Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures (Working Draft)
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Glossary and abbreviations

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

**Abuse** includes physical, sexual, emotional, psychological, financial/material, neglect/acts of omission, discriminatory and organisational abuse, domestic abuse, modern slavery and self neglect. Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

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

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

**Adult with care and support needs** – a person who is over 18 years old and who appears to the local authority to have needs for care and support – in relation to safeguarding enquiries it is not necessary for eligibility for the provision of services to have been established nor for the care and support needs to be being met at the time that the enquiry is started. (See safeguarding enquiry).

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

**Best Interests** - Any act done or decision made on behalf of a person who lacks mental capacity must be done in his or her best interests and regard must always be had as to whether the acts or decisions could be achieved in a less restrictive way.

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.

**CAADA (Co-ordinated Action Against Domestic Abuse)** 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 Association of Chief Police Officers (ACPO).
Care management - the process of assessment of need, planning and co-ordinating
care for people with physical and/or mental impairments to meet their long-term care
needs, improve their quality of life and maintain their independence for as long as
possible.

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

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

Case conference is multi-agency meeting held to discuss the outcome of the
investigation/assessment and to put in place a protection or safety plan.

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

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

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

CPA (Care Programme Approach) introduced in England by the DH (Department
of Health) in 1990 the CPA requires health authorities, in collaboration with social
services departments, to put in place specified arrangements for the care and
treatment of people with mental ill health in the community.

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

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

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

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

**Disclosure and Barring Scheme (DBS)** – The statutory organisation responsible for barring unsuitable staff from the children’s and adult’s workforce. Referrals are normally made by employers following investigation into misconduct but other statutory agencies can also refer in certain circumstances. Staff who are to be employed in regulated activity must be checked against the barred list prior to taking up employment.

**DoLS (Deprivation of Liberty Safeguards)** Provisions of the Mental Capacity Act 2005 amended by the Mental Health Act 2007 which permit a person who lacks mental capacity to be deprived of his or her liberty in a hospital or care home where this is in the person’s best interests and has been authorised by the relevant local authority following a series of assessments or where an Urgent Authorisation has been issued to enable assessments to take place.

**Domestic Abuse** - An incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

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

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

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

**DVPO (Domestic Violence Protection Order)** - is an order applied for by the police and made by the Magistrates’ Court for up to 28 days to control access by a perpetrator of domestic abuse to a person they might harm.

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

**Emergency duty officer** the social worker on duty in the emergency duty team (EDT) or out of hours service.
Emergency duty team a social services team that responds to out-of-hours referrals where intervention from the council is required to protect a vulnerable child or adult at risk, and where it would not be safe, appropriate or lawful to delay that intervention to the next working day.

Enquiry Review Meeting - A meeting that brings together staff involved in the enquiry process and other relevant people to review the Safeguarding Plan, review progress of the investigation, share information and agree further action. This meeting will be as inclusive as the circumstances permit and may include the participation of the service user or their advocate but in all cases will ensure that the service user’s views are fully included.

Evidence - Any information in the form of statements from the adult, alleged abuser(s) or other witnesses; also documents, pictures, visual or records which enable a conclusion to be made about the truth of an allegation.

In the case of a criminal investigation the evidence presented to a court would need to establish ‘beyond reasonable doubt’ that the crime has been committed before a conviction could be made.

Where there are disciplinary or civil proceedings the evidence needs to demonstrate that the allegation is demonstrated ‘on the balance of probability’.

In assessments and enquiries by Social Care and Health staff professional judgements will also be made on the basis of the balance of probability as it is on this basis that future challenges might ultimately be determined either through a Complaints process or through application to a court.

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

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

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

Harm - Not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical) but also the impairment of, or an avoidable deterioration in physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development.
Healthwatch – government funded organisation that acts as an independent consumer champion for health and social care in a local area. Healthwatch argues for the consumer interests of those using health and social care services across its area, and gives local people an opportunity to speak out about their concerns and health care priorities. [http://www.healthwatchstaffordshire.co.uk](http://www.healthwatchstaffordshire.co.uk) - Staffordshire

[http://www.healthwatchstokeontrent.co.uk](http://www.healthwatchstokeontrent.co.uk) - Stoke-on-Trent

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

HR (human resources) The division of an organisation that is focused on activities relating to employees. These activities normally include recruiting and hiring of new employees, orientation and training of current employees, employee benefits, and retention. Formerly called personnel.

HRA (Human Rights Act 2000) legislation introduced into domestic law for the whole of the UK in October 2000, in order to comply with the obligations set out in European Convention of Human Rights

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

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

Ill treatment Section 44 of the Mental Capacity Act (MCA) 2005 introduced a new offence of ill treatment of a person who lacks capacity by someone who is caring for them or acting as a deputy or attorney for them. That person can be guilty of ill treatment if they have deliberately ill treated a person who lacks capacity, or been reckless as to whether they were ill treating the person or not. It does not matter whether the behaviour was likely to cause, or actually caused, harm or damage to the victim’s health.

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

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

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

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

Investigation/assessment a process to gather evidence to determine whether abuse has taken place and/or whether there is ongoing risk of harm to the adult at risk. In some local authorities this may be referred to as an ‘inquiry’.

Large Scale Enquiries (not section 42 or Care Act 2014) – A multi-agency response to concerns of institutional or co-ordinated abuse affecting multiple adults. This process will provide a framework for information-sharing and multi-agency actions in response to institutions, organisations or networks of abuse.

Local Authority Contact centre the place where safeguarding alerts are raised within Staffordshire and Stoke-on-Trent.

For Staffordshire the Contact Centre number is 0845 604 2719

For Stoke-on-Trent the number is 0800 5160015

Managing officer a professional or manager employed by the local authority who will be involved in the decision-making about whether to undertake a safeguarding enquiry under section 42, planning an enquiry, reviewing enquiries, initiating a safeguarding plan and terminating enquiries.

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

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

Multi-agency Safeguarding Hub (MASH) - The MASH is a building hosted by Staffordshire Police, where a number of statutory agencies have co-located their staff to facilitate information-sharing and shared risk assessment and planning in connection with the abuse of vulnerable people. Partners who are currently based at the MASH include Staffordshire County Council, Stoke-on-Trent City Council, North Staffordshire Combined Healthcare NHS Trust, Staffordshire and Stoke-on-Trent NHS Partnership Trust, South Staffordshire and Shropshire NHS Foundation Trust and the National Probation Service. The MASH serves children as well as adults.
**Mental capacity** - The ability to make specific decisions about health, welfare, property and affairs at a given time.

Where it is believed that a person may not be able to make the specific decision an assessment of their capacity will be required and this must demonstrate that this is caused by an impairment or disturbance in the functioning of the mind or brain.

A lack of capacity cannot be established merely by reference to age, appearance, a condition or an aspect of behaviour.

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

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

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

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

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

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

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

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

**Personal budget (PB)** is money allocated for social care services, allocated based on the needs of the individual following an assessment. They could be managed by councils or another organisation (such as a Primary Care Trust or PCT) on behalf of individuals. They could also be paid as a direct payment, or a mixture of both.
PIDA (Public Interest Disclosure Act 1998) An Act to protect individuals who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purposes.

POT (position of trust) 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).

Planning Discussion – The initial discussion(s) between the investigating and other relevant agencies to clarify concerns, identify the harm and the current risk, agree an interim Protection Plan and plan the enquiry.

The Planning Discussion can be either a meeting or a series of telephone conversations.

Police the generic term used in this document will normally refer to Staffordshire Police but on occasion other local and national Police forces will be involved.

Potential Source of Risk - Any individual who is believed to be responsible for, or implicated in, the abuse of an adult. This may include relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. In these procedures this term will apply equally to people who are believed to have abused an adult irrespective of whether the abuse was done intentionally or unintentionally.

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

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

Prioritising Need a system for deciding how much support people with social care needs can expect to help them cope and keep them fit and well. Its aim is to help social care workers make fair and consistent decisions about the level of support needed, and whether the local council should pay for this.

Public interest a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others or society as a whole to protection.
QAF (Quality Assessment Framework) was introduced in 2003 and sets out the standards expected in the delivery of Supporting People services.

QIPP (quality, innovation, productivity and prevention) is a Department of Health (DH) initiative to help National Health Service (NHS) organisations to deliver sustainable services in better, more cost-efficient ways.

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

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

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

Safeguarding Adults - the term used to describe all work to help adults with care and support needs stay safe from significant harm. It replaces ‘adult protection’.

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

Safeguarding Concern – Any concern raised with the local authority by any person that a person with care and support needs is experiencing abuse or is at risk of abuse.

Safeguarding Enquiry - The process undertaken in accordance with the duty under section 42 of the Care Act 2014 to establish the facts of the case; ascertain the adult’s views and wishes; assess the needs of the adult for protection, support and redress and how they might be met; protect the adult from the abuse and neglect, in accordance with the wishes of the adult; make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and enable the adult to achieve resolution and recovery. The duty to make enquiry lies with the local authority but it can ‘cause enquiry to be made’ by other agencies and consideration will be made on a case by case basis as to who the appropriate person would be to undertake the enquiry.

Safeguarding Officer - will describe an officer of the local authority to whom an enquiry under section 42 has been directly assigned

Safeguarding Plan - The planned actions that will be taken to assist the adult to protect themselves from the risk of abuse and to achieve the desired objectives. This will be a written plan that clearly outlines the protective measures that will be put into
place to ensure that the person with care and support needs is protected from abuse in future. This will include clearly ascribed outcomes as well as the roles and responsibilities for those involved and will include arrangements to address contingencies.

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

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

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

**Social Care** - The directorate or section within the local authority with social services responsibility that is responsible for assessment, care and support provision for adults under the Care Act 2014.

Local authority responsibilities have been delegated in some cases to NHS Trusts or to other providers. The commissioning of these services is often based on an agreement under section 79 of the Care Act 2014. In relation to safeguarding enquiries the responsibility of the local authority cannot be delegated but other agencies can undertake enquiries when caused to do so by the local authority. Otherwise, wherever this delegated authority and function exists these agencies will carry the same social care responsibilities.

