SAFEGUARDING ADULTS:

PAN LANCASHIRE AND CUMBRIA MULTI AGENCY POLICY & PROCEDURES

For partner agencies staff and volunteers

Version 1.2 September 2017

Forward

This policy has been developed by safeguarding adults boards (SABs) across Lancashire with Cumbria, to meet the requirements of the Care Act and the Department of Health Statutory Guidance. It is designed to support current good practice in adult safeguarding and outlines the arrangements which apply to the region. Local guidance and procedures specific to each local authority will be provided separately.

We would like to credit London's Multi-Agency Adult Safeguarding Policy and Procedures, Hampshire, Coventry, Jersey, North and West Yorkshire Safeguarding Adults Multi-Agency Policies and Procedures in developing this policy.

Pan Lancashire and Cumbria SABs are asked to adopt this policy in order to achieve consistency across the region in the way in which adults are safeguarded from neglect or abuse. All organisations involved in safeguarding are asked to adopt this policy in respect of their relevant roles and functions, but may wish to add local practice guidance, protocols and organisation operation manuals.

There are four multi-agency SABs in Lancashire and Cumbria, additional guidance and/or policies will be available on the following websites:

- Blackburn with Darwen: www.lsab.org.uk
- Blackpool: https://www.blackpoolsafeguarding.org.uk/safeguarding-adults-1
- Cumbria: http://www.cumbria.gov.uk/healthsocialcare/keepingsafe.asp
- Lancashire:http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx

Useful Contacts

If you wish to report safeguarding concerns please refer to the following contact details for your authority:

Local Authority	**Contact Number**	**Out of Hours**
Blackburn with Darwen	01254 585949	01254 587547
Blackpool	01253 477592	01253 477600
Cumbria	Local office details available on: http://www.cumbria.gov.uk/healthsocialcare/contact.asp	01228 526690
Lancashire	0300 123 6720	0300 123 6722

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Glossary

In using this document, a number of phrases, wording or acronyms have been used. The following provides more information and where necessary a definition:

Adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them and because of those needs are unable to protect themselves against abuse or neglect

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect

Advocacy taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need

Best Interest – the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest. This is one of the principles of the MCA

Carer throughout these policy and procedures refers to Family/Friend Carers as distinct from paid carers who are referred throughout as Support Workers. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who '*spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'*

Concern is the term used to describe when there is or might be an incident of abuse or neglect and it replaces the previously used term of 'alert'

Enquiry establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral'

Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone

IMCA (Independent Mental Capacity Advocate) established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns

Making Safeguarding Personal is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them

Person/organisation alleged to have caused harm is the person/organisation suspected to be the source of risk to an adult at risk

Position of trust refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself

Introduction

The Care Act 2014 marks a shift from local authorities providing services towards the concept of meeting needs In the Care Act 2014, adult safeguarding is established as a core function of the Local Authority care and support system. Chapter 14 of the Care and Support Statutory Guidance (2014 & 2016) introduces a new framework for adult safeguarding.

The guidance outlines a number of fundamental principles that must now underpin the care and support system including adult safeguarding. It also sets common expectations for how Local Authorities should approach and engage with people when assessing need and providing support which is through this document.

- Promotion of well-being applies in all cases where a local authority is carrying out a care and support function, or making a decision in relation to a person, including the support provided in the context of adult safeguarding
- Duty to promote well-being applies equally to people who do not have eligible needs but come into contact with services in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support, and have an ongoing relationship with the local authority
- People must be supported to achieve the outcomes that matter to them in their life with practitioners retaining focus on the person's needs and goals throughout the intervention
- Building on the Mental Capacity Act 2005 principles, practitioners should assume that the person at the centre of the enquiry is able to assess and understand what is in their best interests regarding outcomes, goals and well-being. It is critical to begin with the assumption that the person is best placed to make judgements and decisions about their care and well-being
- It is vital to establish an individual's views and wishes about what support they want and require from the outset of the contact. These should be considered if a person has made their views explicit in the past and no longer has capacity to make those decisions for themselves
- The importance of a preventative approach because well-being cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating
- The importance of the person participating as fully as possible in decisions that affect them. People should be given the necessary information and support in a format and at a pace that is acceptable to them so that they can consider options and make their own decisions rather than being excluded from the decision-making process
- Promoting participation by providing support that is co-produced with people, families, friends, carers, and the community. Co-production is when a person influences what services they receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered. This approach promotes people's resilience and helps to develop self-reliance and independence, as well as ensuring that services reflect what the people who use them want

- The importance of considering a person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them and take steps to help others access information or support
- The need to protect people from abuse and neglect. In carrying out any care and support functions the local authority and its partner agencies should ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case
- The need to ensure that any restriction on the person's rights or freedom of action is kept to the necessary minimum. Where action has to be taken which places restrictions on rights or freedoms, it must be the least restrictive necessary

1. CONTEXT, PRINCIPLES and VALUES

1.1 Context

The Care Act puts adult safeguarding on a legal footing and requires each Local Authority to set up a Safeguarding Adults Board (SAB) with core membership from the Local Authority, the Police and local Clinical Commissioning Group/s. One of the key functions of the SAB is to ensure that the policies and procedures governing adult safeguarding are fit for purpose and can be translated into effective adult safeguarding practice.

1.2 Safeguarding Principles

This policy is based on The Six Principles of Safeguarding that underpin all adult safeguarding work:

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self- determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

The Care Act and guidance state that safeguarding:

- Is person led
- Engages the person all the way through the process and addresses their needs
- Is outcome-focused
- Is based upon a community approach from all partners and providers

This policy is built on strong multi-agency partnerships working together with adults to prevent abuse and neglect where possible, and provides a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

1.3 Values – Supporting adults at risk of abuse

Safeguarding has the highest priority across all organisations. There is a shared value of placing safeguarding within the highest of corporate priorities. Values include:

- People are able to access support and protection to live independently and have control over their lives;
- Appropriate safeguarding options should be discussed with the adult at risk according to their wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle;
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control;
- All action should begin with the assumption that the adult at risk is best- placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve;
- The persons views, wishes, feelings and beliefs should be paramount and are critical to a personalised way of working with them;
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice;
- Adults at risk will have access to supported decision making to achieve their desired outcomes involving their representative/advocate where appropriate
- Adults at risk should be given information, advice and support in a form that they can understand and be supported to be included in all forums that are making decisions about their lives. The maxim 'no decision about me without me' should govern all decision making;
- All decisions should be made with the adult at risk and promote their wellbeing and be reasonable, justified, proportionate and ethical;

- Timeliness should be determined by the personal circumstances of the adult at risk;
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

2. ADULT SAFEGUARDING

2.1 What is safeguarding?

Safeguarding is defined as[1]

'protecting an adult's right to live in safety, free from abuse and neglect'

Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

The aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult; and
- Address what has caused the abuse.

2.2 Who do adult safeguarding duties apply to?

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident) and that adult:

a) has needs for care and support (whether or not the authority is meeting any of those needs) **and**

[1] Care and Support Statutory Guidance: Chapter 14

b) is experiencing, or is at risk of, abuse or neglect, **and**
c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Then the local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and if so, what should happen and who should do it. This then constitutes a statutory Section 42 enquiry

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities
- Adults who manage their own care and support through personal or health budgets
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support
- Adults who fund their own care and support
- Children and young people in specific circumstances (please see Section 2.7)

Outside the scope of this policy

Adults in custodial settings i.e. prisons and approved premises. Prison governors and National Offender Management Services have responsibility for these arrangements. The SAB does however have a duty to assist prison governors on adult safeguarding matters. Local authorities need to assess for care and support needs of prisoners which take account of their well-being. Equally NHS England has a responsibility to commission health services delivered through offender health teams which contribute towards safeguarding offenders.

2.3 Children and young people

Local authorities have specific duties under the Children Act 1989 in respect of children in need (*Section 17*) and children at risk of significant harm (*Section 47*). All those working with adults and children in health, social care and voluntary sector settings have a responsibility to safeguard children when they become aware of, or identify, a child at risk of harm. They should follow Local Safeguarding Children Board (LSCB) procedures which are based on the Government Guidance Working Together to Safeguard Children 2015. There is an expectation that health and social care professionals who come into contact with children, parents and carers in the course of their work are aware of their responsibilities to safeguard and promote the welfare of children and young people. Children identified as being placed at risk by the behaviour of their parents or carers should be referred by adult workers into children's services.

2.4 Transition

Together the Children and Families Act 2014 and the Care Act, create a new comprehensive legislative framework for transition, when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the local authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

There should be robust joint working arrangements between children's and adults' services for young people who meet the criteria. The young person's care needs should be at the forefront of any support planning and requires a co-ordinated multi-agency approach. Assessments of care needs should include issues of safeguarding and risk. Care planning must ensure that the young adult's safety is not put at risk through delays in providing services that they need to maintain their independence, well-being and choice.

Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection. Conference chairs and Independent Reviewing Officers, if involved, should seek assurance that there has been appropriate consultation with the young person by adult social care and invite them to any relevant conference or review. Clarification should be sought on:

- What information and advice the young person has received about adult safeguarding
- The need for advocacy and support
- Whether a mental capacity assessment is needed and who will undertake it.
- If best interest decisions need to be made
- Whether any application needs to be made to the Court of Protection

If the young person is not subject to a plan, it may be prudent to hold a safeguarding meeting.

2.5 Carers and safeguarding

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

- Witness or speak up about abuse or neglect
- Experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- Unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Where there is intentional abuse, adult safeguarding under Section 42 of the Care Act, should always be considered.

2.6 Prevention

Section 2 of the Care Act requires local authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs, or reduce care and support needs). Organisations should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies.

It is a responsibility of a SAB to have an overview of prevention strategies and ensure that they are linked to relevant local partnerships which may include for example: Health and Well-Being Board, quality surveillance group, and community safety partnerships. Prevention strategies might include:

- Identifying adults at risk of abuse
- Public awareness
- Information, advice and advocacy
- Inter-agency cooperation
- Training and education
- Integrated policies and procedures
- Integrated quality and safeguarding strategies
- Community links and community support
- Regulation and legislation
- Proactive approach to Prevent (further information on Prevent can be found by following the Counter-Terrorism and Security Act 205 link on page 24)
- Safer recruitment – (further information on the Disclosure and Barring Service (DBS) can be found by following the DBS link on page 31)

Prevention should be discussed at every stage of safeguarding, and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Discussions between staff and adults, their personal network and the wider community (if appropriate) help build resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified and put into safeguarding planning.

2.7 Roles and Responsibilities of the Safeguarding Adults Boards

A SAB has three core duties:

- It must publish a strategic plan for each financial year setting out how it will meet its main objectives and what the members will do to achieve this. The plan must be developed with local involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence-based and make use of all available evidence and intelligence from partners

- It must publish an annual report detailing what the SAB has done during the year to achieve its main objectives and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action
- It must conduct any safeguarding adults review in accordance with Section 44 of the Care Act.

Safeguarding requires collaboration between partners in order to create a framework of interagency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the cooperation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.

Local authorities may cooperate with anybody where it is relevant to their care and support functions. The lead agency with responsibility for co-ordinating adult safeguarding arrangements is the local authority, but all the members of the SAB should designate a lead officer. Other agencies should also consider the benefits of having a lead for adult safeguarding.

Each SAB should:

- Identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- Establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds a picture over time;
- Establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- Determine its arrangements for peer review and self-audit;
- Establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;
- Develop preventative strategies to reduce instances of abuse and neglect its area;
- Identify circumstances that give grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- Formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults;
- Develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- Balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a need-to-know basis;
- Identify mechanisms for monitoring and reviewing how policy and training are implemented and their impact;
- Carry out safeguarding adult reviews and determine any publication arrangements

- Produce a strategic report and annual report;
- Evidence how SAB members have challenged one another and held other boards to account;
- Promote multi-agency training and consider any specialist training that may be required. Consider any scope to jointly commission some training with other partnerships, such as the community safety partnership.

SAB members are expected to consider how they can support the board's work. This might be providing funding to the local authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the SAB. Members might also support the SAB's work by providing administrative help, premises for meetings or holding training sessions. It is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.

Local SABs decide how they operate but they must ensure that their arrangements deliver the duties and functions set out under Schedule 2 of the Care Act.

The arrangements that the SAB needs to create include, for example, how often it meets, the appointment of the chair, any sub groups to it and other practical arrangements. It also needs to be clear about how it will seek feedback from the local community, particularly those adults who have been involved in a safeguarding enquiry.

3. TYPES and INDICATORS of ABUSE and NEGLECT

The Care and Support Statutory Guidance identifies types of abuse, but also emphasises that organisations should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered. All three factors need to be satisfied for a safeguarding enquiry to be addressed in accordance with Section 42 of the Care Act.

