

Safeguarding Adults

Safeguarding Principles and the approach for South Yorkshire



This document contains the key overarching principles to which the 4 local authority areas will work. This document is further underpinned by Local Guidance and Procedures for operational teams. Each Local Authority will develop their own policy and procedures which sit under the principles.

Document Version Control

This document replaces all previous versions of the South Yorkshire Procedures.

Document Version Control

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1. Scope of the Document

This document focuses on safeguarding adults in relation to The Care Act 2014. The Care Act is the most significant change in social care law for 60 years. It applies to England and replaces a host of out-of-date and often confusing care laws and for the first-time places safeguarding adults on a legal footing.

This high-level adult safeguarding document outlines the principles, themes and approach to be taken when working with adults (age 18 and over) who may be or are at risk from abuse and neglect. It focuses on people whose situation meets **The Care Act safeguarding enquiry duties (section 42)** which apply to an adult who:

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

However, it is also important to state that where safeguarding concerns are raised and do not meet the above criteria there may be other avenues of advice, information, guidance and support that may be available through Section 1 of the Care Act 'Promoting Wellbeing' and or Section 14.44 which states...

'Local authorities may choose to undertake safeguarding enquiries for people where there is not a section 42 enquiry duty, if the local authority believes it is proportionate to do so, and will enable the local authority to promote the person's wellbeing and support a preventative agenda'.

Each Local Authority will set out how these other avenues of enquiry, support and protection operates in their area.

Other key sections of The Care Act specifically relating to safeguarding duties include: section 43 Safeguarding Adult Boards; section 44 Safeguarding Adult Reviews and section 45 Supply of information to support the function of safeguarding Adult Boards.

Further reading can be found at:

<http://www.legislation.gov.uk/ukpga/2014/23/section/42>

This document should be read in conjunction with each individual local authority's adult safeguarding procedures and practice guidance which provide the detail around local multiagency arrangements for safeguarding adults. It does not seek to prescribe processes but instead provides a positive and rounded view of how to approach working with adults who maybe or are experiencing abuse and neglect.

The Care Act Statutory guidance goes into considerable further detail and can be found by following the link:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Who is the document intended for?

This document is intended for people working in Safeguarding Partner agencies and organisations across South Yorkshire, specifically, Barnsley, Doncaster, Rotherham and Sheffield. It is a public document and is publicly available through each local Safeguarding Adults Partnership.

Why is Safeguarding Important?

Adult safeguarding means protecting people's right to live in safety, free from abuse and neglect. It applies to adults with care and support needs who may not be able to protect themselves. Action to safeguard adults should include:

- promoting well-being and prevent abuse and neglect from happening in the first place;
- ensuring the safety and wellbeing of anyone who has been subject to abuse or neglect;
- taking action against those responsible for abuse or neglect taking place;
- learning lessons and making changes that could prevent similar abuse or neglect happening to other people.

2. Introduction

Adult safeguarding within each local authority should seek to respond to concerns about abuse in a way that is sensitive to individual circumstances, is person centred and outcome focused. There may be pathways and processes to follow but these should not deter people from adopting common sense and proportionate approaches that put the individual at the heart of their work.

Although the responsibility for the coordination of adult safeguarding arrangements lies with local authorities, the implementation of these high-level principles and approach, as well as adhering to local safeguarding procedures, is a collaborative responsibility and in most cases effective work should be based on a multi-agency approach.

It should not be forgotten that abuse and neglect can have a dramatic effect on an individual's wellbeing, on:

- personal dignity;
- physical and mental health and emotional wellbeing;
- control by the individual over their day to day life;
- participation in work, education, training;
- suitability of the persons living accommodation;
- participation and contribution to society.

It is therefore vital that everyone plays a key role in identifying, reporting, tackling and preventing abuse and neglect.

3. Safeguarding Principles

During this decade there has been a greater emphasis on ensuring that any work in relation to safeguarding adopts a more personalised approach to working with children and adults. There has been a focus on listening to and hearing the voice of adults and taking into consideration their views and wishes.

Within adult safeguarding there have been some significant drivers to promote personalised ways of working: For example, **six key principles** that underpin safeguarding adults work, as previously set out in the 'Statement of Government Policy on Adult Safeguarding' (Department of Health (DoH), May 2013). The principles are enshrined in an approach called Making Safeguarding Personal (MSP), a sector led initiative sponsored by the Local Government Association which aims to support people to improve or resolve their circumstances with a focus on personalised outcomes rather than just 'investigation' and 'conclusion'.

Making safeguarding personal means Safeguarding adults should be person-led and outcome-focused (what the adult would like us to help them with to reduce the risk and make them feel safer). It engages the adult 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.

The six principles apply to all sectors and settings including care and support services, the principles should inform the ways in which professionals and other staff work with adults. The principles can also help SABs, and organisations more widely, by using them to examine and improve their local arrangements.

The Six Key Principles of Adult Safeguarding

Empowerment	People being supported and encouraged to make their own decisions and informed consent	<i>"I am asked what I want as the outcomes from the safeguarding process and these directly informs what happens"</i>
Prevention	It is better to act before harm occurs	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"</i>
Proportionality	The least intrusive response appropriate to the risk presented	<i>"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"</i>

Protection	Support and representation for those in greatest need	<i>"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"</i>
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	<i>"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"</i>
Accountability	Accountability and transparency in delivering safeguarding	<i>"I understand the role of everyone involved in my life and so, do they"</i>

In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements need to ensure that due regard is made to people's capacity to make decisions about their safety and that if people are assessed as not having capacity decisions will need to be made in their best interests. Where people are viewed as having capacity organisations need to further recognise that their decision making may be impacted by coercion from others and needs to be considered when supporting them to make choices. As adults we all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

Adult safeguarding is a dynamic interaction that must be undertaken *with* people and not done *to* people. The six principles should be adopted throughout when working with individuals and be considered as part of a natural approach.

The emphasis is on developing and sustaining a safeguarding culture which moves away from 'processes supported by conversations' to a 'series of conversations supported by a process'.

Making Safeguarding Personal Guide 2014 (Local Government Association).

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-socialcare/makingsafeguarding-personal>

4. Abuse and Neglect

The Care Act 2014 identifies several different types and patterns of abuse and neglect and the circumstances in which they may take place.

It is important to note that professionals should not limit their view on what constitutes abuse or neglect, as they can take many forms and the circumstances and wishes of the individual must always be considered.

Incidents of abuse may be one-off or multiple and affect one person or more.

Types of abuse highlighted in The Care Act include:

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

Self-Neglect and Hoarding

The Care Act 2014 sets out the requirements for partners to cooperate in cases where the wellbeing of an individual is threatened by self-neglect (including hoarding).

The South Yorkshire Safeguarding Adults Boards support adoption of the principles identified in research and learning from local and national Safeguarding Adults Reviews.

- Person centred/relationship-based work with the adult, empowering them to address the issues that led to the self-neglect and/or hoarding
- Persistent and long-term commitment to the adult, even if the adult initially refuses all offers of help and support
- Partnership working, irrespective of the adult's eligibility for service to maximise the impact of the interventions offered
- Involvement of family and friends to enhance our knowledge of the adult and what strategies might help resolve the risks
- Shared accountability for management of the risks and a clear escalation and closure process within and across organisations
- The Care and Support statutory guidance notes 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."
- Normally the decision to carry out a S42 enquiry should only be made with the consent of the adult concerned. "However, there may be circumstances

when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred.”

- If decisions are to be made on behalf of an adult who is assessed as lacking capacity to make that decision, they must be made in the best interest of the adult and the involvement of an independent advocate must be considered where there is no other relevant person to advocate on behalf of the adult at risk.

Local policies will offer additional guidance about how self-neglect and hoarding cases will be managed, this may include

- Single agency response
- Safeguarding enquiry (S42)
- Multi agency response linked to a local policy
- Use of the Mental Capacity Act/Best Interests decisions

Indicators of Abuse or Neglect

This document contains some indicators of abuse or neglect when considering Safeguarding Adults



Possible Indicators of Abuse.docx

For a fuller account of the types and indicators of abuse and neglect refer to your local safeguarding procedures and /or follow the link below:

<https://www.scie.org.uk/publications/atagance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>

Other specific areas to be considered which may relate to some of the types of abuse listed above where people have care and support needs and may be targeted include: female genital mutilation, hate and mate crime, honour-based violence and crimes including forced marriage, Exploitation by Radicalisers who Promote Violence (Prevent), exploitation by gangs (county lines- which may include involvement in criminal activity, sexual exploitation, trafficking, links to modern slavery).

It is also worth highlighting the Deprivation of Liberty Safeguards (amendments made to the Mental Capacity Act 2005 via the Mental Health Act 2007) and although not specifically part of The Care Act, represents a key part of overall practice. Deprivation of Liberty Safeguards focus on ensuring that adults who are deemed to lack capacity in specific areas and are deprived of their liberty (e.g. deciding where to live and around care and support arrangements) are able to continue to live safe and fulfilling lives, that enables least restrictive care and support options to be realised which are in line with personal dignity and human rights and deemed to be in their best interests.

Patterns of Abuse

Patterns of abuse vary and reflect very different dynamics. These include:

Serial abuse in which the source of harm seeks out and 'grooms' individuals. Sexual exploitation sometimes falls into this pattern as do some forms of financial abuse;

Long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or **Opportunistic abuse** such as theft.

Who abuses and neglects adults?

Anyone can abuse or neglect adults including:

- Spouses/partners.
- Other family members.
- Neighbours.
- Friends.
- Acquaintances.
- Local residents.
- People who deliberately exploit adults they perceive as vulnerable to abuse.
- Paid staff or professionals and Volunteers and strangers.

Organisational abuse

Is the mistreatment, abuse or neglect of an adult(s) by a regime or individuals in a setting or service where the adult(s) lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. It is often identified by repeated incidents of poor practice and is often linked to lack of appropriate management oversight, supervision, policies and training. These concerns may be identified by commissioners who need to have very clear processes to share relevant information with safeguarding colleagues to support joint action, if appropriate, to safeguard the adults and to improve the quality and safety of the service

Organisational safeguarding enquiries will not prevent individual safeguarding enquiries for the adults affected by the abuse and local guidance should be used to establish how these parallel enquiries will be managed.

People causing harm who are employed in Positions of Trust (PiPoT)

Adults are likely at some point in their life to be supported by people who may provide a range of personal care, advice, guidance, enablement, transport etc. Whilst the majority of these interactions are going to be positive and bring about good outcomes there will unfortunately, be occasions when people are abused or neglected by the people who are supposed to be supporting or working with them. Each safeguarding partnership should have procedures / protocols and mechanisms in place to respond to issues relating to people in positions of trust.

