HULL CITY COUNCIL ADULT SOCIAL CARE

RESPONDING TO ADULTS AT RISK OF HARM, ABUSE OR NEGLECT

Hull Safeguarding Adults Partnership Board

CONTENTS

Introduction

Hull Safeguarding Adults Partnership Board
Policy & Procedure for responding to adults at risk of harm, abuse or neglect.

1.1 This policy & procedure is written in line with the Care Act 2014 and the Making Safeguarding Personal principles which underpin safeguarding practice as defined within the Act. Making Safeguarding Personal (MSP) ensures that there is a focus on improving quality of life, that the person being safeguarded is involved throughout and is able to define what actions are taken to support them, giving real choice and control in relation to personal care and support which ultimately keeps them safe.

1.2 Throughout this document, the key focus is on developing a real understanding of what the person being safeguarded wishes to achieve, and agreeing, negotiating and recording their desired outcome or goal. It is about working out with the person (and their representative or advocate if the person lacks capacity) how best to bring about those outcomes, and then being able to measure our success in this.
Making Safeguarding Personal | Local Government Association

1.3 This document is for use by all agencies involved in safeguarding adults with care and support needs in Hull. It explains the local safeguarding practice and supports Chapter 14 of the Care Act 2014 Statutory Guidance which provides national statutory guidance in relation to adult safeguarding.
Care and support statutory guidance - GOV.UK (www.gov.uk)

1.4 The Care Act 2014 gives each local authority the statutory lead. It also sets nationally agreed definitions for care and support needs, types of abuse and when the local authority has statutory duty to undertake or cause out a safeguarding enquiry applicable under Section 42 of the Act.
Care Act 2014 (legislation.gov.uk)

1.5 This document describes how the safeguarding duty will be applied in Hull to reflect outcome focussed and person-centred safeguarding practice in the city. It explains the stages of safeguarding work from raising a safeguarding concern, undertaking a Section 42 enquiry, through to Safeguarding Plans and reviews.

1.6 It is important to note that the Care Act guidance warns against prescribing a process for addressing safeguarding concerns which must always be followed and stresses the importance of engaging the person in a conversation about how best to respond to their particular situation. This operating guidance supports that approach.

Introduction

1.7 The adult safeguarding duties apply to an adult who:

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

If someone aged 18 or over is receiving support from children's rather than adult services, any safeguarding concerns should still be addressed under the adult safeguarding framework.

1.8 Policies and pathways to deal with concerns regarding Children and Young people can be accessed by visiting.
Working together to safeguard children - GOV.UK (www.gov.uk)

Reporting and responding to abuse or neglect in Hull Safeguarding principles

2.1 In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult – whether in a volunteer or paid role – must understand their own role and responsibility. They must also have access to practical and legal guidance, advice and support; this will include understanding this guidance.

2.2 The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response. This could be a conversation exploring the outcomes the person would like to achieve.

2.3 Proportionality is key and the six safeguarding principles should be followed which will ensure the person is at the centre of any actions or decisions at every stage. The six safeguarding principles are:

Empowerment
"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

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

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

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

Partnership
"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

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

Differentiating between poor care and potential safeguarding issues

3.1 Defining abuse can be complex, but it can involve intentional, reckless, deliberate or dishonest acts by the perpetrator.

3.2 Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high-quality care and support.
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- the Care Quality Commission ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
- the core duties of the police to prevent and detect crime.

3.3 There are incidents of poor care or concerns about regulatory issues that are separate from the safeguarding concerns reported into the Multi-Agency Safeguarding Hub (MASH).

The nature and timing of the intervention and who is best placed to lead will partly be determined by the circumstances. For example, where there is poor, neglectful care or practice, then an employer-led disciplinary response may be more appropriate. Commissioning or regulatory enforcement action may also be appropriate.

There should be careful analysis to understand what is intentional and what is unintentional harm. However, where there is unintentional harm due to a lack of guidance for staff, this may also constitute organisational abuse.

3.4 There is a separate policy in Hull which deals with provider issues relating to poor care.
https://hull.connecttosupport.org/professional-zone/support-for-providers/quality-framework-for-commissioned-services/

On the next page are some examples demonstrating the difference between poor care and abuse or neglect.

These are just some examples, and it is important that each case is assessed on its own merits by provider managers/commissioners/practitioners to determine whether the concern is poor practice or abuse which requires a response under safeguarding procedures.

Differentiating between poor care and potential safeguarding issues

Poor practice which requires actions by provider agencies, e.g. care/nursing homes, hospital wards or domiciliary care agencies, day services, etc.	Possible abuse which requires a response using Safeguarding Procedures
Person does not receive necessary help to have a drink/meal and no significant harm has occurred to the person or others. If this is an isolated incident and a reasonable explanation is given - e.g., unplanned staffing problem, emergency occurring elsewhere in the home - and the incident is dealt with using internal procedures, this would not be referred under Safeguarding Adults Procedures.	Person does not receive necessary help to have drink/meal, and this is a recurring event, or is happening to more than one vulnerable adult. This may constitute neglectful practice, may be evidence of institutional abuse and would prompt a safeguarding investigation.
Person does not receive necessary help to get to toilet to maintain continence or have appropriate assistance such as changed incontinence pads. If this happens once and a reasonable explanation is given e.g., unplanned staffing problem, emergency occurring elsewhere in the home and is dealt with in a timely way through internal procedures/processes, this would not be referred under Safeguarding Adults Procedures.	Person does not receive necessary help to get to the toilet to maintain continence and this is a recurring event or is happening to more than one person. This may constitute neglectful practice, and there may be evidence of institutional abuse and would prompt a safeguarding investigation.
Person has not been formally assessed with respect of pressure area management, but no discernible harm has arisen. This is an isolated incident; action has been taken to address the pressure area management. This may need to be dealt with under different processes, i.e. disciplinary procedures.	Person is frail and has been admitted without formal assessment with respect of pressure area management. Care provided with no reference to specialist advice re: diet, care or equipment. Pressure damage occurs. Neglectful practice, breach of regulations and contract, possible institutional abuse. Safeguarding procedures should be instigated.

