



SAFEGUARDING ADULTS

4LSAB MULTI-AGENCY POLICY, PROCESS AND GUIDANCE

Covering the four Local Safeguarding
Adults Boards of Southampton,
Hampshire, Isle of Wight and Portsmouth

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FOREWORD

This document is the updated Adult Safeguarding Multi-Agency Policy, Process and Guidance and has been produced with contributions from partner agencies of the four Local Safeguarding Adults Boards (4LSABs) Southampton, Hampshire, Isle of Wight and Portsmouth.

The content applies to adults over the age of 18, across the geographical areas covered by the 4LSABs and is fully endorsed and supported by each of the Boards.

The document is designed to support partnership working and good practice in adult safeguarding across the whole of the 4LSAB areas.

Living a life that is free from harm and abuse is a fundamental right of every person, all of us need to sign up to this principle and to follow it in acting as good neighbours and citizens. All agencies and organisations across Southampton, Hampshire, Isle of Wight and Portsmouth must be committed to preventing abuse and neglect, raising safeguarding concerns and putting adults at the centre of our work.

The Care Act 2014, which came into force on 1st April 2015, is the most significant legislation on care and support in England for over fifty years. The principles that underpin the Care Act are that of promoting the wellbeing of individuals and of making sure that we always recognise that each person's needs are different and respond accordingly.

INTRODUCTION

This document sets out the overarching values and principles all agencies and organisations should be working to, the approaches to be taken to adult safeguarding and the process that explains how agencies and individuals should work together to respond to concerns of abuse and neglect of adults with care and support needs and be able and to put the policy, process and guidance into practice.

Safeguarding Adults Boards are asked to adopt this revised document so that there is consistency across the 4 Local Safeguarding Adults Boards (4LSAB) in the way in which adults are safeguarded from neglect or abuse and in how information is shared for that purpose. All agencies and organisations involved in safeguarding are expected to adopt this revised document in respect of their relevant roles and functions.

What is the purpose of this document?

This document aims to ensure that there is an overarching approach to adult safeguarding embedded within all organisations across Southampton, Hampshire, Isle of Wight and Portsmouth and that there is a culture where the reporting of concerns of abuse and neglect is encouraged and that staff, volunteers and members of the public feel supported to do so.

This document represents the commitment of each local safeguarding partnership across the 4LSAB areas to ensure there is a consistent framework so that adults are safeguarded from abuse and neglect and to ensure that each adult is supported to maintain:

- Wellbeing.
- Choice and control.
- Safety.
- Good health.
- Independence.
- Dignity and respect.

whilst ensuring that:

- The human rights of any adult(s) who is experiencing, or who is at risk of, abuse or neglect are maintained.
- The needs and interests of the adult(s) are always respected.
- A proportionate, timely, professional and ethical response is offered.
- All decisions and actions are proportionate and taken in line with the statutory framework related to adult safeguarding.

Agencies and organisations across the 4LSAB area have adult safeguarding roles and responsibilities and must work in partnership to support adults with care and support needs to live safely in their communities, to access mainstream and specialist services to keep themselves safe from abuse and neglect and to ensure access to criminal justice, victim support services and any therapeutic services needed to support recovery from abuse or neglect.

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

This document is divided into 4 sections:

Section 1 – Policy and Principles

This section outlines the legal responsibilities that everyone has under the Care Act 2014 and other associated legislation and principles with regards to adult safeguarding.

Section 2 – Adult Safeguarding Practice

This section outlines how agencies and organisations work together with the adult to achieve the best outcomes for adults and includes adult safeguarding concerns and safeguarding enquiries in accordance with safeguarding statutory duties in the Care Act 2014.

Section 3 – Adult Safeguarding Process

This section provides guidance from the very start of recognising abuse, through to concluding safeguarding enquiries and post abuse work. This section explains the adult safeguarding process, what happens when a S42 enquiry decision is made and how we all work to reduce and prevent abuse against adults at risk.

Section 4 – Glossary of Terms

This section explains the meaning of the different terms used in adult safeguarding work and within safeguarding enquiries.

What do we want to achieve as Safeguarding Adults Boards?

Southampton	Southampton Safeguarding Adults Board
Hampshire	Hampshire Safeguarding Adults Board
Isle of Wight	Isle of Wight Safeguarding Adults Board
Portsmouth	Portsmouth Safeguarding Adults Board

We will work together as a partnership to ensure that:

- All organisations promote the wellbeing of adults with care and support needs.
- The interests of adults with care and support needs are always respected and upheld.
- The human rights of adults with care and support needs are respected and upheld.
- A proportionate, timely, professional and ethical response is made to any adult with care and support needs who may be experiencing abuse.
- All decisions and actions for an adult that lacks capacity to make a specific decision are taken in line with the Mental Capacity Act (MCA) 2005.
- For each adult with care and support needs, making safeguarding personal¹ and their chosen outcomes are at the heart of all safeguarding responses.

¹ [Making Safeguarding Personal](#)

- Information is shared in a timely way.
- There is co-operation with each other to safeguard adults with care and support needs. Whilst the Care Act 2014 is clear that the lead role sits with the local authority section 45 of the Act² is equally clear that the local authority and the other relevant partner agencies have duties to co-operate with each other and work together to prevent and protect adults with care and support needs from abuse and neglect.

The remit for this document is deliberately broad with the target audience being both front line workers such as practitioners, professionals, clinicians and managers (whether paid staff and volunteers) across all organisations and agencies and also individuals and the public – given the central and important role people have in safeguarding their own interests and the role the public can have in tackling safeguarding issues to ensure that **safeguarding is everybody's business**.



Local Implementation

Each local Safeguarding Adults Board (SAB) has endorsed this policy, process and guidance and requires each partner organisation and agency to work to this and ensure they have their own internal business processes in place, so that there is consistency across the 4LSAB areas in the way in which adults with care and support needs are safeguarded from abuse and neglect.

Some SAB may want to adopt additional processes to meet their local needs. Local SAB are therefore welcome to add an appendix to the policy and process outlining any local variations, they may also have their own local operational safeguarding guidance, but they should map to the 4LSAB Policy, Process and Guidance.

² [The Care Act 2014](#)

To support the implementation of this document additional information including relevant legislation, national and local guidance, quick guides, easy read materials etc can be found on the 4LSAB websites.

There are some key definitions, concepts, roles and responsibilities and process in the context of adult safeguarding, that can be found in this document, which are important for everyone to understand.

SECTION 1 – POLICY AND PRINCIPLES

1. What is the legal framework in relation to adult safeguarding?

The Care Act 2014 established a legislative framework for adult safeguarding.

The requirements are further detailed in the Care and Support statutory guidance³ specifically Chapter 14 which provides additional information and clarity in relation to adult safeguarding.

The Care Act 2014 provides the key legal framework for adult safeguarding and sets out that adult safeguarding is seen as a core function of the wider care and support system. It also confirms that partner agencies and organisations must agree how they will work together and the roles they will play, to keep adults at risk safe.

There are specific statutory safeguarding duties that apply to local authorities, the police and the NHS when a person with care and support needs is experiencing or is at risk of abuse or neglect and unable to protect him/herself which include:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens.
- **Make enquiries, or request others to make them** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- **Establish Safeguarding Adults Boards** with the Local Authority, NHS and Police as core members and develop, share and implement a joint safeguarding strategy and to **publish an annual report**, detailing how effective their work has been.
- **Carry out Safeguarding Adults Reviews (SAR)** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the SAB partners could have done more to protect them. **For more information, see [Safeguarding Adult Reviews](#).**
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The Mental Capacity Act 2005⁴, The Human Rights Act 2018⁵ and the Data Protection Act 2018⁶ for example are pertinent throughout this document, and staff should ensure that all decisions and actions are taken in line with the requirements of the legislation.

³ [Care and Statutory Support Guidance](#)

⁴ [Mental Capacity Act 2005](#)

⁵ [Human Rights Act 1998](#)

⁶ [Data Protection Act 2018](#)

2. What are the roles and responsibilities of partners?

Adult safeguarding is everyone's business. The Care and Support statutory guidance states that 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'.

All agencies, organisations and individuals who work with or support adults have a role to play within this wider context of adult safeguarding. Seen in this way, effective safeguarding, means supporting the adult to live safely, promoting wellbeing and preventing the risk of abuse or neglect, this takes place within the core duties and responsibilities of health, social care, and criminal justice agencies.

Local authorities, NHS Commissioners and the Police have a lead statutory role in respect of adult safeguarding. Aside from this there are several organisations and agencies who have a fundamental and key role. **For more information, see [Multi-Agency Roles and Responsibilities in Adult Safeguarding](#).**

3. What are the links with other Partnerships?

The context of adult safeguarding is broad and varied. Each SAB should have in place agreements as to how it will work with other partnerships, for example local safeguarding children boards (LSCB), community safety partnerships (CSP), health and wellbeing boards (HWB) etc.

4. What are the links to workforce development, quality assurance and governance?

It is the responsibility of each agency and organisation to ensure employees and volunteers are appropriately trained. The SAB and partner agencies will promote multi-agency training. **For more information, see the [4LSAB Workforce Development Strategy](#).** Your local SAB website will have more information on your local SAB training.

The joint learning and development sub-group of the 4LSAB works to develop and promote multi-agency training to support implementation and application of these policy and procedures. The SAB will hold partners to account to ensure the effectiveness of its safeguarding arrangements. This will be done by:

- Analysing data.
- Completing self-audit and peer reviews.
- Consultation with customers, their family, advocates, carers and/or representatives.
- Completion of equality impact assessments as required.
- Development of mechanisms for reviewing implementation of policy and training.
- Evidencing that SAB members challenge one another and hold SABs to account.
- Formulating arrangements for dealing with complaints, grievances.
- Professional and administrative malpractice in relation to safeguarding adults.

A role of the Quality Assurance and Performance Improvement sub-groups of the SAB will be to monitor the above and report back to the SAB.

5. What are the links to other reviews or investigations?

Aside from Safeguarding Adults Reviews (SAR) there are other reviews, for example Domestic Homicide Reviews, which are commissioned in certain circumstances and may involve adults at risk of or experiencing abuse and neglect or the NHS England Serious Incident Framework which describe the circumstances in which responses to serious incidents in health care are required. Where there is overlap between adult safeguarding and other reviews or investigations conversations should take place between the responsible bodies to determine any interface between them and the lead arrangements. The key objective is to extract and share learning.

6. Principles that must underpin adult safeguarding

All safeguarding work is underpinned by the principle of upholding the human rights of individuals and groups. The Human Rights Act 1998 sets out the fundamental rights and freedoms for everyone in the UK. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000 and contains a series of Articles, most of which are applicable in the context of safeguarding.⁷

a) Care Act 2014 principles of adult safeguarding

This policy, procedures and guidance are based on the Care Act 2014's [Six Principles of Safeguarding](#) that underpin all adult safeguarding work.

<p>EMPOWERMENT Presumption of person led decisions and informed consent</p>	<p>Adults are encouraged to make their own decisions and are provided with support and information.</p> <p><i>'I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.'</i></p>
<p>PREVENTION It is better to take action before harm occurs</p>	<p>Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.</p> <p><i>'I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.'</i></p>
<p>PROPORTIONATE Proportionate and least intrusive response appropriate to the risk presented</p>	<p>A proportionate and least intrusive response is made balanced with the level of risk.</p> <p><i>'I am confident that the professionals will work in my best interests and only get involved as much as needed.'</i></p>

⁷ [Human Rights Act 1998](#)

PROTECTION Support and representation for those in greatest need	Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding. <i>'I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.'</i>
PARTNERSHIPS Local solutions through services working with their communities	Local solutions through services working together within their communities. <i>'I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.'</i>
ACCOUNTABLE Accountability and transparency in delivering	Accountability and transparency in delivering a safeguarding response. <i>'I am clear about the roles and responsibilities of all those involved in the solution to the problem.'</i>

b) Principles of Mental Capacity Act, 2005

Section 1 of the Mental Capacity Act (MCA) 2005 sets out five key principles:

- Principle 1: a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- Principle 2: the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- Principle 3: a person is not to be treated as unable to make a decision merely because they make what might be seen as eccentric or unwise decisions.
- Principle 4: best interests - anything done for or on behalf of an adult who lacks capacity must be in their best interests.
- Principle 5: least restrictive intervention – before the act is done or decision made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the adults rights and freedom of action.

c) Principles of equality and diversity

Agencies and organisations should express their commitment to equality and diversity by:

- Respecting the ethnic, cultural, and religious practices of people who use the service and making practical provision for them to be observed as appropriate.
- Reassuring people who use the service that their diverse backgrounds enhance the quality of experience of everyone who lives and works in any service provided by it.
- Protecting people's human rights – treating them and their family and friends, fairly and with respect and dignity.
- Accepting adults who use the service as individuals.

- Supporting people to express their individuality and to follow their preferred lifestyle, also helping them to celebrate events, anniversaries or festivals which are important to them.
- Showing positive leadership and having management and human resources practices that actively demonstrate a commitment to the principles of equality and diversity.
- Developing an ethos throughout its service that reflects these values and principles.
- Expecting all staff to work to equality and diversity principles and policies and to behave always in non-discriminatory ways.
- Provide training, supervision and support to enable staff to do this.
- Having a code of conduct that makes any form of discriminatory behaviour unacceptable. This applies to both staff, people who use services and their family and friends, which is rigorously observed and monitored accordingly.

These principles, often called the FREDA principles should be at the heart of adult safeguarding:

- Fairness.
- Respect.
- Equality.
- Dignity.
- Autonomy (choice and control).

It is every person's human right to live a life free from abuse and neglect. Every adult with care and support needs has an equal right to support and protection regardless of individual differences or circumstances.

d) Principles of duty of care

The 'duty of care' refers to the obligations placed on people to act towards others in a certain way, in accordance with certain standards. The term can have a different meaning depending on the legal context in which it is being used.

Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse or neglect. A duty of care to adults at risk is fulfilled when all the actions reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe from harm when they are in your care, using services or exposed to your activities and will also include respecting the person's wishes and protecting and respecting their rights. To discharge the legal duty of care, the worker must act in accordance with the relevant standard of care. This is generally assessed as the standard to be expected of an ordinarily competent worker performing that task or role. Failure to discharge the duty to this standard may be regarded as negligence.

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

e) Principle of wellbeing

Section 1 of the Care Act 2014 introduces a general duty on local authorities, in providing care and support, to promote the person's wellbeing when carrying out any care and support functions in respect of a person.⁸ 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.