3.1 Definition of Harm

'Harm' (regardless of whether the impact of this is significant or not) is defined as:

- Ill treatment (including sexual abuse and forms of ill-treatment that are not physical);
- The impairment of development and/or an avoidable deterioration in, physical or mental health; and
- The impairment of physical, emotional, social or behavioural development or the impairment of health;
- Conduct which appropriates or adversely affects property, rights or interests (theft or fraud, for example).

The Care Act 2014 identifies a number of 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 of the individual must always be considered.

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

Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what the Care Act now describes as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

3.2 Patterns of Abuse

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

- **Serial abuse** in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse 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 occurring because money or jewellery has been left lying around.

The following also contains specific information pertaining to each category of abuse as highlighted in Care and Support Guidance but also about specialist support services and linked agendas.

3.3 Definitions and Indicators of Abuse and Neglect

Please note that indicators are a guide only

Discriminatory abuse

Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse, for example, hate crime.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes where a person or group is treated less favourably than any other person or group based on their colour, sex, age, disability, sexual orientation, religion, status, etc.

Examples of Discriminatory Abuse: Unequal treatment, verbal abuse, inappropriate use of language; slurs; harassment or deliberate exclusion.

Indicators of Discriminatory Abuse:

- lack of respect shown to an individual;
- signs of a sub-standard service offered to an individual;
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status; or
- failure to follow the agreed care plans can result in the Adult at Risk being placed at risk.

Domestic Abuse (including Forced Marriage, Honour Based Abuse and Female Genital Mutilation)

The official Government definition of domestic violence and abuse is:

"*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.*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."
A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced in the Serious Crime Act 2015.

The offence imposes a maximum five years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse allowing for earlier identification, intervention and prevention

The majority of domestic abuse is committed by men towards women. It can also involve men being abused by their female partners, abuse in same sex relationships, and by young people towards other family members, as well as the abuse of older people in families. Domestic abuse occurs irrespective of social class, racial, ethnic, cultural, religious or sexual relationships or identity.

No one agency can address all the needs of people affected by, or perpetrating, domestic violence and abuse. For intervention to be effective agencies and partner organisations need to work together, and be prepared to take on the challenges that domestic violence and abuse creates. Statutory guidance issued under the Care Act 2014 specifies that freedom from abuse and neglect is a key aspect of a person's wellbeing including that of domestic abuse. There is a distinct overlap between those who are adults at risk as defined by the Care Act and the significant number of people who need supporting because they are experiencing domestic abuse.

Older people
Research has shown that there has been a failure to recognise domestic abuse in older people. Barriers to reporting may be due to dependency on the perpetrator, traditional attitudes to marriage or gender roles. Abuse that began in earlier life may have led to health problems and there needs to be an understanding of the distinction between abuse that is part of an ongoing relationship or which commenced in later life.

Older people may also not be aware of the support services they can access or they may find it difficult to accept help particularly if they are isolated. Open questions should be used to identify needs[2].

The national charity, Action on Elder Abuse (AEA) defines abuse as 'single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'

AEA's website states that women over the age of 70 who are dependent, frail and alone are particularly vulnerable to abuse, which may take multiple forms. The most common forms of abuse are physical, psychological, financial, sexual and neglect. AEA has found a prevalence of psychological abuse, usually by way of intimidation or coercion often linked to financial abuse.

People with mental illness
There is a strong link between domestic abuse and mental illness of both victim and perpetrator. Furthermore research indicates that people with mental illness are more likely to experience domestic abuse. Behaviours used by perpetrators against their victim to demean the victim will add

to emotional distress and exacerbate mental illness.

People with Learning Disabilities
Research indicates that adults with learning disabilities are more likely to experience domestic abuse than the general population but less likely to report it. Capacity of those with learning disabilities to make informed choices particularly in relation to arranged/forced marriage should be considered and the appropriate support services must be considered for this group.

People who misuse substances
Substance misuse may not be a direct cause of domestic abuse but it may increase the risk of or trigger it. Perpetrators of domestic abuse may exercise control over a victim who is dependent on substances although many perpetrators may themselves be dependent on substances in particular alcohol. Victims in addition may become dependent on substances as a coping mechanism and may wish to address the domestic abuse before their substance misuse

Be aware that a perpetrator who goes through a detoxification programme increases the risk to the victim.

Carers
The Care Act 2014 defines a carer as someone who 'provides or intends to provide care for another adult' (but not as a volunteer or contracted worker). The Local Authority has a duty to assess a carers needs for support to maintain their well-being including protection from abuse. Carers may cause harm through abuse or neglect, the person they care for may abuse the carer or the carer may observe the abuse by and of others.

Harm may be intentional or unintentional (see also 'adults who are vulnerable who perpetrate domestic abuse').

Mental capacity, safeguarding and domestic abuse
Some victims of domestic abuse may lack capacity to make certain decisions for themselves and they will require additional support to empower them within a legal framework. The Mental Capacity Act (MCA) 2005 has five key principles designed to support and protect the person.

The purpose of the MCA is to protect a person's right to make their own decision and a range of safeguarding and legal approaches can be used to support those experiencing domestic abuse. The five key principles of the act must be applied:

- Capacity must be presumed unless it can be proven otherwise
- People should be given full support to make their own decision
- If a person makes a decision that you consider unwise this does not necessarily mean the person lacks the capacity to make the decision in question
- Anything done for, or on behalf of a person who lacks capacity must be done in their best interest
- If doubt remains about a person's ability to make a decision a formal capacity assessment may be necessary

A principle under the Act is an adult has full capacity if they have access to all the relevant information about the decision they are making - they may still make a decision that professionals see as unwise – such as staying with a perpetrator of domestic abuse – we still need to offer support as part of our duty of care or implement protection measures to keep that person safe (see MARAC & Domestic Violence Protection Orders). An apparently unwise decision may be the result of

coercion and controlling behaviour and the Serious Crime Act 2015 section 76 controlling or coercive behaviour in an intimate or family relationship may apply.

Recent Case Law DL vs A Locality Authority and Others (2012) used the principle of inherent jurisdiction to commence proceedings in the High Court to safeguard people who do not lack capacity but whose ability to make decisions has been compromised because of the constraints in their circumstances, including coercion or undue influence.
The Care Act mandates the use of advocates for anyone who has difficulties making decisions. Specialist advocates such as IDVA's for domestic abuse and IMCA's for capacity are additional resources and assist in ensuring the duty to the person that they have access to all the relevant information about the decision they are making.

If there are children in the household safeguarding children procedures will apply and a referral MUST be made to Childrens Social Care via MASH if the adult is at high risk of serious injury or death and this can be made without the victims consent.
Managing Risk and Levels of Intervention

Safe enquires (about domestic abuse) are the cornerstone of good practice, research shows incidence of violence and levels of harm increase when the perpetrator's control is challenged therefore the perpetrator must not be aware of the enquiry or any plans to support the victim.

Principles of safe enquiry include taking protective measures to ensure that any discussions are conducted in a safe manner and safety planning is routinely completed.

Assessing risk at the point of disclosure assists in appropriate interventions and risk management. Assessing risk is about justifiable and defensible decision making and is not taken in isolation as risk can be dynamic in domestic abuse situations. Using a recognised tool e.g. Safelives DASH gives a record of the decisions made at that point in time.

Victims of domestic abuse may be reluctant to disclose what is happening to them and repeated enquiries also increase the likelihood of disclosure. Even if the victim does not disclose domestic abuse they should still be routinely offered information. Remember victims of any age will minimise the abuse and the impact on them due to the controlling and coercive control of the perpetrator.

Use evidence based risk assessment tools in order to guide decision making and gain an understanding the risks posed to the victim and other members in the family.

Risk assessment should draw on the background and information on the perpetrator taking into account any prior incidents of domestic abuse as well as the impact the abuse is having on the victim such as their level of fear and any coercive control or psychological abuse. The risks and circumstances can change suddenly therefore any safety planning must include how the victim can inform professional when they feel the risk has increased.

The Domestic Abuse and Harassment and Honour Based Violence (DASH) Identification and Risk Assessment Model

See http://www.safelives.org.uk/

The aim of this model is to save lives through early risk identification, intervention and prevention, and using one standardised practical tool to refer cases to the**)**Multi Agency Risk assessment Conference (MARAC) to share information and manage risk effectively.

- The DASH model is for all professionals working with victims of domestic abuse, stalking and harassment and honour based violence;
- In England and Wales, the police service use the ACPO DASH and partner agencies the Safelives DASH;
- There is also a risk checklist for victims of domestic abuse, stalking and honour based violence. This is called the Victim Dash Checklist and this can be found in various languages on:

http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

Referral to the Multi Agency Risk Assessment Conference

A MARAC meeting is were information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, children and adult safeguarding, housing, substance misuse services, independent violence advocates (IDVAs) and other specialist statutory and voluntary sectors.

If a practitioner identifies that an individual they are or have been working with, is a victim of domestic abuse, they should complete a Dash risk identification checklist with the individual, The Dash checklist will gather relevant information about the individual's circumstances in order to assess the risk posed to them. Where an individual is assessed as being at high risk, the completed DASH checklist should be shared with the organisations DMO in order to make a referral and agree any immediate safety actions.

If you do not know how to completed the Dash Checklist or are unable to please refer to local domestic abuse services. Safeguarding processes/procedures will apply for adults at risk.

DASH gives a consistent and practical tool to practitioners working with victims of domestic abuse to help them identify those who are at high risk of harm.

Risk factors in the Safelives Dash - are evidence based, drawn from extensive research by leading academics in the field of domestic homicides, 'near misses' and lower level incidents.

Action Plans and 3rd Party Information

After the meeting the MARAC administrator sends an action plan.
The representative will communicate the agreed actions to the social worker involved, ask for confirmation of when the actions are complete and update the administrator accordingly.

Information should not be routinely shared or disclosed outside formal protocols and only with due regard to data protection guidance.

Making Safeguarding Personal (MSP) is an approach that involves an adult at risk of abuse being supported to make decisions about their safety planning outcomes that will keep them safe particularly if they wish to remain with the perpetrator. They need to be informed of the risks and benefits of those options and how they would reduce the risk to prevent serious harm.

There are specialist support services available and any victim of domestic abuse should be given information about these support services regardless of their assessed level of risk but adults with care and support needs may need assistance to do so and /or an intermediary to help them navigate the services.

The support services for those with care and support needs may assist in protecting someone from

abuse such as telecare monitoring systems or visits by care workers. Any services used as part of a safety plan must be specified and those services must be informed.

Domestic abuse, support and legal action
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Independent Domestic Violence Advisors (IDVAs)
IDVAS are independent trained advisors who give specialist practical and emotional support to victims of domestic abuse. This includes support when the victim is subject to a MARAC referral and through the legal system including support to attend court. They will often mobilise the resources of multi-agency partners to help keep the victim and family safe.
This can include sanctuary schemes, refuge or safe house accommodation as well as being a valuable source of information and advice not only for victims but for professionals as well.
Under the Care Act if an adult with care and support needs has an existing support plan and moves into a new authority area this should be continued by the new local authority until they have carried out an assessment. Where the second local authority has been notified of the adult with care and support needs intends to move to their area they must provide information and start an assessment of needs.

Domestic Violence Disclosure Scheme ('Clare's Law')
The Domestic Violence Disclosure Scheme (DVDS) (also known as 'Clare's Law') commenced in England and Wales on 8th March 2014. The DVDS gives members of the public a formal mechanism to make enquires about an individual who they are in a relationship with, or who is in a relationship with someone they know, where there is a concern that the individual may be violent towards their partner. This scheme adds a further dimension to the information sharing about children where there are concerns that domestic violence and abuse is impacting on the care and welfare of the children in the family.

Members of the public can make an application for a disclosure, known as the 'right to ask'. Anybody can make an enquiry, but information will only be given to someone at risk or a person in a position to safeguard the victim. The scheme is for anyone in an intimate relationship regardless of gender.

Partner agencies can also request disclosure is made of an offender's past history where it is believed someone is at risk of harm. This is known as 'right to know'.

If a potentially violent individual is identified as having convictions for violent offences, or information is held about their behaviour which reasonably leads the police and other agencies to believe they pose a risk of harm to their partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.

For further information, see Domestic Violence Disclosure Scheme (GOV.UK website).

Criminal Law
Social workers and other practitioners need:

- To be aware of the legal sanctions available
- To provide information about the options an adult particularly with care and support needs may have
- Involve the victim/adult in getting the right advice and where to get specialist help including legal help

There are a number of legal remedies for victims of domestic violence and abuse, including occupation orders, non-molestation orders, restraining orders and, DVPOs.

Domestic Violence Protection Orders (DVPOs)
These provide protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

Before the scheme, there was a gap in protection, because police could not charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions, and because the process of granting injunctions took time.