Differentiating between poor care and potential safeguarding issues

Person does not receive medication as prescribed on one occasion, but no harm occurs. GP advised/action taken, internal investigation is undertaken, possible disciplinary action depending on severity of situation.	Person does not receive medication as a recurring event, or this is happening to more than one person. This may constitute neglectful practice, a regulatory breach, or a breach of professional code of conduct if nursing care provided. Dependent on degree of harm, possible criminal offence. Safeguarding procedures should be instigated.
Appropriate moving and handling procedures not followed but person does not experience harm. Provider acknowledges departure from procedures and inappropriate practice and deals with this appropriately, for example, under disciplinary procedures, staff training provided, to the satisfaction of the service user, care plan is revised.	One or more person's experience harm through failure to follow correct moving and handling procedures, or common flouting of moving and handling procedures make this likely to happen. This may constitute neglectful practice. Safeguarding procedures should be instigated.
Person is spoken to in a rude, insulting, belittling or other inappropriate way by a member of staff. They are not distressed by the incident, and this is an isolated occurrence. Provider takes appropriate action, for example, supervision, training, disciplinary, and to the satisfaction of the service user.	Person is frequently spoken to in a rude, insulting or belittling way or other inappropriate way or it is happening to more than one person. Regime in the home does not respect dignity of people who live there, and staff frequently use derogatory terms and are abusive to people who live there. Regulatory breach. Safeguarding procedures should be instigated.
People does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs. Provider deals with this via appropriate responses for example, commissioners notified, internal investigation, complaints procedures, care management review, to the satisfaction of the person.	Person does not receive scheduled domiciliary care visit(s) and no other contact is made to check on their well-being, resulting in harm or potentially serious risks to people who receive care. Safeguarding procedures should be instigated.

Differentiating between poor care and potential safeguarding issues

Person has a fall. The adult is being supported to remain active; a falls assessment has been completed and is reflected in the care plan. A capacity assessment is in place if there is reason to be concerned that the adult does not have Person has a fall, the risks of falls are known but the risks had not been assessed. The service does not have in place a falls prevention strategy, staff have not had training. capacity to assess the risks to themselves. Appropriate aids and equipment to reduce falls are provided. Appropriate referrals to community health professionals are in place.	The person does not have the capacity to assess the risks to themselves, and no assessment of capacity has been undertaken. Restrictions or restraints are used and not reflected in risk assessments, care plans, capacity assessments, best interest decisions or use of DoLS where appropriate.

Adapted from Dyfed Powys Policies and Procedures

Types of abuse and neglect

4.1 This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not an exhaustive list but a guide to different types of abuse and the sort of behaviour which could give rise to a safeguarding concern. Abuse and neglect include:

- **Physical abuse** – for example, assault, hitting, slapping, pushing, misuse of medication, and unlawful restraint.
- **Psychological abuse** – for example, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, and unreasonable and unjustified withdrawal of services or supportive networks.
- **Sexual abuse** – for example, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, and sexual assault.
- **Financial or material abuse** – for example, 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), and the misuse or misappropriation of property, possessions or benefits.
- **Domestic abuse** – this can include physical, psychological, sexual and financial abuse. It can also include emotional abuse, recognising controlling and coercive behaviour* (explored further in 4.3) and Female Genital Mutilation. 'Honour-based' violence.
- **Modern slavery** – this includes slavery, human trafficking, forced labour, and domestic servitude. Modern slavery is characterised by traffickers and slave masters using whatever means they have at their disposal to exploit, coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – for example, harassment, slurs or other mistreatment because of race, gender, gender identity, age, disability, or sexual orientation.
- **Organisational abuse** – this can include 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 a person's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Types of abuse and neglect

- **Neglect and acts of omission** – for example, ignoring medical, emotional or physical care needs. It can also include the failure to provide access to appropriate health, care and support or educational services, and the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – for example, a person neglecting to care for their own personal hygiene, health or surroundings, including behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. Support should be offered support by agencies before the person presents in crisis, resulting in a safeguarding concern.

4.2 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 Integrated Care Board (ICB) 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 we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

4.3 *Controlling behaviour is defined as 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 defined as 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. Coercive control is an offence that is constituted by behaviour on the part of the perpetrator which takes place "repeatedly or continuously". The victim and perpetrator must be "personally connected" at the time the behaviour takes place, and the behaviour must have had a "serious effect" on the victim. A "serious effect" means that it has caused the victim to fear violence will be used against them on "at least two occasions" or it has had a "substantial adverse effect on the victims' day to day activities". The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she "ought to have known" it would have that effect.

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Responding to a safeguarding concern and making a referral

5.1 A safeguarding concern is when you see, or have been told about, something that makes you think a person with care and support needs may be at risk of, or is experiencing, abuse or neglect.

Good practice tips on responding to a safeguarding concern…

- consider the situation in more detail and, if possible and safe, discuss your concern with the person who is affected and ask them what they want to happen to help keep them safe.
- speak with the person in a private and safe place.
- accept what the person is saying.
- don't 'interview' the person; establish the basic facts avoiding asking the same questions more than once.
- ask them what they would like to happen and what they would like you to do.
- don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why.
- if there are grounds to override a person's consent to share information, explain what they are.
- explain how the adult will be involved and kept informed.
- provide information and advice on keeping safe and the safeguarding process.
- make a best interest decision about the risks and protection needed if the person is unable to provide informed consent.

Responding to a safeguarding concern and making a referral

5.2 If possible, agree what actions you or they can take to help them protect themselves and resolve the situation. If further actions or enquiries are needed to resolve the situation, or you need to discuss the situation or actions you plan to take, contact the **Multi-Agency Safeguarding Hub (MASH)** and ask to speak to a **Duty Officer Tel: 01482 616 092.** Before doing so, it may be necessary to consider what immediate steps are needed to protect the person. This includes whether you decide to refer the matter to the police as a criminal investigation. Early engagement with the police is vital to support a criminal investigation; the non-emergency contact number for the police is101.

5.3 The Mental Capacity Act (MCA) 2005 is in itself a safeguard for adults at risk of harm or abuse. Therefore, any application of the safeguarding adult's procedures must be in accordance with these legislative requirements. The MCA provides a statutory framework for acting and making decisions on behalf of individuals who may lack the mental capacity to make decisions for themselves. In some cases, people lack the capacity to consent to treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. The extra safeguards which are put in place by law ensure that the care or treatment they receive is in their best interests.