The four South Yorkshire Safeguarding Adults Board endorse the following principles, which do not replace any local policies or guidance

Definition of a Person in a Position of Trust (PIPOT) - a worker or volunteer, in any setting (including their private lives) who has

- ✓ Behaved in a way that has harmed or may have harmed an adult with care and support needs.
- ✓ Possibly committed a criminal offence against or related to an adult with care and support needs.
- ✓ Behaved towards an adult with care and support needs in a way that indicates s/he is unsuitable to work with adults with care and support needs.
- ✓ Behaved in a way that has harmed children or may have harmed children which means their ability to provide care or other service to adults with care and support needs must be reviewed.
- ✓ May be subject to abuse themselves and this may mean their ability to provide a service to adults with care and support needs must be reviewed.
- ✓ Behaved in a way which questions their ability to provide a service to an adult with care and support needs which must be reviewed e.g. conviction for grievous bodily harm against an adult who does not have care and support needs.

What authority do we have to investigate PIPOT concerns?

- ✓ The Care Act (2014) requires Safeguarding Adults Boards to develop a process to manage PIPOT concerns

What should I do if I identify PIPOT concerns?

- ✓ Share with your named PIPOT lead, if unsure who this is discuss with a senior manager. Do not share any information with the alleged PIPOT.
- ✓ If an adult with care and support needs has been harmed or is at risk of harm take any immediate actions to reduce the risk of harm if possible and send a safeguarding concern into Adult Social Care or relevant front door.
- ✓ Refuse any requests by the alleged PIPOT to resign from paid employment (taking advice from HR colleagues, if required)
- ✓ Consider if a referral to the DBS is required at this time. (page 6)

Who will need safeguarding?

Any adult (aged 18 or over) who:

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

What happens if children have been harmed or are at risk of harm as well as adults?

- ✓ If necessary, advice should be taken from the Local Authority Designated Officer (LADO) who manages concerns about workers and volunteers working with children. The LADO will provide support to manage any enquiries
- ✓ A referral should be made to Children's Social care to support an assessment of the needs of the child(ren)

How will the allegation be investigated?

- ✓ Existing processes will be used – disciplinary, criminal, safeguarding, LADO etc.
- ✓ If more than one investigation process is required, e.g. – disciplinary, criminal and safeguarding a planning meeting will be coordinated to address all the issues relating to the case.
- ✓ Robust records must be kept.

What happens if the allegations are substantiated?

- ✓ If appropriate a right of reply must be supported – e.g. via disciplinary, criminal or safeguarding processes.
- ✓ Referrals should be made to the Disclosure and Barring Service
- ✓ Referrals to appropriate professional body – e.g. Nursing and Midwifery Council
- ✓ Appropriate disciplinary action should be taken in line with internal policy
- ✓ Alleged source of harm details should be recorded by Adult Social Care

What happens if the allegations are malicious?

- ✓ Records and evidence must be kept showing that a robust enquiry has been completed that exonerates the PIPOT/Alleged source of harm

Who else will be told about the allegation?

- ✓ Information will be shared to protect the adult and to make sure a robust enquiry is completed
- ✓ Information about PIPOT activity will be maintained and shared in line with local policy
- ✓ Regulators, if appropriate, e.g. Care Quality Commission (CQC)

Where does abuse take place?

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or lives with others.

While a lot of attention is paid, for example to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

Where abuse or neglect and poor practise is takes place within an institution or specific care setting such as a hospital or care home *or sometimes within someone's own home* this is known as Organisational abuse (sometimes referred to as institutional abuse). The 4 Safeguarding Adult Boards in South Yorkshire are

committed to preventing harm to adults at risk by holding partners to account and monitoring commissioned services. If harm or abuse occurs, we expect all relevant partners (health and social care providers, commissioners and regulators) to work collaboratively to assess and mitigate the risks to adults receiving support or care.

What is Organisational Abuse

Organisational abuse can range from a one-off incident to on-going ill-treatment. It may be through neglect or poor professional practise because of structure, policies or practises within an organisation. It is covered in the following regulations:

- Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The statutory guidance for the Care Act 2014 (Chapter 14: Safeguarding), which describes the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect, and other sources of harm.

Concerns may arise due to issues about:

1. Management and Leadership
2. Staff skills, knowledge or practise
3. Resident's behaviours and wellbeing
4. Resistance to involvement by external people and isolating individuals
5. How services are planned and delivered
6. The quality of basic care and the environment

Potential Indicators of Organisational Abuse

- Run-down or poor facilities with unsafe, unhygienic or over-crowded facilities
- Abusive or disrespectful attitudes towards people using services including inappropriate use of power and control
- Lack of respect for dignity and privacy
- Not providing adequate food or drink or assistance with eating
- No flexibility or lack of choice in relation to daily routines and diet
- Not promoting independence
- Misuse of medication
- Tasks not being completed on time or correctly – people left on a commode or toilet for long periods
- Poor moving and handling practices
- Lack of care plans or individualisation of care plans
- Poor record-keeping and lack of procedures
- High staff turnover resulting in poor quality care
- Failure to provide care with dentures, glasses and hearing aids
- Discouraging/refusing visits or involvement of relatives, friends or carers
- Lack of personal items, clothing or possessions

- A lack of stimulation with few social, recreational and educational activities
- Lack of respect for religion, belief or cultural backgrounds
- Illegal confinements, restrictions or inappropriate interventions
- More obvious signs of abuse including cuts and bruises

An Organisational Abuse Enquiry may be as a result of

Repeated incidents of poor care/neglect including medication errors, missed calls, moving and handling issues, poor management of skin integrity, denial of visits by family and friends.

- An inability or unwillingness to implement changes agreed with commissioners and/or regulators, especially when this has involved enforcement action by either or both.
- Several safeguarding concerns involving adults in receipt of support from the service.
- Significant harm to one or more adult in receipt of service.
- A combination of the above

Principles for carrying out an Organisational Abuse Enquiry

- Adults and their representatives must be supported to contribute to the enquiry with consideration of the need for independent advocates. They should be kept up to date on the progress and findings of the enquiry.
- A protection plan to reduce the risk of further harm or abuse will be implemented immediately in agreement with affected individuals.
- The Care Act six key principles of safeguarding will be followed
- Multi-agency knowledge, skills and information sharing are essential for best practise, sound decision making and securing the best outcome for the adults involved and therefore involved partners from a range of agencies are required to be involved in the enquiry with agreed roles and responsibilities.
- Sharing information in line with legislation to equip all organisations to reduce the risk of further harm and to address the “root” causes of the issues. Data shared must be shared securely in a timely manner.
- A joint enquiry plan and action plan will be agreed and delivered by all partners and recorded within Adult Social Care.
- All details and actions must be recorded and communicated securely and accurately in line with information governance policies.
- Consideration will need to be given over the degree of strategic oversight needed by any enquiry depending on the degree, severity and complexity of the safeguarding enquiry.
- Whistle-blowers will be provided with support and protection through the process.
- Arrangements will be made for ongoing monitoring by commissioners and regulators including of an agreed action plan for improvement.

Support

If you are concerned about a service speak to your Local Authority. You can also contact the Care Quality Commission (CQC) if your concern is in relation to a registered care provider.

5. The Approach

After identifying that abuse or neglect may have occurred the process will usually include the individual raising a concern to the Local Authority (see key contacts at the end of this document), the Local Authority deciding if the concern reaches the threshold for a safeguarding enquiry and implementing any necessary safeguarding plans to reduce risk and support the adult to be as safe as possible. Preventing and tackling abuse and neglect should be a dynamic process which is flexible to include the needs and wishes of the adult(s) concerned.

The approach required to be taken on safeguarding is governed by the Care Act, the supporting Care and Support Statutory Guidance and principles and themes outlined previously in this document which are underpinned by Making Safeguarding Personal.

It is important to involve the person as soon as safeguarding adults' concerns are established to ensure their views, wishes and desired outcomes are included throughout the process to embrace the spirit of Making Safeguarding Personal. These views should directly inform what happens next. Safeguarding is an approach to establish the outcomes a person wants at the point the concern is raised by working with the adult to establish how those outcomes can best be achieved.

Organisations should have policies and procedures in place that are in line with a Making Safeguarding Personal approach and develop person-centred approaches to working with risk.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being. Professionals and other staff may want to consider the role they can play in embedding the 'Making Safeguarding Personal' approach and what skills and support they need to enable this shift in culture.

The national programme Making Safeguarding Personal has aimed to promote a shift in culture and practice in response to what we know about what makes safeguarding more or less effective from the perspective of the person being safeguarded.

Taking a more creative approach to responding to safeguarding situations may help to resolve situations more satisfactorily and possibly more cost effectively. The objective of the Making Safeguarding Personal toolkit (see link below) is to provide a resource that encourages councils and their partners to develop a portfolio of responses they can offer to people who have experienced harm and abuse so that they are empowered and their outcomes are improved.

[making-safeguarding-personal_a-toolkit-for-responses](#)

5.1 Identifying and Raising a Safeguarding Concern - Some of the issues to be considered:

Safeguarding Concern	What Individuals Should Expect
<p>The safeguarding enquiry duties (section 42) apply to an adult who:</p> <ul style="list-style-type: none"> • Has needs for care and support (whether or not the local authority is meeting any of those needs) and • is experiencing, or at risk of, abuse and neglect and • as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect <p>Identification of abuse or neglect. (including self-neglect and/or hoarding)</p> <p>Immediate safety needs are met.</p> <p>Gain the views, consent and desired outcomes.</p> <p>Concern is referred into the local safeguarding arrangements.</p> <p>Checks made and additional information gathered.</p> <p>Provision of information and advice and signposting.</p> <p>Decision made whether The Care Act S42 Duty of Enquiry is triggered.</p>	<p>I get clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.</p> <p>I get help and support to report abuse or neglect.</p> <p>I have access to the right information when I need it.</p> <p>I am asked my opinion if people around me think that I am at risk.</p> <p>Wherever it is safe to do so, I am spoken to and I am able to discuss what information is shared, who with and why.</p>

Note: local safeguarding procedures may go into more detail and include additional actions and expectations.

Good Practice when raising a concern:

Where a concern needs to be raised it should be done by the person who believes that abuse may be occurring and the raising of the concern should not be delegated to another person, body or agency.

People raising a concern may become aware of possible abuse when they:

- witness an abusive act;
- are told about abuse by someone else;
- are told about abuse by the service user;
- find evidence of abuse;
- recognise several of the risk indicators and become concerned that there
- is a high risk of abuse

The primary responsibility for agencies and/or professionals who becomes aware of any abuse is to seek to make the situation as safe as possible for the adult and to take steps to prevent any imminent abuse. Where appropriate, it may be necessary to call 999 for emergency services if there is a medical emergency, other risk to life or risk of imminent injury, or if a crime is in progress.

It is important that consideration be given to whether the concern being raised is done so in line with the Care Act Criteria as identified in the table on page 12.

Safeguarding concerns and processes should not be used as a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action;

All CQC regulated services should also note their support of use of the local decision support guidance

CQC support the use of local decision support guidance by regulated services, if available, to inform their decision to submit an adult safeguarding concern. At the time of referral regulated services must also fulfil their responsibility to submit a Statutory Notification 18 (e) to the CQC. Records must be retained of the decision making and be made available to CQC or commissioning bodies visiting the service.

