



MANCHESTER SAFEGUARDING  
ADULTS BOARD

# Manchester Safeguarding Adults Board

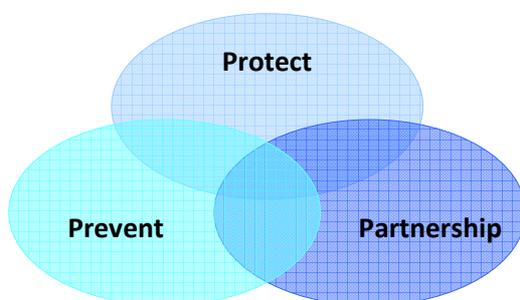
## Multi Agency Policy and Procedures

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### *Making Safeguarding Personal*

*“Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play”.*



<b>Table of contents</b>	<b>Page no</b>
<b>Foreword</b>	<b>1</b>
<b>MSAB Safeguarding Adults Policy</b>	<b>2</b>
<b>Introduction to the Policy</b>	<b>3</b>
<b>Aims of the Policy and the Procedures</b>	<b>3</b>
<b>About Safeguarding Adults Boards</b>	<b>4</b>
<b>Principles</b>	<b>5</b>
Empowerment	5
Prevention	5
Proportionality	6
Protection	6
Partnership	7
Accountability	7
<b>Safeguarding is about the ‘Whole System’</b>	<b>7</b>
<b>Commitment to the Policy</b>	<b>8</b>
<b>MSAB Multi Agency Procedures</b>	<b>8</b>
<b>Legal Framework</b>	<b>9</b>
The Care Act 2014	9
Mental Capacity Act (Including DoLS) 2005	10
Human Rights Act 1998	10
Timescales	10
<b>What is Safeguarding</b>	<b>11</b>
Scope of Procedures	11
Definitions of Safeguarding	11
Aims of Safeguarding	11
Wellbeing	12
What Safeguarding is not	12
Types of abuse	13
Mental Capacity	14
Abuse by another adult with care and support needs	14
<b>The 7 Stages of the Adult Safeguarding Process</b>	<b>15</b>
Definitions	15
<b>STAGE 1: Raising a Safeguarding concern</b>	<b>15</b>
Timescale	15
Recording	16
Immediate actions	17
Preservation of evidence	17
<b>STAGE 2: Screening, initial contact and decision making</b>	<b>18</b>
Timescale	18
<b>Stage 2a - Screening</b>	<b>18</b>
<b>Stage 2b - Initial contact</b>	<b>18</b>
<b>Figure 1 -</b>	<b>19</b>
<b>Stage 2c - Decision making</b>	<b>19</b>
No safeguarding response required	19
Safeguarding response	19
Criminal Investigation	20
Formal Safeguarding Enquiry under Sec 42 of the Care Act	20
When should a concern be acted on without the adult’s consent?	21

<b>Table of contents</b>	<b>Page no</b>
Providing feedback to the person raising the concern	21
Notifying the coroner	21
<b>STAGE 3: Safeguarding Planning</b>	<b>22</b>
Timescale	22
Planning meeting	22
Determining proportionate response	23
Enquiry in a regulated or commissioned service	23
<b>STAGE 4: Safeguarding Enquiry</b>	<b>24</b>
Timescale	24
<b>STAGE 5: Outcomes meeting</b>	<b>25</b>
Timescale	25
<b>STAGE 6: Safeguarding Plan</b>	<b>26</b>
<b>STAGE 7: Review and Closure</b>	<b>26</b>
Timescale	26
<b>Figure 1B - Outline of safeguarding process</b>	<b>28</b>
<b>Figure 1B - Outline of safeguarding process (continued)</b>	<b>29</b>
<b>Safeguarding Adults Reviews</b>	<b>30</b>
<b>Related Processes</b>	<b>31</b>
Carers	31
Position of trust (PoT)	31
The adult is living in another area but is funded by MCC	32
The adult lives in Manchester but is funded by another Local Authority	32
Section 117	33
Children's safeguarding	33
Children's Serious Case Review and Child Death Overview Processes	33
Community Safety Partnerships	33
Domestic Homicide Reviews	34
Whistleblowing	35
MARAC (Multi Agency Risk Assessment Conference)	35
Multi-agency public protection arrangements (MAPPA)	35
Safeguarding in prisons and approved premises	36
Recording Keeping	36
Confidentiality and information sharing	37
Seven Golden Rules on information sharing	37
Duty of Candour	38

# Foreword

Manchester Safeguarding Adults Board brings together a number of agencies across the city to ensure that there is a joined up approach to Adult Safeguarding. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions.

The Care Act 2014 has now placed safeguarding adults on a statutory footing with new duties and responsibilities. This provided us with an opportunity to review our approach and ensure a joining up of procedures across the city and to focus on ensuring the adult at risk is always at the centre of our work to support them. These policies and procedures have been the subject of consultation and development over a long period of time, engaging service users and practitioners.

Safeguarding adults however is far more than a set of guidance or procedures; it is all we do in all our work, in our practice, and our communities to prevent abuse and promote the well-being of people with care and support needs. It includes the preventative work of our care and health services, the support of our neighbourhoods and communities, and the actions of every individual who looks out for the welfare of their friends and neighbours.

The multi-agency policy and procedure sets out the framework for how all agencies respond to allegations of abuse and neglect and they sit alongside individual agencies policies and procedures. Our focus throughout is to prevent abuse and neglect from occurring.

**Julia Stephens Row**  
**Independent Chair MSAB**

# MSAB Safeguarding Adults Policy

This policy provides a framework for all partners setting standards for adult safeguarding and promotes the use of the accompanying Manchester Safeguarding Adults Board (MSAB) procedures to help keep adults safe from abuse, neglect and exploitation.

**This policy applies to all statutory, voluntary, independent, not for profit and commissioned services in Manchester who are involved with adults with care or support needs.** The policy calls for co-operation between agencies and commissioners of service at all levels in order to ensure a proactive stance on safeguarding adults is taken.

It is expected that individual local agency procedures will be followed and referred to in the first instance and that this multi-agency policy will provide further clarification and consistency.

## **Partner agencies of MSAB will:**

**Recognise** when this policy should apply and incorporate a 'whole family approach'.

**Work together** and follow the recommendations in the care and support guidance issued under the Care Act 2014 (chapter 14).

**Positively promote** the rights and well-being of people through service support and delivery.

**Support the rights of individuals** by respecting self-determination and provide informed choice of the options available to them.

**Acknowledge risk** is an integral part of choice and decision-making and can be a positive thing; but ensure that the risks taken are assessed, discussed recorded and, where possible, minimised.

**Ensure that people are safeguarded** by effectively integrating policies, strategies and procedures that are relevant to abuse and harm.

**Safeguard the continuation of the right to independence** of adults by ensuring that appropriate support is provided.

**Understand the law and statutory requirements** that provide protection and access to the judicial process for adults who are at risk of abuse, neglect and exploitation.

**Respect the rights and dignity of all people** regardless of the age, gender, ethnic origin, faith ability or sexuality.

## Introduction to the Policy

Living a life that is free from harm and abuse is a fundamental human right of every person. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues. In addition, the person at risk, at the centre of any safeguarding concern, must stay as much in control of decision making as possible. The right of the individual to be central throughout the process is a critical element in the drive to ensuring personalised care and support.

In Manchester, the statutory agencies will continue working together, alongside the voluntary and private sector to both promote safer communities in order to prevent harm and abuse, and to deal thoroughly with suspected or actual cases.

All staff, whatever the setting, have a key role in preventing harm or abuse occurring and in taking action when concerns arise. Safeguards against poor practice, abuse, neglect and exploitation need to be an integral part in the delivery of care and support, as well as within regulation, commissioning and contract monitoring arrangements. This should be achieved through partnerships between local organisations and individuals. Any person at risk of abuse, neglect or exploitation should be able to get in touch with public organisations for appropriate interventions and to know that they will get a consistent response and that agencies will work together as needed. Adults who have needs for care and support are entitled to support and protection through the adult safeguarding procedures.