The 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 adults 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 organisations and agencies that are members of the Safeguarding Adults Boards (SABs) must recognise this and disseminate this to their own organisations and agencies and to others they represent.

f) Principles of prevention

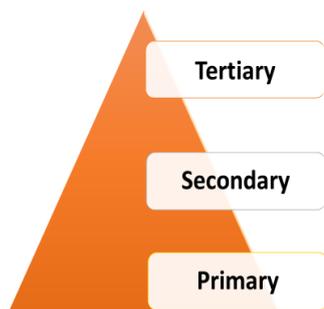
The term 'prevention' or 'preventative' measures can cover many different types of support, services, facilities or other resources. There is no single definition for what constitutes preventative activity and this can range from wide scale, whole population measures aimed at promoting health, to more targeted individual interventions aimed at improving skills or functioning for one person or a particular group or lessening the impact of caring on a carer's health and wellbeing.

All partners share a common aim to promote safety, prevent abuse, and protect adults at risk of abuse and neglect. Through strong prevention measures, the aim should be to enable adults to live an independent life free from harm, whilst making their own choices and decisions. The SAB recognise that prevention of abuse and neglect starts with public information and awareness as well as safe commissioning and provision of services from all partners, from the specification of services, through to training of staff and volunteers and quality and contract monitoring.

⁸ [The Care Act 2014](#)

The Government believes that safeguarding is everybody's business, with communities playing a part in preventing, identifying and reporting abuse and neglect and ensuring that measures are in place locally to protect all adults including those with care and support needs.

Prevention



In considering how to give effect to their responsibilities, local authorities should consider the range of options available, and how those different approaches could support the needs of their local communities. Prevention is often broken down into three general approaches, primary, secondary and tertiary prevention.

Section 2 of the Care Act 2014⁹ requires local authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs or reduce care and support needs). Organisations and agencies should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies.

The Care and Support Statutory Guidance sets out how local authorities should go about fulfilling their responsibilities, both individually and in partnership with other local organisations, communities, and people themselves. The local authority's responsibilities for prevention, reducing and delaying needs apply to all adults, including:

- People who do not have any current needs for care and support.
- Adults with needs for care and support, whether their needs are eligible and/ or met by the local authority or not.
- Carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation.

For more information in relation to prevention and adult safeguarding see the [4LSAB Prevention Policy](#).

g) Principles of person-centred and strength-based working

The 4LSAB partnership adopts the principle of '**no decision about me without me**' which means that the adult, their families and carers are supported by agencies and organisations working with them to provide support. A person led approach leads to services which are focused on the outcomes identified by the individual and are planned, commissioned and delivered in a coordinated way.

Personalised care and support are for everyone, but some adults will need more support than others to make choices and manage risks. Making risks clear and understood is crucial to empowering and safeguarding adults and in recognising people as 'experts in their own lives'.

⁹ [The Care Act 2014](#)

Strengths-based practice ¹⁰is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.

The Code of Practice for Victims of Crime (2015)¹¹ embraces some similar principles by putting victims first, making the criminal justice system more responsive and easier to navigate. Victims of crime should be treated in a respectful, sensitive, tailored and professional manner without discrimination of any kind. They should receive appropriate support to help them, as far as possible, to cope and recover and be protected from re-victimisation. It is important that victims of crime know what information and support is available to them from reporting a crime onwards and who to request help from if they are not getting it.

h) Principles of openness and transparency

All agencies and organisations have a responsibility to promote the reporting of safeguarding concerns and supporting a culture of 'whistleblowing' and importantly ensure there is learning when harm occurs. The 4LSABs are committed to a culture of learning and expects that all local partner agencies and organisations will have policies in place to ensure transparency. The Francis Report¹² recommended the development of a culture of openness, transparency and candour in all organisations providing care and support. Since October 2014, NHS providers are required to comply with the duty of candour, meaning that providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

i) Principles of information sharing

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice, but it has been highlighted as a difficult area of practice.

The Care Act 2014 sets out five aims of co-operation between partners which are relevant to care and support, although it should be noted that the purposes of cooperation are not limited to these matters. The aims include:

- Promoting the wellbeing of adults needing care and support and of carers.
- Improving the quality of care and support for adults and support for carers (including the outcomes from such provision).
- Smoothing the transition from childrens' to adults' services.
- Protecting adults with care and support needs who are currently experiencing or at risk of abuse or neglect.
- Identifying lessons to be learned from cases where adults with needs for care and support have experienced serious abuse or neglect.

¹⁰ [SCIE](#)

¹¹ [The Code of Practice for Victims of Crime](#)

¹² [The Francis Report](#)

As a general principle people must assume it is their responsibility to raise a safeguarding concern if they believe an adult is experiencing or likely to experience abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.

Section 6 of the Care Act 2014 states that the local authority must co-operate with each of its relevant partners and each relevant partner must co-operate with the authority, in protecting adults with needs for care and support who are experiencing, or are at risk of, abuse or neglect. The Care and Support statutory guidance at paragraph 14.4 states “The safeguarding duties have a legal effect in relation to organisations other than the local authority...”. Section 14.65 of the Care and Support statutory guidance states that:

Local authorities must also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including (but not limited to) those listed in section 6(3):

- General practitioners.
- Dentists.
- Pharmacists.
- NHS hospitals
- Housing, health and care providers.
- Departments of Social Security.
- Police and Probation Services.

Local authorities and partner organisations and agencies should co-operate in order to deliver effective safeguarding, both at a strategic level and in individual cases, where they may need to ask one another to take specific action in that case. This co-operation and information sharing for safeguarding purposes is supported by all data protection legislation where there is a lawful basis, such as the Care Act, for sharing personal data and compliance with the Caldicott Principles¹³ will help to ensure that information sharing is justified and proportionate.

Section 45 of the Care Act 2014 places an obligation on organisations and agencies to comply with a request for information in order that the SAB can perform its duties. Organisations that refuse to comply with requests for co-operation or information should provide written reasons for the refusal. The SAB needs to be assured that any shared learning identifies where cooperation has strengthened adult safeguarding and where improvements may be needed, publicising the effectiveness in its annual report.

Further guidance can be found in the [4LSAB Information Sharing Guidance](#) and in the [SCIE guidance](#).

¹³ [The Caldicott Principles](#)

j) Principles of a Family Approach

The 'Family Approach' agenda recognises and promotes the importance of a whole-family approach which is built on the following principles:

- **No wrong door** – contact with any service offers an open door into a system of joined-up support. This is based on more co-ordination between adult and children's services.
- **Looking at the whole family** – services working with both adults and children take into account family circumstances and responsibilities.
- **Providing support tailored to need** – working with families to agree a package of support best suited to their particular situation.
- **Building on family strengths** – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities.

A key aim of 4LSABs is to engage organisations with the relevant responsibility and expertise to lead the safeguarding response and by doing so, put into practice the maxim that '**safeguarding is everybody's business**'. Safeguarding support should empower the adult as far as possible to make choices and to develop their own capability to respond.

Further guidance can be found in the [Family Approach Protocol](#)

k) Principle of 'No Delay'

Where there is risk of abuse or neglect, swift action must be taken and an effective response made. If it appears that the person is experiencing, or at risk of, abuse or neglect, a safeguarding response must determine with the person what action, if any, is necessary and by whom. 4LSAB adopts the principle of 'no delay' so that the safeguarding response is made in a timely fashion with due consideration to the level of presenting risk.

In practice, this means that the pace of the safeguarding process is determined by presenting circumstances and professional judgements, taking into account the level of risk, harm, urgency, seriousness, wishes of the adult etc. Therefore, the timescales need to be based on the individual circumstances that consider a range of factors such as risk level, complexity of the enquiry and work in a way that is consistent with the needs and wishes of the adult. To support the safeguarding enquiry process the 4LSABs have agreed indicative timescales, for purposes of transparency and management oversight.

l) Principles of defensible decision making

Effective professional judgement and decision making is key to responding to adult safeguarding concerns. Defensible decision making is about making sure that the reasons for decisions, as well as the decision itself, have been thought through and can be explained. A duty of care in relation to those decisions or judgement will be considered to be met where:

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

SECTION 2 – ADULT SAFEGUARDING PRACTICE

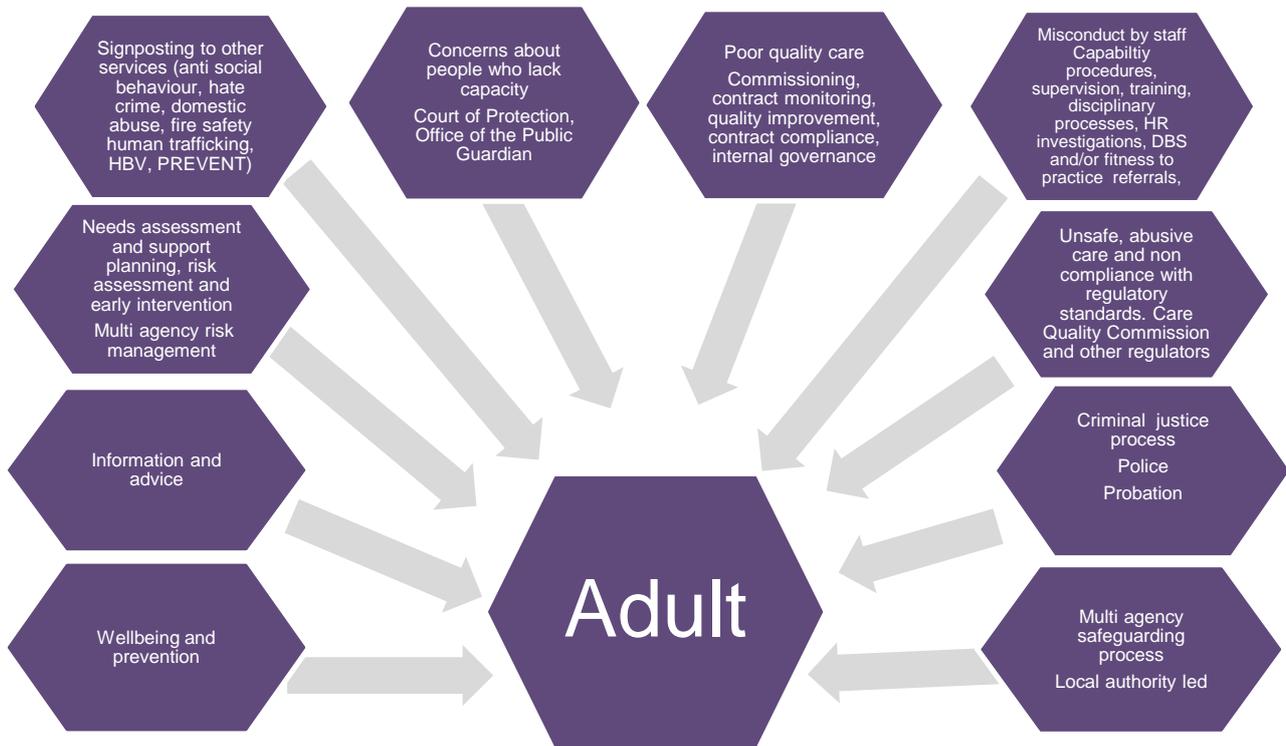
7. What do we mean by adult safeguarding practice?

Adult safeguarding in the wider sense means protecting and upholding the health, wellbeing and human rights of all adults, with additional duties towards adults with care and support needs and at risk of or experiencing abuse or neglect, enabling them to live safely. It is about everybody working together to prevent and avoid the risks associated with abuse and neglect and to promote recovery. It also means making sure the individual's wellbeing is promoted and their views, wishes, feelings and beliefs are respected when agreeing any action to keep them safe.

Abuse and neglect can happen in a variety of settings and some individuals or groups can be particularly vulnerable. Responsibility to prevent and respond to abuse or neglect therefore rests with a wide range of organisations, agencies and individuals and is part of adult safeguarding practice.

Although organisations and agencies have a statutory role in preventing, detecting, reporting and responding to abuse and neglect. Equal importance must be paid to the role of the public and communities to achieve the ambition set out in this document to ensure that **'safeguarding is everyone's business'**. Therefore, anyone encountering adults who may be at risk of or experiencing abuse or neglect has a key role in preventing harm or abuse occurring and acting when concerns arise. This includes people themselves, staff and volunteers working in a professional capacity, carers, family members and the wider public.

A 'whole system' approach to adult safeguarding recognises that there are different levels of safeguarding work carried out on a day to day basis as part of the core business for many organisations. Safeguarding arrangements across agencies should provide a broad spectrum of responses in which safeguarding concerns are responded to in the most proportionate and least intrusive way and informed by the wishes of the adult. Safeguarding activity in its broadest sense should provide a gateway to the mainstream community safety and crime prevention measures available to the rest of the community.



Viewed in this way, even when the criteria for statutory adult safeguarding enquiries, under S42 of the Care Act is not met, effective “safeguarding” can happen within other different processes and services, for example:

- People being 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.

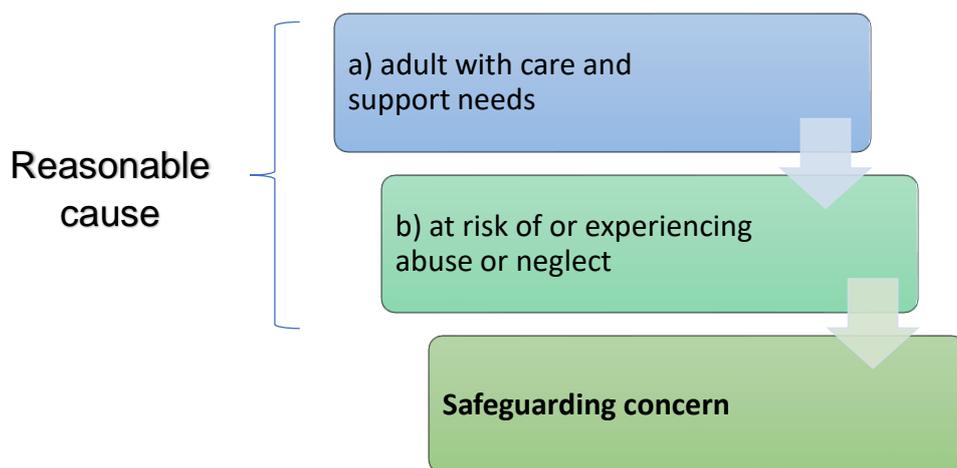
It is important to remember that safeguarding enquiries are NOT a substitute for:

- Providers of services taking responsibility for providing safe and good quality health and social care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- Effective clinical and care governance processes.
- Regulators ensuring that regulated providers comply with the expected standards of care and taking enforcement action where necessary.
- Criminal activity being effectively managed including enforcing the core duties of the police and other organisations and agencies to prevent and detect crime and protect life and property.

