



# Safeguarding Adults Procedures

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Cumbria  
Safeguarding  
Adults Board

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## 1. Introduction

Cumbria Safeguarding Adults Board (CSAB) works in partnership with organisations across Cumbria to help support and protect adults at risk to live their lives free from abuse or neglect. The key objective of CSAB is to provide assurance that safeguarding arrangements are in place and partners work together to help and protect adults at risk in Cumbria. This procedure has been developed by the CSAB partnership to provide a framework for safeguarding adults at risk in Cumbria.

This Safeguarding Adults Procedure applies to all adults at risk regardless of their protected characteristics such as gender, age, ethnicity, or disability.

*“Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents, and believing that no one should have poorer life chances because of where, what or whom they were born, what they believe, or whether they have a disability”* (Equality and Human Rights Commission).

Safeguarding adults is fundamentally concerned with agencies working in partnerships. These reciprocal arrangements between partners are in place to enable and support safeguarding activities that promote the wellbeing and improve the outcomes for adults with care and support needs at risk of abuse or neglect. Partnership working must extend to the explicit involvement of the person or their representative. This is the key principle of Making Safeguarding Personal.

Safeguarding adults does not begin and end at the point of referral to the local authority. [CSAB Safeguarding Adults Threshold Guidance](#) helps define harm and impact, and helpfully guides responses to support the person affected. The Tool has been developed to assist in the decision-making process that all partners undertake when concerns become known. It also provides guidance to help inform next steps to protect the adult at risk.

Alongside partners accessing their own Designated Safeguarding Leads, additional advice can also always be sought from the Adult Social Care Safeguarding Team [safeguardingadults@cumbria.gov.uk](mailto:safeguardingadults@cumbria.gov.uk)

The Care Act 2014, established that the local authority must make enquiries or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. The purpose of the enquiry is to establish whether any action needs to be taken prevent or stop abuse or neglect and if so, by whom. The person or agency best to intervene, prevent, or stop abuse may not be a statutory partner of CSAB another person or agency that is better able to support the adult themselves.



## 2. Stage One: Raising a Concern in your Organisation

Safeguarding concerns should be raised immediately and **within the same working day**.

Raising a concern is the responsibility of all staff (professionals, students, and volunteers) of all agencies involved with an adult at risk. This means reporting incidents or concerns of harm or neglect when they have been identified. The staff member must inform their relevant manager or Safeguarding Lead within their own organisation. Individual agencies will have their own procedures for staff on how to raise concerns within their organisation. The CSAB Threshold Guidance Tool can assist and support the decision making. Not all concerns may fall within the safeguarding referral process, but all concerns raised to a manager or Safeguarding Lead should be actioned via the most appropriate route or process. A record of this decision and resulting action should always be maintained.

Some concerns may be appropriately dealt with by internal organisational policy and procedure. These may include internal quality issues where the adult has not come to any harm, one off disagreements between two service users, falls and medication errors where neither individual was harmed and there has been no impact (refer to Threshold Guidance Tool). Where additional clarity is required on a case around thresholds, and where there have been several similar concerns these concerns should be discussed with your Safeguarding Lead. The Adult Social Care Safeguarding Adults Service can also be consulted for advice. In all circumstances, where staff are unsure about the impact or harm for the adult, advice should be sought from their manager or Safeguarding Lead and if appropriate, contact Adult Social Care, Safeguarding Adults Service.

### A concern may be:

- a direct disclosure by the adult at risk
- a concern raised by staff or volunteers, others using the service, a carer of a member of the public
- an observation of the behaviour of the adult, of the behaviour of another person (s) towards the adult with care and support needs or of one service user towards another

Concerns can also be raised by family members, friends, neighbours, and the adult themselves. If you fall within this category, please refer to: Stage 2: Reporting concerns to ASC (below) for more information.

### Immediate actions to consider:

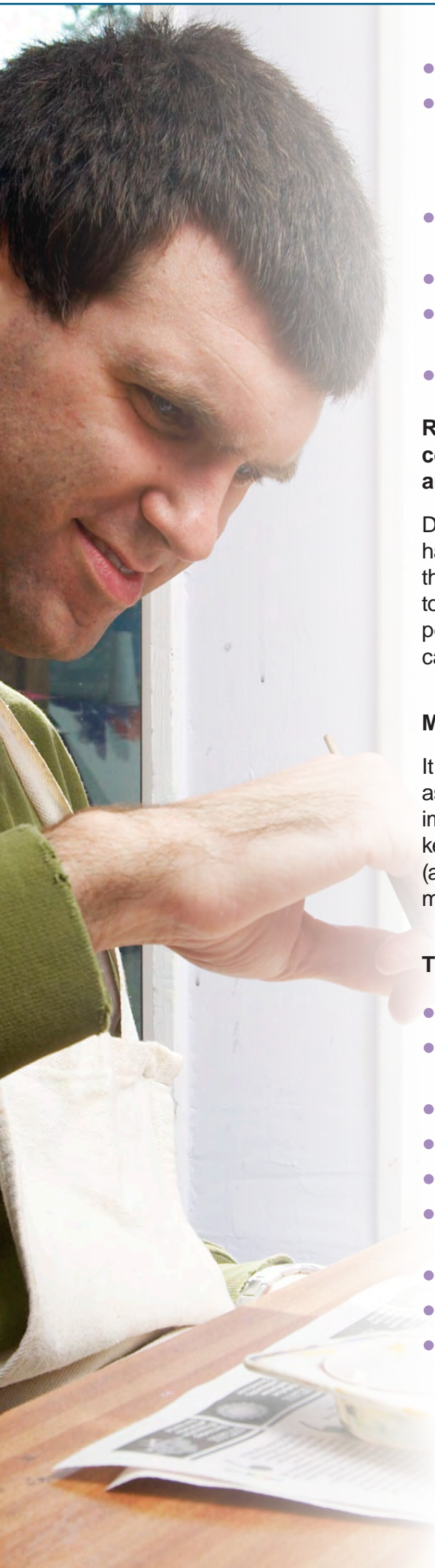
- make an immediate evaluation of the risk, and take the necessary steps to make sure that the adult is in no immediate danger
- where appropriate, dial 999 for emergency assistance, police, or an ambulance.
- contact the police on 101 if a crime has been or may have been committed
- do not disturb or move articles that could be used in evidence, and secure the scene
- contact the Children's Safeguarding Hub if a child is also at risk **0333 240 1727**
- if possible, make sure that other service users are not at risk

### Evidence gathering

The police are always responsible for the gathering and preservation of evidence where a crime may have been committed. However, other organisations and individuals may have a role in the preservation of evidence to ensure that important information or forensics are not lost. The police are required to obtain oral evidence in specific ways, if in doubt about what to do, contact the police for advice and your Safeguarding Lead.

