Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Multi-Agency Safeguarding Adults Procedures

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Table of Contents

1 Introduction

This manual contains the multi-agency safeguarding adult procedures and guidance for Cambridgeshire and Peterborough Safeguarding Adults Partnership Board. Safeguarding is everyone's responsibility and these procedures are your guide as to what you must do. These procedures are for all voluntary and statutory agencies who work with adults at risk.

These procedures are not intended for use by members of the public

To clarify:

- Procedures are a set of rules – they are MUST DO's.
- Practice guidance is a tool for reflective practice and identifies the best of current practice using current research.

2 Definition of who is an Adult At Risk

As defined by the Care Act 2014

The term 'Adult at Risk', is a short form of the phrase 'An adult at risk of abuse or neglect' and refers to adults who may have safeguarding needs according to the Care Act (2014).

An Adult at Risk (sometimes referred to as AAR) is an adult (someone aged 18 or older) who:

a) has needs for care and support (whether or not the authority is meeting any of those needs),
b) is experiencing, or is at risk of, abuse or neglect, and
c) as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

As set out in the Care Act 2014, statutory Adult Safeguarding duties exist when adults who are experiencing, or at risk of, abuse or neglect cannot protect themselves due to their care and support needs.

3 What are Care and Support Needs?

Injury, illness, or impairment, either mental or physical, can mean that a person needs help or support to live well. For example, a person may have care and support needs as a result of:

- physical disability, learning disability or sensory impairment
- mental health needs, including dementia or a personality disorder
- long-term health conditions
- Substances or alcohol misuse to the extent that it affects ability to manage day-today living

An adult may be considered to be at risk, even if:

- A formal assessment of care needs has not been carried out
- The adult pays for their care and support themselves
- Care and support needs are being met by family or friends

Having care and support needs does not automatically mean that an adult cannot protect him or herself from abuse; it is important not to make assumptions about an adult's vulnerability based on the presence of care and support needs alone.

4 Making Safeguarding Personal (MSP)

Statutory requirements regarding the Safeguarding of Adults at Risk are set out in the Care Act 2014 and explained in the Care and Support Statutory Guidance. The statutory guidance sets out the concept of *Making Safeguarding Personal*.

Making Safeguarding Personal requires practitioners to find out about the *lived experience of the adult*.

As worded in the Care and Support Statutory Guidance (14.5):

> *Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.*

Making Safeguarding Personal is about having conversations with people and is about seeing people as experts in their own lives whilst working alongside them.

The Cambridgeshire and Peterborough Safeguarding Partnership Board is very clear that Making Safeguarding personal is a "golden thread" that runs through all of our safeguarding adult practice, processes and conversations.

Professionals should work with the adult at risk to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act 2014. It is important to listen to the adult at risk both in terms of the alleged abuse and in terms of what resolution they want. However, professionals should be mindful of what is achievable and realistic as an outcome for the adult at risk and be able to explain what can be done to support to the adult at risk. Individuals have a right to privacy; to be treated with dignity and to be enabled to live an independent life.

The focus of the adult safeguarding procedure is on achieving an outcome which supports or offers the person the opportunity to develop or to maintain a private life. This includes the wishes of the adult at risk to establish, develop or continue a relationship and their right to make an informed choice. Practice should involve seeking the person's desired outcomes at the outset and throughout the safeguarding arrangements and checking whether those desired outcomes have changed or have been achieved.

Intervention should be proportionate to the harm caused, or the possibility of future harm. As well as thinking about an individual's physical safety it is necessary to also consider the outcomes they want to see and take into account their overall happiness and wellbeing.

Assessments of risk should be undertaken in partnership with the person, who should be supported to weigh up risks against possible solutions. People need to be able to decide for themselves where the balance lies in their own life, between living with an identified risk and the impact of any Safeguarding Plan on their independence and/or lifestyle.

Further information and resources for Making Safeguarding personal and the Lived Experience of the Adult can be found at:

- https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal
- https://www.local.gov.uk/msp-toolkit
- Lived Experience of the Adult | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Case studies demonstrating effective practice regarding Making Safeguarding Personal are published online by the Local Government Association and are available here: https://www.local.gov.uk/making-safeguarding-personal-201819-case-studies. These Making Safeguarding Personal case studies provide examples of practitioners taking into account the lived experience of the adult at risk.

There are six principles of MSP that underpin all of our adult at risk safeguarding work and these are:

THE SIX KEY PRINCIPLES OF MAKING SAFEGUARDING PERSONAL

These principles underpin all adult at risk safeguarding work.

Empowerment

People being supported and encouraged to make their own decisions and informed consent.

"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.

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

Proportionality

The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection

Support and representation for those in greatest need.

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

Partnership

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

"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 and with me to get the best result for me."

Accountability

Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

SOURCE: DEPARTMENT OF HEALTH CARE AND SUPPORT STATUTORY GUIDANCE

5 What is Mental Capacity?

Mental capacity is the ability to make a decision. This includes the ability to make a decision that affects daily life such as when to get up, what to wear or whether to go to the doctor when feeling ill – as well as more serious or significant decisions.

It also refers to a person's ability to make a decision that may have legal consequences for them or others. Examples include agreeing to have medical treatment, buying goods or making a will.

Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse, the adult at risk plan must, with the adult's consent include access to services that help minimise the risk.

There is a presumption of mental capacity and on the right of people with care and support needs to make their own choices in relation to safety from abuse and neglect except where the rights of others would be compromised.

5.1 The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves.

The 2005 Act includes a range of principles, powers and services which must be considered as part of an adult at risk plan for a person lacking capacity who may be at risk of being abused.

Principles of the Act

- A person *must be assumed* to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because they make an unwise decision
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

Under Section 44 of the Mental Capacity Act 2005 the offences of ill-treatment and wilful neglect may apply to anyone caring for a person who lacks capacity. The police should be fully involved in any enquiry where this is a possibility and should take the lead on deciding whether to initiate criminal proceedings.

5.2 Assessment of Capacity

Where a safeguarding assessment identifies capacity issues, a decision of whether the adult at risk has capacity must be undertaken by the staff member concerned or another competent person.

A person cannot be determined to lack capacity in relation to a particular decision unless they have been assessed as having an impairment or disturbance of the mind or brain, which prevents them from making a valid decision.

They must also be unable to:

- Understand the information relevant to a decision or
- Retain that information or part of the process of making the decision, or communicate one's decision (by talking, sign language or in any other way)

Unless a person can achieve all of these elements, they lack capacity to make the particular decision.

Section 2 of the 2005 Act makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance, or any condition or aspect of a person's behaviour which might lead others to make unjustified assumptions about capacity.

If the person is found to have capacity to make the decision required, the person will be involved as a partner in the planning discussion with appropriate advocacy and victim support services. If the person lacks capacity, decisions in their best interests may need to be taken on their behalf under the Mental Capacity Act 2005.

5.3 Best Interests

For people lacking capacity, the Mental Capacity Act 2005 is clear that everything that is done for or on behalf of a person lacking capacity must be in their *best interest*.

Factors to consider

Action must try to ensure that when adults with mental capacity take decisions to remain in abusive situations, they do so:

a) Without intimidation (although some people may choose to remain in a situation in which they know they are being intimidated)
b) With an understanding of the risks involved and
c) Have access to appropriate services if they should they change their mind.

Some members of our communities need proactive support to understand that they have a choice to live a safer life; to understand the options open to them; and to choose which, if any, services they want to access in order to do so. Other adults, even with support, do not have mental capacity to make such decisions.

The capacity of some adults may fluctuate, and they may not be able to make a decision about how to pursue their safety at the time it is needed. In such situations, positive action must be

taken to ensure that such decisions are made on the person's behalf. This must be by a person or an organisation, acting in the best interests of the adult concerned (and, if appropriate, on what is known of their wishes prior to losing capacity).

Any decisions made must be made in line with the principle of proportionality. This principle states that those responsible for safeguarding should provide the least intrusive response appropriate to the risk presented. This ensures that any decision takes the adult into account.

5.4 Unwise decisions

People should be able to live as independently as possible and to make informed decisions about their own lifestyles, including the opportunity to take risks if they choose to do so, without fear of harm or abuse from others. It should be acknowledged that these decisions may be viewed as unsafe or unwise but must be heeded if a person has the capacity to make the specific decision, and others are not affected.

If it is determined that an individual does have capacity, has taken an informed decision and by that action is placing him or herself at risk, staff should seek consent from the adult to consult with:

a) The individual themselves
b) Their carer, if appropriate - with the person's consent
c) Any other relevant agency, service or individual.

There may be situations where the individual seems able in terms of their knowledge and understanding to make their own decisions; however, they may be subject to undue pressure to support a particular course of action. This could be pressure from, or fear of, a professional or family member. The involvement of an advocate may help in this matter as their role is to represent the individual.

If all indications are that a person with relevant capacity is making an unwise decision, the wishes of the person must be fully recorded.

Where a person makes repeated unwise decisions or a series of decisions which taken together put the person at significant risk of harm or where there is any doubt that the person has full capacity to make these decisions, staff should seek advice from their line managers.

It is important to note that there may be situations where an adult with capacity decides to live with a risk which places other people with care and support needs, or children at risk of harm. In these situations, there is a duty of care to intervene for the protection of the other individuals.

5.5 Coercion and Control

Staff will need to determine whether the individual is making the decision of their own free will or whether they are being subjected to coercion or intimidation. If it is believed that the individual is exposed to intimidation or coercion, efforts must be made to offer the person 'distance' from the situation in order to facilitate decision making

In cases of high risk where it is believed a person with relevant capacity is subject to coercion, it may be necessary to seek advice about appropriate legal options.

5.6 Inherent jurisdiction of the High Court

'Inherent jurisdiction' describes the power of the High Court to hear any case which comes before it unless legislation or a rule has limited that power or granted jurisdiction to another court. It means that the High Court can hear a range of cases including those in relation to the welfare of adults, so long as the case is not already governed by procedures set out in rules or legislation.

It is not normally used in relation to people who lack capacity if the case can be dealt with by the Court of Protection under the Mental Capacity Act.

Local Authorities may make an application to the High Court to ask the Court to exercise its inherent jurisdiction to protect an adult with mental capacity.

If the adult at risk lacks capacity the Local Authority will act in their best interest, if they have capacity and the risk is assessed as high the local authority would consider an application to the Court of Protection.

5.7 Independent Mental Capacity Advocate

An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocate introduced by the Mental Capacity Act 2005, appointed to support a person who lacks capacity if there are no family members or relevant others to act in their best interests.

Local Authorities and the NHS have powers to instruct an Independent Mental Capacity Advocate to support and represent a person who lacks capacity where:

- It is alleged that the person is or has been abused, maltreated or neglected by another person
- It is alleged that the person is abusing or has abused another person

Where a person who lacks specific mental capacity is alleged to have been abused or to have abused another person, consideration must be given to appointment of an Independent Mental Capacity Advocate in line with the local Mental Capacity Act policy.

The Independent Mental Capacity Advocate makes representations about the person's wishes, feelings, beliefs and values, bringing to the attention of the decision-maker all factors that are relevant to the decision. The IMCA can challenge the decision-maker on behalf of the person lacking capacity if necessary.

An adult at risk may also be entitled to Advocacy under S68 Care Act – see Advocacy

5.8 MCA & Deprivation of Liberty Safeguards

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) was introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. Deprivation of Liberty Safeguards came into force in England and Wales on 1 April 2009.

Deprivation of Liberty Safeguards provides legal protection for individuals who lack capacity relating to their care and treatment and who may be deprived of their liberty in hospitals or care homes. The safeguards are designed to protect the interests of an extremely vulnerable group of individuals and to:

- Ensure people can be given the care they need in the least restrictive regimes

- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide people with rights of challenge against unlawful detention.

Deprivation of Liberty Safeguards apply to anyone:

- Aged 18 and over,
- Who is in Hospital or a care home,
- Who has a mental disorder or disability of the mind – such as dementia or a profound learning disability,
- Who lacks the capacity to give informed consent to the arrangements made for their care and/or treatment and
- Who is deprived of their liberty (within the meaning of Article 5 of the European Convention on Human Rights.

On 19 March 2014, the Supreme Court handed down its judgment in the case of "P v Cheshire West and Chester Council" and "P and Q v Surrey County Council". The judgment is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty. The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

"The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements" (referred to as the Acid Test).

TAKEN FROM THE SUPREME COURT JUDGEMENT MARCH 2014.

The Supreme Court has also determined that a deprivation of liberty can occur in domestic settings where the State is responsible for imposing such arrangements. This will include a placement in a supported living arrangement in the community, placements through Shared Lives Schemes and foster placements for young people aged 16-18years. The Deprivation of Liberty safeguards do not apply in these cases and if there is, or is likely to be, a deprivation of liberty in such placements this must be authorised by the Court of Protection.