The policy set out here is designed to explain simply and clearly how agencies and individuals must work together to protect people at risk. The policy, as well as the updated MSAB Procedures, is based on a series of workshops which were held to explore what our collective vision is for safeguarding adults in Manchester. Our policy begins with the foundation of communicating and learning from each other what currently works well and where we must improve.

## Aims of the Policy and the Procedures

This Policy aims for each adult to maintain:

- Choice and control
- Safety
- Good health and good quality of life to live longer and live better
- Dignity and respect.

The Policy enforces the expectation that:

- The needs and interests of persons at risk are always respected and considered;
- Agencies work together as partners to support persons at risk to live safely in their communities, to access mainstream services and specialist services to keep themselves safe from abuse, neglect and exploitation, and to ensure access to criminal justice, victim support services and any therapeutic services needed to support the person to recover from the abuse.

The Procedures aim to ensure that:

- All organisations promote the wellbeing of adults with care and support needs;
- The interests of adults with care and support needs are always respected and upheld;
- The human rights of adults with care and support needs are respected and upheld;
- A proportionate, timely, professional and ethical response is made to any adult with care and support needs who may be experiencing abuse;
- All decisions and actions are taken in line with the Mental Capacity Act (MCA) 2005.

The Procedures also aim to ensure that for each adult with care and support needs:

- Adults with care and support needs have their chosen outcomes at the heart of safeguarding practice;
- Safeguarding is always focused on the adult and not on processes;
- Dignity, and respect towards adults, is central to all professional practice.

## About Safeguarding Adults Boards

The purpose of **Safeguarding Adults Boards** is to promote, receive assurance and improve activity to safeguard persons with care or support needs from harm.

**The Safeguarding Adult Board must:**

- Publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve these objectives.
- Publish an annual report detailing what the SAB has done during the year to achieve its strategic plan.
- Conduct any required Safeguarding Adults Review(s).
- Cooperate with each of its relevant partners (as set out in section 6 of the Care Act) in order to protect adults experiencing or at risk of abuse or neglect.

The Manchester Safeguarding Adults Board (MSAB) will ensure that it implements the statutory duties of the Care Act 2014.

**Organisations /agencies that support persons at risk of abuse are expected to:**

- Explicitly include adults with care and support needs as key partners in all aspects of safeguarding work. This includes building service-user participation into the monitoring, development training strategies and implementation of its work;
- Develop a culture that does not tolerate abuse, neglect and exploitation;
- Raise awareness about adult safeguarding;
- Strive to reduce avoidable risk and harm where possible in order to prevent abuse, neglect and exploitation from happening wherever possible.

# Principles

The work of the Board is guided and underpinned by the following principles. The policy and procedures have been written in line with these principles and anyone undertaking any safeguarding task must be guided by them.

**Empowerment** - Personalisation and the presumption of person-led decisions and informed consent.

**In practice this means:**

- Safeguarding adults is central to ensuring people receive a positive experience of the services offered by the organisation;
- There are clear and accessible systems for individuals, users and carers voices/views to be heard and influence change;
- The organisation gives individuals relevant information and support around recognising and reporting abuse and the choices available to them to ensure their own safety;
- The organisation ensures that the public are clear about the roles, responsibilities and ways to contact those who work in safeguarding vulnerable adults.

**People should be able to say:**

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

**Prevention** – It is better to take action before harm occurs.

Although agencies must work together to respond to potential abuse and provide protection to individuals, it is important to emphasise that prevention must always be the primary objective.

**In practice this means:**

- Organisations raise public awareness about safeguarding adults and how to avoid, identify and report it;
- Robust procedures are followed to ensure that all staff and volunteers are safely recruited so that unsuitable people are prevented from working with adults at risk;
- There is a system of leadership and accountability that monitors safeguarding systems;
- All staff are clear about roles and responsibilities in respect of job requirements in relation to safeguarding adults at risk;
- All staff have access to an appropriate "Whistle Blowing Policy" that enables concerns to be raised without fear of retribution;
- Lead responsibility for safeguarding adults is delegated to an appropriate member of staff;
- Safeguarding Adults is integrated into all the organisation's contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse of adults at risk;

- The organisation has performance management systems that record and indicate the effectiveness and potential for interventions to prevent harm, neglect and abuse;
- The organisation has safeguarding adults' procedures in place that staff understand and implement.

**People should be able to say:**

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

**Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.

**In practice this means:**

- The adult at risk is at the centre of all responses to allegations or disclosures of harm and all activity is based on their preferred outcomes or best interests
- The organisation has an approach of positive risk taking and defensible decision making in which the adult at risk is fully involved

**People should be able to say:**

*"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."*

**Protection** – Support and representation for those in greatest need.

**In practice this means:**

- The organisation has effective processes to enable it to identify and respond to concerns or emerging risks relating to adults at risk;
- The organisation has processes for quality assuring decisions relating to concerns, alerts and referrals;
- The organisation can demonstrate that consideration of mental capacity is part of the safeguarding adults process and where people lack capacity decisions are always made in their best interests;
- Safeguarding Awareness training delivered to all staff and volunteers and opportunities are available to develop enhanced skills for those with specific role/responsibilities.

**People should be able to say**

*"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."*

**Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

**In practice this means:**

- Information is shared between organisations in a way that reflects its personal and sensitive nature. There are local information sharing agreements in place and staff understand and use them;
- The organisation works with others in a 'one team' approach that places the welfare of adults at risk above organisational boundaries;
- The organisation's representatives on MSAB are senior level, strategic officers and are accountable for safeguarding activity and for updating and sharing policy, procedures and information throughout the organisation.

**People should be able to say:**

*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."*

**Accountability** - Accountability and transparency in delivering safeguarding.

**In practice this means:**

- The roles, responsibilities and lines of accountability of the organisation are clear so that staff understand what is expected of them and others;
- The organisation recognises and acts upon its responsibilities to the Board and partner agencies for safeguarding arrangements.

**People should be able to say:**

*"I understand the role of everyone involved in my life."*

## Safeguarding is about the 'whole system'

Manchester's policy and procedures are all about looking at the 'whole system' and recognise that safeguarding work happens on different levels, many of which are day to day 'business as usual' activities. There are many ways of responding to safeguarding concerns so that they are resolved in the most proportionate and least intrusive way and informed by the wishes of the adult at risk.

This policy is to provide the organisations with the relevant understanding and expertise to take on their responsibility for a safeguarding response and understand that '**safeguarding is everybody's business**'. Wherever possible, the adult should be supported to recognise risks and to develop strategies to keep themselves safe. Safeguarding support should empower the adult as far as possible to make choices and to develop their own capability to respond to them.

## Commitment to the Policy

Manchester Safeguarding Adults Board affirms the right to safety and protection for all persons. The principles of empowerment, protection, prevention proportionality, partnerships and accountability are at the heart of all safeguarding work within Manchester. Each member of the board is committed to developing and assessing the effectiveness of their organisation's adult safeguarding arrangements.

We will ensure collective implementation of this policy through:

- Each partner's consultation process with the people who use their service and to whom this policy applies;
- The collection of data regarding safeguarding activity within the city to help establish the effectiveness of the work being undertaken and to highlight any specific areas of concern, either in relation to the incidence of abuse or the effectiveness of interventions;
- Each agency's annual internal review of its safeguarding policies, procedures and case handling for the MSAB annual report;
- Regular scrutiny and dissemination of learning reviews to reassess this policy's effectiveness;
- Commissioning a regular audit of how agencies and providers are performing in relation to the requirements of this policy.

## MSAB Multi Agency Procedures

The multi agency procedures have been produced by the Manchester Safeguarding Adults Board, in accordance with the statutory requirements of the Care Act 2014 and accompanying Statutory Guidance.