### Responding to an adult who is making a disclosure of abuse or neglect:

- provide assurance that what they are saying is being taken seriously
- listen carefully, stay calm and avoid asking too many questions



- do not give promises of complete confidentiality
- explain that you have a responsibility to tell your manager (or Safeguarding Lead) and that their concerns may be shared with others (if an alleged crime the police) who could have a part to play in protecting them
- give reassurances that they will be involved in decisions about what will happen
- try to ascertain the adult's views and wishes
- provide information and support in a way that most meets their needs
- do not be judgmental or jump to conclusions

**Remember, decisions by staff regarding whether to report concerns of abuse are not a matter of individual conscience but are considered a professional duty**

Do not discuss the safeguarding concern with the person alleged to have caused the harm unless the immediate welfare of the adult makes this unavoidable. In such cases and wherever possible, please speak to your safeguarding lead at this point. Any decision to discuss with the person alleged to have caused the harm should be made on a case by case basis and you should record your decision making.

**Making a record:**

It is important that a written record of any incident or allegation is made as soon as possible after the information is obtained and advice taken immediately from police or Safeguarding Lead. This record should be kept by the person raising the concern and notes must be kept safe (according to the partners own organisational procedures) in the event it may be necessary to make records available as evidence.

**The record must include:**

- date and time of incident
- exactly what the adult said, using their own words and what was reported to you
- the appearance and behaviour of the adult
- any injuries observed
- name and signature of the person making the record
- if you witnessed the incident then write down exactly what you saw and record any other key witnesses to the incident or disclosure.
- the record must be factual
- opinions and assessments must be clearly identified as such
- information from another person should be clearly attributed to them

**Informing a manager:**

- inform your line manager or Designated Safeguarding Lead immediately
- if you are concerned that a member of staff has abused an adult at risk, you must inform the relevant senior manager in your organisation, or another designated manager and report your concerns to Adult Social Care
- if you are concerned that an adult at risk may have harmed another adult at risk, inform your line manager and Safeguarding Lead

Anyone can raise a safeguarding concern with Adult Social Care, Single Point of Access; however most organisational policies outline internal notification must take place prior to contact with Adult Social Care (via your line manager or Safeguarding Lead). This should not impact upon the timelessness of reporting or excuse any lack of action. For example, if reporting to your line manager first would place the adult at further risk of harm, a concern should be raised immediately. Adult Social Care Safeguarding Team can provide advice in the absence of a line manager or Safeguarding Lead. However, you will need to notify the relevant manager (or Safeguarding Lead) including any advice you were given and action you have taken.

**Responsibilities of Line Managers or Designated Safeguarding Lead(s)**

The role of a designated Safeguarding Lead acts as the main source of support, advice, and expertise for safeguarding within your organisation. The details of how the function is carried out will differ depending on your organisation and may include to:

- advise and support the senior team in developing and establishing your organisation's approach to safeguarding
- play a lead role in maintaining and reviewing your organisation's plan for safeguarding
- coordinate the distribution of policies, procedures, and safeguarding resources throughout your organisation
- advise on training needs and development, providing training where appropriate.
- provide safeguarding advice and support to staff and volunteers
- manage safeguarding concerns, allegations or incidents reported to your organisation
- manage referrals to key safeguarding agencies (e.g. social services or police) of any incidents or allegations of abuse and harm.

**Immediate needs:**

- make an immediate evaluation of the risk to the adult concerned
- take all reasonable and practical steps to safeguard the adult
- refer to the police if the abuse indicates a crime may have been committed – request specific advice on forensic considerations. Arrange emergency medical treatment as appropriate
- if there is a need for an immediate protection plan, contact to the relevant local [Adult Social Care Single Point of Access](#) or if out of hours, the Urgent Care Team **01228 526690**
- liaise directly with police when a sexual offence has / or thought to have been committed
- if the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs
- make sure that others do not remain at risk
- in line with your organisation's disciplinary procedures, make a decision about whether to remove any individual staff member suspected of abuse or neglect from having contact with adults at risk. Report your concerns to your Position of Trust lead within your organisation and include the information in the safeguarding adult's referral to the Local Authority

## Speaking to the adult

It may be appropriate for the manager to speak to the adult if they feel confident and competent to do so. In such circumstances, the manager should consider:

- using a private and safe place
- getting their views on what happened and what they want done about it
- giving information about the safeguarding adults process
- supporting the individual to ask questions about confidentiality
- explaining how they will be kept informed
- identifying any communication needs
- establish whether the adult has capacity to make decisions about what has or should happen, record in line with MCA best practice
- in the event of the adult lacking the capacity to make relevant decisions: relevant decisions or actions taken **must** be taken in the person's best interests and the principles of the MCA applied, [see MCA Code of Practice](#)
- the appropriate decision maker will depend on the decision to be made

## The person alleged to have caused harm:

- consider liaison with the police regarding risk management
- if the person alleged to be responsible is a member of staff, student or volunteer, an immediate decision has to be made around any safeguards that need to be implemented during a period of investigation / or enquiry and also by referring to [Position of Trust Framework](#) (Consideration needs to be given to any whistleblowing policies as appropriate).
- it will be important to follow your own organisational procedures and report to Adult Social Care
- if the person alleged to have caused the harm is another adult with care and support needs, arrangements must be put in place to make sure that his or needs are also met



### 3. Stage 2: Reporting a Concern to Adult Social Care

Safeguarding concerns should be raised immediately and within the same working day.