**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.

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

**ULO (user-led organisation)** 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 interest** a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

**Volunteer** a person who works unpaid in a care setting/service.

**Wellbeing** – 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** an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. Section 44 of the Mental Capacity Act (MCA) makes it a specific criminal offence to wilfully ill treat or neglect a person who lacks capacity.

**YJCEA (Youth Justice and Criminal Evidence Act)** an Act to provide for the referral of offenders under 18 to youth offender panels; to make provision in connection with the giving of evidence or information for the purposes of criminal proceedings; to amend section 51 of the Criminal Justice and Public Order Act 1994; to make pre-consultation 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.
Safeguarding decision flow chart

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

Does the person have needs for care and support?
- Yes
- No

Is the adult experiencing abuse or neglect, including self-neglect?
- Yes
- No

Is the adult at risk of abuse or neglect?
- Yes
- No

Types of abuse:
- Physical
- Sexual
- Financial
- Discriminatory
- Neglect
- Self-neglect
- Organisational abuse
- Domestic abuse
- Modern slavery

Is the adult unable to protect themselves from the risk of, or the experience of abuse?
- Yes
- No

Make a Safeguarding Alert immediately

No Safeguarding Alert required

Seek alternative support as necessary
(see other actions – Page 25)
Section 2 - Responding and Reporting safeguarding concerns

RESPONDING TO CONCERN
(Target timescale- Same day)

- An abusive act is witnessed
- Adult makes a disclosure
- Disclosure from a third party
- Suspicion or concern that something is not right
- Evidence of possible abuse or neglect

Anyone can become aware of Abuse or Neglect of an Adult with Care & Support needs

Unless it is not safe, speak to the Adult concerned to get their views on the concern or incident and what they would like to see happen next

Is the Adult in immediate danger?

- Yes
  - Take any immediate actions to safeguard anyone at immediate risk of harm, including calling emergency services or summoning medical assistance

- No
  - Has a criminal offence occurred, or be likely to occur?

  - Yes
    - Contact the Police immediately

  - No
    - Refer the concern to your local Lead Agency (see Local Guidance)

REPORTING OF CONCERN
(Target timescale- Same day)

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## Short guide on how and when to raise a safeguarding concern

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<th>Who can raise a safeguarding concern?</th>
<th>Anyone – the adult, Carers, paid staff, volunteers, Inspectors, Police Officers, Health and Safety Officers, etc.</th>
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<tr>
<td>Who decides whether to raise a concern?</td>
<td>The person who believes that abuse may be taking place is the best person to raise the concern and they should take the responsibility for doing so.</td>
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<td>It is not good practice for that person to delegate this to another agency and this will cause difficulties if that agency has a different view on the incident, especially if they do not themselves believe that abuse has occurred.</td>
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<td>How quickly should a concern be raised?</td>
<td>Immediately and always within 24 hours.</td>
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<td>Who should be contacted with a concern?</td>
<td>In all cases concerns will be raised with the local authority where the abuse is believed to have taken place:</td>
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<td>Staffordshire County Council, Social Care and Health Tel: 0845 604 2719.</td>
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<tr>
<td></td>
<td>Stoke-on-Trent City Council, Adult Social Care Tel: 0800 5610015</td>
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<td>Where a crime has taken place or the adult may be in immediate danger contact should be made with Staffordshire Police.</td>
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<td><strong>In emergencies using 999 or if less urgent using 101.</strong></td>
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<td>How is an concern raised?</td>
<td>By telephone to the above numbers.</td>
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<td>Staff who raise a concern may be asked to provide additional detail and information. Callers will be given a reference number for their own records and to assist with any follow-up queries.</td>
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| What information should be included when raising the concern? | **Personal details** of the adult (name, date of birth, address, gender, race, faith, culture and current whereabouts).  
Name, address, contact number of the person raising the concern, and their relationship to the adult.  
**Full description of the abuse** that is believed to have taken place including where and when it occurred.  
**All known details of the potential source of risk** (name, address, date of birth, gender, current whereabouts and relationship to the adult).  
**Details of any harm caused to the adult.** Perception of continuing risks.  
**Immediate action** required to protect the adult.  
**Details of other people** who may be at risk of harm.  
**Details of any action already taken** (e.g. call to emergency services, crime number, and protection measures.)  
**Details of agencies involved** with the adult.  
**Whether the adult is aware** of the concern being raised.  
**Whether the adult has agreed** to the concern being raised.  
**Any known views or wishes of the adult** regarding possible outcomes.  
**The views of the person raising the concern** about what needs to happen next.  
**Any information that relates to the mental capacity** of the adult in relation to their ability to protect themselves from harm.  
**Any known language or communication needs** (e.g. need for an interpreter or intermediary). |
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<tr>
<td>What if the adult does not wish for the concern to be raised?</td>
<td>Where there is a risk of harm to the wellbeing of the adult or to others, a potential offence or disciplinary issues the concern should be raised but it must be made clear what the adult’s view on this is.</td>
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| What feedback will be given on concerns that have been raised? | People raising a concern should be given information regarding the status of the concern they have raised. The extent of this feedback will depend on various things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an investigation).  
It should normally be possible to advise people whether their concern has led to a section 42 enquiry. |
2. Reporting abuse and neglect - General guide to raising concerns

2.1 A safeguarding concern may be raised by anyone, including service users and informal carers when they believe that an adult who:

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

2.2 Self-neglect is now seen as a classification of ‘abuse’ and therefore should be referred in the same way as abuse by others.

2.3 It is always important that paid staff apply appropriate professional judgement in deciding whether a referral should be made and this does not preclude checking of basic facts that might inform a concern. By raising a concern staff are stating that they believe that abuse may be taking place or that there is a high and demonstrable risk that it will occur.

2.4 Where a concern does need to be raised it should be done by the person who believes that abuse may be occurring and the raising of the concern should not be delegated to another person, body or agency.

2.5 People raising a concern may become aware of possible abuse when they:

a. Witness an abusive act.

b. Are told about abuse by someone else.

c. Are told about abuse by the service user.

d. Find evidence of abuse.

e. Recognise several of the risk indicators and become concerned that there is a high risk of abuse.

2.6 Safeguarding concerns and processes should not be used as a substitute for:

- Providers’ responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action;
- The core duties of the Police to prevent and protect life and property.

2.7 Safeguarding procedures should not be invoked as a means to escalate or resolve professional disagreements or interpersonal issues unless this is clearly indicated by the risk to the adult.

2.8 Providers must be aware that there is no requirement to raise a safeguarding concern in relation to single instances of poor practice where no lasting harm or distress has occurred and where there is a plan for protecting the adult from the risk. This does not remove the expectation that providers will undertake their own internal investigations and take the appropriate disciplinary or remedial actions as well as reporting significant incidents to the relevant regulators in line with regulations and
legislation. If there is doubt as to whether a concern should be raised then this should be clarified with the relevant local authority.

2.9 In any given situation the provider should be clear on their rationale as to why they did or did not raise a concern and this should be consistent with the Safeguarding Principles, especially Proportionality and Accountability.

**Whistleblowing and confidentiality for people raising a concern**

2.10 All agencies should have a clear policy on Whistleblowing, which highlights how employees can raise concerns about abusive or neglectful acts of colleagues or employing organisations if they feel unable to raise these through their line management. Whistleblowing policies should be consistent with the legal requirements of the Public Interest Disclosure Act 1998.

2.11 In most cases staff will raise concerns without recourse to Whistleblowing procedures and it is important that the use of Whistleblowing policies is not used as a means of seeking anonymity where there would be no genuine fear of repercussions. While every effort will be made to protect the identity of workers who are raising concerns, anonymity cannot be guaranteed throughout the process.

2.12 It is important to remember:
- In cases where the police are pursuing a criminal prosecution, workers maybe required to give evidence in court.
- All information from the Safeguarding Enquiry and Disciplinary Investigation will be shared with the person identified as the source of risk if a referral to the Independent Safeguarding Authority is made.
- There is a possibility that a worker maybe asked to give evidence at an employment tribunal.
- Anyone can be requested to give evidence when the employer has referred a member of staff to a professional body. e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Medical Council (GMC).
- The adult or the potential source of risk may request to see information held about them under the Data Protection Act 1998.

**Members of the public who wish to make anonymous referrals**

2.13 It is always preferable to know who is raising a concern. However a member of the public cannot be made to give their personal details. If the identity of the person raising the concern has been withheld, the process will proceed in the usual way. This will include information being recorded onto the Safeguarding Adults Form (SA1).
# Advice to staff who receive a disclosure of abuse

<table>
<thead>
<tr>
<th>People who become aware of abuse or the risk of abuse should:</th>
<th>Why is this important for the adult?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the immediate safety of the adult. If there is an injury appropriate health care should be arranged (e.g. an ambulance, visit to Accident and Emergency Department).</td>
<td>Immediate protection and health care is provided.</td>
</tr>
<tr>
<td>If a suspected crime has just occurred or is still occurring then the Police should be informed immediately by ringing 999.</td>
<td>Criminal investigation can begin immediately.</td>
</tr>
<tr>
<td>Ensure that any evidence of abuse is kept safe and free from contamination to avoid interference with the investigation. This would especially apply to clothing and bedding where there has been a sexual assault but also to documentary evidence in other situations.</td>
<td>Evidence is secure and the adult will have the option of making a complaint.</td>
</tr>
<tr>
<td>Refer the incident / abuse to Social Care.</td>
<td>Social Care support can be offered as part of the investigation.</td>
</tr>
<tr>
<td>Record all details of the abuse concerns clearly and factually as soon as possible. When recording any disclosure then record the actual words used by the adult. If there are any visible injuries these should be recorded on a Body Map.</td>
<td>A clear record exists of the adult’s initial comments and injuries. The adult will be able to see what is recorded about them and might have a better understanding of what has occurred.</td>
</tr>
</tbody>
</table>

## What to do when abuse is disclosed by an adult

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen carefully, stay calm and make notes of what they say using their own words.</td>
<td>Question, put pressure on the adult for more details, start your own enquiry or take photographs.</td>
</tr>
<tr>
<td>Be aware that medical evidence may be needed.</td>
<td>Act in a way that may prevent the adult talking about the abuse in future.</td>
</tr>
<tr>
<td>Reassure the adult that the information will be treated seriously.</td>
<td>Promise to keep secrets.</td>
</tr>
<tr>
<td>Help the adult to understand that whatever has happened is not their fault.</td>
<td>Make any promises that you may not be able to keep (e.g. 'It won’t happen again’).</td>
</tr>
<tr>
<td>Explain the referral process and that others will need to be made aware.</td>
<td>Question any person who is a potential source of risk.</td>
</tr>
<tr>
<td>Explain that the matter will have to be referred on even if they do not consent but that their wishes will be made clear if this happens.</td>
<td>Agree not to refer because the adult withholds consent.</td>
</tr>
<tr>
<td>Make the referral immediately.</td>
<td>Wait to discuss with colleagues or gather more information.</td>
</tr>
</tbody>
</table>
Speaking to the adult who is experiencing, or is at risk of, abuse or neglect before raising the concern

2.14 Integral to effective person-centred approaches to adult safeguarding is engaging the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging with the adult in a meaningful way, at as early a stage as possible, is key to promoting good person-centred practice.