Wherever possible, the adult should be consulted about the next steps and especially if this relates to referring a safeguarding concern to the Local Authority. The individual or professional, however, may still be able to raise a concern where consent has not been gained in certain situations such as:

- It is in the public interest e.g. there is a risk to other ‘adults at risk’; or the concern is about organisational or systemic abuse; or the concern or allegation of abuse relates to the conduct of an employee or volunteer providing services to adults at risk or children; or the abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.
- The adult lacks mental capacity to consent and a decision is made to raise a safeguarding concern in the adult’s best interests (Mental Capacity Act 2005);
- An adult is subject to coercion or undue influence, to the extent that they are unable to give consent;
- In serious situations in order to prevent serious harm occurring. In cases of self-neglect where the adult is at serious risk of harm we may need to make a referral without consent to inform a multi-agency risk assessment to address the risks. Ideally this should be communicated to the adult

In the interests of transparency, in such situations it would still be good practice to ensure that person or representative are made aware that the concerns identified have been referred to the local authority and the reasons for doing this. Further information for referrers of Adult Safeguarding are available at Appendix 3.

As previously mentioned, it should be recognised that every individual’s situation is unique. Whilst the Care Act Section 42 criteria for safeguarding is the core focus, there will be occasions where people are deemed not to have care and support needs (e.g. do not meet The Care Act criteria for care and support needs) but these people with lower level needs may be vulnerable to exploitation, abuse and neglect. It is therefore down to each local partnership to work together to best support some of those people through other avenues of preventative support at their discretion.

5.2 Undertaking Enquiries

The purpose of the enquiry is to decide whether the local authority or another organisation, or person, should do something to help and protect the adult.

The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority may require / cause others to undertake an enquiry depending on the specific circumstances and local partnership arrangements e.g. a local care and support provider, delegating safeguarding functions to a mental health trust. However, the local authority should receive assurance that the enquiry has been undertaken in line with section 42 duties and any actions undertaken (if any) helped protect the adult.

Where a crime is suspected and referred to the Police, the Police must lead the criminal investigation with relevant support from the Local Authority and any appropriate partners.



Other processes may also be undertaken alongside an enquiry, these include:

‘One Size Fits All?’

As people’s individual circumstances differ, and situations can change it is important that any safeguarding work enables innovation and does not constrain workers from doing what they feel is the right course of action to take with and alongside the individual and other partners (where appropriate). This includes exiting safeguarding

earlier than expected, making common sense and proportionate decisions with individuals, reducing bureaucracy and increasing timeliness.

In some cases, providing additional support to people is required to ensure safety and reduce risks. Additional support may be in the form of increased visits from family and friends, care support agencies, the use of assistive technology etc.

ADASS Guidance. Section 42 Safeguarding Enquires

What is it that the local authority needs to make a decision about?

The Care Act 2014, Section 42 (2) requires a local authority to gather information regarding the concern received to decide whether to make statutory enquiries, or cause others to do so, where it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and as a result of those care and support needs is unable to protect him/herself against the abuse/neglect or the risk of it (see Care Act 2014, S42(1)).

A S42(2) enquiry establishes whether any action needs to be taken to prevent or stop abuse or neglect, and if so, what and by whom.

The local authority will work alongside individuals and partner agencies to gather information connected with S42(1) to support that decision and in carrying out S42(2) enquiries. The Local Authority can place a duty to enquire on other partners, as set out in the Care Act.

Legal context and best practice

What is a Section 42 enquiry?

This is set out in Section 42, Care Act (2014)⁵

The Section 42 duty requires consideration of the following criteria under Section 42 (1) and (2) of the Care Act (2014):

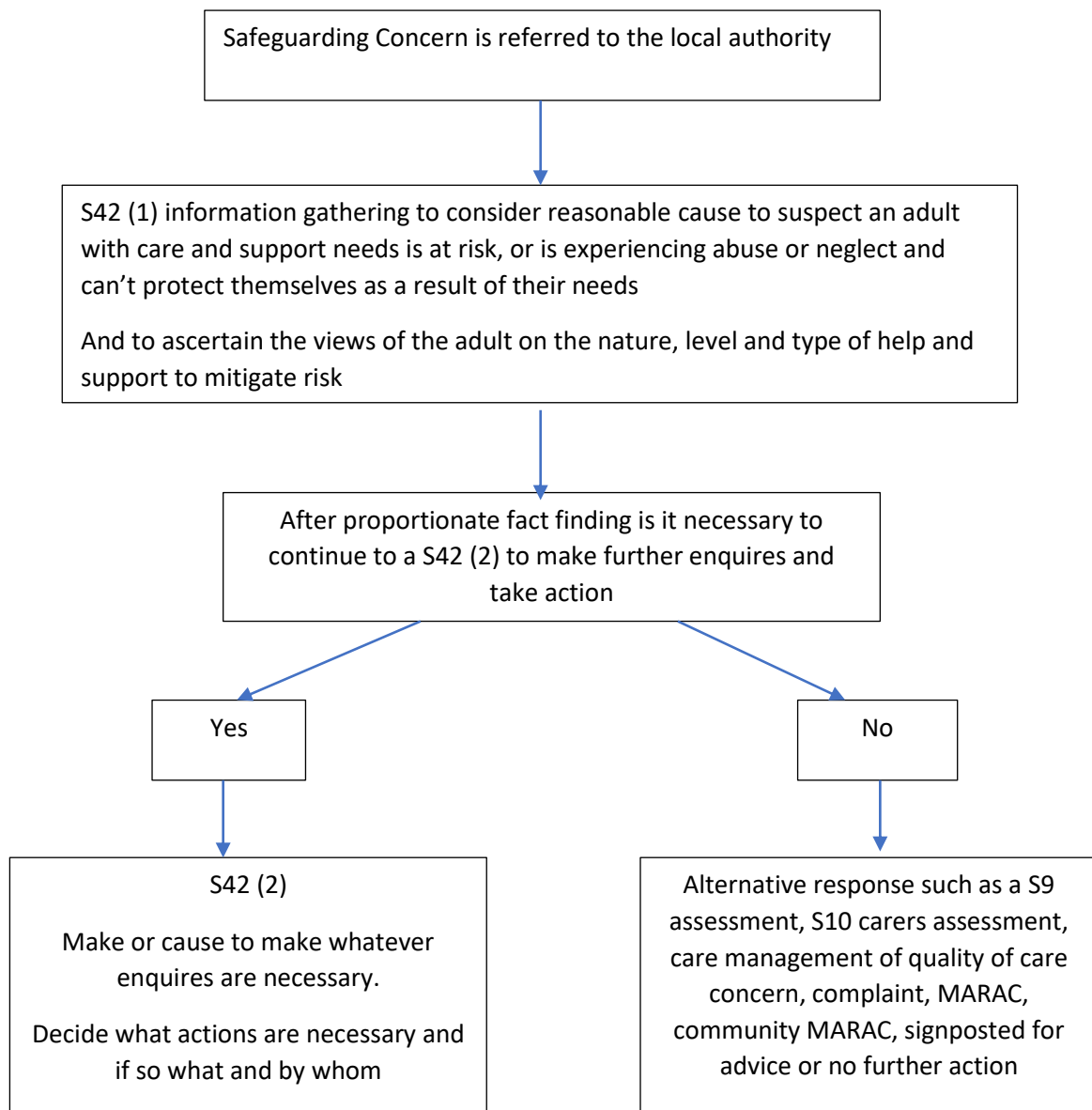
S42 (1) Whether there is “reasonable cause to suspect” that an adult

- i. has needs for care and support
- ii. is experiencing, or is at risk abuse or neglect, and
- iii. as a result of their needs is unable to protect themselves

S42 (2)

- iv. Making (or causing to be made) whatever enquiries are necessary
- v. Deciding whether action is necessary and if so what and by whom

The following chart illustrates this:



The Section 42 duty on the local authority exists from the point at which a concern is received. This does not mean that all activity from this point is reported under the statutory duty to make enquires (s42 (2) of the care act (2014)), It may turn out that the S42 (2) duty is not triggered as the concern does not meet the S42 (1) criteria.

The local authority is responsible for that public law decision as to whether the sS42 (2) duty is triggered.

Information gathering to determine S42 (1) have been met must be recorded robustly to evidence/support the local authorities' decision whether to progress to S42 (2) or not and what actions have been taken to mitigate risks.

Full guidance: [adass-advice-note.pdf](#)

Regulatory Capacity

In some complex high-risk situations, seeking legal direction and intervention may be required e.g. via The Court of Protection or The High Court, particularly in relation to protecting people who may be intimidated, coerced or otherwise unable to act on a decision to protect themselves against harm e.g. Inherent Jurisdiction (The High Court can make orders to protect people who may be intimidated, coerced or otherwise unable to act on a decision to protect themselves against harm).

Safeguarding Response (Section 42 Enquiry).

Safeguarding Enquiry	What Individuals Should Expect
Gain the views, consent and desired Outcomes	I am asked what I want to happen and things move at a pace that I am happy with.
Duty to refer to an advocate if required (Care Act s68)	The people that I want to support me are involved.
Gather and share information / establish the facts.	People understand me, they recognise my skills and attributes and respect what I am able to do for myself and what I need help with.
Risk assess and plan risk management with the individual.	I am asked what I want as the outcomes from the safeguarding enquiry and these influence what happens in my life.
Agree what enquiries are needed and who will do this.	People listen to me and explain things to me in a way that I can understand.
Undertake enquiries or cause others to make enquiries.	I am given the support I need to help me make my own decisions where I can.
The enquiries made and actions taken are lawful (least restrictive) and proportionate.	I am kept up to date with what is happening.
Any safeguarding plans are outcome focused and person centred.	I get the help and support I need by those best placed to give it.
People and agencies are clear about their role and responsibilities and have a voice in the safeguarding response.	
Make decisions as to what follow-up	

<p>action should be taken regarding the person or organisation responsible for the abuse or neglect.</p>	<p>I understand the reasons when decisions are made that I don't agree with.</p>
<p>There is a focus on resolution and recovery e.g. counselling, peer support, community support, restorative justice.</p>	<p>I can live the life I want, and I am supported to manage the risks, I choose to take.</p>
	<p>The help I receive makes my situation better.</p>
	<p>I feel safe or safer and in control.</p>

Providers of Health and Social Care

Care Homes and Support Providers safeguarding responsibilities are underpinned by the Care Act and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: (Regulation 13)

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005

To meet the requirements of this regulation, providers must have a zero-tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect
- subjecting people to degrading treatment
- unnecessary or disproportionate restraint
- deprivation of liberty.

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question. Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

Providers of domiciliary, residential and nursing home care, including hospitals are regulated by the Care Quality Commission (CQC) and therefore they have a duty to report any allegations of abuse or neglect to the CQC, see page 13. Providers, Safeguarding responsibilities are underpinned by the Care Act 2014 and the Health and Social Care Act 2008 (Regulated Activities) The intention of these regulations

(See Regulation 13) are to safeguard people who use services from suffering any form of abuse or improper treatment.