Any unauthorised deprivation of liberty must be treated as a safeguarding concern and referred to adult safeguarding.

5.9 Liberty Protection Safeguards

In July 2018, the government published a Mental Capacity (Amendment) Bill which will see Deprivation of Liberty Safeguards replaced by the Liberty Protection Safeguards (LPS). This passed into law in May 2019. Under Liberty Protection Safeguards, there will be a streamlined process to authorise deprivations of liberty. It is anticipated that Liberty Protection Safeguards will go live in April 2022.

6 Recognising Safeguarding Concerns

6.1 Safeguarding Adults At Risk from Abuse and Neglect

Our aim is to protect people who are categorised as an adult at risk from abuse and avoidable harm, whether deliberate or not. Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. This includes, but is not limited to, the rights listed in the Human Rights Act 1998 including the right to life (article 2), protection from inhuman

and degrading treatment (article 3), the right to liberty and security (article 5) and the right to family life (article 8). Statutory responsibilities concerning Adult Safeguarding are contained in the Care Act and the accompanying "Care and support statutory guidance" (section 14). https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

6.2 Types of Abuse

The Care Act 2014 guidance lists the following types of adult abuse:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

The Care Act 2016 included self-neglect as a category of abuse. In most cases self-neglect is best managed by a multi-agency casework approach aimed at reducing the risk while ensuring that the response remains person centred. In some cases, the high level of the risk may mean that a safeguarding referral may be required. Any referral needs to take account of the Mental Capacity Act as this could be key in determining the response.

In addition to these categories of abuse other potential abusive situations such as radicalisation, prevent and coercive control should also be considered. Further information and an explanation of each category of abuse can be found in Appendix 1

6.3 How to Respond to Disclosures of Abuse and Neglect

When an adult at risk makes a disclosure of abuse or neglect professionals must begin from the standpoint of believing their accounts. However, it is noted that on some occasions malicious or unfounded allegations have been made. The determination of the veracity of all allegations made are a part of the safeguarding process.

Following a disclosure of abuse, the adult at risk must be supported through the process, advice on how to do this can be found in Appendix 2.

7 What to do if…? I am concerned that an adult at risk is being abused

In all instances, practitioners should consider 'opportunities to be curious' by making deeper enquiries through proactive questioning and actively challenging responses in order to ascertain the lived experience of the adult at risk.

If you have recognised that the person meets the criteria for an "adult at risk" as stipulated previously and you are concerned that they may be being abused or are at risk of being abused and are unable to protect themselves, then you must consider making a safeguarding referral. However, before making the safeguarding referral you should, where possible, gain the consent from the adult at risk. Gaining consent can be difficult in some situations, the following paragraphs outline what you need to consider.

7.1 Gaining Consent

7.1.1 Consent from the Adult At Risk

There may be circumstances where consent cannot be obtained because the adult at risk lacks the capacity to give it or is subject to coercion or undue influence. There are occasions when you may need to raise a safeguarding concern without the person's consent, for example:

- It is in the public interest,
- there is a risk to other 'adults at risk', or children, or
- the concern is about organisational abuse, or
- the concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk
- note that a risk to other "adults at risk" may include financial scams or other forms of exploitation
- the adult at risk lacks capacity to make the specific decision to consent to share information and a decision is made to raise a safeguarding concern in the person's "Best Interests" (Mental Capacity Act 2005)
- the adult at risk is subject to coercion or undue influence, to the extent that they are unable to give consent
- it is in the adult at risk's vital interests (to prevent serious harm or distress or life-threatening situations)

If you are not sure whether you should raise a safeguarding concern, you should seek advice.

Where you are able to gain an adult at risk's consent to making a safeguarding referral you should always explain to the adult at risk what giving their consent means and what will happen next. You should also check out with the adult at risk that they have understood what you have said.

If you do raise a safeguarding concern without the adult at risk's consent you should still explain to them that you are making the safeguarding referral and of the reasons why. The only exception to this would be that if by telling them about the safeguarding referral this puts them at further risk.

7.1.2 The Public Interest Test

Seeking consent of the adult at risk, for making a safeguarding referral should always be the first option. However, where consent to share confidential information is withheld, it may be possible to lawfully share this information if it can be justified that it is in the public interest. The public interest here means the public good, not what is of interest to the public, and not the private interests of the requester.

Where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe, the question of whether there is a sufficient public interest must be judged by the practitioner making the safeguarding referral on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

Confidential information can be disclosed in the public interest where that information can be used to prevent, detect, or prosecute, a serious crime. “Serious crime” is not clearly defined in law but will include crimes that cause serious physical or psychological harm to individuals. Crimes such as: theft, fraud or damage to property where loss or damage is not substantial, are less likely to constitute a serious crime and as such may not warrant a breach of confidential information, though proportionality is important here.

In the grey area between these two extremes a judgement is required to assess whether the crime is sufficiently serious to warrant disclosure. The wider context is also particularly important here. Sometimes crime may be considered as serious where there is a prolonged period of incidents even though none of them might be serious on its own.

7.1.3 Confidentiality

If an adult at risk is in need of protection or any other person makes an allegation to you asking that you keep it confidential, you must inform the person that you will respect their right to confidentiality as far as you are able to, but that you are not able to keep the matter ‘secret ‘and that you must inform your manager / designated safeguarding person / other relevant agencies.

7.2 Making A Safeguarding Referral

If a person is in immediate danger, the police or ambulance service must be called straight away on 999

If the adult at risk is not in immediate danger, you need to firstly discuss your safeguarding concerns with either your Line Manager or your Designated Safeguarding Lead.

Your immediate duty is to protect the person with care and support needs, seek any emergency help and report the concern. You must not delay acting because your line manager is not available, and if this happens you should report to another manager or to the Multi-Agency Safeguarding Hub via the Customer Services.

Anyone who becomes aware of concerns of abuse MUST REPORT those concerns AS SOON AS POSSIBLE and without delay to the correct point within their own organisation as identified in their agency procedures. In the first instance you may need to report the information verbally. If in doubt, report sooner rather than later.

This is particularly important:

- If the adult at risk remains in or is about to return to the place where the suspected/alleged abuse occurred.
- If the alleged abuser is likely to have access to the adult at risk or others who might be at risk

Where there is any abuse or suspicion of abuse that relates to a relevant adult at risk, the concern must be reported to the relevant Multi-Agency Safeguarding Hub (MASH) by using the online referral form (for Cambridgeshire), telephone or secure email using the adult safeguarding referral form which can be found at: Concerned? | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Customer Service Contact Details for Safeguarding Referrals for Adults At Risk:

Cambridgeshire	Peterborough
Customer Services (8am to 6pm Monday to Friday, 9am to 1pm on Saturday) Telephone 0345 045 5202 Email: referral.centre-adults@cambridgeshire.gov.uk	Adult Social Care MASH – 01733 747474 Early Help Helpline – 01733 863649 adultsocialcare@peterborough.gov.uk
In an emergency, outside office hours, if someone is in danger and unable to protect themselves or cannot remain in the community without immediate intervention telephone 01733 234 724 and / or dial 999	

Referral to the Multi-Agency Safeguarding Hub via the Council's Customer Services must be made on the same day using the Adult Safeguarding Referral form (Online for Cambridgeshire). Please note agencies should not submit referrals on any other form. Reporting should not be delayed by the need to complete the form.

Cambridgeshire County Council: Practitioner reporting of concerns about an Adult at Risk – Cambridgeshire county Council

If you are unable to use the online referral form for Adults At Risk, please complete the old paper referral form and email to referral.centre-adults@cambridgeshire.gov.uk

Peterborough City Council: please complete the old paper referral form and email to adultsocialcare@peterborough.gov.uk

There may be occasions when your designated safeguarding lead is unsure whether to report or not e.g. the adult has refused consent to share the information or the vulnerability of the adult is uncertain. If in any doubt, the designated person / manager must consult the MASH via the Council's Customer Services for advice

Details of how to make a 'Good Safeguarding Referral' can be found in Appendix Three.

7.3 If you have concerns about the safety of a Child or Young Person under the age of 18

If a child is in immediate danger, please call the police and/ or ambulance on 999

If there are concerns that a child is at risk of significant harm, then an immediate report must be made to the Children's Multi-Agency Safeguarding Hub. All telephone referrals will need to be followed up in writing within 24 hours by the referring professional.

Cambridgeshire	Peterborough
Children Social Care: 0345 045 5203 (Mon – Thurs) 8am – 5.30pm, (Friday) 8am – 4.30pm	Children Social Care 0345 045 5203

Professionals should use the new online referral form to submit safeguarding concerns to Children's Services. This is a much more secure and efficient way of submitting a referral and will also give you a reference number on submission. The online form should be used instead of Word or PDF versions of the form.

Cambridgeshire County Council: Professional reporting of child abuse – Cambridgeshire County Council

Peterborough City Council: Professional reporting of child abuse – Peterborough City Council

In urgent situations out of office hours the referral should be made to the emergency duty team (out of hours) on 01733 234724

If there are concerns about a child but they are not at significant risk of harm, the Early Help team should be contacted.

Cambridgeshire	Peterborough
Early Help Hub: 01480 376 666 Email: Early.Helphub@cambridgeshire.gov.uk	General EH enquiries: 01733 863649 Email - earlyhelp@peterborough.gov.uk

7.4 Concerns about Reporting Abuse to your Designated Contact Person / Line Manager

If you believe the designated contact person / line manager to be implicated in the abuse, or you as a worker do not feel able to discuss it with him / her then you must approach another or more senior Manager, or use your organisation's Whistle Blowing procedure, or contact the Multi-Agency Safeguarding Hub via the Customer Services.

7.5 Allegations Against a Member of Staff

In all cases where an adult at risk is deemed as being at a safeguarding risk from a member of staff then the safeguarding referral process should be followed as above.

Additionally, your own agency will have standard policies and procedures in relation to whistleblowing and reporting allegations against members of staff.

7.6 People In Positions of Trust

The Cambridgeshire and Peterborough Safeguarding Adults Partnership Board has in place a framework and process for the management of allegations against "People In a Position of Trust" (PiPoT)

The meaning of the term people in a position of trust is “people who work, in either a paid or unpaid capacity, with adults with care and support needs”.

In relation to this process the person in a position of trust will have had an allegation raised that they may pose a risk to adults at risk because, in their life outside of their work environment, they are alleged to have:

1) behaved in a way that has harmed, or may have harmed an adult or child
2) possibly committed a criminal offence against, or related to, an adult or child
3) behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs”

The procedure for making a referral to the Multi-Agency Safeguarding Hub in relation to a PiPoT can be found at the link below: Procedure for Managing Allegations against People in Positions of Trust (PiPoT) | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

7.7 Making a Safeguarding Referral for a Multi-Agency Risk Assessment Management (MARM)

For very specific cases, where an adult at risk has mental capacity but continues to place themselves at risk and is not engaging with services, you should refer to the Multi-Agency Risk Assessment Management (MARM) Guidance.

The guidance must only to be used where the adult at risk:

- has the mental capacity to understand the risks posed to them
- continues to place themselves at risk of serious harm or death
- refuses or is unable to engage with necessary care and support services

For the guidance on the MARM please see: Multi-Agency Risk Management Guidance | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

7.8 Multi-Disciplinary Team Meetings

When working with a complex case involving the safeguarding of an adult at risk it may be necessary for agencies to come together to discuss the case and formulate a plan of action and support (i.e. Strategy Meeting). Peterborough City Council and Cambridgeshire County Council have prepared a fact sheet to support the implementation of Multi-Disciplinary Meetings and more details can be found in Appendix Four.

7.9 Preservation of Evidence

The over-riding aim of these Multi-Agency Adult Safeguarding Procedures is to protect people with care and support needs who are at risk from abuse, maltreatment and neglect.

The preservation of evidence where a crime may have been committed contributes to this goal, but the immediate protection of adult at risk is the highest priority. However, care must be taken to ensure that forensic and other evidence is not contaminated.