8. What do we mean by an adult safeguarding concern?

When making a decision to report a safeguarding concern to the local authority, then those considering reporting a safeguarding concern would have:

- a) reasonable cause to suspect that the adult may have needs for care and support (whether they are receiving care and support or not) and
- b) where there is reasonable cause to suspect that the adult is experiencing abuse or neglect.



The Care and Support Statutory Guidance 14.36 states that ‘workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing’.

Each person’s circumstances are different, and it may therefore be necessary for those with the concerns, to gather more information to help them to determine whether the concerns are about a) an adult with care and support needs, b) at risk of or experiencing abuse or neglect.

This means that only reasonable cause to suspect that (a) and (b) apply is needed in order to decide whether to raise a safeguarding concern to the local authority.

It may also be possible, in some circumstances to have enough reasonable cause to believe that the adult, due to their care and support needs is unable to protect themselves from the risk of or experience of abuse or neglect. However, this is not essential to informing the decision to raise a safeguarding concern to the local authority.

Ultimately, the decision as to whether there is reasonable cause to believe that the concerns reflect the Care Act S42 statutory safeguarding duty, will sit with the local authority.

There should be no assumptions that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. Where there are concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed."¹⁴

'It is not for front line staff to second-guess the outcome of an enquiry in deciding whether or not to share their concerns. There should be effective and well-publicised ways of escalating concerns where immediate line managers do not take action in response to a concern being raised. Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the adult.'¹⁵

It is the policy of central government that adult safeguarding concerns should be referred to the local authority irrespective of whether the person has consented to this or not, though that does not mean that consent should not be sought and the person should be told that a referral may be made. In certain circumstances, it may be necessary to refer concerns without consent (please refer to the [4LSAB Information Sharing Guidance 2020](#) for further information). If there is adult safeguarding work to be done though the person is not consenting to it, this does not overturn the expectation that the work itself is done in line with person-centred principles and in line with Making Safeguarding Personal.

9. What do we mean by the terms 'care and support needs'?

In making decisions about raising a safeguarding concern consideration needs to be given to whether the adult may have care and support needs. 'Care and support' is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have.

An adult with care and support needs *may be*:

- An older person.*
- A person with a physical disability, a learning difficulty or a sensory impairment.
- Someone with mental health needs, including dementia or a personality disorder.
- A person with a long-term condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day to day living.

*The position of the Board is that 'an older person' should not be taken to mean that age alone means a person has care and support needs, but is a recognition that older people may be at higher risk of some conditions that can lead to care and support needs developing.

10. What do we mean by the terms 'abuse or neglect'?

The Care Act 2014 Statutory Guidance, paragraph 14.16 outlines the different types and patterns of abuse and neglect:

¹⁴ [Paragraphs 14.43 of the Care Act Statutory Guidance](#)

¹⁵ [Paragraphs 14.19 of the Care Act Statutory Guidance](#)

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

A useful guide to types and categories of abuse or neglect and possible indicators can be found here: [Types and indicators of abuse](#). Further information on other categories, for example, forced marriage, human trafficking, county lines, modern slavery etc can be found on the [HSAB website](#).

Abuse can take place in any context or setting. Adults may be abused by a wide range of people, including:

- Relatives and family members.
- Professional staff.
- Paid care workers.
- Volunteers.
- Other service users.
- Neighbours.
- Friends and associates.
- People who deliberately exploit vulnerable people.
- Strangers.

11. What are the links between quality and safeguarding concerns?

On the basis of several definitions in the literature, the definition of quality of care can be seen as the extent to which services provided to individuals improve desired outcomes. In order to achieve this, service must provide safe, effective, timely, efficient, equitable and people-centred services. There is evidence that care is not always safe and can lead to poor patient/service user experience and outcomes. So safeguarding practice includes a focus on quality improvement.

There is no single definition of quality improvement, however, a number of definitions describe it as a systematic approach that uses specific techniques to improve quality. One important ingredient in successful and sustained improvement is the way in which the change is introduced, implemented and sustained.

Where there are quality concerns and not safeguarding concerns. Then a range of alternative pathways should be considered, which include:

- Mobilising resources to support improvements in health or social care providers, for example quality or contracts monitoring procedures or specific teams' or similar.
- The existence of a specific pathway to resolve issues regarding care, including clinical care, for example in relation to pressure ulcer care.
- A response from the regulator and/or commissioners.
- A complaint process.
- A referral for advocacy support.
- A referral for a care and support needs assessment.
- A review of the person's care and support or health care plan.

The Care Act statutory guidance paragraph 14.18 states that *'Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CQC, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared'*

The distinction between poor practice, a quality concern and a safeguarding concern is not easy to determine. As a result concerns may be misdirected down a pathway intended to support improvements in the quality of a service when there is a risk and impact on people using the service which should be considered under the S42 Care Act 2014 duty.

Alternatively, minor incidents that are indicative of the need to improve the quality of a service may be referred as a safeguarding concern and the local authority adult can become overwhelmed. There are a number of factors to consider when determining if a quality concern is also a safeguarding concern or not.

You will need to make a decision if the concerns are quality of care issues that do not require action under the safeguarding process and could be managed under a quality framework this could be:

- Where it is a 'one off' incident to one individual (where there is no pattern/history/trend).
- Resulted in no harm to the adult or others.
- Where there is a clearly defined action to address the quality of care in a person-centred way.

When making decisions it is important to consider that where a person is totally dependent on others assistance to meet basic needs, continual 'poor practise' can lead to serious harm or death so quality of care issues and safeguarding concerns must not be viewed as entirely separate matters. It is important to record and collaborate effectively in respect of individual quality issues so as to gain an overview that indicates where wider organisational abuse might be present.

Quality is everyone's business, information is welcome from all sources, including those receiving care and support services, their relatives, carers and friends, health and social care professionals, staff employed in services, regulatory bodies and members of the public. If you are concerned about the quality of care provided by a care service, please

contact the care manager. If you are still not sure whether the concerns about quality of care are also safeguarding concerns, contact the local authority for a discussion.

12. What factors could increase a person’s risks to abuse or neglect?

There may be a number of factors which may increase the risks of abuse or neglect to an adult. A needs assessment will provide a useful insight into a person’s situation and any risk factors and the support planning process is an opportunity to try and resolve these. The table below gives information on potential risk factors.

Personal characteristics of a person at risk that can increase risks may include:	Personal characteristics of a person at risk that can decrease risks may include:
<ul style="list-style-type: none"> • Not having mental capacity to make decisions about own safety including fluctuating mental capacity associated with mental illness and other conditions • Communication difficulties • Physical dependency – being dependent on others for personal care and activities of daily life • Low self esteem • Experience of abuse • Childhood experience of abuse • Substance misuse. 	<ul style="list-style-type: none"> • Having mental capacity to make decisions about their own safety • Good physical and mental health • Having no communication difficulties or if so, having the right equipment/support • No physical dependency or if needing help, able to self-direct care • Positive former life experiences • Self-confidence and high self-esteem.

Social/situational factors that increase the risk of abuse may include:	Social/situational factors that decrease the risk of abuse may include:
<ul style="list-style-type: none"> • Being cared for in a care setting, that is, more or less dependent on others • Not getting the right amount or the right kind of care that they need • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being homeless or at risk of homelessness • Being the focus of anti-social behaviour. 	<ul style="list-style-type: none"> • Good family relationships • Active social life and a circle of friends • Able to participate in the wider community • Good knowledge and access to the range of community facilities • Remaining independent and active • Access to sources of relevant information.

13. How can we work with adults with care and support needs to prevent abuse or neglect from occurring?

The Care Act 2014 explicitly requires local authorities to work with partner agencies to actively promote people's independence and wellbeing, not just to respond to crises when they occur. This applies to the safeguarding of adults with care and support needs, where

the aim should be to prevent abuse and neglect from occurring (or recurring) wherever possible.

Safeguarding practice under the Care Act 2014 should centre on giving people more control over and supporting them to make choices about their lives. As part of an approach to care and support, that puts the person at the centre, practitioners should work with adults who may be at risk to help them recognise potentially abusive situations and understand how they can protect themselves.

Frontline preventative practice should be supported by preventative strategies from the local Safeguarding Adults Board (SAB), for instance on how certain communities and groups, such as older people living alone, can be supported to stay safe through targeted information.

14. Is consent required from the adult?

The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and wellbeing of the adult.

Adults are encouraged to make their own decisions and must be provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Agencies and organisations should strive to deliver effective safeguarding consistently with both of the above principles. They should ensure that the adult has accessible information, in a format which is preferable to them, so that the adult can be supported to understand the information given to them and make informed choices about safeguarding, what it means, the risks and benefits, possible consequences and desired outcomes.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. The following should be considered:

- Explore the reasons for the adult's objections.
- Explain the concern and why you think it is important to share the information.
- Tell the adult with whom you may be sharing the information with and why.
- Explain the benefits, to them or others, of sharing information.
- Discuss the consequences of not sharing the information.
- Reassure them that the information will not be shared with anyone who does not need to know.
- Reassure them that they are not alone and that support is available to them.
- If, after this, the adult refuses intervention to support them with a safeguarding concern or an enquiry, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected.

However, there are a number of circumstances where consent could be reasonably overridden including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Other people are, or may be, at risk, including children and young people.
- Sharing the information could prevent a serious crime.
- A serious crime has been committed.
- The risk is unreasonably high, and duty of care has to be considered.
- Staff or volunteers are implicated.
- There is a court order or other legal authority for taking action without consent.

In such circumstances, it is important to keep a careful record of the decision-making process. Staff should seek advice from managers in line with their policy before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety.

Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why. In addition, if there are any other adults or children at risk seek advice from the safeguarding lead for the organisation.

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

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

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

15. What do we mean by 'making safeguarding personal'?

Making Safeguarding Personal (MSP) is a responsibility of all agencies and is concerned with responding in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety of adults at risk. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery. MSP is a shift from a process supported by conversations to a series of conversations supported by a process.

Adult safeguarding responses must be:

OUTCOME FOCUSED rather than procedurally driven so that the person's wishes and desired outcomes are sought and discussed throughout.

INCLUSIVE of the adult with MSP and participation built into each stage.

PROPORTIONATE with concerns dealt with at the lowest level possible by the most appropriate organisation appropriate to the level of risk and wishes of the service user.

TIMELY and within agreed timescales in order to prevent drift and to provide accountability.

STRUCTURED with options for discussions and meetings throughout the process but undertaken flexibly to enable the meaningful participation of service users.

FLEXIBLE with 'Pause and Review' and 'Exit Points' at key stages throughout the process so that it can stop (where appropriate) before it reaches 'the end' so as to ensure proportionality.

EFFECTIVE in managing risk and engaging the adult and relevant partners in the response.

FORMATIVE in which the Safeguarding Plan starts to be developed at an early stage and is subsequently reviewed and revised.

Further information on MSP can be found here: [Making Safeguarding Personal](#). Additional Local Government Association Guidance for the police, housing, advocacy and commissioners can be found here: [Resources to support Making Safeguarding Personal](#)

16. What do we mean by 'independent advocacy'?

The local authority has a duty to arrange for an independent advocate to represent and support a person in certain circumstances.

A person lacking capacity is able to access advocacy via existing provisions under the Mental Capacity Act 2005 in the form of an Independent Mental Capacity Advocate (IMCA). For people subject to the Mental Health Act 1983, advocacy support is available via an Independent Mental Health Advocate (IMHA) and Section 68 of the Care Act 2014, safeguarding advocacy. **More information about advocacy can be found in the [One Minute Guide to Advocacy for Adults](#)**

17. Who do the adult safeguarding S42 statutory duties apply to?

In the context of the legislation, specific adult safeguarding duties applies in S42(1) of the Care Act 2014.

The Care Act 2014 s42 duty states:

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

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

(3) "Abuse" includes financial abuse; and for that purpose, "financial abuse" includes—

(a) having money or other property stolen,

(b) being defrauded,

(c) being put under pressure in relation to money or other property, and

(d) having money or other property misused.

Adult safeguarding duties apply in whatever setting people live, **with the exception of prisons and approved premises such as bail hostels.**

The duties apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times. There may be times when a person has care and support needs and is unable to protect themselves for a short, temporary period – for example, when they are in hospital under anaesthetic. People with care and support needs are not inherently vulnerable.

18. What are the out of area adult safeguarding arrangements?

In the case of a safeguarding concern raised for someone who is temporarily residing in a local authority area where they are not ordinarily resident the host authority will take the

lead for the assessment and coordination of the safeguarding process. Examples include where someone is receiving hospital or residential care in another local authority. This includes care which is funded by the local authority or health and care which is paid for by individuals.

Where there are repeat concerns about individuals in acute hospital settings the ordinary residence rule will apply, and the person's usual authority will lead rather than the host authority.

Where the nature of the allegation gives rise to a concern that the alleged abuse or neglect may be linked to systemic issues affecting the whole organisation, the host authority will lead the investigation as a whole service investigation.

19. How do we deal with repeated allegations of abuse or neglect?

All safeguarding concerns should be considered on their own merit. An adult who makes repeated allegations where they have been enquiries and decided to be unfounded should be treated without prejudice. Where there are patterns of similar concerns being raised by the adult within a short time period, a risk assessment and risk management plan should be developed and a local process agreed for responding to further concerns of this nature from the adult. All organisations are responsible for recording and noting where there are such situations and may be asked to contribute to a multiagency response. Information sharing to assess and analyse data is essential to ensure that adults are safeguarded, and an appropriate response is made. Staff should also be mindful of public interest issues.

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

- The level and degree of the risks to the adult or others.
- The mental capacity and safety of the adult who the concern is about.
- The wishes of the adult and impact of the concern on them.
- The strength of the support networks available to the adult at risk.
- The impact on important relationships.

20. What needs to be considered when there are concerns about self-neglect?

The Care Act 2014 recognises self-neglect as a category of abuse and places a duty of co-operation on all agencies to work together to establish systems and processes for working with adults who are self-neglecting.