Where any form of abuse or neglect is suspected, occurs, is discovered, or if it is reported by a third party, the provider must take appropriate action to Safeguard the adult or others without delay. A referral must be made to the Local Authority; this applies whether the third party reporting an occurrence is internal or external to the provider.

Providers of health and social care have a duty to protect adults from abuse or neglect in their organisation and to protect the adult from any further harm as soon as possible.

Therefore, it is entirely appropriate to ask organisations to carry out S.42 enquiries into abuse or neglect when this occurs in their organisation. This should happen unless there is a compelling reason not to. An organisation's actions may include implementing its own internal governance, monitoring and compliance, quality improvement, safety mechanisms, root cause analysis, and service improvement processes.

Handoffs

All service providers should have clear operational policies and procedures that provide information and that keep Adults safe. They should reflect the framework set out by the SAB, this should include:

- A balancing of choice, control and safety – helping to Make Safeguarding Personal.
- Up-to-date, functional policies and procedures.
- The ability and scope to engage with, or lead, section 42 enquiries.
- Integrated, cooperative working.
- Information of how and when to report concerns and who to report to.
- A trained workforce – in the MCA.
- A trained workforce – in Safeguarding
- Information Sharing – in relation to Safeguarding

Making Safeguarding Personal and research based best practice to address self-neglect shows the benefits of reducing the number of handoffs to support the development of effective relationships.

Many Local Authorities use a range of training including 'Human Factors' training to reduce the potential for safety related error resulting from poor communication. This should include considering adopting a single briefing tool, such as SBAR, across all care and healthcare organisations, both provider and commissioner. SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication.

For more information contact your local Safeguarding Adults Board or local training department.

Employers

Employers who are also providers of health or care and support not only have a duty to the adult, but also a responsibility to act in relation to their employee when allegations of abuse are made against them. Therefore, employers should undertake enquiries and must have knowledge of employment legislation and HR action, training capability or disciplinary procedures. Employer's actions may include dismissal and a referral to Disclosure and Barring Service (DBS) fitness to practice and other bodies responsible for professional regulation. It is not the responsibility of the Local Authority or its staff to advise organisations of their employment responsibilities. The employers must be clear where responsibility lies when abuse or neglect is perpetrated by employees - they should investigate any concern unless there is compelling reason why it is inappropriate or unsafe (e.g. serious conflict of interest on the part of the employer). However, if the employer considers a criminal offence may have occurred then they must urgently report it to the police.

Commissioning

Commissioning governance

Commissioners of services should set out clear expectations of the contracted organisation and monitor compliance. Commissioners have a responsibility to:

- ✓ ensure that their contracted organisations know about and adhere to relevant registration requirements and guidance
- ✓ ensure that all documents such as service specifications, invitations to tender, service contracts and service-level agreements adhere to the multi-agency safeguarding adult's policy and procedure
- ✓ ensure safeguarding adults' issues are always included in the monitoring arrangements for contracts and service-level agreements
- ✓ ensure that contracted organisation managers are clear about their leadership role in safeguarding adults
- ✓ liaise with safeguarding adult leads and regulatory bodies and make regular assessments of the ability of service providers to effectively safeguard service users
- ✓ commission a service with staff that have the right skills to understand and implement safeguarding adults' principles and practice
- ✓ ensure that services routinely provide service users with information in an accessible form about how to make a complaint and how complaints will be dealt with
- ✓ ensure that contracted organisations give information to service users about abuse, how to recognise it and how and to whom they can Raise a Concern
- ✓ ensure that contracted organisations regularly review incidents and take actions to address any issues identified
- ✓ ensure that contracted services have the necessary policies and procedures in place to support staff to deliver safe services. A whistle blowing policy should be in place to allow staff to share concerns externally if internal communication fails to resolve the issues
- ✓ work with contracted and other services to deliver continuous improvements in the quality and safety of services that deliver person centred care

In addition, sector specific guidance was produced by Department of Health Safeguarding Adults: Role of NHS Commissioners (March 2011).

5.3 Escalation

Working together effectively to safeguard and promote the welfare and well-being of Adults at risk is essential to achieving good outcomes.

On occasion, there will inevitably be some areas of disagreement or concern between professionals or organisations in relation to responsibilities, opinions, decisions, responses and actions and how these are impacting on progress and positive outcomes for individual adult. In order to promote and maintain effective multi agency working, it is vital that these concerns and disagreements are discussed in a timely, open and transparent manner and that appropriate challenges are made.

Providing or receiving challenge from another professional can sometimes be difficult for those parties involved but if it is undertaken appropriately and is always in the best interest of the adult, it will provide positive opportunities to reflect, review and revise opinions, approaches and decisions; as well as supporting the development of professional confidence and competence.

Resolving professional differences about practice should be viewed an opportunity to learn and develop both from each other as individuals and as organisations; it is about improving outcomes and providing accountability.

Wherever possible, all efforts should be made to resolve these issues at the lowest possible level within and between organisations or agencies, as it is at this level that the adult's circumstances and needs are known.

At no time must professional disagreement detract from ensuring the adult is appropriately safeguarded. The adult's wellbeing wishes, and safety must remain paramount throughout. Any new concerns presenting about the adult(s) subject to escalation should be referred in to the Safeguarding Adult's Team at the Local Authority in the usual manner.

5.4 Outcomes

The views of the adult at risk about their desired outcomes around the safeguarding concern must be sought as early as possible and preferably at the time the safeguarding concern is raised. The adult at risk should be involved at all stages of the process. The outcomes the adult would like must be realistic, achievable and measurable. The outcomes must be agreed by the adult at risk or advocate. Professionals should also agree timescales with the adult to keep them informed of progress and where any changes to timescales/progress are needed this should be communicated to the adult.

Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal for SABs.

Working directly with individuals in a person-centred way (i.e. having honest and open conversations about their situation, developing a relationship) and working together to protect them from abuse and neglect, is far more likely to be more successful in relation to achieving good outcomes than an approach based on the professional knows best. Any decisions made should be made with the individual where this is possible and where there is doubt about an individual's mental capacity the Mental Capacity Act code of practice should be followed i.e. where people are deemed to lack capacity in making certain decisions, specific decisions are made in their best interest and are least restrictive.

The involvement of key people (partner, relatives, friend, neighbour, professional advocate etc.) throughout a safeguarding enquiry can offer additional support and may enable resolution and additional protection as an immediate and long-term solution. A key part of empowerment and ongoing safety should involve the exploration and utilisation of a person's network and community where this is appropriate.

Whilst the intention of safeguarding is to help protect people from abuse and neglect, any work with individuals should also consider the effects of certain actions which may be taken during an enquiry, particularly where key relationships are involved. This is highlighted in the following quote from Lord Justice Munby...

'emphasis must be on sensible risk appraisal, ...seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good ...What good is it making someone safer if it merely makes them miserable?'
Lord Justice Munby, 2007 LA Xv MM & Anor

It is therefore important that the person's outcomes (feelings and wishes) are captured at the beginning and considered at appropriate points during the enquiry as they may change depending on the situation.

The outcomes at the end of an enquiry should be checked directly with the individual or representative in whichever way is most appropriate and recorded, whether the outcomes have been fully, partly or not met.

Capturing the views of peoples lived experienced of incidents of abuse and neglect is an important feature in trying to understand risks and prevalent trends within specific communities. Individual organisations and Safeguarding Boards should also use any feedback about safeguarding in their area to seek assurance and improvement on an individual level and community level and this should inform some of the work of the partnership.

Much of this document aims to set a framework for response options that help people to work through what the desired outcome's and purposes of safeguarding might be. Addressing this from the start of, and throughout, the process will ensure a greater focus on the needs and requirements of the person at the centre, and make it easier to ascertain and measure the difference that has been made.

The three main questions to ask at the outset are:

- What difference is wanted or desired?
- How will you work with someone to enable that to happen?
- How will you know that a difference has been made?

Because many people in safeguarding situations have very difficult decisions to make about their lives, these questions may take some time to answer and decision making should be enabled. The actual outcomes identified and agreed with the person who is at the centre of the safeguarding process should be evaluated with the person at the end of the process to find out what difference was made.

6. Role and Duties of Safeguarding Adult Boards

Each local authority area is required to set up a Safeguarding Adult Board.

The overarching purpose of a Safeguarding Adult Board is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

Safeguarding Adult Boards have three core duties. They must:

1. develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
2. publish an annual report detailing how effective their work has been, individual partner contributions, projects that have made an impact as well as any improvement initiatives and developments planned for the next year;
3. commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these. This will involve a review of the practices of agencies with an aim of highlighting any lessons learnt and subsequently improving practice.

Safeguarding Partnerships are fundamental in driving through improvements, as a result of monitoring performance, challenging current practice and listening to the voice of the people in their area about what matters to them.

6.1 Roles and Responsibilities of Safeguarding Board Partners

All Board Members have their own accountability and governance arrangements and specific responsibility for ensuring their services and functions are discharged with regard to the need to safeguard and promote the independence, health and well-being of adults at risk.

Members of the Board are jointly responsible for the work of the Board, and should ensure active engagement in the development and ownership of the policies, procedures and actions of the Board.

Whilst the Board has a role in co-ordinating and ensuring the effectiveness of organisations' work to safeguard and promote the welfare of adults at risk of abuse or neglect, it is not accountable for their operational work. Each Board member retains their own existing lines of accountability for safeguarding and promoting the welfare of adults by their services. The Board does not have the power to direct other organisations.

Board members are committed to working in partnership to ensure effective safeguarding of adults at risk of abuse or neglect in South Yorkshire. Each Board member understands the benefits of holding each other to account and agrees to be:

- Mutually accountable for the effectiveness of the Board and of Safeguarding practice in the borough
- Open to scrutiny and challenge from other partners in their organisation's work of Safeguarding Adults.

Each Board member agrees to ensure effective representation on the Board and its subgroups by nominating representatives that they consider of appropriate seniority and nominating deputies to attend in the event of the former not being available for any reason. All Board members will be key delivery partners able and determined to work within and deliver the outcomes intended to arise from the Board's remit and will remain accountable to their organisation on all relevant matters impacting on outcomes for adults at risk of abuse and neglect.

Each year, Board Members will contribute, in line with local requirements, to the Board's Annual Report and assist with the creation of its strategic plan. It is a legal requirement to make these available to the public.

See Appendix 1 for more detail.

6.2 Specialist Services

Alongside this Multi-Agency Safeguarding Adults Policy and Procedure are a range of related specialist support services and linked agendas that serve to protect the safety and welfare of individuals. Each of these may need to be involved in, as part of, or alongside the safeguarding adult's procedure, to minimise the risk to either an adult at risk or another person.

6.2.1 Court of Protection

The Court of Protection deals with decisions and orders affecting people who lack mental capacity. The court can make major decisions about health and welfare, as well as property and financial affairs, that the person lacks the mental capacity to make. The court has powers to:

- Decide whether a person has capacity to make a specific decision for themselves.
- Make declarations, decisions or orders on financial and welfare matters affecting people who lack mental capacity to make such decisions.
- Appoint deputies to make decisions for people lacking mental capacity to make those decisions.
- Decide whether a lasting power of attorney or an enduring power of attorney is valid.
- Remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare can be made legally without making an application to the court, if there is agreement reached about the decisions and they are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the Code of Practice.