These procedures apply to adults who may be experiencing, or are at risk of, abuse or neglect. The Care Act 2014 provides that a local authority must make enquiries, or ensure others do so, if it believes an adult is at risk of abuse or neglect.

*This duty applies to anyone aged over 18 who has needs for care and support (whether or not the local authority is meeting any of those needs) and as a result of those needs is unable to protect him / herself against abuse, neglect or the risk of it.*

Manchester Safeguarding Adults Board (MSAB) is committed to ensuring that people who use Manchester services are provided with high quality care and support to prevent safeguarding incidents from occurring. When abuse, neglect or acts of omission do cause harm to an adult, the person will be offered protection and experience empowerment through a personalised response at each stage of the safeguarding process. Board members are accountable for ensuring that their staff form a knowledgeable and competent workforce who understand their own and other partner's roles and are committed to partnership working.

MSAB believes that safeguarding is everybody's business, with communities playing a part in preventing, identifying and reporting neglect and abuse and measures need to be in place locally to protect adults with care and support needs.

The Care Act provides the direction, and the legal framework, including powers and duties, is clear, and proportionate, whilst maximising local flexibility. Statutory Guidance is clear that local multi-agency partnerships should support and encourage communities to find local solutions. These solutions will be different in different places, reflecting, for example local population, environment and communities.

Safeguarding adults requires working collaboratively to achieve the outcomes they want, rather than duplicating or superseding existing responsibilities for providing safe and effective care. The critical factor is providing care and support, which leads to a positive experience for individuals.

## Legal Framework

### The Care Act 2014

The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should ensure the safety of adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the police.

Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs) as per defined criteria; publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

The following Legislation and Guidance has been repealed and replaced by the Care Act 2014:

- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- NHS and Community Care Act 1990
- Choice of Accommodation Directions 1992
- Delayed Discharges Regulations 2003
- NHS Continuing Healthcare (Responsibilities) Directions 2009
- Charging for Residential Accommodation Guidance (CRAG) 2014
- Transforming Adult Social Care (LAC(2009)1)
- Fair Access to Care Services (FACS) guidance on eligibility
- No Secrets 2000: guidance to protect vulnerable adults from abuse (Department of Health).

## **Mental Capacity Act (including DoLS) 2005**

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live, what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this. In addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards, to protect their rights and ensure that the care or treatment they receive is in their best interests.

## **Human Rights Act 1998**

The Act applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must comply with the Act, and an individual's human rights, when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act (2014) extends the scope of the Human Rights Act (1998). This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the local authority (including Direct Payment situations (LGA, 2014)). It does not incorporate entirely private arrangements concerning care and support. Although the Act does not apply to private individuals or companies (except where they are performing public functions), sometimes a public authority has a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows a child is being abused by its parents has a duty to protect the child from inhuman or degrading treatment.

The Human Rights act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions in the Human Rights Act.

## **Timescales**

The Manchester Safeguarding Adults Board procedures do not set definitive timescales for the Safeguarding process; however, target timescales are indicated. The approach recognises that:

- Some safeguarding concerns will require an immediate response to manage risks and ensure the safety of the adult;
- Some decisions about undertaking enquiries into safeguarding concerns do have target timescales and should always be timely;
- It is ALWAYS important to respond at the pace that is right for the adult, and puts them in the greatest control of what happens in their life.

# What is safeguarding?

## Scope of procedures

These procedures apply to Adults in need of care and support and to Carers of adults with care and support needs. All staff in all partner organisations should have a clear understanding of what this means.

An Adult with care and support needs is an adult who:

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

Just because an individual is older or has a disability or illness, it does not mean that they are inevitably at risk. The level of risk is related to how able they are to protect themselves from abuse, neglect and exploitation and make their own choices free from duress, pressure or undue influence.

## Definition of safeguarding

Safeguarding means protecting an adult's right to live in safety, free from harm and abuse (*Care Act 2014 Statutory Guidance*).

The Care Act requires a significant shift in culture and practice in response to the views of people who have experienced the safeguarding process. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.

It is a shift from a process supported by conversations to a series of conversations supported by a process.

There is a shift in emphasis in safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing the extent to which desired outcomes have been achieved.

## Aims of safeguarding

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Support adults to keep safe in a way that they can make choices and have control over their lives

- Promote an approach that is all about improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide accessible information and support to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect
- Support the recovery from the abuse or neglect.

## **Wellbeing**

Professionals should always promote the adult's wellbeing as part of safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

“Wellbeing” includes many different aspects of people's lives, in relation to safeguarding it particularly includes:

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

The individual aspects of wellbeing or outcomes above are those that are set out in the Care Act 2014, and are most relevant to people with care and support needs and carers. There is no hierarchy, and all should be considered of equal importance when considering “wellbeing” in the round.

## **What safeguarding is not**

All partner organisations have responsibilities towards providing care and support for adults. It is important that safeguarding procedures are not used to replace any of these responsibilities. Safeguarding is not 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 detect crime and protect life and property.

## Types of abuse

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication restraint or inappropriate physical sanctions.
- Domestic violence and abuse – including psychological, physical, sexual, financial, emotional abuse; forced marriage, female genital mutilation and so called ‘honour’ based violence.
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery encompasses slavery, human trafficking, forced labour, sham marriage and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse – including hate crime or other forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Radicalisation – this is the process by which a person comes to support terrorism and forms of extremism that lead to terrorism. Adults at risk can be exploited by people who seek to involve them in terrorism or activity in support of terrorism.

Incidents of abuse may be one-off or multiple, and may affect one person or several. Patterns of harm may become evident over time. Repeated instances of poor care maybe an indication of more serious problems and of organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

## **Mental Capacity**

The presumption in the Mental Capacity Act (MCA) 2005 is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation and to take action themselves to prevent abuse;
- to participate to the fullest extent possible in decision-making about interventions.

The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

The MCA states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests.

## **Abuse by another adult with care and support needs**

Where the potential source of risk is also an adult with care and support needs, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards this person, and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation it is important that the needs of the adult who is the alleged victim are addressed separately from the needs of the potential source of risk. It may be necessary to reassess the adult who is the potential source of risk. This may involve a meeting where the following could be addressed:

- the extent to which this person has the capacity to understand his or her actions;
- whether the needs of this person are being met;
- a risk assessment of the likelihood that this person will further abuse the adult or others;
- steps that should be taken to reduce or eliminate risks of further harm occurring.

# The 7 stages of the Adult Safeguarding Process

## Definitions

**Safeguarding concern:** the initial worry about an adult at risk that is raised with the Manchester City Council.

**Safeguarding response:** a response to a safeguarding concern that is appropriate for the person and their situation, but does not require a formal, multi-agency Enquiry. This may be intervention, referral or even the provision of advice or information BUT it is a safeguarding response because the person meets the criteria.

**Safeguarding Enquiry:** the formal investigation of a safeguarding concern under Section 42 of the Care Act 2014.

## STAGE 1: Raising a Safeguarding Concern

**TIMESCALE:** A concern must be raised and reported immediately or no later than the end of the same working day.

If a person with care and support needs a safeguarding response then a concern must be raised with the Manchester Contact Centre.

When abuse is disclosed or suspected it is the responsibility of the person who is told, sees, suspects or hears about the abuse of an adult at risk to take action by raising a safeguarding concern.

Raising a concern is not optional. If the adult at risk does not want any action taken, it may be possible to do nothing further about the concern, but, initially, the concern must be raised and recorded.

It must be explained to the adult at risk that this will be recorded, along with their reasons for not wanting any further action, but that their wishes will be respected and no action will be taken **unless** the concern also involves risk to others, or the person appears to be under duress or coercion.

A record should also be made of the information given to the adult about how to obtain support should they change their mind.

The Contact Centre records the concern and informs the Social Worker/Care Coordinator.

