South Tyneside Council

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Adult Social Care & Commissioning

Safeguarding Handbook

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Contents

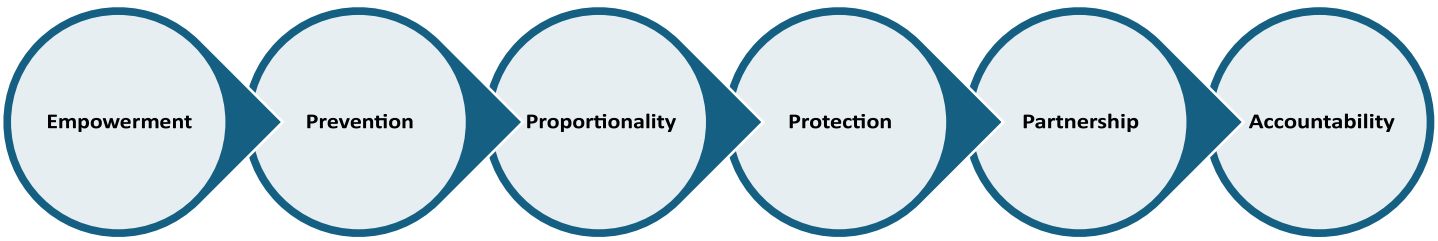
Reason for guidance

Safeguarding “adults at risk” is a statutory duty for Local Authorities and their partner organisations and the process for undertaking Adult Safeguarding is outlined in the Care Act 2014 with detailed guidance at chapter 14 of the accompanying Care and Support statutory guidance.

Local guidance is provided in the “Safeguarding under the Care Act guidance” available on the South Tyneside Council Procedures, Practice Guidance & Tools for Adult Social Care documents. This handbook is to be used in conjunction with the above guidance and its focus is on supporting strong practice skills.

Context and Principles

Everything we do is governed by the principles of Making Safeguarding Personal and the 6 safeguarding principles.



It is essential that practitioners have:

A good understanding of the legislative framework surrounding Adult Safeguarding before they undertake any safeguarding tasks.

The ability to explain the legal context of their work to the person at the centre of the safeguarding concern, their representatives and support system, as well as other professionals involved with their care.

Reflective practice is an expectation, and we are able to agree, discuss and record any decisions taken and the rationale behind them.

Mental Capacity will be considered at every stage of the safeguarding pathway.

Work will be undertaken in a way that respects peoples' human rights, takes account of any protected characteristics and reflects the importance of anti-discriminatory practice.

Making Safeguarding Personal

This is a sector-led improvement initiative which started in 2009 and emphasises that safeguarding adult enquiries and reviews must keep the adult with care and support needs at the centre of their practice and in control as much as possible. Making Safeguarding Personal says that important measures of the effectiveness of safeguarding work is how well they have done in finding out what outcomes the person wants and then reflecting and analysing meeting these outcomes. Its introduction was a conscious effort to move away from the previous practice of the professional leading the discussion and decision making in safeguarding.

This is central to the Care Act and the way we practice and focuses on what the person wants to happen during the safeguarding process and what outcomes they want to achieve. How can we practically make this happen? The key is in building a relationship with the adult at risk.

Some practical things which can help with this are:

- **Preparation-** use any previous records to help you prepare and think in advance of a conversation with the person. What is the key information you need to know?

- **Communication-** does the person have any specific communication needs that you need to plan for?

- **Listening-** the focus needs to be on the person's perspective.

- **Collaboration-** sharing and discussing information and agreeing a way forward.

- **Partnership-** working together with and for the person with partners.

- **Creating a plan-** doing this jointly wherever possible.

Some tools that might help:

- Ecomaps - creating a visual representation of someone's life and relationships.
- Motivational interviewing skills.
- Building strong relationships with colleagues from other agencies also working with the person.
- Identifying and being mindful of our own personal values.
- Understand any life experiences that may affect how the person will interact with you.

Whilst relationship building is essential in our safeguarding work it can be challenging for several reasons.

We sometimes use the term "non- engagement; we may all interpret this term in different ways; however, in concluding that someone does not wish to talk to us about a safeguarding matter it is important to reflect and record on why this may be:

The person may tell us themselves but if not, then some professional curiosity (please see professional curiosity guidance) is required to consider if there is someone in their support network or another professional or some information in their case record to help us. If we can understand the reason why they do not wish to work with us, we have more opportunity to change the scenario and find a way that may work better for them. This takes time, something in short supply, but it is imperative in order to ensure we have truly exhausted all options to help safeguard them.

If we imagine ourselves in this situation, how willing would you be to share very personal information about a difficult situation that has happened to you with a stranger the first time you meet them? Experiences of a safeguarding nature can be sensitive and/or embarrassing and so it can take time to build that trust and confidence to confide in a professional. We have been given the responsibility to acknowledge and work with nonengagement and depending on the level of risk attached to the situation to continue to work with MDT colleagues to reduce risk wherever possible.

Kate Spreadbury and Rachel Hubbard in their book *The Adult Safeguarding Practice Handbook* make the following point. "*A risky decision still requires a relationship and you to manage it as much as possible*". They also acknowledge the tension between supporting the adult's autonomy and right to self-determination with the worker's duty of care and remind us that we need to focus on both.

What is a Section 42 enquiry?

