opportunities for discussion.

3.5 Scamming is about technique:

- It masquerades as social marketing
- It relies on persuasion
- It may be aimed at a mass market to trawl whoever it can
- It may carry messages of authority or flattery – 'a special message from Prince…'
- It may carry a message to encourage the person to like the sender

- It will inevitably carry a message of urgency and secrecy – 'you are specially chosen' or 'speed is critical to take advantage of this offer'

3.6 It is thought that some messages are deliberately 'dumbed down' to ensure receptivity by those who may be most open to simpler messages.

4. AGENCY ACTIONS

4.1 During their routine work, staff from Trading Standards, Adult Social Care and Dorset Police, as well as those from other agencies, will meet adults who may be at risk or in need of safeguarding. This Appendix provides guidance about how to identify and deal with the offences described here as well as with the safeguarding processes and concerns.

4.2 It also provides guidance to those staff about what to do when information of an incident or concern about safeguarding is received. Staff are reminded that they should follow the Multi-Agency Procedures for the Protection of Adults with Care and Support Needs in the Bournemouth, Christchurch and Poole Council and Dorset Council areas (revised and reissued August 2018)

4.3 The expectations on agency staff are as follows.

5. TRADING STANDARDS

The responsibilities of Trading Standards officers are:

5.1. When encountering a concern that may be considered as safeguarding Trading Standards services will act as any other agency would and contact Adult Social Care Triage/ Helpdesk

- [1] if the person meets the criteria (see Definitions and contact details at the end of this Appendix)
  and/or
- if the person appears to need social care services
- when the person appears to need support to stop the abuse or be protected from further abuse and they cannot provide this protection for themselves.
- if there may be other adults at risk from the same alleged perpetrator
- where there are signs and symptoms that other types of abuse may be occurring or may have occurred.

Trading Standards officers can follow up referrals in writing if necessary.

[1] *This service is provided for referrals from professionals and care agencies. It is appropriate to contact staff to talk about concerns and in circumstances even where there is uncertainty about whether to make a referral or not. This will help determine the next steps to be taken.*

5.2 Protect the adult at risk and alert the emergency services if necessary

5.3 Discuss with the adult at risk about who will be informed and why. It is always advisable to seek permission from the adult at risk to pass information to social care/mental health services or the police. However, it should be noted that

confidentiality and consent is not absolute (see Appendix 9 of the Multi-agency Procedures).

5.4 Inform the Police if a crime is suspected or is known to have been committed.

5.5 Take the account of the person seriously. Be alert to the need for, and have regard to, current guidance when the first contact is made with vulnerable witnesses who may require special measures.

Where necessary, the Trading Standards Officer will complete an intelligence log.

6. ADULT SOCIAL CARE STAFF

6.1 Staff from Adult Social Care should contact Trading Standards and Dorset Police where it is suspected or known that a trader's[2] behaviour may give rise for concern. This includes:

- Any traders suspected of offering goods or services fraudulently;
- An adult who might be perceived as being at risk is dealing with a trader in their own home;
- Where an adult at risk has been threatened or intimidated in any way by a trader;
- Where an adult at risk has been, or is being, escorted to the bank by a trader to withdraw money;
- Where the price quoted for work appears inflated and excessive or the initial price quoted has increased dramatically;
- Where the trader has identified additional work and is requesting more money;
- Where a verbal or written contract has been agreed in the home, or consumer's place of work, for goods or services over £42 and the trader has not given a written cancellation notice, or the trader has refused or 'forgotten' to give the adult at risk any paperwork when requested;
- Where a trader 'cold called' to gain work, and especially in the high-risk areas of roofing, guttering, fascia's, driveways, other general building or gardening work;
- Where it appears that there is a lottery, bank or dating scam whether by way of mail, phone calls or the internet;
- Where a consumer responds to 'junk mail'. Large quantities of mail may be an indicator of concern.
- Where there is concern that on-line crimes (cyber scams) are being committed.

The list above is not exhaustive but aims to give an indication about where financial abuse may occur.

[2] *Trader includes any person who contracts with the consumer (if in doubt contact the relevant Trading Standards office).*

7. DORSET POLICE NOTIFICATIONS TO TRADING STANDARDS

7.1 Dorset Police should contact Trading Standards officers where it is suspected or known that a trader's behaviour may give rise for concern. Examples of this can be found in Annex 1 of this appendix.