A priority task for the Social Worker/Care Coordinator is to assess any immediate safety risks and implement any further actions necessary to ensure the safety of the adult concerned.

If the person at risk is aged under 18 years old, the referral will be submitted to Children's Services.

If the person alleged to have caused the harm works with adults at risk, a referral must be made to the Designated Safeguarding Adults Manager (DSAM).

If the person alleged to have caused the harm works with children or young people under 18, a referral must be made to the Local Authority Designated Officer (LADO).

Regulation 18 of the Health and Social Care Act (2008) requires registered providers of regulated activities to report any safeguarding incidents to CQC. The Duty Officer should check this has been done where appropriate, or inform CQC directly e.g. if contact with the provider could risk compromising a criminal investigation or there are concerns about the provider's response.

**Concerns should be reported to the local authority by phone or via email to the MCC Contact Centre 0161 234 5001 [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk) or professionals can use secure email [socialcare@manchester.gcsx.gov.uk](mailto:socialcare@manchester.gcsx.gov.uk)**

## **Recording**

It is vital that a written record of any incident or allegation of crime is made within 24 hours of the information being obtained by any professional who raises an alert. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

You should make an accurate record, including:

- date and time of the incident;
- exactly what the person at risk said, using their own words (their account) about the abuse;
- and how it occurred or exactly what has been reported to you;
- appearance and behaviour of the person at risk;
- any injuries observed;
- name and details of any witnesses;
- if you witnessed the incident, write down exactly what you saw;
- the record should be factual, but if it does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.

Records should not include unnecessary abbreviations, unfounded opinions or jargon.

- Information from another person should be clearly attributed to them. Hand written records should be legible;
- Include the name and signature of the person making the record, along with their job title;
- You should record the date and time that the information is being documented.

### **Immediate actions**

- Make an immediate evaluation of the risks and take appropriate steps to ensure that the adult is in no immediate danger. This may involve removal of the alleged victim to a place of safety, or actions to prevent further contact with the person who is the alleged source of risk;
- In an organisation, consideration needs to be made to the wider safety of any other adults who may also be at risk;
- **Contact the police** where there is a need for **immediate emergency protection**;
- **Call an ambulance** if there is need for **emergency medical treatment**; otherwise contact appropriate medical services such as a General Practitioner or walk-in centre;
- In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidentally). Medical or specialist advice should be sought from the person's GP or doctor if they are in hospital;
- St Mary's Sexual Assault Referral Centre (SARC) can provide forensic examination, support, health protection services against infectious disease and counselling for both male and female victims of rape and sexual assault. Referral should be considered to the SARC for every allegation of rape or sexual assault;
- Where the person does not have capacity to consent to medical examination or referral, a decision should be made on the basis of whether this should be done in the person's best interests.

### **Preservation of evidence**

- Ensure any urgent care or medical needs are attended to - the well being of the person affected is your first and primary priority.
- Contact the Police on 101 or 999 (in an emergency) immediately if a crime has been or may have been committed and do not disturb or move articles or clothing that could be used in evidence unless necessary for the well being of the adult. If you need to move items to meet care needs, use surgical type gloves and preserve the item somewhere it can not be touched/ tampered with. Evidence may be present even if can not actually be seen.
- Preserve any other potential evidence, e.g. documents and care files by locking them away if possible. Once appointed, the person leading the enquiry should retrieve the original records.
- If the documents are required for the well being of a person such as daily medication charts etc, then the records should be photocopied before the originals are secured so no amendments or alterations can be made.
- If the provider is an acute/mental health NHS Trust, liaise with the acute trust NHS Adult Safeguarding Team/Lead (Named Nurse for Adult Safeguarding – see useful contacts).
- Try not to ask the victim too many questions as this could interfere with any subsequent enquiry, but do give them reassurance.
- Do not attempt to interview any person alleged to be the source of the risk if you suspect there has been a criminal offence, this should be directed by the Police.
- If in doubt about securing evidence get advice from the Police - advice is available from the PPIU for professionals during their office hours (see above) and from the police in general 24/7 on 101 or 999 as appropriate.
- Do not take photographs of any injuries but ensure they are recorded on a body map.

## **STAGE 2: Screening, initial contact and decision making**

**TIMESCALE:** Within 24 hrs of the initial concern

### **Stage 2a - Screening**

The information provided about the initial concern must be screened by the Social Worker/Care Coordinator to identify if it meets the criteria for a safeguarding concern. i.e. that the person has care and support needs and, as a result, are not able to protect themselves from harm.

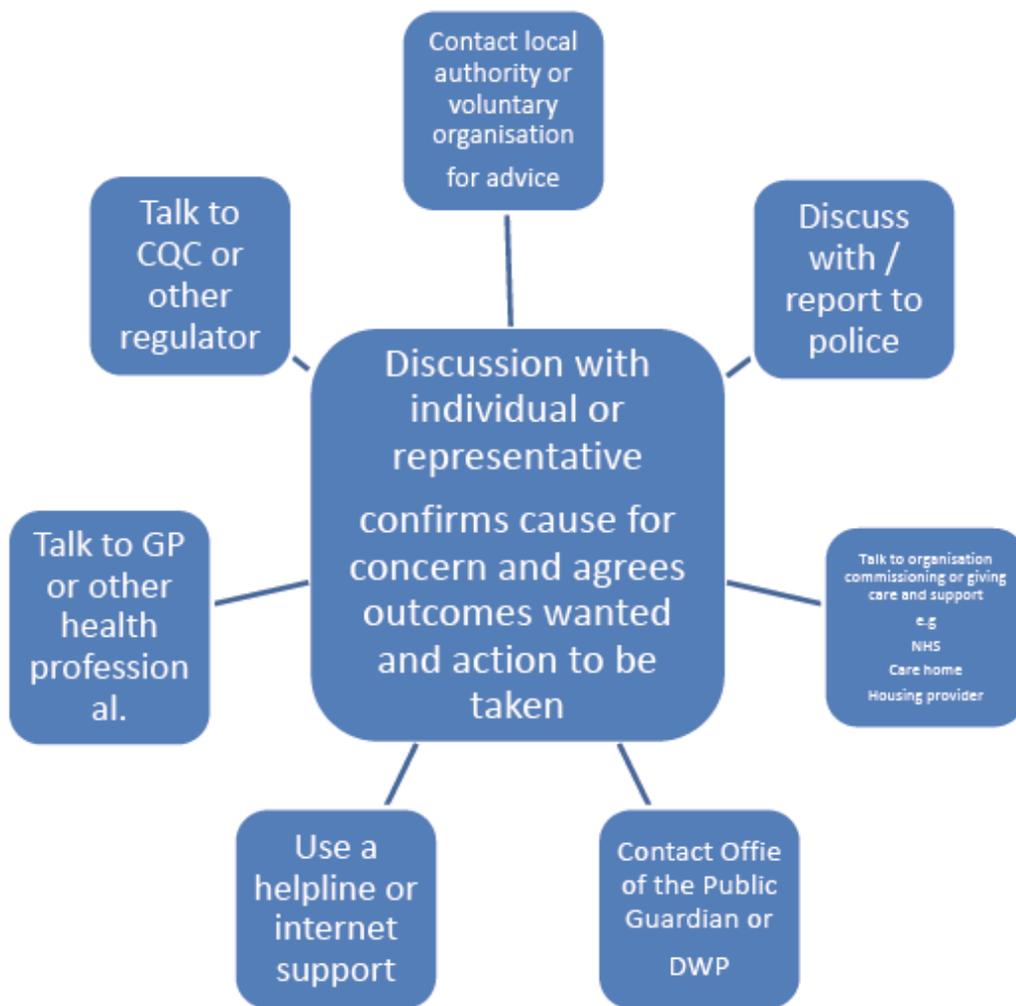
Initial information will be gathered from partners such as Police, Care Quality Commission/Clinical Commissioning Groups/National Health Service Trusts and Voluntary Sector. This may be through telephone contact or secure email.