This is set out in Section 42 of the Care Act. The Section 42 duty requires consideration of the following criteria under Section 42(1) and (2) of the Care Act:

S42(1) Whether there is reasonable cause to suspect that an adult:

S42(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

The S42 duty on the local authority exists from the point at which a concern is received. This does not mean that all activity from that point will be reported under the duty to make enquiries (S42(2) of the Care Act). It may turn out that the S42(2) duty is not triggered because the concern does not meet the S42(1) criteria above.

The Pathway

A concern

This is the initial information you receive that outlines a potential risk of abuse or harm to an adult and should be **completed within 1 working day** of the concern being received.

It is the opportunity to analyse or gather more information to help you to apply the **safeguarding duty.**

At this stage it is important to ascertain the person's view about their situation and how they would like to be supported in dealing with any potential risks. This additional information along with the original referral needs to be considered in relation to the three stage criteria below.

All three elements of the **safeguarding duty** (s42.1) should be met in order to progress to a safeguarding enquiry (s42.2).

In applying the criteria remember to consider the Care Act principles of prevention and well-being and apply them in a way that ensures that people with vulnerabilities or seldom heard groups such as substance misuse or homelessness for example are not automatically excluded.

Safeguarding Adult Reviews, nationally, have shown that care and support needs require holistic consideration. Similarly, it's important to identify and record any form of self- neglect. In the event that there is no duty under S42 to make enquiries, the practitioner must still consider how any identified risk will be mitigated and how that will be communicated to the adult concerned and the person accused of causing harm.

Please see section on 'Other Enquiries'.

Where the decision is that the **safeguarding duty** does not apply and therefore the duty will not continue into S42(2), issues may still need to be addressed and/or risks mitigated under other processes and powers.

The decision as to whether the duty under S42 is met must be clearly recorded and show how any residual issues/ risks will be addressed or prevented.

The decision should be completed within 1 working day

Section 42.1 ‘Information Gathering’

Information gathering is done under the duty described in S42(1), and if the **safeguarding duty** is met then the enquiry and decision on what action to take (including taking no action) will follow under the duty to make enquiries described in S42(2).

Under S42(1) you have considered the **safeguarding duty,** and you agree that further proportionate fact finding is required to:

- Establish all the relevant facts.
- Determine if the **safeguarding duty** is met
- Continue to ascertain the adult’s views and wishes.
- Assess the level of risk and need for protection including whether the risk has wider implications.
- Consider risk.
- Consider if other people may be at risk.
- Help the person to achieve resolution and recovery.

After proportionate fact finding, you must determine whether it is necessary to continue to the S42(2) duty to make enquiries and take action or conclude the **safeguarding duty** is not met.

Information gathering to determine whether the criteria in S42(1) have been met, must be recorded robustly to evidence/support the local authority decision whether to progress to a S42 enquiry (S42(2)) or not.

In the event that there is no S42(2) duty to make enquiries, the practitioner must still consider and record how any identified risk will be mitigated (including through communication with partner agencies) and how that will be communicated to the adult concerned and the person accused of causing harm.

From a prevention point of view, conversations within this early information gathering can themselves make a valuable contribution in informing and empowering people to keep themselves safe.

A decision to progress to S42(2) should be completed within 5 working days

Section 42.2 enquiry

A S42 enquiry is the action taken or instigated by the local authority in response to a concern that a person may have experienced or is at risk of experiencing abuse or neglect. The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult.

The timescale for a S42(2) enquiry is 30 days.

If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done. In all cases the Local Authority will be the responsible decision maker for the overall outcome decided.

An enquiry can range from a one-off conversation with the adult at risk right through to a much more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views and wishes, any immediate action which have been taken, the reasons for those actions and any required safeguarding plan.

The objectives of a S42 enquiry into abuse or neglect are set out in paragraph 14.94 of the Care and Support Statutory Guidance (DHSC):

- 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.

The duty to make enquiries under S42(2) is not a prescriptive process in the way it was before the Care Act but consists of activity to inform decision-making and the actions to be taken. This might include new Care Act assessments or care plans – or to take no action at all. Paragraphs 14.110 and 14.111 of the Care and Support Statutory Guidance (DHSC, 2018) provide more detail on the formulation of agreed action, which is the outcome of an enquiry.

Before a decision can be made that no S42(2) duty to make enquiries exists, a judgement *must be made as to whether there is 'reasonable cause to suspect' that the three statutory criteria are met. That is, whether this would be (in the context of the Human Rights Act, 1998) a lawful interference in someone's private life. This would include questioning what it is about the presentation and the context that supports a view that this individual (or other individuals) is at risk. This is activity under S42(1), Care Act (2014).*

Safeguarding Meeting

As part of the safeguarding enquiry, consider whether to hold a multi partner Safeguarding meeting at the start of the enquiry to agree who will undertake which tasks, consider any immediate risks that need to be managed etc.

Think about who needs to attend to support the planning and completion of the work, including whether it is possible for the person themselves to attend with or without someone from their support network, any formal advocate, and other professionals working with the person.

This can take the form of a telephone call, virtual meeting, or a face-to-face discussion, based on the complexity of the situation. The discussion can also agree immediate actions to help reduce risks including consideration of whether a referral to the police is necessary.

A Safeguarding Meeting template and agenda is available to download from Documents within the Safeguarding module in LAS.

Risk assessment

Risk assessment is an important process in adult social care as we work with individuals to enable them to achieve the outcomes that matter to them and promote their individual wellbeing.