Raising a concern is the responsibility of all staff (professionals, students, and volunteers)

#### Adult Social Care must be informed when:

- an adult at risk of being abused or neglected, and at risk of harm
- a crime has been committed against an adult at risk
- the abuse or neglect has been caused by a member of staff or a volunteer
- other people or children are at risk from the same person causing the harm
- the concern is about institutional or organisational abuse
- the person causing the harm is also an adult with care and support needs
- other adults may be at risk

It should also be noted that there is a real danger that continued exposure to seemingly minor issues may increase staff tolerance. This can lead to complacency, or acceptance of behaviour that would not be tolerated in other settings and may result in incidents not being placed into the multi-agency context when this would be the expected course of action. It is important that organisations continue to record and monitor incidents to inform enquiries.

Practitioners responsible for reporting a concern about an allegation of abuse are accountable for their decision and should apply **PROFESSIONAL JUDGEMENT**, alongside discussion with the Safeguarding Lead for organisation, when deciding whether an incident should be reported to the Adult Social Care.

#### You MUST report the following incidents as safeguarding concerns:

- the adult or carer is distressed, fearful or feels intimidated by the incident
- the adult has suffered an injury
- you believe that there is a deliberate attempt to cause harm or distress
- incidents are repeated and targeted
- a crime has been committed
- the incident involves a member of staff
- other adults may be at risk

Reporting a concern to Adult Social Care (sometimes called making a referral) is the direct reporting of an allegation, concern or disclosure to the Adult Social Care, Single Point of Access (SPA), this should be undertaken within the **same working day** of the concern being raised with you.



### **Reporting a concern (referral):**

- Adult Social Care Offices have local SPA's for receiving safeguarding adults' concerns via the phone
- Safeguarding Adults concerns will be taken from anyone who has a concern that an adult with care and support needs, is at risk of abuse or neglect
- Written referrals to ASC are not accepted. The referrer should be prepared to provide as much factual information as possible about the concern when calling the SPA.
- The SPA Officer will assist the referrer by clarifying the incident or the concern through a series of prompts and questions
- Where a crime has been committed or suspected these must be referred to police alongside the safeguarding referral. It is useful to advise both the police and Adult Social Care of both referrals having taken place to assist in coordinating the response.
- It is the responsibility of each organisation to have their own internal procedures, which must detail the nominated staff who are able to take on the role of reporting concerns to Adult Social Care.

### **Questions you will be asked when referring to the Single Point of Access (SPA):**

- Is the person aware of the referral?
- Does the person wish to progress the concern?
- Are the person's wishes and feelings known?

### **Will the person require support to be involved In the process or safeguarding enquiry?**

- Is the person placed with another Local Authority?
- Have relative(s) or carers been informed of this referral?
- Does this person continue to be at risk of harm?
- Are there other people who may be at risk of harm?
- Time of incident or concern?
- Date of incident or concern?
- What are the care and support needs of the adult?
- Details of the allegation of abuse or harm?
- Were injuries present? If so, has medical intervention been sought?
- Does this safeguarding referral relate to a fall?
- Is there a crime reference, incident log or NWAS reference number?
- Is the person aware that referrals have been made to other agencies?
- Are details known of the person alleged to be causing the harm or abuse?
- What is the relationship of the person known to the individual who is subject of this concern?
- Is the alleged perpetrator aware of the referral?



## 4. Stage 3: The decision and responding to a concern

Once a concern is reported to Adult Social Care via the SPA a decision will be made as to how this will be logged, based on the information provided and the perceived level of risk posed. The referrer should be informed of the decision around progression of safeguarding concerns.

It may be logged as a safeguarding **contact**, however this will happen in situations when the Adult Social Care Safeguarding Team believe the Section 42 criteria has **NOT** been met based on the information provided and no further enquiry is necessary at this stage:

*“where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) -*

*(a) has needs for care and support (whether the authority is meeting any of those needs),*

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

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

Note; If three safeguarding contacts are recorded on the Adult Social Care electronic system than this will trigger a “manager’s review”, resulting in the entire case being reviewed in light of these contacts and a decision made if any further action is required.

### Pathways for responding to concerns

If the Adult Social Care Safeguarding Team believe the Section 42 criteria **has** been met then the concern will be logged as a **safeguarding concern** and will determine the required response utilising professional judgement around the circumstances of the situation, level of perceived risk and the views and opinions of the adult. This will be recorded in line with best practice guidelines.

If the case is deemed as **medium** than actions and decisions need to be made within **48 hours of the concern being logged**

If the case is deemed as **high**, then actions and decisions need to be made immediately or **within 24 hours of the concern being logged**

### Assessment of risk:

- enabling and supporting the person to take risks where they wish to do so is an essential part of safeguarding work and should be included in the development of a Safeguarding Plan with the adult
- assessment of risk is integral to all safeguarding adults work and should reflect the dynamic and evolving nature of the safeguarding process and the circumstances of individual adult/s
- assessment of risk requires ongoing review and professional judgement by those making enquiries into the concern and managers who have an overview of the process. All assessments of risk must be clearly recorded including any agreed actions
- any assessment of risk should take account of the person’s mental capacity to make relevant decisions
- assessment of risk should also include contingency plans to manage changing levels of risk
- to support the decision around the application of the Section 42 criteria the Adult Social Care Safeguarding Team will need to undertake initial information gathering, where it has been decided a safeguarding concern is logged for further enquiry.