The Care Act emphasises the importance of early intervention and preventative actions to minimise risk and harm. Central to the Care Act is the wellbeing principle and focusing on decisions which are person-led and outcomes focused. These principles are important considerations when responding to self-neglect cases. **More information can be found in the [4LSAB Multi-Agency Guidance on Responding to Self-Neglect and Persistent Welfare Concerns](#)**

The Care and Support Statutory Guidance (paragraph 14.17) states that self-neglect may not prompt a S42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under the safeguarding enquiry duty will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

S42 enquiries are primarily aimed at adults who are experiencing abuse, harm, neglect or exploitation caused by a third party. In cases of self-neglect it is important as part initial information gathering that consideration is given to external factors impacting upon the adult, that may be contributing towards the self-neglect concerns, for example the adult may be fearful of leaving their property due to harassment, intimidation and as such impacts on the person ability to look after themselves.

In all cases, when a concern is raised regarding self-neglect, all agencies have a responsibility to consider this policy for supporting adults who are self-neglecting. This is regardless of whether the concern falls within the scope of a S42 enquiry duty or not.

Organisations and agencies involved in supporting an adult who is self-neglecting and there are concerns that the adult's circumstances have been assessed as an adult with capacity in unmanageable risk circumstances, **must refer to the [4LSAB Multi-Agency Risk Management Framework](#)**

21. Can photographs be taken?

Photographs should only be taken in accordance with organisational policy and by an authorised person.

The following principles apply:

- consent should be sought from the person before any photograph is taken
- the person's dignity must be preserved at all times
- where the primary purpose of the photographs is to provide evidence for a criminal investigation the photographer will be a member of the police service and will have received appropriate training. If the photographs are being taken for clinical purposes, then they will be taken by staff that are suitably trained and experienced in this area
- if the adult lacks the mental capacity to consent to being photographed then the principles of the Mental Capacity Act 2005 will apply and it will only be acceptable if photography is considered and documented to be in the adult's best interests following consultation with other people who may be able to advise (e.g. carers, relatives or professionals)
- it is not possible for any individual to give consent on behalf of the adult (other than if there is formal authority (with no restrictions) as a Lasting Power of Attorney (LPA) or Deputy, for health and welfare in both cases) but it may be possible for others to inform a judgement as to whether photography would be in the person's best interests. In the absence of appropriate consultees, a decision will need to be made on the basis of the information available, the urgency of the situation and the anticipated effect that the act might have on the adult.

22. What information can we share with the person alleged to have caused harm?

The principles of natural justice must be applied consistently, with the overriding aim of safety and the requirements of the Data Protection Act 2018. Providing information on the nature and outcomes of concerns to people alleged to have caused harm also needs to be seen in the wider context of prevention; for example, information can be used to support people to change or modify their behaviour.

The person/organisation that is alleged to be responsible for abuse and/or neglect should be provided with sufficient information to enable them to understand what it is that they are alleged to have done or threatened to do that is wrong and to allow their view to be heard

and considered. Whilst the safety of the adult remains paramount the right of reply should be offered where it is safe to do so. Decision making should take into consideration:

- Whether a crime has been committed or could be prevented.
- The possibility that the referral may be malicious.
- The right to challenge and natural justice.
- Whether there are underlying issues for example employment disputes
- family conflict.
- Relationship dynamics.
- Whether it is safe to disclose particularly where there is domestic abuse.
- Compliance with the Mental Capacity Act 2005.

Sharing information should be provided in a way that will not exacerbate the situation and acknowledges that the Data Protection Act 2018 applies to people alleged to have caused harm as well as the adult at risk. The person alleged to have caused harm has a right to know what personal information relating to them is held.

If the matter is subject to police involvement, they should always be consulted with first so criminal investigations are not compromised.

23. What support should we provide to people who are alleged to have caused harm?

Where the person is also an adult who has care and support needs, organisations and agencies should consider what support and actions may help them not to abuse others. For example, the abuse may be caused because the adult's needs were not met and therefore a review of their needs should be made. Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support.

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

In domestic abuse and violence situations the perpetrator may benefit from domestic violence prevention programmes.

24. What are our responsibilities to adult carers?

Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

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

Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both people. A needs or carers assessment is an important opportunity to explore the individuals' circumstances and consider whether it would be possible to provide

information or support that prevents abuse or neglect from occurring, for example by providing training to the carer about the condition that the adult that they care for has, or to support them to care more safely.

If a carer speaks up about abuse or neglect, it is essential they are listened to and that where appropriate a safeguarding enquiry is undertaken, and other agencies are involved as needed.

If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to whether support can be provided that removes or reduces the risk of abuse whether other agencies should be involved.

More information can be found in [Carers and safeguarding adults – working together to improve outcomes](#).

In some cases, where a criminal offence is suspected, this will include alerting the police, or in others primary healthcare may need to be involved in monitoring or supporting.

25. What can we do if access is denied to an adult at risk of or experiencing abuse or neglect?

Local authorities' duty to make safeguarding enquiries, or cause enquiries to be made, does not give an automatic legal right of access to the adult who is the subject of the enquiry if the person, or someone who is associated with them, tries to prevent others from seeing them.

The duties which may be relevant to adult safeguarding situations derive from a variety of sources including the Mental Capacity Act 2005 (MCA), the Mental Health Act 1983 (MHA) and the Police and Criminal Evidence Act 1984 (PACE), along with the common law including the inherent jurisdiction of the High Court and common law powers of the police to prevent or deal with a breach of the peace.

If you suspect the person may be a victim of abuse or neglect, and they may lack the mental capacity to make decisions about their situation, you will need to use your professional skills to try to find a 'way in', before any application is made to the Court of Protection to gain access to them, [options for gaining access](#) to the person are unchanged by the Care Act 2014, but the complexities of this highlight the need for legal literacy, a general awareness of the law in this area.

26. What are our responsibilities to adults with personal budgets and self-directed care?

Many are taking the opportunity to exercise greater choice and control over what kinds of services they receive, who provides them and the way in which they are delivered.

This transformation brings with it opportunities and challenges from the perspective of risk enablement and safeguarding. Regardless of the person's preferred method of managing a personal budget the local authority still retains its duty of care with regard to the person and their protection from abuse and neglect.

27. What needs to be considered if the enquiry includes concerns about a person in a position of trust?

The Care Act 2014 requires the local authority, its relevant partners and those providing universal care and support services to have clear policies reflecting those from the local

Safeguarding Adults Board for dealing with allegations against people in positions of trust i.e. anyone working in either a paid or unpaid capacity, with adults with care and support needs. These policies should clearly distinguish between an allegation, a concern about the quality of care or practice or a complaint.

Where concerns are raised about someone who works with adults with care and support needs, the employer (or student body or voluntary organisation) must assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults. This framework must have clear recording and information-sharing guidance and timescales for action and be mindful of the need to preserve evidence. This will be whether the allegation or concern is current or historical.

On 10th March 2016 the Department of Health published the refreshed edition of the Care and Support statutory guidance. The refreshed statutory guidance removes the requirement for a Designated Adult Safeguarding Manager, but this is now replaced by a new section on managing allegations against people in positions of trust.

More information can be found in the [4LSAB Multi-Agency Guidance on Managing Allegations Against People in a Position of Trust](#)

28. How do we deal with historic allegations of abuse or neglect?

Concerns relating to historic abuse or neglect where the person or others are no longer at risk will not be the subject of a statutory enquiry, but further action under different processes may be needed.

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

29. What if a safeguarding concern is raised about an adult who has died?

One of the criteria for undertaking statutory enquiries under the Care Act S42 duty is that the adult is 'experiencing, or is at risk of, abuse or neglect'. This is written in the present tense, so this is therefore a matter of professional judgement as the legislation and the guidance does not clarify this, so the guidance from the 4LSABs is:

- Where a safeguarding concern arises and there is a decision made to refer the concerns to the local authority, but in the time taken to pass the safeguarding concern to the local authority and for the concern to reach the appropriate decision maker in the local authority, the person has died. The local authority should still apply the statutory criteria against the time the safeguarding concerns arose, in which case if the criteria is met then the enquiry duty is triggered.
- The starting point should be that if the criteria in s42(1) were met at any point during the period from when the abuse occurred or the risk of it arose to when the decision is being made then the presumption should be that there will be an adult safeguarding enquiry.
- If the S42 decision was made before the adult died, then the enquiry process should continue.
- If the person died before and abuse or neglect was suspected as a contributory factor, then consideration could be given to a non-statutory enquiry. If there is a possibility that other people with care and support needs may be at risk then there will need to be assessments to determine if statutory duties apply, including S42 enquiry duties.

- There may be public interest matters where an enquiry might promote public confidence in the services involved.
- Factors that may lead to a reversal of the presumption might include that there were no apparent risks to others, no questions to be addressed about the actions of any agencies involved, or if there was going to be another process that might provide sufficient scrutiny such as a Safeguarding Adults Review (SAR), taking account that the aims of an enquiry and a SAR are different.

There are also other things to consider after someone dies, which include:

- Does the information indicate that a criminal offence may have occurred? Where a criminal offence has or may have occurred then a referral should be made to the police.
- Is there a need to secure documentation?
- Does the Coroner need to be involved?
- How do we involve families?
- Who else may be affected?
- In cases where an adult has died or suffered serious abuse or neglect, and where there is concern that agencies should have worked more effectively to safeguard the adult, there is a statutory requirement for the Safeguarding Adults Board to undertake a Safeguarding Adults Review under S44 of the Care Act.
- Are there other processes that need to be followed, i.e. Serious Incidents, etc.

In such circumstances a S42 Enquiry Review Meeting is advisable, to consider all of the issues and agree a plan as to how the enquiry should proceed, identify lead agency/s, etc and a safeguarding review meeting may also be needed to conclude the enquiry, determine the outcomes, identify learning etc.

Where a decision is made not to undertake enquiries when a person has died, then this decision should be made by a local authority manager who will have consulted with the relevant partner agencies and the decision is recorded and shared with those that need to know.

30. What is the interface with child safeguarding?

The Care Act 2014 statutory guidance stipulates that where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. This applies to young people who receive leaving or after care support from child and family services, are included in the scope of adult safeguarding. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25.

Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. the police or NHS) or other persons relevant to the case. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act 2014 or be receiving any particular service from the local authority, in order for the safeguarding duties to be applied.

a) What are our responsibilities towards children and young people who cause the harm?

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

Physical and sexual abuse towards parents and other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children and serious harm can result.

b) What are our responsibilities to young carers?

In respect of young carers, Section 1 of the Care Act 2014, alongside Section 96 and Section 97 of the Children and Families Act 2014, provides a legal framework to identify young carers and parent carers and their support needs with a strong emphasis on outcomes and wellbeing.

31. What are our responsibilities in relation to transitional safeguarding?

The Children and Families Act 2014 and the Care Act 2014 create a new comprehensive legislative framework for transition when a child turns 18 (the Mental Capacity Act applies once a person turns 16). The duties in both Acts are on the local authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adults policy and procedures work in conjunction with those for children and young people.

Abuse within families reflects a diverse range of relationships and power dynamics, which may affect the causes and impact of abuse. In particular, staff may be assisted by using domestic abuse risk management tools as well as safeguarding risk management tools. Staff providing services to adults, children and families should have appropriate training whereby they are able to identify risks and abuse to children and adults with care and support needs

Where a person is 18 or over but is still receiving children's services and a safeguarding concern is raised, the matter should be dealt with through adult safeguarding arrangements. This may be, for example, when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners for example, the police or NHS) or other people relevant to the case.

It is not the level of needs that is relevant where there is a safeguarding concern. The young adult does not need to have eligible needs for care and support or be receiving any particular service from the local authority, in order for a safeguarding concern to be raised.

The 4LSAB recognises the importance of the family approach. Where it is identified through the safeguarding adults process that a child may be at risk, the concern must be referred immediately to Children's Services. Where it is identified by Children's Services in the context of their work with children and families that an adult is at risk of or is experiencing abuse or neglect, then the concern must be referred to Adult Services. A decision will be made as to who will lead the safeguarding process. Regardless of who takes the lead, there should be appropriate representation from both Adult and Children's

Services within this joint process.

In all adult safeguarding work, staff working with an adult should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

Children and young people may be at greater risk of harm or be in need of additional help in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have a learning disability. **For further information, see [Working Together to Safeguard Children](#).**

Robust joint working arrangements between Children's and Adult Services need to be put in place to ensure that the medical, psychosocial, educational and vocational needs of children moving from Children's to Adult Services, including children with health or disability needs, or leaving care, are addressed as they move to adulthood and there are no gaps left in assessments of needs and service provisions. The care needs of the young person should be at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence and well-being and choice. Good practice includes:

- Having policies and procedures which support effective transition processes.
- Shifting the general view of risk as a potential danger for a child, to one of potential opportunity for an adult, but acknowledging there are still potential risks.
- Managing risks as a phased process with awareness of the psychological and emotional issues.
- Managing family expectations (being clear about the level of support and resources available).
- Taking time to get to know the young person and their family, especially if they have communication difficulties; and
- Acknowledging the rights of adults to take more responsibility for their decisions.

Where there are ongoing safeguarding issues for a young person and it is anticipated that on reaching 18 years of age, they are likely to require adult safeguarding responses then the safeguarding arrangements should be discussed as part of transition support planning and protection. Conference Chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult services and invite them to any relevant conference or review.

Clarification should be sought on:

- What information and advice the young person has received about adult safeguarding?
- The need for advocacy and support.
- Whether a mental capacity assessment is needed and who will undertake it.

- If best interest decisions need to be made.
- Whether any application needs to be made to the Court of Protection.

If the young person is not subject to a plan, it may be prudent to hold a professionals' meeting.

32. What if there is more than one safeguarding enquiry in an organisational setting?

When a safeguarding concern is received and through the course of a S42 safeguarding enquiry the S42 Enquiry Officer will need to consider if the harm being alleged or caused to one person could indicate a risk to others. This could for example 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 and the indicators of organisational abuse.
- Types of abuse or neglect being reported appear to be organisational. For example, 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 abuse or neglect to a number of 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.

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 a Large-Scale Investigation is necessary. Some of the local authorities may have further guidance about this. 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.

33. Can there be parallel investigations and enquiries?

A safeguarding enquiry may have parallel processes, see example diagram below, which will need careful co-ordination by the Local Authority S42 Enquiry Coordinator and effective joint working between agencies and organisations.



34. What is the interface between adult safeguarding and criminal investigations?

If the police decide not to undertake a criminal investigation where there has been an allegation of a criminal offence, the rationale for this decision making should be shared by the police in writing with lead safeguarding enquiry practitioner. If more information becomes available which indicates this decision needs reviewing, then the lead safeguarding enquiry practitioner must inform the police.