However, it may be necessary to make an application to the court in a safeguarding situation where there are:

- Particularly difficult decisions to be made.
- Disagreements that cannot be resolved by any other means.
- Ongoing decisions needed about the personal welfare of a person who lacks mental capacity to make such decisions for themselves.
- Matters relating to property and/or financial issues to be resolved.
- Serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration.
- Concerns that a person should be moved from a place where they are believed to be at risk.
- Concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed safeguarding adults' actions may amount to a deprivation of liberty outside of a care home or hospital.
- When there is an un-resolvable dispute with the family regarding whether the adult should be in a particular placement.

The Court of Protection and the Office of the Public Guardian (OPG) complement each other. The Court of Protection provides the decision-making functions and the OPG provides regulation and supervision.

6.2.2 Office of the Public Guardian (OPG)

The OPG was established under the Mental Capacity Act to support the Public Guardian and to protect people lacking mental capacity by:

- Setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies.
- Supervising deputies.
- Sending Court of Protection visitors to visit people who lack mental capacity and those for whom it has formal powers to act on their behalf.
- Receiving reports from attorneys acting under lasting powers of attorney and deputies.
- Providing reports to the Court of Protection
- Dealing with complaints about the way in which attorneys or deputies carry out their duties.

The OPG undertakes to notify local authorities, the police and other appropriate agencies where abuse is identified.

The OPG can carry out an investigation into the actions of a deputy, of a registered attorney (lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks mental capacity, and report to the Public Guardian or the court.

The OPG may be involved in safeguarding adults at risk in several ways, including:

- Promoting and raising awareness of legal safeguards and remedies, for example, lasting powers of attorney and the services of the OPG and the Court of Protection.
- Receiving reports of abuse relating to adults at risk.
- Responding to requests to search the register of deputies and attorneys (provided free of charge to local authorities and registered health bodies)
- Investigating reported concerns, on behalf of the Public Guardian, about the actions of a deputy or registered attorney, or someone acting under a single order from the court
- Working in partnership with other agencies, including adult social care services and the police

6.2.3 Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act provides a framework to empower and protect people who may lack mental capacity to make certain decisions for themselves.

The Act makes it clear who can make decisions in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks mental capacity must adhere to the Mental Capacity Act.

The Mental Capacity Act allows for care and treatment arrangements to include restrictions on a person's liberty, where it is necessary to prevent harm to a person who lacks capacity, providing that:

- It is in their best interests, and
- It is a proportionate response to the likelihood and seriousness of that harm

However, the Mental Capacity Act does not allow for a person to be deprived of their liberty to receive care and treatment. Authorisation for a deprivation of liberty is by use of the Deprivation of Liberty Safeguards (DoLS) in hospitals and care homes, and the Court of Protection in 'domestic settings'.

On 19th March 2014, the Supreme Court established the 'Acid Test, for when a person is deprived of their liberty for purposes of Article 5 of the European Convention on Human Rights:

"The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements".

In terms of a deprivation of liberty, 'continuous supervision and control' means complete and effective control of the person. Continuous does not necessarily mean every minute of the day, it is more about the overall impact on the person's life.

The following examples are likely to amount to continuous supervision and control:

- The adult needs constant or frequent supervision for their safety, or
- the adult would not be left on their own for more than a short period, even if they asked to be; or
- carers are effectively deciding all or many aspects of their daily life (e.g. when to get up and go to bed, where to sit, when to watch the television, when to eat, when and where to go out; or
- the adult need support with all or many everyday tasks (e.g. cooking, shopping, bathing) and would be stopped from trying to do them if no carer was available to help or supervise them at the time; or
- their care plan or carers impose significant restrictions on their contact with their family.

The use of physical restraint and/or use of medication to control behaviour might also indicate 'continuous supervision and control'.

'Not free to leave' does not mean that a person without mental capacity to decide about their accommodation; is deprived of their liberty, if they are prevented from going out unsupervised due to risks for their safety. These kinds of restrictions can usually be decided upon in the person's best interests under the Mental Capacity Act 2005. This may, however, indicate that the person is subject to 'continuous supervision and control'.

In terms of a deprivation of liberty, 'not free to leave' means that a person without mental capacity, to decide about their accommodation, is required to live there for a sustained period.

For example;

- The person would not be allowed to go back to live in their family home, even if the family was happy to have them;
- The person would not be allowed to go back to live in their old home, even if it were still available for them.

It is not important whether the person has said they want to live elsewhere, or tried to leave, the relevant point is that they would be prevented from doing so, if they did.

Everyone's circumstances are unique, and consideration must be given to the overall impact on the person. Because of this, there can be no definitive description of situations that amount to a deprivation of liberty. This summary should be used only as a guide for when a deprivation of liberty may be occurring and when specialist advice may be required.

If a person experiences harm as a result of the appropriate DoLS authorisation process not being sought, consideration should be given to the need for implementing the safeguarding adults' procedure. Local guidance may apply.

6.2.4 Trading Standards Service

The Trading Standards Service can help support and protect adults at risk from doorstep crime and other abusive sales practices that exploit adults at risk. Doorstep crime describes situations where rogue traders, doorstep criminals and uninvited sales people persuade vulnerable people to let them into their homes, with the intention of carrying out a theft or to carry out unnecessarily or substandard work and then pressurise consumers to part with large sums of money.

Trading Standards Services can take a range of actions, including the investigation of complaints against traders, provide people with information on their consumer rights and work with partners to develop cold calling control zones. Trading standards staff will also identify situations where it is appropriate to raise a safeguarding concern and will work with partner organisations within the safeguarding adults' procedure to safeguard adults at risk.

6.2.5 Department of Work and Pensions (DWP)

The Department for Work and Pensions is responsible for welfare and pension policy.

People who are incapable of managing their own financial affairs may have an appointee. An appointee is fully responsible for acting on the customer's behalf in all the customer's dealings with the Department. This includes the claiming of benefits. Misuse of appointeeship will be investigated and potentially revoked by the Department of Work and Pensions. Strategy Discussions/Meetings will need to consider whether and how issues of suspected financial abuse should be reported to the Department of Work and Pensions.

6.3 Linked Agendas

Safeguarding themes can be cross cutting and may involve other agencies taking the lead during investigations. Working together and being aware of each other's agendas is crucial to keeping boards and partners up to date and informed.

- Domestic Violence and Abuse
- Forced Marriage

- Honour Based Violence
- Modern Slavery
- Prevent
- Hate Crime
- Anti-social Behaviour
- Multi-Agency Public Protection Arrangements – MAPPA
- Health and Safety Executive
- Safeguarding Children and Young People
- Prisons and Approved Premises

For a more details of each linked theme see appendix 2.

7. Key Themes:

The following key themes run throughout safeguarding and should be considered:

Consent: At the beginning of any safeguarding the person should be asked what they would like to achieve, what they would like to happen and how they would like to be involved. It is good practice, wherever possible to gain consent in relation to progressing a safeguarding concern but also in relation to agreeing what happens next.

As a result of support, advice or guidance, in most cases, the individual should be in a better situation than when abuse and neglect was recognised. An outcome may include that they feel safer, they can access their local community, they feel confident in recognising abuse in the future, that there is some justice which means future likelihood of abuse is reduced for themselves and others and they feel empowered to act to prevent it or know where and how to report abuse etc.

Safeguarding is everybody's business: In raising safeguarding concerns this does not take away the responsibility of all to ensure that their actions should promote the safety and well-being of Adults at Risk. Safeguarding enquiries should be supported by all those involved in an Adults life and they don't prevent other actions that can be taken to promote the safety and well-being of the Adult. In terms of outcomes these need to be owned by all and reviewed as part of the on-going care and support that is provided to Adults at Risk across the safeguarding partnership.

Professional Judgement / Curiosity: It is essential that key decisions by paid staff are made based on their knowledge and understanding of the situation and that they are enabled to apply their training and knowledge in partnership with the individual. This may involve bringing into play a range of legal, practice and ethical frameworks as well as the principles already outlined. This includes a level of professional curiosity, whereby people in all agencies make all reasonable efforts to enquire into potential instances of abuse. This is particularly important in relation to incidences of where there may be coercion and control by other influential people in the lives of individuals.

Risk Assessment and Management: Assessment of risk should be carried out with the individual during any safeguarding episode and adjustments should be made depending on any changes in relation to the situation. Risk to others should also be considered.

Mental Capacity: The Mental Capacity Act (MCA) 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack the capacity to decide for themselves at the time of the decision needs to be made. Individuals must be given all the appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision making process. Unwise decisions do not necessarily indicate a lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests. It is therefore important that the individual's capacity is considered throughout, particularly when there is doubt or when there is fluctuation.

The Mental Capacity Act Code of Practice can be found at:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

Advocacy: Local authorities have a duty to involve the adult in a safeguarding enquiry. Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process. As part of the planning process the lead agency must consider and decide if the adult has “substantial difficulty” in participating in the safeguarding enquiry. Where an adult has “substantial difficulty” in being involved the lead agency must decide whether there is an appropriate person to support them and in the absence of anyone suitable or available, arrange for an independent advocate.

Safeguarding Planning: In response to identified risks a safeguarding plan can be developed and implemented at any time. The safeguarding plan aims to: prevent abuse or neglect; keep the risk of abuse or neglect at a level that is acceptable to the person; support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision.

Information Sharing: This is the key to delivering better and more efficient services that are coordinated around the needs of the individual. It is a foundation of early intervention and preventative work, for safeguarding, for promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless, it is important to understand that most people want to be confident that their personal information is kept safe and secure and that practitioners maintain individuals’ privacy, while sharing appropriate information to deliver better support. Each safeguarding adult partnership should have up to date Information sharing guidance in place.

Recording: Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to the individuals’ care, support and safety. Where an allegation of abuse or neglect has been made all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

Feedback: It is important to provide regular updates to the adult, people raising the concern and relevant partners. People raising a safeguarding concern are entitled to be given appropriate information regarding the status of the referral they have made. The extent of this feedback will depend on various things (e.g. the relationship they have with the individual, confidentiality issues and the risk of compromising an enquiry). At the very least it should be possible to advise people raising the concern that their information has been acted upon and taken seriously.

Recovery from Abuse and Neglect: Safeguarding planning also involves promoting wellbeing and supporting adults who have been the victim of abuse or neglect to recover from the experience e.g. counselling, peer support and part of this recovery may include restorative justice.

Safeguarding and Human Rights: It is important that any safeguarding complies with the Human Rights Act (HRA) 1998 (Articles 5 and 8). This means that both the process and the outcome must be proportionate, not unduly restrictive, and enables risk where appropriate. Additionally, any actions arising from the principles and approach should be consistent with current legislation.