**The purpose of initial information gathering is:**

- to evaluate any immediate risks to the adult and take appropriate action to address this
- to identify any immediate actions required including contacting the adult, (considering safety issues) and to explore how their views can be ascertained at the earliest point to inform decision making and the enquiry itself
- to speak to the referrer and to clarify the concerns
- to inform the implementation of the interim Safeguarding Plan
- to evaluate the information immediately available and assess what other information is needed and how to obtain it
- to evaluate initial information about the person alleged responsible and any risk they may pose to the adult, other adults, or children
- determine the most appropriate response
- to ensure, where it is determined not to make further enquiries under the safeguarding procedures, that the reasons for this are recorded and any other actions identified for discussion with partners or the wider Adult Social Care operational teams

**Essential good practice requirements include:**

- contacts indicating concerns should always be accepted and never refused
- the referrer should receive an acknowledgement of the contact
- all concerns will be assigned to the relevant practitioner or team manager with the safeguarding service to complete initial decision making
- all concerns must be recorded immediately on agreed documentation and systems, in accordance with local protocols
- the immediate risk to the adult or others must be addressed and there should be an immediate consideration of actions needed. Where there appears to be risk of imminent harm, the adult should be contacted as appropriate following receipt of the concern. Contact must be carefully planned to minimise any potential risk to the person or others
- a decision regarding whether or not to contact the adult at this stage of the process must always be recorded
- the level of information gathered at this stage should be proportionate enough to enable decision making and the safety of the adult should not be compromised
- previous concerns and incidents should be considered in the decision making
- practitioners must be aware that this is not an investigation, but it is a process to enable decisions about the level of risk and how to proceed
- if the allegation is a potential crime there must be immediate liaison with the police to avoid contamination of evidence
- if the concern indicates high risk Domestic Abuse, a referral should be made to Multi- Agency Risk Assessment Conference (MARAC)
- when a decision is made about the appropriate pathway, the full reasons for making that decision must be recorded and feedback given to the person who reported the concern

### **Managing concerns regarding the mental capacity to consent to the enquiries. Where an adult lacks capacity;**

- where there is concern that the adult may not have capacity to make relevant decisions it is important that their capacity is appropriately assessed as soon as possible in relation to the concern and the decision to be taken
- if it is established that the adult lacks the capacity to make decisions about their safety, it will still be important so far as possible, to ascertain their views and wishes and feedback will be given to them and anyone acting in their best interests such as an advocate, attorney, court appointed deputy or family
- if the person has no suitable family, carer or friend who can be consulted regarding their best interests, an advocate or an IMCA should be instructed
- an IMCA may also be instructed if it is felt that it would be beneficial to the adult even if they have family, friends, or carers available to consult

### **What is advocacy and when to use it in safeguarding**

#### **If the adult has capacity;**

If the adult has capacity to consent to the enquiry the relevant practitioner or manager in the Adult Safeguarding Service should:

- find out from them what is happening
- talk to them about their concerns
- carry out a risk assessment with them to find out if they understand the risk
- be satisfied that their ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or coercion and control, pressure, or exploitation
- reassure them that they will be involved and supported in all relevant decisions and actions that are taken to protect them

#### **When consent is not provided by the person**

It is good practice to seek the adult's consent to a Safeguarding Enquiry, although this is not technically required. The s42 enquiry is a duty on the Local Authority.

The principal of Making Safeguarding Personal is concerned with the involvement of the Adult during the enquiry but we must acknowledge that you cannot compel the adult to co-operate.

Where the adult with capacity does not wish to engage or consent to be involved with the enquiry we should demonstrate that:

- There is no undue influence from anyone else; and
- There is no risk to others; and
- The local authority does not owe any further duties to the adult (such as to uphold their human rights).

It is important to remember that under GDPR, consent is only one of the lawful bases for lawful information sharing. It is lawful to share information amongst multi-agency professionals without consent or engagement of the adult in the course of a Safeguarding Enquiry on the lawful basis of public task (the s.42 Safeguarding Enquiry duty) and the condition of sharing the 'information with professionals subject to professional confidentiality' when the 'information is necessary for the provision of health or social care'. That is independent of and does not require overriding consent, it is simply a different lawful route to sharing information.

## Pathway 1: Provider Services Action

This pathway may be followed when the individual is in the care of a registered provider and requires no further action under safeguarding procedures.

If any circumstances outlined below apply, then the relevant practitioner or manager in the Safeguarding Service or Adult Social Care Team should consider asking the manager of the provider service to address the quality of care issues identified. If appropriate, a referral should also be made to the Cumbria County Council Quality & Care Governance Team, CCG commissioners and CQC and consideration of the RADAR monitoring processes.

### Consideration should be given to the following;

- is this a one-off isolated incident which had no or minimal impact on the physical, psychological, financial, or emotional well-being of the adult
- it is not part of a pattern of harm related to either the victim or perpetrator e.g. no or minimal impact from similar incidents previously recorded for the adult, no or minimal impact from previous harm by the alleged perpetrator, no or minimal impact from any incidents previously recorded for the service provider
- it is a low-level concern about poor practice or the quality of care
- a low-level incident involving another adult / patient where there is minimal impact on the victim and a safeguarding plan is in place to address concerns
- no criminal investigation likely; this police communication outcome must be recorded on IAS (Adult Social Care electronic system)
- no clear intention to harm or exploit the adult at risk
- there is no breach of the requirements of Care Act 2014
- there is no breach of contract conditions or suspension or caution placed on the service
- consideration has been given to disciplinary or other appropriate HR procedures where relevant

## Pathway 2: Action by Health and Social Care

- an assessment, review or re-assessment of the adult's needs should be carried out by Health or Social Care (including management of risk) where any of the following have been highlighted and requires no further action under safeguarding procedures:
- the incident may have minimal impact on the physical, financial, psychological, or emotional well-being of the adult
- concerns have been raised about difficulties and tensions within informal support networks e.g. family and friends, which may be perceived as harm but have minimal impact on the adult
- concerns can be resolved by offering an assessment under the Care Act 2014
- low impact concerns have occurred in the past but at lengthy and infrequent
- criminal investigation is unlikely – this police communication outcome recorded on IAS system
- no breach of professional codes of conduct
- no on-going concerns or unmanaged risks for other adults or
- no breach of CQC requirements