Restraining orders
These can be obtained at court in relation to a criminal case whether the case is upheld or not. This is to protect the victim from harassment or conduct by the perpetrator that puts the victim in fear of violence. The order imposes specific restrictions such as exclusion from a specific area or contact with the victim or their family. However it is preventative and not punitive but it is a crime to breach the restraining order and the perpetrator can be arrested and charged.

Non molestation orders
This is a type of injunction which prohibits the perpetrator or abuser from intimidating, pestering or harassing the victim or children who live with the victim. Physical abuse does not need to have occurred in order to obtain this order and if breached this again is a criminal offence.

Occupation Orders
This is similar to an injunction and establishes who has a right to stay in the home and can odder an abuser to move out of the home or keep a certain distance from the home.
Other information on orders can be obtained from:
https://www.gov.uk/guidance/domestic-violence-and-abuse

Safety of Professionals Working with Domestic Violence and Abuse
Care must be taken to assess any potential risks to professionals, carers or other staff who are involved in providing services to a family where domestic violence and abuse is, or has occurred.
A risk assessment should be undertaken. Professionals should speak with their manager and follow their own agency's guidance for staff safety.

Links to local guidance:

Forced marriage

Forced marriage is a form of domestic abuse and should be treated as such. Forced marriage affects people from many communities and cultures. Cases should be tackled using existing structures, policies and procedures designed to safeguard children, adults with support needs and victims of domestic abuse.

Forced marriage cannot be justified on religious grounds, every major faith condemns it and freely given consent to marriage is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriages. 'Forced marriages' is an abuse of human rights. It can happen to both men and women although most cases involve young women and girls aged between 13 and 30. There is no “typical” victim of forced marriage. Some may be under 18 years old, some may be over 18 years old, some may have a disability, some may have young children and some may be spouses from overseas.

The joint Foreign and Commonwealth Office and the Home Office Forced Marriage Unit is the United Kingdom’s ‘one stop shop’ for developing government policy on forced marriage, coordinating outreach projects and providing support and information to professionals and those at risk.

Forced marriage has many parallels with domestic abuse and child abuse. A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangements remains with the adult or young person. In forced marriage one or both spouses do not consent to the marriage and some element or duress is involved. Duress may include physical and or emotional abuse. In some cases people may be taken abroad without knowingly that they are to be married. When they arrive in the country their passports may be taken by their family to try and stop them from returning home.

Legal Position

Anyone threatened with forced marriage or forced to marry against their will can apply for a Forced Marriage Protection Order. Third parties, such as relatives, friends, voluntary workers and police officers, can also apply for a protection order with the leave of the court. Local authorities can seek a protection order for Adults at Risk and children without leave of the court. Guidance published by the Ministry of Justice explains how local authorities can apply for protection orders and provides information for other agencies. (This is available at the GOV.UK website).

The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence, with effect from 16 June 2014, to force someone to marry. This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place);
- Marrying someone who lacks the mental Capacity to consent to the marriage (whether they’re pressured to or not).

Breaching a Forced Marriage Protection Order is also now a criminal offence. The civil remedy of obtaining a Forced Marriage Protection Order through the family courts, as set out above, continues to exist alongside the criminal offence, so victims can choose how they wish to be assisted.

Forcing someone to marry can result in a sentence of up to 7 years in prison.

Disobeying a Forced Marriage Protection Order can result in a sentence of up to 5 years in prison.

Honour Based Abuse

The terms honour crime, honour-based abuse or izzat (an Urdu word which means protecting family honour)embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community.

They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family.

Welchman and Hossain state "The term crimes of honour encompasses a variety of manifestations of violence against women; including murder termed "honour killings", assault, confinement or imprisonment and interference with choice in marriage where the publicly articulated justification is attributed to a social order claimed to require the preservation of a concept of honour vested in male family and or conjugal control over women and specifically women's sexual conduct – actual, suspected or potential."

Multi –Agency Guidelines: Actions to be taken in all cases

Cases of forced marriage can involve complex and sensitive issues that should be handled by a child protection or Safeguarding Adults specialist with expertise in forced marriage. The statutory guidance on forced marriage states that all organisations should have "a lead person with overall responsibility for safeguarding children, protecting Adults at Risk or victims of domestic abuse. Although front line staff should contact specialists as soon as possible, there may be occasions when they will need to gather some information from the person to establish the facts and assist the referral.

First Steps in all Cases:

- See them immediately in a secure and private place where the conversation cannot be overheard;
- See them on their own – even if they attend with others;
- Explain all the options to them;
- Recognise and respect their wishes;
- Perform a risk assessment;
- Contact, as soon as possible, a trained specialist who has responsibility for forced marriage;
- If the young person is under 18 years of age, refer them to the designated person with responsibility for safeguarding children and activate local safeguarding procedures;
- If the person is an adult with support needs, refer them to the person with responsibility for safeguarding adults at risk
- Reassure them about confidentiality i.e. practitioners will not inform their family;
- Establish a way of contacting them discreetly in the future;
- Obtain full details to pass on to the trained specialist;
- Consider the need for immediate protection and placement away from the family.

Do Not:

- Send them away;
- Approach members of their family or the community unless they expressly ask you to do so;
- Share information with anyone without their express consent;
- Breach confidentiality (see confidentially and sharing information safely);
- Attempt to be a mediator.

Additional Steps:

- Give them, where possible, the choice of the ethnicity and gender of the specialist who deals with their case;
- Inform them of their right to seek legal advice and representation;
- If necessary, record any injuries and arrange a medical examination;
- Give them personal safety advice;
- Develop a safety plan in case they are seen i.e. prepare another reason why you are meeting;
- Establish if there is a family history of forced marriage, e.g. siblings forced to marry. Other indicators may include domestic violence, self-harm, family disputes, unreasonable restrictions (e.g. withdrawal from education or "house arrest") or missing persons within the family;
- Advise them not to travel overseas. Discuss the difficulties they may face;
- Identify any potential criminal offences and refer to the police if appropriate;
- Give them advice on what service or support they should expect and from whom;
- Ensure that they have the contact details for the trained specialist;
- Maintain a full record of the decisions made and the reason for those decisions;
- Information from case files and database files should be kept strictly confidential and preferably be restricted to named members of staff only;
- Refer them, with their consent, to appropriate local and national support groups, counselling services and women's groups that have a history of working with survivors of domestic abuse and forced marriage.

Remember:

When referring a case of forced marriage to other organisations, ensure they are capable of handling the case appropriately. If in doubt, approach established women's groups who have a history of working with survivors of domestic abuse and forced marriage and ask these groups to refer the person to reputable agencies. Circumstances may be more complex if the person is lesbian, gay, bisexual or transgender. British Embassies and High Commissions can only help British nationals or, in certain circumstances EU or Commonwealth nationals. This means that if a non-British national leaves the UK to be forced into marriage overseas, the British Embassy or High Commission will not be able to assist them.

Confidentiality and sharing information safely
A dilemma may occur because someone facing forced marriage may be concerned that if confidentiality is breached and their family finds out that they have sought help they will be in serious danger. On the other hand, those facing forced marriage are often already facing serious danger because of domestic abuse, "honour-based" violence, rape, imprisonment etc. Therefore, in order to protect them, it may be necessary to share information with other agencies such as the police.

Consequently, confidentiality and information sharing are going to be extremely important for anyone threatened with, or already in, a forced marriage. Practitioners need to be clear about when confidentiality can be promised and when information may need to be shared.

Circumstances sometimes arise where a child, or more probably a young person, explicitly asks a practitioner not to give information to their parents/guardians or others with some authority over them. Their request for confidentiality should be upheld.

If a decision is made to disclose confidential information to another person, (usually another practitioner) the practitioner should seek the consent of the person before the disclosure. Most people will consent to the disclosure if they receive a careful explanation of why the disclosure is to

be made and are assured about their safety (e.g. information will not be passed to their family) and what will happen following such a disclosure. Whether or not the person agrees to the disclosure, they must be told if there is to be disclosure of confidential information

Female Genital Mutilation

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights and Protocol to the African Charter on Human and Peoples' Rights on the rights of women in Africa. All these documents highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

It is increasingly found in Western Europe and other developed countries primarily among immigrant and refugee communities.

The Serious Crime Act 2015 has amended the Female Genital Mutilation Act 2003

1. Introduced Female Genital Mutilation Protection Orders ("FGMPO") - breaching an order carries a penalty of up to five years in prison. The terms of the order can be flexible and the court can include whatever terms it considers necessary and appropriate to protect the girl or woman;
2. Allowing for the anonymity of victims of FGM – prohibiting the publication of any information that could lead to the identification of the victim. Publication covers all aspects of media including social media;
3. Extended the extra-territorial reach of Female Genital Mutilation (FGM) offences to include "habitual residents" of the UK;
4. Created a new duty of Mandatory Reporting of Female Genital Mutilation for regulated professionals in health and social care professionals and teachers/teaching assistants in England and Wales which came into force on the 31st October 2015.

For further information:

Multi-agency statutory guidance on female genital mutilation April 2016:

https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

https://www.gov.uk/female-genital-mutilation-help-advice

Cultural Sensitivity

Investigating agencies need to be sensitive to the cultural beliefs surrounding FGM and should consult with cultural community groups. However, professionals should not let fears of being

branded 'racist' or 'discriminatory' weaken the protection required by vulnerable girls and women.

FGM is much more common than is generally realised both worldwide and in the U.K. It is deeply embedded in the culture of the practicing community who may resent what they perceive as the imposition of liberal western values on them, but it is not a matter which can be left to personal preference or culture and custom. FGM is an extremely harmful practice that violates the most basic human rights. However, any community education should be sensitive to cultural norms and pressures.

It may be most useful to try to engage community groups and elders or religious leaders in community education programmes. It is extremely important that those running programmes are not seen as alien to the practice. This may create animosity and paranoia within the practicing communities and make it harder to safeguard Adults at Risk from FGM.

For many families English may not be their preferred language, the assistance of an independent interpreter needs to be considered. Any interpreter should be appropriately trained in relation to FGM and should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community. This is because girls or women may feel embarrassed to discuss sensitive issues in front of such people and there is a risk that personal information may be passed on to others in their community and place them in danger

The guidance recommends that a female professional be available to speak to if the girl or woman would prefer this.

Raising a safeguarding concern of FGM
If any agency becomes aware of an Adult at Risk who may have been subjected to or is at risk of FGM they must raise an Alert with their Local Authority Adults (Safeguarding Team

Suspicions may arise in a number of ways that an Adult at Risk is being prepared for FGM to take place abroad.

All professionals need to consider whether any other indicators exist that FGM may have or has already taken place, for example:

- Preparations are being made to take a long holiday;
- The Adult at Risk has changed in behaviour after a prolonged absence from home; or
- The Adult at Risk has health problems, particularly bladder or menstrual problems.

There may be older women in the family who have already had the procedure and this may prompt concern as to the potential risk of harm to other females in the same family.

It should be remembered that this is a one-off act of abuse , although it will have lifelong consequences, and can be highly dangerous at the time of the procedure and directly afterwards NHS Actions

Since April 2014 NHS hospitals have been required to record:

- If a patient has had Female Genital Mutilation;
- If there is a family history of Female Genital Mutilation;
- If a Female Genital Mutilation-related procedure has been carried out on a patient.

Since September 2014 all acute hospitals have been required to report this data centrally to the Department of Health on a monthly basis. This was the first stage of a wider ranging programme of work in development to improve the way in which the NHS will respond to the health needs of girls and women who have suffered Female Genital Mutilation and actively support prevention.

A midwife/obstetrician/gynaecologist/General Practitioner may become aware that Female Genital Mutilation has occurred when treating a female patient. This should trigger concern for other females in the household.

Assessment and Case Management

Once a concern of an adult at risk has been raised, the case may progress though the safeguarding process.

Family and carers may genuinely believe that it is in the adult's best interest to conform to their prevailing custom. The preferred outcome may be that the family agree to halt the process. Therefore the main emphasis of work in cases of actual or threatened FGM should be through education and persuasion.

Where an adult at risk appears to be in immediate danger of mutilation, legal advice should be sought, making it clear to the family that they will be breaking the law if they arrange for the adult to have the procedure.

Useful Organisations

Foundation for Women's Health, Research & Development (FORWARD)
Tel: 020 8960 4000

Black Women's Health and Family Support
Tel: 020 890 3503

Financial or Material abuse

Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It is the main form of abuse investigated by the Office of the Public Guardian and it is likely other forms of abuse are present.
These scams are becoming ever more sophisticated and elaborate. For example:

- internet scammers can build very convincing websites
- people can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website
- postal scams are mass-produced letters which are made to look like personal letters or important documents
- doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service and local authority Trading Standards Services for investigation. The SAB will need to consider how to involve local Trading Standards in its work.