Mental Capacity Act 2005 (legislation.gov.uk)

Mental Health Act 2007 (legislation.gov.uk)

5.4 Having conducted your own preliminary enquiries, and in consultation with the person and the MASH wherever possible, if you believe the risk of abuse or neglect remains and further enquiries are needed, you should make a referral to the MASH by completing a Safeguarding Adults Concern form. The referral should be made as soon as practicably possible once the referrer has determined that this is an appropriate course of action.

Responding to a safeguarding concern and making a referral

Good practice tip...use this as a checklist for completion of the Safeguarding Adults Concern form:

• Record the date when the concern is being raised and include all of the person's basic details as directed.

• Describe any communication needs, for example, the need for an interpreter, British. Sign Language etc.; details of family or friend who can support with communication. does the person have cognitive impairment or a learning disability; can the person communicate with Makaton, flash cards etc.

• Consent – the expectation is that, in all but rare circumstances, you will have sought and gained the consent of the person to formally raise this safeguarding concern on their behalf; please see Section 6 of this guidance. If you encounter difficulties in gaining consent, please provide details of the difficulty and how you have tried to overcome this.

• Mental Capacity – if the person does not have the capacity to consent to your contacting the MASH, please complete the concern form using the Mental Capacity Act Guidance and include details of the Mental Capacity Assessment and Best Interest decision-making process you have followed.

• Provide details of the person or organisation believed to be abusing or neglecting the person(s).

• Provide a detailed and factual account of the safeguarding concern. Record the date and time of the incident to which the concerns relate and where it happened. If the situation is ongoing, please say so. Record in as much detail as possible what happened, whether the incident was witnessed or not, who was present/involved, the seriousness of injuries sustained, immediate action taken and any measures in place to reduce risks or prevent it happening again.

• If the police have been informed, please record the Crime Reference Number given when reported, or if you have a police contact name, please provide this information.

• Record if you are aware of any other services involved in the support of this person.

• Advise of any known risks or to the person, children (children's safeguarding concerns), others, professionals, or the environment.

• Record your own details and contact details in full.

• Person-centred outcomes – when you seek consent from the person or their representative, where possible ask them what they want to happen, establish whether they feel safe, and whether they know how to keep themselves safe. Any outcomes identified must be realistic and achievable.

Responding to a safeguarding concern and making a referral

Here are some examples of the types of outcomes people might identify:

- I want the abuse to stop and to feel safe.
- I want to be involved in what happens next.
- I want the police to take further action.
- I don't want that carer to support me anymore.
- I want to prevent this from happening to anyone else.
- I don't want any action taken.
- I love my partner I just want them to stop hitting me.

• If you are able to discuss outcomes with the adult, discuss ways they think their outcomes can be achieved, for example, an adult punched by another resident may think that moving to an alternative room, and putting distance between the two residents, may achieve their desired outcome. Record the person's desired outcomes on the form.

Email completed Adults Safeguarding Concern forms to:

adultsafeguarding@hullcc.gov.uk

or send to:

The Adults Safeguarding Team
Kenworthy House
98 -104 George Street,
Hull
HU1 3DT.
Telephone 01482 616 092

Good practice tip!

Contact the MASH to discuss your concern before formally submitting a Safeguarding Adults Concern form can help you in working out what you need to do, what information would be needed on the form and can lead to a timelier resolution for the person at the centre of the concern. It is the responsibility of the referrer to follow up with the team if they have not received confirmation of receipt of the referral within 48 working hours to ensure that the referral has been received.

Responding to a safeguarding concern and making a referral

5.5 The MASH is not part of emergency services and currently works office hours **(Mon – Thurs 8.30am – 5pm, Friday 8.30am – 4.30pm).**

If a concern comes to your attention outside of office hours, consider the following:

- Can you safeguard the situation in the short term or is additional support or input required?
- If you believe there are concerns for the person's immediate well-being that you are unable to address yourself, you can contact the Out of Hours Service to request a visit, or request they make phone contact with the person. The out-of-hours team will not be responsible for formally raising the safeguarding concern; they will simply check on immediate well-being and arrange any immediate support that might be required. It remains your responsibility to complete the preliminary enquiries and reach a decision on the need to submit a Safeguarding Adults Concern form to the MASH. If a welfare visit is required, you can contact the **Out of Hours Service** on **01482 300 304**
- If you believe a crime has been committed, contact the police on 101 and share details of your concern.
- If there is an immediate concern for safety contact 999.
- If you believe the person is experiencing an acute mental health crisis and is at serious risk of harming themselves or others, contact the Hull & East Yorkshire Mental Health Crisis Team direct on 0800 138 0990.
  Crisis Support - Mind HEY - Hull & East Yorkshire Mind (heymind.org.uk)

See Appendix A: Responding to a concern flowchart

Gaining consent

6.1 As a general rule, no decisions should be made, or actions taken without the consent of the person you are concerned about. The Safeguarding Adult Concern form should include detail on how consent was gained. In some circumstances it may be necessary to raise a concern without the person's consent and this may include situations where:

- there is a risk of serious harm to the well-being and safety of the person or others, this is often referred to as 'Public Protection' and consent is sometimes overridden in these instances.
- it is necessary to prevent a serious crime, or you are concerned a crime may have been committed
- the person lacks mental capacity to consent – the Mental Capacity Act (MCA) procedure and guidance must be adhered to and evidenced.
- gaining consent would put the person at further risk.

Good practice tip...always try to obtain consent in writing. Explain what information. you will be sharing, who with and how it will be used and stored. The decision to refer without consent needs to be a professional judgement, with a clear rationale evidencing defensible decision making, if you are unsure support should be sought by the Safeguarding Lead within the referrer's own organisation or from the Hull City Council Safeguarding Adult's team.

6.2 When raising a concern without consent, you should inform the person with care and support needs about this decision and the reasons for taking this action (unless telling them at the point of raising the concern would jeopardise their safety or the safety of others) and record clearly why consent has not been obtained. This will ensure the person understand why actions they have not consented to are being taken, what will happen next and practitioners are fully aware of the circumstances around the lack of consent.

6.3 If the person has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and be confident that the person is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the person that this action is being taken unless doing so would increase the risk of harm.

Further guidance can be obtained by clicking the link below:

Safeguarding adults: sharing information | SCIE

Case studies

1. CONSENT NOT GIVEN

Dan has mild learning disabilities but lives quite independently in the community. There are safeguarding concerns regarding financial abuse by his brother who has a drug addiction and often steals from Dan to support his addiction.

Dan values the relationship with his brother and does not want that to be affected.