### **Pathway 3: Care Act 2014 section 42 - Safeguarding Adults Enquiry**

A safeguarding adults enquiry (Section 42) will be undertaken in one or more of the following circumstances:

- an adult with care and support needs has been subjected to abuse or neglect
- the physical, psychological, financial, or emotional well-being of the adult appears to have been adversely affected by the incident
- a criminal offence has occurred or is suspected
- possible breach of regulations in Health and Social Care Act 2012
- possible breach of professional code of conduct – internal Position of Trust procedures should also apply
- there is actual or potential harm or exploitation for other adults or children
- there is deliberate intent to exploit or harm an adult
- there is a significant breach in a duty of care
- a pattern of harm can be identified, either by an individual or by a service provider

In some situations, there may be concerns that the person is seen to be at a high level of risk. In these circumstances, a multi-agency strategy discussion or meeting may be considered necessary and proportionate to manage the risk identified, the rationale should be clearly identified and attempts to engage the person in the enquiry should be documented.

This would enable discussions around providing support and signposting, or review to other relevant organisations which could include (but are not exhaustive to):

- MARAC
- Victim Support
- Counselling
- HAWC service
- Health commissioned support

### **Supporting an adult who makes repeated allegations**

- each allegation must be responded to under these procedures
- a risk assessment must be undertaken, and measures taken to protect staff and others and a multi-disciplinary meeting convened where appropriate
- each incident must be recorded
- organisations should have procedures for responding to such allegations that respect the rights of the individual whilst protecting staff from the risk of unfounded allegations

### **Responding to family members, friends and neighbours who make repeated allegations**

All allegations of abuse or neglect made by family members, friends or neighbours should be reported and responded to appropriately and in line with the statutory functions of the Care Act. If enquiries establish the concerns are not upheld and such action is having a negative impact upon the wellbeing of the Adult, then immediate advice must be sought from the appropriate legal team.



## 5. Stage 4: The Safeguarding Strategy Meeting or Discussion

When a decision is made to proceed with further enquiries under section 42 of the Care Act, where possible a “Strategy” discussion or meeting will be necessary **within 5 working days of the receipt of the concern.**

The Strategy Stage could be a series of telephone discussions, if holding a meeting would involve a delay and place the person at greater risk. Strategy meetings can also be held virtually or by teleconference (as introduced by the 2020 covid review of the Seven Steps). All relevant partners or individual staff members will be invited to attend the strategy discussion (or deputise if they are unable to attend).

Where possible a report should be shared by partner agencies outlining their involvement with the adult and their views regarding the situation and any potential risks.

All strategy discussions should be recorded on the ASC Safeguarding Strategy template and will be shared with partners as a record of the discussions and decision making within the meeting.

### Organising the arrangements:

- ASC Safeguarding Adults Service will co-ordinate the meeting or discussion arrangements with all known relevant partner agencies
- Adult Social Care, Learning Disability or Mental Health will coordinate this task when the person is allocated to either of those service

### The Strategy discussion or meeting will:

- consider the wishes of the adult
- address any immediate concerns
- ensure there are plans in place to meet any existing or new care and support needs
- coordinate the collection of information about the abuse / neglect
- determine which partner(s) should lead any subsequent investigation e.g. where a crime is involved the Police would lead or where the primary concern is health related it may be more appropriate for the NHS to lead the investigation. (Please note that the Local Authority will retain the overall co-ordination / monitoring role in these circumstances)
- undertake a risk assessment
- agree an interim safeguarding plan as appropriate
- make a clear record of the decisions made
- record any information shared
- agree a plan for any agreed investigations with timescales
- agree a communication strategy where appropriate
- consider whether anyone else at risk
- circulate the decisions to all those invited within 5 days using the agreed template
- agree a date for a further case conference to review the actions set at the strategy meeting and to enable a review of the safeguarding plan to provide a forum for feedback from further enquiries or investigations

Partners should not begin a safeguarding enquiry unilaterally; this should be an agreed coordinated response by the partners based upon the findings from the meeting or discussion. The exception to this would be the commencement of a police investigation where vital and immediate evidence gathering is required.

**Who should attend?**

- The adult at risk and/or where appropriate their representative, providing this is not the person alleged to be causing harm
- Relevant partner agencies will be notified, relevant attendees to the meeting or discussion will extend to those who need to know and contribute to the management of the safeguarding enquiry.
- The allocated professional
- The Safeguarding Lead or Manager from the referring partner agency
- The police, where there are concerns that a crime has been committed

**Other attendees may include but are not limited to:**

- An officer from the Care Quality Commission (CQC)
- A Quality Care Governance Officer, Cumbria County Council or Clinical Commissioning Team
- Health partners
- An IMCA or other advocate
- The Manager of a provider service unless they are named in the allegation
- Other staff from Adult Social Care who have relevant information or involvement
- Representation from any other organisation which has a role to play

If the allegation involves a member of staff or paid carer, the Strategy meeting should be attended, where appropriate, by:

- the authorised officer for Contracts
- a HR officer
- the line manager of the member of staff
- a senior manager of the employing organisation

In cases where a crime has been reported and is being investigated by the police, all subsequent actions will be coordinated by or with the police.

The police investigation may take some time and other organisations could also have a duty to act. In these circumstances, agreement must be reached at the Strategy stage about what actions can be taken and when.

Where the adult or their representative is not able to attend the meeting, the Adult Social Care Safeguarding Service, or relevant practitioner should agree with them how their views will be taken to the meeting to inform the strategy to support and protect them.

**Additionally:**

- Any organisation requested to attend a strategy meeting should regard the request as a priority
- In the exceptional circumstances, if no-one from the partner agency is able to attend, they should be able to provide information and ensure it is available to share with the Chair prior to the meeting taking place.