2.15 From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

2.16 There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

2.17 The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management, or from an external agency as appropriate.

2.18 **When speaking to the adult -**
   - Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances;
   - Get the adult’s views on the concern and what they want done about it;
   - Give the adult information about the adult safeguarding process and how that could help to make them safer;
   - Explain confidentiality issues, how they will be kept informed and how they will be supported;
   - Identify communication needs, personal care arrangements and access requests;
   - Discuss what could be done to make them safer.

**Mental capacity**

2.19. Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA), its principles and the MCA Code of Practice. This practically means that, for any decision that the adult may not fully understand or is unable to make, an assessment of the adult’s mental capacity will be necessary and, where the adult does not have capacity to make the decision, others will need to make a decision that is in the adult’s best interests.
Consent

2.20 - All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

2.21 At the concern stage, the most common capacity & consent issues to consider will usually be:
- whether the adult has the mental capacity to understand & make decisions about the abuse or neglect related risks, & any immediate safety actions necessary, and
- whether the adult consents to immediate safety actions being taken, whether the adult consents to information being referred / shared with other agencies.

2.22 If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person’s communication needs. They should also be given the opportunity to express their wishes and feelings.

2.23 It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person’s best interests. The appropriate decision-maker will depend on the decision to be made.

Recording

2.24 As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report. The written report will need to include:
- the date and time when the disclosure was made, or when you were told about / witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person’s own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:
- include as much detail as possible,
- make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the report and that it is signed and dated,
• keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
• keep the report/s confidential, storing them in a safe & secure place until needed.

**Reporting without consent**

2.25 If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, the concern *must* be reported. This includes situations where:
- there is a risk or harm to the wellbeing and safety of the adult or others,
- other adults or children could be at risk from the person causing harm,
- it is necessary to prevent crime or if a crime may have been committed,
- the person lacks capacity to consent.

2.26 The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others. The key issues in deciding whether to report a concern without consent will be the harm or risk of harm to the adult, and risks to any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

2.27 If any person is unsure whether to report, they should contact the relevant local Lead Agency for advice.

2.28 Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.

**Reporting Adult Safeguarding concerns**

2.29 Refer any safeguarding concern that meets the criteria at Section 8.1 to the Local Authority for the area where the adult is currently living.

2.30 In addition, if a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur.

2.31 If a crime is in progress or life is at risk, dial emergency - 999.

2.32 You must contact the Local Authority Children’s Services if a child is identified as being at risk of harm.

2.33 If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk).

2.34 If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.
People causing harm who are employed in paid or unpaid Positions of Trust

2.35 Where allegations relate to paid staff or others in positions of trust proportionate action should be taken to ensure the immediate protection of the adult(s) with care and support.

2.36 If your agency has a Designated Adult Safeguarding Manager (DASM), inform the DASM of the concern. If you agency does not have a DASM, see local procedures about where to go for advice.

2.37 If the concerns require Police involvement, wherever possible liaise with the Police prior to speaking or communicating with the person who works in a Position of Trust.

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

2.39 Employers are reminded that, although agencies may take a view regarding the suitability of a person to work in a position of trust, the responsibility for decisions regarding suspension, dismissal and other levels of disciplinary action lie with the employer alone. Commissioners and regulators may take a view about the compliance of a service if they believe that a person in a position of trust poses a risk to adults with care and support needs but this cannot override the employer’s legal responsibilities to act fairly and proportionately in handling disciplinary matters.
3. Receiving concerns and decision making

**ADULT SAFEGUARDING CONCERN IS RECEIVED:**
Concerns reported into the local Adult Safeguarding process and received by the local Lead Agency

**ASSESS & ADDRESS ANY IMMEDIATE SAFETY & PROTECTION NEEDS:**
(Target timescale - within 48 hrs of receiving the concern)
The local Lead Agency will:
- Check actions have been taken to address immediate safety needs e.g. medical attention, Police.
- Take any further actions required to address immediate safety & protection needs.

**INFORMATION GATHERING / LATERAL CHECKS:**
The local Lead Agency will:
- Make checks with person/s raising concern, internal information sources and partner agencies to provide additional background information.
- Make contact with the adult/s (unless doing so would place them or others at further risk of harm, or contaminate evidence).

**CONCERN DECISION-MAKING:**
Concern is screened to establish if the adult:
(a) has needs for care & support
(b) is experiencing, or is at risk of, abuse or neglect,
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

- **Yes**
  - Progress to Enquiry stage of this procedure

- **No**
  - **CONSIDER WHAT OTHER ADVICE / ACTION OR INFORMATION IS NEEDED.**
    For example:
    - Referral for a needs assessment under s9 of the Care Act.
    - Referral for DOLS assessment.
    - Referral for Mental Health Act assessment.
    - Referral to other risk management processes, e.g. MARAC, MAPPA, local harm reduction processes, local service escalation processes.
    - Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, GP.
    - Written information and advice on how to keep safe, or how to raise a concern in the future.
    - Information about how to make a formal complaint, for example, about substandard care or treatment.
    - Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
    - Service Provider required to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
    - Concern is passed into other incident management processes, e.g. NHS Serious Incident process.
    - Referral to the appropriate DASM in relation to concerns about people in a position of trust who may pose a risk of harm to adults.
    - Referral for Safeguarding Adults Review (Care Act s44).

**Refer to Children’s Services if a child is identified as being at risk of harm**
3.1 Safeguarding concerns will be made to the respective Contact Centres for Staffordshire County Council and Stoke-on-Trent City Council.

3.2 The Safeguarding Adults Form (SA1) will be completed by the call taker and where appropriate the matter may be signposted to an alternative process e.g. assessment of needs; provision of specialised advice.

3.3 The concern will then be passed on to a Managing Officer who will make a decision as to whether an enquiry under section 42 of the Care Act 2014 is to be considered. This decision will be based upon the following criteria:

- The concern relates to a person who is 18 or over.
- The adult has needs for care and support (whether or not these are being met at this time)?
- The adult is experiencing, or at risk of abuse, neglect or self-neglect (see below)?
- As a result of the adult’s care and support needs the adult is unable protect her/himself from the risk of abuse or the experience of abuse or neglect?

3.4 In considering the risk of abuse Managing Officers will need to be persuaded that a specific hazard has been identified and why this appears likely to occur. An unspecified general vulnerability or speculation about potential hazards will not be sufficient to justify a section 42 enquiry although it may in many cases trigger an assessment or reassessment of care and support needs.

Historic abuse and deceased adults

3.5 The duty to make enquiry under the Care Act 2014 relates to abuse or a risk of abuse that is current and therefore allegations of historic abuse will not be the subject of statutory enquiry under these procedures.

3.6 Where a concern is received for an adult who has died, the same considerations will apply and an enquiry will only be made where there is a clear belief that other adults are, or may be, at risk of harm.

3.7 All such 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 investigation through parallel processes (e.g. complaints, inquests, regulatory investigation, health and safety investigations).

3.8 In cases where an adult has died and where agencies should have worked more effectively there is a statutory requirement for the Safeguarding Adults Board (SAB) to undertake a Safeguarding Adults Review (SAR) under section 44 of the Care Act 2014.
Self-neglect

3.9 The statutory guidance to the Care Act 2014 makes clear that self-neglect is to be considered as a classification of abuse and that it will therefore be a cause for enquiry under section 42.

3.10 Managing Officers will consider alerts relating to self-neglect cases to confirm that the following factors apply:
- There is a clear and present danger to the adult of immediate serious harm;
- An assessment of care and support needs has already been undertaken or attempted;
- A care or treatment plan has been proposed and has either been rejected by the adult or they have not complied or co-operated with the proposed care.

3.11 If the above criteria apply then a section 42 enquiry will be considered. In other situations the respective assessments and contributions should be instigated in accordance with other sections of the Care Act 2014 (section 9 and 18 typically) prior to further action being taken under the Safeguarding Procedures.

Recording decisions

3.12 Where a decision is made that no investigation is required for any of the reasons above the details of the decision will be recorded on the Safeguarding Adults Form (SA1) and the Social Care Information databases will be updated to reflect this decision (the systems used will vary between Staffordshire and Stoke-on-Trent). Information regarding the referral and the decision will be sent to the local Adult Protection Team (Staffordshire) or Safeguarding Manager (Stoke-on-Trent) as required by the respective authorities.

3.13 Where there has been a previous concern in the past 12 months and this did not proceed to an investigation then the new concern must trigger a Planning Discussion to ensure that the reason for the repeated concerns is understood and that the causes of this have been addressed.

Risk assessment

3.14 In each case an assessment of risk will be undertaken in accordance with the specific guidance in section 4 Risk Assessment and Risk Management.

Immediate actions

3.15 Where a Managing Officer decides that an alert should be considered for a section 42 enquiry they will ensure that:
- Any necessary immediate action has been taken to protect the adult and/or others.
- All available details and other background information held by the agency is collated.
- The level of past harm and future risk has been assessed.
- Other agencies are contacted to hold a Planning Discussion.
• If there are child protection concerns a referral is made in line with the local Inter-agency Child Protection Procedures.
• If the alert involves a number of adults or widespread institutional abuse consideration is given to whether Large Scale Enquiry is indicated.