Action to ensure the preservation of evidence must not be to the detriment of any immediate medical care or the protection of any person with care and support needs. *Advice from the*

police must be obtained before conducting any enquiries into matters which may become subject to a criminal enquiry. Where there is potential for this situation occurring, you can avoid contaminating evidence or compromising enquiries by:

- Not interviewing the adult at risk, alleged perpetrator or potential witnesses after a disclosure has been made. This is the responsibility of the police or the person/agencies agreed by the adult at risk planning meeting. General support for the wellbeing of the adult at risk should continue.
- Note that safeguarding staff need to ask the immediate questions necessary to protect a person with care and support needs but to avoid jeopardising a criminal enquiry.
- Disturbing a 'scene' as little as possible, sealing off areas if possible and locking rooms to restrict further access - keep a note of what rooms you have accessed
- Discouraging washing/bathing where possible in cases of sexual assault
- Not handling items which may hold DNA evidence
- In emergencies ensuring that the police are involved as quickly as possible calling 999

7.10 Securing records

Where necessary, and to avoid tampering, relevant files and documents must be secured by removing them to a secure place or locking them away, or restricting access if electronic files, in order to preserve their integrity. Any attempt to alter files, electronic or paper, in response to a safeguarding allegation may constitute a criminal offence.

7.11 Recording Safeguarding Concerns & Safeguarding Disclosures

Concerns about safeguarding abuse against an adult at risk must be recorded as soon as possible and always on the same day

Good record keeping is a vital component of professional practice and is essential from the first contact with an adult at risk to case closure. Record keeping is central to the processes of risk assessment, safeguarding

Whenever a concern or allegation of abuse is made, agencies must keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken.

When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns. We know 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.

Records must provide accurate, factual, verifiable information and specify where they are based on direct observation

See appendix for details on how to keep records and how to make them secure Appendix Five.

8 What Happens Once the Safeguarding Referral is Received at the Multi-Agency Safeguarding Hub?

The person in the Multi-Agency Safeguarding Hub receiving the safeguarding concern will:

- Where it is identified by the Multi-Agency Safeguarding Hub Safeguarding Team that urgent action is needed to protect the safety of one or more adults and this has not already been taken, they will take immediate action to commence enquiries and protect any person with care and support needs from the identified harm. This will happen on the same day that the concern is received. The action will be recorded by the Multi-Agency Safeguarding Hub.
- Acknowledge receipt of the safeguarding concern.
- At all times, a professional approach should be adopted when anonymous referrals are made in relation to whistleblowing policies and reassurance of anonymity is provided. However, anonymity is generally discouraged and the person raising the concern should be supported to enable them to divulge their identity whenever possible. The safeguarding referrer should be asked whether their safety is or will be compromised, should the person alleged to be causing harm know the source of the safeguarding concern.
- Record the safeguarding concern - All safeguarding concerns must be recorded within 24 hours of contact.
- When the concerns relate to an adult at risk who lives or receives services in another local authority area, both local authority social services departments must be informed by the service provider manager / designated person. The funding authority will have a vested interest and will need to be involved.
- If a referral is made anonymously, every effort should be made to encourage the person to give contact details. It can be confirmed that their identity can be withheld and explained that the enquiry will be more difficult without this. However, if they persist in remaining anonymous the referral should be taken, nevertheless.

9 Adult Multi-Agency Safeguarding Hub (MASH)

9.1 Adult Multi-Agency Safeguarding Hub's responsibilities

The Local Authority has statutory duties under the Care Act 2014 to develop procedures for identifying the circumstances giving grounds for a safeguarding concern. Local authority Teams based in the Multi-Agency Safeguarding Hub have responsibility for assessing the potential seriousness of a safeguarding concern, appropriate liaison with other relevant agencies and for determining what response is required.

The key adult safeguarding responsibilities of the Multi-Agency Safeguarding Hub are:

- Triage of adult at risk safeguarding referrals
- Ensuring that the adult at risk is involved and consulted throughout the process
- Screening-out inappropriate referrals and signpost where appropriate
- Ensuring appropriate immediate action is taken
- Identify the key team or organisation that will carry out the enquiry under S.42 of the Care Act 2014
- Collate and share any relevant information with the key team or organisation undertaking the S.42 enquiry
- Provide advice and support to care teams on safeguarding issues
- Oversee the collection of management information
- The Multi-Agency Safeguarding Hub can also ask the provider for a report - the following link takes you to the provider factsheet and report template, which may be helpful in these circumstances: Safeguarding Adults – Provider Section 42 Enquiry | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

These responsibilities may require discussions between other agencies

Other responsibilities include ensuring:

- That every safeguarding concern referred receives a clear response.
- The person alleged to have been harmed and other people with care and support needs participate in the decision-making process and are protected from abuse and harm occurring or reoccurring.
- That the level of response is proportionate to the perceived level of risk and seriousness and reflects the desired outcomes stated by the adult at risk. The Human Rights Act 1998 requires public authorities to intervene in people's lives in a way that is proportionate to the presenting concern should not be arbitrary or unfair. Intervention must have a basis in law and must secure a legitimate aim to prevent abuse or crime. The seriousness or extent of abuse is often not clear when a safeguarding concern is first expressed. The interventions must be proportionate to the nature, degree and intensity of the concern and the risk presented. This may result in a decision to take no further action based on the evidence available
- That interventions centre on the person alleged to have been harmed and other people with care and support needs to maintain choice and control for themselves.
- The involvement of an appropriate relative, friend, advocate or court appointed deputy when a person alleged to have been harmed lacks the mental capacity to participate in the Safeguarding process, will be required.

9.2 Determining the relevant Local Authority

Responsibility for leading an enquiry lies with the area where the alleged abuse took place.

Some adults at risk living in our areas (Peterborough and Cambridgeshire) are the responsibility of other local authorities. For the purposes of this section the area in which they are living is the "host authority" and the area with funding responsibility is the "placing authority". For further guidance see Appendix Six.

10 Adult Multi-Agency Safeguarding Hub (MASH) Triage & Risk Assessment

10.1 Initial Response from MASH to the Safeguarding Referral

Once immediate safety measures are in place and the safeguarding concern has been raised, a decision about how to respond will be made by the Multi-Agency Safeguarding Hub team. This decision will reflect the desired outcomes of the adult at risk and will take one of three routes:

1) No further action for the local authority (NFA) – Information and advice provided
2) A formal safeguarding enquiry under section 42 of the Care Act 2014.
   An investigation by the employer, using the local authorities' power under section 42 of the Care Act 2014 to cause an enquiry. This will utilise internal investigation processes, such as, an incident investigation, serious incident, internal management review, HR procedures, complaints or root cause analysis. The local authority will request the outcome and a report within an agreed timescale. The local authority and the local Clinical Commissioning Group (CCG) as commissioners will require assurance that people have been safeguarded and appropriate action has been taken. All those carrying out such enquiries should have received appropriate training relevant to the type of enquiry. Referrals to professional regulatory bodies and the Disclosure and Barring Service must always be considered. The Local Authority will coordinate the S42 enquiry. The employer must report their findings and action plan to the local authority.
3) A formal safeguarding enquiry under section 42 of the Care Act 2014 coordinated by the local authority or delegated partners.
   The local authority will adopt the principle that the employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. Examples of when this might occur include:
   - A serious conflict of interest on the part of the employer
   - Concerns having been raised about non-effective past enquiries
   - Serious or multiple concerns
   - Matters to be investigated by the Police

10.2 Consideration of the Safeguarding Referral by the Multi-Agency Safeguarding Hub

Multi-Agency Safeguarding Hub staff will use the risk assessment matrix to determine the level of risk and the appropriate response:

- Low - does not meet the grounds for s42 enquiry.
- Medium - may meet the threshold for a s42 enquiry.
- High - likely to meet the threshold for a s42 enquiry.

In determining a proportionate response, the priorities of the Multi-Agency Safeguarding Hub team must be to ensure the safety and protection of people with care and support needs and ensure their active participation. The team will establish the facts, assess the risk and agree an initial adult at risk plan for maintaining safety, wellbeing and dignity.

Where the case has been assessed by Multi-Agency Safeguarding Hub and the risk is perceived to be high the case will be progressed within 1 working day.

10.3 Notification to the Person Reporting the Safeguarding Concern

In all cases the person reporting the safeguarding concern will receive feedback from the Multi-Agency Safeguarding Hub, and they must be informed how the safeguarding referral will be dealt with within the confines of allowable information sharing. *This will be within 7 calendar days of the decision.*

11 Safeguarding Enquiries

11.1 Safeguarding Enquiry

An enquiry is the action taken or instigated by the local authority in response to a concern that abuse, or neglect may be taking place. An enquiry could range from a conversation with the adult at risk, prior to initiating a formal enquiry under S42 of the Care Act, right through to a full multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult at risk views and wishes, any immediate action taken and the reasons for those actions. If the person lacks capacity, or has substantial difficulty in understanding the enquiry, their representative or advocate should be involved. The enquiry needs to include the wider context when considering the risk to the adult and to others.

The objectives of an enquiry into abuse or neglect are to:

- Establish facts
- Ascertain the adult at risk's views and wishes
- Assess the risk to the adult at risk and to others
- Assess the needs of the adult at risk for protection, support and redress and how they might be met
- Protect the adult at risk from the abuse and neglect, in accordance with their wishes make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- Enable the adult at risk to achieve resolution and recovery.

The Care Act 2014 states that local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult with care and support needs is or is at risk of being abused or neglected.

A Safeguarding Enquiry under section 42 of the Care Act will be undertaken when the concern meets all elements of the three-stage test for an adult at risk:

- A person aged 18 years or over has care and support needs *and*
- Is experiencing or at risk of abuse or neglect *and*

- As a result of their care and support needs is unable to protect themselves

It should be noted that the stages of the safeguarding process may overlap

11.2Leading Safeguarding Enquiries

A formal enquiry under Section 42 of the Care Act 2014 would usually be coordinated by the local authority, or a partner with delegated authority under S75 NHS Act 2006

However, the 2014 Act allows the Local Authority to request this be undertaken by another agency using formal procedures most relevant to the concern. When such a request is made under section 42 of the Care Act 2014, there is a duty on partners to cooperate and respond.

The purpose of an enquiry is to decide whether or not the local authority or another organisation, or person, should act to help and protect the adult at risk.

The local authority will train a sufficient number of qualified professionals to undertake coordination of safeguarding enquiries. The aim is to ensure that effective action is taken to assess immediate risk and to address any immediate protection needs.

The practitioner leading the enquiry and their manager are responsible for coordinating the enquiry and for including all relevant agencies.

11.2.1 Lead Professional

The local authority is the lead agency for making enquiries, it may require others to assist with the process. In many cases a professional who already knows the adult at risk will be the person best placed to make the enquiries. They may be a social worker, a care provider, housing support worker or other health worker such as a community nurse.

Health and care providers may make enquiries regarding adults at risk in their service, and health providers can do so in health settings. All provider staff may support other agencies in an enquiry as they may know the adult at risk well. *The only circumstances in which this cannot occur is if there are concerns that a provider will not be impartial* as there are implications for their service, for example there are concerns about the way the service is run and they are the registered manager or owner.

Health and care providers cannot undertake enquiries if they do not have the skills or experience necessary to undertake an enquiry consistent with the requirements set out within the Care Act 2014, or if they have previously undertaken enquiries which have not met the requirements set out within the Care Act 2014.

Safeguarding leads may need to consult the other agencies involved in the enquiry strategy and review the enquiry plan. Should an agency fail to progress an agreed enquiry without informing the coordinating manager this will be escalated to a senior manager in their organisation and to the local authority Adult Safeguarding Manager. Should an adult at risk be placed at further risk the matter will be escalated to the Chair of the Adult Safeguarding Partnership Board as a failure of the duty to cooperate.

The role of the Local Authority in this process is to reduce risk and concentrate on the wellbeing of the adult going forward.

For further guidance and information on section 42 Enquiries see:
https://www.adass.org.uk/media/7323/s42-fwork-v-7-5-final-11-july.pdf

11.2.2 Police Investigations into Criminal Cases

Where the abuse or neglect of an adult at risk amounts to a criminal offence the Police will lead the criminal investigation.

The Police will make a decision as to whether achieving a best evidence interview (ABE) is appropriate. The Local Authority will retain overall responsibility for the Safeguarding enquiry.

11.3 Safeguarding Issues to Consider

11.3.1 Abuse by and of unpaid carers

Circumstances in which an unpaid carer could be involved in a situation that may require a safeguarding response include:

- An unpaid carer may experience intentional or unintentional harm from the adult at risk they are trying to support or from professionals and organisations they are in contact with.
- An unpaid carer may intentionally or intentionally harm or neglect the adult at risk they support on their own or with others.

When a safeguarding concern is raised regarding a relative or unpaid carer, consideration should be given to the specific circumstances, the nature of the issues and the appropriate proportionate response. The decision should consider an outcome which supports or offers the opportunity to develop, or maintain, a private life which includes those people with whom the adult at risk wishes to establish, develop or continue a relationship.

Responses should ordinarily seek to support the continuation of family and caring relationships where this is consistent with the wishes and desired outcomes of those concerned. The Local Authority has produced a fact sheet “Supporting Carers at Risk of Abuse” which may be of help in these situations. See Appendix Seven.