Safeguarding must respect the autonomy and independence of individuals as well as their right to family life. In the context of the Human Rights Act, Article 8, Lord Justice Munby, speaking about people who are vulnerable or incapacitated, stated:

‘The fundamental point is that public authority decision-making must engage appropriately and meaningfully both with P and with P’s partner, relatives and carers. The State’s obligations under Article 8 are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision-making process. It is simply unacceptable – and an actionable breach of Article 8 – for adult social care to decide, without reference to P and her carers, what is to be done and then merely to tell them – to “share” with them – the decision.’

What Price Dignity? Keynote address by Lord Justice Munby to the LGA Community Care Conference:
Protecting Liberties (14 July 2010) in Making Safeguarding Personal Guide 2014 LGA.

Conclusion Closing Statement

The main purpose of any work in relation to safeguarding should be about supporting individuals to take control of their own life and be free from abuse and neglect wherever possible. Any interaction with individuals should be focused on making a difference, reducing risk and empowering people and communities to prevent and reduce abuse and neglect from happening in the future.

Key Contacts for Raising a Safeguarding Concern in South Yorkshire:

Key Contact Points to make an Adult Safeguarding Concern:	Contact Details
Barnsley Customer Access Team (Members of the Public)	01226 773 300 Barnsley Council Safeguarding Concern
Doncaster Safeguarding Adults Contact Team	01302 737 391 (Option 3 for Safeguarding) Doncaster Council Safeguarding Concern
Rotherham Metropolitan Borough Council	01709 822 330 Rotherham Council Safeguarding Concern
Sheffield City Council First Contact	0114 273 4908 Sheffield Council Safeguarding Concern

Safeguarding Board Signatories

Local Authority Safeguarding Board	Name of Chair	Signature of Chair
Barnsley Safeguarding Adult Board		
Safeguarding Adults Doncaster		
Rotherham Safeguarding Adults		
Sheffield Adult Safeguarding Partnership		

Appendix 1

Safeguarding Principles and the approach for South Yorkshire

Partners of the Safeguarding Adults Boards

1.1 Local authorities

Local authorities are statutory members of safeguarding adults' boards. The Care Act 2014, implemented April 2015 places upon them specific legal duties.

Each local authority must:

- consider the wellbeing of both unpaid carers and the person they are caring for during assessments of need. Wellbeing is defined as including the protection of abuse and neglect. During such assessments the local authority must consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring. Where this is necessary the local authority should make arrangements for providing it.
- set up the Safeguarding Adults Board (SAB) with core membership from the local authority, the police and clinical commissioning groups. make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide what action should be taken in the adult's case
- receive the findings of any enquiry and determine with the adult what, if any, further action is necessary
- arrange, where appropriate and proportionate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.
- have a Designated Adults Safeguarding Manager(s) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about an employee, volunteer or student, paid or unpaid.
- Cooperate with its partners in achieving its objectives (each of whom has a duty to cooperate with the local authority)

1.2 Clinical commissioning groups (CCG)

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They are statutory members of Safeguarding Adults Boards

Clinical commissioning groups commission a range of health and care services including:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

Clinical commissioning groups work with patients and health and social care partners (e.g. local hospitals, local authorities, local community groups etc.) to ensure services meet local needs.

Clinical commissioning groups provide strategic leadership, ensuring the wider NHS network has established systems and processes to safeguard adults effectively. This includes promoting safeguarding adults as a core element of local clinical governance arrangements, establishing local standards, monitoring the effectiveness of local systems, promoting and embedding joint working, delivering key messages and supporting the NHS network to promote and deliver effective safeguarding systems, practices and resources.

Clinical commissioning groups must have a Designated Adults Safeguarding Manager(s) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about an employee, volunteer or student paid or unpaid.

1.3 Police

The police are statutory members of safeguarding adults' boards.

Many forms of abuse amount to criminal offences. Whilst the duty of care in respect of safeguarding rests with all services, the prevention, identification, investigation, risk management and detection of criminal offences against adults at risk is a fundamental role of the police service.

Criminal investigations will take precedence over other forms of enquiry, but safeguarding planning will need to be undertaken in parallel. The police coordinate criminal investigations with wider safeguarding responses. This requires partnership, effective communication and cooperation, making the best use of each organisations skills and expertise in order to achieve safe, effective and timely outcomes for the adult at risk.

The police service must have a Designated Adults Safeguarding Manager(s) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about an employee, volunteer or student, paid or unpaid.

1.4 NHS England

The general function of NHS England is to promote a comprehensive health service so as to improve the health outcomes for people in England. NHS England discharges its responsibilities by:

- allocating funds to, guiding and supporting CCGs, and holding them to account, and;
- directly commissioning primary care, specialised health services, health services for those in secure and detained settings, and for serving personnel and their families, and some public health services.

The mandate from Government sets out several objectives which NHS England is legally obliged to pursue. The objectives relevant to safeguarding are:

Objective 13 - NHS England's objective is to ensure that Clinical Commissioning Groups (CCGs) work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care.

Objective 23 - NHS England's objective is to make partnership a success. (This includes, for example, demonstrating progress against the Government's priority of continuing to improve safeguarding practice in the NHS)

NHS England is required to:

- ensure that the whole health commissioning system is working effectively to safeguard adults vulnerable to abuse or neglect, and children;
- act as the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes;
- provide leadership support to safeguarding professionals – including working with Health Education England (HEE) on education and training of both the general and the specialist workforce;
- ensure the implementation of effective safeguarding assurance arrangements and peer review processes across the health system from which assurance is provided to the Board;
- provide specialist safeguarding advice to the NHS;
- lead a system where there is a culture that supports staff in raising concerns regarding safeguarding issues;
- ensure that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed, and abuse or neglect is suspected;
- appropriately engage in the local safeguarding boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS.

As a commissioner of health services, NHS England also needs to assure itself that the organisations from which it commissions have effective safeguarding arrangements in place.

In addition, in relation to primary care NHS England is responsible for ensuring, in conjunction with local CCG clinical leaders, that there are effective arrangements for the employment and development of named GP/named professional capacity for supporting primary care within the local area.

1.5 Crown Prosecution Service (CPS)

The CPS is the principle public prosecuting authority for England and Wales and is

headed by the Director of Public Prosecutions. The CPS has produced a policy on prosecuting crimes against older people which is equally applicable to adults at risk, who may also be vulnerable witnesses.

Support is available within the judicial system to support adults at risk to enable them to bring cases to court and to give best evidence. If a person has been the victim of abuse that is also a crime, their support needs will need to be identified by the police, the CPS and others who have contact with the adult at risk. Witness Care Units exist in all judicial areas and are run jointly by the CPS and the police.

The CPS has a key role in making sure that special measures are put in place to support vulnerable or intimidated witnesses to give their best evidence. They are available both in the Crown and Magistrate Courts. These include the use of trained intermediaries to help with communication, screens and arrangements for evidence and cross-examination to be given by video link.

1.6 Fire and Rescue Service

The Fire and Rescue Service visit adults at risk in various settings, including their own homes when responding to incidents or when carrying out a fire safety visit.

Where personnel have a concern about an adult at risk, they will need to inform their line manager who may need to consider Raising a Safeguarding Concern.

Staff and volunteers from other agencies are not expected to be fire safety experts. However, they should be aware of the potential risk and advise the local fire station so that they may contact the occupier to arrange for a home fire safety visit with the consent of the occupier.

1.7 Housing and Housing Related Support Organisations

Housing organisation staff are in the position to identify tenants who are vulnerable and are at risk of abuse, neglect and exploitation.

Housing related support organisations provide housing and support services for adults with a wide range of needs. The quality of their service is regulated through the Quality Assessment Framework, which includes standards that they must meet with regard to safeguarding adults from abuse.

In addition to recognising the risks of abuse and raising safeguarding concerns, housing organisations will often have an important role within safeguarding planning arrangements.

1.8 The Coroner

Coroners are independent judicial officers who are responsible for investigating violent or unnatural or sudden deaths of unknown cause and deaths in custody, which must be reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- where there is an obvious and serious failing by one or more organisations
- where there are no obvious failings, but the actions taken by organisations require further exploration/explanation
- where a death has occurred and there are concerns for others in the same household or other setting (such as a care home) or
- deaths that fall outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the Coroner or his or her officers

In the above situations the local safeguarding adults board may also need to consider whether the criteria for a Safeguarding Adults Review has been met.

1.9 The Probation Service

The Probation Service protects the public by working with offenders to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who have the potential to cause harm.

The Probation Service shares information and works in partnership with other agencies including local authorities and health services, and contributes to local Multi-Agency Public Protection Arrangements (MAPPA) to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public and previous victims from serious harm.

Transforming rehabilitation (2014) is a reform programme that changed the way offenders are managed in the community. The reforms included the introduction of a new National Probation Service and local Community Rehabilitation Companies (CRCs)

National Probation Service

The National Probation Service provides staff in prisons, provides advice to courts and works with high risk offenders and those on the national sex offender register

Community Rehabilitation Companies (CRC)

Community Rehabilitation Companies are private companies commissioned to work in regional areas across the country. This includes West Yorkshire CRC and North Yorkshire (CRC). CRC's work with medium and low risk offenders.

The National Probation Service and Community Rehabilitation Companies work with each other and their partners to reduce reoffending. Although the focus of the Probation Service is on those who cause harm, they are also able to identify offenders who themselves are at risk from abuse and to take steps to reduce the risk to those offenders in accordance with this Multi-Agency Policy and Procedures.

1.10 Care Quality Commission (CQC)

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The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England, including those provided by the NHS, local authorities, private companies and voluntary organisations. Specifically, this includes:

- medical and clinical treatment given to people of all ages, including treatment given
- in hospitals, ambulance services, mental health services and GP practices
- care provided in residential and nursing homes□
- care provided in the community or in people’s own homes□
- services for people whose rights are restricted under the Mental Health Act□
- care provided either by the NHS or by independent organil health and adult social care providers are required by law to be registered with CQC and must show that they are meeting the essential standards.

Registration is combined with continuous monitoring of essential standards as part of a system of regulation.

Regulations under the Care Act will place a ‘duty of candour’ on all service providers registered with the Care Quality Commission from April 1015. The duty:

- aims to ensure transparency and honesty when things go wrong
- requires providers to tell the person when something has gone wrong as soon as possible and provide support to them□
- includes giving an apology and keeping the person informed about any further enquiries

The CQC publication ‘Our Safeguarding Protocol’ states that they will attend safeguarding Strategy Meetings where:

- a person or people registered with CQC to provide services are directly implicated
- urgent or complex regulatory action is indicated
- any form of enforcement action has started, or is under consideration, in relation to the service or location involved, and which relates to risks to people using the service or the quality of their care

However, regardless of attendance, the CQC should receive copies of any Strategy and Case Conference Meeting minutes in relation to services they regulate.

CQC will provide relevant information to the chairs of all Strategy Meetings convened in relation to regulated services as requested. For example, information from CQC about the quality of service and regulatory track record of the provider may be useful to the chair of the meeting in determining the service provider’s level of involvement in the process.