Dan tells his support worker that his brother has stolen £15 from him to buy drugs but he is adamant that he does not consent to a safeguarding concern being made and does not consent for this information to be shared.

Dan wants it to stop but does not want his brother to get into trouble.

The support worker works with Dan to identify ways he can keep himself safe and makes sure Dan knows who he can contact and what he can do if he wants to change his mind, or if the situation gets worse. The worker does not have consent and no other person is at risk to override consent in the public interest.

2. CONSENT OVERRIDDEN

Martha has a long-term health condition and receives home care services twice a day. She has grown very fond of a particular worker who she really likes.

There are safeguarding concerns regarding financial abuse by this worker and it seems that Martha is having money going missing.

Martha refuses to give consent for a safeguarding concern to be made. She says she can afford the odd £10 here and there and does not want the worker to get into trouble.

In this case there are other people who are potentially at risk of financial abuse.

Decision-making

7.1 When a formal Safeguarding Adult Concern form is received by the MASH, a decision is made about what needs to happen next. The MASH will aim to triage all cases within 1 working day. The degree of involvement from the MASH will vary from case to case.

7.2 In some instances it might be that the actions taken by the person raising the concern have been sufficient to address the risks and have been successful in preventing or stopping the abuse or neglect, with no S42 enquiry being undertaken. In some instances, it is clear that further enquiry is needed. Sometimes this will be undertaken by a member of the MASH, sometimes by the organisation or the person raising the concern. However, sometimes the enquiry will be undertaken by a professional body not directly involved in raising the initial safeguarding concern, often referred to as caused out. If the enquiry is caused out, the local authority remains the responsible body.

7.3 At this decision-making stage, the following will be considered:

- the immediate safety of the person at risk and whether an interim Safeguarding Plan is required.
- the consent and capacity of the person at risk (see Section 6 of this guidance)
- the need for advocacy (see Section 8 of this guidance)
- initial views and wishes of the person at risk; begin to explore what actions they want taking and if possible what resolution they are hoping for.
- whether a crime has taken place
- whether actions so far have completed the enquiry, in which case, consider whether any other follow-up action is required.
- a proportionate response to decision-making itself, that is to say, whether it requires an informal conversation with the person at risk or a more formal multi-agency discussion.
- whether the concern meets the eligibility criteria for a Section 42 Enquiry as detailed in Section 1.7 of this guidance
- where a Section 42 Enquiry is to be undertaken, who is the best person to lead on and/or carry out the enquiry; this decision will be made by the MASH in consultation with other relevant bodies, including the person at the centre of the concern or their representative.
- what, in broad terms, the enquiry plan will look like and how agency interventions will be co-ordinated
- Decisions should be made and the rational documented within 2 working days of the concern being raised.

Decision-making

Good practice tip...always record your actions, think about who might read them (HM Coroner, Crown Court Judge, the adult or their family, and your peers), and think about the language you use and ensure the record is able to prompt your memory many months – or even years – after about why you made that decision.

CASE RECORDING TRAINING
CASE NOTE TEMPLATE
CASE RECORDING POSTER

See Appendix B for Decision making flowchart

Advocacy

8.1 Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options and assist them in making their own decisions.

8.2 Section 68 of the Care Act 2014 requires that a local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review. This should take place where an adult has 'substantial difficulty' in being involved and where there is no other appropriate individual to help them.

The Care Act defines four areas where people may experience substantial difficulty, these are:

• understanding relevant information
• retaining information
• using or weighing information
• communicating views, wishes and feelings.

8.3 A family member or friend can advocate on their behalf if appropriate, but the 'appropriate individual' cannot be:

- already providing care or treatment to the person in a professional capacity or on a paid basis
- someone the person does not want to support them.
- someone who is unlikely to be able to, or available to, adequately support the person's involvement.
- someone implicated in an enquiry into abuse or neglect or who has been judged by a safeguarding adult review to have failed to prevent abuse or neglect.

8.4 The role of an 'appropriate individual' under the Care Act is different to that of an individual with whom it is 'appropriate to consult' under the MCA. Under the Care Act, the appropriate individual's role is to facilitate the person's involvement, not merely to consult with them and make decisions on their behalf.

8.5. A person may require support from an advocate where there do not have anyone available or appropriate to support or there a serious conflict between family members which is impacting on the person.

See Appendix C for Advocacy flowchart

Section 42 enquiries

9.1 When a safeguarding concern is raised, and the local authority is satisfied that the situation meets the eligibility criteria described in Section 1.7 of this guidance, it must ensure that an enquiry is undertaken in accordance with Section 42 of the Care Act 2014. According to Section 42 of the Act, the purpose of the enquiry is to decide whether and what action should be taken to prevent or stop abuse or neglect of the eligible person, and to clarify what these actions are, who is to undertake them, and by when.

9.2 Hull City Council has the lead role for undertaking and overseeing enquiries; it may require other partners (including managers of council-run service provision) to undertake specific enquiries (i.e. cause enquiries to be made) under S42 of the Care Act 2014. The specific circumstances will usually determine who the right person is to begin an enquiry.

9.3 It should be noted that while the local authority can cause an enquiry to be undertaken by individuals/organisations, it cannot delegate this function entirely and remains the responsible body; the overall decision making, or the need to ensure the enquiries and actions have been undertaken, remains with the council. The council will be responsible for ensuring that when it causes an enquiry, or part of an enquiry, it is referred to the right place and is acted upon. This will include:

- clearly communicating the request to complete an enquiry, or part of an enquiry, to an accountable person in the organisation, including an explanation of why they are best placed to do this.
- being satisfied that the organisation undertaking the enquiry is competent to do so and that there is no conflict of interest in this organisation (or person) undertaking this role.
- confirming the legal context of the request, the statutory nature of the duty to cooperate under S6, and the duty of candour under S81 of the Care Act 2014.
- agreeing the timescale within which the enquiry should be completed.
- agreeing the actions that should be undertaken and initiating the Enquiry Plan as described above.
- confirming how the enquiry outcomes will be fed back to the council (e.g., by written report, verbal account or meeting), and to whom.
- recording the actions agreed with the accountable person.

Section 42 enquiries

The Hull Safeguarding Adults Partnership Board and its Subgroups will undertake periodic audits to assure itself that the above principles are met.