The potential source of risk is another adult with care and support needs

3.16 In cases where the potential source of risk is another adult with care and support needs the agencies responsible for their care, if any, should be informed. This person may need an assessment (e.g. Care Act, Mental Health Act, Mental Capacity Act, DoLS) in their own right to ascertain whether they require any specialist services. They may also be entitled to the support of an IMCA if they have been assessed as lacking mental capacity.

3.17 If the incident is subject to a criminal investigation the potential source of risk may need assistance to ensure they are appropriately represented and that they receive appropriate assistance in accordance with the Police and Criminal Evidence Act (PACE).

Section 42 enquiries

3.18 If the Managing Officer decides that the concern does require an enquiry under section 42 of the Care Act this will be planned in accordance with section 4 – Information gathering and planning enquiries.

3.19 If the Managing Officer decides that a section 42 enquiry is not appropriate then they must consider whether any alternative action is required. Examples of alternative and complementary processes are given below:

• Referral for a needs assessment under s9 of the Care Act.
• Referral for DoLS assessment.
• Referral for Mental Health Act assessment.
• Referral to other risk management processes, e.g. MARAC, MAPPA, local harm reduction processes.
• Referral or signposting to other agencies or support services, e.g. Police, victim support, domestic abuse support services, counselling services, GP, Trading Standards etc.
• Written information and advice on how to keep safe, or how to raise a concern in the future.
• Information about how to make a formal complaint, for example, about substandard care or treatment.
• Information sharing with regulatory agencies (e.g. CQC) and commissioners to address service quality concerns.
• Service Provider required to undertake appropriate internal responses, e.g. internal investigation, training, disciplinary process, audit & assurance activity.
• Concern is passed into other incident management processes, e.g. NHS Serious Incident process.
• Communication to Coroners.
• Referral to the appropriate DASM in relation to concerns about people in a position of trust who may pose a risk of harm to adults.
• Referral for Safeguarding Adults Review (Care Act s44).

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

3.21 When deciding what other advice/action or information is required, the Lead Agency retains a level of accountability for the appropriateness of the actions and for making any necessary referrals to other agencies. For example, it is essential that the person has the ability and means to contact other sources of support if giving signposting advice, or that other agencies or provider services are willing and able to address concerns appropriately through their internal processes. If the Managing Officer has concerns that the issue will not be dealt with appropriately, internal management and local inter-agency escalation processes should be followed.

Notifications / information sharing with other agencies

3.22 The Lead Agency will consider what feedback and information needs to be shared with other agencies. General information sharing principles apply – the consent of the adult involved should be gained; if information is to be shared without consent, the adult should be informed what information will be shared, with whom, and why.

3.23 In cases involving service quality concerns in regulated and/or commissioned services, information about the quality concern must be shared with the CQC and relevant commissioners of services (e.g. Local Authority, CCG’s, NHS England).

3.24 In cases where a crime has been committed or may be committed, the Police should be informed.

3.25 The person or agency who raised the concern should be notified of the decision and outcome wherever appropriate and safe to do so.

Supporting an adult who makes repeated allegations

3.26 An adult who makes repeated allegations that have been looked into and are unfounded should be treated without prejudice.

• Each allegation must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.
• A risk assessment must be undertaken and measures taken to protect staff and others, where appropriate.
• Each incident must be recorded.
• Organisations should have procedures for responding to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded allegations.
Responding to family members, friends and neighbours who make repeated allegations

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

4. Information gathering and planning enquiries

4.1 All enquiries into the abuse of adults need to be planned. No agency should take action in respect of an abuse referral prior to a Planning Discussion unless it is necessary for the protection of the adult or others or unless a serious crime has taken place or is likely to.

4.2 A Planning Discussion should be held (normally by telephone) as soon as possible after an alert is received and in all cases should be completed within five working days but this must be proportionate to the presenting risks.

4.3 The Planning Discussion will be led by a Managing Officer from the local authority and will include relevant partners:

<table>
<thead>
<tr>
<th>In all cases</th>
<th>Managing Officer – either at MASH or for area where alleged abuse occurred.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where it is suspected that a crime has been or might be committed</td>
<td>Police Officer – MASH and/or allocated officers</td>
</tr>
<tr>
<td>Where a service registered under the Health and Social Care Act 2008 is involved</td>
<td>Compliance Inspector – CQC</td>
</tr>
<tr>
<td></td>
<td>Senior Manager CCG if there is a Continuing Healthcare (CHC) contract</td>
</tr>
<tr>
<td>Incident in a NHS service or an Independent hospital.</td>
<td>Senior Manager – Relevant NHS Primary Care or Hospital Trust</td>
</tr>
<tr>
<td></td>
<td>Compliance Inspector – CQC</td>
</tr>
<tr>
<td></td>
<td>Senior Manager – local and/ or CCG</td>
</tr>
<tr>
<td>Where disciplinary issues are involved</td>
<td>Manager of relevant agency</td>
</tr>
<tr>
<td>Where there has been a sudden or suspicious death</td>
<td>The local Coroner’s office</td>
</tr>
</tbody>
</table>

4.4 The purpose of the Planning Discussion is to:
1. Seek to ensure the immediate safety and well-being of the adult.
2. Determine whether an enquiry under section 42 of the Care Act is necessary.
3. Clarify whether the local authority will undertake the enquiry or cause enquiry to be made by another agency.
4. Gather relevant information from partner agencies.
5. Assess the danger to the adult and/or others.
6. Plan the scope and nature of the enquiry.
7. Communicate all agreed actions to the people involved.

4.5 The Planning Discussion will confirm the following:

**Current agency information**
- What is the concern – what are we worried about?
  a) Concern details and subsequent developments.
  b) The danger to the adult
- The wishes and mental capacity of the adult, if known and/or relevant.
- Access to the adult including any communication issues (e.g. need for interpreter or specialist worker).
- Clarify whether there are other people at risk of harm. If there are a number of adults believed to be at risk from a network of abusers then consideration should be given to holding a single Planning Discussion.

**Initial contact with the adult**
- How and when will the adult be contacted, consulted about the concerns and asked for their view on the desired outcomes of the enquiry.
- Involve an independent advocate in any case where the adult has substantial difficulty in being involved in the enquiry and there is no other appropriate person who can support or represent them.
- What other support might the adult require during and after the enquiry?
- Are there any issues of gender, race or culture to be considered?

**Safeguarding Plans**
- What is the safety outcome that is desired?
  a) How will the safety of the adult be ensured?
  b) How will the safety of others be ensured?
- What support or intervention is required for the potential source of risk during or after the enquiry?
- Are there health and safety issues relating to equipment or working practices?
- What contingency plans are required?
- Is legal action required?

**Planning a Safeguarding Enquiry (section 42, Care Act 2014)**
- Has a criminal offence taken place, if so what is it?
- What form of enquiry will take place and who will lead it?
- Who will establish the facts of the case, including undertaking interviews with key parties?
- Who will ascertain the views of the adult?
- Who will assess the need for protection, support and redress and how these might be met?
- How will protection be offered in accordance with the adult’s wishes?
- How will follow-up action be decided?
- How will resolution and recovery be achieved?
- Is medical examination necessary, if so by whom?
- What timescale is required for the agreed actions.
Communication
- Who will keep the adult, carers, relatives informed of the status of the enquiry?
- Who will notify the person who raised the concern of the status of the enquiry?
- Does a professional body need to be made aware of the issues?
- Should the Disclosure and Barring Service (DBS) be notified at this stage?
- How will the outcome of the enquiry be communicated to all relevant parties?

Assessments
- Is an assessment of needs for care and support required?
- Is an assessment under the Mental Health Act 1983 required?
- Is an assessment of mental capacity required?
- Is an assessment of a carer’s needs for support required?

Review
- Does a review meeting or discussion need to be arranged, if so when?
- Who will be accountable for reviewing the enquiry and following up on any action arising from it?

Identifying the people who will undertake an enquiry

4.6 The Care Act 2014 and its supporting guidance are not prescriptive as to who should undertake an enquiry or how it should be conducted. This will be determined by the context of the concerns and the relative complexity of the situation. The 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.

4.7 Managing Officers will consider very carefully what the enquiry will involve and clarify the types of skills and knowledge that those leading the enquiry must have. In all cases the allocated person leading the enquiry will:
- Be able to understand the purpose and function of the enquiry and its statutory nature and their own accountability;
- Have the professional skills to engage with the adult and any other parties involved to establish the facts and to obtain their account;
- Be competent to identify and respond to new concerns as they arise and to invoke protection measures if necessary;
- Be able to undertake the tasks identified in the Planning Discussion Enquiry Plan;
- Liaise and co-operate with other agencies and professionals as required in the Enquiry Plan;
- Record the detail and outcome of the enquiry in accordance with the Local Authority’s requirements although not necessarily in specified formats.
- If the person leading the enquiry is not employed by one of the local authorities then the outcome and conclusions of the enquiry must be communicated to the nominated accountable person for that agency within an agreed timescale.
Causing enquiry to be made

4.8 Where an enquiry is to be undertaken by a person not directly employed by the local authority this must be clearly communicated to an accountable person in the organisation both verbally and in writing, laying out the legal context of the request and the statutory nature of the duty to enquire, and the accountable person must confirm in writing that they will undertake the enquiry.

4.9 There is a statutory duty of co-operation and in most cases there will be an expectation that enquiry will be made as requested. The statutory duty does not apply if co-operation would be incompatible with its own duties or would have an adverse effect on its own functions.

4.10 If an organisation declines to undertake an enquiry it must give the reasons in writing and this should then be discussed and escalated to senior officers in the respective organisation as appropriate. The key consideration of the safety of the adult must not be compromised in the course of any discussions or escalation and it is important to emphasise that the duty to co-operate is mutual.

4.11 In many cases the organisation charged with an enquiry will be a care provider and it is essential that Managing Officers are satisfied that the provider has the skills and resources to undertake the enquiry in a manner that will satisfy the statutory requirements in accordance with the Safeguarding Principles and in a manner that will promote the adult’s wellbeing and independence.

4.12 When causing enquiry to be made the Managing officer will identify the time scale within which the enquiry should be concluded and how the completed enquiry report will be returned, and to whom.