## Content of the Strategy Discussion or Meeting

A set agenda format for Strategy Discussions or Meetings is used by Adult Social Care Safeguarding Service to ensure a consistent approach is taken at the meetings. All partners can use this as evidence of the discussions that have taken place and to record the agreed safeguarding action plan.

## Considerations on supporting the adult at risk

Partners must acknowledge that professional meetings can be daunting unfamiliar settings. As such all partners must work together to ensure the voice of the person is heard within the enquiry and the balance of power is equal between attendees. There are key tasks to be considered including for enquiry, these start with;

- clarifying the key risks faced by the adult concerned
- decide who is best sighted to support the discussion and record the account of the adult at risk
- decide who will support the adult at risk throughout the enquiry
- clarify the capacity of the adult to make decisions about their own safety, record any assessments in line with the Mental Capacity Act 2005 [Code of Practice](#)
- undertake a proportional Care Act assessment for the purposes of the enquiry
- consider the appointment of an IMCA if appropriate
- identify and address any communication needs of the adult
- where the adult has capacity, ensure that their views and wishes are respected (unless there is a duty to override their wishes)

If the adult is confident that they can protect themselves from further harm and do not wish any action to be taken under the procedures, practitioners must be assured that the adult at risk is making this decision without undue influence, threats or intimidation and that the adult has capacity to understand and make decisions in relation to the concerns.

In such cases a safety plan incorporating an assessment of risk should be completed with the adult and discussions taken with the relevant litigation teams around any risks which remain.

If undue pressure or intimidation is suspected a multi-agency decision should be made about the best way to engage and support with the person at risk. If control or coercion is suspected then following consultation with police, support will be offered, and a safety plan agreed with the person involved.

## Supporting the person alleged to be causing harm

There is no fixed approach to sharing information with the alleged perpetrator. This will depend on the nature of the concern, preserving the integrity of the enquiry and ensuring the safety of the adult at risk. Involvement of the person alleged to have caused harm needs to be undertaken on a case by case basis given the information known at the time. A balanced approach should be taken to sharing information and the following considerations should be applied:

- where there is a potential that a crime has been committed advice should be sought from police and any enquiries will be police led
- if the person concerned is a member of staff or a volunteer, follow your internal Position of Trust guidance and confirm that the relevant regulatory authority has been informed. This could include DBS, OPG or Professional Registered Body
- decisions about notifying the person alleged to have caused harm need to be made throughout the process and recording this during the strategy discussions, weighing up the views of the adult, the potential repercussions or further risk or harm and coercion and control factors
- if the person allegedly causing harm is also an adult in receipt of support, a decision must be made about how to notify the relevant people ensuring their needs are to be met during the enquiries and a separate meeting set up to address these needs if necessary
- discussion with the relevant legal teams will also be integral to supporting decision making

## 6. Stage 5: Making Safeguarding Enquiries

There may be a number of investigations or assessments that support the safeguarding enquiry: (not exhaustive)

- an investigation by CQC
- criminal investigation
- a needs assessment under Care Act 2014
- an assessment of a carer's needs
- action by employers such as suspension or a disciplinary investigation where the concern indicates that the abuse or neglect was caused by a member of staff or a paid carer
- investigation of a complaint
- an investigation by the Office of the Public Guardian if the concern is about an attorney or a court appointed deputy
- referral to the Court of Protection for a decision, a declaration, or the appointment of a deputy
- an investigation by the Department of Work and Pensions if the concern is about the misuse of appointeeship or fraud in relation to benefits
- an investigation into a situation where forced marriage would be indicated
- an assessment of capacity / determination of best interests

Different agencies will be responsible for undertaking these investigations and providing feedback in line with their legal responsibilities to the Section 42 enquiry.



Type of Investigation	Agency Responsible
Criminal (including physical or sexual assault, theft, fraud, hate crime and domestic abuse, forced marriage)	Police
Fitness of a registered service / manager	Care Quality Commission
Breach of Care Standards Act	Care Quality Commission
Unresolved serious complaint in a health care setting	CCG Commissioners
Breach of person detained under the Mental Health Act	Care Quality Commission
Breach of terms of employment / Disciplinary	Employer
Breach of professional code of conduct	Professional regulatory body
Breach of Health and Safety Legislation	Health and Safety Executive
Complaint regarding failure of service provision	Service provider
Breach of contract to provide care	Service Commissioner contracts
Bogus callers and rogue traders	Trading Standards
Misuse of public money	Local Authority audit
Anti-social behaviour (e.g. harassment and nuisance)	Anti-social Behaviour Team (District Council)
Breach of Tenancy Agreement	Landlord or Housing trust
Misuse of Enduring Lasting Power of Attorney	Office of Public Guardian
Misuse of appointeeship	Department of Work and Pensions
Assessment of needs for health and social care provision	The relevant practitioner or manager in Adult Social Care teams
Housing needs assessment	Housing

### **In such cases;**

- organisations should follow their own internal procedures when undertaking these investigations however, consideration must be given to the best interests of the adult at risk and some investigations may benefit from joint working. This should be agreed at the strategy discussion/ meeting.
- a thorough assessment should be made of the level of risk, including whether the alleged abuse or neglect has taken place
- where the adult who may be at risk has mental capacity to make their own choices and decision about protecting themselves from abuse or neglect, they will be integral to the safeguarding enquiry
- the communication needs, wishes and decision-making capacity of alleged victims should be properly assessed and inform any action taken.
- appropriate use of independent advocacy and victim support services should always be considered
- each agency should carry out the action agreed in the strategy meeting / discussion and report back any changes to the plan to the safeguarding meeting
- each agency should keep comprehensive records of its work and findings

The safeguarding enquiry should ordinarily be completed **within four weeks** of the decision to proceed to a formal 42 enquiry