9.4 The objectives of a S42 Enquiry into abuse or neglect are to:

- Establish the facts.
- Ascertain the person's views, wishes and preferred outcomes. Wishes need to be balanced against other factors, such as the level of risk to the individual or to others. However, safeguarding must recognise that people have the right to take risks, even when they lack mental capacity and the right to safety must be balanced with other rights, such as the rights to liberty, autonomy and family life.
- Assess the needs of the person for protection, support and redress and how they might be met.
- Protect from the abuse and neglect in accordance with the wishes of the person.
- Make decisions as to what follow-up action should be taken about the person or organisation responsible for the abuse or neglect.
- Enable the adult to achieve resolution and recover.

9.5 The S42 should be tailored to the individual circumstances of the case, but should cover the following aspects:

- In gaining the views, wishes, consent, and desired outcomes of the adult (or planning how these views and wishes will be gained) it will be important to consider the person's emotional, physical, intellectual and mental capacity in relation to self-determination and consent. Any intimidation or other undue influence will have to be assessed and accounted for.
- Deciding if an independent advocate is required or planning how information will be gained to enable this decision to be made.
- Identifying what information needs to be gathered and shared.
- Agreeing what enquiries are needed and who will do these and agreeing a timescale.
- Assessing risks and formulating an interim Safeguarding Plan to promote safety and well-being while enquiries are undertaken.
- Considering how the person alleged to have caused harm is to be involved in the enquiry process.

Section 42 enquiries

9.6 Principles to adhere to when undertaking the enquiry include:

- everyone involved in an enquiry must focus on improving the person's well-being and must work together to that shared aim.
- the person should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse.
- the safeguarding process should be empowering and supportive for the person involved; practitioners should, wherever practicable, seek the consent of the adult before taking action.
- the enquiry should reflect the outcomes that the person wishes to achieve.
- the person (or their representative or independent advocate) should be included as far as possible throughout the process.
- if in the progress of the enquiry the person alters their view of their desired outcomes, this should be reflected in the enquiry and the MASH should be informed of this.
- the person (or their representative or independent advocate) must be informed of the outcome of the enquiry.

9.7 Each enquiry will be different, as the desired outcomes will be defined by the person themselves, and the context in which the enquiry is undertaken will be different for each person. However, it is expected that in undertaking an enquiry the following areas will be explored and commented on:

- details of the initial safeguarding concern raised.
- the view of the person or their representative/advocate in response to this concern, what risks they believe they are exposed to, what outcomes they want to achieve and how they wish to achieve these outcomes.
- relevant information available about the person at risk such as health conditions, level of care/support need, lifestyle, family networks, routines, likes and dislikes.
- details of how the abuse has impacted on the person's well-being, whether this is enduring and to what extent; summarise the changes resulting from the abuse.
- was there a need to assess the adult under the MCA 2005 in relation to this safeguarding S42 Enquiry; include any MCA documentation when feeding back on the outcome of the enquiry.
- if a formal advocate was needed, their details and the reasons for their needing to be involved should be included in the feedback given to the MASH.
- details of the actions taken by the Enquiry Officer through the S42 Enquiry in response to the safeguarding concern (for example, consultations undertaken, documentation reviewed), other processes that provided information, identified risks to the person/others, and the outcome of these; include a summary of action taken with regard to the identified risks, to prevent further incidents.
- any documents that inform the summary of the enquiry (copies of these should be forwarded when giving feedback to the MASH)

9.8 The findings from the enquiry should be shared and discussed with the person, their representative or advocate, and consideration given to what extent the person's outcomes have been achieved. At the same time, the enquiry officer should take the opportunity to discuss the safeguarding plan with the person, their representative or advocate; the views of the person in respect of both discussions should be recorded. After sharing the enquiry outcome with the person and ensuring their views are fully recorded, the outcome will be fed back to the MASH in its agreed format for local authority consideration and sign-off.

9.9 If the enquiry officer is external to the MASH, they will need to share their outcome initially with the named manager or safeguarding lead within their organisation before feeding back to the council. Both the person who has completed the enquiry and the person who has had oversight of the outcome of the enquiry should be identified by name and role in the feedback to the MASH.

9.10 Where an enquiry has been caused out to another agency/organisation the person undertaking the enquiry must conduct it taking into consideration the areas identified above. The enquiry should be completed within 28 days of it being allocated to the agency/organisation unless there is a justifiable reason that this cannot be achieved, in this situation the person undertaking the enquiry must discuss this with the MASH and agree a new timescale for completion. Once the investigation is completed the person completing the enquiry on behalf of the MASH must complete the Section 42 enquiry template (see Appendix D) and return this to the MASH. This should be completed in a clear, concise and factual way, free from jargon.

Hull City Council must satisfy itself that the enquiry has been concluded effectively and determine if it needs to undertake any further enquiries under S42 of the Care Act 2014.

Safeguarding Plan

10.1 The purpose of a Safeguarding Adults Plan is to formalise and coordinate the range of recommendations to protect the adult and to support them to recover from the experience of abuse or neglect. Where appropriate the plan should be completed in consultation with the person or agency/organisation posing a risk. Safeguarding Adults Plans should be individual, person-centred and outcome-focused, following the direction in section **14.111 of the Statutory Guidance** or visit **https://www.gov.uk/government/publications/care-act-statutory-guidance/care-andsupport-statutory-guidance** and should set out:

- what steps are to be taken to assure the person's safety in future?
- the provision of any support, treatment or therapy, including on-going advocacy
- any modifications needed in the way services are provided (for example, same gender care or placement, appointment of an Office Public Guardian deputy)
- how best to support the adult through any action they take to seek justice or redress.
- any ongoing risk management strategy as appropriate
- any action to be taken in relation to the person or organisation that has caused the concern.

10.2 A Safeguarding Plan may not always be required. The outcome of the enquiry may be that no further steps are required, or that ongoing risks can be managed or monitored through single agency processes, for example, assessment and support planning processes, community policing responses or health service monitoring. Where no Safeguarding Plan is required, the safeguarding process will end and the agreed outcomes will be recorded.

10.3 Provision of information, advice, signposting and other actions may need to continue under other processes, for example, addressing potential risks from people who are employed in positions of trust through referrals to the **Disclosure and Barring Service (https://www.gov.uk/government/organisations/disclosure-and-barring-service/about)**; ongoing monitoring by commissioning teams or Hull City Council contract compliance officers, or regulatory inspection/action by the Care Quality Commission.