Where a safeguarding concern is received which does not, at the outset, appear to constitute a criminal offence, there is no requirement to notify police, but this decision should be kept under review. In the event that new information comes to light through the course of an enquiry, which then indicates that a criminal offence has been, or may have been, committed then it should be reported to the police.

Where it is identified that a police referral is required, whether at the outset of an enquiry, or as a result of new information received, the referral should be completed without delay.

35. What are our responsibilities to prisoners and adults in approved premises?

Prison governors and the National Offender Management Service have respective responsibility for prisoners and those in approved premises. Senior representatives of these services may sit on the SAB and play an important role in the strategic development of adult safeguarding locally. They may alternatively ask for advice from the local authority when faced with a safeguarding issue that they are finding particularly challenging.

Local authorities do have a duty under the Care Act 2014 to undertake needs assessments for adults who are prisoners or who live in approved premises. The SAB can act as a forum for members to exchange advice and expertise to assist prison and probation staff in ensuring that all people in custodial settings are safeguarded. **More information is available in [Guidance on safeguarding in prisons and approved premises](#)**

36. What if the safeguarding concerns raised are not acted upon by the agency or organisation?

Members of staff working within an agency or organisation may become aware of safeguarding concerns or allegations but be concerned about the impact on their employment if they were to report them. Where people have these concerns, they should

refer to their employer's Public Interest Disclosure Policy, sometimes called the "Whistle-blowing" Policy. The policy is so named, because it provides advice in relation to those circumstances when an employee is protected for reporting concerns. For further information and advice, **the following services are available:** [Care Quality Commission](#), [Protect](#) and [Speak Up](#).

37. How do we resolve disputes?

Disagreements can arise in a number of areas and staff, managers and professionals should always be prepared to review decisions and plans with an open mind. At all levels, disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation. Professional disagreements should be resolved at the earliest opportunity, ensuring that the safety and wellbeing of the adult(s) remains paramount. Challenges to decisions should be respectful and resolved through co-operation.

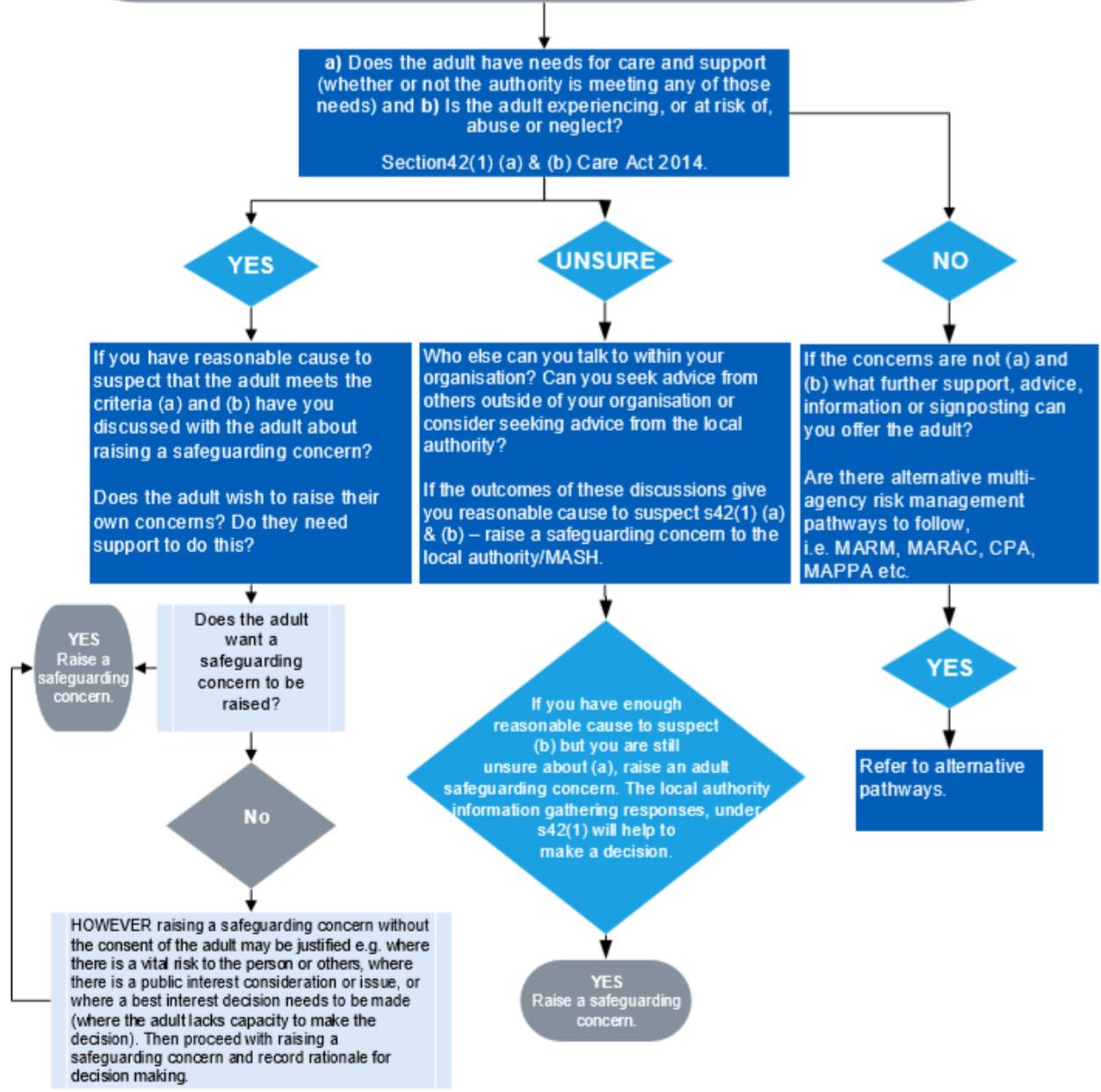
In the event that operational staff are unable to resolve matters, more senior managers should be consulted. Multi-agency meetings may be a helpful way to explore issues with a view to improving practice. 4LSAB has developed an Escalation **Protocol which can be accessed in the** [4LSAB Multi-Agency Safeguarding Adults Escalation Protocol](#)

38. How do I raise a safeguarding concern?

Refer to the flowchart below.

Deciding if you need to raise a safeguarding concern to the Local Authority/ Multi-Agency Safeguarding Hub (MASH)

Are you concerned that an adult is at risk of or is experiencing abuse or neglect?
 What types of abuse or neglect are you concerned about?
 Have you had a conversations with the adult about the concerns?
 Have you sought the views and wishes of the adult? *
 Are there any immediate risks to the adult or to others including children?
 Have you discussed and agreed next steps with the adult? *
 Have you provided advice, information or signposted the adult?



* There may be circumstances where the safety of the adult or yourself prevent this from happening. If you still have concerns about abuse or neglect and it is not possible or within the scope of your role to have a conversation with the adult, then if in doubt continue with the process and raise a safeguarding concern.
 * Multi-Agency Risk Management (MARM), Multi-Agency Risk Assessment Conference (MARAC), Care Programme Approach (CPA).

SECTION 3 – ADULT SAFEGUARDING PROCESS

This section provides an overview of the local authority adult safeguarding process following receipt of a safeguarding concern. Adult safeguarding concerns can be received from a number of different sources, e.g. the adult themselves, the public, health professionals, partner agencies, charity and voluntary organisations, banks etc. as **‘safeguarding is everybody’s business’**.

Each local authority will have their own internal guidance to support this process in more detail.

39. Who is the lead co-ordinating agency for safeguarding enquiries?

The Care Act gave local authorities the lead responsibility in managing safeguarding concerns and determining safeguarding duties and S42 enquiries. This takes in the responsibility to ensure a partnership approach.

The local authority must:

- Ensure that any safeguarding adult concern is acted upon and is consistent with these procedures.
- Co-ordinate the actions that they and relevant agencies and organisations take in accordance with their own duties and responsibilities.
- Ensure a continued focus on the adult and due consideration to other adults or children.
- Ensure that key decisions are made reflecting the principle of ‘no delay’.
- Ensure that an interim and a final safeguarding plan is 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 to be in control, unless there are clear recorded reasons why this should not be the case.

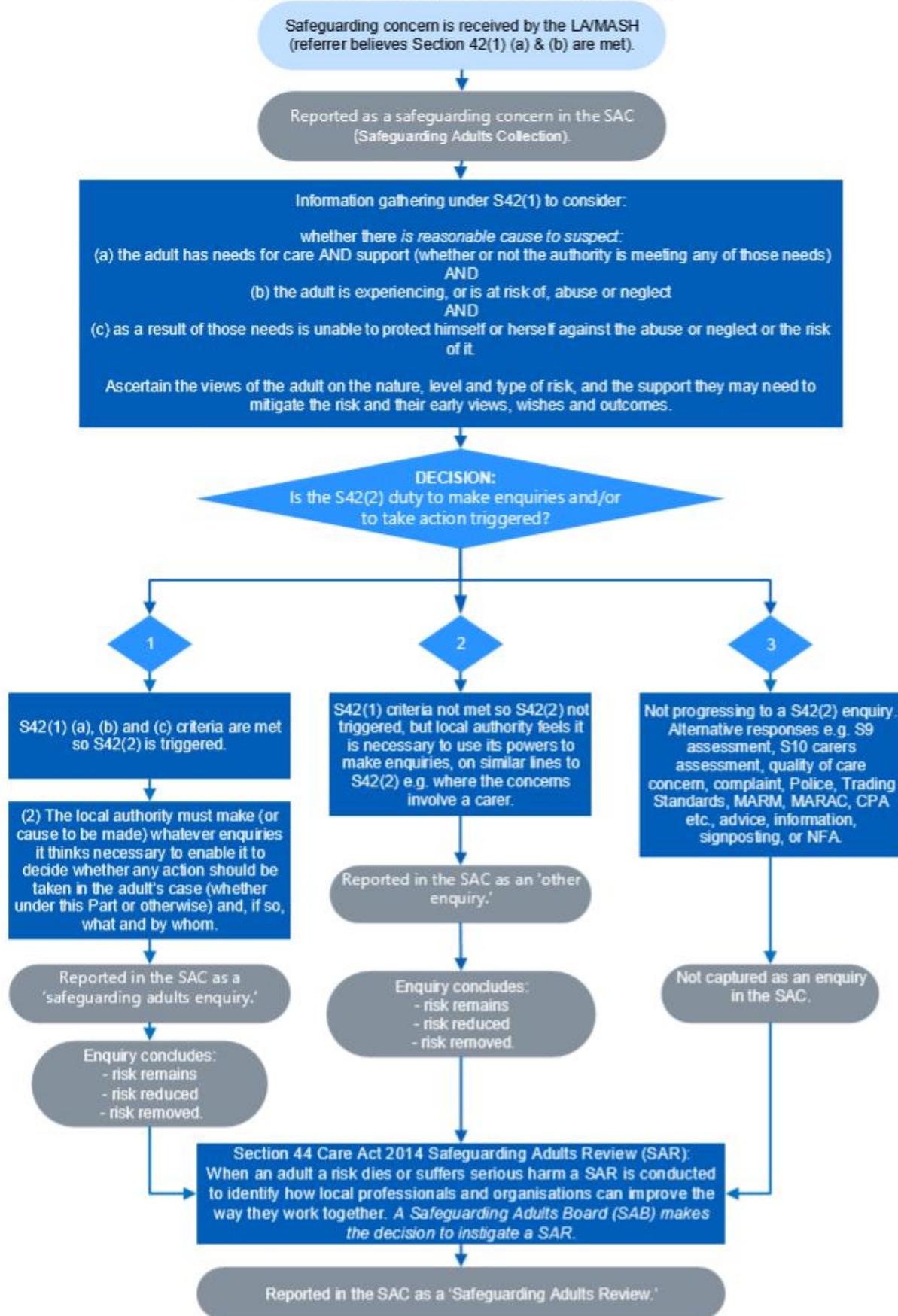
40. What happens when a safeguarding concern is received by the Local Authority?

- When the local authority receives a safeguarding concern, it will initially check if any action that is needed to ensure that the adult is safe, and to address immediate risks. For example, by contacting emergency services if there is an imminent serious or life-threatening risk to the adult or others.
- The S42 enquiry duty on the local authority exists from the point at which a safeguarding concern is received. Information gathering by the local authority is done under the duty described in S42(1).
- The information provided by the referrer is important to help the local authority begin to assess whether the criteria within this S42(1) duty are met.
- The enquiry and the decision on what action to take (including taking no action) will follow under the duty to make enquiries described in S42(2).

- The six statutory safeguarding principles underpin all aspects of adult safeguarding work. These should be clearly and openly addressed from the outset and placed at the heart of decision-making and action. Application of the six statutory safeguarding principles supports practice capable of achieving a wide range of responses tailored to meet the needs of the individual. Alongside this there must be transparency in applying the Mental Capacity Act, Human Rights Act and Data Protection Act.
- There must be a focus on the adult concerned, the outcomes they want to achieve and how that may be accomplished (whether an enquiry is carried out under the S42(2) duty or not). This is at the heart of Making Safeguarding Personal.
- The adult must be involved in decision-making and where the adult has a 'substantial difficulty' in being involved the support of a suitable person or advocate must be offered.¹⁶ This requirement is clearly set out in the Care Act.
- Information gathering by the local authority to determine whether the criteria in S42(1) have been met, must be recorded robustly to evidence and support the local authority decision whether to progress to a S42 enquiry (S42(2) or not and this decision should be shared with the adult and the referrer, (unless data protection prevents this information sharing).
- In the event that there is no S42(2) duty to make enquiries, the local authority practitioner must still consider and record how any identified risk will be mitigated (including through communication with partner agencies) and how that will be communicated to the adult concerned and the person accused of causing harm.

¹⁶ [The Care Act 2014](#)

Safeguarding concern received by the Local Authority/ Multi-Agency Safeguarding Hub (MASH)



41. What informs the decision to undertake enquiries?

The Care Act places a duty on the local authority to undertake a safeguarding enquiry where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) s42(1):

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

If the information received gives the local authority reasonable cause to suspect that these three statutory criteria are met, then the duty to enquire is triggered.

Local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.s42(2).

The scope of the enquiry, who leads it and its nature and how long it takes, will depend on the particular circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult's wellbeing and work together to that shared aim. At this stage, the local authority also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in the enquiry.