Multiple lines of enquiry

4.13 In some situations there will be multiple lines of enquiry and various people tasked with gathering information from a variety of sources. In these situations it is essential that there is a single point of co-ordination. Normally, this will be the Managing Officer or a nominated deputy.

Telephone discussion or formal meeting?

4.14 In some cases the complexity or seriousness of the situation will require the Planning Discussion to be a formal meeting rather than a telephone discussion. This will be exceptional.

Recording

4.15 The Planning Discussion will be recorded by the Managing Officer using the Multi-agency Planning Discussion Document (SA2). The completed document will be sent to all those who have agreed actions. Information shared in confidence by participating agencies may be redacted from the document if this is likely to cause a data breach or a breach of confidentiality. Enquiry Plans will be shared in their entirety.
Resolving disagreements

4.16 There will be instances where professionals may disagree on whether action is required or on the appropriate level of intervention. It is essential that any disagreements are resolved professionally through constructive dialogue and a willingness to consider other points of view.

4.17 Any disagreements which cannot be resolved should be recorded and those involved should consider whether they feel that the seriousness of the matter requires them to pursue the matter further.

4.18 In cases where the inability to agree could potentially have serious consequences for an adult the active involvement of the respective line managers should be sought. If necessary formal communication between senior managers may be required and consideration could, in certain cases be given to using the relevant complaints procedure or notifying the appropriate regulatory body.

4.19 The lack of a shared view does not justify the unilateral withdrawal of any agency from a case if that would mean endangering the adult.

4.20 Clarification on the application of the Inter-agency Procedures can be sought from the Designated Adult Safeguarding Managers (DASMs) for the respective organisations involved (if they have them). The Safeguarding Adults Board (SAB) has also produced an Escalation Procedure for resolution of inter-agency difficulties.

Terminating an Enquiry at the Planning Discussion stage

4.21 Where it has been agreed as part of the Planning Discussion that there is no current risk of harm and that there is no other reason why an enquiry is required then this will be clearly recorded and a copy of the record will be sent to all parties to the discussion.

4.22 The Managing Officer will ensure that relevant information systems are updated to record the decision and that information is passed to the local authority Adult Safeguarding Leads if required by local arrangements.

4.23 The Managing Officer will ensure that information is shared appropriately (and within the limits permitted by confidentiality) with the adult, the referrer and any potential source of risk about the action taken and the decision that has been made.

4.24 If the outcome of the Planning Discussion is that alternative processes are to be followed this will be clearly recorded as well as the name of the person and/or agency who will take this forward. (See guidance on alternative processes in section 3.)
5. Safeguarding Enquiries (section 42 Care Act 2014)

Objectives of a Safeguarding Enquiry

5.1 The objectives of an enquiry into abuse or neglect are:
   - Establish facts;
   - Ascertain the adult’s views and wishes;
   - Assess the needs of the adult for protection, support and redress and how they might be met;
   - Protect from the abuse and neglect in accordance with the wishes of the adult;
   - Make decisions as to what follow up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
   - Enable the adult to achieve resolution and recovery.

Enquiries and investigations

5.2 The Planning Discussion will have determined the scope of the Safeguarding Enquiry and any parallel type(s) of investigation that is (are) required, e.g. criminal enquiries, disciplinary process etc.

5.3 Some situations require multiple investigation processes to take place concurrently. Where several types of investigation are proceeding simultaneously it is essential that the staff leading them keep in regular contact and that one investigation does not contaminate, obstruct or interfere with any other.

5.4 It will be for the Managing Officer to ensure that this communication and co-ordination takes place. Managing Officers will ensure that staff who are allocated to undertake the Safeguarding Enquiry are sufficiently competent and skilled to do this.

5.5 Safeguarding Enquiries are undertaken in accordance with statutory duties but do not have any statutory powers to compel, enforce or sanction and where this becomes necessary this will be the responsibility of those agencies that do have relevant powers (e.g. arrest; interview under caution; issue penalties and prosecute).

5.6 The purpose of an enquiry is to establish the facts to an extent that decisions and plans for the adult’s wellbeing and protection can be fully informed and take account of the context of the situation.

5.7 The focus of a safeguarding enquiry will be less on the detail of the alleged abusive incident than on the impact and repercussions for the adult.

5.8 Substantiation of an allegation of abuse is therefore of less significance in the context of a safeguarding enquiry than the protection and promotion of overall wellbeing of the adult.
The Safeguarding Enquiry and relationship with other processes

Section 42 enquiry
Co-ordination, Information Sharing and fact

Assessment of mental capacity
Assessment of care and support needs

Criminal Investigation

Regulatory Inspection and enforcement

Disciplinary Investigation

Health and Safety Investigation

Serious Incident (SI) Investigation

Fraud Investigation

Contract Compliance Investigation

Professional Registration Investigation
<table>
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<tr>
<th>Type of investigation</th>
<th>Relevant powers</th>
<th>Responsible Body</th>
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<tbody>
<tr>
<td>Criminal</td>
<td>Criminal law</td>
<td>Police</td>
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<tr>
<td>Regulatory</td>
<td><strong>Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, Care Quality Commission (Registration) Regulations 2009 Care Act 2014</strong></td>
<td>CQC</td>
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<td></td>
<td><em>Health and Social Care (Community Health and Standards) Act 2003</em></td>
<td>Professional Bodies (e.g. Nursing and Midwifery Council (NMC); Healthcare Professionals Council (HCPC); General Medical Council (GMC) etc.)*</td>
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<td></td>
<td>Statutory Instruments</td>
<td>District Councils or Health and Safety Executive (HSE)</td>
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<td></td>
<td><em>Health and Safety legislation</em></td>
<td>Disclosure and Barring Service (DBS)</td>
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<tr>
<td>Disciplinary</td>
<td>Employment law</td>
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<td>Contractual</td>
<td>Contract details and law</td>
<td>Commissioning and Contract Monitoring Teams</td>
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<td>Care assessments</td>
<td><strong>Care Act 2014</strong></td>
<td>Social Care Teams including those delegated to NHS Trusts or other agencies.</td>
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<td>Mental Health Act 1983</td>
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<td>Mental Capacity Act 2005</td>
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<td>Deprivation of Liberty Safeguards (DoLS)</td>
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<tr>
<td>Complaints</td>
<td>Complaints Policies</td>
<td>Allocated investigating officer of agency against who complaint has been made</td>
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<td></td>
<td>Local Government Ombudsman</td>
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<tr>
<td>Fraud</td>
<td><strong>Theft Act 1968</strong></td>
<td>Police</td>
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<td>Fraud Act 2006</td>
<td>Local Counter Fraud Specialist (NHS)</td>
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<td>Department of Work and Pensions Trading Standards</td>
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<td>Office of the Public Guardian (OPG) – where allegations relate to holders of EPA, LPA or Deputyship</td>
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<tr>
<td>Serious Incident (SI)</td>
<td>Root Cause Analysis</td>
<td>Relevant NHS Provider Trust</td>
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<tr>
<td>Safeguarding Adults Review (SAR)</td>
<td>Care Act 2014</td>
<td>Local Safeguarding Adults Board (SAB)</td>
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</table>
Responsibility for co-ordination of the enquiry

5.9 It is the responsibility of the local authority where the adult is to co-ordinate the enquiry process irrespective of funding arrangements or Ordinary Residence as defined in the Care Act 2014. If other authorities are responsible for funding the vulnerable adult(s) then the respective roles of the authorities should be negotiated and clarified during the Planning Discussion. A local authority cannot delegate the co-ordination role to a placing authority in these circumstances. For further information consult the ADASS Protocol for Inter-authority Investigation of Vulnerable Adult Abuse.

5.10 Where adults have been interviewed in relation to serious physical or sexual abuse managers must ensure that appropriate arrangements are made to ‘debrief’ the staff involved within a reasonable period after the interview.

5.11 All staff must note the difference between an ‘Appropriate Adult’ who is required to provide assistance when a adult has been arrested and detained under the Police and Criminal Evidence Act (1984) and a ‘supporter’ who can provide assistance to a witness or victim in line with Achieving Best Evidence following provisions made in the Youth Justice and Criminal Evidence Act 1999.

5.12 In all situations where the adult has mental capacity to make decisions about his or her own protection the following aspects must be covered with them:
   1. Their account of the abuse.
   2. Their view of the current risk of future abuse.
   3. Their desired outcome for the enquiry.
   4. Their consent for any action that is under consideration.
   5. Their views on how he or she could best be supported.

5.13 The desired outcome will be of critical significance in evaluating the effectiveness of the enquiry at its conclusion and therefore it is important that it is identified at the earliest stage possible.

Interviews with people who are believed to be a potential source of risk

5.14 In all enquiries it is essential that the principles of natural justice are applied and that as far as is practically possible any person who is a potential source of risk is given details of the allegations against him/her and also the opportunity to challenge them.

5.15 Where organisations have formal investigatory powers then interviews and legal processes will take place in accordance with statutory guidance. Where no formal powers exist it is essential that Safeguarding Officers or other undertaking the enquiry make it clear to any potential source of risk that they have no formal powers to require co-operation or to take a statement under caution under PACE. Where people are prepared to provide a statement, this will be signed and dated.

5.16 Safeguarding Officers have a responsibility to seek to establish the facts of an allegation of abuse of an adult but this is restricted to the right to request information and evidence. These requests can be declined by any party and no inference can
be drawn from such a refusal to co-operate. There is however an offence under section 92 of the Care Act 2014 for breach of the duty of candour that applies to registered providers and also a duty to co-operate that applies to statutory agencies and this should be borne in mind by all concerned.

5.17 Information given to or obtained by Safeguarding Officers or Managing Officers may be required by a court as witness testimony in criminal, civil and regulatory proceedings and this is an additional reason for the need for clear, factual and evidence-based recording. Such information can also be requested by the Disclosure and Barring Service (DBS).

Criminal Investigation

5.18 If a matter is the subject of criminal investigation any interviews with a criminal suspect or witness will be undertaken by the Police.

5.19 Nothing directly connected with the abuse incident should be discussed with the parties without prior discussion with the Police, as this may affect the quality of any evidence and could adversely affect the prospects of gaining a prosecution.

5.20 Where a decision is subsequently taken that criminal action will be not be taken this needs to be communicated promptly to the other organisations and agencies involved.