11.3.2 Poor practice

When practices within an agency is judged as poor but has not yet lead to an adult at risk being harmed and are unlikely to do so imminently. It is important to consider the impact of the alleged harm or practice on the adult at risk, whether others may be at risk of harm, and what the proportional response to the concern should be. Where the practice is resulting in harm for the individual concerned, abuse is likely to be indicated. However, it is important to consider the nature, seriousness and individual circumstances of the incident in reaching a decision.

A commissioner or the Care Quality Commission can take action in respect of poor practice concerns, the local authority must consider if these actions already form an appropriate and proportionate response to the concerns raised.

If the local authority identifies possible abuse, including organisational abuse it will lead on those aspects of the concerns, performance and quality issues will continue to be addressed by commissioners and / or the Care Quality Commission.

11.4 Involvement of the Person (Adult at Risk)

The adult at risk should always be involved from the beginning of the enquiry unless there are exceptional circumstances. Where an adult at risk with mental capacity cannot be included as

a full partner the practitioner leading the enquiry will agree with them how their views are to be incorporated into the planning process.

If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

If a person lacks capacity to contribute to the process, then consideration should be given to appointing an Independent Mental Capacity Advocate.

In all circumstances the adults at risk (or their advocate's) views, wishes and desired outcomes from the safeguarding intervention should be gathered at the earliest opportunity as this should direct the subsequent planning.

The most important support is the creation and implementation of a robust adult at risk plan to address immediate risks and longer-term support.

Where possible, as appropriate to the case and with the adult at risk's agreement the adult at risk must be supported to:

- Live free from continuing abuse
- Build their confidence, self-esteem and acknowledgement of their right not to be abused
- Enable access to people outside the abusive situation, for example, social or educational activities
- Access services where they can talk about the abuse they are experiencing, e.g. counselling services, victim support, domestic abuse outreach services or other support group
- Gain more information about their options, e.g. advocate or legal advice
- Make a plan about what they would do if they changed their mind or if they wanted help in an emergency
- The information obtained during the visit must contribute to a judgement of the level of risk to independence of the adult and to other people with care and support needs that might also be at risk.
- Support from partner agencies must be obtained promptly if there is a need for them to act with urgency in order to prevent further harm until a planning meeting has taken place.

Guidance on understanding the 'Lived Experience of the Adult' to support enquiries and assessments can be found here: Lived Experience of the Adult | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

11.4.1 Consent and Information gathering

When contacted as part of information gathering, the adult at risk may have decided to withhold consent for information sharing for any further adult safeguarding process. The adult safeguarding staff should check that the adult at risk has had a full explanation of what the adult safeguarding procedures involve. A decision on whether to proceed or not should be based on an assessment of whether the conditions to override consent are met, i.e. that it is in the public interest,

If the decision is made to progress without the adult at risk's consent the adult at risk should be advised of this, unless to do so would put them at risk, and involvement offered on whatever

basis the adult is comfortable with. It is the local authorities' decision not to follow its section 42 duty, if the decision is to stop the adult safeguarding procedures the adult at risk should receive clear information on how to get help if they wish to, or if matters deteriorate. The rationale for the decision not to proceed should be clearly recorded by the decision maker.

If the person with care and support needs does not want intervention and they have the capacity to make this decision, and if there are no other grounds or a legal requirement to intervene, it is still possible to work alongside him/her - with their consent. Examples of this might include:

- A Care Act assessment of need
- Providing information about alternative sources of support and advice
- Options to increase personal or environmental safety
- The provision of advocacy

11.4.2 Advocacy

In all cases professionals should consider if the adult at risk needs and advocate or someone to support them.

Under the Care Act 2014 the local authority has the duty to provide professional independent advocacy to people (adults and carers) with care and support needs:

- Who may have capacity but would have substantial difficulty (understanding retaining weighing up, communicating) in being involved in care and support processes (subject of a safeguarding enquiry and / or safeguarding adult review)
- When there is no other suitable person to represent and support them
- Advocacy must be independent of the local authority

The advocate's role is to facilitate the person's involvement, not merely be consulted about it. Advocates will decide the best way of supporting and representing the person they are advocating for, always with regard to the wellbeing and interest (including their views, beliefs and wishes) of the person concerned.

If a safeguarding enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible.

If the person has been assessed as lacking the capacity to make decisions concerning the abuse and there are no family members or relevant others to act in their best interests, an Independent Mental Capacity Advocate (IMCA) must be appointed. An Independent Mental Capacity Advocate is a statutory advocate introduced by the Mental Capacity Act 2005, appointed to support a person who lacks capacity.

Where an independent advocate has already been arranged under s67 Care Act or under MCA 2005 then, unless inappropriate, the same advocate should be used for safeguarding purposes.

Think and ask about the advocacy services being used in your area

11.4.3 Right to Refuse Services or Support

When the adult at risk who is alleged to have been harmed has capacity and does not want any information to be shared this must be honoured unless any authority has an overriding duty of care to act, or other people with care and support needs or children are at risk. If you

have any doubt about this, you should consult your manager or the Safeguarding Team for advice.

In situations where:

- There is a legal duty of care to do so
- The alleged person causing harm is a paid worker, volunteer or in a position of trust
- The person alleged to be causing harm is another person with care and support needs
- Other people are at risk from the alleged person causing harm
- Then enquiries may take place even where a person with care and support needs, with or without mental capacity, has asked for no action.

The Local Authority has a duty to make enquiries, protect and check all of the facts before reaching a final decision on how to proceed.

11.5 Information Sharing

It is a requirement for all staff to treat all information in a confidential manner and use it solely for lawful purposes in accordance with acts of legislation and national guidance, specifically the Data Protection Act 2018, the General Data Protection Regulation (GDPR), the Care Act 2014 and the Caldicott Principles.

This section sets out how Cambridgeshire and Peterborough Safeguarding Adults Partnership Board requires confidential information to be kept safe and secure, without compromising the need to share information appropriately and lawfully to safeguard adults at risk.

11.5.1 Information sharing and safeguarding

There is a common law “Duty of Confidence”, where a person has a right to expect information given in confidence to be kept confidential by the person receiving the information i.e. doctor and patient, solicitor and client.

Effective information sharing is key to effective safeguarding. It is therefore important that a balance is found between maintaining confidentiality and sharing information on a need to know basis with relevant parties.

11.5.2 Why do we need to share adult safeguarding information?

According to the Social Care institute for Excellence, organisations need to share safeguarding information with the right people at the right time to:

- prevent death or serious harm
- coordinate effective and efficient responses
- enable early interventions to prevent the escalation of risk
- prevent abuse and harm that may increase the need for care and support
- maintain and improve good practice in safeguarding adults
- reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- identify low-level concerns that may reveal people at risk of abuse
- help people to access the right kind of support to reduce risk and promote wellbeing
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour

- reduce organisational risk and protect reputation

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The Data Protection Act 2018, and the General Data Protection Regulation (GDPR) *are not barriers* for sharing information. They provide a documented framework for sharing information securely and appropriately. The act allows the balance of the need to preserve a trusted relationship with the need to share information to effectively safeguard the person.

It is crucial to remember that there can be significant consequences to not sharing information, as there can be to sharing information. Professional judgement must be exercised in making the decision to share, or not share information, and the reasoning documented. All sharing of personal information must be lawful.

11.5.3 Lawful Information sharing

There are four legal bases for processing personal confidential data which meet the common law duty of confidentiality. These are:

1. With the consent of the individual concerned.
2. Through statute, such as the powers to collect confidential data in section 251 of the NHS Act 2006 (see section 6.7) and the powers given to the Information Centre in the Health and Social Care Act 2012 (see sections 1.8, 6.5 and 7.3.4).
3. Through a court order, where a judge has ordered that specific and relevant information should be disclosed and to whom; and
4. When the processing can be shown to meet the 'public interest test', meaning the benefit to the public of processing the information outweighs the public good of maintaining trust in the confidentiality of services and the rights to privacy for the individual concerned.

In addition to having one of these legal bases, the processing must also meet the requirements of the Data Protection Act 2018 and pass the additional tests in the Human Rights Act 1998.

Any processing of personal confidential data that is not compliant with these laws, even if otherwise compliant with the Data Protection Act 2018, is a data breach, and must be dealt with as such.

11.5.4 Informed Consent

Issues concerning consent can be complex, and it may be appropriate to seek guidance.

Consent must be 'informed'. This means that the person giving consent needs to understand why information needs to be shared, what will be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

There will be cases where the adult at risk may have the cognitive capacity to make decisions and give consent but where their context and history mean that they are unable to make a realistic, independent and informed decision about their own needs and safety. Professionals should explore alternative routes to safeguard the adult, including through legal processes and the use of inherent jurisdiction, proportionate to the risk of serious harm.

Obtaining explicit consent for sharing information is best practice and should be obtained from the adult at risk at the start of any involvement. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute.

If there is a significant change in the use to which the information will be put compared to that which had previously been explained, or a change in the relationship between the agency and the individual, consent should be sought again. Individuals have the right to withdraw consent at any time.

It is important to distinguish between serious harm to the person to whom information relates and serious harm to others. Confidential information can be disclosed without consent to prevent serious harm or death to others. This is likely to be defensible in common law in the public interest.

11.5.5 Legislative Basis for Information Sharing

For further details relating to the legislative basis for sharing information including various legislative acts and the Data Protection Act 2018 – see Appendix Eight.

11.5.6 Caldicott Principles

For further details please see Appendix Eight

For guidance on the Golden Rules of Information sharing please see Appendix Eight

11.5.7 Information Sharing Principles

There are a number of principles, which are non-statutory, to support decisions to share confidential information. These principals may be agency specific and could also be a part of an agreed memorandum of understanding. Ask your agency if any of these apply.

11.6 Involvement and Support for Family and Carers

The nature of some safeguarding concerns, especially any incident involving serious harm, may also cause distress to the family and carers of the adult at risk. It is an important role for the practitioner leading the enquiry to consider whether any support is required or referral to a statutory agency or other recognised body. Any safeguarding enquiry following the death of a person with care and support needs should specifically consider this.

If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to:

- Whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse. For example, the provision of training or information or other support that minimises the stress experienced by the carer. In some circumstances the carer may need to have independent representation or advocacy; in others, a carer may benefit from having such support if they are under great stress or similar
- Whether other agencies should be involved; in some circumstances where a criminal offence is suspected this will include alerting the police, or in others the primary healthcare services may need to be involved in monitoring

Other key considerations in relation to carers should include:

- Involving carers in safeguarding enquiries relating to the adult at risk 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

- whether a change in circumstance changes the risk of abuse or neglect occurring

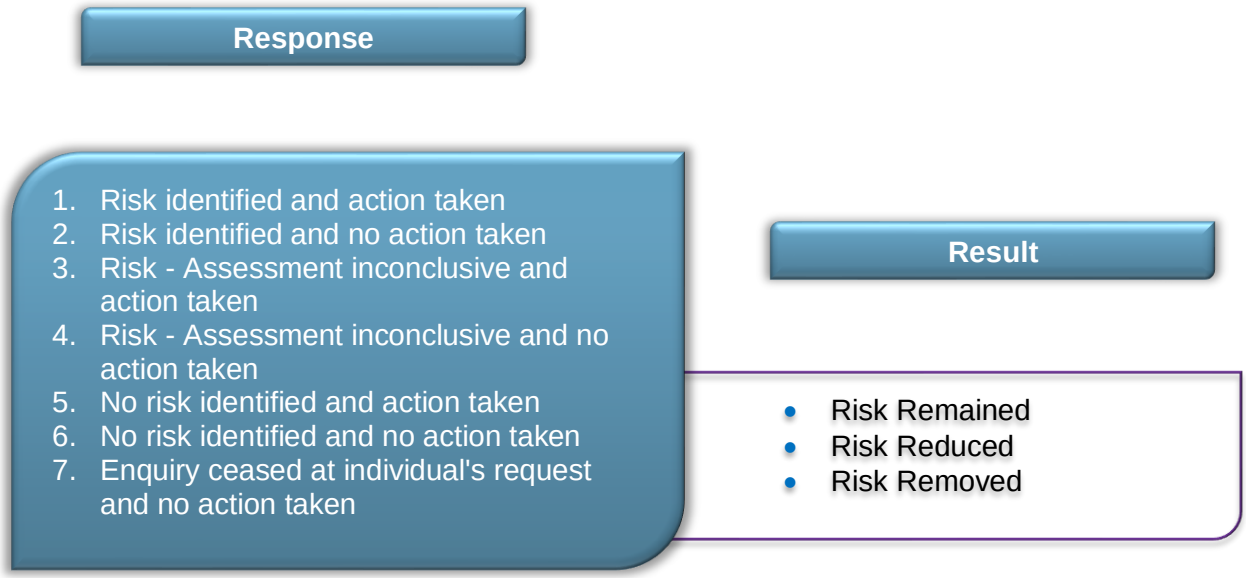
11.7 Undertaking a Safeguarding Enquiry

Procedures and Guidance on how to undertake a safeguarding enquiry can be found in Appendix at Nine and may include:

1. Initial information gathering
2. Planning as part of a safeguarding enquiry
    a. Primary considerations for Adult at Risk Planning
    b. Services Implicated in Abuse & Care Quality Commission (CQC)
    c. People alleged to be causing harm who have Care and Support Needs
    d. Involvement of the Alleged Person Causing Harm in discussions and meetings in Very Exceptional Circumstances
3. Holding Adult at Risk Meetings
    a. Key Areas for consideration in Adult at risk meeting
    b. Adult at Risk Meeting Conclusions
4. Adult At Risk Plans
    a. Positive Actions to Prevent Repeat Abuse, or Neglect by a Person or an Organisation
    b. Actions to Promote the Safety of an Adult and for Recovery from Abuse, or Neglect
    c. Actions to be considered in relation to the person alleged to be causing harm include:
    d. Review and Closure of the adult at risk Plan
5. Records
    a. Keeping accurate records of an enquiry
    b. Guide for what to include in an enquiry report

11.8 Effective outcomes

It is important to know how effective the adult safeguarding intervention has been. For this reason, it will be necessary to record identification and responses to risk. See Appendix Ten– Risk Framework tool.