1.11 Healthwatch

Healthwatch is the new independent consumer champion with statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Healthwatch operates on a national level through Healthwatch England and at a local level with a Healthwatch in each area.

Healthwatch has a statutory remit to collate evidence of service shortfalls and issues to ensure the regulators, other arms-length bodies, and government departments, respond accordingly.

Safeguarding Adults Boards have duty to consult Healthwatch in relation to its Strategic Plan each year, to help ensure that its plans reflect local needs, priorities and views.

1.12 Community, voluntary and private sector providers

Community, voluntary and private sector organisations will provide a diverse range of services to adults at risk. Each organisation will have an important role within this safeguarding adult's procedure and provide services that will assist in both preventing and responding to abuse.

Community, voluntary and private sector organisations will need to work closely with statutory agencies, such as the police, NHS and adult social care, in the interests of adults at risk and to achieve the objectives of this procedure.

The role of community, voluntary and private sector organisations will depend on the nature of the service provided, however each of the responsibilities in Section 4.14 apply.

1.13 Responsibilities of all organisations

An organisation that provides care and support to adults at risk has responsibilities to safeguard adults at risk within this procedure.

This involves:

- actively developing service provision to minimise the risk of abuse occurring
- working with partner agencies to support adults at risk who have experienced abuse
- working with partner agencies to end any abuse that is occurring □

All organisations that work with adults at risk must ensure that they respond to issues of abuse and neglect in accordance with this Multi-Agency Safeguarding Adults Policy and Procedure. This includes the responsibility to ensure that:

- organisations have their own internal policy and procedures, consistent with this Multi-Agency Policy and Procedure
- all staff and volunteers raise safeguarding concerns in-line with this Multi-Agency Policy and Procedure.
- appropriate senior representatives of the organisation attend and actively contribute to safeguarding Strategy Meetings (or Discussions)
- staff (and volunteers) actively contribute and participate within safeguarding Formal Enquiries carried out under this Multi-Agency Safeguarding Adults Policy and Procedure.
- Service providers need to provide details of enquiries undertaken and their findings to inform Case Conferences.
- appropriately senior representatives of the organisation attend and actively contribute to Case Conferences

- the organisation and its staff (and volunteers) work in partnership with other agencies to ensure the safeguarding planning needs of the adult at risk are met
- information is shared between agencies in accordance with information sharing policies and protocols
- the organisation keeps its own records in relation to safeguarding concerns and how these are responded to.
- the organisation participates within Safeguarding Adults Reviews where requested by the safeguarding adults board
- the organisation supports and empowers adults at risk to make decisions about their own lives within this Multi-Agency Safeguarding Adults Policy and Procedure.
- the staff teams adhere to the Mental Capacity Act and Code of Practice where an adult at risk lacks mental capacity in relation to decisions within this procedure
- the organisation supports adults at risk to end abuse and to access support that enables them to cope with the impact of what has happened.

Appendix 2

Safeguarding Principles and the approach for South Yorkshire

Linked Agendas

2.1 Domestic violence and abuse

Domestic violence and abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional
- 'honour based violence'
- female genital mutilation
- forced marriage

The safeguarding adults procedure relate to people aged 18 years and over. If the person at risk is under 18 years of age, the safeguarding children procedure should be followed.

Domestic violence is a defined type of abuse within the safeguarding adult's procedure. The LGA/ADASS (2015) Adults safeguarding and domestic abuse: A guide to support practitioners and managers, provides useful guidance on responses to domestic violence within the safeguarding adult procedure.

Responses should include specialist support from domestic violence services as required. Specialist domestic violence and abuse services provide support in relation to personal safety planning, housing options, legal options, and counselling.

In relation to high risk domestic violence cases a Multi-Agency Risk Assessment Conference (MARAC) meeting may be held. MARAC meetings include representatives of local police, probation, health, children and safeguarding adults, housing practitioners, substance misuse services, Independent Domestic Violence Advisers (IDVAs) and other specialists from statutory and voluntary sectors.

The aims of a MARAC are as follows:

- to safeguard adult victims who are at high risk of future domestic violence and abuse
- to make links with other public protection arrangements in relation to children, the perpetrator and people at risk

- to safeguard agency staff, and
- to work towards addressing and managing the behaviour of the perpetrator

Safeguarding adults' services and domestic violence services need to work together to ensure the safety, protection, needs and wishes of the person at risk are met. Domestic violence can be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should be raised. The police and safeguarding adults services will both work with domestic violence services for that area.

2.2 Forced marriage

Forced marriage is against the law and occurs when, one or both spouses do not consent to a marriage and some element of duress is involved. Duress might include both physical and/or emotional/psychological pressure. Forced marriage is recognised as an abuse against human rights and will also constitute abuse within the context of this Multi-Agency Safeguarding Adults Policy and Procedure if the person is also an adult at risk.

The Forced Marriage Unit is a joint initiative between the Home Office and the Foreign and Commonwealth Office providing specialist advice and guidance. The Forced Marriage Unit provides comprehensive resources and information, including the following guidance:

- Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage (June 2009)
- Forced Marriage and Learning Disabilities: Multi-Agency Practice Guidelines (Dec 2010)

The guidance recommends forced marriage of an adult at risk, should be dealt with within the safeguarding adults' procedure. The *One Chance Rule* is that sometimes there will only be one chance to help a person facing forced marriage, hence reference should be made with urgency to the Multi-Agency Practice Guidelines listed above.

The police should always be contacted for advice in relation to suspicions or concerns about forced marriage.

In addition, the Forced Marriage Unit provides a confidential advice and assistance for:

- those who have been forced into marriage
- those at risk of being forced into marriage
- people worried about friends or relatives
- professionals working with actual or potential victims of forced marriage

Forced marriage should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised.

The Forced Marriage Unit website provides a wealth of information and guidance www.fco.gov.uk/forcedmarriage, together with a helpline: 020 7008 0151

2.3 Honour-based violence

So-called 'honour-based violence' is a crime or incident, which has or may have been committed to protect or defend the perceived honour of the family and/or community.

Honour-based violence can take many forms, it is used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Examples may include murder, fear of or actual forced marriage, domestic violence, sexual abuse, false imprisonment, threats to kill, assault, harassment and forced abortion. This list is not exhaustive.

Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Honour-based violence is a crime and should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should be raised.

2.4 Modern slavery

Modern Slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived or provided with payment or benefit to achieve that consent.

The term 'modern slavery' captures a whole range of types of exploitation, many of which occur together. These include but are not limited to:

- **Sexual exploitation:** This includes but is not limited to sexual exploitation and abuse, forced prostitution and the abuse of children for the production of child abuse images/videos. Whilst women and children make up most victims, men can also be affected. Adults are coerced often under the threat of force, or other penalty.
- **Domestic servitude:** This involves a victim being forced to work, usually in private households, performing domestic chores and child care duties. Their freedom may be restricted and they may work long hours often for little pay or not pay, often sleeping where they work.
- **Forced labour:** Victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can happen in various industries, including construction, manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (nail bars).
- **Criminal exploitation:** This is the exploitation of a person to commit a crime, such as pick pocketing, shop-lifting, cannabis cultivation, drug trafficking and other similar activities
- Other forms of exploitation may include organ removal, forced begging, forced benefit fraud forced marriage and illegal adoption.

For information and advice about, refer to the Modern Slavery Helpline: 0800 0121 700 www.modernslavery.co.uk/who.html

Modern slavery should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should be raised.

2.5 Prevent agenda: exploitation by radicalisers who promote violence

The Government's counter-terrorism strategy as defined in the Counter Terrorism and Security Bill 2015 known as CONTEST.

Prevent is an element of this strategy. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Violent extremists may target vulnerable people and use charisma and persuasive rationale to attract people to their cause.

The 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 safeguarding children 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.

Incidents of exploitation by radicalisers who promote extreme ideas that could lead to violence should be reported to the police. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding adults concern should also be raised.

2.6 Hate crime

Hate crime is taken to mean any crime where the perpetrator's prejudice against any identifiable group of people is a factor in determining who is victimised. Hate crime is a form of discriminatory abuse.

Hate crimes happen because of hostility, prejudice or hatred of people due to:

- disability
- gender identity
- race, ethnicity or nationality
- religion or belief
- sexual orientation

It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. Apart from individually charged offences under the Crime and Disorder Act 1998, local crime reduction partnerships can prioritise action where there is persistent anti-social behaviour that amounts to hate crime where appropriate.

The police and other organisations work together to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime.

Coordinated action will aim to ensure that victims are offered support and protection and action is taken to identify and prosecute those responsible.

Hate crime should be reported to the local community safety initiative. If the person has needs for care and support, and is unable to protect themselves as a result, a safeguarding concern should also be raised. If a person is at immediate risk contact the police.

2.7 Anti-social behaviour

Anti-social behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life. This might, for example, include:

- persistent verbal abuse or threats
- assault or physical harassment
- racial or homophobic harassment
- graffiti, vandalism or damage to property

Anti-social behaviour teams bring together experienced staff from the local authority, police, housing and other organisations to prevent and resolve anti-social behaviour. Anti-social behaviour teams will manage incidents referred, working with the private or social housing agency concerned in addressing incidents of anti-social behaviour.

Persistent anti-social behaviour can cause significant alarm, harassment and stress. The anti-social behaviour team may assist by a range of actions, including:

- setting up mediation sessions
- referring those committing anti-social behaviour to diversionary activities and support

- using acceptable behaviour contracts to deter the person or group from persisting with their action
- securing injunctions against individuals
- use of housing legislation to address persistent incidents within a local neighbourhood
- use of anti-social behaviour orders to prevent the person or group from persisting with their activities

Anti-social behaviour should be reported to the local community safety initiative. If the person has needs for care and support, and is unable to protect themselves as a result, consideration should be given to Raising a Safeguarding Concern. In the event that a person is at immediate risk, contact the police.

2.8 Multi-Agency Public Protection Arrangements (MAPPA)

The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- identify all relevant offenders
- complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies
- devise, implement and review robust risk management plans; and
- focus the available resources to best protect the public from serious harm

The police, probation and prison service (MAPPA Responsible Authorities) are the responsible authorities required to ensure the effective management of offenders, however, NHS, social services, education and housing all have a duty to cooperate under the Criminal Justice Act (2003).

Where an offender is managed through the Multi-Agency Public Protection Arrangements, and they present a risk to an adult with care and support needs, consideration should be given to Raising a Safeguarding Concern with the local authority and involving the local authority in the multi-agency risk management plan.

2.9 The Health and Safety Executive (HSE)

The Health and Safety Executive (HSE) and Local Authorities are responsible, under Section 18 of the Health and Safety at Work Act 1974 for making adequate arrangements for the enforcement of health and safety legislation with a view to securing the health, safety and welfare of workers and protecting others, principally the public.

In relation to safeguarding adults at risk from abuse, HSE is responsible for enforcing work-related health and safety legislation in hospitals, nursing homes and day care centres.

