

**Summary guide:**

**Safeguarding Adults:  
Pan Lancashire and Cumbria Multi  
Agency Policy and Procedures**



**For partner agencies staff and volunteers**

## 1. Introduction

This Summary Guide is designed to provide straightforward information and advice for frontline staff, volunteers and managers who work with adults at risk; supporting them to respond promptly and effectively to allegations or concerns of abuse. This guide is not a replacement for the full length version of the Pan Lancashire and Cumbria Multi-Agency Policy and Procedures and which should be referred to for additional information and guidance.

## 2. Principles and values

The principles should inform the ways in which professionals and other staff work with adults. The principles can also help Safeguarding Adults Boards (SABs) and organisations more widely, by using them to develop and improve their local arrangements.

<b>Empowerment</b>	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
<b>Prevention</b>	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
<b>Proportionate</b>	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
<b>Protection</b>	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
<b>Partnerships</b>	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
<b>Accountable</b>	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

### **3. Responsibilities of all staff, volunteers and organisations**

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.

The wellbeing and the rights of the adult at risk must always be promoted and poor practice challenged. This involves all staff and volunteers working together to ensure practice is carried out with dignity and respect, compassion and choice – making safeguarding personal.

The responsibilities of all staff, volunteers and organisations, include the following:

- Are to be alert to the potential indicators of abuse for adults at risk and know how to act on those concerns in line with local guidance;
- Understand the principles of confidentiality and information sharing in line with local and government guidance and to contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect adults;
- Keep records in relation to safeguarding concerns, actions taken, referrals and outcomes
- Decision making is researched in accordance with the Mental Capacity Act 2005 and its Code of Practice
- Support adults at risk and to access support through the principles and values of making safeguarding personal.

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 up resilience as part of the recovery process. Where support is needed to prevent abuse, this needs to be identified and put into safeguarding planning.

## 4. What is Abuse?

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.

The following are examples of abuse:

**Discriminatory:** 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.

**Domestic:** 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

**Financial or material abuse:** includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern Slavery** encompasses slavery, human trafficking, forced labour and domestic servitude.

**Neglect:** 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.

**Organisational:** 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.

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

**Psychological abuse:** (sometimes called Emotional Abuse) is behaviour that has a harmful effect on the adult's emotional health, well-being and development.

**Sexual abuse:** is the direct or indirect involvement in sexual activity without consent.

**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.

## 5. Raising a safeguarding concern

Any person can report a safeguarding concern about an adult if there is reasonable cause to suspect that adult has:

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

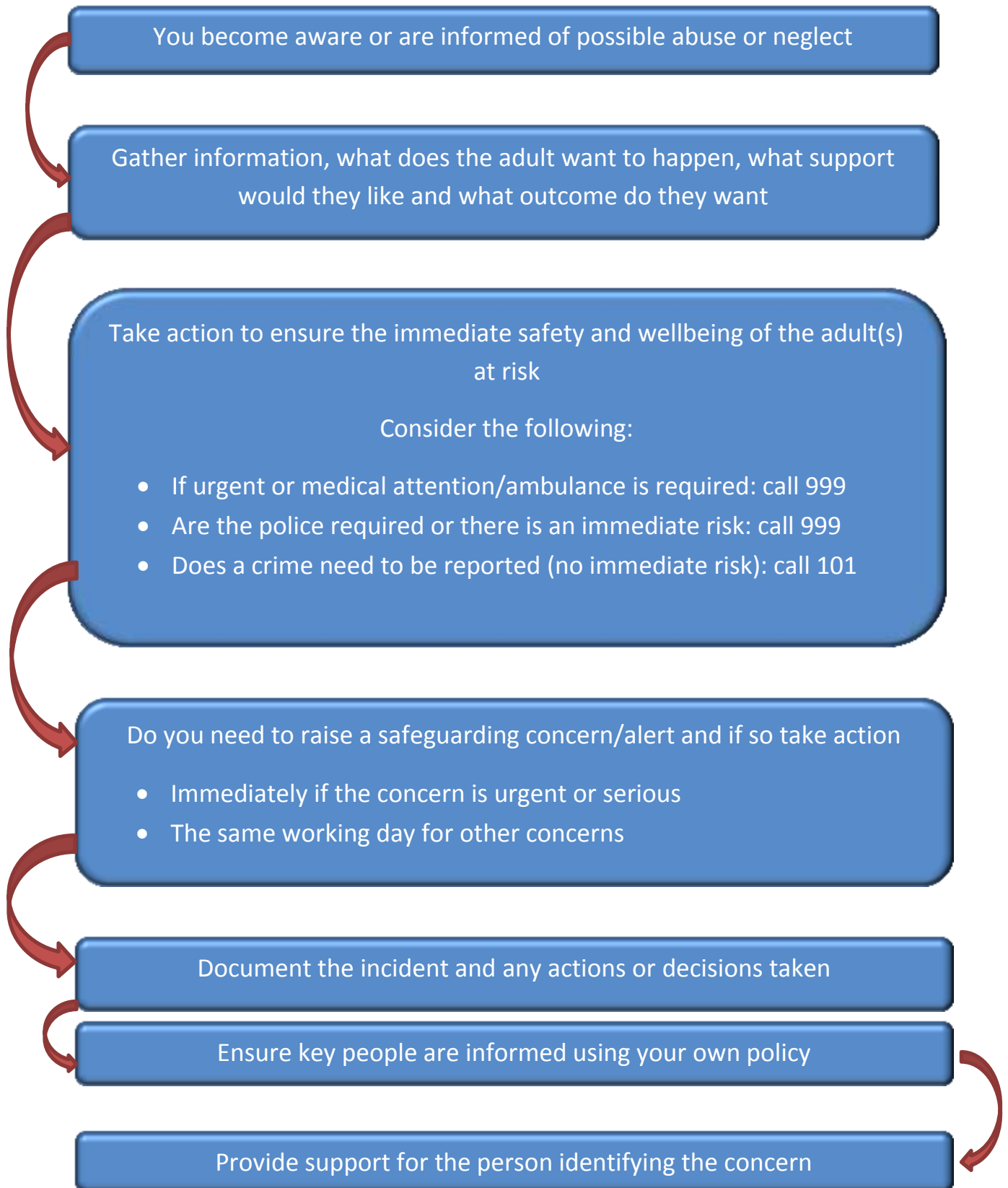
Within organisations that have a dedicated safeguarding person/lead/manager this would normally be reported to them first using organisational policies and procedures. Referral to the local authority should happen without delay if the matter is urgent or serious. If they are unavailable then staff/volunteers need to raise the concern themselves.

