

Best Practice in Safeguarding Adults Enquiries

Safeguarding Adults means protecting the rights of adults with care and support needs to live in safety, free from abuse, neglect and self-neglect. Government guidance requires all professionals and organisations to work together to prevent and stop abuse and neglect, whilst also promoting people's wellbeing and empowerment. We all have different preferences, histories, circumstances and life-styles, so there is no 'one size fits all' approach. There are six underpinning principles set out in the Care and Support Statutory Guidance:

Empowerment

Prevention

Protection

Accountability

Proportionality

Partnership

The briefing is for any practitioner who encounters adults with care and support needs through their work, whether it be housing, policing, healthcare, social care, care and support work, probation, education, welfare rights, advocacy, or advice services. Safeguarding adults is everyone's responsibility!

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If you suspect an adult with care and support needs is experiencing or at risk of experiencing abuse, neglect or self-neglect

Ask Yourself



- What action can YOU take to make the person safer straight away?
- Is there an immediate risk to safety? Call 999.
- Do you suspect a crime may have been committed? Call 101 to report suspected crimes
- Are there any other adults at risk?
- Think Family – are any children or other vulnerable adults potentially impacted within the family?
- Is the person alleged to be causing harm also vulnerable in some way? Could support for them reduce risk to themselves and others?
- As soon as you can, talk to your manager or the safeguarding lead in your organisation and record your concerns.

Report concerns to Adult Social Care online, use your agency's safeguarding referral form, or if urgent, report by telephone first 01895 556633



Section 42 of the Care Act 2014 says the **Local Authority must undertake a Safeguarding Enquiry** when a local authority has reasonable cause to **suspect that an adult** in its area:

- **has care and support needs** (regardless of whether they are actually receiving any),
and
- **is experiencing, or is at risk of, abuse, neglect, or self neglect,**
and
- **as a result of their care and support needs is unable to protect themselves**

Section 42 applies **regardless of whether an adult, or the person causing harm, has mental capacity**, and **regardless of whether abuse or neglect are intentional or unintentional**. An adult who is experiencing unintentional neglect or abuse still has the right to protection and support.

People in prison fall **OUTSIDE** the remit of safeguarding enquiries

The purpose of a safeguarding enquiry pursuant to section 42 Care Act is to:

- bring relevant professionals together to gather sufficient information to decide whether any action should be taken to safeguard the adult at risk, or anyone else at risk and,
- if so, what should be done and by whom - this is called a safeguarding plan
- achieve outcomes which are positive and desirable for the adult at risk
- promote empowerment and wellbeing wherever possible
- stop or prevent abuse, neglect or self-neglect.

The purpose is NOT to:

- investigate allegations simply to determine if they are true. Information only needs to be gathered in so far as it informs decisions about whether and what action needs to be taken to safeguard an adult, or adults, with care and support needs.
- determine cause of death where an adult at risk has died
- investigate crimes - this is for police to do alongside any safeguarding enquiry
- prevent adults with care and support needs from taking risks they want to take
- replace/duplicate complaints or quality assurance processes for care providers, or health and social care organisations
- duplicate the work of courts, police, coroners, or CQC inspectors

Enquiries do NOT need to wait for prosecution decisions nor coronial decisions in order to make a plan to safeguard adults at risk and conclude an enquiry.

All adult safeguarding practice is governed by the Care and Support Statutory Guidance. This applies to all professionals working with adults who might be at risk



Four Stages of a Safeguarding Enquiry

Hillingdon Safeguarding Partnership have signed up to the London Multi-Agency Adult Safeguarding Policy and Procedures, which sets out a four-stage procedure to follow, which should be adapted flexibly to meet the needs of the adult at risk. The four-stage process should be applied with flexibility and proportionality:

1. Concern
2. Enquiry
3. Safeguarding Plan and Review
4. Closure

LONDON MULTI-
AGENCY ADULT
SAFEGUARDING
POLICY &
PROCEDURES



Stage 1: Concern Stage

A "safeguarding concern" describes the point at which someone is concerned that an adult with care and support needs might be experiencing or at risk of experiencing abuse, neglect or self-neglect, and that they may need support to protect themselves. A 'concern' used to be called an 'alert'.

When a professional or volunteer is aware of a safeguarding concern their responsibility is NOT limited to reporting safeguarding concerns to adult social care. Professionals from across the local network - housing, health, social care, police, care providers, and voluntary sector, must all take responsibility for safeguarding adults at risk.