7.2 The responsibilities of Dorset Police officers:
- Attending officer takes details.
- A call is then made to the relevant Trading Standards to inform them of the circumstances.
- A discussion will take place to negotiate about which agency takes primacy for the investigation.
- If a victim has been identified as potentially at risk, the attending police officers will complete a PPN form containing as much detail as possible about the circumstances and the suspect(s). The Multi Agency Safeguarding Hub (MASH) at Dorset Police will submit a referral to Adult Social Care using the PPN form.

8. CONFIDENTIALITY and INFORMATION SHARING

8.1 If the adult concerned can consent to agree to information being shared, this should be obtained where a disclosure has been made.

8.2 A person may positively refuse to give consent to disclosure or his/her consent may be absent. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary in exceptional cases because:
- A criminal offence has been or is likely to have been committed or
- The service user or someone else may be in imminent danger or
- There is a risk to health /wellbeing – physical or mental health or
- There are concerns about adult abuse/ neglect.

8.3 Consideration should be given to consulting colleagues where the disclosure of information without the person's consent is being considered. See also Appendix 9 of the Multi-agency Safeguarding Adults Procedures.

9. GUIDANCE

9.1 Guidance produced by the Association of Directors of Adult Social Services, (ADASS), the Local Government Association (LGA) and the National Trading Standards Scams Team "Financial Abuse and Scams" refers to the difficulty there may well be in talking with a person who has been scammed or defrauded. It offers advice about how to raise and discuss the issues with the person. This is reproduced at Annex 3.

10. CONTACT DETAILS

Dorset Police:
Telephone – 999 (in an emergency) or 101 to report a crime or an incident requiring immediate safeguarding.

Multi Agency Safeguarding Hub (MASH) – 01202 222229
E mail- (preferred means of contact) mash@dorset.pnn.police.uk

Dorset Council Trading Standards:
East Annexe, County Hall, Colliton Park,
Dorchester, DT1 1XJ.

Office hours: Monday to Thursday 9:00 to 17:00; Friday 9:00 to 16:00.
Duty line: 01305 224702
Emergency out of hours: 07966 800 326
Email (secure to PNN/PSN standards):
tradingstandards@dorsetcouncil.gov.uk

Adult Social Care

Adult Access ☎ 01305 221016, email adultaccess@dorsetcouncil.gov.uk

Out of Hours - Social Services
Evenings and Weekends: ☎ 01305 858250

BCP Council Trading Standards

Opening hours 08:30-17:15 Monday to Thursday
08:30- 16:45 Friday
Telephone number 01202 261700
E mail address tradingstandards@bcpcouncil.gov.uk
(Police only telephone line 01202 451400)

Adult Social Care

In Bournemouth and Christchurch contact
Care Direct: ☎ 01202 454979, email: caredirect@bcpcouncil.gov.uk

In Poole contact
Helpdesk: ☎ 01202 633902, email: sshelpdesk@bcpcouncil.gov.uk

Out of Hours - Social Services
Evenings and Weekends: ☎ 01202 657279

11. FRIENDS AGAINST SCAMS

This national initiative aims to break the silence around being affected by scams and other types of similar financial fraud. Anyone can become a friend against scams, gaining the confidence to spot a scam and those affected by scams, report scams and have the confidence too to talk about scams with other people. To become a friend, complete the simple online training at www.friendsagainstscams.org.uk

12. LEGISLATION and POLICY

Ministry of Justice 2011 "Achieving Best Evidence in Criminal Proceedings"
Guidance on interviewing victims and witnesses, and guidance on using special measures

Multi-Agency Safeguarding Adults Policy for the Bournemouth, Christchurch and Poole and Dorset Council areas.
(August 2018)

Local Authority Websites
Dorset - http://www.dorsetforyou.com/safeguardingadults
BCP Council:
Bournemouth –http://www.bournemouth.gov.uk/adultsocialcare/protectingadultsfromabuse
Christchurch - https://www.christchurch.gov.uk/care-and-support-for-adults/adult-abuse/reporting-abuse.aspx
Poole – https://www.poole.gov.uk/social-care-and-health/safeguarding

Public Interest Disclosure Act 1998
(Whistle Blowers Charter)

Data Protection Act 2018

The Freedom of Information Act 2000

Mental Capacity Act 2005

Fraud Act 2006
Includes fraud by false representation, failing to disclose something, or by abuse of position.

Consumer Protection from Unfair Trading Regulations 2008
Protects people from **unfair** practices and ban misleading and aggressive sales tactics.