5.21 If the concerns relate to a paid worker, a volunteer or a Shared Lives carer it is essential that any disciplinary investigation does not interfere with any criminal inquiries. It is also important that disciplinary matters are investigated and addressed as quickly as can reasonably be achieved and that appropriate support, advice and information is available to the person against whom the allegations have been made. It is especially important that employers always make clear to staff and others that neither suspension nor disciplinary proceedings are, in themselves, proof of any guilt or malpractice. Liaison will be required with any DASMs that may be involved from any agency.

5.22 If an employer is not sure whether a disciplinary process can continue due to criminal proceedings they should contact the responsible Police Officer to clarify this.

5.23 If the potential source of risk also has care and support needs consideration should be given to their needs and they should be offered any assessment or support that they may be eligible for. In the interests of independence and objectivity any worker allocated to support an alleged abuser should not be asked to support the alleged victim.

No Criminal Investigation

5.24 If it has been agreed by the Police that no criminal investigation needs to take place or that a criminal investigation has been concluded then the potential source of risk will be interviewed as agreed at the Planning Discussion or subsequent meeting.
5.25 Where there is a disciplinary, regulatory or Health and Safety Investigation the interviews should be undertaken by those with the legal powers to do this (e.g. the employer) within those frameworks and they must make reports of these interviews available to the enquiry when requested to do so. Where none of these processes apply the Safeguarding Officer should seek to interview the potential source of risk as soon as is practicable. Disciplinary sanctions such as suspension, dismissal can only be decided on and taken by the worker’s employer and no other agency can insist on such sanctions being taken.

5.26 Safeguarding Officers must consider that the failure to engage with key parties (especially people against whom allegations have been made) in an investigation to allow them to give their account may lead to complaints of unreasonable and unfair treatment.

5.27 If the potential source of risk has care and support needs then appropriate support should be provided and if they lack mental capacity the involvement of an IMCA may be indicated, especially if there will be implication for future care arrangements.

Interviewing carers and relatives

5.28 The Care and Support Statutory Guidance highlights that carers may be involved in a Safeguarding issue for three reasons:

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

5.29 An explanation or account of the alleged abuse of the adult may need to be sought from a relative or carer. Where a criminal offence appears to have taken place and a relative or carer is believed to be responsible or a witness to a crime this interview should be conducted by the Police. In such circumstances relatives/carers should not be approached first by staff from other agencies except by prior agreement with the Police.

5.30 The exact timing of when a relative or carer would be informed will depend on whether there are suspicions of their involvement in the alleged abuse. In normal circumstances it is good practice to inform relatives and carers of incidents at the earliest opportunity subject to the agreement of the service user (if they have mental capacity) or if it is felt to be in their best interests (if they have been assessed as lacking mental capacity to make a specific decision).

5.31 Carers and relatives have various legal rights depending on their role and status; none of the rights of a relative or carer should be allowed to infringe the civil or human rights of the service user. If there appears to be a conflict of this nature the Safeguarding Officer or Managing Officer should consider seeking legal advice.
Interviewing other witnesses

5.32 A wide range of people may have knowledge of possible abuse and it may be necessary to interview paid carers, other adults, other witnesses or involved parties such as health professionals, solicitors, neighbours etc.

5.33 Any such interviews should respect the confidentiality of all parties involved, as far as this is consistent with promoting the adult’s safety, and the sharing of information should be governed by what has been agreed within the Planning Discussion. Safeguarding Officers cannot guarantee absolute confidentiality and must not promise to keep secrets.

5.34 The key principle remains that those undertaking enquiries and other investigations should continue to work closely and communicate to ensure the best outcome for aspects of the enquiry.

Documentary Evidence

5.35 Evidence can be obtained from records and documentation including daily log books, accounts, bank statements, individual files, current and previous staff records, timesheets, supervision records and inspection reports. In cases of alleged financial abuse suitable detailed checks of an individual’s personal banking records should be undertaken where this is possible and proportionate.

5.36 Where written evidence is used in an enquiry the source and date of this material should always be recorded and copies taken. Safeguarding Officers will explicitly request documents that will assist the enquiry.

5.37 The usual requirements regarding consent to sharing of records apply. Information sharing is governed by the One Staffordshire Information Sharing Protocol.

Visits to key places

5.38 It may be appropriate to visit the place where an alleged incident occurred to establish any corroborative evidence. This may be part of the process of evidence collection as part of investigating a criminal offence and would usually be undertaken by the Police but it may also be appropriate for the Safeguarding Officer. It may also be necessary to examine equipment in some situations.

Medical examinations

5.39 A medical examination may be required for two reasons:

1. **Immediate medical assessment and treatment may be needed.**
   In cases where immediate medical assessment and treatment is required then this should be provided in the normal way through access to the usual primary and secondary health services. Information from the assessment may be used to inform an enquiry.
2. **For evidential purposes as part of a criminal investigation.**
   Only a Forensic Medical Examiner (FME) with specialist knowledge should undertake such medical examinations, this will be arranged by the Police. An examination would not be lawful if the person has capacity to understand the process but does not give informed consent.

5.40 Issues such as the venue, the type of examination and who will undertake a medical examination should in most cases have been decided at the Planning Discussion.

5.41 If there are doubts over capacity to give informed consent, an assessment of capacity should be made in line with the principles and guidance contained in the Mental Capacity Act 2005 Code of Practice.

5.42 Where an adult is unable to give consent due to a lack of mental capacity a judgement must be made that the examination will be in the adult’s best interests. The Police can consult with the Crown Prosecution Service as to the need for medical evidence. All discussions regarding medical examinations and treatment must be consistent with the guidance given in the Mental Capacity Act 2005 Code of Practice and consideration should be given to whether it is appropriate to involve an Independent Mental Capacity Advocate (IMCA) in the process.

5.43 If there is any doubt about what the law allows then legal advice should be sought. It is ultimately the responsibility of the doctor to consult others, including relatives and carers when appropriate to determine whether an examination is in the service user’s best interests.

**Photography**

5.44 Photographs should only be taken in accordance with organisational policy and by an authorised person. The normal principles apply:

- Consent should be sought from the person before any photograph is taken;
- The person’s dignity must be preserved at all times;
- There must be clear evidential or clinical reasons for the use of photography.

5.45 This guidance focuses on photographing individuals but it may also apply to premises or rooms.

5.46 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 who are suitably trained and experienced in this area.

5.47 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 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).

5.48 It is not possible for any individual to give consent on behalf of the adult (other than if there is formal authority as a Lasting Power of Attorney 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.

5.49 The physical and mental well-being of the adult will take priority over the need to gather evidence and investigating staff will always ensure that any plans to take photographs take account of the likely consequences that this will have. Any photography undertaken must take account of all medical or nursing care that is being provided and of any clinical advice provided (e.g. removal of dressings).

5.50 The purpose of photographic evidence will be to demonstrate the harm that has occurred to the adult with a view to presenting this to a court or for regulatory or disciplinary processes. In some cases (e.g. pressure areas) photography will be required also for clinical care reasons and such photographs may also be admissible as evidence where they indicate neglect or ill treatment. Whenever photographic evidence of injuries has been obtained it will be advisable to obtain a medical opinion to provide expert interpretation of the images.

5.51 It will never be acceptable for any worker to take photographs of injuries on mobile telephones or on their personal cameras. Relatives and carers should also be discouraged from doing so in the interests of the dignity of the service user and wider confidentiality.

5.52 Any photograph that is taken in accordance with the above guidance will be classed as confidential personal data and kept securely and subject to normal record retention procedures.
<table>
<thead>
<tr>
<th>Information and support</th>
<th>What this means for the adult</th>
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<tr>
<td>The Safeguarding Officer is responsible for leading and co-ordinating the enquiry and for gathering the evidence on which judgements about the wellbeing of the adult and risk of abuse and neglect can be made.</td>
<td>There is a single point of contact and information that is available for the duration of the investigation.</td>
</tr>
<tr>
<td>The basis of the enquiry, its statutory function and the terms of reference should be explained to all parties involved in a way that can be easily understood.</td>
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<th>Initial Contact with the adult</th>
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<tr>
<td>The first task will be to make early contact with the adult as quickly as is necessary (if this does not occur within 48 hours of receipt of the referral there should be an explanation recorded as to why this was the case) to explain the investigation process and to make an initial assessment of the risk of harm, identify any mental capacity issues and the context of the referral (a formal interview will not normally take place at this stage). At this stage the adult’s wishes should be identified as far as this is practicable and their desired outcomes should be recorded. The statutory requirement to involve an independent advocate where the adult has ‘substantial difficulty’ in being fully involved in the process must be considered at this stage.</td>
</tr>
<tr>
<td>Where contact with the adult cannot be arranged in a way that is safe for the adult or for the worker then this must be recorded and discussions held with the Managing Officer and with the Police and/or other agencies about how the risks will be managed.</td>
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<tr>
<td>The adult is made aware from an early stage of the concerns and the process is clearly explained. The adult is supported to be assisted with involvement in the enquiry process.</td>
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<th>Criminal investigation interviews with the Adult</th>
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<tr>
<td>The Police will always take lead responsibility for interviews in relation to criminal offences. All interviews must take account of the guidance set out in ‘Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and using special measures (Home Office, Ministry of Justice, Departments of Health and Children, Schools and Families 2007)</td>
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Police Officers must seek an early assessment of the abilities of the adult to anticipate any difficulties that may arise in interview. Access issues should also be considered.

Any issues about communication and mental capacity are identified prior to the interview but assumptions are not made that a person will not be a competent witness.

An early planning (Special Measures) meeting may be advisable between the Police Officer and the Crown Prosecution Service to discuss the case and to agree the most appropriate type of statement.

The CPS is able to consider from the earliest stage how the adult will be supported to give evidence and also how far the supporting evidence will render this unnecessary.

Interviews must be led by a Police Officer or a Social Care Worker who has completed training on the ‘Achieving Best Evidence’ guidance.

The adult will be interviewed by workers who have received appropriate specialist training and who have access to specialist support.

Interviews should be jointly conducted by Police and Social Care/CMHT staff wherever this would be beneficial in supporting the adult to be comfortable and to promote communication and an awareness of care and support needs.

The adult is enabled to give visual evidence that will give the fullest picture of the context of the interview and of their responses.