The risk assessment process has four distinctive and **sequential** stages, and social care practitioners should go through each of them with the individual.

1. Understanding the person's circumstances
2. Identifying risks
3. Assessing impact and likelihood of risks
4. Managing risks – risk enablement and planning

As part of the enquiry process consider what risks are emerging and how these can be reduced/removed. The risk assessment section within the safeguarding form in Liquid Logic will pull through any risks you have identified as part of the enquiry and prompt you to consider each one.

Consider the four-stage process for exploring risk with all individuals:

- Identify risks in the life-context of the individual and their circumstances (and therefore impact on quality of life and individual wellbeing).
- Identify risk perspectives from all the people involved.
- Identify weighting of risks (to establish high and low risk concerns, impact on emotional, social and psychological wellbeing).
- Identify current and past strategies for managing risks.

Once you have established a baseline understanding of the persons circumstances from their perspective, it is important to work with them to identify both the potential benefits and the potential harms of a given action, decision, behaviour, etc. This enables us to support the individual to explore the risks that they are facing, or are likely to face, and the impact of the activity on them or others, now or in the future.

Assessing Risk

From the available information and initial contact with the individual, it should be possible to gauge a level of insight as to the potential harmful outcomes, likelihood of occurrence and potential impact.

When we assess risk, it is necessary to explore:

How likely is this to occur?

This should be proportionate to the potential consequences specified, and must be based on good information and evidence and consider the same factors – • is the information up to date?

- Is it relevant? Can it be evidenced?
- What are the protective factors which could reduce the likelihood of the occurrence?

Consider the strengths of the person's current situation, the environment and what their family/friends/other support network are or can contribute. What additional actions would promote benefit and reduce the likelihood of the occurrence, for example the use of assistive technology, interventions to improve ability of the individual, maximising existing support networks?

If something went wrong, what would the severity of the impact be?

It is important to consider both a best-case and worst-case scenario, e.g. death, serious injury, admission to hospital, loss of accommodation. If it works, what is the level of benefit of the impact? It is important to consider equally the potential negative consequences and the potential benefits. What are the protective factors which could reduce the severity of the impact? What additional actions would promote the benefit and reduce the severity of the impact, for example the use of assistive technology, interventions to improve ability of the individual, maximising existing support networks.

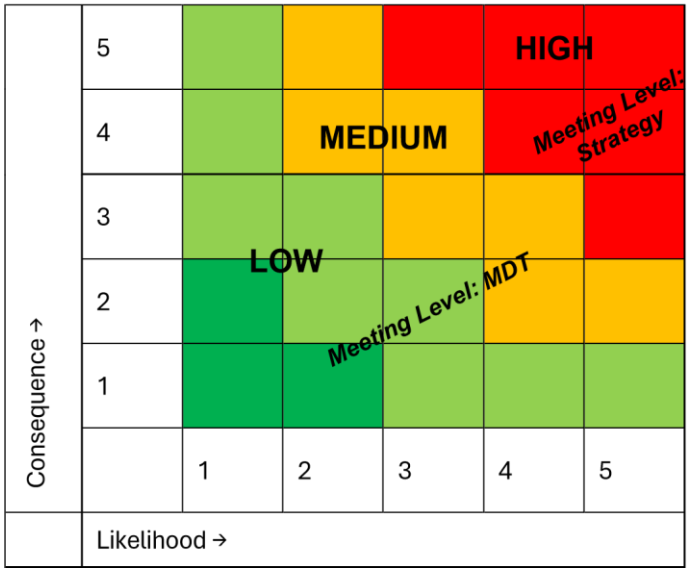
This should be completed wherever possible with the person and include the views of others working within the person (MDT). It is important to use the Risk Tool where significant risk is identified to complete the risk plan so that in reviewing the safeguarding activity there is a clear reference point outlining the areas that need or continue to need focus.

From the available information and contact with the individual, it should be possible to gauge a level of insight as to the potential harmful outcomes, likelihood of occurrence and potential impact. This matrix is to be used to screen the significance of the risk(s)

NOTE

It is not necessary to show the risk tool (as seen below) to the person, its purpose is to assist professionals to quantify the risk level.

Risk Tool



Safeguarding Plan

In most cases there will be a natural transition between deciding what actions are needed at the end of the S42(2) enquiry, into formalising what these actions are and who needs to be responsible for each action - this is the adult safeguarding plan.

When there is assurance that risks are managed, and the adults' desired outcomes have been met, as far as possible, the S42 enquiry can be closed.

Following the risk assessment and safeguarding meeting (if required). The safeguarding plan is created with the person and their circle of support to help ensure that the risks of abuse/harm identified in the risk assessment are actioned in order to help the person to keep safe both now and in the future.

The plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan, and when this will happen.

The safeguarding plan should include timescales for actions.

Safeguarding plans should be person-centred and outcome-focused and should be made with the full participation of the adult, or their representative or advocate as

appropriate. Wherever possible, adult safeguarding plans should be designed to reflect and aim to achieve the desired outcomes of the person.

The plan needs to be proportionate and balance our duty of care with the person's right to autonomy, they should not be paternalistic or risk averse and should reflect a positive risk taking approach and be clear how the plan will promote the wellbeing of the adult.

It can be helpful to check work to date including the safeguarding plan against the 6 safeguarding principles outlined in the Care Act and referenced in the above context and principles section.