11.9 Resolving Professional Differences (Escalation Process)

Key Principle: It is every professional's responsibility to 'problem-solve'. The aim must be to resolve a professional disagreement at the earliest possible stage as swiftly as possible, always keeping in mind that the adult at risks safety and welfare is the paramount consideration.

The Cambridgeshire and Peterborough Safeguarding Adults Partnership Board is clear that there must be *respectful challenge* whenever a professional or agency has a concern about the action or inaction of another. Examples could include

i. there may be disagreement as to the Multi-Agency Safeguarding Hub outcome or
ii. which agency should undertake an enquiry
iii. an agency fails to meet timescales or does not undertake the recommended actions or fails to communicate the outcome.

Agencies/professionals should not be defensive if challenged.

It is expected that the Safeguarding Adult Partnership Board escalation and resolution process should be used first, however if at any stage it is felt necessary to make a formal complaint, each agency should follow the recognised complaints procedure and adhere to the timescales specified. The Resolving Professional Differences policy can be found at:

Safeguarding Adults Resolving Professional Differences (Escalation Policy) | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

12 Safeguarding Adult Reviews (SARs)

According to Part One Section 44 of the Care Act 2014 Safeguarding Adult Boards (i.e. Cambridgeshire and Peterborough Safeguarding Adult Partnership Board) must undertake a Safeguarding Adult Review (SAR) when:

1. An adult in its area with care and support needs (i.e. an adult at risk) has died as a result of abuse or neglect whether this was known or suspected before the adult died and there is concern that partner agencies could have worked more effectively to protect the adult.
2. An adult in its area with care and support needs (i.e. an adult at risk) has not died, but the Safeguarding Adult Board knows or suspects that the adult has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

The purpose of a Safeguarding Adults Review is to learn the lessons about how professionals and organisations work together, and to consider how the learning can be used to improve practice for others in the future

Appendix One : Types of Abuse

The following are defined by Care Act 2014 guidance as constituting abuse or neglect. However Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria below will need to be met before the issue is considered as a safeguarding concern.

The following gives examples of possible abuse of adults at risk and indicators:

Physical Abuse	
May Involve	Possible Indicators
• Assault • Hitting • Slapping • Kicking • Pushing or rough handling • Scratching • Inappropriate restraint or sanctions including deprivation of food, clothing, warmth and healthcare needs • Force feeding • Misuse (or inappropriate withholding) of medication	• Injuries that are on unusual sites e.g. cheeks, ears, neck, inside mouth, inner thighs • Burns or scalds with clear outlines or have a uniform depth over a large area, e.g. buttocks • Injuries that are the shape of objects e.g. a hand, teeth, cigarette • Presence of several injuries or scars of a variety of ages • Injuries that have not received medical attention • A person being taken to many different places to receive medical attention • Skin infections • Dehydration • Unexplained weight changes • Medication being ‘lost’ • Behaviour that indicates that the person is afraid of the alleged person causing harm
Domestic Abuse	
May Involve	Possible Indicators
Behaviour of a person (A) towards another person (B) is ‘domestic abuse’ if they are both aged 16 or over and are personally connected to each other.	An intimate partner or family member: • tries to keep the person from seeing friends or family

Personally connected includes current or former intimate partners, they are relatives The behaviour is ‘’abusive’ if it consists of any of the following • Physical or sexual abuse • Violent or threatening behaviour • Controlling or coercive behaviour • Economic abuse • Psychological, emotional or other abuse • Stalking • Female Genital Mutilation Practice Guidance for practitioners on Female Genital Mutilation (FGM) | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk) Multi-agency statutory guidance on female genital mutilation - GOV.UK (www.gov.uk) • Honour Based Violence • Forced Marriage Honour Based Abuse and Forced Marriage | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk) Forced marriage - GOV.UK (www.gov.uk) Forced Marriage Unit fmu@fcdo.gov.uk fmuoutreach@fcdo.gov.uk	• prevents them from continuing or starting a college course, or from going to work • constantly checks up or follows them • accuses them unjustly of flirting or of having affairs • constantly belittles or humiliates them or regularly criticises or insults them in front of other people • deliberately destroys their possessions • hurts or threatens them or their children or their pets • keeps them short of money or items need for their care • forces them to do something that they didn’t want to do • speaks for them, does not allow them to attend appointments on their own • coercion and control

Sexual Abuse

May Involve	Possible Indicators
• Rape • Indecent exposure • Sexual harassment • Inappropriate looking or touching • Sexual teasing or innuendo	• Sexually transmitted diseases or pregnancy • bruises or tears or in genital / anal areas, e.g. inner thighs, breasts • Soreness when sitting

• Sexual photography • Subjection to pornography or witnessing sexual acts • Sexual assault • Sexual acts to which the adult has not consented or was pressured into consenting • Sexual exploitation – coercion into sex work	• Signs that someone is trying to take control of their body image e.g. anorexia or bulimia, self-harm • Sexualised behaviour or language • Oral infections • Showered with excessive gifts/rewards The signs that a person may be experiencing sexual abuse and psychological abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that may be carried out in "grooming".

Psychological Abuse

May Involve	Possible Indicators
• Threats of harm or abandonment • Emotional abuse • Deprivation of contact • Humiliation • Blaming • Controlling • Intimidation • Coercion • Harassment • Verbal abuse • Cyber bullying/abuse • Isolation • Unreasonable and unjustified withdrawal of services or supportive networks • Excessive criticism • Ridicule/mockery	• Difficulty gaining access to the adult on their own or difficulty in the adult gaining opportunities to contact you • The adult not getting access to medical care or to appointments with other agencies • Low self esteem • Lack of confidence and anxiety • Increased levels of confusion • Increased urinary or faecal incontinence • Sleep disturbance • Person feeling/acting as if they are being watched all of the time • Decreased ability to communicate • Communication that sounds like things that the alleged person causing harm would say, language being used that is not usual for the person accessing services • Deference/submission to the alleged person causing harm • Covering up or lying to relatives and friends

Financial or Material Abuse

May Involve	Possible Indicators
• 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 • The misuse or misappropriation of property, possessions or benefits	• Change in material circumstances • Sudden loss of assets • Has no money, no food in the house, weight loss • Unusual or inappropriate financial transactions • Visitors whose visits always coincide with the day the person receives their benefits • Insufficient food in the house • Bills not being paid • Person who is managing the finances overly concerned with money • Sense that the person is being tolerated in the house due to the income they bring in, person not included in the activities the rest of the family enjoys • Unusually high levels of debt

Modern Slavery

May Involve	Possible Indicators
• Slavery • Human trafficking. Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through use of force, coercion or other means for the purpose of exploiting them. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services known as the National Referral Mechanism. https://www.ecpat.org.uk/thenational-referral-mechanism • Forced labour and domestic servitude	A person may: • Show signs of physical and / or psychological abuse, look malnourished, • unkempt, or appear withdrawn • Rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work • Be living in dirty, cramped or overcrowded accommodation, and / or living and working at the same address • Have no identification documents, have few personal possessions and always wear the same clothes. What clothes

• Coercion deceit and forcing people into a life of abuse or inhumane treatment	they do wear may not be suitable for their work • Have little opportunity to move freely and may have had their travel documents retained, e.g. passports • Avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family. be dropped off / collected for work on a regular basis either very early or late at night
Note: The National Referral Mechanism (NRM) is the process by which an individual is identified as a victim of human trafficking. Referrals to the NRM can only be made by authorised agencies known as First Responders. Authorised agencies in the UK are the Police Forces, the UK Border Force, Home Office Immigration and Visas, Social Services and certain Non- Governmental Organisations such as the Salvation Army	

Discriminatory Abuse

May Involve	Possible Indicators
• Harassment • Treating a person or group less favourably than others, or slurs or similar treatment because of: • Race • Gender and gender identity • Age • Disability • Sexual orientation • Religion • Breaches in civil liberties • Unequal health or social care • Hate incidents and hate crime	• Person highly concerned about race, sexual preference etc. • Tries to be more like others • Reacts angrily if any attention is paid to race, sex etc. • Carer overly critical/anxious about these areas • Disparaging remarks made, shaming and/or ridicule • Person made to dress differently • An older person being acutely aware of age or ‘being a burden’

Organisational Abuse

May Involve	Possible Indicators
Including neglect and poor care practice within an organisation or specific care	• Over-medicating people

setting such as a hospital or care home, for example, or in relation to care 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 Organisational factors that may contribute to organisational abuse: • Weak or oppressive management • Inadequate staffing (numbers, competence) • Inadequate staff and volunteers supervision or support • Insufficient training • Rigid routines • Closed communication channels	• Lack of social / leisure activities • Lack of personal clothing and possessions • Deprived environment and lack of stimulation • People referred to or spoken to with disrespect • Inappropriate physical interventions • Unsafe environments • Absence of effective Care Plans and Risk Assessments • Absence of a caring environment and culture • Complaints

Neglect and Acts of Omission

May Involve	Possible Indicators
• 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 • 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 • Inadequate care • Failure to afford privacy and dignity	• Malnutrition • Rapid or continuous weight loss • Not having access to necessary physical aids • Inadequate or inappropriate clothing • Untreated medical problems • Pressure ulcers which could have been avoided (see specific guidance) • Dirty clothing/bedding • Lack of personal care • If neglect is due to a carer being overstretched or under-resourced the carer may seem very tired, anxious or apathetic • Lack of motivation, depression, tearfulness

Note: Wilful neglect may constitute a crime and could result in prosecution under S44 MCA if the adult is lacking relevant capacity.

S.20 Criminal Courts & Justice Act 2015 provides for wilful neglect by a paid care worker when the victim HAS capacity, and S,21 Criminal Justice & Courts Act 2015 covers neglect by Care Companies

Self -Neglect

May Involve	Possible Indicators
This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis a decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support Self-neglect may arise from inability or unwillingness to care for oneself, or both in complex interaction with each other. A helpful definition is "the result of an adults inability due to physical or mental impairments, or diminished capacity, to perform essential self-care tasks (Braye, 2011)	Those who self-neglect may have • pride in self-sufficiency; • a sense of connectedness to place and possessions; • a drive to preserve continuity of identity and control; traumatic life histories and events that have had life changing effects. Causes of self-neglect may include • physical problems, • mental health problems, depression, • personality, • history of trauma, • substance misuse, • lack of social networks, • isolation • old age Multiple factors may exist with one person

Intervention in self-neglect may depend on assessment of mental capacity, as people who have capacity are entitled to make choices for themselves. Research shows that interventions that work are based on multi-agency multi-disciplinary assessments and include building of trusting relationships, consensus and persuasion, and practical support with daily living. Monitoring should focus on outcomes and risks, not on services provided.

The person should always be at the centre of any decisions made to support them.

A safeguarding concern must be made in situations of severe self-neglect where there is high risk and it is proportionate to do so – for example where there is no clear lead agency or where interventions have not been successful. The role of a safeguarding enquiry in this instance will be to coordinate a multi-agency forum to share information, assess risk and establish a lead agency to work with the person concerned. For further information see :

Multi-Agency Policy and Procedures to Support People who Self-Neglect | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Multi-agency Protocol for Working with People with Hoarding Behaviours | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Adults At Risk of Radicalisation

'Radicalisation' refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Violent extremists may target vulnerable people and use charisma and persuasive rationale to attract people to their cause. Radicalisation can be abusive and require a Safeguarding referral. In

Cambridgeshire and Peterborough, access to resources to counter radicalisation (including into "Channel") is through a referral to MASH.