Once the duty to enquire is triggered any following actions undertaken are taken under S42 of the Care Act, where each local authority must make enquiries or cause others to do so. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom. An enquiry must take into account the adult's views as to what actions, if any, they wish to happen as part of the enquiry.

If the information received is not sufficient to enable the local authority to make a reasonable judgement as to whether the duty is engaged, then it may seek further information until there is sufficient information to make a decision. This could include gathering information from the person who raised the concern and reviewing case records.

42. If the enquiry duty is not met what are the other options?

Where the criteria for a Statutory Enquiry (s.42) is **not met**, for example 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.

Local authorities are not required by law to carry out safeguarding enquiries on behalf of adults who do not meet the statutory criteria in Section 42(1) of the Care Act 2014 however they can do so at their own discretion. In these circumstances a non-statutory safeguarding (discretionary) enquires may be instigated. The circumstances where this might occur are likely to be where there are other factors, not related to care and support needs, which contribute to the abuse/risk of abuse and prevent the adult from taking actions to protect

themselves. This could arise with respect to vulnerable young adults leaving care or situations where the adult's social circumstances are severely impacting on their health and wellbeing. A common circumstance in which this may also apply is to carers, over the age of 18, who are experiencing, or at risk of, abuse from the person they care for but do not have any care and support needs.

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 authority 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 found in the [4LSAB Multi-Agency Risk Management Framework](#)**

43. What is the purpose of an enquiry?

The purpose of the safeguarding enquiry is to establish with the adult and/or their representative(s) what action, if any, is required in relation to the concern and who should take such action. The first priority should always be to ensure the safety and well-being of the adult. However, this should be carefully balanced with the adult's views and wishes and any risks to others. The adult should experience the safeguarding process as empowering and supportive.

44. What are the objectives of an enquiry?

The specific objectives of an enquiry are to, where possible:

- Establish facts.
- Ascertain the adult's views, wishes and desired outcomes.
- Protect the adult from abuse or neglect, in accordance with their wishes.
- Assess the needs of the adult for protection, support and redress, and how these might be met.
- Make decisions as to what action should be taken with regard to the person or organisation thought to be the cause of risk.
- Enable the adult to achieve resolution and recovery.

Fundamental to any safeguarding enquiry is a spirit of *professional curiosity* whereby there must be a genuine inquisitive interest in the narratives and facts that are presented and also the ability to question information and objectively evaluate it rather than optimistically accept accounts at face value.

45. How to ensure the adult is involved in the enquiry?

Wherever possible ensure that the adult is involved from the beginning of the enquiry, unless there are exceptional circumstances that would increase the risk of abuse or neglect. The right to safety has to be balanced with other rights, such as rights to liberty and autonomy, and the right to privacy and family life.

The local authority must ensure that any restriction on the adult's freedom or rights under the Human Rights Act 1998 is kept to the minimum necessary and is proportionate to the risk of harm. Any restrictions should be carefully considered and frequently reviewed.

The adult may give the view that they do not wish for any actions to be taken within the enquiry. There may be circumstances where actions are taken, such as information is shared with other appropriate agencies as part of a safeguarding enquiry, even though the adult has indicated that they do not wish for this to happen. These circumstances could include:

- Others are, or will be, put at risk if nothing is done.
- Where it is in the public interest to take action because a criminal offence has occurred or could be prevented.
- The adult lacks capacity to understand the associated risks.
- The adult has capacity but cannot make a decision freely because of coercion or undue influence.

46. At what point should the police become involved in an enquiry?

The police are a key partner in safeguarding work and in enquiries. There are a number of factors to consider, which include:

- The [views and wishes of the adult](#).
- Whether a criminal offence as defined by law has been disclosed.
- The exact circumstances surrounding each individual case of suspected abuse or neglect.

Local policies and procedures for all agencies and organisations should make clear the circumstances in which the police should be informed. In many cases it may be best to have an informal discussion with the police, together with the affected adult or their representative, to decide whether a police response is necessary.

The police may need to be involved in an emergency situation if there are concerns that an adult or others is at immediate risk of serious harm. If there is a reasonable suspicion that a crime may have been committed and the harm caused to the adult concerned was deliberate, malicious or reckless, then it is sensible to have a discussion with the police. The police have powers to intervene if a person needs immediate assistance due to a health condition, injury or other life-threatening situation.

If the situation is not an emergency, it is important to find out from the person whether they want the police to be involved, especially where there are complex family dynamics or personal relationships. Risk of harm to others should also be considered in these circumstances, and so the person's wishes would not be the sole consideration.

If an adult has been harmed by an action that was possibly intended to cause them harm, a practitioner would need to consider not just how best to protect that person but also whether to refer the case to the police for a possible criminal investigation.

The same applies if someone is acting in a way that is designed to hurt another person, even if no actual harm occurs, for example, one person trying to hit another person.

It is essential to avoid a situation where a crime is effectively concealed by agencies or organisations carrying out their own enquiries. If a decision has been made to call in the

police, they should be involved at the earliest opportunity. This is to ensure that key forensic evidence is not lost or damaged, and because a higher standard of proof is required in criminal proceedings than in disciplinary or regulatory proceedings.

Early contact with the police may therefore help in obtaining and securing vital evidence and witness statements, leading to a successful prosecution.

Once the police are involved, their enquiries may take precedence over any others that may be in progress, and how these interact with matters such as internal disciplinary hearings will need to be coordinated. The local authority retains the co-ordination role of any S42 enquiry.

47. Is there a duty to co-operate with statutory enquiries?

There is a duty to cooperate in the Care Act 2014, S45¹⁷, S6 of the Care Act also places a duty on a local authority to co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority. There are only a limited number of circumstances in which it would be acceptable not to share information pertinent to safeguarding with relevant multi-agency safeguarding partners.

These would be where the person involved has the mental capacity to make the decision in question and does not want their information shared, and:

- Their 'vital interests' do not need to be protected.
- Nobody else is at risk.
- There is no wider public interest.
- No serious crime has been or may be committed or could be prevented.
- The person alleged to have caused the harm has no care and support needs.
- No staff or volunteers are implicated.
- No coercion or duress is suspected.
- The risk is not high enough to warrant a referral to a Multi-Agency Risk Assessment Conference (MARAC).
- No other legal authority has requested the information.

48. Who might be involved in undertaking enquiries?

The Care Act 2014 and the statutory guidance are not prescriptive as to who should undertake an enquiry or how it should be conducted (although it is clear that the duty to ensure that an enquiry takes place lies with the local authority). This decision will be determined by the context of the concerns and the relative complexity of the situation.

The statutory guidance makes clear that in its most basic form an enquiry may be a conversation but also that at other times it will require a wide range of professional skills and the ability to co-ordinate a multi-agency response to a life-threatening situation.

49. What should be considered when causing others to make enquiries?

The local authority has the lead co-ordinating role for all safeguarding enquiries but can cause enquiries to be made by another agency or organisation.

Causing an enquiry to be made is distinct from requesting actions from another organisation as part of an enquiry being carried out by the local authority. The specific

¹⁷ [The Care Act 2014](#)

circumstances will determine the right person to undertake the enquiry. This may be a professional who has already built up a relationship with the adult. In other situations the circumstances of the concern may require a professional with particular skills and knowledge, for example a health professional may be best placed to carry out an enquiry which needs to consider health elements, such as treatment plans relating to medication management or pressure damage.

The Local Authority S42 Enquiry Coordinator must have clear discussions with the person being caused to make enquiries and reach a shared understanding of the what the enquiry should involve, this should be given in writing and should include:

- The nature, scope and purpose of the enquiry that the agency or organisation is being asked to undertake.
- Ensuring making safeguarding personal.
- How the adult's outcomes will be identified, if not already known.
- Assessment of presenting risks and how harm will be minimised.
- How the adult will be advised of progress of the enquiry and who will take the lead in communicating with the adult.
- The timescale for the enquiry.
- Who is responsible for monitoring, evaluating and reviewing the actions and outcomes.
- Any further guidance that may be required during the enquiry process.

50. What is the role of partner agencies if they are caused to make enquiries?

Where an adult safeguarding concern relates to risks of abuse or neglect within any service provision, getting the balance right of the responsibility of that service to respond to the concerns against the need to have due rigor and independence of the S42 enquiry. The Care and Support Statutory Guidance sets out some expectations for when this arises in regard to regulated health and social care settings, which can also be applied in other settings.

It says the employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. For example, this could be:

- A serious conflict of interest on the part of the employer.
- Concerns having been raised about non-effective past enquiries or;
- Serious, multiple concerns, or;
- A matter that requires investigation by the police.

The local authority has to take into account natural justice principles when deciding who will carry out the enquiries that contribute to a S42 enquiry. Particular weight should be given on this matter to the views of the adult or their representative, and the person or organisation that may be the source of risk. In doing so, they might consider applying the 'no-one should be judge in their own cause' principle, whether the arrangements would result in actual bias, or the appearance of possible bias. In applying the 'hear the other party too' principle, whether those with an interest in the matter will consider that the arrangements proposed amount to a fair process.

The local authority, when deciding how the S42 enquiry should be carried out, should be mindful of not using too high a threshold when determining what might amount to a 'compelling reason'.

If there are concerns over these issues, ways of addressing them might include:

- Resolution through negotiation between the parties involved. If this is problematic it may need escalation within or between any organisations involved.
- Where the matter involves organisations that are "Relevant Partners" as per S6 of the Care Act 2014, the Local Authority may make the request to the other organisation under S7 of the Care Act which places the other party under some obligations about their response to the request.
- The matter may need to be drawn to the attention of the SAB.

Where another organisation or agency is best placed to undertake the S42 enquiry, or an element of it, the local authority must:

- Discuss with the organisation why they are best placed to undertake the enquiry.
- Be satisfied that the organisation being caused to undertake the enquiry is competent to do so and that there is no conflict of interest in this organisation (or the person they appoint to undertake the enquiry) fulfilling this role.
- Inform the organisation of this responsibility (initially verbally, and then formally using the template letter setting out the agreed terms of reference for the enquiry.
- Agree a reasonable timescale for receiving a report of its outcome. Enquiries must be completed in a timely manner. Enquiries will vary greatly in length and complexity, so prescribing a single target for all reports is not possible. However only in exceptional circumstances should an enquiry report be received more than 28 days after they it was commissioned.
- Ensure the agency or organisation knows how the adult social care enquiry practitioner can be contacted.
- Ensure the agency or organisation knows of the appointment and contact details of any independent advocate or other person acting on the adult's behalf where they have substantial difficulty in taking part in the enquiry.
- Make any amendments to the terms of reference necessary as the enquiry progresses or the adult's desired outcomes change or develop.
- Ensure the enquiry report has addressed the terms of reference and require rectification to be made where it does not.

The agency or organisation that is caused to undertake a Section 42 enquiry must:

- Appoint a suitably trained person to undertake the enquiry and provide the enquiry report, ensure they are competent to do so, that they receive the support necessary to satisfactorily complete it, and that there is no conflict of interest in their undertaking this role.
- Satisfy themselves that the enquiry terms of reference are clearly understood and within the remit of the organisation to undertake.
- Make the adult social care enquiry practitioner aware of any circumstances where the organisation is not the appropriate body to undertake the enquiry.

- Resolve any disagreement regarding the commissioning of the enquiry at the lowest level possible within the organisation, only escalating within the organisation and local authority where issues remain unresolved and proportionate to the disagreement. (N.B. where the organisation is the best placed to undertake the enquiry and its terms of reference are within the scope of its jurisdiction, the organisation has a legal duty under the Care Act 2014 to cooperate).
- Agree a reasonable timescale for receiving a report of its outcome. Enquiries must be completed in a timely manner. Enquiries will vary greatly in length and complexity, so prescribing a single target for all reports is not possible. However only in exceptional circumstances should an enquiry report be received more than 28 days after it was commissioned.

Conduct the S42 enquiry in line with the principles of Making Safeguarding Personal, for example ensure:

- The enquiry reflects the outcomes that the adult wishes to achieve.
- The adult (or their representative or independent advocate) is included as far as possible throughout the process.
- That if in the progress of the enquiry the adult alters their view of their desired outcomes, this is reflected in the enquiry.
- The adult (or their representative or independent advocate) are informed of the outcome of the enquiry.
- Keep in contact with the Local Authority S42 Enquiry Coordinator and inform them of any changes or developments during the enquiry. Ensure the enquiry report has addressed the terms of reference and is delivered to the Local Authority S42 Enquiry Coordinator within the agreed timescale.
- Where during an enquiry that an organisation has been caused to undertake, information comes to light to suggest that a person in a position of trust may have behaved in a way that has harmed or may have harmed an adult with care and support needs, then appropriate action must be taken in line with SAB protocol for responding to concerns about a person in a position of trust.

51. What is a S42 Enquiry Plan?

The S42 Enquiry Plan is the overarching plan developed with the adult and partner agencies and organisations by the Local Authority S42 Enquiry Coordinator, that for example sets out the plan for:

- Establishing the facts about an incident or allegation.
- Ascertaining the adult's views and wishes on what they want as an outcome from the enquiry.
- Assessing the needs of the adult for protection, support and redress and how they might be met.
- Protecting the adult from the abuse and neglect, as the adult wishes.
- Establishing if any other person is at risk of harm.
- Putting in place clear communication channels.
- Making decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect.
- Enabling the adult to achieve resolution and recovery.

The enquiry may involve a wide range of activities depending on the circumstances and may change as the enquiry progresses, it is the responsibility of the Local Authority S42 Enquiry Coordinator to co-ordinate, review and update the enquiry plan which should be recorded within the adult's records.

52. What informs decisions to have a S42 Enquiry Review Meeting?

S42 Enquiry Planning Meetings or review meetings may be the best way to ensure effective co-ordination of different aspects of an enquiry that relate directly to the adult or decisions that affect them. These meetings must be chaired by an appropriate representative of the local authority.

Factors that may inform a decision to convene a safeguarding meeting include:

- The adult asks for a meeting.
- The nature of the concerns is multi-faceted and or high risk and or complex.
- There are multiple people and or agencies or organisations involved.
- There are very different views and opinions.

53. What is a Safeguarding Plan?

An adult Safeguarding Plan is not the same as a care and support plan, it will focus on care and support provision only in relation to the aspects that safeguard against abuse or neglect, or which offer a therapeutic or recovery-based resolution for the adult and the development of this should be co-ordinated by the Local Authority S42 Enquiry Coordinator.