Potential indicators of financial/material abuse include:

- Lack of heating, clothing or food;
    - Inability to pay bills/unexplained shortage of money;
    - Change in living conditions.
- Unexplained withdrawals from accounts;
    - Unexplained loss/misplacement of financial documents;
    - The recent addition of authorised signers on a client or donor's signature card.
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the person lacks the Capacity to make this decision;
- Sudden or unexpected changes in a will or deeds/title of house or other financial documents;
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

Financial and material abuse can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

Modern Slavery

Modern Slavery is illegal and encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or

- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement; and
- Human Trafficking

Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.

From the 1st November 2015, specified public authorities have a duty to notify the Secretary of

State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 Modern Slavery Act 2015.

Human trafficking is the movement of a person from one place to another, using methods of deception, coercion, the abuse of power or of someone's vulnerability and for the purposes of exploitation. It is possible to be a victim of trafficking even if their consent has been given to being moved. Human trafficking may occur across international borders or take place within one country.

According to the National Crime agency, there are three main elements:

1. The movement: recruitment, transportation, transfer, harbouring or receipt of people;
2. The control: threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim;
3. The purpose: exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs.

Victims are owned and controlled by an 'employer' usually through the threat of or actual physical

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Repeated instances of poor care may be an indication of more serious problems.

Neglect can be intentional or unintentional.

Potential indicators of Neglect and Acts of Omission include:

or psychological abuse. They can be any age, gender, nationality or ethnicity.

Possible indicators:

- they seem isolated or controlled;
- have poor living conditions;
- have few or no personal effects and are reluctant to seek help; or
- Children may be engaged in child sexual exploitation, domestic servitude, begging and missing education or not registered with a GP. They may not be familiar with an adult accompanying them.

Further information on spotting the signs and referral to the National Referral Mechanism can be found on

http://hopeforjustice.org/

http://www.salvationarmy.org.uk/human-trafficking

New national guidance will be available shortly and this will be updated further then.

Adults at risk must be referred using safeguarding procedures.

Neglect and acts of omission

Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult to provide the amount and type of care that a reasonable person would be expected to provide.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Person has inadequate heating and/or lighting;

- Person's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Person is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Person cannot access appropriate medication or medical care;
- Person is not afforded appropriate privacy or dignity;
- Person and/or a carer has inconsistent or reluctant contact with health and/or care and support services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

Organisational Abuse

This Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational Abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment.

It may be a result of regimes, routines, practices and behaviours that occur in services that adults live in or use and which violate their human rights. This may be part of the culture of a service to which staff are accustomed and may pass by unremarked upon. They may be subtle, small and apparently insignificant, yet together may amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of individuals.

Organisational Abuse is most likely to occur when staff:

- Receive little support from management;
- Are inadequately trained;
- Are poorly supervised and poorly supported in their work;
- Receive inadequate guidance.

The risk of abuse is also greater in services:

- With poor management;
- With too few staff;
- Which use rigid routines and inflexible practices;
- Which do not use a person-centred approach;
- Where there is a closed culture;

- Where there are inadequate quality assurance and monitoring systems in place.

Potential indicators of Organisational Abuse include:

- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise;
- Staff attitudes, where staff may view clients negatively, treating them like children, not involving them in making choices as they seem too confused or disabled. Staff may think that if clients do not appear to understand then they can talk in front of them as if they are not there.

Physical Abuse

Physical Abuse is the non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

Examples of physical abuse include: Assault, hitting, slapping, pushing, kicking, pinching, shaking and scalding.

Physical abuse can also include: Misuse of medication, prolonged exposure to heat or cold, force feeding and not giving/withholding adequate food or drink.

Potential indicators of physical abuse include:

- Unexplained or inappropriately explained injuries;
- Person exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence;
- Evidence of over/under medication;
- Person flinches at physical contact;
- Person appears frightened or subdued in the presence of particular people;
- Person asks not to be hurt;
- Sudden weight loss or weight gain;
- Person may repeat what the alleged abuser has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body.

Restraint

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse.

There is a distinction to be drawn between restraint, restriction and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration,

the effect and the manner of the implementation of the measure in question.

In extreme circumstances, unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.

Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Psychological Abuse

Psychological abuse (sometimes called Emotional Abuse) is behaviour that has a harmful effect on the adult's emotional health, well-being and development. It is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

Examples of Psychological Abuse include:

- Threats of harm or abandonment;
- Deprivation of contact;
- Humiliation or blaming;
- Controlling;
- Intimidation;
- Online bullying;
- Coercion;
- Indifference;
- Harassment;
- Verbal abuse (including shouting or swearing); and
- Isolation or withdrawal from services or support networks.

Potential indicators of psychological abuse include:

- Untypical ambivalence, deference, passivity, resignation;
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Person exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Person is not allowed visitors/phone calls;
- Person is locked in a room/in their home;
- Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Person's access to personal hygiene and toilet is restricted;
- Person's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

Sexual Abuse

Sexual abuse is the direct or indirect involvement in sexual activity without consent. This could also be the inability to consent, pressure or induced to consent or take part. Sexual abuse includes rape, indecent assault, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into consenting.

This also includes the involvement of an adult in sexual activity or relationships, which they cannot understand, or have been coerced into because the other person is in a position of trust, power or authority (e.g. day centre worker, residential worker/health worker etc.)

Denial of a sexual life to consenting adults is also considered abusive practice.

Potential Indicators of sexual abuse include:

- Person has urinary tract infections, vaginal infections or sexually transmitted infections that are not otherwise explained;
- Person appears unusually subdued, withdrawn or has poor concentration;
- Person exhibits significant changes in sexual behaviour or outlook;
- Person experiences pain, itching or bleeding in the genital/anal area;
- Person's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

Self-neglect

This covers a wide range of behaviours including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Safeguarding partnerships can be a positive means of addressing issues of self-neglect. The Safeguarding Adults Board is a multi-agency group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

Links to local guidance:

Cumbria:

Blackburn with Darwen:

Blackpool:

Lancashire:

3.4 Adults Who May be Vulnerable to Terrorism

Channel provides a mechanism for supporting those who may be vulnerable to violent extremism by assessing the nature and the extent of the potential risk and, where necessary, providing an appropriate support package tailored to an individual's needs. A multi-agency panel decides on the most appropriate action to support individuals taking their circumstances into account.

The partnership focused structure is similar to existing, successful partnership initiatives which aim to support individuals and protect them from harm, such as drugs and involvement in knife and gun crime. Supporting those most at risk of being drawn into violent extremism is about diverting people away from potential risk at an early stage which prevents them from being drawn into criminal activity.

Partnership involvement ensures that those at risk have access to a wide range of support ranging from diversionary activities through to providing access to specific services such as

education, housing and employment. The work also aims to build resilience in communities and partners to deal with the issues.

Partners may include, depending on local circumstances:

- Statutory partners such as education, health, probation, prisons, police and others;
- Adult social services;
- Children's and youth services;
- Youth Justice Board through youth offending teams;
- UK Visas and Immigration;
- Voluntary services;
- Credible and reliable communities, that demonstrate a commitment to shared values as defined in CONTEST, the Government's strategy for tackling international terrorism.

Channel is not about reporting or informing on individuals in order to prosecute them. It is about communities working together to support vulnerable people at an early stage, preventing them from being drawn into violent extremism.

Violent extremism is a real threat to all communities – violent extremists actively aim to damage community relations and create division. That is why it is vital that we all work together to support those who are vulnerable in this way.

Prevent

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views;
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;

- Work with a wide range of sectors where there are risks of radicalisation which we need to address, including education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with local authorities, a wide range of Government Departments, with community organisations and with many countries overseas. The police also play a significant role.

Please see the Pan Lancs & Cumbria Procedures for local processes.

Channel: Referral and Intervention Process (Lancashire only)

- Channel is a multi-agency safeguarding programme run in every local authority in England and Wales. It works to support vulnerable people from being drawn into terrorism and provides a range of support such as mentoring, counselling, assistance with employment etc. Channel is about early intervention to protect vulnerable people from being drawn into committing terrorist-related activity and addresses all types of extremism.
- Participation in Channel is voluntary. It is up to an individual, to decide whether to take up the support it offers. Channel does not lead to a criminal record.
- In a few cases, an individual may move beyond being vulnerable to extremism to involvement or potential involvement in supporting or following extremist behaviour. Where this is identified as a potential risk, further investigation by the police will be required, prior to other assessments and interventions;
- Any member of staff who identifies such concerns, for example as a result of observed behaviour or reports of conversations to suggest an adult at risk supports terrorism and/or extremism, must report these concerns to the named or designated safeguarding professional in their organisation or agency, who will consider what further action is required;
- The named or designated safeguarding professional should consider whether a situation may be so serious that an emergency response is required. Staff should exercise professional judgement and common sense to identify whether an emergency situation applies; examples in relation to violent extremism are expected to be very rare but would apply when there is information that a violent act / life threatening act is imminent or where weapons or other materials may be in the possession of a young person, another member of their family or within the community or imminent to travel to a conflict zone. In this situation, a 999 call should be made.
- The Pan-Lancashire Channel Panel Chair is Paul Lee, Head of Operations and Safeguarding (Blackburn with Darwen Borough Council). Meetings are held on a monthly basis.

- If you have any concerns about someone and would like more advice ring 101/999 if urgent, if not then email concern@lancashire.pnn.police.uk. Any information, advice or concern will be handled with sensitivity and where possible anonymity will be maintained. Referrals can be made directly to the email inbox by any individual or organisation and will be dealt with discretion.

Local and National Support

For Strategic or Policy Support or advice contact Blackburn with Darwen or Burnley Prevent Co-ordinators:

Medina Patel
Prevent Co-ordinator
Community Safety Team
Blackburn with Darwen Borough Council
Environment, Housing & Neighbourhoods
3rd Floor, Old Town Hall
Blackburn
BB1 7DY
Tel: 01254 585263
Email: Medina.Patel@blackburn.gov.uk

Rob Grigorjevs
Programme & Projects Co-ordinator
Burnley Borough Council
Burnley Town Hall
Manchester Road
Burnley
Lancashire
BB11 9SA
Tel: 01282 477112
Mobile: 07854 784611

Pam Smith

Equality & Cohesion Manager (CT/Prevent Lead)
Policy, Information and Commissioning, Start Well
Lancashire County Council
Tel 01772 530591
Mobile 07766306502

For non-urgent safeguarding concerns around terrorism, extremism and radicalisation, email the Police Channel Team on concern@lancashire.pnn.police.uk.

Duty Desk: 01772 412742 (8am to 6pm weekdays).

Out of Hours: Contact Police on 101 or 999 – ask that the Duty Inspector and Force Incident Manager are made aware and make necessary contact with Counter-Terrorism Branch.

For advice and arrangements for training: Prevent Teams can be contacted on:

- East Lancashire (BwD, Burnley, Pendle etc) – 01254 353541;
- West/South/North Lancashire (Blackpool, Lancaster, Chorley etc) – 01772 209733;
- National Prevent Training can be accessed at the **E-Learning Training on Prevent website (Home Office)**;
- National E-learning on the Channel Panel can be accessed at the **Channel General Awareness website**.
- **RELATED NATIONAL GUIDANCE**

'Prevent and Safeguarding Guidance: Supporting Individuals Vulnerable to Violent Extremism', which has been issued by the Association of Chief Police Officers (ACPO).

Channel: Protecting vulnerable people from being drawn into terrorism 2015

Prevent Duty Guidance

DfE Prevent Duty Guidance

Educate Against Hate website (HM Government)

3.5 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;
- Volunteers and strangers.

3.6 Children and Young People who abuse

If a child or children is/are causing harm to an adult covered by the adult safeguarding procedures, action should be taken under these procedures, and a referral and close liaison with children's services should take place. Physical and sexual abuse towards parents and

other relatives (for example, grandparents, aunts, uncles) some of whom, may be adults at risk, can be carried out by adults and by young people and children, some of which can cause serious harm or death. The UK prevalence study of elder abuse identified younger adults (rather than the person's partner) as the main perpetrators of financial abuse.

3.7 Safeguarding Adults Reviews[3]

Section 44, the Care Act 2014 stipulates that SABs must arrange a SAR when:

- an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and
- there is concern that partner agencies could have worked more effectively to protect the adult.
- SABs must also arrange a SAR if an adult with care and support needs, in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.
- In the context of SARs, something can be considered serious abuse or neglect where, for example the individual was likely to have died but for an intervention, or suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

The criteria are met when:

• An adult at risk dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death; or

• An adult has sustained a potentially life threatening injury through abuse, neglect, serious sexual abuse or sustained serious and permanent impairment of health or development through abuse or neglect; and one of the following:

– Where procedures may have failed and the case gives rise to serious concerns about the way in which local professionals and/or services worked together to safeguard adults at risk;
– Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved. Such reviews are likely to be more complex, on a larger scale and may require more time;
– Where circumstances give rise to serious public concern or adverse media interest in relation to an adult/adults at risk.

There is an expectation that individuals, agencies, organisations, cooperate with the review but the Act also gives Boards the power to require information from relevant parties. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from 'near misses' and situations where the arrangements worked especially well.