### **Stage 2b – Initial contact**

Initial contact should be made with the adult by the Social Worker/Care Coordinator to find out their views about the situation and the outcomes they wish to see as a result of the safeguarding process. This should be recorded and used to guide all activity throughout the safeguarding process. (See Figure 1 below)

The adult's needs in relation to communication, capacity and advocacy should also be considered. The local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in contributing to the process (i.e. an adult who would otherwise have difficulty in understanding or communicating information) and where there is no other suitable person, such as family or friend, to assist

During the contact, immediate safety needs should be discussed and advice given on keeping safe.



**Figure 1: Initial contact**

### **Stage 2c – Decision making**

Once the adult has been contacted and information gathered, a decision will be made about the next steps. All decisions about responses to a safeguarding concern **MUST** be signed off by a Team Manager and the evidence base for the decision must be clearly recorded. The options are:

1. **No safeguarding response required.** This decision would result if further information gathered during Stage 2b had indicated that the circumstances did not meet the criteria for a safeguarding concern.
2. **Safeguarding response.** Not all safeguarding concerns will require a formal enquiry, but that does not mean that they do not require a safeguarding response. The purpose of a formal enquiry is to determine what actions are needed to support and protect the adult. There may be situations where the course of action is clear from the outcomes the adult has identified or where an appropriate response is evident from the initial information gathering and discussion.

Responses may include:

- a) Direct work with the adult or family
- b) A needs/carers assessment
- c) Referral to a partner organisation for an intervention
- d) HR/Disciplinary action/referral to a professional body by an employer
- e) Referral to Quality Team
- f) Action by CQC
- g) Advice and guidance
- h) Formal complaint
- i) Provision of information.

All safeguarding responses must be recorded as such on MiCare.

Referrals to other organisations for safeguarding responses must be made **within 48 hours** of the decision

3. **Criminal investigation** – police will lead this and all necessary steps must be taken to preserve any evidence. This is the response when it appears that a crime has been committed and the adult has indicated that they are content for police action to be taken; OR the adult lacks the capacity to make that decision; OR the risk of harm or abuse affects others; OR any refusal to agree to police action appears to be based on coercion or threats.
4. **Formal Safeguarding Enquiry under Section 42 of the Care Act.** This places a duty on the local authority to make enquires or to ‘cause enquiries to be made’. This means that it may be more appropriate for the local authority to require others, such as health partners or care providers to make enquiries and report back to the local authority.
  - A formal Section 42 enquiry should be allocated to a qualified social worker **within 48 hrs** of the decision being made. If it is not possible the reasons must be recorded.
  - The social worker must be suitably experienced and considered competent to undertake the role of **Enquiry Lead**.
  - The adult or their family or advocate must be provided with the name and contact details of the person who will lead the enquiry along with details of their manager and senior manager.
  - All actions, including referrals to other services, must be clearly recorded
  - **Team Managers/Senior Social Worker (SSW)** must oversee safeguarding enquiries and provide ongoing supervision and support for the **Enquiry Lead**.
  - Where there is a decision that a partner organisation or care provider will undertake an enquiry, the allocating **Team Manager/SSW** must be satisfied that appropriate support and supervision is available.

Each of the subsequent Stages of Safeguarding relates to Section 42 Enquiries.

## **When should a concern be acted on without the adult's consent?**

### **Action to respond to a concern should be taken even if the adult does not consent, when:**

- There are risks to others. For example if the person alleged to have caused the harm is in a position of trust with other adults.
- The adult's decision to not consent appears to be made under undue influence, coercion or intimidation.
- The adult lacks capacity to make a decision about their own safety.

If the adult has been assessed or does not appear to have capacity to make a decision about their own safety, a decision can be made in their best interests

You should also report the concern if gaining consent would put the person at further risk.

The adult should be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

## **Providing feedback to the person raising the concern**

It is the responsibility of the Duty Social Worker/Care Coordinator to acknowledge receipt of the referral and to confirm the next steps to be taken with the person who has raised the concern. Feedback should be provided to in writing by letter or email, where it is safe and possible to do so and ensuring that only the required information is provided and is on a need to know basis.

## **Notifying the Coroner**

The Coroner's office should be notified when there are safeguarding concerns about the circumstances of the death of an adult with care and support needs, which can include:

- Where there may have been failings by one or more organisation which may have resulted in the death of the individual and the actions taken require further exploration/explanation.
- The death may have been due to natural causes but there are concerns that the individual suffered abuse, neglect or acts of omission which may have expedited the death.
- The death was violent or unnatural.
- The adult was subject of a DoLS Authorisation or detained under the Mental Health Act.
- Deaths that fall outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the Coroner or his or her officers.

## **STAGE 3: Safeguarding Planning**

**TIMESCALE:** within 7 working days of the initial contact.

Planning is not always a one off event, sometimes it is a process and can be undertaken through telephone conversations or in a meeting depending on circumstances and the urgency and complexity of the situation.

All safeguarding enquiries require planning and co-ordination. No agency should begin enquiries before a planning meeting or discussion has taken place. Unless it is essential to secure the safety of the adult or others, or a serious crime has been committed.

The Enquiry Lead is responsible for organising the planning meeting/discussion and ensuring that all decisions are recorded. They are also responsible for preparing the adult or their family for the meeting and for preparing a chronology of events linked to the concern to inform the meeting/discussion.

The objectives of an Enquiry are to:

- 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;
- enable the adult to achieve resolution and recovery.

All relevant stakeholders should be included in the planning meeting/discussions. This could include other agencies such as health or police colleagues, care providers, CQC, probation service, domestic abuse co-ordinator, and the adult/family where they wish to be involved. It may not be possible, or advisable, to have one meeting with everyone present for reasons of confidentiality, information sharing or potential conflict. In these circumstances it may be necessary to have several different meetings or conversations.

The Enquiry Lead must complete an initial risk assessment prior to the planning meeting so that all participants are clear about levels of risk and options for management.

### **Planning meeting**

The planning meeting should focus on:

- Confirming the views, wishes, consent, and desired outcomes of the adult;
- Deciding if an independent advocate is required;
- Gathering and sharing information with relevant parties;
- Agreeing what enquiries are needed and who will do these;
- Assessing risks, and formulating an interim safeguarding plan to promote safety and wellbeing while enquiries are undertaken;
- The plan should show the role of each organisation in the enquiry and who is to be the overall lead;

- The plan must show how each action is contributing to the outcomes the adult has identified;
- The plan must have a clear timescale that must be agreed with the adult /family/advocate;
- The reasons for any variation from the agreed timescale must be explained and recorded as part of the enquiry;
- The local authority will retain overall responsibility for the enquiry, but it may be appropriate for another organisation to lead if they have a relationship with the adult concerned;
- The notes of planning meetings must be recorded.

### **Determining a proportionate response**

Factors to be considered in determining a proportionate response to the level of harm:

- What impact is the alleged abuse having on the person and their quality of life?
- Is the alleged abuse having an impact on other adults?
- Is the impact immediately obvious or is there potential that it will emerge at a later date?
- Does the person appear to be having difficulty remembering the cause of the incident or event, but is showing general anxiety or fearfulness?
- Is the person having difficulty articulating their feelings?
- Could the action proposed increase risk to the individual?
- Has a low or medium level response been used before but the situation has not resolved?

Risk levels may change during the life of a safeguarding plan.

### **Enquiry in a regulated or commissioned service**

If the allegation of neglect or abuse is about someone who is in a regulated service, such as a hospital, residential or nursing home or having a home care service.

The Care Act Statutory Guidance is clear that the provider should conduct an initial enquiry and report back to the Enquiry Lead and the planning meeting unless there are good reasons why this is not appropriate

This will only be the right approach where:

- There is no potential criminal investigation;
- There is no clear conflict of interest (e.g. allegation of institutional abuse);
- There is no history of inadequate safeguarding enquiries;
- There is just a single concern;
- The reasons for deciding the most appropriate organisation to conduct the enquiry must be recorded.