In many cases the provision of care and support may be important in addressing the risk of abuse or neglect, but where this is the intention the adult Safeguarding Plan must be specific as to how this intervention will achieve this outcome. The Safeguarding Plan should set out:

- What steps are to be taken to assure the future safety of the adult at risk.
- The provision of any support, treatment or therapy, including on-going advocacy.
- Any modifications needed in the way services are provided.
- How best to support the adult through any action they may want to take to seek justice or redress.
- Any on-going risk management strategy as appropriate. The plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan, and when this will happen.
- The safeguarding plan should be person-centred and outcome-focused.
- The plan should be made with the full participation of the adult.
- In some circumstances it may be appropriate for the safeguarding plan to be monitored through ongoing care and support responsibilities.

54. What can be the outcomes be of an enquiry?

Making Safeguarding Personal research has shown that adults who have been the subject of safeguarding enquiries have felt a lack of control. Staff have often felt that there was no clarity about the extent and duration of the safeguarding process.

This typically led to 'drift' where there was a lack of clear direction and focus.

An outcome-based approach makes clear at the earliest possible stage exactly what the process is seeking to achieve and monitors its progress against this. This should be seen against the wider backdrop of wellbeing. This approach it is essential that there is an understanding of the difference between the activity (output) associated with the process and the outcome itself. This is often the cause of confusion and the intervention may be seen as an end in itself without due consideration of the impact or benefits associated with it. Outcomes for the adult may include:

55. What informs decisions to close an enquiry?



A S42 enquiry can be concluded when the local authority is satisfied that the following has taken place:

- The enquiry has included the views, wishes and best interests of the adult, and has been centred on their desired outcomes.
- The enquiry has aimed to meet the identified desired outcomes of the adult and has been reviewed with the adult before a decision is made to close the enquiry.
- Consideration has been given to reflecting the views of the person or organisation thought to be the cause of risk within the enquiry if appropriate.
- Relevant information has been gathered and evaluated so that the cause/s of risk can be identified to prevent future abuse where possible.
- It has been agreed that the risk of harm to the adult is no longer current (i.e. the adult is not at risk of abuse) or if the adult withdraws consent to the arrangements and is not prepared to accept other support or protection.
- The enquiry has been thoroughly completed and accurately recorded.
- Where the service provider is the focus of the concern information has been passed to the relevant commissioner, Care Quality Commission etc.
- Information has been shared, where appropriate and as necessary, with any other relevant parties who are involved in the plan and also anyone else directly involved in the adult’s care and support.

- Where there has been serious injury to or the death of an adult, a Safeguarding Adults Review (SAR) referral was considered.
- Any recommended further actions, including referrals to professional bodies and/or the Disclosure and Barring Service, have been addressed.
- Where the risk cannot be reduced or removed there is consideration as to the ongoing arrangements for monitoring and review, including ongoing risk management.

56. What happens after an enquiry?

After a safeguarding enquiry and action taken to ensure that the person is no longer at risk of abuse or neglect or the risks have been reduced or managed, practitioners should consider what ongoing support the adult may need. Follow-up support might include:

- Discussing with the person the safeguarding support they received, and listening to their views and experiences, so that future support can be planned and shaped according to their needs, wishes and circumstances.
- Using a strengths-based approach to support the person, which involves looking at what the individual has available to them, rather than what they lack, and helping them to make use of their existing networks and relationships.
- Working, where appropriate, with the person who has caused the harm that the adult at risk has experienced, to reduce the risk that abuse or neglect will happen again.
- There are various resources and toolkits available to help practitioners develop the knowledge and skills they need to safeguard adults more effectively.

A table of the local authority adult safeguarding process can be found below:

Local Authority Adult Safeguarding Process

Safeguarding Concern	Reported within same working day by the referrer	<ul style="list-style-type: none"> ➤ Safeguarding concern is recognised - there is reasonable cause to suspect that the adult has needs for care and support and is at risk of or experiencing abuse or neglect ➤ A safeguarding concern is raised to the local adult safeguarding contact point. <p>Information gathering and decision making by the local authority S42(1)</p> <ul style="list-style-type: none"> ➤ Check actions taken to address immediate risk ➤ Lateral checks made and additional information gathered ➤ Contact made with the adult at risk to gather more information, ascertain their consent (unless duty to override) views and wishes and desired outcomes ➤ Provision of information, advice and signposting ➤ LA to determine if the 3 statutory criteria are met S42(1) (a) (b) and (c) ➤ If S42(1) met, then S42(2) decision is made Decision made that S42(2) duty is not met and action taken to refer elsewhere. Provide relevant feedback on the decision to those who need to know. 	<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">The limits to confidentiality are explained.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I am asked my opinion if people around me think I am at risk.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I know that professionals treat my personal and sensitive information in confidence, only sharing what is helpful and necessary.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I get help and support to report abuse or neglect.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I get clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I am given the information I need in the ways that I need it.</div> </div>
	Within 48 hours and up to 72 hours		
S42 Enquiry Plan (2)	(Within 7 working days from the date the local authority received the safeguarding referral)	<ul style="list-style-type: none"> ➤ Rationale for decision making is recorded ➤ The S42 enquiry plan is co-ordinated by the local authority ➤ The need for advocacy is considered ➤ The need for formal safeguarding meetings is considered ➤ The enquiry plan should meet the objectives of an enquiry ➤ Identify the need for any 'caused' enquiries ➤ The adult is involved/participates in the enquiry ➤ A safeguarding plan should be person-centred, and outcome focussed ➤ The need for a S9 assessment is considered and the provisions of care and support services ➤ The plans reflect the 6 safeguarding principles ➤ All involved are clear about their roles and responsibilities within the plans ➤ Parallel investigations are identified and agreed ➤ Timescales for review and monitoring of plan are agreed. 	<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">People ask what I want to happen and things move at a pace I am happy with.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">People and services understand me – recognise and respect what I can do and what I need help with.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I am asked what I want as the outcomes from the safeguarding enquiry and these directly inform what happens.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I am given all the support I need to help me to make my own decisions</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I understand the reasons when decisions are made that I do not agree with.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I get the things I need by those best placed to give it.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I can live the life I want and I am supported to manage the risks I choose to take.</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 45%; margin: 5px;">I feel safe and in control.</div> </div>
		Safeguarding Enquiry Closure	<ul style="list-style-type: none"> ➤ If a decision is made to close the S42 enquiry, ensure outcomes have been reviewed and confirm this with the adult/their representative and agree to close enquiries ➤ Ensure adult/representative is made aware s9 duty continues or provided with advice, information, signposting ➤ Share with partner agencies where appropriate ➤ Learning is identified and shared. ➤ Record the rationale for closure.

SECTION 4 - GLOSSARY OF TERMS

This glossary outlines common terms and words that are used to describe different aspects of adult safeguarding work.

Abuse and neglect: types and categories of abuse and neglect can take many forms. Agencies and organisations should not be constrained in their view of what constitutes abuse or neglect and should always consider the circumstances of the individual case. Abuse includes physical abuse, domestic violence or abuse, sexual abuse, psychological or emotional abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational or institutional abuse, neglect or acts of omission, self-neglect.

Adult safeguarding: activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their well-being and safety is promoted, having due regard to their views, wishes and desired outcomes.

Advocacy: support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the local authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

Appropriate Adult: Police and Criminal Evidence Act, 1984 (PACE) in English law an appropriate adult is a parent, guardian or Social Worker, or if no person matching this is available, any responsible person over 18. This term applies in England and Wales.

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

Best interests' decision: a decision made in the best interests of an individual made in accordance with s.4 of the Mental Capacity Act 2005 when they have been assessed as lacking the mental capacity to make a particular decision. In determining what is in the person's best interest the person making the determination must take into consideration anything relevant, such the past or present wishes of the person (and in particular any relevant written statement made by them when the person had capacity), and their beliefs and values and where practicable and appropriate to obtain the views of a lasting power of attorney or deputy. . There is also a duty to consult with relevant people who know the person such as a family member, friend, GP or advocate. Best Interests decisions must take account of:

- Whether the person concerned is likely to regain capacity in relation to the decision in question.

- The participation of the person in the decision as far as this is practicable.
- In cases of life-sustaining treatment the decision must not be motivated by a desire to bring about the person's death.
- The past and present feelings and beliefs of the person.
- The views of people engaged in caring for the person or in his or her welfare or any person holding an Enduring or Lasting Power of Attorney or a court appointed deputy.

Care Act 2014: came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Sections 42-46 and 68 provide the statutory framework for protecting adults from abuse and neglect.

Care and support needs: the support a person needs to achieve key outcomes in their daily life as relating to wellbeing, quality of life and safety. The Care Act introduces a national eligibility threshold for adults with care and support needs which consists of three criteria, all of which must be met for a person's needs to be eligible.

Care Programme Approach: (CPA) an approach introduced in England in the joint Health and Social Services Circular HC(90)23/LASSL(90)11, The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services, published by the Department of Health in 1990. This 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.

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

Carer: unpaid carers such as relatives or friends of the adult. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Care settings or services: 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.

Channel Panel: essentially a safeguarding programme aimed at supporting individuals identified as vulnerable to being drawn into violent extremism or terrorist related activity. As with other safeguarding practices Channel is reliant on a multi-agency response and multi-disciplinary work to minimise and manage the risk to an individual. Channel is voluntary and so the individual must give consent. Channel draws on existing collaboration between local authorities, the police, statutory partners and the local community.

Clinical Commissioning Group (CCG): established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

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

Community safety: a range of services and initiatives aimed at improving safety in the community. These include Safer Neighbourhoods, anti-social behaviour, hate crime, domestic abuse, PREVENT, human trafficking, modern slavery, forced marriage and honour violence.

Community Safety Partnership (CSP): a strategic forum bringing agencies and communities together to tackle crime within their communities. Community Safety Partnerships (CSPs) are made up of representatives from the responsible authorities, these are Police, police authorities, Local Authorities, Fire and Rescue authorities, Clinical Commissioning Groups and Community Rehabilitation Companies and the National Probation Service.

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

Contemporaneous notes: notes taken at the time of meetings with individuals, telephone calls, visits to premises during the course of an investigation. These may also be important in the context of giving evidence in legal proceedings.

Crime: an action or an instance of negligence that is deemed injurious to the public welfare or morals or to the interests of the state and that is legally prohibited. In particular there are crimes that specifically relate to abuse or neglect, these are not an exhaustive list but include:

- The Domestic Violence, Crime and Victims Act 2004 explicitly states that it is a criminal offence to physically or sexually abuse, harm or cause deliberate cruelty this includes: the crime of abuse between partners within the home.
- Mental Capacity Act 2005. Creates an offence of ill-treatment or wilful neglect of a person lacking capacity by anyone responsible for that person's care.
- Offences Against The Persons Act 1861 including grievous bodily harm with intent, grievous bodily harm, chokes /suffocates/strangles, unlawfully applies drugs with intent to commit indictable offence, poisoning with intent to endanger life/cause GBH or with intent to injure, aggrieve or annoy and assault occasioning actual bodily harm.
- Criminal Justice Act 1988 including Common assault.
- Medicines Act 1968 including: Unlawfully administering medication, injuriously affecting the composition of medicinal products.
- Sexual Offences Act 2003. This Act considers a number of offences designed to protect some of society's most vulnerable adults who have a mental disorder. The Sexual Offences Act 2003 introduced a number of new offences, for example, offences committed by care workers. The offences against those with a mental disorder are split into three categories. These are: offences against a person with a mental disorder impeding choice, sections 30–33. This covers individuals whose mental functioning is so impaired at the time of the sexual activity that they are unable to refuse; offences against those who have the capacity to consent to sexual activity but have a mental disorder which makes them vulnerable to inducement, threat or deception, sections 34–37; offences by care workers against those with a mental disorder, sections 38–41.
- Public Order Act 1986 including affray, fear or provocation of violence, intentional harassment, alarm or distress, and harassment/alarm or distress

- Protection from Harassment Act 1977 including course of conduct amounting to harassment, injunctions against harassment, and course of conduct that causes another to fear.
- Theft Act 1968 including dishonest appropriation of property, robbery, burglary dwelling house, blackmail.
- Mental Health Act 1983 including ill treatment or neglect of mentally disordered patients within hospital or nursing homes or otherwise in persons custody or care and unlawful sexual intercourse with patients/residents suffering mental disorder.
- Criminal Justice and Courts Act 2015 sec 20-25 - offences involving ill treatment or wilful neglect.
- Modern Slavery Act 2015 Section 52 – duty to notify Secretary of State about suspected victims of slavery or Human Trafficking.

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

Defensible decision-making: providing a clear rationale based on legislation, policy, models of practice or recognised tools utilised to come to an informed decision. This decision is based on the information known at that particular time and it is important to accurately and concisely record the decision-making process, in order to explain how and why the decision was made at that time.

Deprivation of Liberty Safeguards (DOLs): measures to protect people who lack the mental capacity to consent to their residence and care which came into effect in April 2009 as part of the Mental Capacity Act 2005. The procedures apply to people in care homes or hospitals where they are being deprived of their liberty.

Disclosure and Barring Service (DBS): a government body established in 2012 through the Protection of Freedoms Act and the merger of two former organisations, the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS is designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. The DBS search police records and barring lists of prospective employees and issue DBS certificates. They also manage central barred lists of people who are known to have caused harm to adults with needs of care and support.

Domestic abuse: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. 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 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. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily (Home Office 2012).

Domestic Homicide Reviews (DHR): statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the

Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Domestic Abuse, Stalking and Harassment and ‘Honour’ Based Violence (DASH): a risk identification checklist (RIC) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and ‘honour’-based violence.

Duty of Candour: a requirement on all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The duty of candour means that providers have to act in an open and transparent way in relation to service user care and treatment.

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

Family Group Conferences (FGC): an approach used to try and empower people to work out solutions to their own problems. A trained FGC co-ordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

Female Genital Mutilation (FGM): 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.’

Female Genital Mutilation Act 2003 (FGMA): legislation extending the ban on FGM to address the practice of taking girls abroad to undergo FGM procedures.

Forensic Medical Examiner (FME): Forensic Medical Examiner Forensic medical examiners (FMEs), formerly called police surgeons, are a group of doctors working in the field of clinical forensic medicine. Most FMEs are GPs and work on a part-time basis. A significant few work as FMEs full-time.

General Medical Council (GMC): the regulatory body for doctors and medical professionals in the UK. The GMC maintains a register of all doctors eligible to practise within the UK. It sets and reviews standards for their education, training, conduct and performance. The GMC also investigates allegations of impaired fitness to practise.