However, where the safeguarding plan is not clear or some or all risks remain unmanaged, or desired outcomes have not been met the Safeguarding Adults procedures continue with formal monitoring of the Safeguarding Plan under safeguarding adult's procedures. At this stage the S42(2) is complete and therefore must be ended, with monitoring of the safeguarding plan continuing within the safeguarding module in LAS.

Review

The Safeguarding Adults Plan needs to be formally monitored under safeguarding adult's procedures. It is important to review the safeguarding plan to review risks and actions in place to manage risk.

Further Safeguarding (multi-agency) meetings are essential and the findings of enquires used to develop and update the Safeguarding Plan for the adult at risk (and others) and to ensure that any ongoing safeguarding risks continue to be considered, managed, and discussed. This is also the time to discuss and agree how resolution and recovery can be achieved.

Although risks may remain, where the Safeguarding Plan is likely to succeed and they can be monitored via other processes, the safeguarding episode can be closed.

Where risks remain unmanaged, the Safeguarding Plan should be kept under review to formally manage risk until the Safeguarding Plan is clear and risks are managed as far as possible.

The timescale for Review of the Safeguarding Plan is every 30 days.

'Other enquiries' under S42.2

Non-statutory enquiries (known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about adults who do not

have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act (2014).

'Other' safeguarding enquiries use the local authority's powers to carry out a safeguarding enquiry even though the adult concerned does not have care and support needs or may be able to protect themselves. This may be because of the severity of the case or because there is a public interest aspect to the case.

Such cases will remain reported as a safeguarding concern and our LAS safeguarding module ensures that the decision that the duty under S42 is not met is properly recorded and how any risks will be addressed.

Some situations may be resolved very quickly and not involve a lot of activity. In such cases, the information gathering may have established at an early stage that there is reasonable cause to suspect that the three statutory criteria have been met. However small the enquiry may be it should be reported as being under the S42 duty if there is reasonable cause to suspect that the statutory criteria are met

Where it is decided that the presenting issues do not meet the criteria in S42(1 a and b) for a safeguarding concern other pathways should be considered for addressing risk and needs for support.

Partnership working and a focus on identifying and mitigating risk is important alongside legal literacy, making safeguarding personal, applying the range of core principles and a collective acceptance of responsibility for prevention and early intervention.

Many organisations support people who do not meet the s42(1) criteria, but who may be being abused and are unsure where to go next. Organisations talking to one another and understanding each other's roles will help find the best support pathway.

Other alternative pathways where the adult's situation does not fulfil the criteria in both S42(1a and b) include (not an exhaustive list):

- Referral for a S9 Care Act assessment which should have a focus on the individual's wellbeing (including protection from abuse and neglect)
- Referral for a S10 Care Act (2014) carer assessment (Support in making decisions about unpaid carers and safeguarding is set out in section 3, pages 19/20 of the safeguarding concerns framework including reference to paragraphs 14.45-50 of the Care and Support Statutory Guidance, 2020 and in particular 14.46)
- Referral for advocacy support (A statutory requirement as set out in S67 and S68 Care Act (2014)) to support decision-making and involvement.
- Multiagency risk assessment conference (MARAC; domestic abuse)
- Multi agency public protection arrangements (MAPPA; designed to protect the public, including victims of crime, from serious harm by sexual or violent and other dangerous offenders)
- A contract monitoring or commissioning response to issues in a health or care provider setting
- A specific pathway to resolve issues regarding care, including clinical care, for example in relation to pressure ulcer care
- A regulatory response

- Review of a person's care and support or health care plan.

Where S42 (1a and b) are met then these responses could also form part of a risk plan and response or later, part of a safeguarding enquiry.

Consideration can be given to CARM (complex adult risk management) which does not rely on adult safeguarding services to initiate actions or convene meetings.

It is important bear in mind that there is no hierarchy of responses. Whether a situation is identified as a safeguarding concern or as meriting a statutory enquiry or as requiring another response, including perhaps one of the above, the aim is to find a person centred and partnership approach to managing risk effectively.

Multi-Agency Responses to Safeguarding Concerns

Multi-agency discussions should be considered a standard response when concerns are raised. Professionals working together is key to supporting adults at risk of abuse of neglect. The national analysis of Safeguarding Adults Reviews has found that the need for stronger communication, case coordination and multiagency risk management is a common theme in cases subject to review.

A focus on prevention and early intervention is paramount. Understanding that a safeguarding concern is not the only route through which a multi-agency approach to identifying and managing risk to wellbeing and safety can be facilitated. Information gathering across organisations may lead to an alternative decision and pathway.

Strong partnership working bringing together knowledge and experience of the range of alternative pathways.

Supporting Documents

The documents which are linked in this section will support you to undertake safeguarding enquiries and provide easy to follow prompts that align with this handbook.

Safeguarding adults process flowchart

Safeguarding adults procedural stages

Safeguarding definitions & business rules:

Provider/Quality of Care Concerns versus Adult Safeguarding Concerns - Practice Guidance

Guide to joint working

If the person dies before the enquiry is completed

As safeguarding is individual to the person, both in theory and in law, it is not possible to complete a safeguarding enquiry if the person concerned has died before the enquiry is completed and it should be closed.