## STAGE 4: Safeguarding Enquiry

**TIMESCALE:** within 28 days of the planning meeting

Following the planning meeting/discussion, each of the organisations should proceed with their agreed tasks without delay. The **Enquiry Lead** is responsible for co-ordinating the work of the different organisations and ensuring that the plan agreed at the Planning meeting is being followed.

The first priority should always be to ensure the safety and well-being of the adult

The adult, their family or advocate should be involved and informed at all stages of the enquiry. If the adult decides on any changes to their desired outcomes at any stage, consideration should be given to reconvening the planning meeting to confirm changes to the enquiry strategy.

The Enquiry Lead is also responsible for completing enquiries, or ensuring that enquiries are completed, and providing, or receiving, and circulating a report.

The report should include information about:

- The individual adult at risk of abuse;
- The incident which raised the safeguarding enquiry;
- The person alleged to have caused the harm;
- Others involved in the care and support of the adult at risk.

The report should identify the following facts:

- what actually happened;
- the nature and extent of any abuse;
- who or what was the cause;
- whether an individual, group of people or organisation should be held to account.

The Enquiry Lead will compile an overview summary of the information gathered during the enquiry. The summary will contain:

- sufficient information in relation to the allegation of abuse;
- the circumstances in which the allegation occurred;
- a synopsis of any interviews that have occurred during the enquiry;
- a synopsis of the reports from other organisations involved in the enquiry;
- an analysis of evidence to support the outcomes meeting to reach conclusions.

All aspects of the enquiry must be recorded appropriately.

If it is decided that the provider can carry out the enquiry, a Senior Manager who has completed enquiry training, and has been agreed as competent by the Enquiry Lead must undertake it.

The provider must:

- Ensure the adult at risk is protected;
- Ensure the continued delivery of service to both the adult at risk;

- Ensure the full involvement of the adult at risk/family/advocate;
- Ensure only essential information is shared within the organisation;
- Complete a Risk Assessment report shared with, agreed and recorded by the Enquiry Lead;
- Refer back to the Enquiry Lead if they have any concerns re the process;
- If a regulated service inform CQC, using the correct CQC statutory notification process;
- Participate in any meetings with regard to the enquiry;
- Involve their own HR if appropriate;
- Provide a full written report of their enquiry to a Strategy Meeting/Case Conference as required. This report will be recorded by the Enquiry Lead.

## **STAGE 5: Outcomes meeting**

**TIMESCALE:** no later than 21 days following the completion of the Enquiry

Following the completion of the enquiry into the safeguarding concern an outcomes meeting may be held. Ideally, this should be with 21 days of the completion of the enquiry so there is a timely outcome for the adult at risk. If this is not possible, the reason should be clearly recorded and agreed with the adult at risk.

The meeting should be chaired by a **Team Manager/SSW** and all participants should be reminded that the contents of the meeting are confidential.

Membership of the meeting will vary depending on the circumstances of the enquiry, but must include the adult at risk or their advocate and family and representation from any organisation involved in the enquiry and anyone involved in working with the adult or the person alleged to have caused the abuse.

The purpose of the outcomes meeting is to consider:

- the extent to which the outcomes identified by the adult at risk/advocate/family have been met;
- the adult's ongoing needs for care and support;
- the adult's current risk of abuse or neglect;
- the adult's ability to protect themselves or the ability of their networks to increase the support they offer;
- the impact on the adult and their wishes;
- the possible impact on important relationships;
- a safeguarding plan to enable and support the adult to protect themselves and to recover from the abuse.

In order to reach robust conclusions, the participants in the meeting must have an opportunity to read all the enquiry reports, and ask any relevant questions. The adult/advocate/family should have the opportunity to raise any questions and participate in the discussion.

Outcomes meetings must be accurately recorded by someone other than the Chair using contemporaneous notes.

## STAGE 6: Safeguarding Plan

The Safeguarding Plan should be updated throughout the Enquiry, and should be recorded in a format that makes sense to the adult concerned. The plan and any subsequent changes must be set out with the agreement and participation of the adult/family/advocate. The plan should reflect any changes that have come about as a result of information established during the enquiry or changes in views or desired outcomes by the adult.

Plans can be in a range of styles and formats but should include:

- A clear set of SMART objectives;
- The person with lead responsibility for co-ordinating the plan;
- How the adult's safety will be assured in future;
- What support, including advocacy, will be required;
- Plans for how any services will be provided;
- How current and future risks will be identified, enabled and supported;
- How each organisation will contribute to the plan;
- Contingency actions if the safeguarding support plan does not achieve its objectives or if risks change;
- Where/with whom the plan will be shared;
- Arrangements for reviewing the plan if circumstances change or there is a request to do so from any stakeholder.

## STAGE 7: Review and closure

**TIMESCALE:** When it is clear that the local authority has completed its statutory safeguarding duty

The safeguarding adults process may be closed at any stage if it is agreed by everyone involved, including the adult, that an ongoing enquiry is no longer needed, or if the enquiry has been completed, and the risk assessment and protection plan and personal outcomes are reviewed.

The local authority Section 42 duty continues until all necessary actions have been taken to make the person safe and a plan is in place to maintain their safety.

The safeguarding response under the procedures must be formally closed by a Team Manager/Senior Social worker.

The Enquiry Lead should make sure that all relevant people are advised of the closure of the Enquiry and that everyone is aware of how to make contact if further concerns arise.

The Enquiry Lead should ensure that, before closure:

- the adult confirms that their identified outcomes have been achieved
- all actions are completed or are in progress
- a risk assessment and management plan is in place

- a safeguarding support plan is in place if needed
- all records are completed
- case records contain all relevant information and satisfactorily completed forms
- the adult and their family know where/who to contact if they have any future concerns about abuse
- all the stakeholders involved have been informed of the outcome of the enquiry, an update of the completion of the action plan and any ongoing risk management/safety plan.