Harm: Ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

Hate Crime: any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person’s religion, belief, gender identity or disability.

Health Care Professions Council (HCPC): the Professional Body that regulates health and allied care professionals. HCPC professional standards were amended in Jan 2016 to require all those registered with that body to comply with a professional DUTY to take appropriate action to address and report concerns about safety or wellbeing of people using services, follow up concerns and be open and honest if things go wrong.

HealthWatch: an independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms - local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch has taken on the work of the Local Involvement Networks (LINKs).

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

Health and Well Being Board: a statutory, multi-organisation committee of NHS and local authority commissioners coordinated by the local authority which gives strategic leadership across the Local Authority area regarding the commissioning of health and social care services.

Herbert Protocol is a national scheme which encourages carers to compile useful information which could be used in the event of a person going missing.

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

Human Resources (HR): 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.

Human Trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation”.

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

Independent Mental Capacity Advocate (IMCA): established by the Mental Capacity Act 2005, IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services (such as a family member or friend) who is able to represent the person. However, in the case of safeguarding concerns, IMCAs can be appointed. irrespective of whether there are friends or family around and irrespective of whether accommodation or serious medical treatment is an issue.

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

Inherent Jurisdiction of the High Court: The High Court can make orders to protect people who may be intimidated, coerced or otherwise unable to act on a decision to protect themselves against harm.

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

Lasting Power of Attorney (LPA): in English law was created under the Mental Capacity Act 2005 and came into effect on 1 October 2007. The LPA replaced the former enduring powers of attorney which were narrower in scope. An LPA is a legal document that lets the individual (the donor) appoint one or more people (known as attorneys' to help the individual make decisions or to make decisions on their behalf. The individual must be 18 or over and have mental capacity (the ability to make their own decisions) when the LPA is made. There are 2 types of LPA: (1) health and welfare (2) property and financial affair. An individual can choose to make one type or both. Their purpose is to meet the needs of those who can see a time when they will not be able – in the words of the Act, will lack capacity – to look after their own personal, financial or business affairs. The LPA allows them to make appropriate arrangements for family members or trusted friends to be authorised to make decisions on their behalf. The LPA is created and registered with the Office of the Public Guardian, an executive agency of the Ministry of Justice of the United Kingdom.

Lead Agency: the lead agency for the enquiry are the local authority who will be responsible for co-ordinating the enquiry and chairing any safeguarding meetings. However, another agency or organisation may take a lead role, for example the police if there is a criminal investigation, or the NHS may take a lead role if within the enquiry, there is Serious Incident in a NHS setting.

Liberty Protection Safeguards: In July 2018, the government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards. It extends to those individuals not just in hospitals and care homes but to those living in the community. An implementation date has yet been set by the Government.

Local Safeguarding Adults Board (LSAB): a statutory, multi-organisation partnership committee, coordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area.

Local Authority Designated Officer (LADO): the role of the LADO is set out in HM Government guidance Working Together to Safeguard Children (2018) Chapter 2 Paragraph 4. and is governed by the Authorities duties under section 11 of the Children Act 2004 and MKSCB Inter-Agency Policy and Procedures (Ch 2.8). This guidance outlines procedures for managing allegations against people who work with children who are paid, unpaid, volunteers, casual, agency or anyone self-employed.

Local Authority Section 42 Enquiry Coordinator: the nominated practitioner within the local authority who will lead and coordinate the S42 enquiry.

Making Safeguarding Personal (MSP): an approach to safeguarding work which aims to move away from safeguarding being process driven and instead, to place the person at risk at the centre of the process and work with them to achieve the outcomes they want.

Mate Crime: a form of exploitation which occurs when a person is harmed or taken advantage of by someone, they thought was their friend.

Mental Capacity: refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the Code of Practice outlines how agencies should support someone who lacks the capacity to make a decision

Mental Health Act 2007 (MHA): 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.

Modern Slavery: includes human trafficking, slavery, servitude ad forced and compulsory labour. The Modern Slavery Act 2015 became law on 26 March 2015 and is designed to tackle slavery in the UK and consolidates previous offences relating to trafficking and slavery.

Multi-Agency Safeguarding Hub (MASH): The purpose of the Multi Agency Safeguarding Hub (MASH) is to improve the quality of information sharing between professionals in order to make timely and informed decisions about risk based on accurate and up-to-date information. With this information the MASH is able to provide a brief risk assessment and recommendation to the front door services across Southampton, Hampshire, Isle of Wight and Portsmouth to assist in improving the quality of safeguarding decisions for children and adults. The MASH comprises of representatives from Children's Social Care, Adult Social Care, alongside Hampshire Police, with virtual or co-located partners from other agencies.

Multi-Agency Public Protection Arrangements (MAPPA): statutory arrangements for managing sexual and violent offenders.

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

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

National Police Chiefs' Council (NPCC): The NPCC brings police forces in the UK together to help policing coordinate operations, reform, improve and provide value for money.

No Delay: the principle that safeguarding responses are made in a timely fashion commensurate with the level of presenting risk. In practice, this means that timescales act as a guide in recognition that these may need to be shorter or longer depending on a range

of factors such as risk level or to work in a way that is consistent with the needs and wishes of the adult.

Nursing and Midwifery Council (NMC): the regulatory body for nursing and midwifery professions in the UK. The NMC maintains a register of all nurses, midwives and specialist community public health nurses and nursing associates eligible to practise within the UK. It sets and reviews standards for their education, training, conduct and performance. The NMC also investigates allegations of impaired fitness to practise.

Office of the Public Guardian (OPG): the administrative arm of the Court of Protection and supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

Ordinary residence: broadly means the local authority a person is normally resident in - determines which local authority is responsible for meeting a person's care and support needs (under the Care Act 2014) The test for ordinary residence, which determines which local authority would be responsible for meeting needs, applies differently in relation to adults with needs for care and support and carers. For adults with care and support needs, the local authority in which the adult is ordinarily resident will be responsible for meeting their eligible needs. For carers, however, the responsible local authority will be the one where the adult for whom they care is ordinarily resident.

Patient Advice and Liaison Service (PALS): an NHS service created to provide advice and support to NHS patients and their relatives and carers.

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

Person in a Position of Trust (PiPoT): someone in a Position of Trust who works with or cares for adults with care and support needs in a paid or voluntary capacity. This includes 'shared lives' carers (previously known as adult placement carers).

PREVENT: Government strategy launched in 2007 which seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy and aims to respond to the ideological challenge of terrorism and the threat from those who promote it; prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation that need to be addressed. It is the preventative strand of the government's counter-terrorism strategy, CONTEST.

Prevention: describes how the care and support system (and the organisations forming part of this system) work to actively promote the well-being and independence of people rather than waiting to respond when people reach a crisis point. The purpose of this approach is to prevent, reduce or delay needs escalating.

Professional Body: a registering body that has oversight of the practice and standards of a profession or a group of professionals such as the General Medical Council.

Professional curiosity: is the capacity and communication skill to explore and understand what is happening rather than making assumptions or accepting things at face value, to seek reasons and explanations for actions or behaviour.

Protection of property: the duty on the local authority to protect the moveable property of a person with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves. This could include their pets as well as their personal property (e.g. private possessions and furniture).

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

Public Interest Disclosure Act 1998 (PIDA): protects 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.

Radicalisation: involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers often using a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The PREVENT Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism.

Safeguarding concern: Any concern raised with the local authority by any person, that an adult with care and support needs is experiencing or is at risk of abuse or neglect.

Safeguarding Adult Review (SAR): a statutory review commissioned by the Local Safeguarding Adults Board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

Safeguarding Allegations Management Adviser(SAMA): the nominated senior manager within an organisation responsible for the providing advice and guidance on cases involving allegations against people in a position of trust working in the organisation e.g. an employee, volunteer or student, paid or unpaid. The SAMA will maintain an oversight of individual complex cases and gain assurance that allegations have been responded to appropriately.

Safeguarding Plan: the overarching plan outlining all the actions required to safeguard the adult and to promote the adult's safety and wellbeing including actions to: protect from immediate harm, develop the adult's awareness and ability to recognise risks empowering them to make choices and to develop their capability to respond to these, build personal resilience, achieve resolution and recovery from the abuse or neglect experienced.

Safeguarding work: describes all the work multi-agency partners undertake either on a single agency basis (as part of their core business) or on a multi-agency basis within the context of local adult safeguarding arrangements.

Safe Lives: (formerly Co-ordinated Action Against Domestic Abuse, CAADA) a national charity supporting a strong multi-agency response to domestic violence. The CAADA-DASH (Domestic Abuse, Stalking and Harassment and Honour-based violence) risk identification checklist (RIC) was developed by CAADA and the then Association of Chief Police Officers (ACPO)[Now the National Police Chiefs Council (NPCC)].

Section 42 Enquiry: the action taken or instigated by the local authority in response to a concern that an adult with needs for care and support may be at risk of or experiencing abuse or neglect and due to those care and support needs is unable to protect themselves. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, right through to a much more formal multi-agency plan or course of action. This is referred to as a section 42 enquiry.

Section 42 Enquiry Officer: the nominated practitioner within the partner agency who will undertake the S42 enquiry where the local authority has 'caused this to be undertaken'.

Section 42 Enquiry Plan: the plan which outlines any immediate risks to be addressed, objectives, key actions and the lead for each, how the adult will be involved, timescales, etc.

Section 42 Enquiry Planning Meeting: the multi-agency discussion or meeting to plan out how the S42 will be undertaken which will result in agreement of a S42 Enquiry Plan.

Section 42 Enquiry Review Meeting: the meeting to review progress against the S42 enquiry plan and whether risks identified have been resolved. Any new risks should be discussed and actions agreed to mitigate/resolve these.

Serious Incident Requiring Investigation (SIRI): a process used in the NHS to investigate serious incidents resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Self-neglect: the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of adult and perhaps even to their community.

Shared Lives Carer: sometimes known as adult placement schemes - a scheme that supports adults whose needs make it harder for them to live on their own. Shared lives schemes are registered with CQC and employ trained carers who support the adults in sharing a home and community life.

Social Work England (SWE) –The Professional Body that regulates social workers. It provides professional standards to require all those registered with that body to comply with a professional DUTY to take appropriate action to address and report concerns about safety or wellbeing of people using services, follow up concerns and be open and honest if things go wrong.

Special Measures: Adherence to the guidance on the treatment of *vulnerable witnesses* in accordance with the guidance set out in *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and using special measures*. Examples of *special measures* include the use of video recorded interviews,

involvement of trained intermediaries, giving evidence by video link and adaptations to courtroom processes to accommodate issues of disability and intimidation and improve the quality of evidence given by the witness.

User-led organisation: (ULO) an organisation that is run and controlled by people who use support services including disabled people, mental health service users, people with learning difficulties, older people, and their families and carers.

Vital interests: a term used in the Data Protection Act 2018 to permit sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations. Article 6(1)(d) GDPR states “processing is necessary in order to protect the *vital interests* of the data subject or of another natural person”.

Well-being: is a broad concept to which the following contribute: personal dignity; physical and mental health; protection from abuse and neglect; control over day to day life; participation in work, education or recreation; social and economic factors; domestic, family and personal life; suitable accommodation and making a contribution to society. The Care Act 2014 sees Wellbeing as a key concept in identifying the success of care and support outcomes.

Wilful neglect or ill treatment: ‘**Wilful**’ means that the care worker has acted deliberately or recklessly in relation to the person who they are paid to care for. ‘**Ill-treatment**’ is also a deliberate act, where the individual knew that they were ill-treating a person or were being reckless as to whether they were. Ill treatment and wilful neglect are not the same. Ill treatment does not have to result in physical harm and can involve emotional and psychological damage – that the actions of a care worker or provider have caused or have the potential to cause damage to the adult and their family (see case law R v Newington 1990, 91 Cr App R 254). It can also include a failure to protect the privacy and dignity of a vulnerable adult when the victim is unaware that they are being ill-treated. These offences apply to both organisations and individuals.

Youth Justice and Criminal Evidence Act (YJCEA): 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, defined as: *A person suffering from a mental disorder within the meaning of the Mental Health Act 1983 or who otherwise has a significant impairment of intelligence and social functioning. A person who has a physical disability or disorder.*

SECTION 5 – ADDITIONAL GUIDANCE DOCUMENTS

4LSAB Family Approach Protocol:

<https://www.hampshirescp.org.uk/toolkits/adopting-a-family-approach-joint-toolkit/adopting-a-family-approach-joint-toolkit-landing-page/>

4LSAB Multi-Agency Guidance on Adult Safeguarding Roles and Responsibilities:

<https://www.hampshiresab.org.uk/wp-content/uploads/Safeguarding-Roles-and-Responsibilities-June-2020.pdf>

4LSAB Multi-Agency Guidance on Information Sharing:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-MA-Information-Sharing-Guidance.pdf>

4LSAB Multi-Agency Learning and Development Strategy for Safeguarding Adults:

<https://www.hampshiresab.org.uk/about-us/frameworks/>

4LSAB Multi-Agency Guidance on Managing Allegations Against People in a Position of Trust:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Guidance-on-Managing-Allegations-Against-People-in-a-Position-of-Trust-2020.pdf>

4LSAB Guidance on Modern Slavery:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Multi-Agency-Guidance-on-Modern-Day-Slavery-and-Human-Trafficking-June-2020.pdf>

4LSAB Multi-Agency Guidance on Prevention and Early Intervention in Adult Safeguarding:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Guidance-on-Prevention-and-Early-Intervention-in-Adult-Safeguarding-June-2020.pdf>

4LSAB Multi-Agency Guidance on Responding to Self-Neglect and Persistent Welfare Concerns:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Guidance-on-Responding-to-Self-Neglect-and-Persistent-Welfare-Concerns.pdf>

4LSAB Multi-Agency Risk Management Framework:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-MARM-Multi-Agency-Risk-Management-Framework-June-2020.pdf>

4LSAB Multi-Agency Safeguarding Adults Escalation Protocol:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Multi-Agency-Escalation-Protocol-July-2018.pdf>

4LSAB Guidance on safeguarding in prisons and approved premises:

<https://www.hampshiresab.org.uk/wp-content/uploads/Guidance-on-Safeguarding-in-Prisons-and-Approved-Premises.pdf>

4LSAB One Minute Guide to Advocacy for Adults:

<https://www.hampshiresab.org.uk/wp-content/uploads/One-Minute-Guide-to-Advocacy.pdf>