Where an adult would have any difficulty in providing a formal statement a visually recorded interview must be arranged.

Where an adult has significant communication difficulties a suitably trained interpreter or intermediary must be provided.

All communication needs are met and specialist support is requested when necessary.
Where the adult’s first or preferred language is not English then a qualified interpreter must be used; family members or care staff must not be used as interpreters. **The adult is supported to give evidence in their preferred language**

### Conversations with an adult where no criminal investigation is taking place (see additional guidance on structured interviews)

The Safeguarding Officer will arrange to hold a structured conversation with the adult in accordance with what has been agreed during the Planning Discussion. **The adult is given the opportunity to give their perspective on the alleged abuse and to consider the options relating to protection.**

The purpose of the conversation is to:
- Clarify the adult’s view about the alleged abuse.
- Obtain full details about what has occurred.
- Establish any protective factors that may mitigate the risk of abuse.
- Establish the adult’s view about what action should be taken in response to the alleged abuse and to prevent further instances.

All such conversations require careful planning and preparation. Consideration must always be given to:
- Communication needs;
- ‘Special Measures’ considerations;
- Access issues if appropriate (e.g. level access, lifts, appropriate toilet etc.);
- Gender issues;
- Cultural and/or language issues;
- Implications of any disabilities (e.g. attention span, speech impairment, memory etc.).

All possible steps are taken to ensure that the adult will only have to tell their story once and that any relevant needs are taken account of.

The conversation also enables the Safeguarding Officer to assess whether there are any additional care needs or further assessments that may be required, including assessment of mental capacity. **Attention is paid to whether there are any further assessments required.**

The conversation will be recorded on the Enquiry evidence form. **Fully informed open and transparent process.**

### Review

5.53 As the enquiry proceeds there should be regular multi-agency and management evaluation and review. The appropriate review will be a matter for professional judgement and will be decided by the Managing Officer for the case.
5.54 In all cases the Managing Officer will hold regular and recorded case discussion with the person undertaking the enquiry. The details of this will be recorded on the adult’s social care record.

5.55 In line with the principle of empowerment the workers involved in the enquiry should seek to meet with the adult and/or their advocate or representative at regular stages during the enquiry. These should be informal meetings with the purpose of sharing information with the adult, monitoring the success of any interim safeguarding arrangements and clarifying the desired outcomes of the case. These discussions will be briefly recorded on the adult’s social care record and will be referred to in the enquiry report.

5.56 The Managing Officer will convene an **Enquiry Review Meeting** if this is felt to be necessary. This will be a formal meeting to bring together all relevant agencies and other key individuals to review progress of the enquiry and consider further action. This will normally be necessary for cases where there is a high level of danger to the adult or where the issues are especially complex.

5.57 In cases involving self neglect an Enquiry Review Meeting will usually be convened at an early stage.

**Safeguarding Enquiry Reports**

5.58 The Managing Officer co-ordinating the investigation will ensure that one or more Safeguarding Enquiry Reports is/are produced to record the enquiry process and the outcomes. The Safeguarding Enquiry Reports are key documents to enable discussion and agreement of protection planning. The report will express the professional findings of the Safeguarding Officer but will be subject to the final approval of the Managing Officer.

5.59 The Safeguarding Enquiry Reports will be written in accordance with the template given in these procedures and will give a clear and succinct account of the following:

- What was the allegation or concern that led to the enquiry?
- What is the outcome that the adult wants?
- What is the outcome that professionals want?
- What action has been taken so far to protect the vulnerable adult?
- Who was contacted in the course of the enquiry and how was this done?
- What are the established facts of the case?
- What assessment of mental capacity has taken place?
- What are the current views of the vulnerable adult and/or their advocate?
- What are the views of any family carers involved?
- What are the views of the potential source of risk?
- What are the protective factors that are mitigating harm and danger?
- What conclusions or professional judgements can be reached from the above information?
Is there a recommendation that the allegation of abuse should be substantiated?
What is the danger to the adult as assessed by the risk assessment tool?
What measures should be included in a Safeguarding Plan?
Is there further action that needs to take place?
Are there any matters or issues that need to be followed up by any agency?

5.60 The Safeguarding Enquiry Report(s) will be recorded on the vulnerable adult’s social care record and on the records of the agencies that have contributed to it.

Evaluation

5.61 The Managing Officer will be responsible for considering all enquiry reports and will make a judgement for each one as to whether the statutory duty of enquiry has been met.

5.62 If the Managing Officer is satisfied that duty to make enquiry has been met and that the adult is not experiencing abuse or at risk of abuse then the enquiry will be terminated, there may be actions for other agencies but this will not be covered under the enquiry process.

5.63 If the Managing Officer is satisfied that the duty to make enquiry has been met but believes that the adult is at risk of abuse then a safeguarding plan will be required and the involvement of the local authority in connection with the safeguarding issues will continue.

5.64 If the Managing Officer is not satisfied that the duty to make enquiry has been fully met then they will identify what further action is necessary; who this should be undertaken by; and the time frame for this.

5.65 In the course of considering the enquiry report the Managing Officer will clarify that whether the desired outcomes have been achieved and, if not, whether there is additional work required to enable this to occur. The outcomes of the enquiry will be fully recorded on the social care information system.

6. Safeguarding Plans

6.1 Once the facts of a safeguarding episode have been established the Managing Officer will consider whether any further or continuing action or intervention is required to protect the adult. A Safeguarding Plan is the document that clarifies all the protective or supportive systems that are in place, irrespective of who provides these and sets them out as steps towards a defined outcome.

6.2 A Safeguarding Plan is not a Care Plan and it will focus on care provision only in relation to the aspects that provide protection against abuse or which offer a therapeutic or recovery based resolution. In many cases the provision of care and support may be important in addressing the risk of abuse but where this is the
intention the Safeguarding Plan must be specific as to how this intervention will achieve this outcome.

6.3 Where the adult has mental capacity to understand and consent to the protective measures this is decisive in determining the content and scope of the Safeguarding Plan. If the adult has mental capacity but does not consent to the Safeguarding Plan then all efforts should be taken to identify steps that would be acceptable. The agreement or acceptance of the vulnerable adult will be recorded if they have the mental capacity to make that decision. Any offers of support that have been rejected should be clearly recorded as well as the details of alternatives offered or other mitigating action that has been considered.

6.4 In a very small number of cases of very high risk where it is believed that the adult is acting under undue influence or is otherwise prevented from protecting themselves there may be a need for consideration of an application to the High Court to use its inherent jurisdiction to impose protective measures.

6.5 Where the adult lacks mental capacity to understand and consent to the protective measures then these can only be put in place in accordance with the principles of the Mental Capacity Act 2005 and if they can be shown to be in the adult’s best interests.

6.6 Safeguarding Plans can cover a wide range of interventions and should be as innovative as is helpful for the adult. Depending on the circumstances examples of interventions could include:

<table>
<thead>
<tr>
<th>Restorative justice;</th>
<th>Personal alarms;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediation;</td>
<td>Assistive technology;</td>
</tr>
<tr>
<td>Appointeeship;</td>
<td>Befriending;</td>
</tr>
<tr>
<td>Deputyship – Mental Capacity Act 2005;</td>
<td>Blocking nuisance calls;</td>
</tr>
<tr>
<td>Guardianship – section 7 Mental Health Act;</td>
<td>Trading Standards advice;</td>
</tr>
<tr>
<td>Counselling;</td>
<td>Injunctions;</td>
</tr>
<tr>
<td>Circles of support;</td>
<td>Flags on agency systems;</td>
</tr>
<tr>
<td></td>
<td>Neighbourhood Watch</td>
</tr>
</tbody>
</table>

6.7 The Safeguarding Plan will clearly identify what the objectives and safety goals are, who will be responsible for each aspect, who will co-ordinate the plan, communication arrangements and when it will be reviewed.

6.8 The Safeguarding Plan will identify any contingency measures that are in place and how they will be triggered. The plan should consider likely future events as far as these can be reasonably anticipated.

6.8 Workers who have defined responsibilities for any actions outlined in the Safeguarding Plan must ensure that these are documented in their own records. They must make the person who is co-ordinating it aware of any decision to withdraw from the case and this should instigate a review of the plan to ensure that it does not have an adverse effect on the risk of harm.
6.9 The Safeguarding Plan must be regularly reviewed and this should include performance against the desired outcomes. A review must take place if any part of the Safeguarding Plan is discontinued or where the adult rejects any planned intervention or support that had previously been agreed.
- Mental Health Act 1983
- Deputyship
- Court of Protection
- High Court - Inherent Jurisdiction
- Domestic Violence Protection Order (DVPO)
- Civil Injunction
- Deprivation of Liberty Safeguards (DoLS)
- Regulatory intervention
- Long term care

- Flags on agency systems
- Assistive technology
- Blocking nuisance calls
- Personal alarms
- Mobile phones

- Mediation
- Restorative Justice
- Counselling
- Assertiveness training
- Personal choice
- Information and advice
- Care and support

- Befriending
- Circles of support
- Safe places
- Neighbourhood watch

- Formal intervention
- Resolution
- Systems and technology
- Community support

- Community support Systems and technology
- Formal intervention
- Resolution
Safeguarding Plan Review Meeting

6.10 The person who is co-ordinating the Safeguarding Plan will arrange the meeting and will ensure that all those who contribute to the Safeguarding Plan are invited.

6.11 The first Safeguarding Plan Review Meeting will be held three months after the Safeguarding Plan was implemented.

6.12 Any person involved in the Safeguarding Plan can request a review.

6.13 No one should terminate their involvement in the Safeguarding Plan without notifying the other people who are involved and where an agency or professional is considering withdrawal this should be considered as grounds for a review meeting.

6.14 If the adult moves to another authority or goes abroad the co-ordinator of the Safeguarding Plan will seek to ensure that all relevant information is shared with the appropriate agencies to mitigate any risks that are known of or can be anticipated.

Termination of a Safeguarding Plan

6.15 The Safeguarding Plan will be terminated at the stage at which it is agreed that the danger 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.

6.16 Termination of the Safeguarding Plan will be communicated to all those who are involved in the plan and also anyone else directly involved in the adult’s care and support.