Local authorities enforce the Health and Safety at Work Act in respect of certain nondomestic premises, including residential care homes (unless the care home is owned or substantially operated by the local authority, in which case enforcement is

undertaken by HSE).

If a care home has dual registration for residential and nursing, a judgement is required by the local authority and HSE according to the main activity of the service. The allocation of enforcement responsibility under the Health and Safety (Enforcing Authority) Regulations 1998 is described within its 'A-Z guide to allocation'.

The supporting role of the HSE (and local authority Health and Safety Departments) should be considered in all investigations of abuse that occur within health and care service settings. Health and safety offences are usually prosecuted by HSE, the local authority or other enforcing authority in accordance with current enforcement policy.

The Crown Prosecution Service (CPS) may also prosecute health and safety offences, but usually does so only when prosecuting other serious criminal offences, such as manslaughter, arising out of the same circumstances.

Health and safety concerns should be reported to the relevant organisation. However, consideration should be given as to whether abuse or neglect is indicated, and whether a safeguarding concern should also be raised.

2.10 Safeguarding children and young people

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

It is essential that those working to safeguard adults at risk are also aware of their responsibilities to safeguard and promote the welfare of children and young people. There will be occasions when those working with adults at risk identify risks to children and young people, and occasions when safeguarding adults and safeguarding children procedure need to operate side-by-side.

Reference should be made to the local safeguarding children procedure if there are concerns about abuse or neglect of children and young people under the age of 18.

Sometimes allegations of abuse will occur regarding a person who is approaching the age of 18. If an allegation of abuse is made before a young person turns 18, the process of safeguarding the young person would be managed under child protection procedures. The investigation, once started, should be completed under those procedures.

Where a young person may remain at risk after the age of 18 and they would meet the criteria of an 'adult at risk' at that age, representatives from adult services may need to be invited to Strategy Meetings in order to contribute to the development of protective measures and plan for the young person's future. Once a young person turns the age of 18, protection arrangements would then be reviewed by adult services.

If an allegation of abuse is about an adult at risk who has turned 18 years of age, a safeguarding concern should be raised as detailed in this Policy and Procedure. If

children services have previously been involved in relation to related issues of support or concern, it may be appropriate to invite representatives from children services to attend Strategy Meetings in order to advise on relevant issues.

2.11 Prisons and approved premises

Local authority statutory adult safeguarding duties apply to those adults with care and support needs regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) have responsibility. Separate guidance for prisons and probation will be published by the National Offender Management Service.

Where a local authority is made aware that an adult in a custodial setting may have care and support needs, they must carry out a needs assessment as they would for someone in the community. If someone in a custodial setting refuses a needs assessment the local authority is not required to carry out the assessment, subject to the same conditions as in the community.

This does not apply if:

- the person lacks the capacity to refuse and the local authority believes that the assessment will be in their best interests; or
- the person is experiencing, or is at risk of, abuse or neglect

If, in the course of their assessment of a person living in a prison or approved premises, it becomes apparent to local authority staff (or those delegated to undertake needs assessments on behalf of the local authority) that the person is at risk of abuse or neglect, the assessor must report this to the management of the prison or approved premises who will lead on any enquiries required.¹⁰

Local authority staff (or those delegated to undertake needs assessments on behalf of the local authority) must follow the safeguarding policies and procedures of custodial settings in their area.

Local authority staff (or those delegated to undertake needs assessments on behalf of the local authority) should address any safeguarding issues in the care and support plan. This means they will have to liaise with the prison or probation staff about any required actions identified by their enquiries to ensure that all people in custodial settings are safeguarded.

Prison and probation staff may approach the local authority for advice and assistance in individual cases although the local authority will not have the legal duty to lead enquiries in any custodial setting.

Senior representatives of prisons and the National Probation Service, who have responsibility for approved premises may sit on the safeguarding adults board and play an important role in the strategic development of adult safeguarding locally. The Safeguarding Adults Board can act as a forum for members to exchange advice and expertise to assist prison and probation staff in ensuring that all people in custodial settings are safeguarded.

Appendix 3

Safeguarding Principles and the approach for South Yorkshire

Information for referrers of Adult Safeguarding

Who is an adult at risk?

An adult at risk is defined as someone who is 18 years or over, someone who has, or may have **care and support needs** and is **experiencing or is at risk of abuse and neglect**.

Any person (including the adult themselves) who has concerns that someone may be **unable to protect themselves** can raise their concerns with the local authority. There may be a professional duty to act or there may be a moral obligation to act where adults are at risk.

What are the aims of Safeguarding for adults at risk?

- Raising public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.
- Stop abuse or neglect wherever possible.
- Preventing harm and reducing the risk of abuse and neglect for adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and have control in how they choose to live their life.
- Promoting an outcomes approach in safeguarding that works for adults resulting in the best experience possible.
- Outcomes are those changes that the adult at risk wants i.e. they may want to feel safe, have access to community facilities, have contact restricted or prevented from the people who have abused them or they may wish to pursue matters through the criminal justice system.
- Support the recovery from the abuse or neglect.

Who has a responsibility to safeguard adults at risk?

“Safeguarding is everybody’s business”, there is a shared responsibility to keep adults at risk safe. Everyone in our respective communities has a responsibility to report actual or suspected abuse or neglect of an adult at risk. Health and social care staff whether they are paid or unpaid have specific duties that require them to act and report potential or actual adult abuse or neglect. Organisations should have and refer to their own safeguarding policies and procedures detailing the responsibilities of all staff. Friends, families or members of the wider community have a responsibility to act where they become aware of potential abuse or neglect and report their concerns to the local authority in their area.

Deciding whether to Raise a Safeguarding Concern?

If you are worried about:

- Something the adult at risk has disclosed to you.
- Something you have been told by the adult themselves, or someone else.
- Something you have witnessed for yourself, or you may have concerns how the adult at risk is being treated by someone else.
- The ability of the adult to act to protect themselves from future harm.
- An adult who is putting themselves at risk of harm by their own actions regardless of the reasons for them.

How do you know if the adult has care and support needs?

Safeguarding duties apply regardless of whether an adult's care and support needs are being met. Adults may need a mixture of practical, financial and emotional support. They may need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care homes, home care, personal assistants, day services, or the provision of aids and adaptations.

How do you know if the adult is experiencing, or at risk of, abuse and neglect?

Abuse may be carried out by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them. Abuse may occur even if it is unintentional.

An adult may be neglected by not being given the care and support they need, if they are unable to care for themselves. It may include not being given enough food, or the right kind of food, being left without help to wash or change clothes, or not being helped to see a doctor when there is a need to. However, it must be considered that adults who are neglecting themselves may need help.

Should you ask the adult's consent before raising your concerns?

The adult should experience the safeguarding process as empowering and supportive. Wherever practicable seek the consent of the adult before acting. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to raise a concern. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to act i.e. because a criminal offence has occurred.

You should not seek consent to share information if doing so would:

- Place a child at increased risk of significant harm.
- Place an adult at increased risk of serious harm.
- Prejudice the prevention, detection or prosecution of a serious crime

- Lead to unjustified delay in making enquiries about significant harm or serious harm.

Concerns should be reported immediately where the matter is serious or urgent. If you are not sure whether you should raise a safeguarding concern, you should seek advice within your organisation if you are a professional or with the local authority themselves.

How will adults experience safeguarding and what difference will it make?

- Safeguarding work, involves a range of responses to support adults to improve or resolve their circumstances.
- Adults will be worked with and supported throughout the safeguarding process to achieve the outcomes they want to see.
- It can help adults to feel safer.
- It can make adults feel empowered and in control
- It uses an approach that helps adults to identify their strengths and support networks.

The actions taken to keep an adult safe should include respecting their wishes and protecting and respecting their rights, although assurances of confidentiality cannot be given. Wherever possible the adult should be involved in decisions about what they want to do at the outset of raising any Safeguarding concern about what they want to change and what support they need to achieve that.

Key Messages

- All concerns should be taken seriously, as should the responsibility to act.
- It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to an appropriate responsible person or authority.
- Take immediate actions, wherever possible, to ensure the adult at risk is safe from imminent abuse or neglect.
- If a crime needs to be reported? (dial 101 unless there is an immediate risk, in which case dial 999) Be aware of the possible need to preserve forensic evidence.
- If urgent medical attention or an ambulance is required? (dial 999)
- Professionals should consider their requirements to inform any professional regulators i.e. contractors or the Care Quality Commission where concerns are raised.
- Employers should consider what immediate action they may need to take in order to keep adults safe, where the source of harm is alleged to be an employee in a position of trust that they are responsible for.
- It is good practice to try to gain the adults consent to share information about them if it does not increase risk. Adults should be informed if their information needs to be shared without consent, where it is safe to do so.
- Reassure the adult that they will be involved in decisions about them.
- Sometimes it will be necessary to raise a concern even if this is contrary to the wishes of the adult at risk i.e.

- If other people appear to be at risk of harm (adults or children)
- Where there is concern that an individual or organisation could harm others.
- If there is a 'legal restriction' or an overriding public interest.
- If the adult is exposed to life threatening risk and they are unreasonably withholding their consent.
- If the adult has impaired capacity or decision making in relation to the safeguarding issues and the withholding of consent places them at undue risk.
- Where there is undue influence or control over the person to prevent them from giving informed consent.

What is the purpose of raising a concern?

- To support the adult to keep them safe now and in the future and to lead the life of their choice.
- To share information about risk so that the local authority or others can decide on the next actions that might be needed.

What further information may be helpful when raising concerns?

When raising concerns, where possible, provide the following information:

1. Your details although anonymous referrals will be acted upon.
2. Details of the adult(s) at risk
3. Details of the person causing the harm (if known)
4. Any immediate actions that have been taken to keep the adult safe i.e. emergency service, crime numbers.
5. Further information about the abuse or neglect i.e.
 - How and when did the concern come to light?
 - When did the alleged abuse occur?
 - Where did the alleged abuse take place?
 - What are the details of the alleged abuse?
 - What impact is this having on the adult?
 - What is the adult saying about the abuse?
 - Details of any witnesses
 - Any potential risk to anyone visiting the adult to find out what is happening?
 - Details of others including children who may be at risk?

What happens when a concern is raised?

Anyone who raises a concern about an adult in South Yorkshire can expect that:

- They will be taken seriously.
- Any information given will be in confidence, but this may be shared where it is necessary to keep others who are at risk safe.
- If they are a staff member or an employee of an organisation, they have a right not to be subjected to any unfair treatment based on having made a disclosure under these procedures.
- As far as possible they will be informed of any action taken and the outcome.

The local authority will determine whether the information shared engages the statutory duty to make a safeguarding enquiry and decide what action (if any) is required to resolve the concern that has been raised in the adult's case.

How to raise a Safeguarding Concern in South Yorkshire

A safeguarding concern can be raised by anyone who has a concern about the adult at risk. The concerns should be reported to the safeguarding contact point in the local authority area where the abuse has occurred or is happening. **You can find the contacts for raising concerns in South Yorkshire on page 30, of the main document.**