The Cancellation of Contracts made in a Consumer's Home or Place of Work etc. Regulations 2008
Gives cancellation rights for contracts for goods or services made during a visit by a trader to a consumer's home

Care Act 2014 - Statutory Guidance, Section 42 Enquiry - refers to the duty placed on the Local Authority to undertake safeguarding enquiries or to ask other agencies to undertake these enquiries on their behalf where it is believed that an adult at risk may have been, is, or might be the subject of harm, abuse or neglect, including self-neglect, and fraud and is unable to protect themselves.

Criminal Justice and Courts Act 2015
Offences relating to Ill treatment and wilful neglect

Annex 1

CASE EXAMPLES

Examples of cases where Trading Standards Service may act and support.

Mrs 'H': 79yrs £1200

At the time she was targeted by bogus property repairmen, Mrs H was suffering from memory loss and had difficulty remembering recent actions. From what can be established, she was cold-called by bogus property repair men and persuaded to pay £1200 in cash upfront for some work to her garage – for which the offenders took Mrs H to the bank to collect the money. Mrs H's neighbours became concerned at what was going on at the property and called her daughter, who alerted the Police. The attending PC then contacted Trading Standards. Although there was no sign of the offenders at the time of the PCs arrival, it was apparent that such work as had been carried out by the offenders was done very badly, with large amounts of debris and rubble strewn around the front garden. It transpired that the offenders had attempted to get more money from Mrs H that day.

Mr 'G': 43yrs £25,000+

Mr G has a learning disability and was repeatedly targeted by scam prize draw mail amounting to approximately 100 letters a month. Mr G felt obliged to open the mail and regularly responded to claim the prize winnings. It is not known how much money Mr G had parted with in total for the mail scams, but it is believed to be more than £5000. Recently Mr G has received telephone calls relating to what he was told was his American lottery win of £3,500,000. Carers became aware of Mr G's visits to international cash transfer facilities at a local convenience store where money was regularly transferred to meet bogus administrative and US Government requirements prior to the release of his lottery winnings. It is believed that Mr G has parted in total with a further £20,000 to secure his lottery win.

Mr 'T': 70Yrs £2000+

Mr T was persistently cold called by what was believed to be an extended family of doorstep traders who regularly offered to undertake small household jobs that appear to have been charged at greatly inflated prices. Investigation by Trading Standards found a pattern of financial abuse for alleged work that was impossible to prove was ever needed. In fact, anecdotal evidence suggests that faults were introduced to Mr T's property by the cold callers prior to agreeing verbal contracts for its repair. The first steps taken by Trading Standards was to formally write in Mr T's best interests to all those involved advising them not to visit Mr T's property again. Once this letter was issued it was then a specific criminal offence for the traders to return. This stopped the persistent calls immediately while Trading Standards investigated the potential criminal offences.

Annex 2

POLICE OPERATIONS

Operation Luna

Operation Luna is the Dorset response to a national form of courier fraud, targeting elderly victims. Offenders telephone the victim, purporting to be a police officer or from a bank. They tell the victim that their bank account has been targeted and they must transfer the money into another account (set up by the offenders) or withdraw the money and give it to a courier who is sent to their address.

This crime is occurring nationally, and Dorset Police have a plan in place to deal with such reports.

Operation Liberal

This relates to distraction burglary which often affects those more isolated or otherwise at risk. Offenders fabricate a story, for example claiming to be from a public organisation or looking for a lost dog or ball to enable them to gain access to homes.
Closely linked are deceptions carried out by those undertaking building or gardening work who charge exorbitant amounts for shoddy or at times no work.
There is substantial evidence that most offenders will travel large distances to commit their offences, which makes it more difficult to apprehend them.
Operation Liberal is a national initiative, involving all 43 Police forces in England and Wales, which is specifically designed to tackle this type of offence.

Dorset Police have a plan in place to deal with such reports.

Operation Montana

Operation Montana is the South West Regional response to offences of Distraction Burglary and Rogue Trading (commonly known as Artifice Crime). It is part of Operation Liberal, which offers a national co-ordinated approach to the investigation of these crime types.

Dorset Police have a plan in place to deal with such reports.

Annex 3 – Top tips for social care and health practitioners

Ensure you are aware of scams

There is an excellent on-line training session (which takes no more than 40 minutes to complete) at www.friendsagainstscams.org.uk You could also ask for a member of your local Trading Standards Teams to come and speak at you next local team meeting which will give you a real idea of the work being undertaken locally and how you could link in and support this.