All professionals share a duty to:

- intervene to assess and reduce risk,
- assess and reduce risk to other adults at risk and children, and the public as well
- report alleged crimes to police
- talk to the adult about what they need in order to feel safe (unless it would be dangerous to do so)
- take an active part in safety planning and sharing relevant information to support any safeguarding enquiry
- report the concern to their manager and to the Local Authority.

After a concern is reported to the Local Authority:

The Adult Multi-Agency Safeguarding Hub (MASH) will further risk assess in consultation with relevant professionals, establish what the adult at risk wants, and safety plan accordingly. They will also decide whether the s.42 criteria are met by answering the following questions:

- does the adult have care and support needs?
- are they experiencing or at risk of experiencing abuse, neglect or self-neglect?
- do their care and support needs make them less able to protect themselves?
- Is there a need for further enquiries to decide what further action, if any, needs to be taken to safeguard the adult.
- Is there a need to refer the adult for an assessment of need or a clinical assessment by a relevant health service.

In reaching a decision the Adult MASH will consider:

- what the adult wants
- what action has already been taken
- what the level of risk is
- whether other vulnerable adults are at risk
- what other professionals are saying

The MASH is led by adult social care but has input from police, CNWL, Hillingdon Hospital, housing, and other professionals where relevant.

The Local Authority must bring relevant professionals together to gather sufficient information to decide whether any action should be taken to safeguard the adult at risk, or anyone else at risk; and, if so, what should be done and by whom. In some situations, the Local Authority may ask other organisations to make enquiries on their behalf. The enquiry may include multiple conversations and meetings.

Best Practice

- Safeguarding enquiries should be coordinated by adult social care but should NOT be completed in isolation.
- Planning discussions or meetings (previously called 'Strategy Meetings') and safety planning should include the adult at risk wherever possible, as well as all relevant professional partners who are involved in the care and support of the adult, and representatives/advocates.
- Round Table meetings can be held, including the necessary people, and ideally the adult at risk. Such meetings facilitate good communication and collective decision making.
- Think about who is best placed to have sensitive conversations with the adult. Someone who already knows them might be best? It doesn't have to be a social worker!
- Where there is a difference of opinion between the professionals and the adult about the risks they face, frank discussion and respectful challenge is needed. Do not simply take things at face value!
- Write down the adult's desired outcomes and share this with them to evidence that they have been heard and understood - check if you've got it right! And remember, what they want may change over time.
- The adult at risk should be asked about what they want from the process, and they should be given the opportunity, throughout the process, to say whether their views have changed.

Advocacy and Other Representatives

The Local Authority must arrange for an independent advocate to represent and support adults at risk through a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

Substantial difficulty means = difficulty with **retaining, understanding, weighing and using** information relevant to the enquiry, and **communicating** thoughts, views, wishes and feelings.

Who can be an appropriate or suitable person to represent an adult at risk, other than a paid advocate? =

- Friends
- Family members

A representative cannot be someone:



- who is providing the person with care or treatment in a **professional capacity or on a paid basis**
- the **adult at risk does not want** to be represented by
- **without the skills or independence** to represent someone and support their involvement
- who **doesn't have regular contact** with the adult so **doesn't know their wishes and feelings**
- with **strong views of their own**, or a conflict of interest, about what the adult at risk or the safeguarding professionals should do



PohWer provides the safeguarding advocacy in London Borough of Hillingdon. Their website contains valuable information about legal duties to arrange advocacy and the referral process.

Stage 3: Safeguarding Plan and Review

Safeguarding plans should set out what actions will be taken, by whom, to safeguard the adult at risk. This should include actions to:

- increase safety
- promote wellbeing, including support to recover from abuse
- reduce risk of recurrence of abuse, neglect or self-neglect

Best Practice

- Plans should be developed collectively with the adult at risk and relevant professionals, and not by Adult Social Care in isolation
- Plans should identify which professional(s) will monitor the plan for an agreed timescale. This could be any of the relevant involved professionals. It does not need to be a social worker! A decision should be made collectively about who will be doing this.
- Write down any plan that has been agreed and share it with the adult, or their representative, and seek their views on it.
- Safeguarding plans should be agreed by relevant professionals; where there is a difference of opinion between professionals consider the need for escalation
- If a safeguarding plan includes actions by a specific organisation or professional, that should be clearly communicated to, and agreed by, that professional or organisation
- There must be a clear contingency plan for what any person, professional or organisation will do if they are unable to complete an action allocated to them within a safeguarding plan

Reviewing the Plan

Relevant professionals should work together to review the safeguarding plan.