[3] Adopted from ADASS London procedures

Criminal investigations and police involvement: Where there is an ongoing criminal investigation or criminal proceedings, the SAB will consider, in consultation with the police, whether continuing with the SAR might prejudice their outcome and whether the completion of the SAR should be postponed until after the criminal investigation or proceedings have been completed.

Outside of SAR remit: Where the SAB agrees that a situation does not meet the criteria but agencies will benefit from a review of actions other methodologies can be considered. These include:

- Serious Incident Review: Organisations should use their own serious incident procedures if this is deemed suitable and special consideration should be given to the involvement of relevant partner organisations.

- Management Review: A review by an individual organisation in relation to their understanding and management of a particular safeguarding issue.

- Reflective Practice Session: The original participants in the case may review identified aspects of the case as part a reflective practice session chaired by the Safeguarding Lead or other such suitable person, including an independent facilitator.

Principles: SARs should reflect the six adult safeguarding principles and be conducted within a framework of openness and transparency.

Purpose: The purpose of all SARs is to keep the focus on learning. The final SAR report and those responsible for disseminating the learning from it, should ensure that the recommendations can be translated into practice, not just for those involved but to a wider audience to support 'prevention strategies' and influence strategic plans. It is not for a SAR to investigate how a death or serious incident happened. Neither is it the responsibility of the SAR to apportion blame. Such matters will be dealt with by the Coroner's or criminal courts, or other bodies.

The Adult In non-fatal cases: The views of the adult should be central to the decision making process about the type of SAR to undertake. Communication should be established at the earliest opportunity and advocacy provided to support the adult. Information should be given about how the SAR will be conducted and how they can be involved or, in the event that the adult has deceased, how nominated people can be involved. Where there is a police led investigation, close contact with any appointed police Family Liaison Officer should be made. Communication should be clear and consistent between all designated supporters including independent advocates.

Person alleged to have caused harm: The emphasis on learning should include the person alleged to have caused abuse or neglect so they can adjust their behaviour, act differently and reflect upon.

Advocacy: The Local Authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a SAR. Where the adult is deceased, it is good practice to provide advocacy to family/friends.

Carers: The desired outcome, especially where a family is bereaved, needs to be approached with sensitivity. Consultation and involvement needs to be balanced with the overall wellbeing of the individuals involved. Throughout the process due diligence, compassion and appropriate support should be provided and the relevant Local Authority community team should be available to provide this or an alternative arranged if more appropriate.

Staff: All professionals should be fully involved in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith. Where an adult has died, professionals working with that adult should have the opportunity to discuss their feelings in a safe environment and offered counselling or other therapeutic support. Professional supervision may not be the most helpful means of exploring any fears or anxieties or coping mechanisms to enable professionals to take an objective view and learn from the SAR. There will be occasions when allegations are made that staff have been guilty of abuse against adults at risk.

• If the staff member is subject to a criminal investigation, consideration will need to be given to the timing of any SAR

• If the staff member is subject to a disciplinary enquiry, it is likely that the SAR will work alongside the disciplinary enquiry.

Requests: Any individual, agency or professional can request a SAR. This should be made in writing to the SAB Chair, or as agreed by the local SAB. The request should detail:

- What happened with dates if known;
- The views of the adult/family/carer;
- Where the incident/concerns took place;
- Who was involved and their organisation and
- Why the request is being made

The request should be considered against the criteria in order for a SAR process to be consistently applied. Agreement to a SAR should be recorded on relevant systems across the statutory agencies. For the NHS this will be carried out by the CCG who will record on STEIS.

Commissioning a SAR: The SAB is the only body authorised to commission a SAR and decide when a SAR is necessary; arrange for its conduct and if it so decides, to oversee implementation of the findings. Where the SAB decides to reject recommendations it must state the reason for that decision in the Annual Report.

The SAB may convene a subgroup to act on its behalf to receive and manage requests, and have delegated commissioning responsibilities. In commissioning a SAR, there will be local

procurement or other commissioning protocols to consider and governance arrangements should be agreed.

Whatever arrangements are in place, where there is agreement for a SAR, a SAR chair should be identified to co-ordinate arrangements.

SAR methodology - A number of options may be considered by the SAB or delegated subgroup. The SAR model should be determined locally according to the specific individual circumstance. The focus must be on what needs to happen to achieve understanding, take remedial action and, very often, provide answers for families and friends of adults who have died or been seriously abused or neglected. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed and to take corrective action.

When commissioning a SAR the following points should be agreed:

- Scope of the terms of reference;
- Knowledge, skills and experience of the reviewer;
- Timescales for completion;
- Who will secure any legal advice required;
- How the interface between the SAR and any other investigations or reviews will be managed;
- A communication strategy, including clarification about what information can be shared, when and where (conditions);
- A media strategy;
- What the arrangements for administrative and professional support are and
- How it will be paid for.

Links with other reviews and investigations: For victims of domestic homicide, there is separate statutory guidance in respect of children, which provides for a

- Serious Case Review (SCR)

and in respect of persons aged 16 or over, which provides for a

- Domestic Homicide Review (DHR)

These two sets of statutory guidance overlap where the victims are aged between 16 and 18.

When commissioning a SAR there should be consideration of how it how will dovetail with other statutory reviews and any other investigations.

The guidance for DHR states consideration should be given to how the child SCRs and DHRs can be managed in parallel in the most effective way, so that organisations/professionals can learn from the case. Different types of reviews will have their own specific areas of investigation and these should be respected. Where intelligence can be shared across reviews, there should be no organisational barriers to information sharing. It is also helpful to consider if some aspects of the reviews can be commissioned jointly to reduce duplication.

Coroners: Any SAR may need to take account of a Coroner's inquiry, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay. Coroners are independent judicial officer holders who are responsible for investigating violent, unnatural deaths or deaths of unknown cause, and deaths in custody, or otherwise in state detention, which are 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);
- 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 SAB should give serious consideration to instigating a SAR.

Findings from SARs: The findings and outcomes of any SAR will be captured within the Annual Report of the local SAB.

Timetable: The timescale from the decision to conduct a SAR to completion is 6 months. In the event that the SAR is likely to take longer for example, because of potential prejudice to related court proceedings, the adult/advocate and others should be advised in writing the reasons for the delay and kept updated on progress.

4. ADULT SAFEGUARDING PRACTICE

4.1 Mental capacity and consent

People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

Professionals and other staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005. In all safeguarding activity due regard must

be given to the Mental Capacity Act 2005. In all cases where a person has been assessed to lack capacity to make a decision, a best interest's decision must be made. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process.

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who may lack mental capacity:

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

In the Act

'…a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision; or
- Retain that information long enough for them to make the decision; or
- Use or weigh that information as part of the process of making the decision; or
- Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)'.

Mental capacity is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Thus, an adult could be put under pressure, for example in domestic abuse situations, that they lack the mental capacity to make the decisions about their safety. Staff must satisfy themselves that the adult has the mental ability to make the decision themselves, if not, it is best to err on the side of caution, identify the risks and consider support or services that will mitigate the risk. Preventing the person from isolation can be a protective factor. Involving an advocate could assist in such circumstances. Advocacy support can be invaluable and may be provided by an IMCA ot other appropriate advocate.

4.2 Advocacy and Support

The Care Act 2014 requires that a local authority must arrange, where appropriate, for an independent advocate to represent and support an adult how is the subject of a safeguarding enquiry or SAR where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate individual to help them.

There are distinct differences between an Independent Mental Capacity Advocate (IMCA) introduced under the Mental Capacity Act 2005 and an Independent Advocate introduced under the Care Act 2014. Independent advocates cannot undertake advocacy services under the Mental Capacity Act 2005, however where there is an appointed IMCA they may also take on the role of Independent Advocate under the Care Act 2014.

An Adult may benefit from the support of an independent advocate to ensure that their voice is heard, their wishes fully taken into account and their rights preserved.

Where the Adult has **Capacity**, then they may instruct an advocate to represent their views, for example by attending meetings with or on behalf of the Adult. If the adult has substantial difficulty the Local Authority should arrange for an advocate where appropriate. An advocate instructed in this way must act upon and in accordance with the instructions of the Adult.

Where the Adult lacks Capacity to make their own decisions, then the advocate may independently decide how best to represent the Adult.

An **Independent Mental Capacity Advocate** (IMCA) is appointed under the Mental Capacity Act 2005 where certain criteria are satisfied.

All advocates should:

- Undertake appropriate training and be fully conversant with relevant policy and procedure;
- Report any concerns they have of possible abuse to Adult Social Care or to the Police if a crime may have been committed;
- Cooperate fully to assist with any investigative procedures;
- Continue in their advocacy role with the Adult throughout such process supporting them and helping them to understand what is going on;
- Ensure that the voice of the Adult is heard.

Under the Mental Capacity Act 2005, where a person over 16 does not have the **Capacity** to make a decision, an Independent Mental Capacity Advocate (IMCA) must be appointed to assist in determining his or her best interests where:

- The person lacking Capacity has no close family or friends to take an interest in his/her welfare and a decision is required in relation to care, medical treatment or accommodation; or

- Family members are in dispute or disagree about the person's best interests

IMCAs have a role in supporting those lacking Capacity and those without anyone to speak for them in relation to specific local authority and National Health Service decisions about long term accommodation and serious medical treatment.

4.3 IMCA Role in Safeguarding

IMCAs have a specific safeguarding adult role.

In safeguarding cases, access to IMCA is not restricted to people who have no one else to support them. People who lack Capacity and who have family and friends can still have an IMCA to support them through the safeguarding process.

The role of the IMCA in safeguarding adults is set out in the **Mental Capacity Act 2005** which specifies that the local authority and NGS bodies have powers to instruct an IMCA under the following circumstances:

a. Where it is alleged that the person is being or has been abused or neglected; or

b. Where it is alleged that the person is abusing or has abused another person; and

c. Where they propose to take protective measures in relation to a person who lacks capacity to agree to one or more of the measures.

A protective measure is any action taken to minimise the risk of Abuse or Neglect continuing, whether the person is the alleged victim or the alleged perpetrator.

Advocates should be invited to the case conference (other than in exceptional circumstances e.g. where the relationship between the Adult and the advocate is considered abusive), either accompanying the Adult or attending on their behalf, to represent the person's views and wishes.

Instructed advocates would attend only with the permission of the adult.

4.4 Managing Risk

If there is no requirement for a formal enquiry but there remains the need to safeguard the adult or others then risk management response may be appropriate.

Employers need to take responsibility for the management of risk within their own organisation and share information responsibly where others may be at risk from the same source[4]. A plan to manage the identified risk and put in place safeguarding measures includes:

- Multi-agency risk assessment

[4] Pan London Procedures

- Assessment of care and support needs
- Adult Local Area Designated Officer interventions (or equivalent to area)
- Commissioning and /or contractual actions
- Serious incident processes
- Social work intervention
- Carers assessment
- Mediation/family group conferences

Whichever risk management responses are undertaken the following factors will be key:

- What immediate action must be taken to safeguard the adult and/others;
- Who else needs to contribute and support decisions and action, e.g independent advocacy;
- What the adult sees as proportionate and acceptable;
- What options there are to address risks;
- When action needs to be taken and by whom;
- Reaching decisions in line with the Mental Capacity Act
- Recording issues and actions

Throughout, the actions will need to be re-evaluated to ensure they are addressing the risk and promoting wellbeing as well as responding to the desired outcomes of the adult at risk. If not alternatives will need to be considered.

4.5 Information Sharing

Information sharing between agencies is essential to safeguarding adults at risk of abuse and neglect. This includes statutory and non-statutory organisations. Decisions of what to share and when will be made on a case by case basis and whether this is with or without consent. However the information checklist must be followed.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

Information Sharing Checklist

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately;

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible;

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case;

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions;

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely;

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

The following are questions to ask before agreeing to share information:

- How reliable and complete is the information I am considering sharing?
- How will disclosure contribute to risk reduction?
- How much information needs to be disclosed, and to whom?
- Have I sought, considered and recorded the views of the source and/or subject of the information about proposed disclosure?
- If consent is not forthcoming, or is refused, are there pressing reasons to disclose?
- Have I balanced rights to privacy and confidentiality against the scale of the assessed risk?

Sharing information early

Serious Case Reviews frequently highlight failures to share information; such failures can lead to serious harm or abuse. Sharing information early is key to helping effectively where there are emerging concerns. A professional should never assume that someone else will

pass on information which they think may be critical to the safety and well-being of an adult at risk of abuse or neglect. If a professional has concerns about an adult's welfare in relation to abuse and neglect they should share the information with the local authority.

People in the wider community can also help by being aware of signs of abuse and neglect, how they can respond and how to keep people safe. If a criminal act is committed the statutory guidance advises that sharing information does not rely on the consent of the victim. Criminal investigation by the police takes priority over all other enquiries but not over the adult's well-being and close co-operation and co-ordination among the relevant agencies. This is critical to ensure safety and well-being is promoted during the criminal investigation.