Advice and information can be sought from local authority teams and the details of these are at the end of this summary.

A safeguarding concern must be raised in the area where the abuse has occurred.

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

## Safeguarding Concern flowchart



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.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/guidance-for-safeguarding-concerns.aspx>

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx>

- **Cumbria**

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

## **6. Initial Enquiry**

Once a concern/alert has been raised with the local authorities then that authority will make enquires or ask another agency to do so. This will determine the most appropriate response within the safeguarding procedures.

The objectives of the enquiry involve:

- Establishing the facts about the allegation/concern;
- Ascertain the individual's views and wishes and seek consent;
- Establish any need for representation/independent advocate;
- Ascertain if the response under safeguarding procedures is appropriate and proportionate to the concern raised;
- Assess the needs of the adult for protection, in accordance with the wishes of the adult;
- Make decisions as to what follow-up action should be taken with regard to the person responsible, or the organisation, for the abuse or neglect; and
- Enable the adult to achieve resolution and recovery through agreed desired outcomes

Once initial enquires are completed the local authority will determine what, if any, further action is required and acceptable. This may require actions by the adult at risk to safeguard themselves, actions to be undertaken by other organisations or the local authority or a combination of all three.

Usually if the concern is not resolved at the initial enquiry stage then this will progress to either a risk management response or a formal enquiry.

## **7. 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<sup>1</sup>. A plan to manage the identified risk and put in place safeguarding measures includes:

- Multi-agency risk assessment
- 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.

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<sup>1</sup> Pan London Procedures



## 8. Formal Enquiry

Should a formal enquiry under section 42 of the Care Act be necessary there is a formal process that will be followed to establish facts but gathering evidence and identify or provide a basis for any safeguarding actions required.

### Strategy discussion or meeting

The strategy will be defined most effectively by gathering information from all the relevant people. On other occasions it will be necessary, and more effective, to formulate the initial strategy through a virtual meeting conducted via the telephone, e-mails, etc.

All information known about the situation should be shared in accordance with information sharing and confidentiality procedures. The timing of Safeguarding Strategy Discussions/Meetings will be determined by the level of risk presented and in any case will be completed within five working days of the referral being made.

A Strategy Plan will be produced which will:

- Conclude if further action is needed based on information and evidence gathered from all parties;
- Identify action required to address immediate risk to the adult concerned;
- Describe an interim Safeguarding Plan; including actions to ensure the immediate safety of the adult;
- Identify any specific coordinated action required in respect of the alleged perpetrator to minimise risks to victims, witnesses and whistle-blowers;
- Determine a plan for carrying out the Safeguarding Assessment which will include:
  - Identification of the agency with the appropriate legal powers and responsibilities to lead any investigation or assessment;
  - In cases where a joint investigation is necessary, an agreement between the respective agencies as to their respective roles;
  - A plan for communication between agencies;
  - Identification of staff to undertake the assessment;
  - A written record will be made of discussions and meetings and sent to all relevant agencies following completion.

The enquiry may also be informed by other enquiry/investigation processes and there may be additional actions for the enquiry to ensure these have been appropriately addressed through the Safeguarding Plan as required.

## **Case Conference.**

The main purpose in convening of a case conference is to draw some conclusions from the evidence which has been obtained during the investigation and to determine the level of risk of the adult.

The Conference will:

- Support the alleged victim, if attending;
- Share 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;
- To decide on the balance of probabilities whether abuse has happened;
- Decide who needs to be informed of the outcome e.g. Care Quality Commission, the Alerter, alleged victim, alleged perpetrator, Disclosure and Barring Service;
- Immediately following a case conference a protection plan will be drawn up by key people identified by the chair person.

There may be a review conference. This will be determined at the case conference.

Once enquires are complete the local authority should determine the risk to the adult and what if any further action is necessary and acceptable. Whereby all actions have been completed or at the point the adult is no longer at risk of abuse and safeguarding adult procedures no longer apply then they will be discontinued. However other streams of work may still continue to support the adult.

## **9. 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.

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.

## **10. Information sharing**

Information sharing is essential to safeguard adults at risk of abuse and neglect. Whilst the decision of the information shared will be on a case by case basis or whether the information is shared with or without consent the following rules apply:

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.

## **11. Complaints about safeguarding decisions**

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. They should raise their concerns with the relevant organisation to which they have a complaint of using those organisations complaints procedures.