The purpose of the review is to establish how effective the plan is at safeguarding the adult at risk and review the risk, with relevant professionals, the adult at risk and/or their representative.

The review must decide if the plan is no longer required, needs to change, or needs to continue.

Stage 4: Closure

A safeguarding enquiry can be closed at any time. Closure will happen when the risks have been mitigated or when, in the absence of high risk or public interest, an adult wishes the enquiry to cease. Where possible, the Local Authority should record whether the allegations were substantiated. In some cases this cannot be known.

Contingency planning with the professional network and the adult is important at this stage so that new concerns or increased risk will be picked up as early as possible.

Key Terminology Used in the London Multi-Agency Policy and Procedures

Enquiry Officer is the social worker who coordinates agreed actions and gathers information within a Safeguarding Enquiry.

Safeguarding Adults Manager (SAM) is the social work manager who provides guidance and oversight of safeguarding enquiries.

Planning meeting/discussion should take place at the very start of an enquiry. This replaces the term "strategy meeting".

Round Table meetings may be needed during an enquiry to promote good communication between all partners and the adult at risk. This replaces the term 'case conference'.

Key Local Documents To Support Effective Safeguarding Enquiries

Reporting Crimes to the Police:
a guide to support decision making



Hillingdon SAB Information Sharing Agreement to support confident sharing of information to support effective adult safeguarding.



Resolving Professional Differences: Safeguarding Partnership Escalation Policy provides a framework for all relevant agencies where there are differences of opinion about whether and how to safeguard someone.



Making Safeguarding Personal

“What good is it making someone safer if it merely makes them miserable?”

Judge Munby in *Local Authority X v MM & Anor (No. 1) (2007)*

Making Safeguarding Personal (MSP) is the approach to adult safeguarding that is embedded within the Care and Support Statutory Guidance. All professionals involved in any adult safeguarding process, at any level, must have regard to MSP in their practice. Making Safeguarding Personal means all safeguarding interventions should be person-led and outcome-focused.

- Being outcome-focused means working to improve people’s quality of life, wellbeing and safety, in ways that are meaningful and valuable to them;
- Being person-led means ‘doing with’ people rather than ‘doing to’ them, and finding out what changes they feel would enhance their wellbeing, empowerment and safety.

Making Safeguarding Personal Myth-Buster



Making Safeguarding Personal: Supporting increased involvement of Service Users



What about when someone doesn't want help?

Making Safeguarding Personal doesn't mean walking away when someone declines help. This is a widespread myth.

It's about being outcomes-focused just as much as it is about being person-led. This means that we need to:

- Minimise the impact of unwise decisions on health, safety and well-being, where possible, and
- Use relationship-based working to secure engagement and positive change. This is best done by someone who already has familiarity with the adult at risk, where possible. It doesn't have to be done by a social worker.



When people say they don't want help, personalised practice requires a balancing act between a focus on outcomes, on the one hand, and being person-led, on the other.

Outcomes-focused:

- protection
- increased safety
- improved quality of life
- right to freedom from abuse



Person-led

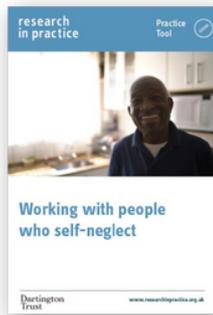
- choice and control
- the power to refuse support
- right to privacy and family life

Questions to help you get the balance right:

- Is the risk unreasonably high?
- Has a serious crime been committed, or do you think one may be committed?
- Are any other people, including children, at risk?
- Is there a public interest in further action?
- Is there an emergency or life-threatening risk?
- Do you doubt the adult's mental capacity or suspect undue influence on their decision making?

If the answer is yes, then further action to safeguard the person is necessary even if they decline help

Further Reading



Toolkit to support safeguarding adults who self-neglect



Guidance on gaining access to an adult suspected to be at risk of neglect or abuse



The Mental Capacity Act Code of Practice MUST be followed in working with people who need support to make decisions



7 Minute briefing on Making Safeguarding Personal