### **The focus of the safeguarding adults enquiry is to:**

- establish the facts and contributing factors leading to the referral
- identify and manage risk to ensure the safety of the individual and others
- seek to clarify the views of the adult
- enable a mental capacity assessment to be undertaken if required
- instruct an IMCA if required

### **The enquiry may also contribute to:**

- a police prosecution
- actions under civil law
- disciplinary proceedings
- referrals to; DBS, CQC, Commissioners, a Landlord in relation to a breach of tenancy
- a community care assessment or assessment under CPA
- a healthcare assessment

### **Roles and responsibilities**

- the person identified to lead any agreed investigations as part of the enquiry should be suitably qualified and experienced
- they must not have line management responsibility for the person alleged to have caused harm, or work in the same department
- if there is a criminal investigation, the police will be the lead organisation and any other investigations must be coordinated with them



**Partners contributing to the enquiry will work to ensure that:**

- actions to safeguard adults at risk are given top priority
- clear records are kept of any contact with, or actions taken to support or care for the adult at risk
- there is support and supervision for staff carrying out this work
- the organisation cooperates with the enquiry
- the chair of the safeguarding meeting is kept up to date and informed of any new information or changes in the situation or the agreed plan as soon as possible
- any agreed enquiries are conducted without delay
- clear records are kept of any enquiries or investigation findings which emerge
- a written or verbal report of the findings is prepared and presented at the Safeguarding Planning meeting as required

**Responsibilities to the adult during the safeguarding enquiry:**

- normally, the adult should be the first person to be consulted to establish what has happened and what they want to happen next
- be sure to address any communication needs
- agree an interim safeguarding plan where appropriate
- ensure that the individual is kept informed during the enquiry and has an appropriate advocate support where appropriate
- the person must be involved in the process as far as possible
- the risk assessment must be completed with the adult
- issues of confidentiality and information sharing must be discussed with the adult
- if there are no others at risk, get the individual's permission to share information with other organisations as required (signed consent may be required to access medical records etc.).
- if there are others at risk, inform the individual of the duty to share information to protect others
- where the adult at risk has capacity, reassure them that no decisions or plans that will have a direct impact on their daily living arrangements will be made without their involvement
- if the enquiry indicates Domestic Abuse where there is a high risk of harm, a DASH risk assessment should be completed and consideration of a referral to MARAC
- if the adult at risk does not have capacity to make decisions about their safety, any investigating officer must still involve them and should also consult with any advocate, court appointed deputy or attorney (if they are not implicated in the alleged abuse) or an IMCA if one has been instructed
- if any enquiry indicates that a child or young person is living in the same household and may be at risk, a referral should be made immediately to the Children's Multi-Agency Safeguarding Hub on **0333 240 1727**.

## 7. Stage 6: Safeguarding Case Conferences

The Safeguarding Case Conference is a meeting held to assess the outcomes of various enquiries which have taken place. Where it is thought that there is an ongoing risk of abuse or neglect, the safeguarding action plan should agree proactive steps to prevent further abuse and / or neglect and to decrease the risk.

The Safeguarding Case Conference should take place **within four weeks** of the Safeguarding Strategy Meeting.

### Purpose of Safeguarding Case Conference:

- to consider the information gathered from the enquiry
- to consider the evidence and, if substantiated, plan what action is needed to mitigate risk and keep the adult safe
- consider what legal or statutory action or redress is indicated
- make a decision about the level of current risks and make a judgement about any likely future risks
- agree a safeguarding plan
- agree how the plan will be reviewed and monitored
- If the perpetrator is also an adult or adults at risk, a separate meeting should address any needs for the individual if required.

### Who should be invited to a Safeguarding Case Conference?

The relevant attendees will be agreed at the previous strategy meeting or discussion.

The adult is central to the Safeguarding Case Conference and every effort should be made to enable the adult to be as fully involved as is appropriate. As a rule, it is expected that the adult and any preferred supporter or advocate will be invited to attend.

The following general principles should be followed when organising, attending, chairing, taking minutes or having any other involvement with a Safeguarding Meeting:

- invitations to participants should state the purpose of the meeting and all information should be presented in a format which participants can understand
- participants should be advised that the proceedings are being conducted in line with confidentiality procedures
- contributors should be reminded of the importance of distinguishing between fact and opinion
- language used should be non-discriminatory in nature having regard to age, gender, sexuality, race, disability, class, and role of all persons involved
- the overriding consideration should be given to protecting adults at risk from further harm
- respect for the views and wishes of the adult at risk, where they can be determined, will always be maintained and the need for confidentiality protected
- participants should treat each other with respect
- any decision to override the views of any adult at risk will always be taken in consultation with others and the reasons recorded
- the contents of the notes of the safeguarding meetings should not be discussed with any third party without the prior consent of the Chair

### **Attendance of the adult at risk**

The adult should be:

- supported to contribute to the Safeguarding Plan
- invited and enabled to attend the meeting as appropriate
- encouraged to identify a representative to attend with them or on their behalf
- consulted about their views before the meeting if they have chosen not to attend
- an adult who lacks the capacity to make decisions about their safety should be represented by a family member (if not implicated), a welfare attorney or an IMCA
- the meeting will decide who should feedback to the adult if they have not attended the meeting
- a record should be made if the adult does not attend which should also include the reasons why they did not attend
- carers should only be invited to the meeting at the expressed wish of the adult at risk
- where the individual lacks capacity to make this decision, it may be made on their behalf, in their best interests

### **Content of the Safeguarding Case Conference**

The Safeguarding Case conference should follow the agreed set agenda and recorded using the agreed format.