Diagram 1 B

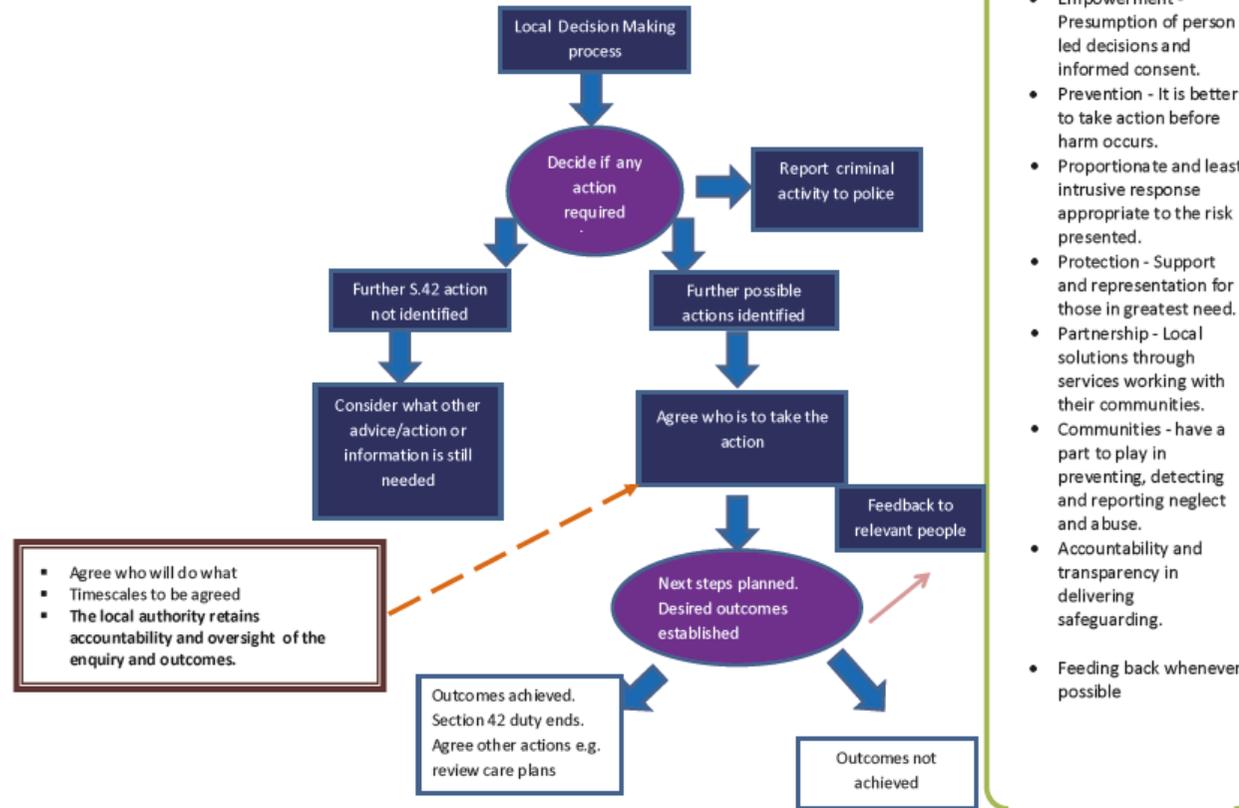


Figure 1B: Outline of safeguarding process

Diagram 1 B

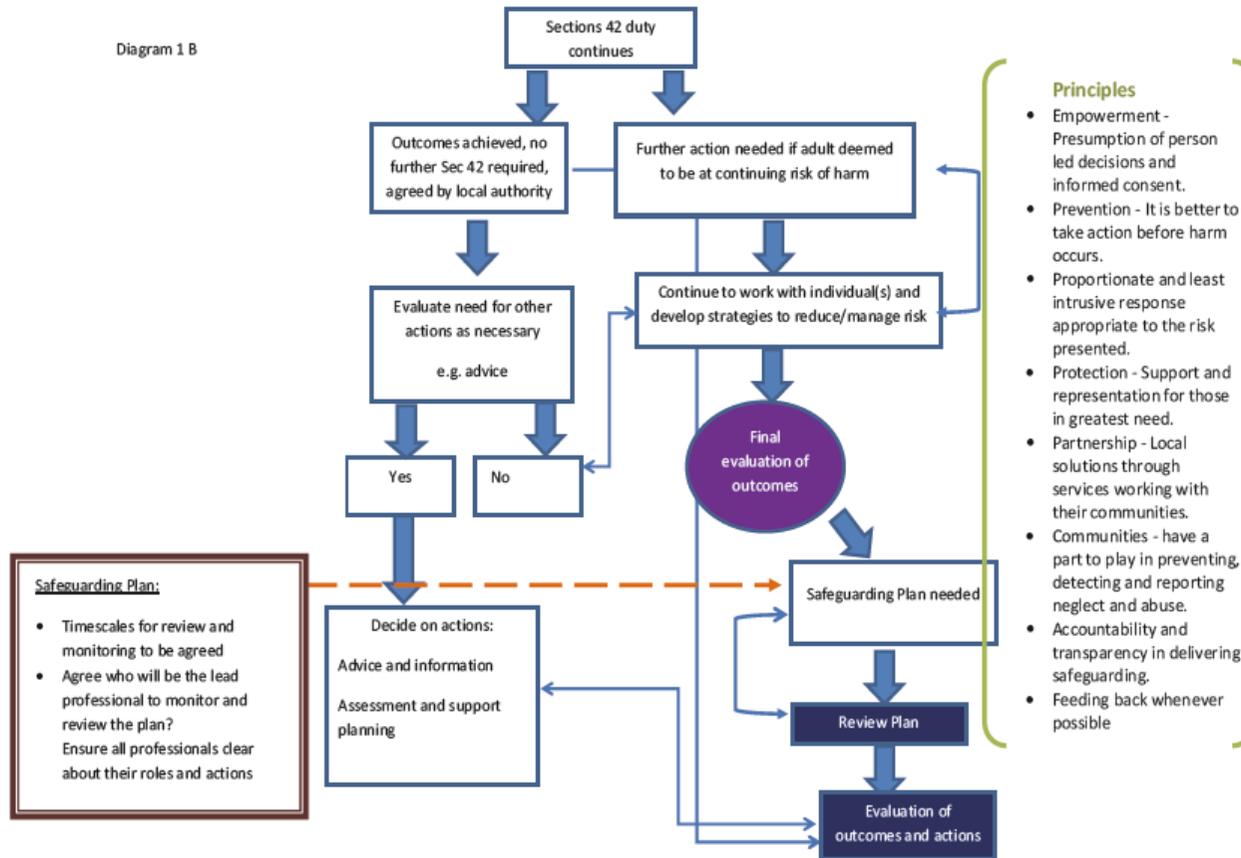


Figure 1B: Outline of safeguarding process (continued)

## Safeguarding Adults Reviews

An outcomes meeting may decide to request that the Safeguarding Adults Board conduct a Safeguarding Adults Review (SAR). Anyone can request the Safeguarding Board to undertake an SAR; requests must be made to the Safeguarding Business Unit and will be considered by the Case Review sub-group.

The Board is required to conduct a Review when:

- An adult dies from known, or suspected abuse or neglect and there is concern that partner agencies could have worked together more effectively to protect the adult

OR

- An adult experiences serious harm as a result of abuse or neglect and would have died but for intervention and suffers life changing consequences as a result.

The Case Review sub group will consider if the request for an SAR meets the criteria and will make a recommendation to the Chair of the Safeguarding Board who will make the final decision about whether or not to commission a SAR.

The Care Act guidance is clear that the following principles should apply to SARs:

- there should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice;
- the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined;
- reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith;
- families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

The purpose of an SAR is not to apportion blame or to hold people or organisations to account. However, referrals may be made to organisations that will do that such as: the criminal justice system, professional registration bodies and regulators.

## Related processes

### Carers

Carers are often a key part of a safeguarding concern and response because:

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

The focus of the Care Act is on Well Being and this includes Carers. A Carer's Assessment may be an appropriate response to a safeguarding concern as it may prevent harm and abuse by identifying support needs for the carer.

If a carer reports abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken.

If a carer experiences harm, whether intentional or not, from the adult they are supporting, it is essential to identify what support is needed to reduce future risks and protect both the carer and the adult from harm

If a carer unintentionally harms or neglects the adult they support, consideration should be given to:

- assessing what support can be provided that removes or mitigates the risk of harm. For example, the provision of training, information, advocacy or other support that minimises the stress experienced by the carer.

If a carer intentionally neglects or harms the adult they support, they should be dealt with in the same way as any other person alleged to have caused harm. This may involve a criminal investigation.

Other key considerations in relation to safeguarding and carers should include:

- involving carers in safeguarding enquiries relating to the adult they care for, as appropriate;
- whether or not joint assessment is appropriate in each individual circumstance;
- the risk factors that may increase the likelihood of abuse or neglect occurring; and
- whether a change in circumstance changes the risk of abuse or neglect occurring.

### Position of Trust (PoT)

A person in a Position of Trust (PoT) is someone who works with or supports adults with care and support needs in a paid or voluntary capacity and about whom allegations of adult abuse or neglect are made. This includes shared lives carers.

Concerns relating to a person in a Position of Trust should be referred to the Designated Safeguarding Adults Manager (DSAM) who will deal with situations in which there is an allegation or suspicion that a person working with adults with care and support needs has:

- behaved in a way that has harmed or may have harmed an adult with care and support needs;
- possibly committed a criminal offence against or related to an adult with care and support needs;
- behaved towards an adult with care and support needs in a way that indicates she or he is unsuitable to work with such adults;
- behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs should be reviewed;
- committed an offence, such as dishonesty or assault, that calls into question his or her suitability to work with adults with care and support needs.