However, before doing so the practitioner needs to consider any transferable risks that may affect other people. If there is risk to another specific individual, then a new safeguarding concern should be raised for that person. If there is an organisational concern about risk to others in a care setting or in relation to services in their own home, then it is important that the practitioner escalates these to the safeguarding team so checks can be made on the system to see if there are any current or closed safeguarding concerns that would suggest a trend or pattern of risk so these can be discussed with commissioning colleagues.

If Safeguarding Adults procedures have NOT begun alternative procedures should be started when a person dies if abuse is suspected as being a contributing factor and:

- there are lessons to be learnt or
- there is a possibility other people are or may be affected

A Safeguarding Concern (referral) should not be created for a deceased person, therefore ongoing procedures must be recorded in the person's case file.

Currently active enquiries are placed in a Holding tray until decision are made as to appropriate outcome i.e. coroners etc, Learning Review/SAR.

South Tyneside Safeguarding Adults SAR protocol.

If Safeguarding support is declined

Making Safeguarding Personal does not mean 'walking away' if a person declines safeguarding support and/or a S42 enquiry. That is not the end of the matter.

Empowerment must be balanced for example, with Duty of Care and the principles of the Human Rights Act (1998) and of the Mental Capacity Act (2005). Best practice in working with risk must be considered.

The need for balance on this issue is illustrated elsewhere within the Care Act, in section 11, where it is explicit that although the local authority duty to carry out a needs assessment (S9) may be removed if the adult does not consent, this does not apply where the adult is experiencing or at risk of abuse or neglect. S11(2)(b)'.

In the event that there is no duty under S42 to make enquiries, the practitioner must still consider how any identified risk will be mitigated and how that will be communicated to the adult concerned and the person accused of causing harm.

It is important to record the rationale for decision-making on this issue. Support with decision-making should be offered where the person has 'substantial difficulty' in being involved. Advocacy may be offered in this context. If this is declined or as part of advocacy support a conversation about risk may be needed.

Making Safeguarding Personal does not mean 'walking away' if a person declines safeguarding support and/or a S42 enquiry. That is not the end of the matter (This and other key messages for MSP are set out in **Myths and realities about Making Safeguarding Personal**).

Empowerment must be balanced for example, with a duty of care and the principles of the Human Rights Act (1998) and of the Mental Capacity Act (2005). The need for balance on this issue is illustrated elsewhere within the Care Act (2014), in section 11, where it is explicit that although the local authority duty to carry out a needs assessment (S9) may be removed if the adult does not consent, this does not apply where the adult is experiencing or at risk of abuse or neglect. S11(2)(b)'.

Mental Capacity and Advocacy

The consideration of mental capacity is crucial at all stages of safeguarding adults' procedures as it provides a framework for decision making to balance independence and protection. For example, this could mean determining the ability of an adult at risk to make specific choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive, or consensual; or determining how much a vulnerable adult can be involved in making decisions in a specific situation.

Legislation underpinning practice in this area is guided by the application of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect people who may not be able to make their own decisions. The key point is to decide if the person has the mental capacity to be involved in their own safeguarding and whether they can understand and weigh up key points regarding the risk to themselves in this particular situation.

Throughout the safeguarding enquiry a person's capacity to engage in the process must be considered.
We must ensure that, as far as possible, individuals who may lack capacity to ask for, or engage with the safeguarding enquiry are fully supported and that the process is person-centred and compliant with the Mental Capacity Act.

Fully involving the person in the safeguarding enquiry is fundamental to Making Safeguarding Personal placing a duty on us to provide advocacy and support to participate and facilitate the person's involvement.

In this context 'advocacy' means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need. The requirement to provide independent advocacy applies equally to individuals requiring care or support and to carers with support needs.

It may be that the family/friends are too emotionally involved with the situation to give constructive support, or they may not have the time required to listen, hear and feedback the person's wishes. They may be the person alleged to be causing harm, or you may feel that an independent view would be in the person's best interests, requiring a referral to the advocacy organisation. In south Tyneside this is Your Voice Counts.

Consideration of an Independent Mental Capacity Advocate (IMCA) may be necessary to ensure that any decisions made as part of the best interest assessment includes the voice of the person and this is particularly important around protective measures. The IMCA will produce a written report which will form an important part of the safeguarding plan. An IMCA can still be commissioned under adult safeguarding procedures even if the person does have family or friends to support them. The local authority has a duty to consider if the person would benefit from an IMCA.

Provider Concerns

When do concerns about quality require a safeguarding concern to be raised with the local authority?

Care providers need to consider whether any incident or concern should be raised as a safeguarding concern and reported to the local authority, and to other organisations such as their regulator, the Care Quality Commission and commissioners.

It is the care providers responsibility to also consider how incidents/concerns that are not raised as a safeguarding concern will be recorded, and who this incident needs to be reported to.

Please refer to **ASC&C Quality Concerns versus Safeguarding Concerns guidance**.

When an incident occurs, and abuse or neglect is suspected a safeguarding concern should be raised.

The following table is not an exhaustive list. It is guidance giving examples of scenarios regarding concerns about the quality of care and the type of response that may be required.