6.17 Termination of the Safeguarding Plan will be recorded on the local authority’s social care record system. The outcome of the plan will also be recorded.

7. Evaluation and Review

7.1 The enquiry process must be subject to regular review and this will take three forms:

Management Case Review

7.2 The managing Officer will maintain an overview of the conduct and progress of an enquiry and will be responsible for keeping in contact with anyone undertaking the enquiry. The Managing Officer will monitor:
- Progress against the Enquiry Plan
- Outcome desired by adult
- Outcome desired by Safeguarding Officer
- Current status of enquiry and protection arrangements
- Current state of communication with other agencies, adult, advocate and relatives, where applicable
• Status of Enquiry Report
• Current risk assessment.

7.3 The record of the Management Case Review will be recorded on the adult’s social care record and will be communicated to other agencies involved in the enquiry or parallel investigations. This will include any proposal to terminate the enquiry or to hold a more formal meeting.

**Enquiry Team Review**

7.4 Informal meetings will be held with the adult and/or their representative to ensure that they are fully involved in the enquiry and that their desired outcomes are being addressed through the process. Recording of these discussions should be brief and should cover the agreed actions from the discussion.

**Enquiry Review Meeting**

7.5 The Enquiry Review Meeting will be a formal meeting to bring together all relevant agencies and other key individuals to review progress of the enquiry and consider further action. This will normally be necessary for cases where there is a high level of danger to the adult or where the issues are especially complex.

**Safeguarding Plan Review Meeting**

7.6 The Safeguarding Plan Review Meeting will be held 3 months after the implementation of a Safeguarding Plan and will review the arrangements against the desired outcomes and the risk of harm. This meeting will also consider any variations to the Safeguarding Plan and also the withdrawal of any participating agency.

**8. Termination of the safeguarding process**

8.1 The safeguarding process can be terminated at any stage when it is clear that there is no continuing danger to the adult.

**Decision stage**

8.2 The concern will not be taken forward to a section 42 enquiry if the adult is not experiencing abuse or neglect, is not at risk of abuse or neglect or is considered able to protect themselves from the identified abuse or neglect. Risk assessment must be completed.

8.3 If terminated at this stage other processes will still be considered to address the issues raised in the concern.
Planning stage

8.4 A section 42 enquiry will be concluded at the Planning stage if it becomes known that the adult is not experiencing abuse or neglect, is not at risk of abuse or neglect or is considered able to protect themselves from the identified abuse or neglect. Risk assessment must be completed.

8.5 As in 8.3, other processes will be considered as necessary.

Enquiry stage

8.6 A section 42 enquiry will lead to the termination of the safeguarding process if it finds that the adult is not experiencing abuse, at risk of abuse or if no safeguarding plan is required. Risk assessment must be completed. Outcomes must be recorded.

Safeguarding Plan

8.7 The safeguarding plan will be terminated when it is agreed that the danger 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. Risk assessment must be completed. Outcomes must be recorded.

9. Representations and appeals

9.1 Representation can be made by a person who has been directly involved in a safeguarding enquiry under section 42 of the Care Act if they feel that the process has been undertaken unfairly or that the outcomes have been reached inappropriately.

9.2 Representations must be made in writing and sent to the local authority that has conducted the enquiry.

9.3 The representations must make clear the area of the disagreement and why they believe that the enquiry process has not been fairly applied.

9.4 On receipt of the representations they will be considered by a senior manager, who will consider the content and the request.

9.5 If the senior manager believes (subject to 9.6 below) that any of the following apply:
   • Significant information has been overlooked or disregarded in the course of an enquiry;
   • Key individuals were not consulted or able to give their views;
   • There were failings in the conduct of investigations or meetings that adversely affected the outcomes;
an Enquiry Review Meeting will be convened to consider the issues and this
decision will be notified to the person who has made the representations.

9.6 No further meeting will be convened if the adult has the capacity to consent to
this and does not wish such a meeting to take place.

9.7 These arrangements is without prejudice to any subsequent complaints process
that may occur under the statutory system applicable to local authorities and other
statutory agencies.
Appendix 1.

**Guidance on risk assessment and risk management within the adult safeguarding process**

In any potentially abusive situation, the level of harm the abuse has posed to an adult will be assessed and identified; good risk assessment supports proportionate intervention.

Risk assessment of future danger is integral to the Safeguarding process. This assessment of danger is built into each level of the process and the documentation reflects this.

The initial judgement will about the harm that has occurred and what is known to have occurred as a result of the alleged abuse.

Once the level of harm has been established the likelihood of future harm (danger) must be considered and this will inform future action. The assessment of danger will guide decisions on interventions and the priority of the response.

The definitions in the tables below will be used at every stage in the process to establish the current level of danger posed to the individual. This enables the adult and others involved to develop a Safeguarding Plan that is proportionate to the level of danger for the individual. Enquiries will recognise all protective factors and ensure that safeguarding measures do not cause greater disruption or distress to the adult than was caused by the alleged abuse. Protective measures must offer better choices and opportunities than those that previously existed.

No assumptions should be made arising from an adult’s disability or mental disorder that the harm associated with abuse will be less serious than if they might not have a disability or mental disorder.

Consideration will be given to assessing the danger to other adults. For example, when it is alleged that a staff member, volunteer or organisation has abused an adult, the level of harm to others should always be assessed and fully recorded in the relevant documentation.

In the course of section 42 enquiries and safeguarding plans safety outcomes will be identified and these will be key measures in determining the effectiveness of the process both from the point of view of the adult and for the local authority.

The danger to the adult will be reviewed throughout any enquiry. A key principle and success measure of the Safeguarding process is to demonstrate that the danger to the adult/s has been reduced and that desired safety outcomes have been achieved.

The assessment of the danger will include balancing the protective factors (e.g. supportive relationships, insight, the ability to seek help and plan for the future) and those that could cause harm and in this way the assessment of risk will become personalised to the individual.
Consideration will also need to be given to the following:

- The level of threat to independence.
- The impact of the alleged abuse on the physical, emotional and psychological wellbeing of the adult.
- The duration and frequency of the alleged abuse.
- The extent and degree of the alleged abuse.
- The level of personal support needed by the adult and whether that support is normally provided by the potential source of risk.
- The apparent extent of premeditation, threat or coercion.
- The context in which the alleged abuse takes place.
- Potential risks to other adults or children.

The danger will be recorded in line with the scoring levels shown below, using the impact and likelihood shown in the following table after taking into account any protective aspects that might mitigate the impact or likelihood of the abuse.

Safeguarding Officers will work together to ensure that they share information to arrive at a considered assessment of the danger that takes account of the views of the adult and of the other agencies involved. The greater the shared ownership of the assessment, the better the chance of real protection to the adult.

It is not acceptable for any agency to base its own decision-making about the risk of harm purely on the assessment of risk provided by another agency, for example, the fact that the harm may have been insufficient to sustain a criminal prosecution cannot be used to justify a failure to act in respect of other processes (e.g. disciplinary processes). Each agency is accountable for ensuring that they identify the levels of danger relevant to the presenting concerns.
**LEVELS OF HARM – TO BE USED IN RELATION TO BOTH HARM THAT HAS OCCURRED AND HARM THAT IS ANTICIPATED**

<table>
<thead>
<tr>
<th>None</th>
<th>To be used when abuse is disproved, not substantiated or removed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low level of harm (A)</td>
<td>Misuse or theft of small amounts of money or property</td>
</tr>
<tr>
<td></td>
<td>Lack of care leads to discomfort or inconvenience but no significant injury</td>
</tr>
<tr>
<td></td>
<td>Occasional harassment, taunts or verbal outbursts</td>
</tr>
<tr>
<td></td>
<td>Isolated assaults that cause temporary marks, minor injury or no lasting distress</td>
</tr>
<tr>
<td>Medium level of harm (B)</td>
<td>Injury causing lasting marks, temporary discomfort or incapacity or requiring a period of treatment or care</td>
</tr>
<tr>
<td></td>
<td>Repeated assaults that cause distress and injury</td>
</tr>
<tr>
<td></td>
<td>Misuse / misappropriation of benefits, properties and possessions leading to short or medium term difficulties in budgeting or income</td>
</tr>
<tr>
<td></td>
<td>Continued neglect that has caused a limited period of distress and/or physical harm requiring clinical intervention</td>
</tr>
<tr>
<td></td>
<td>People other than the alleged victim (e.g. children, relatives, other residents or service users) are disturbed or distressed by the abuse.</td>
</tr>
<tr>
<td>High level of harm (C)</td>
<td>Serious physical harm, risk to life or permanent injury</td>
</tr>
<tr>
<td></td>
<td>Rape or serious sexual assault</td>
</tr>
<tr>
<td></td>
<td>Life threatening neglect or negligence</td>
</tr>
<tr>
<td></td>
<td>Harassment and/or threats leading to lasting psychological harm</td>
</tr>
<tr>
<td></td>
<td>Major financial loss leading to significant changes in lifestyle and autonomy</td>
</tr>
<tr>
<td></td>
<td>Risk to life or lasting psychological harm to others.</td>
</tr>
</tbody>
</table>
### ASSESSMENT OF LEVEL OF DANGER

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>No Impact (A)</th>
<th>Low Impact (B)</th>
<th>Medium Impact (C)</th>
<th>High Impact (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlikely</td>
<td>None 0</td>
<td>Low 2</td>
<td>Low 3</td>
<td>Medium 7</td>
</tr>
<tr>
<td>Possible</td>
<td>Low 1</td>
<td>Low 2</td>
<td>Medium 6</td>
<td>High 9</td>
</tr>
<tr>
<td>Likely</td>
<td>Low 1</td>
<td>Medium 4</td>
<td>High 8</td>
<td>High 10</td>
</tr>
<tr>
<td>Certain</td>
<td>Low 1</td>
<td>Medium 5</td>
<td>High 8</td>
<td>High 10</td>
</tr>
</tbody>
</table>

Example: X has been raped and a Safeguarding Concern has been raised. The level of harm is **High**. The alleged rapist has not yet been arrested and X continues to be distressed and fearful. Some protective measures are in place and so the likelihood of further harm is **Possible**. On the matrix this shows as: 

**High Impact + Possible = score of 9** and the danger continues to be **High**.