Position of Trust concerns can arise in connection with:

- the PoT's own work/voluntary activity;
- the PoT's life outside work (i.e. concerning adults with care and support needs in the family or the social circle, risks to children, whether the individual's own children or other children).

PoT concerns may be current or historical.

### **The adult is living in another area but is funded by Manchester City Council**

The local authority where the person is living is the 'host authority'; Manchester City Council is the 'placing authority':

- The safeguarding procedures, which operate within the host authority will apply;
- The **Team Manager/Senior Social Worker** must notify the Contracts Team and CQC, both in Manchester AND the host authority, of any alleged incidents of abuse;
- The relevant **Team Manager/Senior Social Worker** must allocate a Social Worker to support the abused adult;
- The allocated social worker should attend all meetings called by the host authority during the Enquiry and should participate in all decision making.

### **The adult lives in Manchester but is funded by another Local Authority**

Manchester City Council as the host authority will:

- Ensure that there is no delay in the Enquiry;
- Follow Manchester Safeguarding Adults Procedures;
- Contact the placing authority and invite them to all meetings;
- Provide the placing authority with all reports and information relating to the enquiry;

- Provide support and co-operation to the placing authority if they wish to lead the enquiry;
- Ensure that the placing authority shares in any decisions relating to the investigation.

## **Section 117**

Special rules about responsibility apply to adults with care and support needs who are also subject to Section 117 (After Care) of the Mental Health Act (MHA) 1983. Case law has established that the duty falls in the first place on the authority for the area in which the patient was resident before being detained in hospital, even if the patient does not return to that area on discharge. If no such residence can be established, the duty will fall on the authority for the area where the patient is to reside on discharge from hospital.

## **Children's safeguarding**

The Children Act (CA) 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect.

Everyone must be aware that in situations where there is a concern that an adult with care and support needs is or could be being abused or neglected and there are children in the same household, they too could be at risk. Reference should be made to the Manchester Safeguarding Children Procedures and Working Together to Safeguard Children 2015. If there are concerns about abuse or neglect of children and young people under the age of 18, referral must be made to Manchester Children's Services.

Professionals should be alert to the possibility of Child Sexual Exploitation (CSE) and must report any such concerns to local authority children's services and/or the police. CSE is a crime that can affect any child, anytime, regardless of their social or ethnic background. It usually involves perpetrators grooming their victims in person, via mobiles or online, to gain their trust before emotionally and sexually abusing them. It can take place in many forms, whether through a seemingly consensual relationship, or a young person being forced to have sex in return for some kind of payment, such as drugs, money, gifts or even protection and affection.

## **Children's Serious Case Review and Child Death Overview Processes**

Local Safeguarding Children Boards are required to undertake reviews of serious cases in specified circumstances. A serious case review would be undertaken when abuse or neglect is known, or suspected, and either:

- a child dies; or
- a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child.

The Local Safeguarding Children's Board (LSCB) is responsible for ensuring that a review of each death of a child normally resident in its area is undertaken by a Child Death Overview

Panel (CDOP). The purpose of this review is to conduct a comprehensive, multidisciplinary review of child deaths, to better understand how and why children die, and use the findings to take action that can prevent other deaths and improve the health and safety of children.

### **Community Safety Partnerships**

Community Safety Partnerships (CSP) are made up of representatives from the 'responsible authorities' which are the:

- police
- local authority
- fire and rescue authorities
- National Probation Service and Probation Community Rehabilitation Company (CRC)
- Health partners.

The responsible authorities work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like domestic abuse, antisocial behaviour, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

### **Domestic Homicide Reviews**

Domestic Homicide Reviews (DHR) are commissioned by the Community Safety Partnership. A DHR is 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/he was related or with whom she/he was or had been in an intimate personal relationship; or
- (b) a member of the same household as her/himself.

A DHR is held with a view to identifying the lessons to be learnt from the death.

The purpose of a DHR is to:

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- apply these lessons to service responses including changes to policies and procedures as appropriate; and
- prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working

## **Whistle blowing**

The Public Interests Disclosure Act 1998 provides a framework for whistle blowing across the private, public and voluntary sectors. Each organisation will have its own whistle blowing policy. These policies should provide people in the workplace with protection from victimisation or detriment when genuine concerns have been raised about malpractice. The aim is to reassure workers that it is safe for them to raise concerns, and partner organisations should establish proper procedures for dealing with such concerns.

## **MARAC (Multi Agency Risk Assessment Conference)**

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of the local police, probation, health, children and Adults Safeguarding bodies, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from the statutory and voluntary sectors.

The four aims of a MARAC are as follows:

- to safeguard adult victims who are at high risk of future domestic violence;
- to make links with other public protection arrangements in relation to children, people causing harm and adults with care and support needs;
- to safeguard agency staff;
- to work towards addressing and managing the behaviour of the person causing harm.

## **Multi-agency public protection arrangements (MAPPAs)**

The purpose of the multi-agency public protection arrangements (MAPPAs) framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPAs are the Police, Prison and National Probation Services who have a duty to ensure that MAPPAs are established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPAs offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders). The Police, Prison and Probation Services have a clear statutory duty to share information for MAPPAs purposes.

Other organisations have a duty to co-operate with the responsible authority, including the sharing of information. These include:

- local authority children, family and adult social care services;
- NHS CCG's, other health trusts and the National Health Service Executive;
- Jobcentre Plus;
- youth offender teams;
- local housing authorities;
- registered social landlords with accommodation for MAPPAs offenders.

## **Safeguarding in prisons and approved premises**

Under the Care Act 2014, prisons and approved premises retain responsibility for adult safeguarding within these settings. Local authorities have responsibilities to provide assessments and services to local prison populations, but do not have a safeguarding duty under Section 42. Senior representatives of local prisons and/or the National Offender Management Service can be included on the MSAB and so have an opportunity to contribute to the strategic development of adult safeguarding locally.

## **Record Keeping**

Good record-keeping is an essential part of the accountability of organisations to those who use their services. It is also a vital part of professional practice. Maintaining proper records is vital to an individual's support and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Records provide the evidence for all safeguarding actions:

*"If it is not recorded it hasn't happened"*

Where an allegation of abuse is made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise.

Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

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

When a concern about abuse or neglect is raised staff need to look for past incidents, concerns, risks and patterns. There is evidence that in many situations, abuse and neglect arise from a range of incidents over a period of time.

In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual

continues to pose a threat to other people then this should be included in any information that is passed on to service providers or other people who need to know.

### **Confidentiality and information sharing**

Partner organisations, through the MSAB have a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Information sharing agreements must be consistent with the principles set out in the Caldicott Review (2013) ensuring that:

- Information will only be shared on a 'need to know' basis when it is in the interests of the adult;
- Confidentiality must not be confused with secrecy;
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk. Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved in the decision-making. In these circumstances it would be good practice to only share information without consent in the context of a documented risk.

### **Seven Golden Rules on information sharing**

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared

only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## **Duty of Candour**

All providers of health and care including NHS providers and Care Providers are required to comply with the duty of candour. Meaning providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

The duty is part of the fundamental standard requirements for all providers. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when providers fail to comply. The Duty requires providers to offer an apology when something has gone wrong and state what actions will follow. In practice, this means that care providers are open and honest with people when things go wrong with their care and treatment. To meet the requirements a provider must:

- Make sure it has an open and honest culture across and at all levels within its organisation;
- Tell people in a timely manner when incidents have occurred;
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigations that they will carry out;
- Supply the person or representative with the results of any further enquiries into the incident and to keep records of all correspondence and notifications in person;
- Offer an apology in writing;
- Provide reasonable support to the person after the incident;
- For NHS bodies, the incidents covered by the Regulations include not only cases of death and severe harm, but also "moderate harm" in line with providers' existing contractual duty under the NHS Standard Contract.