POOR CARE / QUALITY ISSUE • Information should be made available to agencies responsible for commissioning and regulating the service. • The service will respond to the issue using their own incident management processes.	SAFEGUARDING CONCERN • Information should be shared with agencies responsible for commissioning and regulating the services. • Safeguarding concerns should be raised with the local authority. • The service remains responsible for ensuring the safety of an individual adult and others using the service.
Assessed need not documented in care plan e.g. Management of behaviour or liquid diet due to swallowing difficulties. Provider identifies this and addresses it before any harm occurs.	Failure to specify in care plan how an assessed need must be met and inappropriate action, or inaction, results in injury e.g. The adult experiences pain or choking.
An adult falls and injury occur. Appropriate medical intervention sought and given, and existing falls risk assessment and care plan reviewed.	An adult falls and injury occur. No specific assessment of falls risk in place, no appropriate medical intervention sought or given, and no plan made to review the care plan.
The adult's care plan not followed. Provider identifies this and changes care practice and involves the adult in the process.	Failure to follow care plan results in the adult experiencing abuse or neglect.
An adult does not receive necessary help to eat or drink on one occasion, or the food offered by the care provider is poor-quality and unappetising.	Care provider continues to offer poor quality or unappetising food or culturally unacceptable food, or nutritionally inadequate or there are recurring events in which an adult(s) does not receive the necessary help to eat or drink. The adult experienced hunger, dehydration, or constipation.
Incontinence needs not met on one occasion. No harm appeared to have occurred.	Recurring event or is happening to more than one adult. The adult suffered abuse or neglect e.g., Loss of dignity and self-confidence, pressure ulcer development.
An adult does not receive their medication on one occasion, or an error occurs on one occasion. The adult's doctor or pharmacist was contacted for advice regarding the impact of the error.	Medication error on one or more occasions that caused the adult(s) to suffer due to the nature of the medication e.g., Insulin for a diabetic. Recurring event or happening to more than one person. Adult(s) experienced abuse or neglect e.g., Pain, health deterioration, side effects.
An adult is discharged from hospital without adequate planning.	Discharge planning procedures not followed, and adult suffers as a result, or recurring event e.g. Increased risks, no care provision, information not communicated to care provider, medication not administered.

Domiciliary care call missed on one occasion for one adult, with minimal impact on the adult.	The adult does not receive a care call, and no other contact is made to check their wellbeing and safety resulting in them experiencing or being at risk of abuse or neglect, and /or numerous calls missed, or more than one adult affected.
A staff member is reported to have talked to a colleague about an adult using the service in an unprofessional way. Or staff member has talked to an adult in an unprofessional or hurtful way. Apology made to the adult and the provider addresses conduct with the staff member.	A staff member is reported to have shouted at or spoken rudely to or sworn at an adult.
Identified one-to-one support not provided to one adult on one occasion, with minimal impact on the adult.	Recurring event, resulting in the adult experiencing or being at risk of abuse or neglect and putting other adults at risk, and / or unnecessary restraint used.
Staff not managing (aggressive) challenging behaviour of one adult, on one occasion. No ongoing risks evident to the adult or others care plan reviewed or amended.	Recurring event, adult of harming self and others due to inaction. Inappropriate use of restraint.
One adult susceptible to pressure damage is not assessed on one occasion, but no skin damage is present.	One adult not assessed, wounds visible and abuse or neglect evident e.g., adult(s) suffered pain. Advice is not sought, and a referral is not made to the Tissue Viability Nurse and pressure damage occurs.

The role of the local authority on receipt of a concern

On receipt of a safeguarding concern, it is our responsibility to make a decision as to whether the duty to undertake a safeguarding concern is triggered.

On receipt of a safeguarding concern regarding a care and/or health provider you will need to inform the Safeguarding Adults team.

The local authority should also feedback the outcome of any safeguarding concerns or safeguarding enquiry to the relevant quality monitoring services and commissioners (Refer to local pathways in each local authority).

Causing others to undertake enquiries

The local authority may cause all, or part, of an enquiry to be carried out by another professional or organisation who may be best placed to do this. This is referred to as “causing others” to enquire (see Section The local authority causing others to make enquiries). A Making Safeguarding Personal approach requires that the most

appropriate professional is identified to carry out an enquiry e.g. health professionals may undertake enquiries relating to management of medication or pressure damage. Care home managers may be best placed to enquire about something that may have happened to one of their residents as a result of abuse or neglect by one of their staff.

Where it may not be appropriate for an employer to undertake an enquiry

In most cases, the local authority will cause the care provider to undertake the safeguarding enquiry (and provide the support that the adult may need) where it is regarding a person receiving care and support from that provider, unless there is a compelling reason why it is inappropriate or unsafe for the organisation to do this. For example, there could be a conflict of interest, concerns about ineffective previous enquiries, multiple concerns or a matter that requires investigation by the police.

Where there is a conflict, the provider may still be required to provide information and be involved in the enquiry but not be formally caused to undertake it.

Responding to organisational abuse

Organisational abuse is managed by the Safeguarding Adults team. It is a broad concept and is not just applicable to high profile cases, for example Winterbourne. It is an umbrella term defined as, "***the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights***" (Care and Support Statutory Guidance, 2014).

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk. Organisational abuse can occur in any setting providing health and social care. A number of inquiries into care in residential settings have highlighted that Organisational abuse is most likely to occur when staff:

- receive little support from management,
- are inadequately trained,
- are poorly supervised and poorly supported in their work, and,
- receive inadequate guidance.

The circumstances in which an enquiry into organisational abuse may be required can include, but are not limited to:

- Safeguarding concerns with evidence of criminal neglect, ill treatment, network of abuse or death.
- Where it is suspected that a number of adults have been abused by the same person, or group of people in the same setting.
- Where there are indicators from safeguarding activities relating to an individual adult that other adults are at risk of significant harm.