Safeguarding Plan

It should be noted that a Safeguarding Plan will usually be required in the following situations:

- where the risk of abuse or neglect is ongoing, complex and unstable.
- where the risk of harm to the adult or others is significant.
- where other factors such as coercion, undue influence or duress add to the complexity and uncertainty of the risk; and
- where the risk cannot be managed appropriately or adequately by other processes

These types of situations will require a greater level of scrutiny and review, usually within a multi-agency context.

10.4 Outcomes for Safeguarding Adults Plans should aim to be SMART (Specific, Measurable, Achievable, Relevant and Time-bound). Any actions or recommendations must include who will be responsible for completing them with clear and realistic timescales recorded. The identified lead professional should monitor the plan on an ongoing basis, ensure that all actions are completed in a timely manner and lead review processes in accordance with the views and outcomes of the adult concerned and within the timescales agreed on the plan.

The Safeguarding Plan will be signed off by the MASH and shared with all relevant parties. It will include an identified review process specific to the person's individual circumstances. The professional body responsible for overseeing this review process will be identified within the Outcome Report and Safeguarding Plan, and timescales for review will be set.

Safeguarding Plan Review

11.1 A Safeguarding review should be completed to evaluate with the adult the difference the safeguarding process has made and whether the outcomes identified at the outset have been achieved. In order that the person does not have to revisit their experience at a future stage, this review should be carried out as part of the safeguarding process itself, prior to closure. The review should be completed 6 weeks prior to the completion of the safeguarding enquiry. There may be occasions where it is necessary for a review to be completed prior to the 6 weeks or after a longer period than the 6 weeks. In these cases, this must be documented and a clear rationale for this provided.

11.3 The review of a Safeguarding Adults Plan should consider one of the following outcomes:

- the Safeguarding Adults Plan is no longer required
- the Safeguarding Adults Plan needs to continue – any changes or revisions to the plan should be made, new review timescales set and the lead professional to monitor and review the plan must be identified.
- the Safeguarding Adults plan can be incorporated into other care and support processes – for example, it may be appropriate to integrate safeguarding interventions into the person's ongoing support plans.

Closing the Section 42 enquiry

12.1 Safeguarding Adults Enquiries and/or Plans can be closed in the following circumstances:

- information identifies that the safeguarding process is no longer required.
- at any time where the Safeguarding Adults Plan is no longer required
- an adult with capacity who has care and support needs removes consent to continue with the safeguarding enquiry and/or plan and there are no overriding public or vital interest considerations that would overrule their wishes.

The Safeguarding Adults Plan will no longer be required when the adult is no longer at risk of abuse or neglect, or risks have reduced to the level that they can adequately and appropriately be managed or monitored through single agency processes, e.g. assessment and support planning processes, community policing responses or health service monitoring.

See Appendix E for Closing Enquiries flowchart

Referrals to the Disclosure and Barring Service or professional bodies

13.1 Where allegations have been made in relation to an employee, volunteer or student, the employer/student body must assess the risk in the context of their service and consider appropriate risk management arrangements, taking into consideration their own internal policies and procedures and employment law. This may include actions, such as changes to their working arrangements or suspension.

13.2 There is a legal duty on regulated activity providers and personnel suppliers to make a Disclosure and Barring Service referral, where the criteria are met. The guidance produced by the Disclosure and Barring Service should be consulted in reaching a decision as to the appropriateness of a referral. Referrals to other professional bodies such as the Nursing and Midwifery Council, Social Work England etc. may also be made by the employer.

13.3 If the person is employed in a position of trust and there is a potential risk of harm to an vulnerable adult or child consideration should be given as to whether a referral needs to be made under either the **LADO (Children's)** or **PiPoT (Adult's) policy.**

Good practice tip...employers must continue with any internal investigation even if an employee resigns before it is concluded. If the investigation concludes harm to a person with care and support needs has taken place then a referral to the Disclosure and Barring Scheme or other relevant professional body must still be made.

Contesting the decision of the enquiry outcome

14.1 Where the disputed decision has been made by the Safeguarding Manager, the complainant should ask him/her in writing to review that decision, setting out why they disagree with the decision made.

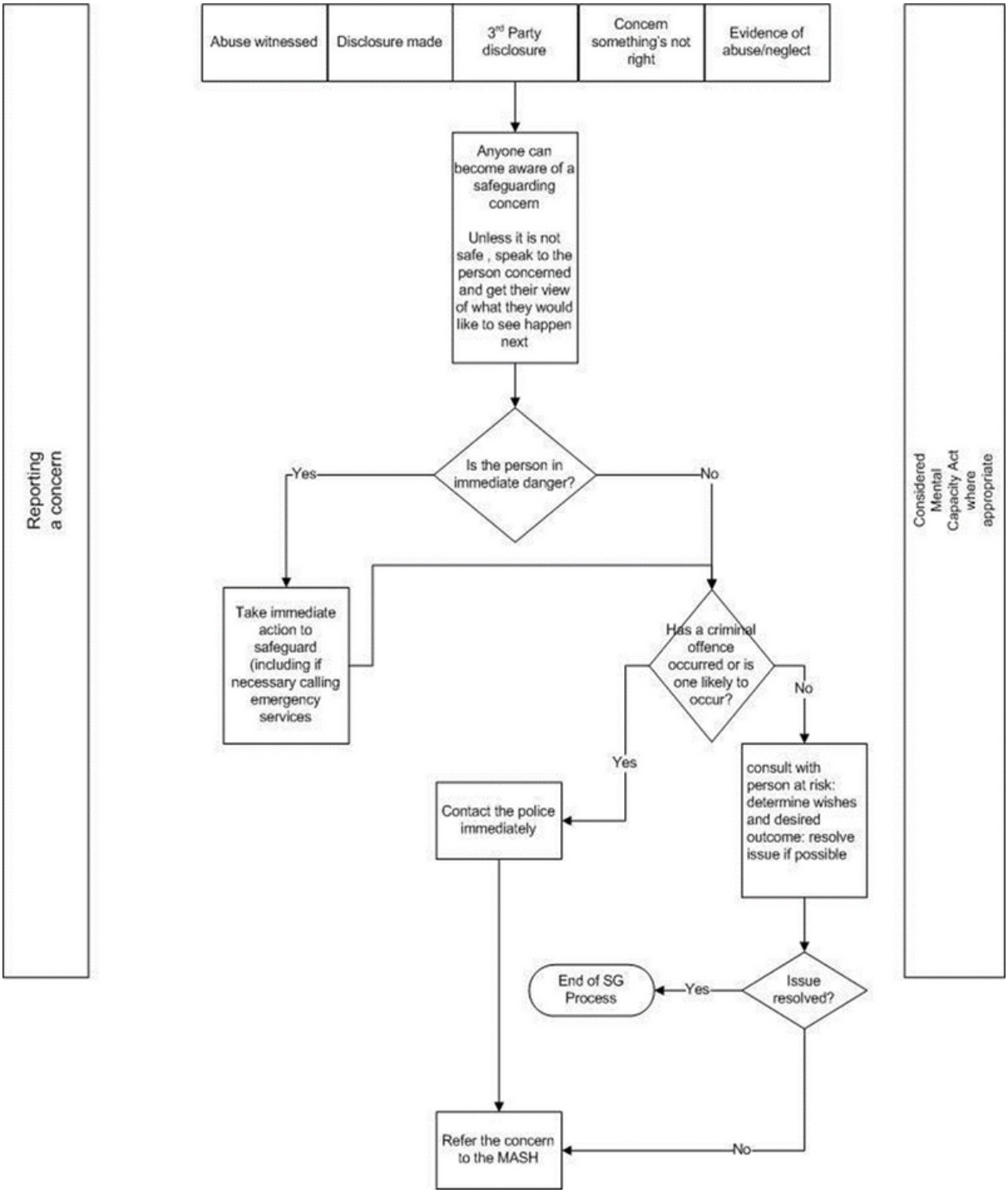
14.2 If the dispute does not meet the criteria, the Safeguarding Manager should not review but should direct the complainant to the complaint's procedure of the relevant organisation. If the complaint does meet the criteria, the Safeguarding Manager should then:

- review the investigation report.
- consider whether additional investigation is required.
- review their decision-making process according the criteria set out above
- discuss the case within supervision to obtain independent overview.

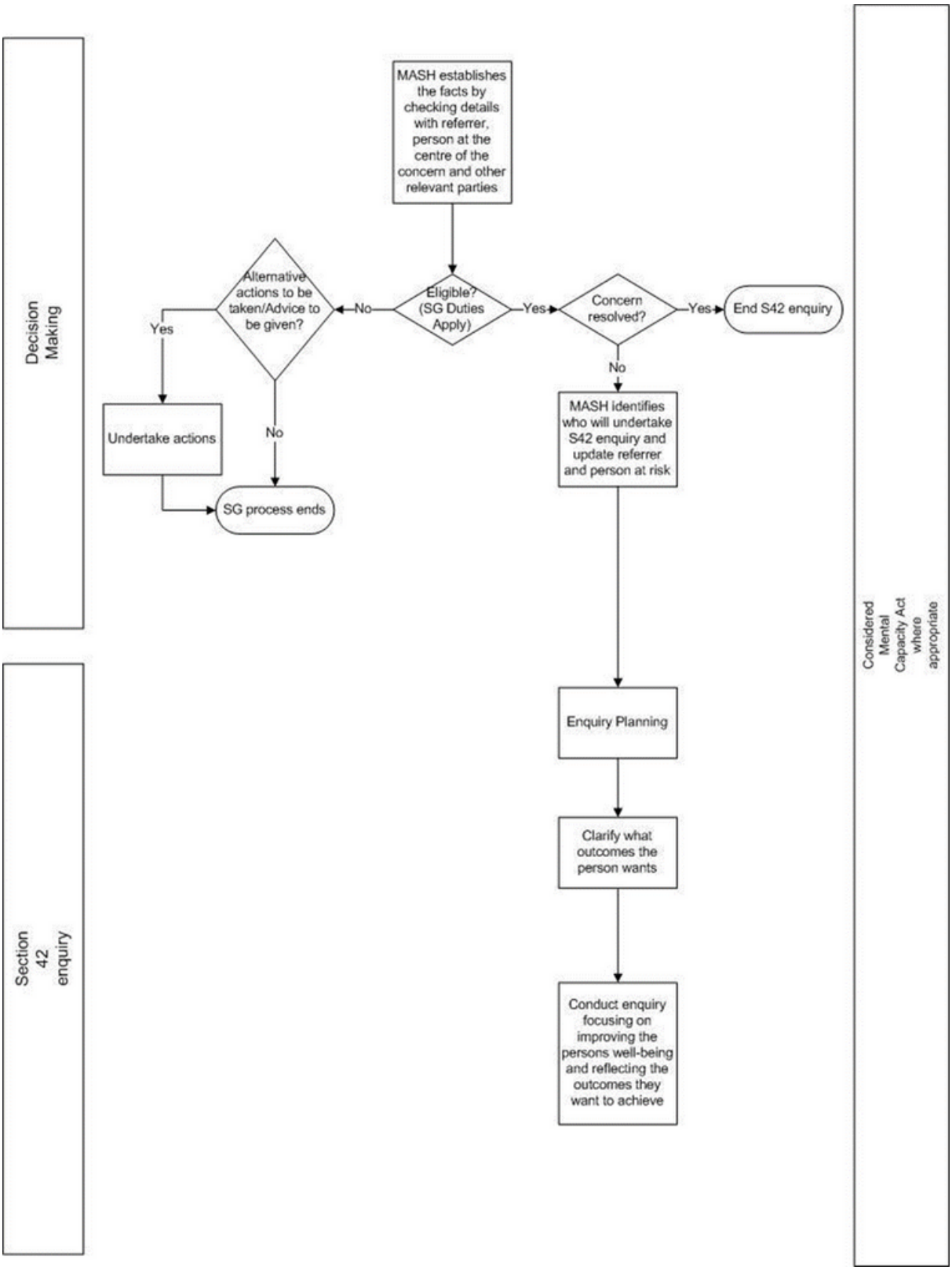
14.3 The Safeguarding Manager should respond in writing within 20 days setting out the findings of the review and explaining their right to complain through Hull City Council. If the complainant is not satisfied, they should write to the Local Government Ombudsman (LGO) who has had jurisdiction in safeguarding investigations and complaints about Safeguarding Adult Boards since the Care Act became law.