4.6 Defensible decision making[5]

Responding to safeguarding adult concerns or allegations requires decision making and professional judgements. A duty of care in relation to those decisions or judgements will be considered to be met where:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Decisions are recorded, communicated and thoroughly evaluated
- Policies and procedures have been followed
- Practitioners and their managers adopt an investigative approach and are proactive[6]

4.7 Duty of Candour

The Duty of Candour requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches.

4.8 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) provide protection to people in hospital and care homes, DoLS apply to people who have mental ill health and do not have the capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment.

Requests for authorisation to deprive someone of their liberty, if considered in the person's best interests, are made through the local authority as the supervisory body. All decisions on care and treatment must comply with the MCA and the DoLS Code of Practice. In case of

[5] West and North Yorkshire and York Multi Agency Policy & Procedures
[6] Kemshall, h.2008, reported in DoH2011 Safeguarding Adults: The Role of Health Practitioners

serious dispute it may be necessary for the local authority to apply to the Court of Protection.

4.9 Resolving Professional Disagreements

Generally there are good working relationships between agencies, but occasionally there will be a difference of professional views. This protocol is designed with the intention of clarifying the actions required where there is a professional disagreement. Please see your local SAB website for any variance to this.

Stage 1:

If professionals are unable to reach agreement about the way forward regarding an individual issue then their disagreement must be addressed by more senior staff. In most cases this will mean the first line managers of the agencies involved discussing the issue of dispute and seeking to reach a resolution.

Stage 2:

If the issue cannot be resolved at this level then the matter must be referred up through each agencies line management structure without delay to a Service Manager/Leader or equivalent (e.g. designated safeguarding officer).

Stage 3:

If the issue cannot be resolved at Service Manager/Leader (or equivalent) level then consideration should be given to progressing the dispute through the further layers of more senior management up to, for example, Head of Service/Director level.

In situations where such senior officers have become involved in resolving disagreements between agencies and those disputes relate to the safeguarding needs of individual Adults at Risk, the LSAB Team must be made aware of this. The purpose of such notification is to help monitor interagency safeguarding activity, and to identify issues which may benefit from LSAB scrutiny. The agency which found it necessary to escalate an issue to such a high level in another organisation should advise the other organisation of their intention to do so.

It is acknowledged that some organisations have flat management structures. Where this is the case, the same individual manager may have involvement in more than one of the above stages.

Each stage (1, 2 or 3) should be completed within five working days (15 working days maximum).

Where there is a need for intervention to prevent a life threatening episode (for example risk of suicide) immediate action to reduce the risk of harm will be required by all relevant

parties whilst the dispute is ongoing. In such circumstances, where certain agencies maintain a position of non-involvement and other agencies disagree with this position, the LSAB Team should be informed at the earliest opportunity.

Written records of all these discussions must be kept.

4.10 Use of Interpreters and Signers

Adults who have difficulty communicating in English and those who have specific communication difficulties should have access to the services of an independent interpreter with a relevant knowledge of culture and observances. Family members should not be used in this role.

It may assist in smoothing the way for an interpreter, and would be good practice, to ensure that the interpreter has a briefing prior to an interview. This should ensure that the confidential nature of the meeting they are about to interpret is made explicit and that they are prepared for any disclosure that may be of a sensitive nature. The interpreter's job is to interpret, not to mediate or get involved in the case in any other way, but he/she needs this background preparation in order to be able to comprehend what is being said and to interpret as accurately as possible.

It is important that members of staff are aware of potential conflicts which may arise when using an interpreter and the need to ensure that the interpreter has no involvement in the case.

It is recommended and preferable that an interpreter is sourced from a contracted supplier with whom an existing confidentiality agreement is already in place. Please refer to local sources via your Local Authority if necessary.

Any interpreters from a source that is not a recognised contractor must be required to sign a confidentiality agreement prior to undertaking any interpreter service. Interpreters must understand that they must not divulge any of the contents of a meeting or interview to any other person.

In addition, any contract for the provision of interpreting services must comply with the following overarching principles:

- The interpreter should be acceptable to both the service user and the agency. The service user should be consulted about the acceptability of a named interviewer. There may be concerns for instance about gender, religion, confidentiality, and conflicts of interest. Every effort should be made to use an interpreter who is acceptable both to the service user and to the agency;
- Interpreters should also be asked to inform the worker if they know personally any of the people involved in the case;

- Interpreters should also be asked in advance about their own requirements during an interview or meeting e.g. breaks, water, equipment;
- Any anticipated difficulties, e.g. with the behaviour of a third party, should be planned for prior to the event;
- Decisions about the way in which the interpreter will be used will depend on the interpreter's skills and training, the needs of the service user and the type of the interview or meeting;
- The interpreter may be a helpful source of practical advice about making culturally appropriate arrangements to interview family members. However, professionals should not use interpreters to gain assessment information about racial, cultural, religious and linguistic factors as they affect a particular family's lifestyle or attitudes. This is not a proper use of an interpreter and in any case, the interpreter's values and life experiences will not necessarily coincide with those of the family.

4.11 Whistle Blowing Guidance

It is the legal duty of every employee that works with adults at risk to report potential or actual abuse. Therefore, it is the responsibility of the employer to promote openness among staff and promote this process, taking the lead in giving clear priority to the protection of Adults at Risk. Procedures which empower staff to voice concerns about the practice they encounter should be owned and promoted by the voluntary; independent; statutory or private sector agencies which employ them. These policies are often known as “Codes of Conduct/Practice” or “Whistle-Blowing Procedures”. All members of staff or volunteers, who have concerns about the way a vulnerable person is being treated in their place of work, should follow the Whistle-Blowing Procedures in their own organisation.

4.12 Record keeping and confidentiality

Organisations will have their own recording systems for keeping comprehensive records whenever a concern is made/arises/occurs and of any work undertaken under the safeguarding adults’ procedures, including all concerns raised. Organisations should refer to their internal policies and procedures for additional guidance on recording and storage of records. Throughout the safeguarding adults’ process, detailed factual records must be kept. This includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken relating to the process.

Records may be disclosed in court as part of the evidence in a criminal action or may be required if the regulatory CQC authority decides to take legal action against a provider. Records kept by service providers should be available to service commissioners and to regulatory authorities.

Agencies should identify arrangements, consistent with the principle of fairness, for making records available to those affected by, and subject to, enquiry with due regard to confidentiality.

All information should be held in accordance with the Data Protection Act 1998.

5. SAFEGUARDING CONCERNS

5.1 How to Raise a Concern/Alert

Safeguarding adults from abuse and neglect is everyone's responsibility and it is important that professionals (and the public) are aware that it is their responsibility to raise a concern/alert if they identify abuse and how to do this.

The Care Act 2014 states that safeguarding duties apply to an adult aged over 18 who:

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

Further information and guidance on the categories of abuse please refer to the pages 17-35 in this document:

Further information and related guidance is available on the following:

- **Blackburn with Darwen**

http://www.lsab.org.uk/policies/

SA1 form: http://www.yoursupportyourchoice.org.uk/safeguarding-adults-policies,-procedures-and-forms.aspx

- **Blackpool**

http://www.blackpoolsafeguarding.org.uk/

- **Lancashire**

http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/guidance-for-safeguarding-concerns.aspx

http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx

- **Cumbria**

http://www.cumbria.gov.uk/healthsocialcare/keepingsafe.asp

If you have concerns that an incident has occurred it should be reported to your local authority for consideration under safeguarding procedures. Emergency services must be contacted if medical attention is required, the alleged abuser is a threat to others or a crime is suspected. This is in addition to raising a concern.

5.2 Preserving Evidence

Whilst the first concern is for the safety and wellbeing of the adult at risk taking action to preserve evidence is vital. Police are likely to be on the scene quickly in emergency situations and workers should draw any evidence to the attention of police as soon as possible to ensure its preservation.

Body maps can be used to record any injuries this should include where they are, colour and approximate size (see appendix 1).

The Care Act defines that the local authority has an overarching responsibility for carry out safeguarding enquiries but the local authority can also identify who is best placed to undertake the enquiry. For instance the incident may have occurred in a health setting or be health relates and in this instance health partners will be expected to work in partnership with the local authority to undertake aspects of the enquiry.

5.3 Strategy Discussion/Meeting (where applicable)

On receipt of an alert, a strategy discussion or meeting will be held to decide whether the alert is referred for investigation or if an alternative course of action is required. Further information may be needed at this stage before a decision is made. If appropriate, a strategy meeting may be arranged and the social worker manager leading this will ensure the involvement of all relevant parties.

Advocacy must be considered in all cases as to whether or not this service is required to ensure the adult at risk is represented and the principles of Best Interests must be applied if appropriate.

Throughout the safeguarding process the investigating social worker must place a focus in the outcomes identified by the adult and what they would like to happen/change as a result of that process. This may include decisions as to their care and support needs and what may need to change to effect this.

If after this stage no further action is required or that a section 42 enquiry is not the most appropriate action then the reason for this decision is recorded and any further referrals/signposting (such as social care assessment) is made.

5.4 Section 42 Safeguarding Enquiry

The enquiry process is in effect what may have been referred to as the 'investigation' into the alert/concern and involves the process of gathering and analysing all available information relating to the alleged incident.

This refers to any enquiries made or instigated by the local authority **AFTER** receiving a safeguarding concern. There are two types of safeguarding enquiries. If the adult fits the criteria outlined in Section 42 of the Care Act, then the local authority is required by law to conduct enquiries or ensure that enquiries are made. These will be referred to as '**Statutory Safeguarding Enquiries'**. Local authorities will sometimes decide to make safeguarding enquiries for an adult who does not fit the Section 42 criteria. These enquiries are not required by law and therefore will be referred to as 'Non-Statutory Enquiries'.

Non-statutory safeguarding enquiry

a) These are safeguarding enquiries carried out on behalf of adults who **do not** fit the criteria outlined in Section 42 of the Care Act.

These enquiries may relate to an adult who:

b) is believed to be experiencing, or is at risk of, abuse or neglect

c) does not have care and support needs (but might just have support needs).

Who may be considered for statutory and non-statutory enquiries?

This may include people with learning disabilities, mental health issues, older people, and people with a physical disability or impairment. It may also include adult victims of abusive care practices, neglect and self-neglect, domestic abuse, sexual exploitation, hate crime, female genital mutilation, forced marriage, modern slavery, human trafficking, honour-based violence, and anti-social abuse behaviour.

An adult's need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, or poverty or homelessness and it is important to note that vulnerability can fluctuate.

Many adults may not realise that they are being abused and/or exploited, particularly where there is an abuse of power, a dependency, a relationship or a reluctance to assert themselves for fear of making the situation worse.

Who can carry out an enquiry?

Although the local authority is the lead agency for making enquiries, it may cause others to do so. The specific circumstances will often determine who is the most appropriate person

/agency to carry out an enquiry, such as: care provider, health professional, or social worker. The local authority will determine who is the most relevant person/agency to carry out an enquiry. The police will lead criminal investigations. The local authority will decide when a case can be closed and if the Section 42 duty is satisfied.

Out-of-area enquiries

In the case of a safeguarding concern for someone who is temporarily residing in a local authority area the host authority will take the lead for the assessment and co-ordination of the safeguarding enquiry. Examples include where someone is receiving hospital or residential care in another local authority area. This includes care which is funded by the local authority or health and care which is paid for by individuals. Where there are repeat concerns for people in acute hospital settings the ordinary residence rule will apply and the person's usual authority will lead rather than the host authority.

If it is thought that the alleged abuse or neglect is linked to systemic issues affecting the whole organisation, the host authority will lead the enquiry as a whole-service enquiry.

Conversations with the adult at risk

Unless it is unsafe to do so each enquiry will start with a conversation with the adult at risk or their advocate. The desired outcomes by the adult at risk should be clarified and confirmed at the end if the conversation.

Outcomes must be achievable and the adults wishes, feelings and views should be recorded. The strengths of the adult should also be considered with these mapped out as to how these may assist in reducing the risk so the adult may feel safe, this may be with or without support networks.

A multi-agency approach to risk aims to:

- prevent further abuse and neglect
- keep the risk of abuse and neglect at level that is acceptable by the adult and
- support the individual to continue in any risky situation that is their choice and they have capacity to make that decision

Linking enquiries

Other enquires including police investigations can continue alongside a safeguarding adults enquiry. Should HR processes need to be commenced it is important that staff are provided with support including union representative. The remit of each organisation must be clear when considering how different investigations will support a section 42 enquiry.

Outcome to the enquiry

Using MSP principles it is important to determine if the adult that was at risk had their desired outcomes met and if they feel safer – what impact has this made?. It is important this is of the adult themselves and not any other party involved.

It may be necessary to take action against the person or organisation alleged to have caused harm. Information will be shared within statutory guidance by agencies involved in any criminal prosecution.