### **Deciding the outcome**

The purpose is to evaluate the evidence and determine the outcome on the balance of probability. The Department of Health identifies 5 possible outcomes of a safeguarding enquiry:

- Risk removed
- Risk reduced
- Risk remains
- Ceased at the adult's request
- Early cessation of process

### **Possible actions by other bodies:**

- suspension or ending of a contract by a commissioner of services
- deregistration by the Care Quality Commission
- referral to a relevant professional body

Information may be shared with other local authorities where concerns have been identified about the quality of care of a particular provider:

- Care Quality Commission must always be informed of any such concerns
- information about concerns about standards of care can be shared with local authorities on a need to know basis via the RADAR process
- organisations must seek legal advice with regard to 'restraint of trade' issues

**Feedback:**

- feedback should be given to the person who reported the concern in line with confidentiality and data protection issues
- a decision must be made at the case conference about what feedback should be provided and by whom
- if the person causing harm does not have capacity, feedback will be given to the person acting in their best interests

## 8. Stage 7: Monitoring and review of a Safeguarding Plan

Once the Safeguarding Enquiry is concluded it must be agreed how the Safeguarding Plan will be monitored, by whom and timescales. It may be that the adult is best placed to monitor their own Safeguarding Plan. This will include how they seek assistance in the future if it is required, including how they could access case management support if this is required.

If the adult requires support to implement and, or monitor their Safeguarding Plan, details of who, how, and when will be outlined as part of the plan content. The relevant practitioner or manager supporting the person will ensure that those named in the Safeguarding Plan are aware of their responsibilities and how that the plan is monitored and reviewed.

**The purpose of monitoring and reviewing is to:**

- ensure that the actions agreed have been implemented
- assess the effectiveness of any agreed safeguarding plan
- decide whether further action is needed

A formal review can take place within **6 weeks of the Safeguarding Case Conference**.

A new concern about abuse or neglect would be considered as a new concern and should be responded to as such.

**Who should be invited to a Safeguarding Review meeting?**

The relevant practitioner or manager in the Safeguarding Service will organise the Safeguarding Review meeting and invite all the relevant people.

The adult remains central to the Safeguarding Review meeting. Every effort should be made to enable the adult to be fully involved.

**Content of the Safeguarding Review Meeting**

The Safeguarding Review Meeting should:

- review risks
- decide about ongoing responsibility for the Safeguarding Plan
- decide what changes, if any, need to be made to the Safeguarding Plan
- make decisions about any changes or additions to any care plan
- decide if there is a need for a further review and if so, set a date
- decide whether to close the case to the safeguarding process



## 9. Chairing Safeguarding Meetings

Safeguarding meetings will be chaired by the appropriately trained practitioner or team manager from the Safeguarding Adult Service.

## 10. Closing the Safeguarding Adults Process

The safeguarding process may be closed at any stage if it is agreed that an ongoing investigation is not needed or if the enquiry has been completed and an effective Safeguarding Plan is agreed and in place.

Making Safeguarding Personal feedback will be routinely completed with the adult to capture their experience of the process and whether they are satisfied with the measures put in place and if they feel safer.

The case may remain open to care management, health management or other monitoring. In which case the situation will be monitored and reviewed through these processes and this will include any active Safeguarding Plan.

Partner organisations will have their own recording systems for keeping comprehensive records whenever a concern is raised and any work undertaken under the Safeguarding Adults Procedures, including all concerns received and reports made.

## 11. Disagreements and Escalation

Disagreements around decisions, recommendations, or outcomes at any stage of the safeguarding process or meetings must be formally expressed and recorded in the minutes of relevant meetings and raised with the Chair. Organisational escalation routes should be routinely used, and agencies can also refer to the [CSAB Escalation guidance](#).

## 12. Young People & Safeguarding Adults Enquiries

This procedure has been developed to provide a clear pathway in Cumbria between Children's and Adult Services in order to respond to and reduce the risk to young people where exploitation (including child sexual abuse - CSE) has been an issue in their lives. The procedure defines the practice requirements to safely support the transfer of a young person's case to Adult Services / and or a Safeguarding Adults Enquiry where ongoing support or a safeguarding enquiry has been identified.

It is important to note that there may also be additional risks to young people who have experienced or experience exploitation. These may include mental health issues, criminal behaviour, alcohol, drug misuse and domestic abuse. It is important that the process is clear and supports partners to work together, and importantly assists the young person to understand their role in developing that safety plan to support them.

The sharing of information between partners is a key area of practice that frames how partners and the young person work together. The relevancy of information shared must be, as covered earlier consider the consent of the young person themselves, or the risks if not shared. This dialogue with the young person ensures that the principles of Making Safeguarding Personal (MSP) are at the fore of interactions with them as captured by the phrase "No decisions without me".



The Safeguarding Adults Service and Adult Social Care Advanced Practice Leads, Cumbria County Council should be invited to the Transitions meeting hosted by Children's Services, Cumbria County Council.

This can be done by contacting [Safeguardingadults@cumbria.gov.uk](mailto:Safeguardingadults@cumbria.gov.uk) and [APL@cumbria.gov.uk](mailto:APL@cumbria.gov.uk). The meeting will ensure a comprehensive discussion and a decision whether the young person's case should transfer to Adult Services, or a Safeguarding Adults enquiry is required to be undertaken.

It is useful to acknowledge at this point that some young people may not have support and care needs as defined by the Care Act 2014, and as such the criteria for undertaking a Section 42 Safeguarding Enquiry may not be met. However, there is provision within the Act for the Local Authority to consider undertaking 'non statutory' safeguarding enquiries on a case by case basis where it would support the young person's well-being and prevent further abuse or exploitation.

The Transitions meeting should occur **around the age of 17 for the young person**. When a young person's case has been transferred, it is expected that Adults' Services would formally **start working with the young person at least 3 months before their 18th birthday**. Where there is a need for Children's Services to continue working with the young person, this must be clearly identified in the support plan agreed by both services.

The formal invitation to the Transition meeting for Adults Services and the Safeguarding Adults Team will additionally **always** require a formal referral via the Single Point of Access (SPA).

It is important to acknowledge that there may be a number of young people who may require the support of Adult Social Care under this procedure who will subsequently decline the involvement of Adult Social Care. Where possible the young person should be provided with details of how they could self-refer themselves in the future should they change their minds.