Make a complaint - Local Government and Social Care Ombudsman

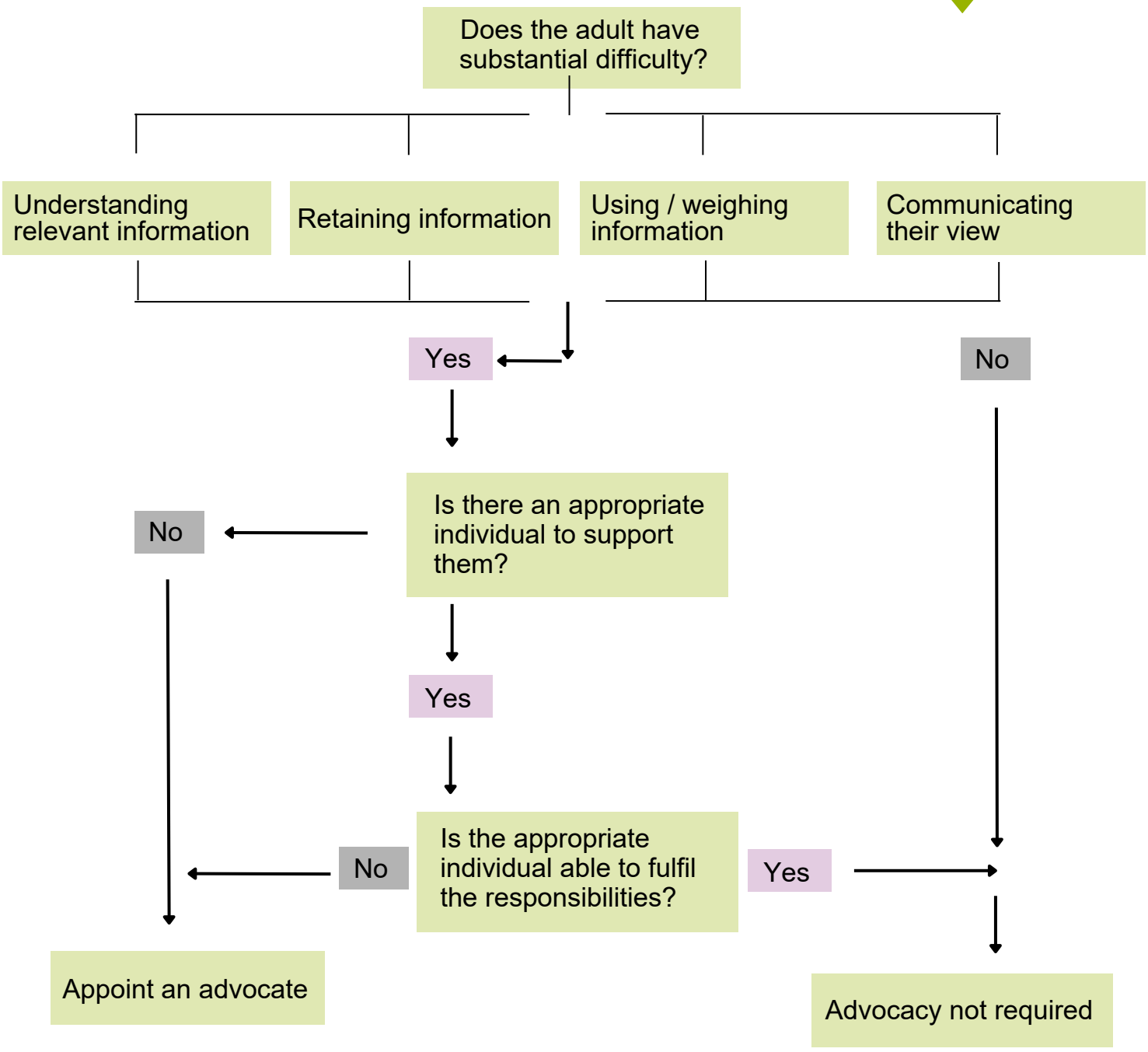
Appendix A:
Responding to a concern flowchart



Appendix B:
Decision Making Flowchart



Appendix C: Advocacy flowchart



Appendix D:
Caused out enquiries template

Title	
Surname	
Forename	
Preferred Name	
Gender	
DOB	
Contact Details	
Date of Planning meeting or discussion	
Has the adult as risk been involved in the enquiry?	
Why is the adult as risk not involved?	
What are the views of the adult at risk (or their advocate) of the concerns?	
Is a representative for the individual required?	

Appendix D:
Caused out enquiries template

ADVOCATE		
Relationship	**Name**	**Address**
Is a paid advocate required?		

CONSULTATION		
Please detail those consulted		
Name of person (including organisation)	**Reason for Consultation e.g. medication information, witness to event, background information and finance**	**Details/Views Include whether an advocate was involved to facilitate this person's views**

REPORTS		
List any written reports available with author of the report and date		
Report	**Author**	**Date**

Appendix D:
Caused out enquiries template

HEALTH CONDITIONS

Is the person believed to be capacitated to consent?		
Decision required	**Reason why capacity is in question e.g. injury, illness**	**Formal Mental Capacity assessment required?**
CURRENT & PREVIOUS CONCERNS		
Summary of current concern		
Are there any previous relevant concerns?		

Appendix D:
Caused out enquiries template

DESCRIPTION & LIVING/SUPPORT ARRANGEMENTS	
Provide a brief description of the person, the nature of their disability/ vulnerability and capacity to protect themselves	
Summarise current living and support arrangements, including family and friends and services received	
THE ENQUIRY	
Enquiry undertaken by	
Detail the process of enquiry and evidence gathered that supports or refutes the concern(s)	
What are the views of the adult at risk (or their advocate) of the concerns	
What are the views of relevant others	
What ability does the adult have to protect themselves?	
Does the adult's network have the ability to increase the support they offer?	
Is there any possible impact on the adult's important relationships?	
Is there the potential for action to increase the risk to the adult?	
Evaluate the evidence gathered so far	

Appendix D:
Caused out enquiries template

Identify any ongoing risk to the adult	
Findings shared with the adult at risk?	
Reason why	

CONCLUSIONS	
What does the adult at risk (or their advocate) wish to happen on outcome of this enquiry?	
Detail the recommendations for action, including any further enquiries	

SIGNATURES			
Name and title of person completing the report and the date of report completion			
Signature		**Date:**	
Name and title of line manager and the date			
Signature		**Date:**	

Appendix D:
Caused out enquiries template

SAFEGUARDING PLANNING			
Action	**Timescales**	**By Whom**	**Contact details**

Appendix E:
Closing an enquiry flowchart