- Where patterns or trends are emerging which suggests serious concerns about poor quality of care from a provider.
- Where a provider has failed to engage with other safeguarding activities resulting in continued harm or continued risk of harm to one or more adults.
- Where there is evidence that despite contract monitoring, quality improvement and / or Care Quality Commission action planning there remains insufficient improvements within the service, resulting in continued harm or continued risk of harm to one or more adults.

Please see ASC&C responses to Organisational Abuse procedures.

Duty of candour

The intention of the duty of candour under the Health and Social Care Act 2008 is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology, as appropriate.

The duty of candour applies to all NHS trusts, foundation trusts, special health authorities and all other health and care service providers and registered managers.

What good looks like & things to consider when undertaking Safeguarding

The core ingredients that should form the basis of decision-making in relation to safeguarding concerns. These ingredients should be at the heart of all decision making:

- **Legal literacy and shared values and principles** (Principles referred to include: Human Rights Act (1998) principles; the six statutory principles for safeguarding adults, alongside Making Safeguarding Personal (Care and Support Statutory Guidance, 2020 14.13-14.15) and the five core principles of the Mental Capacity Act, 2005. (see section 3 of this framework and appendix 2) derived from the statutory framework, including that the person concerned should be central to decision-making. The outcomes they want to achieve and how these may be accomplished. This is at the heart of Making Safeguarding Personal (Making Safeguarding Personal, see Care and Support Statutory Guidance, 14.1414.15).

- **Working collectively;** including consistency in defining, referring, and responding to safeguarding concerns.

- **A focus on prevention and early intervention.** Understanding that a safeguarding concern is not the only route through which a multi-agency approach to identifying and managing risk to wellbeing and safety can be facilitated. Information gathering across organisations may lead to an alternative decision and pathway.

- **Acknowledgement of the importance of recording** and reporting for evidencing of defensible decision-making; using national and local data and information to ask questions about and to develop effectiveness of decision-making and practice across all organisations.

These support effective safeguarding practice.

Trauma Informed Practice

In recent years Adult Social Care has recognised the importance of understanding the history of the person you are working with and how any earlier life circumstances/trauma have affected that person's life journey. The Department of Health definition is: "trauma-informed practice is an approach to health and care intervention which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development". A good safeguarding practitioner will understand this and ensure that in listening to the person they are working with they give sufficient time and importance to this area, asking key questions to discover any relevant information. This is part of keeping the person at the centre of our safeguarding work by ensuring that we understand who they are as a person, how their life experiences have influenced and shaped them and that we take all of this into account when agreeing a safeguarding plan with the person.

Rights based practice

Rights based practice involves thinking about the best way to support and promote someone's rights, the things that we may take for granted. Recent case law reinforces the importance of working in a way that promotes these rights when completing safeguarding work and being aware of how breaches themselves can become a safeguarding matter.

The Human Rights Act 1998 is very broad with a total of 13 articles outlining everyone's basic rights in law. There are 4 Articles outlined below that you ned to be aware of in relation to safeguarding adults at risk.

We need to work in a way that shows awareness of and commitment to human rights, protected characteristics under the Equality Act 2010 and anti-oppressive practice. These are all elements of good social care practice as well as being compliant with legislation.

Reflective practice

Reflect on the use of **language** when completing any part of the adult safeguarding pathway. Some adults at risk may be fearful of the term "safeguarding" and similarly if you are hoping to work with the person who is alleged to be causing harm then you may not wish to refer to them as a "perpetrator". Good, simple, jargon free language will help the person you are working.

Have you used your professional curiosity if anything is unclear. This means having the capacity and communication skills to explore and understand what is happening with an individual or family. It is about enquiring at a deeper level, not taking things at face value, and not making assumptions. Being willing and able to use your professional intuition to explore situations and include this detail within your recording.

Have you **"walked in the person's shoes".** Empathy is an important skill to have as a safeguarding practitioner. Have you really listened to the person's story? Have you been able to pick up on and understand their feelings as well as the facts? Can you visualise how you would respond if facing a similar situation? Being able to do all of these things will help you to agree a safeguarding plan that reflects the outcomes that person wants to achieve rather than those that you think are the most appropriate.

Is there someone who can **support** the person informally or is a formal advocate required. The Care Act requires you to arrange a formal advocate if the person you are working with is unfriended and lacks the mental capacity to consent to the safeguarding pathway. However, those that do have mental capacity may still well benefit from having less formal support either with an informal advocate, family, or friend. This person can

help explain the process and support on a regular basis, helping to ensure that the person's voice is central to all of the work taking place.

Have you got **relevant history** and been able to use a chronology if needed? It is vitally important to check previous case records to see if there are previous safeguarding concerns, patterns of concerns or any other relevant information that will assist in your enquiries. In more complex cases, using a chronology can provide a clear way of reviewing these things.

Have you identified **partner organisations** to work with if they are known to the person? Whilst the local authority is the lead agency for adult safeguarding other organisations may well have relevant information or indeed have a better established or stronger working relationship which can help in either gathering information, discussing risks with the person or seeking agreement about reducing or removing those identified risks.

Have you considered **well-being principles?** Wellbeing includes somebody's personal dignity, their physical, mental and emotional needs, their right to be protected from abuse and neglect, their control over day-to-day life, their participation in work, education, training or recreation. Their social and economic needs, their family and personal relationships, and their accommodation needs.