5.5 Case Conference (where applicable)

A case conference takes place following the conclusion of an investigation. Case conferences are chaired by a manager who is independent to the investigation.

The main purpose of the case conference is to draw some conclusions from the evidence which has been obtained during the investigation and to determine whether or not, on the balance of probability, abuse has occurred. Recommendations will be made relating to addressing the concerns identified and as a means to reduce the risk of the abuse reoccurring in the future.

All participants are expected to:

- Support the alleged victim, if attending
- Discuss the findings of the investigation via written and verbal reports.
- Offer professional opinion
- Make and contribute to recommendations - set time scales
- Develop and contribute to protection plans if required
- Decide whether, on the balance of probabilities, the abuse has occurred
- Decide who needs to be informed of the outcome e.g. Care Quality Commission (CQC), alerter, alleged victim, alleged perpetrator, Disclosure and Barring Service (DBS), Nursing and Midwifery Council (NMC).

If necessary, a protection plan will be developed immediately following case conference, involving the key people identified by the conference Chair.

The main objective of the protection plan is to demonstrate how the adult will be protected from harm in the future. It will include details of the support to be provided (including type, location and frequency) by each service/professional involved and arrangements for review. In some cases this may not be possible as the adult may choose to remain in an abusive situation. In such cases, it is important to detail how the situation will be monitored in the future, including the risk assessment and risk management plan.

5.6 Review Conference (where applicable)

At the conclusion of a case conference a decision will be made regarding whether a review conference is required. Where recommendations have been made as part of the Conference process, a review will ordinarily be required to ensure that actions have been completed.

5.7 Dealing with concerns and complaints

Partner organisations must support service users and carers who want to raise concerns about the care, treatment or other services they have received.

Partner organisations must give a helpful and honest response to anyone who complains about the care, treatment or other services they have received. You must support service users and carers who want to raise concerns about the care, treatment or other services they have received.
You must give a helpful and honest response to anyone who complains about the care, treatment or other services they have received.

A complaint can be made by anyone who has applied for or is in receipt of a service, including a carer, or a person acting on their behalf.

No service will be delayed, withdrawn or suspended because a complaint has been made.

The focus of the complaints procedure is to achieve the best outcome for both the individual concerned and the service and every complaint should be seen as an opportunity to make care better

Complaints may relate to the following:

- The quality or appropriateness of a service;
- Delays in decision-making or the provision of a service;
- Failure to deliver a service;
- Attitude or behaviour of staff;
- Application of eligibility or assessment criteria.

The complaints procedure does not apply where:

- The complaint is about the actions of another local authority or an independent provider;
- The complaint is about a Court decision;
- The complaint has already been considered and investigated;
- The complaint is in relation to an event that occurred more than 12 months before (although there is a discretion to extend this time limit for example where there are good reasons why the person was not able to bring the complaint earlier);
- The complaint should be dealt with under court proceedings, criminal proceedings, disciplinary proceedings, grievance proceedings or an application to a tribunal (for example in relation to a decision made by an approved social worker).

Actions to be taken

The initial contact the service has with a person who is unhappy with the service they have been given is key.

If it is clear that a person wishes to make a complaint about the safeguarding process, this should be passed to the relevant Safeguarding Adults Manager/Coordinator, see Local Contacts.

Where a quick resolution is possible without further investigation, for example through an apology, this should be done so long as the complainant is happy with this outcome and there are no risks to others using services, for example because the complaint raises serious issues.

If any person does not feel able to raise his or her complaint with the Safeguarding Adults Manager/Coordinator, he or she may contact the Adult Social Care Complaints Manager in the relevant area.

5.8 Allegations against People in a Position of Trust/Adult LADO

(please note this section is subject to amendment)

Depending on the area across Lancashire in which a person works there may be local procedures to follow please refer to your own SAB website.

The Care Act 2014 established the requirement that all relevant partners should have policies and procedures in line with those of Safeguarding Adults Boards for responding to allegations against people who work with adults, in either paid or unpaid capacity, in positions of trust. This applies to all organisation commissioned to provide services by them, so they respond appropriately to allegations made.

All Pan Lancashire & Cumbria Safeguarding Adults Board relevant partners are to identify a person who will hold responsibility for information management oversight within their respective organisations of individuals within their agencies where concerns have been raised about a person in a position of trust (PiPoT). This person may be a Safeguarding Lead or specifically a Position of Trust Lead. For example the Adult Safeguarding Team Manager is the Position of Trust Lead for Adult Social Care in Blackburn with Darwen.

Partner agencies and the service providers they commission are individually responsible for ensuring that information in relation to PiPoT concerns are shared and escalated outside of their organisation in circumstances where this is required it should be, proportionate and appropriate with decisions made on each individual case.

Each partner agency, in their assurance statements to the SABs will be required to provide assurance that the PiPoT arrangements within their organisation are functioning effectively.

Each SAB will in turn maintain oversight of whether these arrangements are considered to be working effectively between and across partner agencies.

Partner agencies and their commissioned services should have clear recording and information sharing guidance, set explicit timescales for action and are aware of the need to preserve evidence.

Whether through employment or in peoples personal lives, if someone commits abuse or a crime(s) against any child or adult, it may mean that they pose an increased risk to adults who have care and support needs.

It is therefore important that safeguarding concerns about people who hold a 'position of trust' are shared using multiagency safeguarding procedures and that key partners are able to contribute to initial enquiries and any subsequent strategy discussion / meeting.

This guidance seeks to clarify the local operational arrangements for managing concerns about people in a position of trust over adults at risk. This is to ensure a proportionate and coordinated approach to any subsequent enquiries.

People can be considered to be in a 'position of trust' where they are likely to have contact with adults at risk as part of their employment or voluntary work, and

- Where the role carries an expectation of Trust and
- The person is in a position to exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk).

Positions of trust may include, but are not limited to any staff working on behalf of:

- Social care
- Health services
- Police and criminal justice
- Housing
- Education

Safeguarding concerns

A safeguarding adults concern is an '*awareness of the risk of abuse or neglect faced by an adult who is unable to protect themselves from that abuse or neglect, due to their care and support needs'.* All agencies are obliged to raise a safeguarding concern under the multiagency safeguarding procedures where they become aware of concerns that a person in a Position of Trust may have –

- behaved in a way that has harmed an adult at risk or
- committed a criminal offence against an adult at risk or
- committed a crime or behaved in a way towards any child or adult that indicates s/he may be unsuitable to work with adults at risk.

This may include safeguarding concerns raised through someone's personal life and may be disclosed by the police under Common Law Police Disclosure arrangements (2015). https://www.gov.uk/government/publications/common-law-police-disclosure

Concerns about people in positions of trust can be raised through many routes, including e.g. complaints, regulatory inspections, audits and quality systems, staff grievances, so called whistleblowing, social media, disciplinary and performance procedures. Organisations must have effective systems for identifying concerns from these different sources and the organisation's safeguarding lead(s) (covering both children and adults) must be informed about any safeguarding concerns relating to people in a position of trust.

Organisations safeguarding leads must ensure that concerns are shared according to local multiagency safeguarding procedures, at an early stage. This is to ensure that appropriate safeguarding decision can be made and that the right agencies are involved in any subsequent formal safeguarding enquiries. Where the concerns may also pose a risk to children, it should be shared with the Local Authority Designated Officer (LADO).

In addition to raising a concern with the Local Authority, organisations providing NHS funded services are also obliged to report safeguarding concerns about members of staff, to the relevant NHS commissioner under the National Serious Incident Framework:

https://www.england.nhs.uk/patientsafety/serious-incident/

Organisations should also consider whether concerns about people in positions of trust should be shared with their regulatory body.

Strategy Discussion / meeting and formal enquiries

Unless found to be demonstrably false during initial enquiries, safeguarding concerns relating to people in a position of trust will usually need to progress to a safeguarding strategy, with a view to a formal safeguarding enquiry. It would usually be considered best practice to hold the strategy meeting with all stakeholders in person.

Where other investigations (e.g. police or employment disciplinary) include safeguarding concerns, these will need to be coordinated as part of the overall safeguarding enquiry, according to agreed multiagency procedures. This is to ensure that appropriate protection measures are in place and that investigations are not unintentionally compromised by work from other agencies.

Although disciplinary matters are the responsibility of the employer, the local authority, regulators and commissioners will want to be assured that the employer has taken appropriate measures to ensure the integrity of the enquiry and safety of adults at risk. This may include consideration of suspension, redeployment, limited duties or increased supervision whilst a the safeguarding enquiry and any investigations are undertaken.

The safeguarding lead for each of the three statutory agencies will maintain oversight of the case, through the formal safeguarding enquiry, case conference and review, to ensure appropriate and coordinated actions are taken.

Monitoring

The implementation of this guidance will be monitored through performance information provided to the Adults Quality Assurance Groups of each SAB.

5.9 Supervision

Safeguarding Reviews support research, and the findings of other inquiries, that good supervision and support are necessary to ensure the effective protection of children, young people and adults at risk. This is intended to provide an overarching supervision policy statement for all staff in multi-agency organisations that work with adults at risk and their families and carers. Many agencies and services will already have existing and effective supervision processes in place. It is not intended to replace those but to support and reinforce and extend good practice and sound principles across all services/agencies This document highlights the rights of all workers engaged in the safeguarding and protection of children and young people or adults at risk, to have access to formal safeguarding supervision.

Safeguarding children and adults at risk is a challenging area of work and it is essential that the practitioners who are faced with these challenges are competent, confident, well trained and effectively supported.

Supervision is a process by which one practitioner is given responsibility by the organisation to work with another practitioner(s) in order to meet certain organisational, professional and personal objectives in order to promote positive outcomes for service users. The objectives are:

- Competent, accountable practice in order to meet service specification (managerial function)
- Continuing professional development (educative/development function)
- Personal support (supportive function)
- Linking the practitioner to the organisation (mediation function)
- To provide a thinking space for practitioners where reflection can take place

The focus of safeguarding supervision is on the care provided by the practitioner to individual children, adults at risk, their carers and families with the aim of improving outcomes, reducing risk and increasing safety. This may include all the areas as outlined above.

Supervision can be delivered as regular one to one meetings, catch ups, 1:1s, group supervision (single and multiagency) and [peer] review.

The key functions of safeguarding supervision are to:

- ensure that safeguarding practice is competent, accountable and based on evidence, procedure, protocol and self-reflection.
- ensure that safeguarding practice is consistent with this document and any single agency policy and procedures.
- ensure that practitioners fully understand their roles, responsibilities and scope of their professional discretion and authority with the result that confidence is increased.
- include reflection, scrutiny and evaluation of safeguarding work carried out, assessing the strengths and areas for development of the practitioner, supporting their development and providing managerial oversight or emotional support where required.
- ensure that key decisions and events are recorded and evident within the individual's case records.
- identify areas of need and ensure that the best interests of children, their families and adults at risk (if they lack capacity) are promoted
- assist in the promotion of anti-discriminatory practice
- escalate if necessary. Agency supervision agreement will specify the internal escalation process.

With respect to individual cases, safeguarding supervision helps practitioners to keep a focus on the child/the needs of the adult at risk to avoid delay in action, to maintain objectivity and to address the emotional impact of the work.

Principles of supervision

The principles of safeguarding supervision should be consistent across agencies.

It is essential that supervision whether carried out on an individual or group basis is undertaken in a positive and supportive environment.

Agencies should ensure:

- they have in place easy to use standard templates
- clear recording mechanisms, including decisions made in supervision being recorded on case files immediately
- use of a contract/agreement of supervision
- an internal escalation process will be outlined in case there are disagreements that cannot be resolved within supervision
- evaluation and action; there will be a process for capturing feedback and responding
- the model of supervision used will fit the context and organisation, provision will be flexible according to need and can include peer and group supervision

Context and experience

Agencies should ensure:

- Supervision is viewed as a collaborative process between the supervisor and supervisee
- The criteria for which cases are discussed is agreed within agencies and forms part of supervision agreements/contracts
- There is an expectation both the supervisor and supervisee will be prepared Supervision is fair, informed and respectful of diversity
- Supervision is seen as a safe space to develop learning that includes reflection, challenge and support and
- Is a standardised experience
- Supervision includes consideration of service user needs, agency expectations and the development of staff

Outcome focus

Agencies should ensure:

- actions arising from supervision are SMART
- clear decision making is evident
- clear analysis is evident

Child /Adult at risk at the Centre

The supervisor and supervisee must ensure:

- the experience of the child or adult at risk is the priority and their voice is heard.