The Government's Prevent strategy:

- responds to ideological challenge faced from terrorism and aspects of extremism, and the threat faced from those who promote these views
- provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that need to be addressed.

Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services, the police) and the local community to identify individuals at risk of being drawn into terrorism; to assess the nature and extent of that risk; and to develop the most appropriate support plan for the individuals concerned. Channel is about preventing children, young people and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

More information on the government strategy to counter terrorism and radicalisation can be found in Home Office Prevent Guidance

Appendix Two: How to Respond to Disclosures of Abuse and Neglect

Once an adult at risk has disclosed abuse it is important that the adult at risk is supported throughout the safeguarding process:

- Remain calm and do not show shock or disbelief
- Help the adult at risk to stay in control and find out what they want to happen next
- Listen carefully to what is being said using aids where necessary to support communication. Record it in detail using the words that they used
- Use open ended questions using TED principles; Tell me, Explain, Describe.
- Be aware of the possibility that medical evidence may be needed
- Demonstrate an empathetic approach by acknowledging regret and concern that what has been reported has happened
- Do confirm that the information will be treated seriously
- Give the person contact details so that they can report any further issues or ask any questions that may arise
- Ensure that the person with care and support needs receives regular feedback and updates, in the format that best suits their needs
- Ensure that any emergency action needed has been taken
- Ensure that those who need to be informed have been informed

Tell the person that:

- It was not their fault and they were right to tell you
- You must inform an appropriate Manager and/or the Police
- The Manager will contact the Multi-Agency Safeguarding Hub
- The Multi-Agency Safeguarding Hub will consider the adult at risk wishes and whether they consent to the matter being progressed further. There will be circumstances where an enquiry may have to progress even if they do not give their consent

- Do not press the person for more details
- But do not stop someone who is freely recalling significant events, as they may not tell anyone again
- Do not dismiss or disbelieve what you see or have been told
- Do not ignore the issue
- Do not promise to keep secrets; but do explain that the information will only be passed to those who "need to know", and try to be specific about who these might be
- Do not make promises that you cannot keep (such as "this will not happen to you again")
- Do not contact the alleged abuser or anyone who might be in touch with him / her
- Do not be judgmental e.g. "why didn't you run away?"
- Do not tell anybody who doesn't need to know – remember the rules of confidentiality
- Do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it

Appendix Three: How to Make a "Good" Referral

Firstly, before making a safeguarding referral consider is this person I am concerned about an adult at risk?

Remember:

According to the Care Act 2014: An Adult at Risk (sometimes referred to as AAR) is an adult (someone aged 18 or older) who:

a) has needs for care and support (whether or not the authority is meeting any of those needs),
b) is experiencing, or is at risk of, abuse or neglect, and
c) as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

Secondly is the concern I have about the adult at risk a Safeguarding Concern?

If it is a safeguarding concern that you have about an adult at risk then you must complete all of the relevant sections on the safeguarding referral form with as much detail as possible, including:

- Your details (name, job title) and contact information (telephone contact and address)
- Details of the adult at risk – (correct spelling of name, ethnicity, date of birth, address, first language etc)
- Details of the adult at risk safeguarding concern – what are you concerned / worried about? What is the impact on the adult at risk? Has any previous support been provided to address these concerns and what are the strengths/ resilience factors for the adult at risk?
- Has the adult at risk involved given consent to the referral being made? If you have not gained the adult at risk consent, then you need to say why
- Details of the incident/concern, including dates and times and list any actions taken to safeguard the individual
- Details about the person alleged to be causing harm, including name and address, the relationship to the person with care and support needs, their role and the organisation for which they work,
- Consideration of whether or not there is a risk of abuse to others, including children.
- Consideration of Making Safeguarding Personal and the Lived Experience of the Adult - have you asked the adult what outcome they would like following the safeguarding referral?
- What do you want to see happen as a result of the safeguarding referral?
- Addition of multi-agency risk assessments that will support your referral
    - Hoarding Risk Assessment Tool
    - Clutter Image Rating Tool
    - Self-Neglect Indicator Assessment Tool
    - Self-Neglect Assessment of Need and Risk
    - Pressure Ulcers
    - DASH (Domestic Abuse, Stalking and Honour based violence)

These assessments can be found at Concerned? | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Practice Guidance on Pressure Ulcers | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

DASH form, guidance and flowchart

https://www.cambsdasv.org.uk/website/referral_forms/296136

Remember, facts and opinion should be clearly differentiated. Referral forms should be completed without the use of jargon, technical terms, and derogatory and discriminatory language. If you do use technical and medical terms, then you should explain what they mean for the adult at risk.

Remember, the more information that is provided, the easier it is for the MASH(Multi-Agency Safeguarding Hub) to make a decision about the best course of action to take.

Appendix Four: Multi- Disciplinary Team Meetings

CCC and PCC Practitioner Factsheet: Management of Meetings

Introduction

This factsheet is intended to support with the management of complex client related meetings, where external parties may be involved. For example, strategy meetings.

Preparation

To get the best out of any meeting you need to ensure all parties are prepared and have the best opportunity to participate fully. Some people attending may not be used to meetings. Make sure you send out an agenda at least 2 working days before the meeting. Be clear in the invite and in any conversations about the purpose of the meeting and if necessary be clear what it is not. Be careful the meeting does not turn into a discussion about general concerns; the agenda and purpose provide clarity and are essential to avoid losing focus.

Meeting Guidelines for Chair

- Discuss with the minute taker in advance if the meeting is expected to be difficult. This may relate to the subject to be discussed, complexity or the people attending.
- Make introductions – Welcome participants, briefly introduce yourself and others who may not be familiar to the group.
- Clearly outline relevant housekeeping details such as timings, logistics, roles and responsibilities.
- Explain the confidentiality
- Give summary as to the purpose of the meeting and what you hope to accomplish during the meeting.
- Aim to keep to the agenda and keep points short and succinct.
- Allow a pause to give attendees time to respond (and unmute if meeting is remote).
- Allow time for the minute taker to record points and clarify where needed.
- Communicate with the minute taker regarding any specific information which should or should not be recorded.
- Keep to allotted time and steer conversation making sure discussion points raised are relevant.
- Summarise as required during and at the end of the meeting.
- Review any agreed action points at the end of the meeting.

Meeting Guidelines for minute takers

- Recording needs to be succinct; the minutes should not be verbatim.
- The minutes should record the important points raised by individuals, and the actions agreed
- Check with the chair if you need clarity about certain points to be recorded.

Process

The following actions should be taken when it is decided that a meeting is required

Chair

In PCC arranging the meeting is the responsibility of the chair, ensuring that calendars are checked for availability and minute taker (if required) is included in invitations. Support may be required from Business Support if a "dial in" option is needed.

In CCC, assistance with arranging the meeting is available from Business Support if required by completing "Request for Business Support to arrange a Meeting" (Appendix1). The completed form should be emailed to

AdultBusinessSupportSeniors@cambridgeshire.gov.uk ensuring where possible that enough notice (2 weeks) is given to enable room booking and availability of a minute taker (if required). If enough notice is not given, then Business Support may not be able to fulfil the request.

Business Support (CCC only):

- Check calendars of chair (and attendees if possible) to select a suitable date
- Book a room /arrange Teams meeting – bearing in mind accessibility issues
- Liaise with chair if there are any concerns
- Send invitation emails
- Email Chair/Practitioner to confirm actions have been completed.
- Keep a record of confirmed attendees

Chair

- Prepare the Agenda (Appendix 2)
- When the meeting booking has been confirmed send the Agenda to Business Support with any specific instructions regarding distribution.

Business Support

- As directed by the chair send Agenda with previous minutes and any additional reports /documents as required to attendees. Ideally this should be about a week before the meeting.
- Prepare a Minute template with headings to correspond with the Agenda
- Keep chair informed regarding apologies.

Following the meeting

- Minutes should be written up in a timely manner and sent to the Chair for checking.
- Any handwritten notes taken at the meeting should be stored/destroyed securely in order to ensure confidentiality is maintained.
- A summary of agreed actions should be shared as soon as possible, to remind those responsible and allow them time to complete.
- Once agreed minutes should be circulated to meeting attendees as advised by the Chair.
- It may be appropriate to redact some information before circulating, if individuals only attended part of the meeting. The Chair should advise if this is the case.
- The Chair to agree any follow up actions in relation to non attendees.

TAKEN FROM PETERBOROUGH CITY COUNCIL AND CAMBRIDGESHIRE COUNTY COUNCIL FACT SHEET MANAGEMENT OF MEETINGS

Appendix Five: How to Record and Store Information

1. Recording a Safeguarding Concern / Safeguarding Disclosure

Concerns about abuse must be recorded as soon as possible and always on the same day.

- Records should be given to your Line Manager.
- Records of concerns and disclosures of abuse are strictly confidential.
- Reports should not be entered into a record or file to which people who do not need to know, or an alleged abuser, may have access.
- Write it as soon as you possibly can after the disclosure so you remember as much as you can.
- Write down exactly what the person said, for example if an adult says "he touched me down there" write this down, do not write "she said he touched her vagina".
- Include the following:
    - Where the abuse took place
    - Whether anybody else was present.
    - Who has been abused, where and when
    - What was the impact of the abuse
    - Who was involved in the abuse
    - Were there any issues about the mental capacity of those involved at the time of the incident
    - Immediate actions taken to protect the person with care and support needs
    - does anyone else involved have care and support need
- If you make a mistake, put a line through it, do not use Tippex.
- Use a pen or a biro, preferably with black ink for photocopying.
- Sign the report, date and time it.
- Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court.
- You should record full details on the Safeguarding Referral form, where possible

2. Keeping Agency Records

- Records must be kept from the time that a safeguarding concern, allegation or disclosure is made
- When recording a safeguarding concern don't forget to describe what you have seen, heard or have been told …write down
    - Who
    - What
    - Where
    - When
- Records should be signed and dated
- Records must be made as soon as possible after the event
- Always check accuracy, particularly after recording in a stressful situation

- All records should be typed or kept on computer
- All records must be securely stored in accordance with your own agency policies
- All safeguarding meeting minutes must be kept on the adult at risk's file
- All safeguarding plans and reviews must be kept with the adult at risk's file
- If the alleged person causing harm is accessing services then information about his or her involvement in a safeguarding enquiry including the outcome of the enquiry must be included on his or her case records
- It is inappropriate to document certain information in the place normally used for records, if the suspected alleged person causing harm or associates may have access to that record.

Appendix Six: Guidance on Determining the relevant Local Authority

Responsibility for leading an enquiry lies with the area where the alleged abuse took place.

Some adults at risk living in these areas are the responsibility of other local authorities. For the purposes of this section the area in which they are living is the "host authority" and the area with funding responsibility is the "placing authority".

The guidance in this section is taken from the ADASS Safeguarding Adults Policy Network Guidance on Out-of- Area Safeguarding Adults Arrangements (December 2016).

The following principles underpin the guidance in this document:

- The host authority will have overall responsibility for co-ordinating the safeguarding adults' enquiry and for ensuring clear communication with all placing authorities and other stakeholders, especially with regards to the scheduling of meetings and the planning of the enquiry.
- The placing authority will have a continuing duty of care to the person with care and support needs that they have placed.
- The placing authority will contribute to the enquiry as required and maintain overall responsibility for the individual they have placed.
- The placing authority should ensure, through contracting arrangements and in-service specifications, that the provider has arrangements in place for protecting people with care and support needs and for managing concerns, which in turn link with local (host authority) multi-agency safeguarding adults procedures. This includes the requirement to inform the host authority of both individuals and placing authorities affected by the safeguarding concerns.
- Authorities may negotiate flexible arrangements, for example relating to another authority undertaking assessments, reviews, investigative activities or other supportive activities on behalf of a placing authority. In such cases, the placing authority would maintain overall responsibility for the person they have placed, and reimbursement would be required and agreed as part of such negotiations.

1. Hospital Settings:

If a safeguarding concern is reported and the alleged abuse occurred within a hospital setting in Cambridgeshire or Peterborough, the Council in whose area the alleged abuse occurred

will assume responsibility for the enquiry. If the adult at risk is an ordinary resident of a different Authority, they will be contacted as part of the planning process.