Supporting documents

Professional Curiosity Guidance

Reflective Supervision Toolkit

Other Safeguarding Pathways

Safeguarding Adults Board

South Tyneside Safeguarding Adults Board

The Safeguarding Adults Board (SAB) has an independent chair, and its role is to make sure that all organisations and people who work with adults at risk know about, and know what to do, things and situations that are causing or may cause adults at risk to be harmed. It makes sure that all organisations and their leaders sign up to and commit to work in certain ways and make sure that safeguarding is a priority in their own organisation and in how they work together with others.

MARAC - Multi-agency Risk Assessment Conference

A MARAC (multi-agency risk assessment conference) is a meeting where information is shared on the highest risk domestic abuse cases. There are 270 MARACs operating across the UK. They are attended by representatives from police, health, child protection, housing, independent domestic violence advisors (Idvas), probation and other specialists from the statutory or voluntary sectors.

They:

- share all relevant information they have about a victim • discuss options for increasing the victim's safety
- create a co-ordinated action plan.

The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with others to safeguard children and manage the perpetrator's behaviour.

At the heart of the MARAC, is the working assumption that no single agency or individual can see the complete picture of a victim's life but they all may have insights that are crucial to the victim's safety.

The victim doesn't attend the meeting, but they are represented by an Independent Domestic Abuse Advocate (Idva) who speaks on their behalf.

Northumbria police chair the weekly meetings (Tuesday). The Safeguarding Manager, Assistant Team Manager or Advanced Practitioner will attend. The Safeguarding team screen all referrals to check if the person is known to ASC&C. Relevant and appropriate information is shared between agencies at the weekly meeting and any actions for ASC&C will be delegated accordingly.

You can find out more about MARAC here.

Prevent and Channel Panel

Prevent Strategy

Prevent is a strategy working to prevent radicalization and stop terrorism. The four elements are:

The Prevent delivery group meets monthly, attended by the Safeguarding adults Operational Manager adult social care. This is a multi-agency meeting chaired by the customer services Neighbourhood's and Cohesion Manager. An agenda is provided and there is a standing agenda item for the Safeguarding adults operational manager to provide an update on channel panel. There is an action plan in place for prevent and this is overseen by the Safeguarding Adults Operational manager who is the rep for adult social care.

Channel panel meets face to face each month and is organised by the Prevent coordinator and the channel panel chairs. Key organisations attend and counter terrorism unit officers take the lead with cases. The meeting is chaired jointly by children's and adults services, the chair for adult social care is the Safeguarding Adults Operational manager. There is a monthly pre-meet to receive updates on Channel cases and to plan for the channel meeting. At the channel meeting all cases referred into Channel are discussed and assessed using the vulnerability assessment framework and a plan is agreed.

Safeguarding and Quality Provider Intelligence Meeting

Managers from the Safeguarding Adult team attend monthly meetings to update on safeguarding and quality concerns in relation to care providers. Attendees include the Local Authority (LA), the Care Quality Commission (CQC) and the integrated Care Board (ICB). Provider Intelligence Meetings act as an early warning system to triangulate all intelligence (soft and hard) received by agencies to identify opportunities for early intervention to prevent risk of harm to people who draw on care and support who are either in residential/nursing establishments or receive domiciliary care in South Tyneside.

Themes and trends analysed, and escalation takes place when required. Approaches to concerns are agreed within this meeting and where necessary, the ASC&C Organisational Abuse Procedures instigated.

MATAC - Multi-Agency Tasking and Coordination to reduce domestic abuse offending

A process where the police and partner organisations, such as local authorities and housing services, work together to tackle domestic abuse. They hold regular meetings and share information to identify high-risk domestic abuse perpetrators.

This process can include referrals to treatment programmes that try to change how abusers behave to keep victims safe.

Monthly teams meetings (Tuesday) attended by the Safeguarding Manager, Assistant Team Manager or Advanced Practitioner Chaired by Northumbria police. All referrals are screened by the Safeguarding team who will see if they are known to adult social care and relevant

and appropriate information shared at the monthly meeting and any actions for ASC are delegated accordingly.

MAPPA - Multi-Agency Public Protection Arrangements

Multi-agency public protection arrangements are in place to ensure the successful management of violent and sexual offenders. This guidance sets out the responsibilities of the police, probation trusts and prison service. It also touches on how other agencies may become involved, for example the Youth Justice Board will be responsible for the care of young offenders.

These meetings vary in frequency and attendance will depend on the category and level but will usually involve the Safeguarding manager attending.

You can find out more about MAPPA here.

Partnership Reduction Exploitation & Missing (PREM)

PREM is an all age, police led, multiagency, outcome focussed forum. The purpose of PREM is to reduce the risk of exploitation and vulnerabilities associated with missing episodes through a collaborative partnership approach.

PREM seeks to address the risk of exploitation and high-risk missing episodes by focusing on the reduction of risk factors, understanding perpetrator behaviours, and identifying hot spot locations.

CARM - Complex Adult Risk Management

A safeguarding framework suitable for adults who are experiencing a high level of actual or potential significant risk from events & circumstances in their lives involving complexities where professionals are often dealing with long term entrenched behaviours. CARM is a non-statutory process, therefore this framework can be accessed by any organisation.

You can find out more about CARM here.