Quality Assurance and training

Agencies should ensure:

- Supervisors and supervisees will receive training/information so the principles and purpose of supervision and its context (for example legal) is understood
- there is an organisational commitment to both providing and maintaining information/training
- there is quality assurance and evaluation of safeguarding supervision, including frequency of supervision and this is evidenced
- quality assurance should include periodic observation of safeguarding supervision by all line managers
- supervision is evidence based and in line with best practice guidance

Organisational commitment

- supervision is accepted by managers as essential
- time for supervision can be allocated at the beginning of the year and is protected
- time for supervision is a regular commitment

Safeguarding Boards commitment

The Safeguarding Boards are responsible for ensuring the overall provision of a robust safeguarding supervision process across all partners and will monitor this through a variety of mechanisms, including:

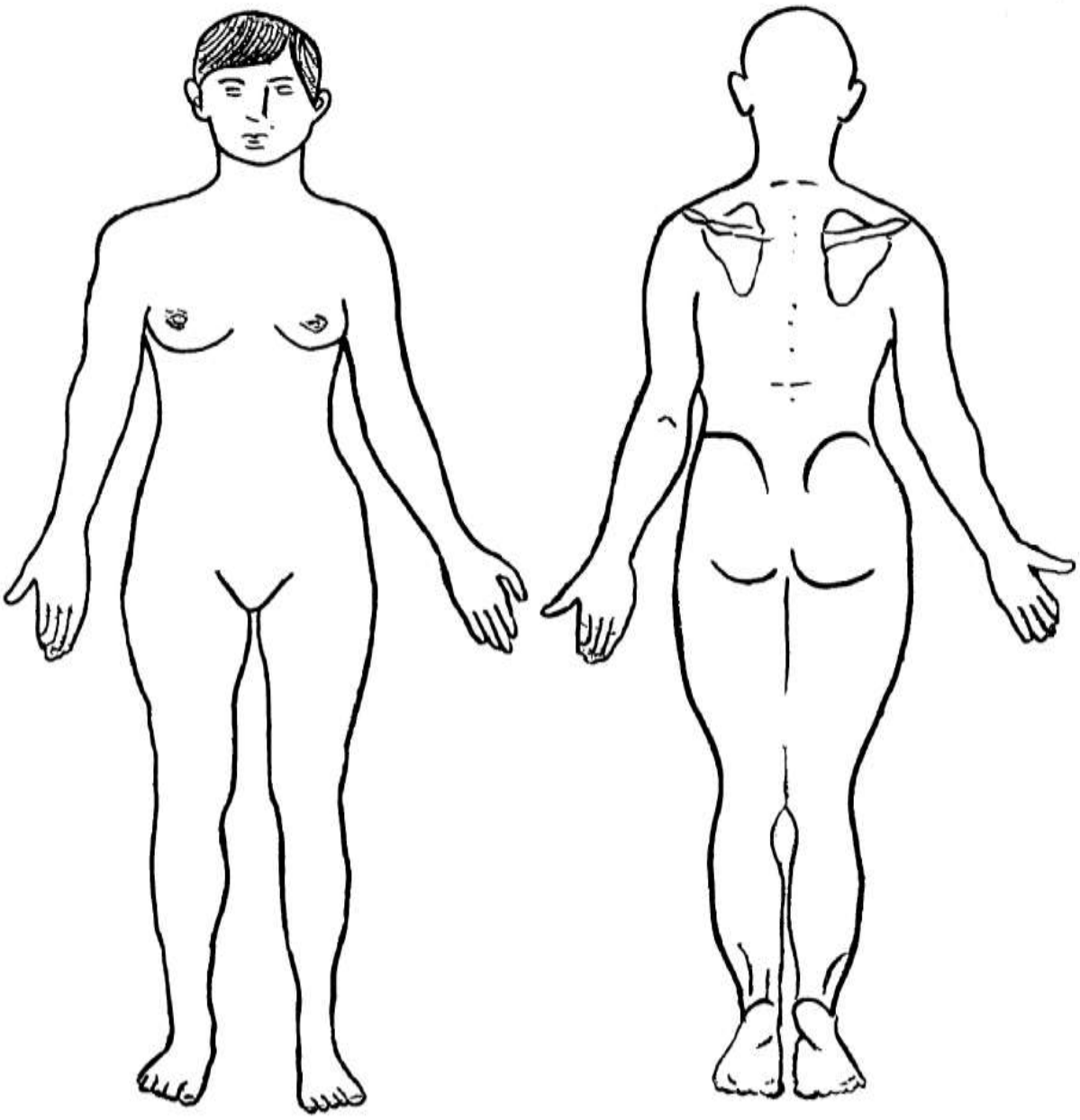
- the Safeguarding Standards Audit (e.g. section 11/s42 standards)
- Case file audits
- Relevant actions arising from serious case reviews/safeguarding adult reviews

Confidentiality

The process of supervision is generally confidential between the supervisor and supervisee(s). The ground rules in relation to confidentiality will be made explicit, such as ownership of supervision records, retention of information. There may be occasions when it is necessary to share information with other practitioners/ managers/ external agencies/professional bodies in the best interests of the child/adult at risk in line with agency and multi-agency information sharing agreements. Poor or dangerous practice will be addressed in line with agency policy and procedures.

Appendix 1.

BODY MAPS- FRONT & BACK VIEWS



DOB or ID code:

Date and time form completed:

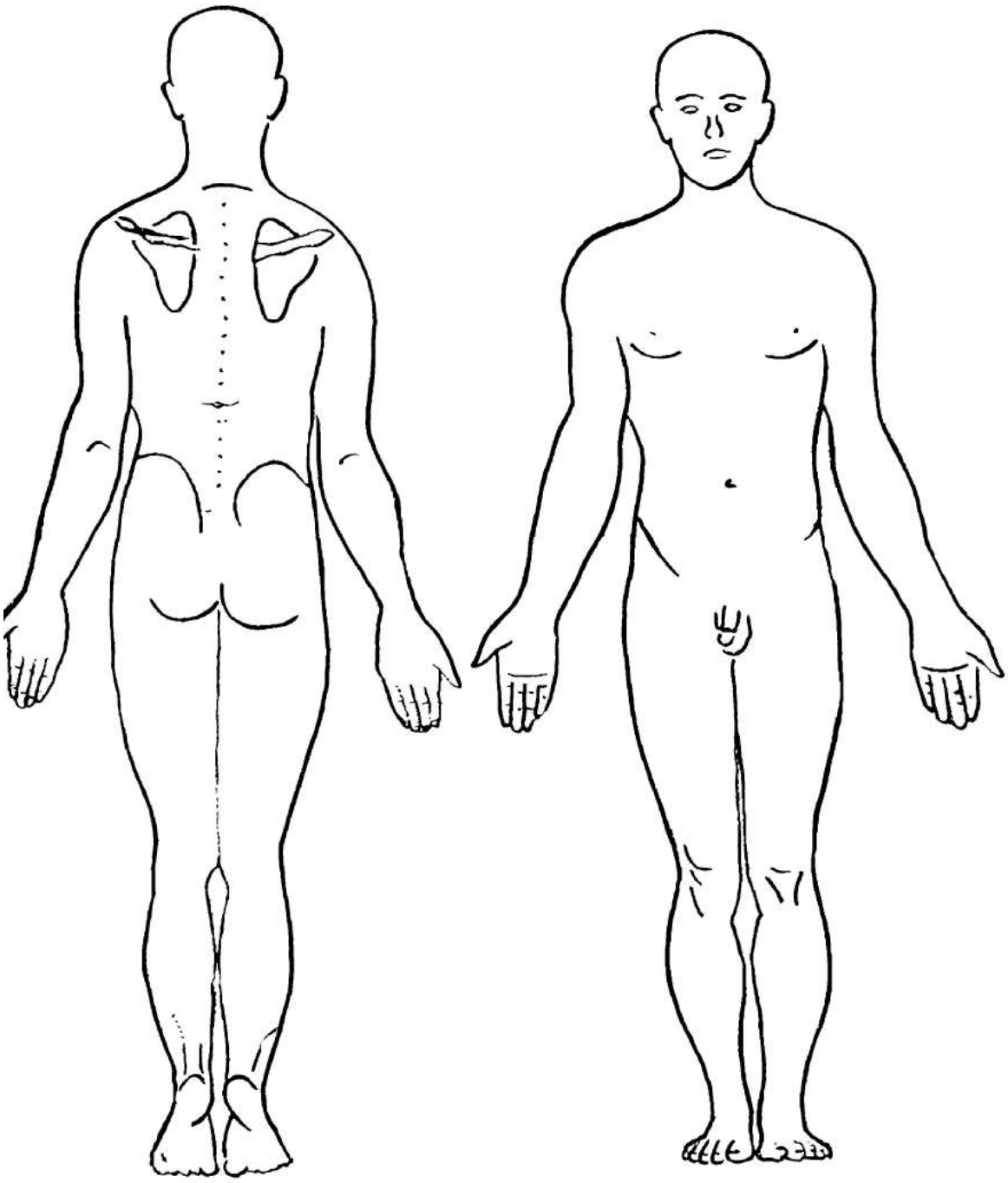
Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:

BODY MAPS- FRONT & BACK VIEWS



Name of adult:

Job title(s):

DOB or ID code:

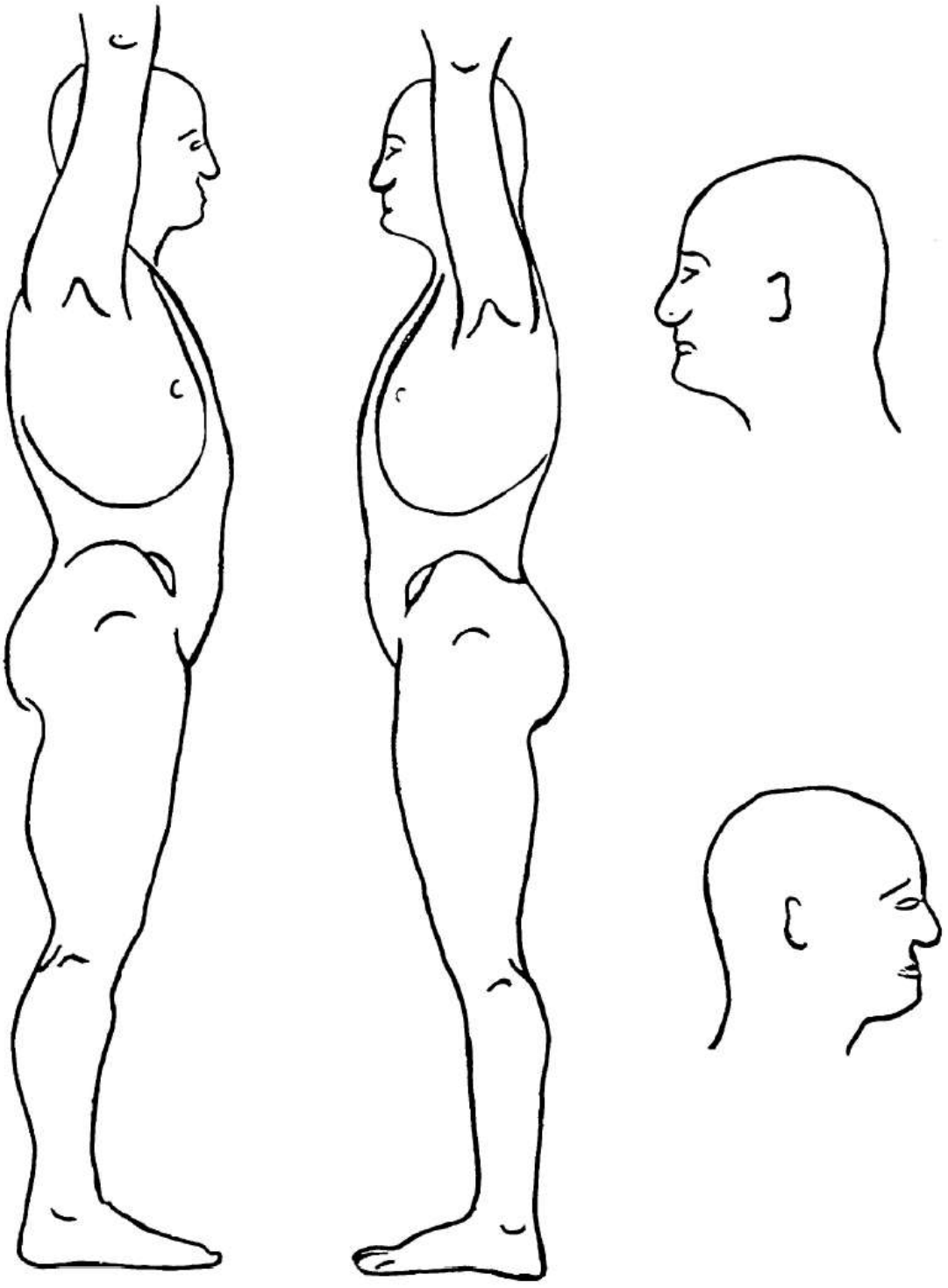
Date and time form completed:

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:



Name of adult:

Job title(s):

DOB or ID code:

Date and time form completed:

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Description of injury:

Appendix 2. FLOW CHART ADULT SAFEGUARDING