Be able to look out for the signs of someone who may be responding to scams

Identifying scam victims can be difficult as they:

- May be aware of their victims status
- Are instructed to remain quiet by the criminals
- Feel guilt, shame or are in denial
- Fear that they will lose their social or financial independence if they tell their friends or family
- Don't want to lose their 'friendship' with the criminals

There are some key signs to look out for by observing a victim's behaviour or when visiting their home:

- High volume of scam mail
- Hoard large quantities of 'worthless' goods & cheap 'tat'
- Be living in shocking or unsanitary conditions
- Poor personal hygiene
- High usage of chequebooks or debit/credit cards
- Frequent visits to the Post Office
- Not paying bills or buying food
- Deceitful about scam protection
- Increasing isolation from friends / family
- No support from family / friends or anyone to confide in
- Receives a high volume of phone calls
- Become extremely distressed, angry or aggressive to learn that they are a scam victim
- Feel ashamed or embarrassed at what they have not done
- After a period of grooming, have strong emotional ties with the scammer

Appendix 22

Guidance re dealing with disputes and conflict of opinion

1. **Introduction**
2. **Potential areas of disagreement**
3. **Preventing disputes**
4. **Informal dispute resolution**
5. **Formal dispute resolution**
6. **Where disagreement remains**
7. **Review**

1. Introduction

Whilst this guidance is designed to resolve difficulties and therefore needs to be used as required nothing must be done which jeopardises immediate attention to the safety and wellbeing of an adult at risk of harm. That immediate action will always be a priority.

The document references a list of potential areas of disagreement. The list is not exhaustive. The guidance is to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at the level of their involvement in a case. It is not designed to address disagreements between practitioners within a single agency about whether to raise a concern or not. This type of disagreement will be resolved within the single agency.

2. Potential areas of disagreement

The local safeguarding team have a different view about how to respond to a concern which has been raised with them from the person who raised it.

- There is disagreement about the whether to share some information and/ or about the provision of services.
- There is disagreement with Dorset Police colleagues about whether a criminal investigation should be pursued.
- There is disagreement about the outcome of any assessment and whether the appropriate action plan and/ or review arrangements are in place to safeguarding the welfare of the adult at risk.

3. Preventing disputes

It should be possible to resolve almost all disputes by discussion and negotiation and this approach is required by these Procedures as the first option. The practitioners involved should attempt this resolution within one working day. If they remain unable to resolve their differences then the disagreement must be reported by each of them to their line manager or equivalent.
It is expected that for almost all day to day type issues the relevant line managers will resolve the disagreement through a review of the available information and taking account of the perspectives of those who raised the concerns with them. They must attempt to do so within one working day. The details of the dispute and the dialogue between the respective line managers, or those to whom they have delegated responsibility, must be recorded

4. Informal dispute resolution

Where it proves not possible to resolve the matter at the first tier management level, the matter must be referred, without delay and ideally within one working day, to the second tier management level.
If the matter in dispute is one related to operational practice, rather than of a strategic or policy nature then it the clear expectation is for it to be resolved at this second tier management level. The same responsibility for recording the resolution of the dispute must be adhered to as at the

previous lower levels.

5. **Formal dispute procedure**

   If, despite following the Informal dispute resolution procedure, the disagreement remains the matter will be referred to the appropriate Adult Social Care Head of Service and equivalent within the agency with which the dispute has arisen. Escalation to this level should be made within one working day. Any email relating to the dispute must be clearly marked as "Formal escalation under the Escalation Policy".

   Heads of Service and their equivalent will recognise that it is incumbent on them to determine a way forward which promotes the wellbeing of an adult at risk above all else.

6. **Where disagreement remains**

In the most unlikely event that the practitioner disagreement remains unresolved having passed through each of the preceding stages the matter must be referred to the Director of Adult Services and their equivalent within the agency with which the dispute has arisen. Both will ensure that the Independent Chair of the local Safeguarding Adult Boards is aware of the matter within one working day.
A decision at his tier of the dispute must be made within one working day and communications must be marked, as under 5. below. Also, consistent with practice at the previous stages, all decisions must be recorded and feedback about the decision will be provided without delay.

Clearly there will be resolution at this point but there must also be reflection about why it was not possible to resolve the dispute at an earlier stage and what lessons there are to be learnt. In extreme cases it may be necessary to hold a multi-agency review.

At this stage, as in all previous stages, the principle of dispute resolution is, as always, to ensure the wellbeing of the adult at risk.

7. **Review**

This guidance will be reviewed within one year of implementation to try and ensure that it is working as effectively as possible.