If the abuse occurred prior to admission, the council in whose area the alleged abuse occurred must be asked to take over the lead role in the investigation. In these cases, a worker / workers from Cambridgeshire or Peterborough as appropriate may be allocated to support the home authority with their investigation.

2. Community Settings:

People with care and support needs using services may disclose abuse that has happened in their placing authority. In these circumstances, the appropriate manager in this area will support the person receiving the concern to report the concern to the relevant local authority.

The lead role in enquiries into alleged abuse that occurred in Cambridgeshire or Peterborough will be taken by services from that area. This applies if the person alleged to have been harmed lives in another area unless transfer of leadership is agreed by the Safeguarding Managers of both councils. In these circumstances, the Adult Safeguarding Team will liaise with the Adult Safeguarding Manager in the person's placing authority.

3. What may fall outside the duty of the local authority?

i. Information gathering may conclude that the section 42 duty to enquire is not met because the concern raised with the local authority does not relate to:
   a. An adult at risk
   b. An issue of abuse or neglect (including self-neglect) as defined within the Care Act 2014

However, the people concerned may need support. The local authority should consider how it can provide or direct the person to more appropriate forms of support in relation to their needs.

ii. The concern may relate to an historical allegation of abuse and the adult with care and support needs is now no longer at risk. One of the criteria for undertaking a statutory enquiry under the Care Act 2014 s42 duty is that the adult with care and support needs is "experiencing, or is at risk of, abuse or neglect". Therefore, the duty to make enquiry under the Care Act 2014 relates to abuse or neglect, or a risk of abuse or neglect that is current. *Concerns relating to historic abuse or neglect where the person is no longer at risk will not be the subject of statutory enquiry under these procedures, but further action under different processes may be needed*

All such historic safeguarding concerns will be considered to determine whether they demonstrate a potential current risk of harm to other adults. If so a section 42 enquiry will be appropriate to determine whether other adults with care and support needs are in need of safeguarding. Criminal or other enquiry through parallel processes (e.g. complaints, inquests, regulatory, commissioning, health and safety investigations) may be indicated.

iii. An historic concern regarding child sexual abuse or exploitation must include a consideration of whether children are currently at risk of abuse from the same perpetrator. If it is believed children are at risk a report must be made to children's social care MASH. The police will still consider allegations of historical abuse should the adult wish to report this.

iv. Where an adult safeguarding concern is received for an adult who has died the same considerations will apply. An enquiry will only be made where there is a clear belief that other identifiable adults with care and support needs are experiencing, or are at risk of, abuse or neglect. If there are concerns about how an adult died but there is no risk to any other adult at risk the matter should be reported to the local coroner's office or police. A referral for a Safeguarding Adult Review (SAR) may be appropriate where there are concerns about the circumstances of the death

Appendix Seven: Practitioner Factsheet Supporting Carers at Risk of Abuse

The eligibility criteria with support needs under the Care At 2014 states that carers can be eligible for support in their own right based on the impact that the caring role has on their wellbeing.

In this responsibility it is important to consider carers who are a significant risk of abuse due to the nature of their caring role.

It is also important to note that a carer may be at risk of abuse or suffering abuse from the cared for person.

Indicators to consider when suspecting carer abuse by adult at risk:

- Risk of abuse can increase when carer is isolated.
- Cared for person does not acknowledge that the carer has needs and is unaware or in denial of the impact their behaviour has on the carer.
- Unrealistic expectations by cared for person on the carer.
- The cared for person does not treat the carer with respect and uses emotional strategies to control them.
- The cared for person rejects outside help from other family members and will not engage with any attempts to provide formal help
- The cared for person refuses to be left alone – even for short periods of time and sabotages any attempts the carer makes to create space between themselves and the cared for person
- The cared for person displays aggressive behaviour or abusive behaviours towards the carer
- The carer may not have an independent source of income; their income relies on them remaining a carer
- Imbalance of power with regards to finances and accommodation.
- The cared for person has a history of substance abuse.
- There is a history of domestic violence.
- In extreme situations the carer may feel like the only way to escape is to take their own life.

Although a S42 enquiry may not be required / appropriate safeguarding principles should still be applied to support and safeguard the carer at risk of abuse.

Appendix Eight: Information Sharing

1. Legislative bases for information sharing

According to the Care Act 2014 - A Safeguarding Adult Partnership Board may request a person to supply information to it or to another person. The person who receives the request must provide the information to the safeguarding adult partnership board if:

- the request is made in order to enable or assist the safeguarding adult partnership board to do its job
- the request is made of a person who is likely to have relevant information and then either:
    - the information requested relates to the person to whom the request is made and their functions or activities
    - the information requested has already been supplied to another person subject to an SAB request for information

(Care and Support Statutory guidance Feb. 2017) The Care Act therefore provides one legal basis for sharing information.

Crime and Disorder Act 1998 S.115

This allows information to be shared with the police, a local authority or a health authority if it is necessary or expedient for the purposes of any provision of this Act.

Data Protection Act 2018, General Data Protection Regulation (GDPR) S29

Information for:

1. The prevention or detection of crime,
2. The apprehension or prosecution of offenders,

Is exempt from the first data protection principle (except to the extent to which it requires compliance with the conditions in Schedules 2 and 3) (see appendix 2 DPA schedules)

Data Protection Act – Data Principles

- Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless: E+W+S+N.I
    - at least one of the conditions in Schedule 2 is met, and
    - in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
- Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes. E+W+S+N.I
- Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed. E+W+S+N.I
- Personal data shall be accurate and, where necessary, kept up to date. E+W+S+N.I
- Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes. E+W+S+N.I
- Personal data shall be processed in accordance with the rights of data subjects under this Act. E+W+S+N.I

- Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data. E+W+S+N.I
- Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

2. Caldicott principles

Justify the purpose (What is the purpose of the information sharing — is there a clear objective that can best be achieved by sharing the data?)

- Don't use personal confidential data unless it is absolutely necessary
- Use the minimum necessary personal confidential data
- Access to personal confidential data should be on a strict need to know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities
- Comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality. (What is the risk to individuals (both the person and any third parties) of sharing the data and is this risk proportionate to the benefits to the individual that will be achieved? This includes considering if there is a risk to individuals if the data is not shared.)

3. Golden rules of information sharing

The 7 golden rules of information sharing were developed for children's safeguarding and can help support the decision to share information legally and in the best interests of the person or the wider public. The 7 golden rules are:

1. Remember that the Data Protection Act 2018, General Data Protection Regulation (GDPR) and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual about what information may be shared and with whom.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible
4. Share with informed 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, there is good reason to do so.
5. Consider safety and wellbeing: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions
6. Necessary, proportionate, relevant, adequate, 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 individuals 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

SAFEGUARDING ADULTS: SHARING INFORMATION | SCIE

Appendix Nine: Undertaking Safeguarding Enquiries – What To Do..

1. Initial information gathering

At the outset the lead investigator should:

- Check that the adult at risk consents to the enquiry progressing, including the sharing of information. Seek written consent where possible.
- Gain information about actions needed that will enable the adult at risk to participate in the process, for example communication needs and/or physical access needs. Determine the adult at risk's physical and emotional needs and ensure that their safety and wellbeing are protected.
- Enable the adult at risk to make informed choices about the safeguarding process, including their wishes and expectations of the outcome.
- Ask the adult at risk for their own account of any situations highlighted in the safeguarding concern, (subject to possible consultation with the Police in cases of suspected crime) and to assess any risk of abuse they may be facing
- Where there is any cause to suspect/reasonable belief that there is an impairment of, or a disturbance in the functioning of, the mind or brain, assess the person's capacity to make informed choices about actions that could be taken to decrease any risk of abuse
- Establish whether they give consent (if they are able to) for family members and/or informal carers to be informed and whether they wish them to be included in any adult at risk meetings/case conference. This consent can be overridden in the circumstances outlined on page (procedures)
- Inform the person with care and support needs and their family/supporters of their rights to make formal complaints and/or take civil action.
- Offer advocacy services.
- Establish what the allegations of abuse are.
- Assess the presenting risks and agree protection arrangements.
- Obtain evidence.
- Give information about the input that partner organisations could make to the risk assessment and to any safeguarding plan.
- Explain any actions that an organisation has a duty to take, as a result of the referral and the interview, including actions to reduce immediate risk.

2. Planning as part of an Enquiry

Those responsible for conducting the enquiry should work with the adult at risk to develop an adult at risk plan. This may involve a discussion with other agencies or an adult at risk meeting.

An Adult at Risk meeting should involve the adult at risk concerned, (and / or their advocate or representative), the practitioner leading the enquiry, other professionals and managers as appropriate who will be able to provide necessary information to support with formulating a strategy for the enquiry. On other occasions it will be necessary or more effective, to formulate the initial plan through a series of telephone conversations, e-mails, or through a virtual meeting or a discussion. The practitioner leading the enquiry must decide on which course of action is most appropriate taking account of the level of risk and complexity of each case and the wishes of the adult at risk concerned.

It is important to remember that planning discussions may need to take place immediately following the Multi-Agency Safeguarding Hub's (MASH) decision and prior to the initial safeguarding visit. The planning discussion may take place with the MASH Safeguarding Team during the initial decision stage of the enquiry. It is the responsibility of the practitioner leading the enquiry to ensure that this is properly recorded on the safeguarding record.

The timing of planning discussions/meetings will be determined by the level of risk and urgency presented but should not in any case prevent effective support planning proceeding without delay.

All partner organisations involved must work actively to contribute to the plan and share their information appropriately.

Primary Considerations for Adult at Risk planning

- The wishes, feelings and desired outcomes of the adult at risk concerned -what the adult at risk wants to happen
- The protection of the adult at risk concerned
- The dignity, safety and wellbeing of the adult at risk concerned
- Clarify which issues are within the scope of the enquiry
- The identification and protection of anyone else who may be at risk especially the safety of those who raised the concern
- Obtain background information and establish matters of fact
- Gathering of initial evidence to enable action to be taken against the alleged person causing harm, e.g. by Police, CQC, or their employer. Care should be taken throughout that actions do not prejudice the gathering of evidence by partner organisations, especially in a Police enquiry.
- Thorough assessment and analysis of risk
- Minimising the impact of the alleged abuse for the adult at risk who may have been harmed or their main carers. Care should be taken to ensure that the adult at risk experiencing abuse is not asked about what has happened to them more than necessary but is sensitive to the adult at risk's need to discuss their experience
- Determining roles and responsibilities for each agency (e.g. Local Authority, Police, Health, Provided Services, etc.).
- Agree timing of actions (including complaints and staff disciplinary).
- Consider whether concerns warrant a recommendation for suspension of NHS or local authority placements or service contracts
- Need for expert legal advice or opinion.

Services Implicated in Abuse & Care Quality Commission (CQC)

Where a service is implicated in abuse or neglect, contact will be made with the management of the service and with service commissioners who will be invited to contribute to the planning. Where this is a registered service Care Quality Commission (CQC) must be consulted.

A decision should be made as to how and at what level of seniority a representative of the service involved can appropriately be involved in all or part of the planning process. This includes a judgment as to whether they are likely to be implicated as party to the alleged abuse/neglect or a potential witness in a criminal enquiry.

People alleged to be causing harm who have Care and Support Needs

If the person alleged to be causing harm is accessing services or may be in need of health or care services, the practitioner leading the enquiry, in consultation with other agencies, must ensure that decisions are made and clear plans are in place in relation to:

- The provision of services or change in provision of services to that adult at risk in the context of the allegations
- The safety of other adults at risk accessing services,
- Reducing any trauma experienced by the adult at risk who has experienced abuse
- The need to pass on any information about allegations to other people. This must be done lawfully
- If there is need to pass information to another agency this must be done either with the signed consent of the person against whom the allegations have been made or on the basis of information that needs to be shared for the purpose of preventing crime or further abuse of others

The provision of services to enable the person to recognise the impact of their behaviour and to choose not to carry out abusive behaviour in the future

Involvement of the Alleged Person Causing Harm in discussions and meetings in Very Exceptional Circumstances

It is unlikely that the person alleged to have caused harm would be included in planning discussions. This would happen in very exceptional circumstances and with the agreement of the Chair of the meeting.

It may form part of the planning for the alleged person causing harm to be present at a meeting; for example, if information and support to an informal carer who has been neglecting a person's care needs is a key part of the protection plan. This must also be with the informed consent of the person. If they do not have the capacity to make this decision, then a best interest decision should be made in accordance with the Mental Capacity Act. Any such decision must be clearly documented, and safeguards put in place to ensure the wellbeing and support of the adult at risk.

Where the allegation is against an agency rather than a member of staff, consideration should be given to whether or not to include the agency in any meetings and if included what level of staff should be invited.

Holding Adult at Risk Meetings

In some cases it may be appropriate to hold an Adult at risk meeting to coordinate a multi-agency response and produce a Safeguarding plan

The objectives of an adult at risk meeting would be to

- Collate information
- Review what the adult at risk wants to happen
- Review the support being offered to the adult at risk
- Review risks
- Draw up or review adult at risk plans
- Make decisions
- Review the enquiry report
- Determine whether abuse has occurred

The practitioner leading the enquiry is responsible for ensuring that the relevant organisations are informed of the need for a meeting and that they are invited.

The adult at risk and / or their advocate should be invited unless there is a valid reason why this should not happen. There should be evidence or serious suspicion that:

- There is a significant risk to the well-being of the adult at risk through attendance
- More than one adult at risk may be involved and confidentiality may be at risk (consideration should be given to having several parts to the meeting where possible)
- There is a likelihood that a police investigation may be compromised
- There is a possibility that risk to others may ensue

If the adult at risk does not attend the meeting plans must be made for how they will be informed about the meeting and any decisions made.

Key Areas for consideration in Adult at Risk meeting

The following areas should be considered and recorded in the Adult at risk meeting

- Background Details to the concern
- Summary information about the person with care and support needs, age, health, status, social living and support arrangements, relevant capacity
- Brief outline of current well-being / situation of the person with care and support needs and their views about the outcomes they want
- Discussion of any public interest considerations
- Risk Assessment
- Risks to and safety of person with care and support needs
- Risks to and safety of other people with care and support needs or children
- Whether any employee or volunteer should be suspended pending enquiry
- Where staff are suspended, the impact of that suspension on the service, people accessing the service, employer and employee and the steps needed to preserve continuity of services
- Whether remedial actions are required to protect other people with care and support needs or children
- The need for advocacy if not previously considered

The Adult at risk meeting will usually be chaired by a Manager or senior practitioner from the team responsible for the Enquiry. If several adults who are at risk are involved, a separate Adult at risk meeting may be considered for each person. Only one adult at risk should be present at any one time at an Adult at risk meeting.

Prior to the meeting any reports of the safeguarding assessment / enquiry should be accessible to the adult at risk concerned, with the involvement of a family member or advocate if appropriate.

Attendees should receive minutes for the part of the meeting they attended. Adult at risk meeting records and planning discussions must be entered on the electronic records system and copies faxed or be mailed securely to the parties involved *within 5 working days*.

Where an adult at risk does not have the mental capacity to be included, their representative or advocate must be nominated to take part in the review of the risk assessment and Adult at risk plan. The representative could be an advocate, key worker or relative.

Adult at Risk Meeting Conclusions

Any Adult at Risk or discussion should conclude with an adult at risk plan and be fully documented on the record of the discussion / meeting.

Key points for plans arising from planning discussions and meetings:

- identify action required to address immediate risk to the adult at risk concerned
- establish or review the adult at risk plan
- identify any specific coordinated action required in respect of the alleged person causing harm to minimise risks to the adult at risk who has been harmed, witnesses and whistle-blowers
- determine whether any internal press officer / department within organisations needs to be concerned to any possible media interest
- identify if further action is needed

Adult at Risk Plans

Where abuse appears to have taken place, or an ongoing risk is identified, an Adult at Risk Plan will be agreed *to prevent possible further abuse or to decrease the risk*.

The Adult at Risk Plan Must

- Include clear objectives and desired outcomes identified by the adult at risk concerned and practitioner leading the enquiry
- Specify the actions for individuals and agencies that have been identified
- Ensure that no tasks are assigned to an organisation or agency without confirming they are able and willing to carry out the role
- Show the required timescales for completion of all actions
- Include active consideration in consultation with the police and legal services, of the potential use of relevant legislation in cases where abuse has occurred
- Include consideration of referral to Witness Support Services of any adult at risk identified as entitled to ‘special measures’ under the police arrangements described in ‘Achieving Best Evidence’ such as an appropriate adult
- Include actions that may prevent the alleged perpetrator from abusing, maltreating or neglecting in the future

- Include any referrals for consideration under other multi-agency arrangements such as Multi Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangements (MAPPA) etc.
- Make arrangements for monitoring, support and counselling

Actions For Planning

Positive Actions to Prevent Repeat Abuse, or Neglect by a Person or an Organisation

The box below identifies a number of actions which may be used to reduce the risk of abuse re-occurring by management of the alleged person causing harm:

- Access to behaviour change programmes
- Meeting with an individual who has caused harm, to negotiate changes in their behaviour
- Carrying out a Carer's assessment and providing services that decrease the risk of abuse
- Increased levels of observation to prevent abusive behaviour by other people accessing services
- Organisational review, e.g. of staffing levels, policies, procedures, working practices and culture
- Training needs, assessment and supervision (of employee / volunteer)
- Changing service provision to a person who harms other people with care and support needs so that they are not in a position to continue abusing them
- Application to the Court of Protection to appoint a deputy
- Application to the Department of Work and Pensions to change appointee ship or agency
- Disciplinary procedures by an employer
- Volunteer management procedures by a volunteer-involving organisation
- Criminal prosecution
- Referral to the disclosure and barring service
- Referral to registration body -e.g. Nursing and Midwifery Council (NMC), Social Work England, British Medical Association (BMA), Health and Care Professionals Council (HCPC)
- Enforcement action by CQC
- Cancellation of registration of a care provider
- Application for a court order, e.g. restraining contact or an anti-social behaviour order
- Prosecution by Trading Standards
- Civil Law remedies, e.g. suing for damages

Actions to Promote the Safety of an Adult and for Recovery from Abuse, or Neglect

The list below identifies a number of actions which may be used to reduce the risk of abuse re-occurring by supporting the person with care and support needs:

- Activities that increase an adult at risk's capacity to protect themselves
- Activities that increase health and wellbeing

- Victim support services
- Security measures, e.g. door locks and entry devices, personal alarms, telephone or pager, CCTV
- Support to give Best Evidence in Court
- Application to the Court of Protection for an appropriate person to make decisions on behalf of a person without relevant mental capacity
- Application to the Court of Protection for an appropriate person to manage the person's finances
- Application for Criminal Injuries Compensation
- Supported decision making
- Advocacy and buddying
- Building resilience, confidence, assertiveness, self-esteem and respect
- Attachment based approaches
- Motivational interviewing and cycles of change
- Peer support, survivors networks, forums and circles of support
- Family and networks, including group conferences
- Brief interventions and Micro skills
- Mediation and conflict resolution
- Restorative justice
- Advocacy/ IMCA support services.
- New and/or increased support services to monitor actions agreed in the adult at risk plan
- Where proportionate and in the best interests or in accordance with the wishes of the person concerned, protection from contact with the alleged person causing harm, in the first instance by measures which remove the alleged person causing harm from the situation
- Counselling and therapeutic services
- Support or monitoring arrangements to others identified within the risk assessment that are in need of support
- Remember that the person with care and support needs should agree to the adult at risk plan and sign the plan to say that they have agreed
- Any additional support required for family and carers

Actions to be considered in relation to the person alleged to be causing harm include:

- Vulnerability of the alleged person causing harm
- Increase the observation of behaviours that are abusive and make interventions to prevent such behaviour
- Access to programmes supporting behaviour change
- Review of staffing levels, organisational procedures and culture of care
- Training needs assessment and supervision of staff and volunteers
- Change / increase the care provided to an individual to decrease carer stress
- Carry out a carer's assessment and provide support and information to carers to improve the care they are able to offer
- Meeting with the alleged person causing harm (if appropriate) to feedback the results of the risk assessment and to negotiate changes on their part

- Change the service provided so that they are not in contact with a person/people that may pose risks of harm. If moving to another provider, assess the impacts upon the alleged person causing harm in terms of health and well being
- Where the alleged person causing harm is an employee or volunteer, consideration should be given to whether suspension is needed during the enquiry phase to ensure that people with care and support needs are safeguarded from further potential abuse and to protect the alleged person causing harm from further accusations. The decision to suspend must be taken by the employing organisation based on advice from police or investigating staff.
- HR or disciplinary proceedings, referral to professional regulatory bodies
- Prosecution by the court, CQC or a contracting authority
- Application for a court order such as a restraining order or injunction
- Civil remedies, e.g. suing the alleged person causing harm for damages caused to individual(s)

Review of the Adult at Risk Plan

The purpose of the review is to ensure that the actions agreed in the adult at risk plan have taken place and has been effective is addressing the outcomes identified by the adult.

A date for reviewing the plan should be set at the adult at risk meeting. The date must be determined by the needs of the case. Where there is an ongoing risk of abuse, reviews should take place at least monthly. If it is known that the Adult at Risk plan will need to be changed at a particular date (e.g. when the perpetrator is released from prison) then a date should be set to review the plan in time to make the changes necessary to protect the adult at risk.

The practitioner leading the enquiry has a responsibility to keep in touch with the person concerned (the adult at risk), which may be via face to face visits, phone calls or in writing, and ensure the support plan is updated with their involvement in accordance with presenting risks.

A review meeting can be reconvened earlier at the request of the person concerned and any agency involved in supporting them. The meeting should decide responsibility for ongoing management of the support plan (if needed) and whether or not to set a date for further review

Closure of the Case

The closure of a case can occur at any stage once the safeguarding risk assessment has been completed, if;

- The adult at risk concerned withdraws consent for the safeguarding enquiry to continue, has mental capacity to make the decision and there is no wider public interest;
- It is found that there is no or very low risk to the person or others, making it disproportionate to continue with a safeguarding enquiry and support needs can be met through other means.
- The enquiry has concluded and has achieved the objectives or outcomes set out in the adult at risk plan
- Where it is decided the enquiry can be closed, but some actions are outstanding these actions should be transferred to the Care & support plan or Care Programme Approach (CPA) care plan, and any other ongoing care plans

Records

Keeping Accurate Records of the Enquiry

It is important that clear and accurate records are kept on the electronic records system as they may be used as evidence in court proceedings.

Note that the report does not have to be long or complicated and should:

- Be written in Plain English
- Not include jargon or abbreviations
- Be easy to read
- Be understood by the person with care and support needs and their carer

It is good practice to prepare the report of the enquiry in draft for discussion, agreement and sign off at the adult at risk meeting.

Any agency involved in the assessment must ensure that this is clearly recorded on their agencies own recording systems.

A guide to what should be included in an enquiry report

- Name, address, date of birth, ethnicity of the adult at risk
- Details of next of kin and carers
- Allegation/suspicions reported – list each separately. If an allegation has been made, note who is making it; if a suspicion, the basis for it
- Record dates and locations where known
- Previous related allegations/history of abuse
- A brief description of the adult, including nature of support needs and communication needs
- Social situation/family network/carers and current services received
- Assessment of the adult at risk's mental capacity relevant to any decisions that have to be made as part of the enquiry
- Views of the adult at risk who may be at risk and their expectations of the outcome
- Information about the person alleged to be responsible (if applicable)
- A description of the enquiry process and evidence gathered. Include information about the level of co-operation that you received from the various people involved
- Your assessment of the enquiry and analysis and rational for the outcome
- Risk assessment
- Determine on the balance of probabilities if the abuse occurred
- Recommendations for action and lessons learnt if appropriate
- Your name, organisation, team, position and qualifications
- Attach body maps, medical and other reports if appropriate to the case

Appendix Ten Multi-Agency Training and Resources Available

Virtual Briefings (short, animated power points with a narrative)

Virtual Briefings (sways) include:

- Making Safeguarding Personal
- Safeguarding Adults from Online Abuse
- Recognising Adults At Risk – Part 1
- Safeguarding Adults at Risk -Part 2
- Domestic Abuse and Safeguarding
- Sexual Violence and Safeguarding
- No Recourse to Public Funds
- Safeguarding for Community Volunteers

E-Learning during Covid-19 | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Booking on to Virtual and Face to Face Training

Courses include :

- Termly Workshops on the Latest Safeguarding Messages and Lessons Learned from Safeguarding Adult Reviews and Audit Activity
- Self- Neglect and Safeguarding Adults At Risk
- Hoarding and safeguarding Adults at Risk
- Safeguarding adults and the Mental Capacity Act
- An Introduction to Domestic Abuse
- Domestic Abuse -Using DASH to Risk Assess the Situation

Multi-Agency Safeguarding Training | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)

Training Resources and Informative Briefings

Includes:

- Tool box and Power Point Slides for single agency training
- Briefings from Safeguarding Adult Reviews on the Lessons Learned
- Resource Packs
- Adult Safeguarding Glossary https://safeguardingcambspeterborough.org.uk/adults-board/glossary-of-safeguarding-adult-terms

Resources for Practitioners | Cambridgeshire and Peterborough Safeguarding Partnership Board (safeguardingcambspeterborough.org.uk)